Essex Partnership University
NHS Foundation Trust

BOARD OF DIRECTORS MEETING
PART 1

BOARD OF DIRECTORS MEETING PART 1

27 March 2024

10:00 GMT Europe/London

COLCHESTER FOOTBALL STADIUM, JOBSERVE COMMUNITY STADIUM, UNITED WAY, COLCHESTER, ESSEX, CO4 5UP, IN THE PLAYER LOUNGE

AGENDA

AGENDA

REFERENCES

Only PDFs are attached

Agenda for the Board of Directors Meeting to be held 27 March.pdf

Meeting of the Board of Directors held in Public
Wednesday 27 March at 10:00

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

PART ONE: MEETING HELD IN PUBLIC AT COLCHESTER FOOTBALL CLUB, JOBSERVE COMMUNITY STADIUM, UNITED WAY, COLCHESTER, ESSEX, CO4 5UP, IN THE PLAYERS LOUNGE

AGENDA

1	**APOLOGIES FOR ABSENCE**	SS	Verbal	Noting
2	**DECLARATIONS OF INTEREST**	SS	Verbal	Noting
3	**MINUTES OF THE PREVIOUS MEETING HELD ON:** 31 January 2024	SS	Attached	Approval
4	**ACTION LOG AND MATTERS ARISING**	SS	Attached	Noting
PRESENTATION **Wheelchair Service** **Alex Green** **Matthew Goddard,** **Head of Community Occupational Therapy, Adult Speech & Language Therapy, Equipment & Southend Wheelchair Service)**				
5	Chairs Report	SS	Attached	Noting
6	Chief Executive Officer (CEO) Report	PS	Attached	Noting
7	**QUALITY AND OPERATIONAL PERFORMANCE**			
7.1	Quality & Performance Scorecard	PS	Attached	Noting
7.2	Committee Chairs Report	Chairs	Attached	Noting
7.3	CQC Compliance Update	AS	Attached	Noting
7.4	Equality Diversity and Inclusion 7.4.1. Equality Diversity and Inclusion Report 7.4.2 Public Sector Equality Duty (PSED) 7.4.3 Gender Pay Gap Report 7.4.4 Equality Delivery System	MR	Attached	Approval
7.5	Staff Survey Results	MR	Attached	Noting

8	**ASSURANCE, RISK AND SYSTEMS OF INTERNAL CONTROL**			
8.1	Summary of the Rapid Review into Data on Mental Health Inpatient Settings	NL	Attached	Noting
8.2	Board Assurance Framework 2023/24	PS	Attached	Approval
9	**STRATEGIC INITIATIVES**			
9.1	Social Impact Charter	NL	Attached	Approval
10	**OTHER**			
10.1	Use of Corporate Seal	PS	Attached	Noting
10.2	Correspondence circulated to Board members since the last meeting.	SS	Verbal	Noting
10.3	New risks identified that require adding to the Risk Register or any items that need removing	ALL	Verbal	Approval
10.4	Reflection on equalities as a result of decisions and discussions	ALL	Verbal	Noting
10.5	Confirmation that all Board members remained present during the meeting and heard all discussion (S.O requirement)	ALL	Verbal	Noting
11	**ANY OTHER BUSINESS**	ALL	Verbal	Noting
12	**QUESTION THE DIRECTORS SESSION** A session for members of the public to ask questions of the Board of Directors			
13	**DATE AND TIME OF NEXT MEETING** Wednesday 5 June 2024 at 10:00, Training room 1, The Lodge			
14	**DATE AND TIME OF FUTURE MEETINGS** Wednesday 7 August 2024 at 10:00, virtual using Microsoft Teams Wednesday 2 October 2024 at 10:00, Training room 1 Wednesday 4 December 2024, virtual, using Microsoft Teams Wednesday 5 February 2025 10:00, Training room 1			

Professor Sheila Salmon
Chair

1. APOLOGIES FOR ABSENCE

Standing item | Sheila Salmon | 1 minute

2. DECLARATIONS OF INTEREST

Standing item | Sheila Salmon | 1 minute

3. MINUTES OF THE PREVIOUS MEETING HELD ON 31 JANUARY 2024

Standing item | Sheila Salmon | 1 minutes

REFERENCES

Only PDFs are attached

BOD Part 1 - DRAFT Board Minutes - January 2024 FINAL (1).pdf

Minutes of the Board of Directors Meeting held in Public
Held on Wednesday 31 January 2024
Held at Hamptons Sports and Leisure, Chelmsford

Attendees:

Prof Sheila Salmon (SS)	Chair
Paul Scott (PS)	Chief Executive
Zephan Trent (ZT)	Executive Director of Digital, Strategy and Transformation
Trevor Smith (TS)	Executive Director of Finance and Resources
Denver Greenhalgh (DG)	Senior Director of Corporate Governance
Alex Green (AG)	Executive Chief Operating Officer
Milind Karale (MK)	Executive Medical Director
Nigel Leonard (NL)	Executive Director of Major Projects and Programmes
Frances Bolger (FB)	Interim Chief Nursing Officer
Marcus Riddell (MR)	Interim Chief People Officer
Loy Lobo (LL)	Non-Executive Director
Rufus Helm (RH)	Non-Executive Director
Manny Lewis (ML)	Non-Executive Director
Mateen Jiwani (MJ)	Non-Executive Director
Diane Leacock	Non-Executive Director
Jenny Raine	Non-Executive Director

In Attendance:

Angela Laverick	PA to Chief Executive, Chair and NEDs (minutes)
Chris Jennings	Assistant Trust Secretary
John Jones	Lead Governor
Stuart Scrivener	Public Governor
Chloe Cawston	Clinical Service Manager
Bernie Rochford	Principal Freedom to Speak Up Guardian
Kim Russell	Communications
Pam Madison	Governor

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

The meeting commenced at 10:00

001/24 APOLOGIES FOR ABSENCE

Apologies were received from Stephen Heppell (NED), Elena Lokteva (NED).

SS formally welcomed Diane Leacock and Jenny Raine, two new Non-Executive Directors to the Board of Directors. SS formally noted Manny Lewis' tenure as Non-Executive Director concludes at the end of February 2024, and as such was his last Board meeting. SS wished to publicly thank and acknowledge ML's 6 years of contribution to EPUT, as Non-Executive Director, Vice Chair and leading on the Finance & Performance and People Equality & Culture committees of the Board. On behalf of the Board of Directors, SS wished ML well in his new chapter going forward.

002/24 DECLARATIONS OF INTEREST

LL had been appointed to an additional Non-Executive Director position from 15 February at the North West London Collaborative. This was noted to be an acute trust, with no conflict with EPUT services. SS extended congratulations on this appointment.

There were no other declarations of interest.

003/24 PRESENTATION – BRIGHTER DAYS ARE HERE TO STAY

AG introduced Chloe Cawston, Senior Service Manager for Inpatient MH Care in MSE, reminding colleagues of the particular challenge for Galleywood Ward, being subject to the CQC improvement notice. The team had embraced the opportunity to embark on a journey of improvement.

CC advised that the team had embraced the Trust vision and values, and had come together as a team to make positive changes and to have a local vision. Patient views had been incorporated to identify how they would like to see care provided and what this would look like.

The impact on staff wellbeing and morale on the ward had been low, with staff finding it difficult to switch off when at home, and negative perceptions having an impact on the ability to deliver positive care. There were a number of vacant posts in the team, a high number of complaints received and poor patient outcomes with not enough staff to deliver. Staff lacked trust in the leadership team, feeling that there had historically been many changes with promises undelivered. CC made it her mission to be someone who took action to give confidence back in the leadership team.

By 2023, significant progress had been made with a total of 410 patients admitted to the ward and 423 discharged. Agency spend had been significantly reduced, previously the ward had been in the top 3 highest agency users, this had reduced to 0.8% agency usage. The team established a 7-day a week therapeutic programme, reduced incidents especially around staff assaults. There had been a fractured relationship with staff and police however, this had now improved. There was a reduction in restrictive practice, improved access to gardens and patients were able to cook their own meals. Patients were involved in the restrictive practice agenda, CC emphasised the importance to include their experience and what they want to change.

CC shared feedback from patients and patient stories, including:

- Patient was unable to communicate, was unwell and needed a lot of intervention including physical health. In month 9 of admission the patient began to speak. They had been missing for 3 years from home in Africa; the patients' family were found and a video conference call arranged and reported that the patient was now safely home.
- Patient with complex needs declined from 12 care homes and was on an end of life care pathway. Ward staff received training and looked at what could be done on the ward for the patient to have a positive end of life experience. Family were involved and were positive of the support given.

CC advised that a survey undertaken on the ward (for patients, family and staff) with questions on what could be better, and what would they like to see in 2024. There were currently no outstanding complaints regarding the ward. Regular matron drop in face-to-face sessions held for patients and loved ones to join which are open to all.

Inspirational leadership away days for all staff held; CC emphasised the importance to "grow our own", and the belief that all staff involved in care were important as each other. Significant work had been undertaken to change the culture to be positive and provide a high standard of care for patients. There was still a way to go but huge steps had been made in the right direction.

The team had worked hard with the psychology team for staff to feel safe and have safe space at work. The Here For You service has also been publicised and the importance of ensuring staff have a healthy work life balance and have safe space to vent at work.

There was also an achievement wall on the ward with all positive feedback received on display.

The impact across the Trust had been positive, with good practice, learning and improvements shared. The CQC visit on Galleywood had formed part of the new feedback action plan used across the trust. There were currently no vacancies, with teams over established on all wards following significant work with recruitment. There is more emphasis on sharing learning and what has worked well, reaching out to other areas and working closely with other inpatient areas, looking at what can be done differently. Topaz ward was also nominated for a national award. CC believed in leading by example, emphasising the importance to be visible as leader.

In terms of the future, CC acknowledged that there continued to be some negative press attention, which would have a negative impact on staff wellbeing; however, the team have gotten better at receiving the attention and being resilient.

SS thanked CC for her leadership and driving forward this fantastic work, which she and PS had seen first-hand having visited with governors on a recent 15 steps quality visit. At the visit, a sense of family and community had been felt and patients were exuberant. There had been a real achievement and turn around in those units.

ZT thanked CC for the presentation that had also been received through the accountability framework meetings. There was a real sense of putting patients and family at the heart of transformation, which was something the Board were committed to; ZT thanked CC for bringing that evidence and continued focus on putting family and patients first.

JR stated that what shone through was the culture of change managed in a short space of time, with the focus on patient and family at the heart. JR queried whether there was any particular take away from the transformation experience that CC could share with other services. CC stated that having those conversations with patients and their families and getting to know the service from their point of view was critical. As staff, we can become blinkered, and hearing from someone who has a different point of view can have a huge impact. Having difficult conversations and acknowledging when things have gone wrong.

DL agreed that the journey described was very uplifting; DL queried what support mechanisms were in place to support staff and ensure morale remained high in light of potential negative publicity. CC confirmed that there were a range of mechanisms in place, including “funky Friday” with quizzes and light hearted games, this included staff and medical staff. This brought a light-hearted break and an element of fun in a very challenging and high-pressure environment. There was also support from the leadership team, encouraging staff to be safe to say ‘I’m not ok’, regular psychology sessions and reflective practice. A safety huddle also takes place with night staff to ensure the same support is available for all. CC had an open door policy, encouraging a platform for staff to talk and reflect.

AG was very proud of the team, and thanked CC for the presentation, which brought a real sense of humanity to the Board. AG acknowledged the inspirational leadership and did not underestimate the impact this had. The culture felt open and there was a sense of community. AG highlighted the embedding of psychological safety for staff, care, kindness and interest in development of staff. AG praised the work that had taken place and the learning from this experience that could be shared across the Trust.

LL commended the improvements made, which was a great achievement, and queried what was now needed to go from good to great. LL suggested that the unit was a beacon of inspiration to

galvanise the whole organisation through transformation. With leadership and motivated workforce in place, how do we create that as a focal point to implement things that take us from good to great? SS agreed this was something to pursue and take forward.

MK reflected on the evident transformation seen, acknowledging that the inpatient experience remains with patients and carers for the rest of their lives. MK would like to see continued focus on I Want Great Care feedback to inspire and improve services further.

CC had described that there continued to be some negative feedback, RH queried whether there was anything the Board could do to help share this positive transformational change. CC welcomed the support of the Board to share the positive message. CC and the leadership team had had the opportunity to share the journey on national NHS and social care platforms; CC was very proud of the transformation but continued to tread cautiously and with humility. LL suggested that there was an opportunity to create a learning network across trusts. It was acknowledged that there may be some negative feedback from time to time but we must recognise there is good work taking place every day.

PS noted the remarkable difference and improvement on the ward from the time of his appointment as CEO to now and extended thanks to the team and all patients who had contributed to this. PS also celebrated people being promoted from the team, who would be able to propagate what they had learned from the team elsewhere.

SS thanked CC, highlighting the belief and passion that was making a real impact. SS was also pleased to hear of the increased cooking and wellbeing initiatives, which make such a positive difference to the patient experience.

004/24 MINUTES OF PREVIOUS MEETINGS

The minutes of the meeting held 29 November 2023 were agreed as an accurate reflection of discussions held.

005/24 ACTION LOG AND MATTERS ARISING

The action log was reviewed and discussed, noting that there were no items currently due.

- **147/23** Consider expanding the Learning from Deaths Criteria to align with the Lampard Inquiry Terms of Reference. It was noted that this action would remain open until the Terms of Reference for the Lampard Inquiry were released.

- **093/23** – Provide a further update to the Board regarding relevant recommendations from the Rapid Review into Data on Mental Health Inpatient Settings – it was noted that this will be presented to the People, Equality and Culture Committee (PECC) in February and Board in March 2024.

006/24 CHAIRS REPORT

SS presented the report highlighting the following points to note:

- Marcus Riddell was welcomed to the Board of Directors in the role of Interim Executive Chief People Officer.
- Jenny Raine and Diane Leacock were welcomed to the Trust as Non-Executive Directors.
- Frances Bolger would be handing over to Ann Sheridan, who takes up the role of Executive Nurse substantively in February. SS extended thanks to FB for her support to the Trust during a time when her leadership was needed the most.

- Manny Lewis would be leaving the Trust at the end of February with this his last board meeting.

The Board received and noted the Chair's Report.

007/24	CEO REPORT

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

PS highlighted the following:

- A wide range of engagement with MPs and local government elected members had taken place throughout the period. The Trust had been able to celebrate some real achievements but recognise there was more to do to get to the standards we want consistently across the organisation. Local politicians remain great advocates for the population we all serve, and open dialogue was helpful to be able to talk about what we are doing but also receive feedback and drive forward.
- Sexual safety remains a priority for the Trust. PS was pleased to open the Sexual Safety conference in February and highlighted the wide range of work ongoing across the Trust to raise the profile of this important agenda to make people feel able to come forward and ensure processes are robust.
- PS thanked FB for her fresh approach and leadership during her time as Interim Executive Nurse.
- Susan Young had now left the position of Interim Executive Chief People Office following the end of her fixed term contract. PS thanked SY for her work to stabilise and support the team, and welcomed Marcus Riddell into the interim role while the recruitment process for a substantive Executive Chief People Officer continued.

The Board received and noted the CEO Report.

008/24	QUALITY AND PERFORMANCE SCORECARD

PS presented the Quality and Performance Scorecard as part of the CEO Report, with Executive Directors highlighting the following key areas.

Operations – Alex Green

- Two areas of improved performance
    - Crisis 111 that had been implemented during Covid 19 had exceeded the 95% performance target for calls answered within timescale. This is the first time this target had been achieved.
    - Wheelchair services urgent access times had seen significant improvement from 86.5% to 94%.
- Small reduction seen in average length of stay for adult mental health, and a continued increase in older adults. This had been driven by large delays in securing placement. System escalations were taking place as well as escalation to local authorities.
- As a result, as well as the impact from system issues such as industrial action, an increase had been seen inappropriate out of area placements. With 34 inappropriate out of area placements reported at the end of the month. Action was being taken and the position in real time reflected an improvement with the current number below 30.
- Areas of challenge include children's speech and language time from the first appointment to the second, this was improving and there had been successful recruitment in month.
- Reduction in therapy for you access rates in CPR and NE Essex, looking at historic trends this appeared to be seasonal. For assurance, AG confirmed that Limbic technology

continued to have a positive impact in referral rates with 260 received through the system in month.

LL was pleased to see the positive impact of the Limbic technology, considering whether there may be opportunity to use in different areas such as post discharge follow up. AG agreed that there was real potential. The Trust had implemented Limbic for around 9 months and were seeing confident use of that and a positive impact on performance. It was therefore possible to consider the potential to use in other services.

MJ noted the consistent challenge around inappropriate out of area placements and was pleased to see some progress and innovative ways to deal with repatriation, as well as the positive impact of technology. AG responded that historically there had been confidence in technology in physical and community services, welcoming the opportunity to see what impact could be seen on mental health demand now. There were some innovative tools available, with an openness in clinical pathway innovation to look at things to manage our demand.

Finance – Trevor Smith

- End Q3 £388m income with £400m expenditure.
- Capital investment in estates, facilities and IT totalled £10.6m. TS confirmed that emphasis would continue as we look to invest £24m by year-end.
- The cash position remained positive.

JR reflected on the significant ramp up of spend and querying the confidence that this was achievable in a short space of time. TS confirmed that there was confidence, this was not out of the ordinary for the Trust and the system. The system investment group monitors capital investments on a monthly basis; all forecast outturns have been signed off and there was an increasing level of spend around EPR and estates that would deliver those results by year-end.

ML welcomed JR's focus, acknowledging that this was a recurring challenge each year with capital expenditure. ML noted that discussions with commissioners had commenced on the 24/25 financial year and queried how this had progressed on time to care funding and whether this would feature successfully in those commissioning negotiations. TS confirmed that there had been some positive discussions with colleagues; this would be a challenging planning round but discussions and negotiations were live and current.

AG added that commissioners were visiting wards to see some of the early impact of time to care and there was confidence that a solution for funding could be reached. There was generalised support for the model.

Noting that some areas in the Trust were over established, LL suggested that the solution was in our gift to resource time to care. TS responded that there were a number of posts and roles being financed within our current position and in our run rate, but on an ongoing basis, there was a need to bring down temporary staffing, and make sure there are permanent substantive staff in those staffing models.

MR advised that over the past 12 months, the Trust had been able to demonstrate effectiveness at delivering the plan committed to which has helped conversations with commissioners.

SS advised that the incoming Executive Nurse, Ann Sheridan had a clear view on continuing to drive out the use of temporary staff, with quality of care being key. Significant work had gone in to converting temporary and locum staff to substantive roles, with ongoing work to drive that further.

With regards to temporary staffing, DL queried the level of confidence that costs would be driven down by year end. TS confirmed that benefits were beginning to be seen with several temporary

reductions through international recruitment, time to care and internal efficiency programmes. The rate of reduction had not been as anticipated but a reduction had been seen as well as increasing scrutiny in care units of vacancies and temporary staffing usage. There was more to be done in terms of overall delivery, however some improvement had been seen.

MR agreed that the international recruitment programme for nurses had been successful, alongside recruiting more than 36 doctors through an international recruitment programme for medical staff.

FB acknowledged the amazing work by the pharmacy team to reduce agency cost and fill vacancies, which in turn impacted on better, consistent service to wards. International recruitment had also seen 24 AHP's appointed to the Trust. DG added that it was worth celebrating that a number of appointments made in the pharmacy team included students that had trained at EPUT and had chosen to seek employment in the Trust.

PS stated that challenges had been seen in operational performance that were common across the NHS in terms of demand and staff levels. The Trust had been ambitious and targeted using strength and assets in the trust to attract people to the Trust, leading to a better safer high quality environment for our patients; we must continue to keep that focus through the operational lens.

The Board of Directors received and noted the report.

009/24 COMMITTEE CHAIR'S REPORT

This report summarised assurance reports from the Board of Directors Standing Committees, which were crucial for governance and for the Board to be able to discharge responsibility appropriately.

Quality Committee
RH noted that the revised complaints process had now been in place for a full year, with a positive impact seen. With complaints liaison officers managing the front end, services had more authority to deal with local issues themselves and were seeing formal complaints reduce.

Finance and Performance
LL acknowledged that the BAF process had come a long way in 2 years, reflecting at F&P helps us look at strategic and corporate risk, mitigating action and timelines to complete which helps to draw clear assurance on where as a Trust we are on risk profile.

Charitable Funds
There was no further update.

The Board of Directors:

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

010/24 BOARD ASSURANCE FRAMEWORK 2023/34

PS acknowledged LL's positive comment regarding the ongoing development of BAF and work led by DG.

DG confirmed that a new risk manager had joined trust, and was in the process of meeting each risk owner and helping to shape risk management going forward. As some key programmes of work end and we launch our new strategies (e.g. Quality of Care) Executives were reviewing the risk profile, which would lead to new risks on the BAF in 2024/25.

Two risks had changed in risk score:

- CRR98 Pharmacy Resource – the focused recruitment had led to a good pipeline being on track to achieve reduction in vacancies from initial 17% to an 8% by August ’24. The business continuity plan had been scaled back by two thirds, with further incremental return to business as usual and therefore the risk score had been reduced to a 16. DG commented that the two new colleagues joining the department in January ’24 had trained as students with the service and now choosing to come and work for EPUT, which was a great compliment to the team.

- CRR77 Mandatory Training – the recovery programme (set 2022/23) had been successfully completed for substantive staff, with trust wide performance achieving plan at 90% for TASI and 91% for all mandatory training. The risk score reduced with recognition that there remains a risk to sustain compliance as we transition TASI training back to an annual refresher update for staff and provide training to new staff both substantive and bank.

LL suggested the benefit of visibility around how long a risk had been at the current level. Currently there was no explicit date on the BAF for the achievement of the target risk level and as such, there was no baseline risk level for risks. DG stated that this was an element of the maturity journey around what are we basing risk score on, encouraging people to consider the intelligence available. This was part of role of the new risk manager in challenging each risk.

RH considered whether there were any lessons to be learned around how to apply work on pharmacy to other areas, for example psychology. MR responded that pharmacy had in the main been about localised clinical recruitment, and a sense of what do we need for these services. Psychology service have different challenges including shortages nationally, the team were working closely with the psychology leadership team, with the workforce plan for next year more ambitious.

With regards to SR6 Cyber Security, MJ struggled to triangulate with what preparedness was as an organisation. MK responded that during previous cyber-attacks, there was minimal damage to the organisation, with information cascaded quickly; however there may be more in terms of exercises to take staff through likely scenarios. NL confirmed that this was an emergency planning issue, the Trust had a high score in terms of preparedness, and should we get an issue along the lines of a digital attack, there were specific plans in place that have worked successfully. ZT agreed that business continuity was key and was an area for continuous focus. The Board had signed off a programme of modernisation of digital services, with a key part of that being education. Digital was becoming a bigger part of service delivery and was an area of continuous focus and improvement.

PS stated that the conversations held showed the benefits of maturing of the BAF and the focus of the Board to understand how risks are moving over time and the impact.

The Board of Directors:

1. **Noted the contents of the report.**
2. **Noted the closure of CRR34 where the remaining actions have been merged with CRR11 Suicide Prevention Strategy.**
3. **Noted the reduction in risk scores for CRR98 Pharmacy Resource and CRR45 Mandatory Training.**
4. **Did not request any further information or action.**

011/24 BOARD SAFETY OVERSIGHT GROUP ASSURANCE REPORT

SS presented the report as chair of the Board Safety Oversight Group. The report was taken as read. SS confirmed that the group continued to anchor down on environmental factors and embedding of gold standard SOPS moving forward.

The Board of Directors:

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

012/24 FREEDOM TO SPEAK UP SERVICE

NL introduced Principal Freedom to Speak Up (F2SU) Guardian Bernie Rochford. BR had met with Board members and attended previous seminar sessions, which demonstrated the importance of F2SU and the culture of the organisation.

BR extended thanks to ML as exiting NED and F2SU champion, for his support in this important agenda.

BR advised that the F2SU service had evolved over time within the Trust but also nationally around what F2SU means. As an external appointment, there was an opportunity for BR to benchmark where F2SU is at both within EPUT and nationally. BR believed EPUT to be advanced in terms of senior support and understanding of F2SU than some other organisations. Overall, first impressions over the past 6 months were that there was full recognition of support and enthusiasm from senior leaders, and a real appetite for F2SU in the organisation with keenness at all levels to get involved across corporate and operational services, although there were some areas of infrastructure BR would like to develop more.

BR had been delighted by the Trust's commitment to F2SU, especially with regards to campaigns to raise awareness, referencing the three-month campaign around 'Speak Up, Listen Up, Follow Up' stating that EPUT were the only Trust in the country to have done so.

F2SU had begun nationally with patient safety as the focus; this had moved to patient and worker safety and was now a catch all for any barriers to patient delivery. BR's vision was for F2SU to develop beyond a service within the Trust.

SS noted that Board members had the benefit of having board development sessions with BR to help engage proactively with this important agenda.

AG noted BR's comment that the service could potentially become overwhelmed with issues that traditionally would have gone through a line manager, querying how to get the balance right so F2SU was used for its intended purpose. BR agreed that this could be an issue, reiterating the direction and focus to make the Trust freedom to speak up rather than a service. There was a risk nationally that F2SU would become easier to use rather than business as usual channels, with ongoing meetings with national guardians and regional guardians as F2SU builds momentum to highlight issues such as these that need to be addressed. BR was also working with HR and other areas. The role of F2SU was to take issues in the organisation and make sure they were followed through. SS emphasised the importance of ensuring staff know the right routes to follow and having an open culture was key to that.

PS stated that BR was always clear in her passion and ambition of F2SU to take to another level and thanked BR for continuing to drive that. BR had challenged the leadership team to think differently about F2SU. PS sought BR's view as to whether culturally EPUT as an organisation were receptive. BR believed that EPUT were further ahead than some other trusts across the country; there was more to be done but this could be around national issues rather than just EPUT centric. In terms of colleague engagement, the Trust were ahead, which was due to engagement of

leadership and communications. There were good rates of speaking up but there was a need to focus on listening and follow up. In terms of listening up, there was a need to get more intelligence as to barriers to listening and addressing that.

ML reflected on AG's point around F2SU becoming overwhelmed and potentially used as an inappropriate route; ML had experience of blurred lines in that arena and echoed the importance of working with AG and MR around tightening that up. BR had shown great courage, insight and leadership around F2SU and it was good to hear feedback the EPUT were advanced and in a strong position with full executive support. BR's vision for F2SU that all colleagues would be co-guardians and how we link F2SU to our values was inspiring.

BR confirmed that she had been vocal around the support at senior level for F2SU with national colleagues and knew this was an area many other guardians struggled with. EPUT had sent out a clear message with the positioning of the F2SU, of the importance of the role.

JR was delighted to hear positive feedback about senior leadership taking this important agenda seriously. JR queried whether there were any objective KPIs to measure the improvement journey or anything in the staff survey that could link to progress in the Trust.

MK stated that the success of F2SU was around culture, this was part of a blue print of culture change and how we focus on those long-term changes.

NL confirmed that the executive team had made the commitment to increase F2SU training to all staff, with no hierarchy around the level of training, which would be the same for all staff. Currently the training was tiered, however EPUT were the first Trust in the country to commit to a universal training programme around F2SU. The Trust were on a journey and it would take a period of time to move to fulfil the ambition but there was full board support, also linking with cultural interface of the people strategy.

In terms of data / KPI, BR stated that this had to be read carefully and there was a lot of narrative around that. BR confirmed that there was a small subset nationally; however, BR believed more local metrics would be beneficial.

The Board of Directors:

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

013/24 LEARNING FROM DEATHS Q2 REPORT

FB presented the Learning from Deaths quarterly overview of learning and data report, which had been presented to the Quality Committee ahead of the Board of Directors, highlighting the following:

- The report referred to Q2 data July – September 23
- The number deaths reported was 126 (171 last period)
- Therapy for you was now excluded from data following agreement with ICB boards in July 2023.
- The total number of deaths identified in scope was 48, this remained in line with previous reporting periods.
- Of the 126 deaths, 3 were inpatient and 5 care home deaths, all from natural causes
- 48% of the deaths in Q2 have been closed at stage 1, 7% had been referred for stage 2 clinical case note review or stage 2 thematic review and 12% had been referred for stage 3 full PSIRF review.
- There were no concerns identified.

- Depending on the terms of reference for the Lampard Inquiry, the Trusts' learning from deaths policy and procedural guidelines may need to be amended to reflect those changes.

RH commended the document which had evolved over the last few years from a dry document which was difficult to draw conclusions, to an increased focus on learning from deaths rather than just reporting. The challenge now was to move beyond learning and look at impact.

DL was pleased to see examples of actions taken in response to learning from death; however did not get a sense of how soon after getting intelligence learning could be implemented. FB confirmed that learning was a continuous process with many different elements to learn from. The patient safety investigation team investigate incidents under the patient safety framework, so alongside learning from deaths we have the patient safety response and learning actions. Work was underway to ensure responses were carried out as soon as possible to ensure families get answers. This was an ongoing process, with emphasis and focus to ensure the two processes align.

The Board of Directors:

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

014/24 PEOPLE AND EDUCATION STRATEGY

MR presented the final draft of the People and Education Strategy, thanking all that were involved and had contributed. There had been significant engagement with lived experience ambassadors, with much feedback similar to that fed back by staff.

The strategy had been widely socialised, being presented to the Board at seminar sessions, Executive Team and the PECC as well as being discussed at the education committee. ICB and system partners had been engaged. Embargoed staff service results had also been built in and reflected on those with actions reviewed as a result

In terms of actions, these were driven by what staff have told us, with a focus on making the organisation people centred to enable the overarching corporate strategy.

One area most complimented was around growth and training space, with many actions about continuous improvement. There are some areas that could be more ambitious and this was reflected in the document. Much feedback was around the retain and culture space and as such there were more actions in that area.

In terms of metrics, good discussion had been held at board seminar sessions, with a review of key driver metrics.

An implementation plan for year 1 is due to be presented to PECC in February, with key priorities with intelligence behind that around around what staff want.

ZT complemented MR and team on the rigour around this strategy. There was a service focus approach and it aligns with the operating model as a trust. The strategy builds on success but has potential to go further. Overall, this had been an excellent piece of work, which ZT fully supported.

ML welcomed this strategy, confirming there had been dialogue through PECC. In a sense there was a need for evolution with more ambition that could be built in which could really evolve into a national leading strategy.

DL was pleased to be able to work with MR and team, agreeing that this was a good document, although there was a need to see more tightness around timeframes and priorities.

MK acknowledged the engagement with lived experience ambassadors and challenged whether the patient and family voice was loud enough and what learning opportunities were available for the people we care about through the social impact strategy as we move forward in an inclusive way.

MR welcomed comment from the Board of Directors and noted the point about balance, MR confirmed that there was a view to develop a clearer employment offer in that space and have taken that feedback on board.

The Board of Directors:

1. **Received and noted the contents of the report.**
2. **Approved the People and Education Strategy.**

015/24 STRATEGIC IMPACT REPORT

ZT presented the strategic impact report, which was prepared and presented to the Board of Directors three times per year and continued to iterate and improve over time.

The report was focussed on three care units, having focussed on the other three in the previous report, with detailed information around achievements within report.

We continue to make progress across four strategic objectives, with the report a compliment to BAF, strengthened with core data and high-level dashboards to pick out key indicators.

Operational planning continues to progress at great pace, with detailed principles for operational planning agreed at Finance and Performance Committee.

The next report would focus on enabling strategies and continue to strengthen oversight and governance across the trust.

With regards to the no harm / low harm incident rates for community services, AG confirmed that this related specifically to management of pressure ulcers, which was a focus of the quality and safety meeting locally. There was confidence that improvement would be seen in the coming months with protected time for leaders to manage that. The Trust reports pressure ulcers acquired in care and not acquired in care and so would have to tease out the two as this was an important differentiation.

The Board of Directors:

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

016/24 CQC COMPLIANCE UPDATE

FB presented the CQC Compliance Update advising that there were some differences compared to the quality performance. This was due to the reporting period, with the quality performance report for December and this report showing the most recent data for January.

A PIR request was received for Rawreth Court and was submitted in line with agreed timescales in December. A PIR was received for Clifton Lodge, which was due for return by 07 February.

As of 18 January 64 should do and must do were complete. An evidence assurance group had been established with representation from ICB colleagues to check evidence was embedded and sustained. The next meeting was scheduled to take place in February.

78% of sub actions were closed. 15 sub actions were past time scales but all had recovery plans in place. Some relate to time to care and the delay in publication of strategies.

MHA visits continue regularly. Other areas including environment and patient feedback were also being looked at, there was not just focus on MHA compliance and was a good source of intelligence.

DG confirmed that there was continued focus on keeping motivation and building a communications plan so front line staff can speak confidently on the impact had on the ground. The evidence assurance group maintained focus on sustainability. She encouraged the Board to embrace any actions with a red RAG as this was the positive path to sustainability of change from the response to the recommendations from the CQC (noting that if under review they do not demonstrate sustainability we would be pushed back and 'red rag' for attention) .

AG referred to the evidence of changes that can be made through this process seen in the presentation earlier today from Chloe Cawston around Galleywood Ward, and considered how we could support staff and wrap around support. The Trust welcomed scrutiny as an opportunity for learning, however also recognised the impact on staff.

RH noted that given the different environment of Rawreth Court to a ward setting, there was previous discussion around an independent review. FB confirmed that she had reached out to Local Authority lead on a care home quality assurance. FB and the Deputy Director of Quality and Safety had met with them and they have offered for a member of their team to review process and procedure through a care home lens to give external assurance. SS welcomed a peer review approach. DG confirmed that some paperwork had been reviewed and redeveloped to align with a social care approach but welcomed a peer review approach.

The Board of Directors:

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

017/24	**SAFE WORKING OF JUNIOR DOCTORS QUARTERLY REPORT**

MK presented the Safe Working of Junior Doctors Quarterly Report on behalf of the guardian of safe working. MK confirmed that the Trust had good systems and process in place to make sure to honour the junior doctors' contracts and address any issues.

The Board of Directors:

1. **Received and noted the contents of the report.**
2. **Noted there were five exception reports raised by trainees.**
3. **Noted there were no fines issued in this quarter.**
4. **Noted there were gaps in the on call rota filled by MTI and LAS doctors. No agency locums were used.**
5. **Noted that trainees felt supported by the Trust on the Junior Doctors industrial action.**

018/24	**CORRESPONDENCE CIRCULATED TO BOARD MEMBERS SINCE THE LAST MEETING**

There was no correspondence circulated to board members since the last meeting.

019/24	**NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE RISK REGISTER OR ANY ITEMS THAT NEED REMOVING**

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

020/24 REFLECTION ON EQUALITIES AS A RESULT OF DECISIONS AND DISCUSSIONS

ML reflected on today's discussions:

- The CEO report confirmed that the Trust was undertaking important work on staff and patient safety, including hosting a sexual safety conference to enable us to look at some issues and concerns around safety across the trust.
- Equality was about everyone having an appropriate setting and workplace where they can be valued, comfortable and be themselves. All conversations today, including those around F2SU play to that. It is impossible to have a fair and equal environment if there were issues not being tackled and staff were not able to speak up or be listened to.
- Work on the people and education strategy was central to EDI agenda with strong themes. This demonstrates that the Trust was determined to drive the EDI agenda.

FB added that the presentation around Galleywood Ward's journey spoke about having an open door, being fair and allowing all to have a voice, which was key when talking about equality. CC had spoken about all staff being as important as each other.

021/24 CONFIRMATION THAT ALL BOARD MEMBERS REMAINED PRESENT DURING THE MEETING AND HEARD ALL DISCUSSION (SO REQUIRMENT)

It was noted that all Board members had remained present during the meeting and heard all discussions.

022/24 ANY OTHER BUSINESS

There was no other business.

023/24 QUESTION THE DIRECTORS SESSION

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

024/24 DATE AND TIME OF NEXT MEETING

SS thanked all for joining the meeting.

The next meeting of the Board of Directors is to be held on Wednesday 27 March 2024.

The meeting closed at 12:35

Signed: …… Date: ……

In the Chair

Appendix 1: Governors / Public / Members Query Tracker (Item 023/24)

Governor / Member of the Public	Query	Response
John Jones (Lead Governor)	Finance report M9 deficit of £12m which is adrift from the plan. Recognise historically changes in last quarter, is this likely to happen this year, cash balance down to £48m not on plan. As so different to plan, is there an issue need to be aware of?	TS confirmed the two were related. The deficit position does deplete cash resources. Over recent years the Trust had looked to maximise capital investments where previously these had been underspend. Provision had also been made for Inquiry expenses that were not cash backed. All of which impacted the cash position. Income & Expenditure and cash were monitored closely including Finance and Performance oversight. Overall the Trust reported a deficit, which we expect to reduce slightly but not eliminate by year end. A key driver is patient demand, acuity and complexity, industrial action, pay awards and as well as cost of living non-pay pressures. There were local system pressures around demand, acuity, Out of Area Placements etc., which all contributed to the deficit position. SS acknowledged that it was tough economically at the moment nationally for NHS and public services. Through TS and colleagues, we endeavour to drive down the deficit, but there were some extraneous costs outside of our gift to manage.
Dianne Collins	Presentation Brighter Days – would it be possible to share with governors?	Will be shared with governors through trust secretary office.

Signed: …… Date: ……

In the Chair

4. ACTION LOG AND MATTERS ARISING

Standing item | Sheila Salmon | 1 minute

REFERENCES

Only PDFs are attached

Part 1 - Action Log 27.03.2024.pdf

ESSEX PARTNERSHIP UNIVERSITY NHS FT

Board of Directors Meeting Action Log

Lead	Initials	Lead	Initials	Lead	Initials
Nigel Leonard	NL	Susan Young	SY		
Ann Sheridan	AS	Frances Bolger	FB		

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

Minutes Ref	Action	By Who	By When	Progress	Status	RAG
147/23 November	Consider expanding the Learning from Deaths criteria to align with the Lampard Inquiry Terms of Reference.	~~FB~~ AS	Open until the final TOR published.	Agreed that the scope for learning from deaths would now mirror the draft terms of reference for the Inquiry (pending no changes when published) going forward. Our Oversight Group is now working through the operationalisation of this change in our policy. This action remains open until the final terms of reference for the inquiry received.	Open	
093/23 July	Provide a further update to the Board regarding relevant recommendations from the Rapid Review into Data on Mental Health Inpatient Settings.	NL	~~January 2024~~ March 2024	**January '24 Update**: This will be presented to the People, Equality & Culture Committee (PECC) in Feb '24 for scrutiny prior to presentation to the Board. Request extension until March 2024 to allow this to happen. **March '24 Update**: Report on the agenda for Board meeting 27 March '24.	Closed.	

PRESENTATION: PATIENT STORY: WHEELCHAIR SERVICES MATT GODDARD

Matt Goddard & Alex Green 20

5. CHAIRS REPORT (INCLUDING GOVERNANCE UPDATE)

Standing item | Sheila Salmon | 5 minutes

REFERENCES

Only PDFs are attached

Board Chair Report.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	Chairs Report					
Executive/ Non-Executive Lead:	Professor Sheila Salmon, Chair					
Report Author(s):	Angela Laverick, PA To Chair, Chief Executive and NEDs					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	**X**	**Level 2**		**Level 3**	

Risk Assessment of Report			
Summary of risks highlighted in this report	N/A		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety		X
	SR2 People (workforce)		X
	SR3 Finance and Resources Infrastructure		X
	SR4 Demand/ Capacity		X
	SR5 Lampard Inquiry		X
	SR6 Cyber Attack		X
	SR7 Capital		X
	SR8 Use of Resources		X
	SR9 Digital		X
Does this report mitigate the Strategic risk(s)?	No		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A		
Describe what measures will you use to monitor mitigation of the risk	N/A		
Are you requesting approval of financial / other resources within the paper?	No		
If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

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

Recommendations/Action Required

The Board of Directors is asked to:

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

Summary of Key Issues

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

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

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

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

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading

Lead

Sheila Salmon
Chair

Meeting cover sheet/ Feb 24/ v.10

CHAIR'S REPORT (INCLUDING GOVERNANCE UPDATE)

1.0 PURPOSE OF REPORT

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

2.0 CHAIR'S REPORT

2.1 Changes to the Board of Directors

Since the last Board of Directors meeting, we have bid a fond farewell to Non-Executive Director and Vice Chair Manny Lewis. Manny has been an integral member of our Board of Directors and we will miss his insight, knowledge and challenge. We wish Manny every success and best wishes for the future. I am pleased to confirm that Loy Lobo, Non-Executive Director, has been successfully appointed by the Council of Governors, with the full support of the Board of Directors, to succeed Manny as Vice Chair of the Trust.

I am also delighted that the recruitment for the substantive Executive Chief People Officer post has now successfully concluded, with Andrew McMenemy due to join the Trust in May. In the meantime, Marcus Riddell will continue to undertake the role of Interim Executive Chief People Officer.

It is with regret that I have accepted Professor Stephen Heppell's resignation from the Board of Directors. Due to personal circumstances, Professor Heppell has been unable to fulfil the role of Non-Executive Director and has taken the difficult decision to step down. On behalf of the Board of Directors and the Council of Governors, I extend heartfelt thanks for his contribution to the Trust and wish him well for the future.

2.2 Joint Council of Governors informal meeting, EPUT with MSE Hospitals FT

I was delighted to co-facilitate a joint meeting of governors at Basildon Hospital on 09 March. It was the first gathering of governors across our two organisations and was well received by all participants. We shared information about our strategies and key challenges. EPUT shared the leading edge work that we are progressing in co-production and service user involvement and there was a lively question and answer plenary session. It provided governors with a system overview and got colleagues thinking cross-boundary, strongly focussing on patient experience, service user involvement and public participation.

2.3 Lampard Inquiry

While we wait for the Terms of Reference to be announced, we recognise that this may be an anxious or unsettling time for staff. The Trust remains committed to supporting our staff with dedicated intranet pages, which provides all of the latest information and support options available.

2.4 International Women's Day

Friday 08 March saw the Trust mark International Women's Day, a chance to celebrate the achievements of women all over the world and to recognise inclusion, diversity and equality. We are lucky to have so many inspirational women at EPUT, some of whom shared their personal stories on the staff intranet pages on International Women's Day. The Trust chose this day to launch the Menopause Café, which is open to all staff. Recognising the impact of the menopause for our staff, this virtual café allows participants to discuss their experience of the perimenopause and menopause and provides signposting to support available.

2.5 Ramadan

Recognising the unique challenges Muslim colleagues may face during Ramadan, the Trust has published a guide on the intranet with information about support

available for Muslim colleagues during Ramadan. The guide also includes information on how we can all ensure EPUT is an inclusive and supportive place to work.

3.0 LEGAL AND POLICY UPDATE

3.1 Industry leaders welcome Critical Imports and Supply Chains Strategy

The events of recent years have severely disrupted the global supply chains, which we rely on for our critical imports. In a rapidly changing world, the UK needs to adapt to these challenges and seize opportunities to ensure the reliable flow of vital goods that underpin our prosperity.

- The critical import and supply chain strategy helps UK businesses build secure and reliable supply chains, which are vital to:
- the UK's economic prosperity national security
- the delivery of our essential services

The strategy sets out how government will work with business and international partners across five priorities:

- Making the UK government a centre of excellence for supply chain analysis and risk assessment.
- Removing critical import barriers to support the UK's business-friendly environment.
- Building the UK's response to global supply chain shocks
- Ensuring the UK can adapt to long-term trends.
- Expanding collaboration between government, business and academia.

For Information: UK Government - New Supply Chain Strategy

3.2 New year, new holiday pay rules: what do the Government's new Employment Rights Regulations mean for employers?

New regulations came into effect on the 01 January 2024. They are to be applied for an employee's leave year beginning on or after 01 April 2024. The new regulations may have implications for healthcare bank workers or workers on zero hour's contracts, with no consistent or guaranteed contractual hours. The main changes include Holiday accrual for irregular hours and part time workers; Rolled up holiday pay; carrying leave forward. Employers are encouraged to review their HR and accounting procedures in preparation for the new regulations.
For Information: Hempsons - Working time Regulations

6. CHIEF EXECUTIVE OFFICER (CEO) REPORT

Standing item | Paul Scott | 5 minutes

REFERENCES

Only PDFs are attached

Chief Executive Officer Report .pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	Chief Executive Report					
Executive/ Non-Executive Lead:	Paul Scott, Chief Executive					
Report Author(s):	Angela Laverick, PA To Chair, Chief Executive and NEDs					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	X	**Level 2**		**Level 3**	

Risk Assessment of Report			
Summary of risks highlighted in this report	N/A		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety		X
	SR2 People (workforce)		X
	SR3 Finance and Resources Infrastructure		X
	SR4 Demand/ Capacity		X
	SR5 Lampard Inquiry		X
	SR6 Cyber Attack		X
	SR7 Capital		X
	SR8 Use of Resources		X
	SR9 Digital		X
Does this report mitigate the Strategic risk(s)?	No		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A		
Describe what measures will you use to monitor mitigation of the risk	N/A		
Are you requesting approval of financial / other resources within the paper?	No		
If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

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

Recommendations/Action Required
The Board of Directors is asked to note the content of the report.

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

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

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

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

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading

Lead
 **Paul Scott** **Chief Executive**

Chief Executive Officer Report

1. UPDATES

1.1 Executive Chief People Officer Recruitment

I am delighted to announce that Andrew McMenemy is joining us as Chief People Officer at EPUT. Andrew joins us with a wealth of experience, most recently as Chief People Officer at West Hertfordshire Teaching Hospitals NHS Trust. Andrew has a health service career spanning over 24 years during which time he has worked on four trust boards in an executive role.

Andrew is passionate about developing inclusion, well-being and staff development in the NHS and I look forward to the work he will lead in taking forward our people strategy and priorities at the Trust. Andrew will be joining us on 13 May, in the meantime, Marcus Riddell will continue to lead People and Culture and I would like to take this opportunity to thank Marcus for his leadership and focus over many months.

1.2 Unified Electronic Patient Record EPR

I am pleased to advise the Board that following a robust procurement and evaluation process leading we have selected a preferred supplier for the integrated Electronic Patient Record system across Essex Partnership University Foundation Trust and Mid and South Essex Foundation Trust (MSEFT). In addition, the Full Business Case for the EPR Programme has been through the respective organisational governance and the joint Full Business Case has now been submitted to NHS England for approval.

We expect to have final sign off on the 28 June 2024 at the NHS Joint Investment Committee. This is a major milestone in our progress to achieve a unified system across Mid and South Essex with the benefits that this will bring to the quality and safety of patient care.

A unified Electronic Patient Record (EPR), a first in type in the NHS, will enable the most significant clinical transformation programme the Mid and South Essex system will undergo this decade. It will revolutionise how we collaborate and work as a single health system to deliver health promotion and disease management across acute, community and mental health services.

- Ensure real-time clinical data is shared between relevant clinical teams across the acute, mental health and community, so care can be better coordinated. For example, a citizen with a learning disability can be better supported through a well-informed and robust clinical pathway to support complex needs and ensure the best outcome possible for their needs.

- Build on existing record integration to improve on care delivery through the collection, visualisation and interpretation of complete, standardised and relevant clinical and public health information. It will better enable our citizens to make care decisions with their team of healthcare professionals and be cared for in the right place, with the right information at the right time.

- Support the implementation of further development of innovative, evidence-based, user-centric care pathways, helping to streamline our cross-sector services. Complemented with EPR-embedded data analytics and artificial intelligence this will support the continuous improvement in the delivery of safe, effective, and efficient care. Through this approach, we will confidently be able to care for more of our patients in the community, with a transfer to acute care for where appropriate, supported by comprehensive data to inform further care needs.

- In a health system, which serves some of the country's most deprived populations and diverse backgrounds, easier access to shared information will be a crucial enabler for patient interaction, empowerment and decision-making. The power of collective data and analytics will support clinicians identify and engage citizens and support them to make decisions that deliver equality of access and better quality of care across the population health.

1.3 Consultation on Proposals for Community Health Services in Mid and South Essex

Mid and South Essex Integrated Care Board (ICB) have extended the formal consultation process for discussing proposed changes to how physical health community beds and some acute hospital outpatient services are provided. The process is now running until Thursday 04 April 2024 and covers proposals for potential changes to where some inpatient services for community hospital intermediate care and stroke rehabilitation are provided, including EPUT services at the Cumberlege Intermediate Care Centre (CICC) at Rochford. Information has been shared with staff that may be affected. Full information about the consultation and the proposals is available at:

https://virtualviews.midandsouthessex.ics.nhs.uk/changes-to-services

1.4 NHS Staff Survey Results

Results from the 2023 NHS Staff Survey have been published and are available on the NHS Survey Coordination Centre website. Despite a challenging year for the Trust, our results were positive overall and have improved since last year. We are in line with national averages on all elements of the NHS People Promise, and above average for morale and staff engagement. Feedback also highlighted some important areas of focus across the Trust including:

- Perception of our services.
- Discrimination – particularly against colleagues from Black, Asian and minority ethnic backgrounds.
- Raising concerns.

I would like to thank everyone who responded to the survey, these results really do help us to explore what we can do together to keep improving.

1.5 Sexual Safety

The Board and senior leadership team are absolutely committed to supporting our staff to be safe at work, with any form of violence or sexual abuse being completely unacceptable. Last December the Trust became a signatory to the new NHS Sexual Safety Charter as part of our ongoing commitment. The Sexual Safety Charter outlines ten pledges we make to our staff, including a commitment to ensure clear reporting and support mechanisms are in place for colleagues who experience sexual assault, harassment or abuse in the workplace. A dedicated intranet page has been created for staff, which details reporting processes, and emotional and psychological support that is available.

2. PERFORMANCE AND OPERATIONAL ISSUES

2.1. Operations – Alex Green, Executive Chief Operating Officer

Sustained demand for admission in both adult and older adult inpatient acute inpatient services, with a particular focus on clinically ready for discharge patients. Older adult delays reduced to the lowest point since July 2022. Inpatient and community meetings have been established to review both ward and Trust level constraints to discharge and plans are in place for a single Essex (SET) wide system delay escalation process.

Continued improved performance against Out of Area beds and a reduction in the number in a bed at month end, down to 25 patients in Out of Area provision.

Commenced focused work led by the Director of Mental Health Urgent Care and Inpatient Services to improve achievement of mental health inpatient follow up within 72 hours and 7 days. Validation exercises have confirmed the majority of breaches being to data entry.

Second appointment waiting times in Children's Speech and Language Therapy remain challenged. Mitigations are in place and an improvement trajectory monitored through the Accountability Framework.

Wheelchair services achieved 100% performance for the first time against the urgent assessment within 5 days indicator.

Recovery of medical review performance within the Essex Drug & Alcohol service (STaRS) achieving 98% of reviews complete in February; physical health reviews on track to soon recover with performance at 91% in February, the highest rate seen since reporting commenced.

2.2. Nursing – Ann Sheridan, Executive Nurse

Quality of Care - The Quality of Care Strategy will launch on 15 April 2024 and this will see Trust-wide engagement sessions with all care units. The plan is being finalised and there will be a dedicated intranet page, and the campaign will start with #People Together targeting communication for safety, effectiveness and experience. We are also holding Quality of Care awareness sessions with local communities through 'Your Voice' week commencing 25 March 2024. The first Quality Senate is scheduled for 07 May 2024 and will focus on Trauma Informed Care.

Advanced Clinical Practice Conference - EPUT's first Advance Clinical Practice Conference took place on the 12 March 2024. Over 60 practitioners from nursing, allied health professional and pharmacy attended. The event was coordinated by EPUT's first ACP lead Heather Taylor-Smith and chaired by Rebecca Pulford (Director of Nursing / Chief Nursing Information Officer). East of England, ICB and university partners attended. EPUT practitioners highlighted the work they are undertaking in their practice to drive quality of care. This is an exciting and emerging agenda for the Trust and demonstrates our vision of 'We Care, We Learn, We Empower', as well as a key feature in our Workforce and Retention Strategy.

AHP International Recruitment - Two internationally trained Occupational Therapists from Nigeria joined the Trust on 26 February 2024. Out of 24 overseas AHPs recruited 20 (19 Occupational Therapists and 1 Podiatrist) have so far commenced in post in services across the Trust. The remaining four recruits expected to arrive between March and May.

Ward Manager Development Programme - Cohorts continue to attend development sessions which have recently included quality, safe staff roster planning, NMC professional practice, listening to lived experience, high performing teams, coaching and mentoring and quality improvement (QI) projects. We look forward to the celebration events over the next few months where the ward managers will be able to present their QI projects.

Infection Prevention and Control (IPC) - The IPC Team first reported a period of increased incidence of patients with Group G Strep infection on 18 January 2024. Patients were being cared for in South Essex Community Services. These services have been exceptional in the work they have put into the IPC investigation. This has been a period of huge learning for all involved at local, regional and national level, supporting collaborative working relationships.

2.3. People and Culture – Marcus Riddell, Interim Executive Director of People and Culture

Workforce - Vacancies remain at 8.7%.

In February the Trust is reporting a 0.9mil reduction in temporary staffing spend against the January 2024 position. The reduction in spend is mainly attributed to decline in agency use and ending of long term placements. The Trust has in place a number of targeted actions to further

drive the reduction of long-term agency use and remove all off framework agencies and price cap breaches.

We have continued to work closely with finance and operational care unit colleagues this month to triangulate our workforce and financial plans for 24/25. This has included a much closer alignment with our temporary staffing requirements across bank and agency and developing the inpatient-staffing model under 'Time to Care'. There has also been strong engagement and collaboration with our Integrated Care Board and regional partners with draft plans due to be submitted.

There have been further periods of industrial action by Junior Doctors, with the latest took place from 24-28 February 2024. Industrial action is pro-actively managed through the Trust's emergency preparedness, resilience and response planning process. There have been no matters arising during industrial action that have required regional or national escalation. The re-ballot of junior doctors in England is to extend the mandate for industrial action from 3 April 2024 to 19 September 2024.

The BMA has secured an improved pay offer for consultants in England after a previous offer was rejected at the end of January 2024. The offer, which is the result of talks between the BMA and the Government, is now being put to consultant members in a vote. The offer includes additional uplifts to the consultant pay scale in the original offer and also includes a 2.85% (£3,000) uplift for those who have been consultants between four and seven years. This is on top of the 6% awarded during the Doctors and Dentists Remuneration Body (DDRB) process last summer. The BMA's consultants committee is recommending to members that they vote to accept the offer.

Digital Training Innovation - The Digital Training team have recently completed filming for a highly ambitious and innovative cross-organisational training programme for the Mid and South Essex (MSE) Personalised Care pathway. In a first for the region, a cast and crew of over 30 filmed a 360 Virtual Reality (VR) immersive simulation training scenario across two locations, using five different sets, with the aim to upskill MSE Integrated Care System (ICS) staff in personalised care for frail and end of life patients. This was a collaborative effort involving multiple healthcare organisations, service users, video production and VR specialists, all led by EPUTs digital training team. The training will soon be made available to staff, complimenting the existing training modules for personalised care. It will also be the second of three VR modules soon to be made available to various ICS staff, with the other two focusing on common signs and symptoms of common health issues, specifically depression and diabetes. This innovative work puts EPUT at the forefront of digital innovation within the NHS, as one of the first Trusts to adopt this style of training.

2.4. Finance – Trevor Smith, Executive Chief Finance Officer

- YTD (m11) deficit £11.4m.
- YTD capital investment total £17.9m, forecast outturn £24m.
- Cash £49.5m.
- Continued focus on enhanced controls, efficiency improvement and planning for future financial years.

7. QUALITY AND OPERATIONAL PERFORMANCE

7.1 QUALITY & PERFORMANCE SCORECARD?

Information Item | Paul Scott | 10 minutes

REFERENCES

Only PDFs are attached

Mth11 Quality and Performance Board Report February 2024.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

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

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

If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

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

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

Full Report

The full Power BI EPUT Quality & Performance Board Report can be found **HERE.**

Summary of Key Issues

This report to Board provides an interactive and detailed summary of performance across the Trust. It incorporates items from the NHS System Oversight Framework, Safer Staffing, and CQC. Each Key Performance Indicator (KPI) can be selected and viewed alongside trend analysis and informative narrative.

MH Inpatients Follow Ups –
Performance against both the 7 day and 72hr KPIs is validated each month, and updated once any changes to the patient record are made following that validation. In February both measures continue to trigger the NHS England's SPC guidance of 7 significant points of concern.

During February, performance for 7 day follow ups reduced again to 88.9% and is now outside the expected limits of variation, triggering a significant point through SPC analysis. The target for this KPI is 95%. There were 13 discharges in the month who were not followed up within 7 days, of these; 4 were out of area, 2 were due to patients having no fixed abode, and the remaining 7 were due to late contact.

Whilst follow ups carried out within 72 hours is meeting target at 82% (target 80%), performance has triggered SPC concerns due to lower values. There were 21 discharges not followed up within 72 hours, in line with the 20 reported in January.

The Director of Mental Health Urgent Care & Inpatient Services has engaged with fellow care unit leads to begin a joined up approach to improving this performance, acknowledging that this combined approach will lead to improved accountability and prevention of breaches. Validation exercises have identified that in most cases the follow up is being carried out, however improved recording by utilising the appropriate forms is needed.

Inappropriate Out of Area Placements –
At the end of February there were 25 patients in an out of area bed, which unfortunately continues to represent an adverse position against the operational flow trajectory of 15. There were 17 patients newly placed in an OOA bed during the month, 14 of whom were to adult beds, 2 to older adult beds, and one to a PICU bed. Significant efforts were made in the month to repatriate and a total of 22 clients were successfully brought back to EPUT wards.

The Operational Flow team continue to work with both wards and external stakeholders to reduce OOA need. All flow risks are regularly reviewed and updated by the Team and shared via the Accountability Framework. In addition, the 24/25 OOA reduction trajectory has been completed to support operational planning. The trajectory is informed by previous year's data and based on the month to month changes witnessed in 23/24. This provides a clear vision and goals for the coming year, supported by the plans, transformation, and mitigations which are scheduled for the year, including Time to Care.

Mental Health Inpatient Capacity -
Admission demand has remained high within EPUT and acute system partners are operating on escalated operational pressure levels.

Focus remains on the discharge of those who are clinically ready for discharge, and in February older adult delays reduced to the lowest point since July 2022. Older adult wards have been working to establish inpatient and community meetings to review both ward and Trust level restraints to discharge. In addition, planning is underway for single Essex system escalation processes. During the month the older adult CRFD performance reduced to 1.5% (target 8.2%), and adult delays remained consistent at 1.9% (target 5%).

As a result of discharging these long stay patients, the average length of stay has remained high in some areas. Older people average length of stay reduced to 118 days, against a target of <74, and PICU average length of stay remained stable at 27 days, against a target of <50. 24 of the 38 patients

discharged from an older adult ward were long stays (60+ days). Adult average length of stay continues to be reported both with and without the Assessment Unit. In February the average length of stay for adults including the Assessment Unit was 41 days, reduced marginally from 44 days in January, and just outside the <35 day target. When excluding the Assessment Unit, performance reduced to 57 days, down from 61 days in January.

In February, bed occupancy reduced within specialist wards from 71% to 67%. Across all other areas the occupancy performance remained stable; older people wards at 92%, PICU bed occupancy remained consistent at 56%, as did adult occupancy at 95%.

NHS Talking Therapies (IAPT) –
Reductions in access numbers across all areas, as predicted, did reduce in February primarily due to the shorter month. However both Castle Point & Rochford, and Southend, have maintained performance above targets.

North East Essex continues to report a more challenged position with 703 accessing services in the month, against a target of 844. The service continues to promote and drive access numbers through both traditional and new and innovative means.

Limbic Access is one of those innovative launches which continues to benefit the NHS Talking Therapies service as a whole. Thanks to this self-referral software, there have been 4,117 additional referrals since launch in December 2022, 206 of these were received in February.

CQC –
The Trust is currently in the 'Action Plan Delivery' phase of the CQC Action Plan process and this is scheduled to run through until March 2024. 74% of all Must/Should Do actions have been completed, there are not Must Do actions overdue, however there is 1 Must Do action reported as 'On Hold' due to a re-frame paper being submitted.

Finance –
Efficiency: the M11 YTD delivery is £17.9m against the plan of £20.6m. Following a review of all schemes the Trust is forecasting an under-delivery of £3.3m against the 23/24 efficiency plan which will carry forward into 24/25.

Temporary Staff: the total temporary staffing spend in the month was £6.1m (bank £4.3m, agency £1.8m) with run rate expenditure reductions from £7m prior month. Vacancy control panels are operating within Care units and corporate services. Workforce trajectory plans are being assessed for future substantive recruitment and temporary staffing reductions.

Capital: the Trust has incurred capital expenditure of £17.9m at M11. The overall forecast of £23.95m is higher than plan reflecting impact of IFRS16 inflationary uplifts. Mitigations for the impact of IFRS16 are being discussed with Regional and System colleagues.

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

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

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

Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			✓
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			✓
Impact on patient safety/quality			✓
Impact on equality and diversity			✓
Equality Impact Assessment (EIA) Completed	**~~YES~~/NO**	**If YES, EIA Score**	

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

Supporting Reports/ Appendices /or further reading
EPUT Quality & Performance Board Report **HERE.**

Lead

Paul Scott
Chief Executive

7.2 COMMITTEE CHAIRS REPORT

Decision Item | Chairs | 10 minutes

REFERENCES

Only PDFs are attached

Committee Chairs Report.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

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

Risk Assessment of Report		
Summary of risks highlighted in this report	N/A	
Which of the Strategic risk(s) does this report relates to:	SR1 Safety	✓
	SR2 People (workforce)	✓
	SR3 Finance and Resources Infrastructure	✓
	SR4 Demand/ Capacity	✓
	SR5 Lampard Inquiry	✓
	SR6 Cyber Attack	✓
	SR7 Capital	✓
	SR8 Use of Resources	✓
	SR9 Digital	✓
Does this report mitigate the Strategic risk(s)?	N/A	
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register?	No	
Are you requesting approval of financial / other resources within the paper?	No	

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

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the report and assurance provided.
2 Provide feedback for any identified issues for escalation.
3 Approve the Terms of Reference for the Audit Committee, attached as Appendix 1.

Summary of Key Issues

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

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

- Assurance – any key assurances to be provided to the Board.
- Information – any issues previously identified which have now been resolved, including lessons learned.
- Action – any issues where the Standing Committee is requesting action from the Board.
- Alerts – any issues / hotspots for escalation to the Board.

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

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

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

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

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

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Committee Chairs Report Appendix A: Audit Committee Terms of Reference (For Approval)

Lead
Chairs of Board of Director Standing Committees.

NHS
Essex Partnership University
NHS Foundation Trust

Committee Chairs Report

Board of Directors Part 1

March 2024

EPUT

1. INTRODUCTION

Purpose of the report

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

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

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

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

2. QUALITY COMMITTEE

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

Committee meeting held: 8 February & 14 March 2024

Assurance

Mental Health Act Inspection Thematic Analysis – The Committee received an a report analysing feedback received from the CQC following visits to EPUT sites carried out during September – December 2023. This included an Action Plan outlining the Trust's response to each item, which would be monitored by the Trust's Safeguarding & Mental Health Committee - Chaired by the Executive Nurse.

Quality Performance Report – Quality & Safety Dashboard data was reviewed by Committee members.

Restrictive Practice Deep Dive – Committee members received a report providing a positional statement for the Trust in the use of restrictive practices. There had been a downward trend in the use of restraints over the past six months. The number of young people with learning difficulties admitted to wards had increased, and staff had been working with specialist partners and undertaking training in this area.

Patient Experience & Complaints Report Q3 - The Committee received a report providing an overview of patient feedback received for the Trust during Quarter 3, from Complaints, PALS and I Want Great Care data. This demonstrated clear improvements to performance including a reduction in the time taken to resolve complaints, and clearer information demonstrating how lessons had been learned.

Ligature Risk Update Q3 – The Committee received a Ligature Risk Update for Quarter 3. Highlights included:

- During this period, the Trust was 100% compliant with storing ligature cutters in red pouches affixed to the wall.
- All mental health wards had received a Ligature Environmental Risk Assessment in the last 12 months, and would receive 6-monthly reviews going forward.

EPPR Report Q3 - The Committee received a report providing an update and assurance on Emergency Preparedness Resilience and Response (EPRR) plans and processes for Quarter 3. Highlights included:

- Post incident debriefs had been undertaken following Junior Doctor Industrial Action, and learning had been taken forward.
- A review of Business Continuity Plans was underway. Compliance as of 29 December was 60%, with the remaining items scheduled.
- EPRR Leadership training compliance was at 100%.

QUALITY COMMITTEE

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

Committee meeting held: 8 February & 14 March 2024

Assurance (continued)

Sub-Committee Combined Assurance Report – An assurance report summarising key issues raised by Quality Sub-Committee Chairs was presented to Committee members. From April 2024, this would be replaced with a revised report structure as per the new Quality of Care governance process.

Learning from Deaths Quarterly Review of Learning & Data Q3 – Committee members received the Quarter 3 report.

Learning Disability Improvement Standards - The Committee received a year-end report on Learning Disability Improvement Standards, noting that future reports would include benchmarking at a regional and national level. Following discussion about provision of mental health services for people with learning difficulties and autism, the Committee received assurance that this was a priority in the Quality of Care Suicide Prevention Strategy, and Oliver McGowan Training had had an impact across EPUT services.

Board Assurance Framework (BAF) - There had been a reduction in the risk exposure score for CRR81 Ligature due to a reduction in likelihood. The Ligature Risk Reduction Group was overseeing a new risk assessment with a focus on the likelihood of severe harm or death associated with the emergent trend of self-strangulation. Risk 98 relating to pharmacy resource had reduced following recruitment of pharmacy workforce.

Increase in Group G Streptococcus Cases – An increase in cases of Group G Streptococcus on Trust Wards was being monitored via incident management meetings and updates to the Executive Team. Cases were now on a downward trend, decreasing from 33 in February to 13 in March 2024.

NHS
Essex Partnership University
NHS Foundation Trust

QUALITY COMMITTEE

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

Committee meeting held: 8 February & 14 March 2024

Information

Quality Account Briefing Report – The Quality Account 2023/24 Timetable was reviewed and approved by Committee members.

CQC Compliance Update – Committee members received an update on progress (this is presented to Board as a full agenda item).

CQC Community Mental Health Survey 2022/23 – An overview of the results from the Community Mental Health Survey 2022/23 was discussed. The report recommended the following key areas of focus for the coming year: Mental Health Team and Medication.

Patient Story Videos Action Plan – A proposed approach for the use of patient story videos was discussed by Committee members. The Patient Experience Team would refine the details, including arrangements for obtaining consent to use the videos, and present an updated plan at a future meeting.

Clinical Audit Annual Priority Programme 2024/25 – The proposed programme was presented to Committee members for information and discussion. Further updates would be made to the report incorporating Committee members' feedback, and an updated proposal would be presented at a future meeting.

Patient Safety Incident Response Framework (PSIRF) Progress Report Q3 – Following publication of the PSIRF Plan in November 2023, a policy was under development and would be benchmarked with other Trusts. The Clinical Review Group had been replaced by the Patient Safety Incident Response Framework Oversight Group. Organisation-wide Safety Improvement Plans were being developed, and an update would be provided at a future meeting.

Action

There are no new Actions for the Board of Directors.

Alert

There are no new Alerts for the Board of Directors.

NHS
Essex Partnership University
NHS Foundation Trust

3. FINANCE & PERFORMANCE COMMITTEE

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

Committee meeting held: 22 February 2024 & 21 March 2024

Assurance

Finance Month 11 - The Director of Finance noted the YTD deficit is £11.4m. Actual results during the period report a £1.7m actual surplus. The improvement in the financial position is in line with the planned interventions to move towards the agreed revised forecast outturn of £10m (including impact of strike action). The Trusts year end control target remains at £9.4m deficit (£10m including Industrial action). The ICB currently reports £12.6m of previously announced allocations to support industrial action and delivery of financial controls targets. It is expected that an element of this funding will be distributed to Providers before year end albeit the System control target will remain unaffected.
The YTD capital spend has increased to £17.9m, £4.7m above YTD plan with a FOT of £24m, £2.1m above plan. The Trust is working through the redistribution of capital resource between System partners and additional Regional funding to support the impact of migration of leases to IFRS16 which is a nationally recognised shortfall.

Cyber & Information Governance Assurance Report - The Executive Director of Strategy, Transformation, & Digital advised the Trust has set out mitigations to high level risks, and with further points of progress expected this month which will reduce risk as we move forward. Work is still progressing with other systems identified for the BS10008 accreditation, and work to improve access to records is ongoing. Assurance was provided that two pieces of software previously discussed at the committee (Laserfiche & Scribe) will both have been decommissioned by the end of March.

Committee Work Plan 24/25 – Both the Senior Director of Corporate Governance and Affairs, and the committee chair presented the changes forthcoming in the 2024/25 work plan.
For 2024/25 it is proposed to reduce the meetings to bimonthly from June 2024, having a place holder on the alternative months for any urgent business to be reviewed.
The Finance & Performance Committee agreed this work plan.

Terms of Reference review – The Senior Director of Corporate Governance and Affairs advised this information has been applied to the new Trust template, has been through Executive oversight, and undertaken in conjunction with the audit committee.
The Chair of the committee and Non-Executive colleagues agreed the terms of reference with the investment responsibility to be included.

Demand & Capacity software – EPUT were put forward for a Microsoft funded initiative which digital colleagues have been working on with KPMG.
KPMG attended the meeting to present the Demand & Capacity tool which has been built to support care groups with clinical and operational decision making.
Committee colleagues noted the potential of this tool and how this can evolve over time and with more funding. Updates will continue to be brought through the Finance & Performance committee.

NHS
Essex Partnership University
NHS Foundation Trust

FINANCE & PERFORMANCE COMMITTEE

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

Committee meeting held: 22 February 2024 & 21 March 2024

Assurance (cont'd)

International Recruitment Benefits Realisation - The Interim Chief People Officer gave the committee an oversight on how the organisation has achieved its ambitions with this project, the positive impacts seen to date, and the lessons learnt. The positive impacts included reductions in vacancy rates, support to the Time to Care project, and lower agency spends. Whilst areas of learning were centred around time, accommodation, and onboarding.
The Executive Chief Operations Officer reflected on the further benefits noticed on the wards, such as an improved skills mix.

Information

No items this month.

Action

Quality & Performance - The month 11 Quality & Performance updates were led by the Executive Chief Operations Officer.
In month 11, risks included Children's Speech & Language therapy; which has a recovery trajectory aligned to their staff shortages being overcome, 7 day/72 hour follow ups post discharge; recovery for which is being led by care unit leads, and IAPT access rates within North East Essex; which is being improved by Limbic Access.
Areas of improvement or recovery were seen for Wheelchair assessments, MH Inpatient Capacity, OOA Placements, and the Essex Drug & Alcohol service (STaRS).
The Committee agreed to liaise with the Information Governance & Quality Committee to undertake a deep dive in to inpatient follow ups.

Alert

No alerts for the Board of Directors this month.

4. PEOPLE, EQUALITY & CULTURE COMMITTEE

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

Committee meeting held: 15 February 2024

Assurance

Workforce Update

- Substantive staffing had increased significantly, most notably within International Recruitment and Pharmacy.
- Recruitment to Consultant and community roles remained a challenge.
- Agency usage had reduced however was still high therefore plans were in place to reduce this further in 2024/25, and new establishment control processes were being introduced.
- An urgent review to reconcile ESR and finance ledger staffing budgets was to take place.

Rapid Review into Data on Mental Health Inpatient Settings Update

- A progress update on implementation of the Mental Health Inpatient Rapid Review was received.
- Work was on track to meet the deadlines set out in the action plan.
- An update would be provided to the Board of Directors in July 2024.

Public Sector Equality Duty Annual Report

- The report concluded that the Trust has a diverse workforce and is representative of the community it serves.
- Although the NHS has a predominantly female workforce, there has been a 5% increase in appointment of male new starters at the Trust.
- There has been a decrease in staff leaving the Trust, which was particularly attributable to the RISE programme.

Gender Pay Gap Annual Report 2023

- This year's report included details relating to race as well as gender.
- Disability information would be added to future reports.
- The team would be reviewing equality in the Trust's career progression and recruitment processes.

NHS
Essex Partnership University
NHS Foundation Trust

PEOPLE, EQUALITY & CULTURE COMMITTEE

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

Committee meeting held: 15 February 2024

Information

Emergent and Topical Issues
- The Chief People Officer vacancy had been filled and the recruitment process was underway.
- 222 nurses had been recruited via International Recruitment. A benefits realisation paper would be produced.
- There had been good collaboration between HR and Medical colleagues to ensure continued quality of care during periods of industrial action.
- All Executive Directors were required to have clear Equality, Diversity & Inclusion (EDI) objectives by 31 March 2024, and work was underway to achieve this.

Time to Care
- A new Programme Manager had commenced, and a review of baselines and deliverables was underway.
- Non-recurrent funding had been received by the Trust for the current financial year.
- Discussions regarding funding for 2024/25 were ongoing.

People & Education Strategy Implementation Plan
- Further to approval of the People & Education Strategy by the Board of Directors in January 2024, a Year 1 Implementation Plan, commencing on 1 April 2024, was approved by the People, Equality & Culture Committee.
- Plans for future years would be produced at a later date.

Social Impact Charter
- Committee members approved the Trust's new Social Impact Charter for recommendation to the Board of Directors.

NHS
Essex Partnership University
NHS Foundation Trust

PEOPLE, EQUALITY & CULTURE COMMITTEE

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

Committee meeting held: 15 February 2024

Information (cont'd)

Sexual Safety Charter

- The Trust has signed up to the NHS Sexual Safety Charter.
- There are 10 pledges within the Charter, to be achieved by July 2024.
- A gap analysis has been completed to identify any areas of focus to ensure the Trust meets the deadline.
- A Sexual Safety Conference was held on 20 February 2024, and set out manager responsibilities.

Action

No actions for the Board of Directors or other Board Committees this month.

Alert

No alerts for the Board of Directors this month.

5. CHARITABLE FUNDS COMMITTEE

Chair of the Committee: Mateen Jiwani (Non-Executive Director)

Committee meeting held: 26 February 2024

Assurance

Financial Trustee Report

The financial position as at the end of November 2023 which totalled £1,067,094. This has increased by £6,241 to £1,060,853 at the end of January 2024.

Following Board approval in January 2024, the under-utilised funds totalling £80,439 has been transferred increasing the balance on the trust wide general purpose fund to £76,113 and the Margaret Ethel Bolton fund to £35,272.

A discussion was held with regards to fundraising i.e. Sponsored Events, staff lottery, EPUT Charity – Fundraising Scheme of Choice.

Blackrock Investments

BlackRock contacted the Trust in January 2024 to advise that the "BlackRock Charities UK Equity ESG Fund", which the Charity has invested in since March 2009, is being terminated on 11 March 2024 as it is no longer considered viable by BlackRock. The Charity currently holds 102,062.3 units in this Fund, at a value of £228,717 as at 31 January 2024.

Members agreed the units currently held in the above-named Fund be switched to the BlackRock Charities UK Equity Fund. This is proposed as a medium-term to long-term investment, but there are no restrictions on how soon the investment units may be sold if required.

Alert

Reputational risk of promoting staff lottery i.e. gambling.

Action

Feedback to be provided at next meeting re MSEFT learning, lottery, rebates in terms of upfront monies for sponsored events.

A joint session to held with MSEFT to discuss promoting charitable funds

Information

None this month.

NHS
Essex Partnership University
NHS Foundation Trust

CHARITABLE FUNDS COMMITTEE

Chair of the Committee: Mateen Jiwani (Non-Executive Director)

Committee meeting held: 26 February 2024

Assurance

Promoting Charitable Funds

Members approved the Charitable Funds poster prepared by Communications.

Action

Charitable Funds to be promoted at the forthcoming Quality and Excellence Awards and QR codes to be supplied.

Information

The Charitable Funds approved £2,000 for the Quality and Excellence Awards

6. AUDIT COMMITTEE

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

Committee meeting held: 14 March 2024

Assurance

Internal Audit

Internal Audit Progress Report 2023/24

The following reports were issued as final. All reports received 'reasonable' assurance.

- Temporary Staffing
- Efficiency Savings
- Core Financial Assurance (excluding Payroll)

This means that 27% of the IA plan is completed by mid-March 2024

Anti Crime
Based on the LCFS report and discussion at the meeting the Committee can offer the Board a significant assurance over the effectiveness of counter-fraud function and LCFS progress against FY23/24 plan

Presentation of Internal Audit Plan 2024/25
The Committee approved the above plan subject to the 10 days medical devices being removed and Temporary Staffing and E rostering to be brought forward

Anti Crime Work plan 2024/25
Members approved the above.

External Audit Draft Plan 2024/25
The Committee approved the above

Year End Timetable 2023/24
The above was discussed and noted.

Waiver of Standing Orders
During the period from the 1 November 2023 to 29 February 2024, competitive quotations were waived on 18 occasions totalling £749,159.

This is a decrease in volume compared to the same period last year where 55 competitive quotations were waived, and also a reduction in value as waivers for this period in 2022/23 totalled £2,621,747 (including VAT).

The Year to Date figures are also show a reduction (45%) in the use of waivers with 63 waivers this year, compared with 115 last. The value is also down compared to the same time last year from £4,904,264 to £2,451,530 (including VAT) this represents a 50% reduction.

NHS
Essex Partnership University
NHS Foundation Trust

AUDIT COMMITTEE

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

Committee meeting held: 14 March 2024

Assurance

External Audit Draft Plan 2024/25
The Committee approved the above

Year End Timetable 2023/24
The above was discussed and noted.

Waiver of Standing Orders
During the period from the 1 November 2023 to 29 February 2024, competitive quotations were waived on 18 occasions totalling £749,159.

This is a decrease in volume compared to the same period last year where 55 competitive quotations were waived, and also a reduction in value as waivers for this period in 2022/23 totalled £2,621,747 (including VAT).

The Year to Date figures are also show a reduction (45%) in the use of waivers with 63 waivers this year, compared with 115 last. The value is also down compared to the same time last year from £4,904,264 to £2,451,530 (including VAT) this represents a 50% reduction.

Audit Committee 2024/25 Work plan
The Committee approved the above subject to minor amendments.

Alert

Internal Audit

Based on the TIIA report and discussion at the meeting the Committee provides the Board with the partial level of assurance over IA plan progress and the acceptable level of assurance over recommendations implementation during the period

Action

Annual Review of Audit Committee Terms of Reference

The Committee approved the above subject to minor amendments and recommended to the Board, for approval.

Information

Audit Committee 2024/25 Work plan
The Committee approved the above subject to minor amendments.

Appendix A - Audit Committee Terms of Reference (Revised March 2024) - For Approval

AUDIT COMMITTEE			
CHAIRED BY:	Elena Lokteva, Non-Executive Director	**TOR AUTHORISED BY:**	Board of Directors
SECRETARIAT:	Board Committee Secretary	**FREQUENCY:**	Meetings shall be held not less than four times a year
AUTHORITY:	The Audit Committee (hereafter Committee) is constituted as a standing committee of the Board of Directors. The Committee is authorised by the Board of Directors to act within its terms of reference. The Committee is authorised by the Board of Directors to investigate any activity within the Trust. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request made by the Committee. The Committee is authorised by the Board of Directors to instruct the in-house legal advisors and other professional advisors with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions. The Audit Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions. These terms of reference shall be read in conjunction with the Trust's Scheme of Delegation, Standing Orders, Constitution and Standing Financial Instructions, as appropriate.		
PURPOSE- The duties of the Committee shall include the following:	**Governance, Risk Management and Internal Control:** 1 The Committee shall review the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives. 2 In particular, the Committee will review the adequacy of: • All risk and control related disclosure statements (in particular the Annual Governance Statement and Care Quality Commission essential standards of quality and care), together with any accompanying Head of Internal Audit statement, external audit opinion or other appropriate independent assurances, prior to endorsement by the Board • Arrangements by which staff of the Trust may raise, in confidence concerns about possible improprieties in matters of financial reporting and control, clinical quality, patient safety and other matters • The underlying assurance processes that indicate the degree of the achievement of corporate objectives, the effectiveness of the management of principal risks and the appropriateness of the above disclosure statements • The policies for ensuring compliance with relevant regulatory, legal and code of conduct requirements • The policies and procedures for all work related to fraud and corruption as set out in Secretary of State Directions and as required by NHS Counter Fraud Authority • Proposals for tendering for both Internal or External Audit services and the Anti Crime Specialist services or for purchase of non-audit services from contractors who provide audit services. 3 In carrying out this work the Committee will primarily utilise the work of Internal Audit, External Audit and other assurance functions, but will not be limited to these audit functions. It will also seek reports and assurances from directors and managers as appropriate, concentrating on the over-arching systems of integrated governance, risk management and internal control, together with indicators of their effectiveness 4 The Committee will create an Annual Working Plan against which its performance is to be evaluated on an annual basis 5 To receive assurance that the Board Assurance Framework, Corporate Risk Register and the Directorate Risk Registers are properly utilised by the standing committees of the Board of Directors and by the Executive Directors to identify and adequately manage risk and identify mitigating actions. **Internal Audit:** 6 The Committee shall ensure that there is an effective internal audit function established by management that meets mandatory Public Sector Internal Audit Standards and provides appropriate independent assurance to the Audit Committee, Chief Executive and Board. This will be achieved by: • Consideration of the provision of the Internal Audit service, the cost of the audit and any questions of resignation and dismissal • Review and approval of the Internal Audit strategy, operational plan and more detailed program of work, ensuring that this is consistent with the audit needs of the organisation as identified in the Assurance Framework		

- Consideration of the major findings of internal audit work (and management's response), and ensure co-ordination between the Internal and External Auditors to optimize audit
- Ensuring that the Internal Audit function is adequately resourced and has appropriate standing within the organisation
- Annually reviewing of the effectiveness of internal audit.

External Audit:

7 The Committee shall review the work and findings of the External Auditor appointed by the Council of Governors and consider the implications and management's responses to their work. This will be achieved by:

- consideration of the appointment of the External Auditor leading to an annual recommendation by the Audit Committee to the Council of Governors regarding the appointment/re-appointment of the External Auditor. This report will include reference to the performance of the external auditor including details such as the quality and value of the work and the timeliness of reporting and fees
- discussion and agreement with the External Auditor, before the audit commences, of the nature and scope of the audit as set out in the Annual Plan
- discussion with the External Auditors of their local evaluation of audit risks and assessment of the Trust and associated impact of the audit fee
- review all External Audit reports before submission to the Board and any work carried outside the annual audit plan, together with the appropriateness of management responses
- ensuring that there is a current policy on the engagement of the external auditor to supply non-audit services which has been approved by the Council of Governors
- ensuring that there is a process in place so as to be able to report to the Council of Governors on any matters of significance
- ensuring that there is a process in place which delegates responsibility to the Audit Committee to review and monitor the independence and objectivity of the external auditor.

8 The Audit Committee has a responsibility to ensure that the Trust's appointed External Auditors are not compromised in terms of maintaining their integrity, objectivity and independence (as per section 1.8 of the Code of Audit Practice produced by the National Audit Office) or prohibited from undertaking such work. The Chair of the Audit Committee is required to be consulted with, and approve the use of the Trust External Auditors for any non-audit work prior to their appointment. This does not delegate the approval of expenditure to the Chair of the Committee.

Anti Crime (Fraud):

9 The Committee will:

- Review and approve the annual Anti Crime Specialist work plan
- Review the effectiveness of the Anti Crime strategy
- Monitor the implementation of Anti Crime reports
- Consider the annual report of the Local Anti Crime Specialist

Governance Manual:

10 The Committee will:

- Review annually the Governance Manual (consisting of the Standing Orders, Standing Financial Instructions and the Scheme of Delegations
- Review changes to the aforementioned documents
- Examine the circumstances associated with each occasion when SOs are waived and comment as necessary.

Other Assurance Functions:

11 The Audit Committee shall review the findings of other significant assurance functions, both internal and external to the organisation, and consider the implications to the governance of the organisation

12 These will include, but will not be limited to, any reviews by Department of Health Arm's Length Bodies or Regulators/Inspectors (e.g. professional bodies with responsibility for the performance of staff or functions (e.g. Royal Colleges, accreditation bodies, etc.).

13 Where necessary, the Committee will review the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee

Annual Accounts Review:

14 To review the annual statutory accounts for exchequer funds (which subject to an annual materiality test, are not consolidated), before they are presented to the Board of Directors, in order to determine their completeness, objectivity, integrity and accuracy. This review will cover but is not limited to:

- The meaning and significance of the figures, notes and significant changes
- Areas where judgement has been exercised
- Adherence to accounting policies and practices
- Explanation of estimates or provisions having material effect
- The schedule of losses and special payments
- Any unadjusted statements
- Any reservations and disagreements between the external auditors and management which have not been satisfactorily resolved

15 To review the annual report and annual governance statement before they are submitted to the Board of Directors to determine completeness, objectivity, integrity and accuracy

16 To receive reports on the review all accounting and reporting systems for reporting to the Board of Directors, including in respect of budgetary control.

Value for Money (VFM):

17 The Committee will consider the appropriateness of value for money projects undertaken by the Trust and receive regular reviews of VFM progress

18 The Committee will also consider other topics as defined by the Board of Directors or Council of Governors arising from any sources that are considered by the Committee to be significant to the Trust.

Management:

19 The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control, including but not limited to:

- Annual Counter Fraud Report
- Annual Report
- Financial Statements
- Annual Internal Audit Plan and reports
- External Audit Plan and reports
- Other reports as required

20 They may also request specific reports from individual functions within the organisation as they may be appropriate to overall arrangements.

ATTENDANCE:	**MEMBERSHIP:**	**IN ATTENDANCE:**
	Three (3) Non-Executive Directors, one of whom must have relevant and recent financial experience and one being a member of the Quality Committee.	Executive Chief Finance Officer / Director of Finance Head of Financial Accounts Senior Director of Corporate Governance Internal Audit Representative External Audit Representative Anti Crime Specialist Chief Executive (to present the Annual Governance Statement) Other Directors and Officers as requested by the members (Limited assurance reports)

QUORUM:	Two (2) Non-Executive Directors. It is expected that members will attend a minimum of 75% of meetings per year.	
	INPUTS: The Committee shall request and review reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control. They may also request specific reports from individual functions within the organisation as they may be appropriate to overall arrangements.	**OUTPUTS:** Minutes of the meetings, resolutions and any action agreed will be recorded and circulated to Committee members for approval. The Committee will report in writing to the Board of Directors after each meeting advising it has met and the decisions it has made. If requested to do so it will provide further information to the Board including the terms of any advice it has received and considered. The Committee shall report to the Board of Directors an annual review of its performance against these terms of reference to ensure its effectiveness in discharging the functions delegated to it by the Board of Directors.
Document Control:	**Date Approved:** March 2024	**Date of Last Review:** March 2023 **Next Review:** March 2025

7.3 CQC COMPLIANCE UPDATE

Information Item | Ann Sheridan | 5 minutes

REFERENCES

Only PDFs are attached

CQC Compliance Report.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	CQC Compliance Report					
Executive/Non-Executive Lead:	Ann Sheridan, Executive Nurse					
Report Author(s):	Nicola Jones, Director of Risk and Compliance					
Report discussed previously at:	Executive Operational Committee					
Level of Assurance:	**Level 1**	✓	**Level 2**		**Level 3**	

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

If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

Purpose of the Report		
The purpose of this report is to: 1. Provide an update on CQC related activities that are being undertaken within the Trust. 2. Provide an update and escalations as required on progress made against the Trust CQC action plan 3. Provide details of CQC guidance/updates that have been received since the previous full reporting in January 2024	**Approval**	✓
	Discussion	✓
	Information	✓

Recommendations/Action Required

The Board of Directors is asked to:

1 Note the contents of the report
2 Note the progress update on the Improvement Plan
3 Request any further information or action

Summary of Key Issues

- EPUT continues to be fully registered with the CQC.
- The Trust responded to the CQC request for an Adult Social Care Provider Information Return (PIR) in respect of Rawreth Court in line with CQC timescales. The return was submitted following Executive sign off.
- The CQC undertook an unannounced inspection of our Forensic / Secure Services at Brockfield House on 6 -7 March 202, with information gathering phase continuing.
- The Trust continues to focus on the implementation of the CQC improvement plan. Good progress continues to be made with implementation of actions.
- The CQC has undertaken 5 Mental Health Act inspections during January and February 2024.
- From 27 February, the CQC have implemented their new single assessment framework for all registration activity. In response to this the EPUT CQC Compliance Assurance Framework is being revised and a series of workshops are underway to introduce the new Quality Statements across the Trust. The Compliance Team has been piloting over the last 6 months assessments against the Quality Standards and a new process for scoring core services following internal visits, this has been reported through the accountability meetings.

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

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

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

Acronyms/Terms Used in the Report			
CQC	Care Quality Commission	EPUT	Essex Partnership University Trust
CAMHS	Child and Adolescent Mental Health Service	EOT	Executive Operational Team
PICU	Psychiatric Intensive Care Unit	ICB	Integrated Care Board
MHA	Mental Health Act	PIR	Provider Information Return
MHOST	Mental Health Optimal Staffing Tool	CHS	Community Health Services

Supporting Documents and/or Further Reading
Appendix 1 - CQC Action Plan Update March 24

Lead
Ann Sheridan **Executive Nurse**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

CQC Compliance Exception Update

1. Purpose of the report

The purpose of this report is to provide an update on the key Care Quality Commission (CQC) registration requirements and related activities within the Trust and to highlight key CQC action plan progress.

2. CQC Registration Requirements

2.1. Registration

EPUT continues to be fully registered with the CQC. There have been no ratings changed in the period.

The Registered Manager for Clifton Lodge Nursing Home remains unavailable therefore the role continues to be covered by secondment, with all statutory notifications to the CQC completed.

A new Registered Manager has been appointment for Rawreth Court therefore the process has commenced to obtain CQC registration.

2.2 CQC Provider Information Request (PIR)

Provider Information Requests (PIRs) are part of how the CQC continually monitor nursing home services, with the requirement that the registered managers complete the PIR within a set timescale. The Trust received a CQC request for an Adult Social Care Provider Information Return (PIR) in respect of Clifton Lodge nursing home on 10 January 24 and responded to this within the required timescale (07 February 24). The standard process was followed to ensure a robust response which was approved by the Executive Team.

3. CQC Inspections

3.1. CQC Improvement plan Implementation

The Trust has continued to focus on implementation of the overarching CQC improvement plan which is being overseen by the CQC Action Leads meeting.

As of the 14 March 2024, there were:

- 51 Must do / Should do actions complete in total (74%) (7 (9%) being agreed for closure through the Evidence Assurance Group)
- 280 CQC sub-actions complete this includes 25 that have been agreed for closure through the Evidence Assurance Group and 1 that is closed as unable to take forward)
- 47 internal inquiry sub-actions have been complete.
- 16 Must do / Should do sub-actions past timescale (Nb. Impacting 7 overall actions status). For note there are 2 new slippages identified for this month. Recovery plans are in place and detailed reporting is being provided to the Executive Safety of Care Committee on a fortnightly basis.

The Evidence Assurance Group had their third meeting on the 26 February 2024 chaired by the ICB Director of Nursing for Patient Experience. The meeting was positive with constructive

challenges and questions from ICB partners, which our operational teams were able to effectively respond to. Recommendations were made for further evidence to be collated to strengthen the assurances provided for 2 of the 5 presented actions. Therefore, these 2 actions will be re-presented at the next meeting currently scheduled for April 2024.

Assurance metrics continue to be developed to demonstrate sustainable change has been achieved.

3.2. Unannounced Forensic / Secure Services CQC Inspection

The CQC have undertaken an unannounced inspection of our Forensic / Secure Services at Brockfield House on 6 - 7 March 2024. Further interviews were being held week commencing 12 March including with carers and the trust Executive Nurse and Safeguarding Lead. In addition the trust is responding to the inspectors' information request, with a return date of 21 March 2024.

3.3. CQC Enquiries

All CQC enquires received are reviewed in full and a formal response is returned following approval by the Chief Operating Officer / Executive Chief Nurse.

During January 2024, the CQC raised one enquiry regarding a concern raised within the Medical Secretary Team, for which an initial response has been provided to the CQC with a further response to be provided upon finalisation of the investigation into all elements of the concern raised. During February 2024, the CQC did not raise any concerns.

3.4. CQC Mental Health Act (MHA)

The CQC have continued with programme of Mental Health Act visits to Wards. During January and February 2024 there have been five MHA inspections and three provider action statements received following previous inspections. Key learning themes are:

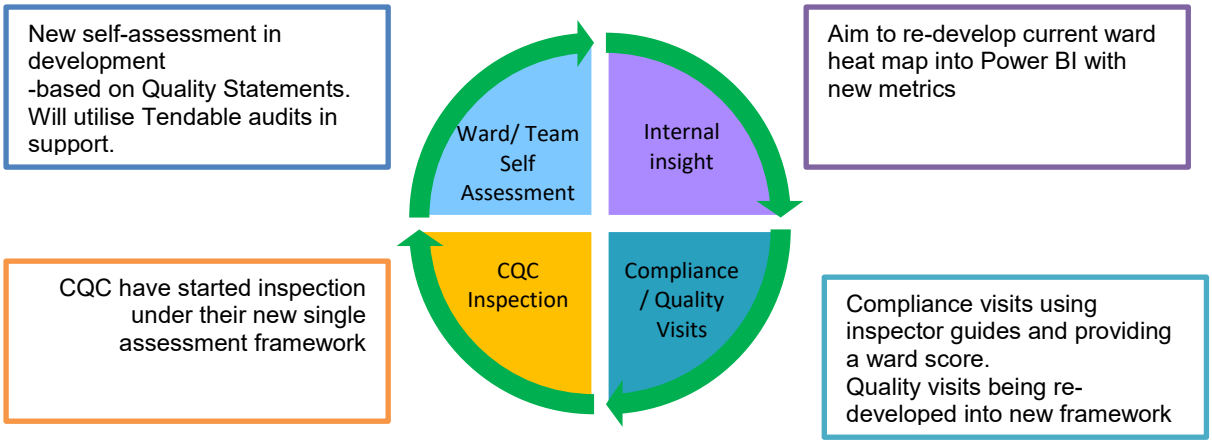
- Blanket restrictions
- IMHA referral and information for patients
- Patients view/input in care plan
- Record keeping (including medication chart, T2/T3

4. Annual Programme 2023-24

4.1 CQC Compliance Assurance Framework

The Trust CQC assurance framework has been reviewed in light of the new Single Assessment Framework (Quality Statements) and to bring this in-line with the developing EPUT Quality Assurance Framework.

The framework remains focused on 4 key domains as outlined in diagram below:



4.2 Internal CQC Compliance Programme

A key part of the assurance framework is the compliance visit programme which aims to promote and monitor adherence to the fundamental standards of care (CQC registration requirements). The annual programme for 2024-25 has been developed and is summarised in the table below:

Visit Type	Q1			Q2			Q3			Q4		
Internal CQC Compliance Inspection	Child and adolescent MH Wards Inpatient LD Forensic / Secure Wards Substance Misuse			Community Health (Inpatient) Community Health (Adult and Children's) Nursing Homes			Community MH Services (Adult) Community MH Services (Older Adults) Crisis and HTT			Mental Health Inpatient Services (Older Adult /Adult) Rehabilitation Service		
Action Testing	Crisis and HBPoS Byron Court			Community Mental Health Older Adult Inpatient Mental Health			Adult Inpatient and PICU Mental Health			Rawreth Court		
Quality Visits	x2	x2	X2	x2	x2	x2	x2	x2	x2	x2	x2	x2
Ligature 6 Month Support	x2	x2	x2	x2	x2	x2	x2	x2	x2	x2	x2	x2
Support visits	Adhoc	Adhoc	Adhoc	Adhoc	Adhoc	Adhoc	Adhoc	Adhoc	Adhoc	Adhoc	Adhoc	Adhoc

The scheduled programme of internal CQC compliance visits for 2023/24 by the Compliance Team has concluded. The schedule was broken down by core service for 2023/24, as shown below:

CQC Compliance Programme

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

To review compliance, during January and February 2024, the Compliance Team focused on the following Core Services; Adult MH Inpatient and PICU and Older People MH Inpatient.

Following each visit, a report is created for each core service capturing the good practice and any areas for improvement. This is shared with the Service and Care Unit leadership for review, implementation of change in order to provide assurance. This report includes a rating using the new assurance tool which has been piloted throughout 2023/24

Key good practice findings from the visits:

- Allocated nurse in place to cover garden duties.
- Staff seen interacting with patients
- Activities taking place

- Patient welcome packs in place
- Induction and staff competency frameworks in place
- Fundamentals of care in place
- Reduction in incidents including falls.
- Process in place to manage patients' risks with a wider use of zonal observations.
- Patient bedrooms spacious; personalised to support needs.
- I want great care posters displayed, your voice posters displayed
- Sexual safety notices in place.

Areas of improvement:

- S5 – Safe environments
- R7 – Planning for the Future
- R6 – Equity in experience and outcomes
- W8 – Environmental Sustainability – sustainable development

5. CQC Guidance / Updates

5.1. Developing CQC's approach to 'learning culture'

One of the core ambitions of CQC is to ensure that the services it regulates have a stronger safety and learning culture. Through their new quality statements, their looking to assess both 'safety through learning' and 'learning culture'.

To ensure they take the best approach to assessing providers on this topic and to ensure their able to give providers the best quality information on what good likes in this area they would like feedback through a short survey.

Safety through learning (typeform.com)

5.2. How well do you understand how we are changing?

The CQC are developing a new regulatory model based on a single assessment framework, which they have started to use across the country. Alongside this work they are starting to roll out their new provider portal.

In 2023 they started a comprehensive communication campaign to ensure all health & social care providers and professionals understand what these changes are, what they mean for them and what they need to do to prepare for these changes being implemented.

To help the CQC measure how successful the campaign has been, they would like to know how well we understand these changes, both now and throughout 2024.

Share your feedback through this short survey.

5.3. NHS England want to hear your views on the Never Events Framework

NHS England have launched a consultation asking our views on whether the existing Never Events Framework remains an effective way to support patient safety improvement.

Never Events are incidents with the potential to cause serious patient harm or death that are wholly preventable if national guidance or safety recommendations are followed.

The consultation is being held following the findings of reports from CQC and HSIB that found that the barriers are not strong enough to make an incident wholly preventable for some kinds of Never Event.

The consultation asks for views on whether the Never Events framework is still considered an effective mechanism to drive patient safety improvement; and for a preferred option for its future to be selected.

The consultation is open until 5 May 2024. Never event framework consultation (NHS England)

6.0 Recommendation

The Board of Directors is asked to:

1 Receive and note the content of the report

2 Note the progress update on the Improvement Plan

Report Prepared by:

Nicola Jones
Director of Risk and Compliance
14 March 2024

Appendix 1:

CQC Improvement Plan Update

March 2024

CONTENTS

Introduction

Essex Partnership University NHS Foundation Trust

The purpose of this report is to provide an update on implementation and assurance status against the trust CQC action plan.

The CQC action plan has been developed in line with new trust process which focused on engagement, sustainability and ownership of actions developed.

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

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

Level of Assurance: Level 1

Key Messages

There are currently 78 'must do' / 'should do' actions being taken forward (Note: combination of some actions into one), with 345 sub-actions (as at 14 March'24) associated with CQC activity.

There are 54 sub - actions associated with EPUT internal inquiry following the Dispatches Programme.

Overview:

- 51 Must do/Should do actions have been completed
- 280 CQC sub-actions have been completed.
- 47 internal inquiry sub-actions have been completed

16 sub-actions are past timescale (Nb. This impacts 7 overall must do / should do action status however recovery plans are in place). For note 2 new slippages are identified for this month

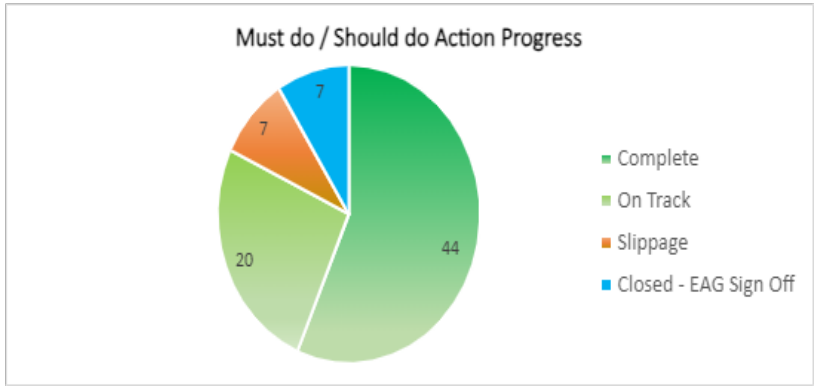
The CQC Action Leads meeting continues to hold action owners to account for delivery. The meeting is chaired by the Senior Director of Corporate Governance (who is independent) and attended by Executive Chief Nurse and Executive Chief Operating Officer.

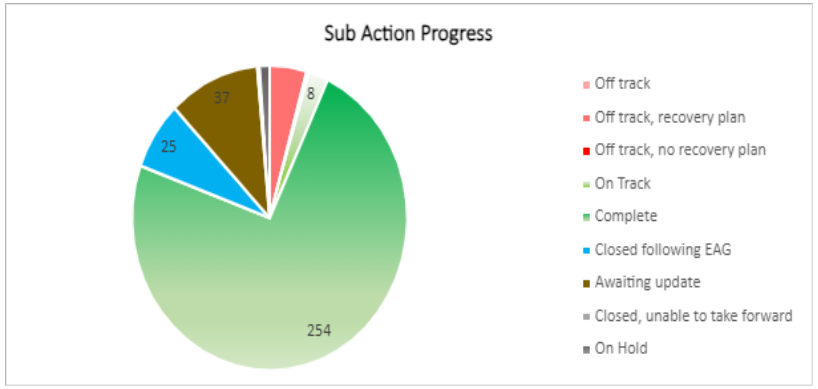
Action Progress Update

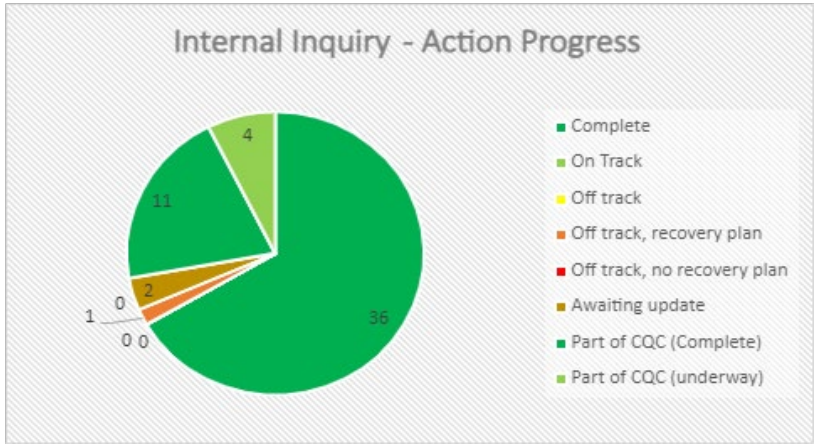
NHS
Essex Partnership University
NHS Foundation Trust

Summary of implementation status

- 78 Must do / Should do actions as at 14.03.24
- 345 Sub-Actions identified as at 14.03.24
- 51 (74%) Must do / Should do actions complete
- 7 (9%) Must do / Should do actions closed following review at CQC Leads Meeting and Evidence Assurance Group
- 280 sub-actions complete
- 16 sub-actions past timescale as at 14.03.24 (Nb. This impacts 7 overall actions status) recovery plans are in place
- 1 Must Do (M32) (containing 4 Sub Actions) reported as 'On Hold' due to a re-frame under consideration
- 54 Internal Inquiry sub-actions identified: 36 complete and a further 11 complete as part of CQC actions;1 sub-action is off track with recovery plan







Summary of activities and highlights

NHS Essex Partnership University NHS Foundation Trust

Summary of key activities completed in the last month:

- M3 (Trustwide Action) The 10-week pilot of SOPHIA has now ended. The pilot review feedback period for SOPHIA continues.
- S16 (Older Adults) New form; following pilot, rolled out to all Older Adult Wards clearly identifying what activities a service user has undertaken. Form to become available on Mobius and Paris
- RC01 (Rawreth Court) Workshop with SystmOne held at Broomfield. Prompt Sheet in use to support RN's in completing the person centred care plans. Social Planner complete in regards to audit program. Care Plan template designed and completed. Bespoke 1 page how to support me care plan for residents bedrooms purchased.
- RC02 (Rawreth Court) residents preferences updated in care plans. Completed PEEPS made available. Reporting of unprofessional moving and handling incidents on Datix discussed in team meetings.
- RC03 (Rawreth Court) Restrictive Practice review completed. MCA training being offered to staff. Identified restrictions included in admissions discussion and welcome pack. Baseline audit for MCA/DoLS completed and gaps addressed. MCA / Consent included on admission checklist. New DoLS process in place
- RC05 (Rawreth Court) New task allocation process completed and in use. Regular review of observation levels undertaken. New process working well.
- RC07 (Rawreth Court) All staff undertaken a refresher on Observation and Engagement. Policy at glance in nursing station for reference and reminder.
- RC08 (Rawreth Court) Safe Staffing escalation flowchart designed.

Actions Closed

3 actions have been closed this month following presentation to EAG (7 in total):

- M20 – Reporting Abuse (Trust wide)
- S24 – Body Worn Cameras (LD)
- S25 – First Aid Box (LD)

48 must do/should do actions are complete and ready for closure and are being prepared to be taken through evidence assurance processes.

Summary of activities and highlights

NHS Essex Partnership University NHS Foundation Trust

Key Slippages (16 Sub-actions are past timescale)

Must do / Should do Action	Sub-Action past timescale	Current Position	Recovery Plan	Lead
M1: The trust must ensure they have a robust process for implementing and monitoring improvement processes. Such as breaches identified in core service reports in a timely and effective way (2/3 actions complete)	M1.2 Development and Implementation of EPUT Quality Assurance Framework (QAF)	Quality Strategy approved and currently being launched. QAF working group established and taking forward the 4 key areas of the QAF. Workplace in place with key tasks to complete. Key impact – implementation of the QAF, timescale set was too ambitious for size of work	QAF working group continuing to meet to take forward QAF development and implementation New timescale April 2024 for QAF development (4 months slippage)	Nicola Jones
M3: The trust must ensure they improve the quality of their data, the effectiveness of their systems and the accuracy of the assurance they receive about the quality of care being delivered. M5: The trust must ensure that they have a robust and timely plan for the implementation of a consistent patient record in line with their current strategic aim. (4/11 actions complete / 6 on track)	M3.4.1 Complete Paris upgrade which will include waiting list management	Worked with Civica to finalise the implementation / delivery for upgrade. Key Impact – action sitting with Civica and is outside of Trust control. Further slippage to Civica update timescale to June 2024	Working on digital fixes which can be put into place while Civica complete upgrade. Timescale April 2024.	Jan Leonard
M4: The trust must ensure they embed quality improvement methodologies across services to encourage ongoing improvements for people who use them. (0/2 actions complete)	M4.1 Review of Quality Improvement (QI) including development and implementation of new processes	QI paper went to ET and request made for business case with figures. Key impact – request for business case	Business Case, with figures being present to ET.	Steven Yarnold
M45: The service must ensure that staff have access to specialist learning disability and autism training. (1/5 actions complete / 2 on track)	M45.3 Offer tier 2 (focused on Learning Disabilities population) training (one day face to face) to all clinical staff on the ward delivered externally (experts by experience).	1 Byron Court Staff member identified to support the roll out of the training and required to undertake train the trainer.	EPUT trainer fully trained to commence delivery of training Byron Court and LD Community Staff will be prioritised in training roll out. Timescale aim March 24	Janet Childs
	M45.5 Learning Disability (LD) & Autism, training from psychological services (a couple hours)	28% (7/25) staff still require Autism training. Email sent to Sharon Allison for a date for further training to scoop up the remainder of staff outstanding.	Sessions being held to capture remainder of staff. Timescale aim March 24	Janet Childs

Summary of activities and highlights

NHS Essex Partnership University NHS Foundation Trust

Key Slippages (16 Sub-actions are past timescale)

Must do / Should do Action	Sub-Action past timescale	Current Position	Recovery Plan	CQC Lead
S18 The trust should ensure the service adheres to the Mental Health Act and the Mental Health Act Code of Practice, in particular that patients' medicines are prescribed in line with consent to treatment documents. (3/4 actions complete)	S18.2.2 Embedded escalation process to be monitored via the MHA audit	Assurance Provided PMAC audits being completed. Key impact has been continued findings by CQC through MHA visits, challenge made that action taken has not had the improvement impact. AD for Safeguarding and MHA has asked to see audits for assurance.	New timescale TBC once MHA review of audits has been completed.	Dr Gbola Otun
S19 The trust should ensure that care plans are easy to use and understand. (1/3 actions complete)	S19.2 New smart care plan to be launched later this year late Q3 (key principles of SMART, Simple and uncluttered, short and to the point, includes primary outcome measure and secondary outcome measure)	Work undertaken by ward where finding was highlighted to ensure care plans are not too long. Key impact is that timescale set did not align with Trust roll out of the new smart care plan. Care Plan signed off by project Board.	Project in place for roll out and on track against project timescales. New timescale April 2024.	Tendai Ruwona
	S19.3 To roll out bite-size training to clinical staff	New Care Plan launching April 24 with training underway. Current 'care plan' refresher training available as an interim mitigation.	Refresher Sessions being held as interim until new Care Plan is launched. New timescale April 2024.	Tendai Ruwona
S22 The trust should ensure all wards follow its governance systems and processes to maintain patient safety, in particular for clinical equipment monitoring, assessment and management of patient risk, and medicines management (2/3 actions complete)	S22.3 Tendable data to be made available on safety dashboards to ease accessibility of data.	Key impact has been awaiting decision re Tendable use.	Next step will be waiver sign off and then tendable data can be developed into dashboards. New timescale March 24 (3 months slippage)	Moriam Adekunle

Summary of activities and highlights

NHS Essex Partnership University NHS Foundation Trust

Key Slippages (16 Sub-actions are past timescale)

Must do / Should do Action	Sub-Action past timescale	Current Position	Recovery Plan	CQC Lead
RC01: Care plans were not in place for all people using the service and people did not always receive person-centred care that met their needs (6/13 actions complete / 6 on track)	RCO1.2 All resident care plans to be revised to address gaps against NH care planning principles the-framework-for-enhanced-health-in-care-homes-v2-0.pdf (england.nhs.uk)	Care plans to be updated following the Workshop with SystmOne. RNs attending training at Broomfield for SystmOne. Currently using Freda with social care prompts. Revised social care plans on Freda.	Training to be rolled out for for all staff. Recommendations from NHS with SystmOne for implementation. New timescale March 24	Tendai Ruwona
	RC01.12 Review and revise robust system for 'How to support me' summary that is available in resident rooms	Ongoing care planning work delayed process. Meeting held to revise the system	Recovery Plan in development New timescale March 2024	Tendai Ruwona
RC03: Suitable arrangements were not in place to gain consent from people using the service or those acting on their behalf or to act in accordance with the requirements of the Mental Capacity Act 2005. (2/12 actions complete / 8 on track)	RC03.2 To review and revise restrictive practice within the Nursing Home	Visit undertaken by Trusts Restrictive Practice Lead to identify any additional restrictions within the home	Next step to discuss findings with Manager and identify if any changes are needed New timescale March 2024	Tendai Ruwona
	RC03.12 To clearly define and socialize governance structure for the nursing homes to facilitate escalation and output reporting for accountability.	Review completed and sent feedback with recommendations. To take recommendations forward and report outcome.	MCA training offered to staff for 6th and 14th March.	Tendai Ruwona
RC04 Improvements were needed to ensure the dining experience was positive and people's nutritional and hydration needs were met and monitored	RC04.5 To identify and train Nutrition champion for the home	No funding for separate role decision via ECP. To discuss way forward.	Exploring job share by 2 support workers and volunteer route. Currently mitigating by allocating dining room tasks to on duty support workers each day. Timescale, March 2024	Tendai Ruwona
RC07 Observation and Engagement	RC07.1 Ensure all staff aware of the different levels of observation and requirements by completing Observation and Engagement Competency checklist	All staff have had a refresher on Obs and Engagement. To complete competency checklist with all staff. Policy at glance in nurses station for support.	Refresher undertaken. Work underway to complete competency checklist with all staff. Recovery timescale March 2024	Tendai Ruwona

Risk Management

No new risks identified

Next steps

NHS
Essex Partnership University
NHS Foundation Trust

Areas of focus for the next month

- Continued focus on delivery of action plan
- CQC Leads with support from Compliance Team to build evidence assurance presentations for completed actions to undertake internal check and challenge and submission to the Evidence Assurance Group with ICBs
- Further development and reporting of Metrics report to ensure monitoring the impact changes are making
- Ongoing implementation of the practice assurance toolkit for wards/services to provide assurance of delivery and change at local level

7.4 EQUALITY DIVERSITY AND INCLUSION

7.4.1 EQUALITY DIVERSITY AND INCLUSION REPORT

Discussion Item | Marcus Riddell | 5minutes

REFERENCES

Only PDFs are attached

Equality Diversity and Inclusion Annual Board Report 2024 FINAL (1).pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	**Equality Diversity and Inclusion Annual Board Report 2024**					
Executive/ Non-Executive Lead:	Marcus Riddell, Interim Chief People Officer					
Report Author(s):	Lorraine Hammond, Director of Employee Experience Gary Brisco, Equality Advisor					
Report discussed previously at:	Not previously presented					
Level of Assurance:	**Level 1**	**X**	**Level 2**		**Level 3**	

Risk Assessment of Report			
Summary of risks highlighted in this report	N/A		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety		
	SR2 People (workforce)		X
	SR3 Finance and Resources Infrastructure		
	SR4 Demand/ Capacity		
	SR5 Lampard Inquiry		
	SR6 Cyber Attack		
	SR7 Capital		
	SR8 Use of Resources		
	SR9 Digital		
Does this report mitigate the Strategic risk(s)?	No		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.			
Describe what measures will you use to monitor mitigation of the risk			
Are you requesting approval of financial / other resources within the paper?	No		
If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

Purpose of the Report		
This report provides the Board of Directors:	**Approval**	
	Discussion	X
	Information	X

• An update on the Equality Diversity Inclusion (EDI) projects, reporting and initiatives that have taken place between April 2023 and March 2024. • Highlights from EPUT's Equality Delivery System (EDS), Workforce Race Equality Standard (WRES), Workforce Disability Equality Standard (WDES), Public Sector Equality Duty (PSED) and Pay Gap reporting. • Key focusses based on this feedback. • A summary of accessibility for patients in our services.		

Recommendations/Action Required

The Board of Directors is asked to:

1. Note the contents of the report

2. Request any further information or action.

Summary of Key Issues

- We have achieved a grade of "achieving" from stakeholders on the evidence published for this year's Equality Delivery System (EDS), an improvement from the previous year grading of "developing".
- Our most recent general workforce report shows improvements in declaration rates for many protected groups, as well as a decrease in members of marginalised groups leaving the organisation and an increase in BME staff joining the Trust in comparison to the previous year.
- Our most recent Pay Gap report shows that men on average are being paid 7.31% higher than women. EPUT is performing well in comparison with neighbouring providers and is a top performing NHS provider in the Mid and South Essex Integrated Care System (EPUT, MSEFT, NELFT, Provide) when it comes to pay gap reporting.
- The Pay Gap and WRES Data show that black and minority ethnic (BME) staff representation consistently decreases from Band 5 to Band 9. This data also shows there is a greater proportion of BME medical staff compared with white medical staff.
- WRES data from this year shows disparities in BME staff experiences, including the likelihood of entering the formal disciplinary process, harassment, bullying or abuse from patients, service users, relatives or members of the public and BME staff experiencing discrimination at work from their manager, team leader or other colleagues.
- WDES data from this year shows disparities in the experiences of staff with disabilities and long-term conditions, including the likelihood of appointment from shortlisting for applicants with a disability as well as harassment, bullying or abuse from patients, relatives, members of the public or from other colleagues.

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

SO4: We will help our communities to thrive	X

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

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

Acronyms/Terms Used in the Report			
WRES	Workforce Race Equality Standard	WDES	Workforce Disability Equality Standard
BME	Black, Asian and Minority Ethnicity	LTC	Long-term condition
EDS	Equality Delivery System	MSE	Mid and South Essex
HWE	Herts and West Essex	ICS / ICB	Integrated Care System, Integrated Care Board.
HR	Human Resources / Employee Relations	EDI	Equality, Diversity and Inclusion
PSED	Public Sector Equality Duty		

Supporting Reports/ Appendices /or further reading

Appendix A: - EDI Governance Structure
Appendix B: - Equality and Inclusion; service access, provision and workforce
Appendix C: - Staff Equality Network Summary 2023 - 24

Further Reading:

- EPUT Equality Strategy 2022-25
- NHS EDI Improvement Plan
- EPUT WRES and WDES Reports 2023-24
- EPUT Equality Delivery System reporting template (EDS 2023-24)
- EPUT Public Sector Equality Duty reporting (2023)
- EPUT Pay Gap Report (2023)

Lead

Marcus Riddell
(Interim) Chief People Officer

EQUALITY AND INCLUSION, ANNUAL REPORT 2023 - 24

1 PURPOSE OF THE REPORT

The purpose of this report is to provide Board of Directors with an overview of Equality and Inclusion progress in the last twelve months. The report covers the period 1 April 2023 to 31 March 2024**.**

2 EXECUTIVE SUMMARY

This report provides assurance to the Board of Directors that the Trust is able to report against the general Public Sector Equality Duty (PSED) as outlined in the Equality Act 2010. The goals of the PSED are to have due regard for the need to eliminate unlawful discrimination, harassment and victimisation; to advance equality of opportunity; and to foster good relations between people who share a protected characteristic and those who do not.

The report and appendices evidence key highlights and progress on the equality and inclusion agenda across the last twelve months. We also publish the data and action plans for these reports publicly via https://eput.nhs.uk/about-us/equality-and-diversity

Key highlights are as follows:

- We have achieved a grade of “achieving” from stakeholders on the evidence published for this year’s Equality Delivery System (EDS), an improvement from the previous year grading “developing”.

- Our most recent general workforce report as part of the Public Sector Equality Duty (PSED) shows improvements in declaration rates for many protected groups, as well as a decrease in members of minority groups leaving the organisation and an increase in BME staff joining the Trust in comparison to the previous year.

- Our most recent Pay Gap report shows that men on average are being paid 7.31% higher than women.

- EPUT is performing well in comparison with neighboring providers and is a top performing NHS provider in the Mid and South Essex Integrated Care System (EPUT, MSEFT, NELFT, Provide) when it comes to pay gap reporting. Pay Gap and WRES Data show that black and minority ethnic (BME) staff representation consistently decreases from Band 5 to Band 9. This data also shows there is a greater proportion of BME medical staff compared with white medical staff.

- WRES data from this year shows disparities in BME staff experiences, including the likelihood of entering the formal disciplinary process, harassment, bullying or abuse from patients, service users, relatives or members of the public and BME staff experiencing discrimination at work from their manager, team leader or other colleagues.

- WDES data from this year shows disparities in the experiences of staff with disabilities and long-term conditions, including the likelihood of appointment from shortlisting for applicants with a disability as well as harassment, bullying or abuse from patients, relatives, members of the public or from other colleagues.

- A full summary of EDI highlights and achievements of the Trust is available in Section 8, with suggested focuses for future development in Section 12.

3 CONTEXT

EPUT is proud of its work around equality, diversity and inclusion (EDI) and aims to promote an inclusive culture that combines equality, inclusion, wellbeing and psychological safety for our staff and encourages them to act as allies within our services.

We as a Trust aim to address health inequalities in our localities to ensure that we are providing parity of care and accessibility for those from marginalised and minority communities, as well as ensuring our staff are allies to these communities and have the appropriate resources and training to provide person centered care.

4 GOVERNANCE

Equality and Inclusion are governed by the EDI Committee, led by the Director of Employee Experience, and supported by the Executive Team, People and Culture directorate and senior leadership team. This group monitors progress whilst identifying risks, which are then escalated as appropriate. It also serves to share good practice and celebrate progress:

The key aims of the EDI Committee are:

- Ensure that the Trust remains compliant with Public Sector Equality Duties (PSED) and the Equality Act 2010.
- Provide assurance and support in respect of compliance and delivery of the Equality Delivery System (EDS) action plan, as well as Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard action plans.
- To provide assurance that the Trust is meeting the equality and diversity elements of the Care Quality Commission Fundamental Standards as well as CQC suggested actions.
- To drive the improvement actions and targets as part of the NHS EDI Improvement Plan.
- To promote a culture of Equality and Inclusion within the Trust, as well as its processes and services.

The EDI Committee Governance Structure is set out in **APPENDIX A**

5 NHSE EDI IMPROVEMENT PLAN

The NHS England EDI Improvement Plan was launched in 2023 and the additional targets and goals set by NHS England have been included in our overall EDI Strategy. The NHS EDI Improvement Plan sets out six targeted actions across the next three years to address the prejudice and discrimination that exists through behavior, policies, practices and cultures against certain groups and individuals across the NHS workforce, as well as the intersectional impacts of discrimination and bias.:

1) Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable.
2) Embed fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity.

3) Develop and implement an improvement plan to eliminate pay gaps.

4) Develop and implement an improvement plan to address health inequalities within the workforce.

5) Implement a comprehensive induction, onboarding and development programme for internationally recruited staff.

6) Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.

We have incorporated these actions into a work plan for the employee experience team to monitor and drive progress, as well as ensuring our action plans all align to these HIA's. We are working in conjunction with our staff networks, our executive team and our staff and patient stakeholders to make these improvements.

6 EQUALITY OBJECTIVES AND THE EQUALITY DELIVERY SYSTEM

Whilst the NHS EDI Improvement Plan serves as the main influence for the Trust's priorities and goals, as part of the Trust's public sector duties, EPUT must publish its equality objectives every four years. Following a process of consultation with key stakeholders from August 2022, we developed three Equality Objectives (2022 - 2025) as follows:-

Equality Objective 1:
"Everyone should take an active role to reduce inequalities."

Equality Objective 2:
"Respecting one another to build an open and equitable culture that celebrates diversity."

Equality Objective 3:
"We want everyone to have a voice."

Implementation of the EDS is a mandatory requirement for both NHS commissioners and NHS providers. The main purpose of the EDS is to guide NHS organisations, in discussion with local partners and local people, in reviewing and improving the services and functions they provide for people from marginalised and minority communities.

Following stakeholder sessions held with our workforce and those accessing our services, as well as independent review from an outside organisation (Princess Alexandra Hospital) and our Trust Staffside representative, we have shared this for an overall collaborative report with system partners in Mid and South Essex ICS.

EPUT's personal EDS (2023-24) action plan and grading report have been published on the Trust website. We as an organisation received an "achieving" grade based on combined stakeholder feedback, an improvement over the previous year's grade of "developing".

7 PUBLIC SECTOR EQUALITY DUTY (PSED) REPORTING

EPUT has a statutory obligation to report annually to demonstrate the Trusts continued compliance with the PSED. The workforce data that is contained within this report is obtained from various sources including the Electronic Staff Record (ESR), recruitment records, employee relations and the NHS Jobs system. The data includes pay bands and staff groups including Agenda for Change (AfC) bands 1-9, Director, Senior Manager and Medical Staff.

Our most recent report shows improvement in declaration rates for many protected groups and we have seen some key achievements for the year. It is positive to see in comparison to previous reports we have seen a 5% increase in appointing male candidates, the NHS is predominantly female as a whole however EPUT has seen a slight increase in male new starters and within our male workforce by 2%.

EPUT has seen a decrease in leavers across the Trust, which is reflected by a focus on career development programmes, including and targeting BME staff to improve career progression, through staff engagement throughout this period.

The ethnicity within the Trust for new starters has seen a 27% increase since the previous year's report. The Trust submitted a plan to increase our diverse workforce, which was achieved with a large recruitment drive, recruiting further afield and introducing the international recruitment programme within the Trust. It is also encouraging to see EPUT ethnic workforce for BME is 32%, which is above the local demographics of 5.72%. Whilst this data for the most parts shows that our organisation is representative of the communities it serves.

EPUT has seen a slight decrease for formal capability process and a significant increase in Flexible working cases. The increase in Flexible working requests is aligned to the changes within employment law, with changes to eligibility and no service requirements means all staff can submit flexible working requests.

8 EQUALITY AND INCLUSION HIGHLIGHTS 2023 - 2024

- Improved the training offer for staff with the development of the EDI Training Hub, providing staff with resources and training tools to allow them to develop their skills. This also includes a new staff induction, where we as a Trust have sourced external training for staff via Inclusive Employers Limited.

- Implemented EDI training as part of the core Management Development Program, where all managers receive training on how to challenge discrimination and foster inclusion within their services.

- Successfully observed a variety of events across the EDI Calendar, including but not limited to Black History and Asian Heritage Months, LGBTQ+ Pride and History Months and Disability History Month. These events were developed by their respective Networks with support from the Communications and Employee Experience Team.

- De-Bias toolkit developed in collaboration with Mid and South Essex ICS, aimed at HR and recruitment leads to mitigate potential bias in our recruitment processes as an organisation. This is also supported by the introduction of Inclusion Ambassadors for Band 8a and above interview panels to support inclusive decision-making.

- The Trust has become a signatory to the NHS Sexual Safety Charter, as part of our ongoing commitment to supporting staff safety at work. The Sexual Safety Charter outlines ten pledges including a commitment to ensure clear reporting and support mechanisms are in place for colleagues who experience sexual assault, harassment or abuse in the workplace.

- A number of sexual safety workshops have been provided to staff, during which conversations were held to identify potential blockers to reporting. Using this information a new reporting process has been implemented by the Trust to increase the likelihood of reporting. This process includes the creation of a dedicated sexual safety hotline, rapid escalation to a senior manager and a review of action taken by subject matter experts within 48 hours.

- Engagement sessions are underway with patients to gain a better understanding of why incidents of discrimination may occur and what can be done to prevent/reduce future incidents.

- A review is currently being undertaken of the Trusts response to incidents of discrimination, following a DATIX being completed. This includes the content and impact of the emails that are sent to victims as well as zero tolerance letters. A revised process is being co-produced with staff to avoid unnecessary duplication, utilize data more effectively and allow for a feedback loop to be put in place to monitor staffs experience following an incident.

- We have introduced a debriefing process for staff who report incidents of discriminatory behaviour including racism. Registering this via DATIX prompts the manager to discuss this incident with the person affected to ensure their wellbeing and to develop a plan to prevent this happening in future.

- Continuation of our EPUT RISE program, focusing on career development for Black, Asian and Minority Ethnicity (BME) staff across the Trust, aimed at multiple bandings and skill levels.

- We have introduced Executive Sponsors to each of our Staff Networks to help drive progress and provide support.

- In Collaboration with MSE ICS, we have delivered additional training to our Executive Sponsors and Staff Network Chairs via Cherron Inko-Tariah (*MBE, Author of "The Power of Staff Networks"),* teaching best practice and empowering these Networks to function autonomously as part of our EDI Governance Structure.

- We have successfully launched a new Gender Equality Network within the Trust.

- Created two networks from what was the Learning Disability and Autism framework; we now have a neurodiversity network, facilitated by a coproduction Lived Experience Lead and a Learning Disability network.

- Secured an Executive Sponsor and Lived Experience Coproduction Lead for delivery of the PCREF

- Commenced implementation plans for the PCREF across the organization, starting with PCREF being included in the all staff induction and public webpages.

9 SERVICE ACCESS AND PROVISION

EDI is embedded into everything the Trust does and seen as the responsibility of everyone in the organisation. The aim is for the Trust to be a leader in championing this in our care. The aim of embedding equality and inclusivity into our services is to ensure they are valued, treated with respect and dignity, are treated equitably and have the best possible patient journey. Further detail is available in APPENDIX B

10 WORKFORCE

We want to promote an inclusive culture, combining Equality and Inclusion with both staff wellbeing and psychological safety. We are passionate about our staff understanding the key concepts of equality and inclusion, as well as their benefits.

We work closely with members of our workforce who have lived experience from many different perspectives, and work in collaboration with them to raise awareness of national awareness events to help us promote this positive workplace culture. Further detail is available in APPENDIX B

11 STAFF EQUALITY NETWORKS

Our Staff Equality Networks have been a vital function within the Trust. Throughout this period, they have shared their lived experience and continued to develop actions aimed at promoting and improving inclusivity in our services for our workforce, as well as supporting staff from their respective groups and allies wishing to learn more. Further detail is available in APPENDIX C

12 KEY FOCUSSES FOR ACTION AND IMPROVEMENT IN EQUALITY AND INCLUSION FOR 2024 - 2025

Following the grading of our progress on the EDS, and after identifying barriers and trends from the previous year, the following are key focusses for 2024 – 25:

- Ensure that Staff Equality Networks continue to receive support from Executive Directors acting as sponsors to guide these groups in achieving their priorities, whilst also championing inclusion in our workforce.

- Introduce EDI related metrics into the Accountability Framework as part of ongoing refresh both for care units and corporate directorates

- Work closely with patients and service users via our lived experience ambassadors to co-design new behavior compacts and visual deterrents that make it clear abuse will not be tolerated and action will be taken

- To ensure the Management and Leadership Development Programme EDI modules are part of the core training for new managers in the Trust, and continue to fund the Rise programme and enhance its content for line managers

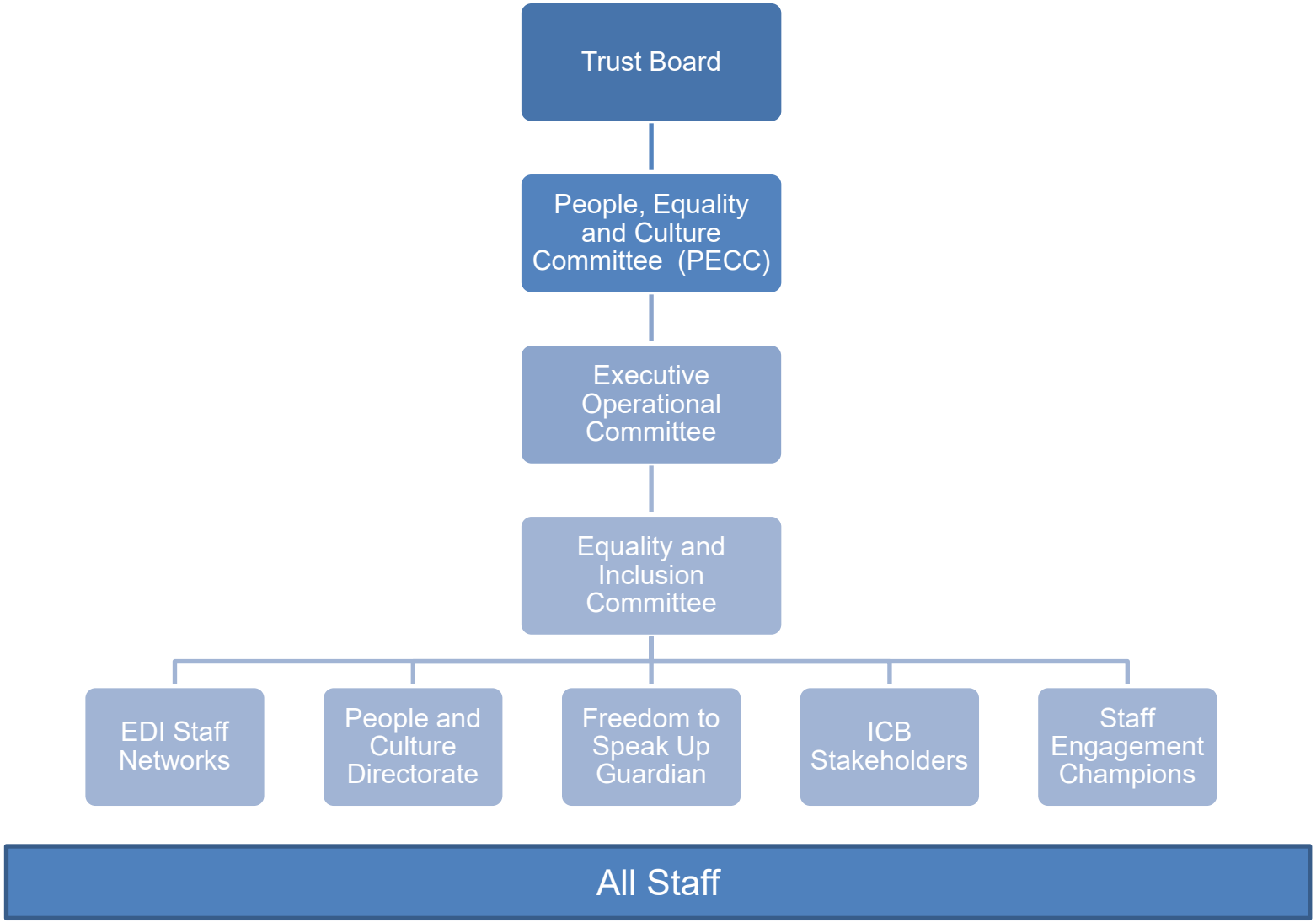
- Assurance of successful delivery against new EDI objectives for all members of the Executive Team

- Delivery of the EDI actions in the People Strategy, approved in January 2024

Report prepared by

Marcus Riddell
Interim Executive Director - People and Culture

APPENDIX A: EQUALITY AND INCLUSION GOVERNANCE STRUCTURE 2023- 24



APPENDIX B - EQUALITY AND INCLUSION; SERVICE ACCESS, PROVISION AND WORKFORCE

SERVICE ACCESS AND PROVISION

Accessible Information Standard (AIS)
The Accessible Information Standards require all NHS and Adult social care systems to have a consistent approach to identifying, recording, flagging, sharing and meeting the needs of anyone accessing our services. It is part of our induction for all new staff, and information is available for all staff on the Trust intranet. We are working with a coproduction lead to increase the awareness of the AIS across the trust.

Faith and Chaplaincy Services
We have worked closely with our Chaplaincy services throughout this period, in particular providing guidance on how staff members can observe their faith and spirituality. Our Chaplaincy service have supported us in providing guidance in how we as a Trust can best support the spiritual and faith needs of those accessing our services.

Interpreting and Translation Services
The Trust has a contract in place with Language Empire to provide interpreting and translation services for our patients and service users. Supplying our service users with translation / interpreting helps bridge any language or cultural gaps between our patients and their healthcare providers. It also allows service users to communicate accurate information to clinicians and practitioners.

Equality Impact Assessments
The Trust has processes in place to ensure that equality impact assessments are completed for all policies and key decisions, to good quality standards. This includes all decision-making processes and Proposals presented to official committees. We are currently working to improve this model to make it easier to access, understand and complete by staff, as well as making it a mandatory part of submission to Trust Board.

Complaints Process and our Patient Advice and Liaison Service (PALS)
The Trust complaints policy sets out a framework for listening, responding and improving when patients and service users, their families or carers raise concerns. In addition to this, a process has been set up with the complaints department to ensure that AIS are embedded in the complaints process. As part of the complaints and PALS (Patient Advice & Liaison Service) process, we consider if issues raised are related to equality or diversity. Trained Complaint Investigators thoroughly and independently review all issues raised, and where injustice or wrongdoing is identified, we take immediate steps to resolve the problem. Our Lessons Learned Team records and track lessons learned and actions taken, and ensure that learning is shared across the Trust. E&I related incidents or concern data is also reported to our Equality and Inclusion Committee to help us identify trends and develop improvements.

Friends and Family Test
The Trust has in place a unified Patient Reported Experience Measure survey provided through the *"I want Great Care" platform (IWGC), which is independent, impartial and anonymous.* Previously recognised as the Friends and Family Test (FFT) a further series of local questions around key areas we identified together with people who use our services are included in our question set. A specific question asking service users if they felt they were treated equally and if not, how we could improve on this is included on every FFT form. In addition to this, we now capture patient demographics by default so we can better understand inequalities of experience through segmentation of the data by characteristics. An online dashboard is available for operational managers to access their service's FFT results, including the specific equality and inclusion question. They are then able to discuss the feedback with their team or individuals, where appropriate, using it as an opportunity to reflect on

practice and look for improvements. Managers are encouraged to use positive feedback to share and reinforce good practice, as well as encourage further participation in the survey. Any concerns identified in the FFT comments are fed back by the Patient Experience Team to the relevant team/service to action appropriately.

The Trust also participates in the annual National Community Mental Health Survey, which is sent to patients who received treatment from the Trust from September to November each year to complete and return. The survey asks a number of questions around care and treatment and these results are presented the following year, with a comparison against other Trusts. Any areas within the Trust that require improvement are raised with Operations and any actions to be taken are monitored and evidenced throughout the year.

ICB Health Inequalities
We are working across the systems supporting partners to lead and deliver change across all areas where inequalities of access, experience, and outcomes have been identified. The Director of Patient Experience and Director of Employee Experience are leading this as a collaborative joint effort. This is emergent in nature as we stabilize and evolve partnership working across the system but as an example of this we will be working across MSE ICP to improve physical health checks for people with severe mental illness as we know there is an inequality of access and outcomes to address. This can and will be driven by EDS as we take forward the new model for identifying inequalities of experience, access, and outcomes across our services.

Patient and Carer Race Equality Framework (PCREF)
EPUT is an early adopter and one of 10 pilot sites across England. The PCREF is identified in the Quality of Care Strategy, working with people and communities' strategy has an executive sponsor, and a coproduction lead.

Patient Led Assessments of Care Environments (PLACE)
In 2022, the patient experience team took on the delivery of PLACE across our services. The success of this, led to the team also continuing leading the delivery in 2023 also. We have continued to have record numbers of people with lived experience undertaking the assessments. The focus has remained very much on accessibility, and this is another tool in our box for accessing inequalities of services, particularly the physical environment.

Equality Monitoring Policies
We currently adhere to the Equality Monitoring Policy and Procedure (CP27 and CPG27 respectively). This shows the Trust's commitment to support the implementation of the national requirements on ethnicity monitoring (DSCN 02/2001, DSCN 03/2001 and DSCN 21/2000), in which the ethnicity of our service users and staff are recorded based on key ethnicity groups. This also includes the Sexual Orientation Monitoring standard (a non-mandated standard that requests we record sexual orientation in a similar standard) to ensure that the way we request this data from staff and patients is done in an inclusive manner.

WORKFORCE

Pay Gap reporting (formerly Gender Pay Gap reporting)
EPUT has a statutory obligation to report annually on pay gaps and is required to publish its pay gap data. The full report is available on our website here. Whilst previously, the gender pay gap only had a single focus, the report will grow to encompass more comparisons in line with the NHS EDI Improvement Plan HIA3. For 2024, the report shows the difference in the average pay between all men and women in the workforce and includes a breakdown by race (with disability and other protected characteristic groups being included in the near future).

The data published includes mean and median pay gaps; the mean and median gender bonus gaps;

the proportion of men and women who received bonuses; the proportions of male and female employees in each pay quartile; a breakdown of staff by gender and race; and a breakdown of grade by race. As of 31 March 2022, the gender pay gap mean was calculated at 12.93% - this result means that men on average are being paid 7.31% higher than women. EPUT data indicates 2.07% of males received a bonus compared to 0.36% of females within the reporting period.

- EPUT data also shows that in relation to black and minority ethnic (BME) staff: a large proportion of the total BME workforce are paid at Band 3; BME staff representation consistently decreases from Band 5 to Band 9; and there is a greater proportion of BME medical staff compared with white medical staff.

- Across the UK, men earned on average 14.3% more than women in 2023, according to the Office of National Statistics, meaning that EPUT's gender pay gap is below the national average.

- EPUT is performing well in comparison with neighboring providers and is a top performing NHS provider in the Mid and South Essex Integrated Care System (EPUT, MSEFT, NELFT, Provide).

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

The WRES and WDES are yearly submissions of data to NHS England and reporting on our workforce data and staff survey results. This allows us to effectively gauge the perceptions of EPUT as well as disparities faced and serve as a measure of the experiences of staff who are black, asian or from any ethnic minority group (BME) for the WRES or staff with disabilities for the WDES. This data is directly compared against their counterparts. This data is a combination of anonymously provided feedback from the NHS Staff Survey and data taken from the Electronic Staff Record and Recruitment team for the most recent calendar year.

As we prepare to report on this year's progress from April 2024, our current data shows the following priorities that we will be addressing throughout 2024-25.

WDES

- The likelihood of appointment from shortlisting for applicants with a disability
- Harassment, bullying or abuse from patients, relatives or members of the public.
- Harassment, bullying or abuse from other colleagues.

WRES

- The likelihood of staff who are Black, Asian or from any minority ethnicity group entering the formal disciplinary process.
- Harassment, bullying or abuse from patients, relatives or members of the public
- Discrimination at work from their manager, team leader or other colleagues.

Our most recent results and action plans are publicly available on the Trust's website and are integral to our EDI Strategy, the NHS Improvement Plan actions and our collaborative Anti-Racism Strategy with Mid and South Essex ICB.

Staff Survey Metric	WRES	2021 score	2022 score	2023 Score	2024 Score
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	White	60.9%	62.6%	61.6%	63.7%
	BME	41.2%	48.9%	52.7%	53.3%
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months	White	22.2%	21.1%	21.6%	20.3%
	BME	26.7%	28%	26.0%	21.8%

We have seen improvements in staff perception of equal opportunities for career progression for BME staff, as well as fewer reports of bullying or abuse from BME staff during this period. Further Breakdowns of WRES Data are available in the 2023-24 WRES report.

Staff Survey Metric	WDES	2021 score	2022 score	2023 Score	2024 Score
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.	Disabled	53.0%	56.2%	54.7%	59.2%
	Non-Disabled	58.6%	61.4%	62.0%	61.9%
Percentage of Disabled staff compared to non-disabled staff experiencing harassment, bullying or abuse from other colleagues in last 12 months	Disabled	22.4%	23.4%	24.4%	22%
	Non-Disabled	15.5%	15.2%	15.6%	15%

We have seen improvements in staff perception of equal opportunities for career progression for staff with disabilities, but little change in the percentage of reports of bullying, harassment and abuse from disabled staff. Further Breakdowns of WDES Data are available in the 2023-24 WDES report.

Disability Confident Scheme

We are a Disability Confident Leader. This means that as an organisation we are making sure that people who work for us who have a disability have a fair chance within the Trust as the Disability Confident scheme supports employers in making the most of the talents of disabled people and what they can bring to a workplace.

Mindful Employer

EPUT are proud to be a signatory to the Charter for Employers who are Positive about Mental Health. Mindful Employer is about supporting employers to support mental wellbeing at work. It is led by employers and is for employers. It is about increasing awareness of mental health, demonstrating commitment to the mental wellbeing of all staff and showing that organisations are working towards putting their principles into practice.

APPENDIX C – STAFF EQUALITY NETWORK UPDATE 2023 - 24

The following are examples of some of each Network's key achievements, based on actions developed by their membership groups. Executive Directors act as executive sponsors for these Networks, supporting and guiding their development and projects:

- EMREN Network – **Paul Scott / Zephan Trent**
- LGBTQ+ Network – **Ann Sheridan / Marcus Riddell**
- Faith and Spirituality – **Milind Karale**
- Disability and Mental Health Network – **Alex Green / Trevor Smith**
- Gender Equality Network – **Nigel Leonard**

Network Highlights

- We have introduced Executive Sponsors to each of our Staff Networks to help drive progress and provide support.

- In Collaboration with MSE ICS, we have delivered additional training to our Executive Sponsors and Staff Network Chairs via Cherron Inko-Tariah (*MBE, Author of "The Power of Staff Networks"),* teaching best practice and empowering these Networks to function autonomously as part of our EDI Governance Structure.

- We have successfully launched a new Gender Equality Network within the Trust.

- Regularly held Bi-Monthly sessions virtually throughout 2023-24, as well as appearances on Trust live update alongside senior staff to promote upcoming events in the EDI Calendar and share their lived experience.

- Disability History Month saw the introduction of a new video for staff developed by the Network, explaining the reasonable adjustments process and best practice.

- Ethnic Minority and Race Equality Network (EMREN) and Disability and Mental Health Network both acted as stakeholders for WRES and WDES results, each holding sessions to share results and develop future action plans throughout the year.

- EMREN Members have worked alongside the Employee Relations team to review disciplinary cases of BME staff as part of disciplinary decision-making process; this is to mitigate potential cultural bias.

- Network chairs regularly take part in Equality and Inclusion Committee sessions, sharing Network feedback.

7.4.2 PUBLIC SECTOR EQUALITY DUTY (PSED)

Decision Item | Marcus Riddell | 5

REFERENCES

Only PDFs are attached

Public Sector Equality Duty (PSED) Report 202223.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	**Public Sector Equality Duty (PSED) Report 2022/23**					
Executive/ Non-Executive Lead:	Marcus Riddell, Interim Chief People Officer					
Report Author(s):	Lorraine Hammond, Director of Employee Experience Lorraine Ganney, Employee Experience Manager					
Report discussed previously at:	People Equality and Culture Committee January '24.					
Level of Assurance:	**Level 1**	**X**	**Level 2**		**Level 3**	

Risk Assessment of Report			
Summary of risks highlighted in this report	N/A		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety		
	SR2 People (workforce)		**X**
	SR3 Finance and Resources Infrastructure		
	SR4 Demand/ Capacity		
	SR5 Lampard Inquiry		
	SR6 Cyber Attack		
	SR7 Capital		
	SR8 Use of Resources		
	SR9 Digital		
Does this report mitigate the Strategic risk(s)?	No		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.			
Describe what measures will you use to monitor mitigation of the risk			
Are you requesting approval of financial / other resources within the paper?	No		
If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

Purpose of the Report		
This report provides the Board: • Oversight of Trust performance relative to the workforce and the local demographics	**Approval**	**X**
	Discussion	**X**
	Information	

• Seek approval for the publication of the data set in line with National reporting requirements. • A summary of actions for 2024.		

Recommendations/Action Required

The Board of Directors are required to:

1. Approve the publication of our PSED Report for 2022 – 2023

2. Provide feedback and request any further information.

Summary of Key Issues

- PSED is a mandatory requirement in addressing disparities which affect people from different protected characteristics.

- The report will show progress in the last financial year detailing EPUT's workforce in Equality, Diversity and Inclusion, highlighting areas of success, as well as areas for improvement.

- This report will be published on the Trusts external website to ensure that it is accessible to the public.

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

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

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

Acronyms/Terms Used in the Report			
WRES	Workforce Race Equality Standard	PSED	Public Sector Equality Duty
WDES	Workforce Disability Equality Standard	EDI	Equality Diversity and Inclusion
ESR	Electronic Staff Record	HR /ER	Human Resources / Employee Relations
BME	Black, Asian and Minority Ethnicity	NHSE	National Health Service England
EDS	Equality Delivery System	EPUT	Essex Partnership University Trust
LGBTQ+	Lesbian, gay, bisexual, transgender, queer or questioning, plus	VSM	Very Senior Management
TRAC	Online Recruitment System		

Supporting Reports/ Appendices /or further reading

Appendix 1 – Local demographics Census 2021
Appendix 2 – PSED Data Tables Report

Lead

Marcus Riddell
(Interim) Chief People Officer

PUBLIC SECTOR EQUALITY DUTY 2023

1. INTRODUCTION

Implementation of the Public Sector Equality Duty (PSED) is a legal requirement for all listed public authorities. Organisations are required to follow the implementation of PSED in accordance PSED guidance documents. The documents can be found at:
Public sector equality duty - GOV.UK (www.gov.uk)
Public Sector Equality Duty monitoring and publication requirements | NHS Employers

The report provides staff and leaders with tools to improve, review and develop their approach in identifying and addressing disparities which affect people from different protected characteristics. It is driven by data, evidence, engagement and insight. The Trust is committed to achieving the objectives set out under s149 of the Equality Act 2010, which are to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010.

- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it.

- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it.

  This report demonstrates EPUT's continued compliance with the PSED to publish equality information annually. This report will:

- Provide equality data to aid development and implementation of the NHSE Equality, Diversity and Inclusion Improvement Plan, which includes six high impact actions.

- Provide key employment statistics for April 2022 to March 2023 regarding protected characteristic of employment data gathered from NHS electronic staff record (ESR), recruitment records and Employee Relations.

- Provide an important strategic focus for change and help to drive systematic and demonstrable improvements in equality, diversity and inclusion framed by the Equality Act 2010.

- Provide an overview of the organisation's most recent data, which has been disaggregated by protected characteristics, as defined by the Equality Act 2010.

The data has been obtained from the local 2021 Census relating to Ethnicity, Disability, religious Belief, Age, Marriage/Civil partnership and Gender. **The overall analysis demonstrates that our workforce is representative of the wider community it serves**.

The report presents data to show EPUT's workforce which has been collected from employee records, recruitment, and employee relations data to demonstrate the EPUT's workforce.

Each year we are required to publish this information on our public website by 31st March.

2. EDI MONITORING

The Trust has published the following reports along with suggestions on improvements and action plans:

- **The Equality Delivery System (EDS)**
  The EDS is an improvement tool for patients, staff and leaders of the NHS to develop their approach in addressing health inequalities through three domains: Services, Workforce and Leadership. The Equality Delivery System (EDS) is a requirement for both NHS Commissioners and NHS Providers.

  The most recent version of this is available alongside other key Equality and Inclusion Documents (available at https://eput.nhs.uk/about-us/equality-and-diversity). Details of the latest EDS submission and approval requirements are covered in a separate paper.

- **The Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES)**
  The Trusts progress regarding Race and Disability Equality is captured in two separate reports, which are produced annually and set out our performance across a range of metrics. The most recently published Action Plans WRES and WDES are available on our website.

- **Gender pay gap reporting**
  The NHS terms and condition of service ensure that pay within the NHS is consistent and falls within the requirement of equal pay law.
  It is a mandatory requirement for all public sectors to measure and publish their gender pay gap (GPG) information annually to show gender pay gap difference in the average pay between all men and women in a workforce.

  Our latest Gender Pay Gap Actions are available here: Gender-Pay-Gap.aspx. Details of the latest GPG data and approval requirements are covered in a separate paper.

3. WORKFORCE DATA

The workforce data that is contained within this report has been obtained from various sources; Electronic Staff Record (ESR), recruitment records, employee relations, National census 2021 and the NHS Jobs system. The data includes pay bands and staff groups including Agenda for Change (AfC) bands 1-9, Director, Senior Manager, Medical Staff and Bank Staff. There is a small minority of staff who do not fit into these pay bands and are referred to in the category of “other”.

The collection of recruitment data through the TRAC system has led to restrictions due to the General Data Protection Regulation (GDPR) which has a time limitation of 12 months for storing data. **As a result, this report presents recruitment data from 1st April 2022 – March 31st 2023 but will not include the breakdown of banding as the data was collated in May 2023.** Moving forward, data will be collected earlier in the year to mitigate any further restrictions and provide greater context for reporting.

SUMMARY OF ACHIEVEMENTS

Executive Sponsors introduced for Staff Networks:

EMREN

LGBTQ+

Disability and Mental Health Network

Faith and Spirituality

69 EDI events hosted in 2023 including - Black History Month, South Asian Heritage Month, Pride Month, Disability History Month, transgender day of remembrance and International day of Disabled Persons.

Health and Wellbeing Toolkit available to both managers and staff, which signposts colleagues to resources and support.

Decrease in bullying and harassment of staff from patients, carers and relatives (WRES)

Decrease in staff with disabilities and long term conditions experiencing harassment, bullying or abuse from service users, relatives and members of the public on the WDES

Launched the De-Bias Recruitment Toolkit which supports hiring managers and our recruitment team to recruit more inclusively

SUMMARY OF MILESTONES

Implemented a *"No Space for Abuse"* campaign, in collaboration with Essex Police

Signed up to the Unison Anti-Racism Charter and have fulfilled 95% of the pledges, which include reviewing recruitment processes to identify racial bias

Principal Freedom to Speak up Guardian hosted "Speak Up, Listen Up, Follow Up – Freedom to Speak up Month" in October

Launched a Behavioural Framework, which outlines the expected behaviours from staff within the Trust.

Inclusion Ambassadors part of the disciplinary process for staff from Black, Asian or minority ethnicity (BME) communities to ensure that this investigation is fair.

Wellbeing is embedded into staff appraisals and supervision, with a dedicated psychological support service available in the Trust

Leadership and Management Development Programmes include behaviors and equality diversity and inclusion mandatory modules

Implemented a *Just Culture which promotes a* consistent culture across the organisation with justice and compassion at its heart.

Launched Gender Equaility Network focussing on Male and Female health, Gender pay and more.

4. LOCAL DEMOGRAPHICS

The National Census takes place every 10 years. It gives us a picture of all the people and households in England and Wales. The benchmarking information in this report is taken from the National Census Information for 2021.

The overall analysis demonstrates that **the Trust's demographic profile when compared with the community profile shows us that our workforce is representative of the community it serves.** Where there are variations these are highlighted.

- The population of Essex, 1.5m in 2021, has seen an **increase of 109,713** over the last 10 years (since Census 2011) – an average annual growth rate of 0.76%

- Over the last 10 years, the population of Essex has grown at a faster rate than England (0.64% growth per year). Essex's growth rate is similar to London (0.74% growth per year), though this may be in part due to the impact of the pandemic on where people were living on Census Day

- Every district and unitary within Greater Essex has seen their population increase since the 2011 Census. The areas with the highest average annual growth rate are Uttlesford, Harlow, and Thurrock. The areas with the lowest average annual growth rates are Castle Point, Rochford, and Southend

A fall breakdown of the demographic of Essex population can be view in **appendix 1**.

4.1 Ethnic Minority Groups

Collecting data on ethnicity groups is complex because of the subjective, multifaceted and changing nature of ethnicity identification. There is no consensus on what constitutes an ethnic group and membership is something that is self-defined and subjectively meaningful to the person concerned. This data is collected in line with EPUT's Equality Monitoring Policy and Procedure (CP27 / CPG27).

4.2 Other Demographics

Key findings for other demographic groups are compared against data provided from 2021 Census. The following information is taken from the National Census is available for the following protected characteristics:

- Ethnicity/race
- Disability
- Religious belief
- Age
- Marriage and civil partnership
- Gender

Information in relation to demographic profile is **NOT** available for

- Maternity and adoption
- Gender reassignment
- Sexual orientation

The overall analysis demonstrates that the Trust's demographic profile when compared with the community profile shows that our workforce is representative of the community it serves.

5. STAFF PROFILE IN POST

5.1 The ESR total headcount for the reporting period 2022/2023 for Essex Partnership University NHS Foundation Trust was **8445**. This figure includes all permanent, fixed term and bank workers plus leavers during this period. Bank workers are included in this report as we consider them an integral part of our workforce. A full breakdown of staff in post can be seen in **Appendix 2**.

5.2 Staff Profile by Ethnicity

Our records show **32%** of our workforce is from a BME background and indicates no change in percentage since the previous year's PSED report, in comparison to our local population of 5.72% - Census 2021 this is positive and shows EPUT have a diverse workforce for the community it serves although this is not reflected in senior roles.

From the ESR data recorded we have seen some slight changes since the previous report were identified; below is the highest grade for BME staff in post:

- Medical & Dental (**64%**)
- Band 3 (**44%**)
- Apprentice (**36%**)
- Band 5 (**36%**).

EPUT has seen alterations in BME banding since the previous report in terms of seeing an increase in the number of Band 5 within the Trust, which is driven by the International Recruitment Programme for international qualified nurse.

5.3 Staff Profile by Disability of Staff in Post and banding

EPUT have 495 (**4%**) of staff identified as having a disability or long term health condition during this reporting period. With a **2%** increase from the previous year, it is promising to see staff declaring a disability or long term health condition which reflects the continued work to encourage staff to declare a disability or long term health condition aligned to EPUT being a disability confident leader promoting an inclusive environment.

EPUT has a higher percentage of staff who disclosed a disability or long term health condition between band 3 and band 6. As a Disability Confident Leader these figures support our fair recruitment process and reasonable adjustments process for staff. It is noted that the National Census doesn't not provide a breakdown for local population for disabilities however **7%** of our population has a long term health condition or a disability.

5.4 Staff Profile by Gender

The Trust has a predominantly female workforce (**6837**); we can see a slight decrease of our female workforce from the previous year's report. We have seen an increase of **2%** in our male workforce. During this period, **77%** of our workforce were female and **23%** were male. This is commensurate with the NHS as a whole, which is predominantly female, and higher than local demographics.

From the previous reporting period the percentage of female staff in senior management roles has decreased by **5%.** The previous year's report showed **44%** senior management (Female) and **56%** senior management (Male).

5.5 Staff profile by Religious Belief

The religious belief breakdown of the Trust's workforce for all pay bands shows that the most highly represented religious belief within the workforce is **Christianity** at **50%** and **Atheism** at **14%**. There was a high proportion of staff choosing not to disclose their religious belief (**18%)** this year, this also reflects the current Census with the rise in 'No Religion' as a category across the UK.

5.6 Staff Profile by Sexual Orientation

The sexual orientation breakdown of the Trust's workforce for all pay bands. The highest proportion of staff declaring their sexual orientation is Heterosexual (**81%**) which is a **3%** increase from the previous year's report.

2% of the workforce declared their sexual orientation as lesbian, gay, transgender, bisexual, Queer + (LGBTQ+), which has remained the same as the previous year's report. There was a reduction in the percentage of staff choosing to not declare their sexual orientation; this decreased by **2%.**

5.7 Staff Profile by Age

The percentage of EPUT's workforce by age group indicates the widely held age group is between **30 and 60 years** which equates to **73%** of the workforce, there has been a slight increase since the last report in EPUT's workforce for age group 20 years by **1%** and a slight decrease for age group 60 years by **1%.** In comparison to the local demographics this is slightly below the local age population, due to lower proportions of 15-39s and slightly high proportions in most ages 50+.

5.8 Staff Profile by Marital Status

The Trusts highest status reported was 'Married' with 'Single' following closely after. Since 2022 report, we have seen various changes to the above data with a sufficient increase for those selecting 'Unspecified' - this has increased by 248 (4%).This could relate to the removal to select 'Unknown' which is no longer available for staff to select. We have seen a slight decrease in the following areas: Married, Single, Divorced, legally separated, widowed, civil partnership.

5.9 Staff Profile by Maternity and Adoption

The data for this section breaks down active assignments which shows breaks or changes in employment. The Trust workforce data shows **8445** members of staff are in active assignments, of these active assignment the data show us **123** (1%) of staff have taken Maternity and Adoption which is a slight decrease from the previous year report.

6. NEW STARTERS

In 2022 the Trust recognised and submitted a plan to increase our diverse workforce, this has been achieved with the large recruitment drive, recruiting further afield and introducing the international recruitment programme within the Trust and embedding a fairer recruitment process. These figures reflect the dedication and work in appointing and retaining a diverse workforce and the success of the international recruitment programme. However there are still improvements to be made to develop our recruitment processes to align with the NHS high impact action plans and the actions plans from the WRES (Workforces Race Equality Standard).

There were **2435** new starters in EPUT during this reporting period, which was slightly higher than the previous year (**2250**).
A full breakdown of new starters can be found in **Appendix 2**

6.1 New starters by Ethnicity

The total percentage of all new starters from ethnic minority backgrounds during this reporting period was **47%** this is a sufficient increase from the previous year's report by **20%**, in comparison to the census data this is higher than our locality demographic (**5.2%**). This can be attributed to the International Recruitment programme.

6.2 New starters by Disability

The Trust data shows that overall **6%** of new starters stated that they have a disability, this figure has remained the same since the previous year report.

The Trust continues to improve the experiences of our workforce with a disability and long term health condition which aligns to the NHSE EDI Improvement plan and the WDES.

6.3 New starters by Gender

EPUT workforce is predominately female which reflects in the new starters data - **75%** new starters were female and **25%** were male. In comparison from last year's report, 2022 we saw a **5%** decrease of female new starter but saw an increase of **5%** of male new starters, the Trust also saw a change in new starters relating to banding, the highest new starters falling within Band 2-6. This is reflective of the trusts overall workforce and significantly higher than our local population.

6.4 New Starters by Religious Belief

The Trusts highest representation of religious belief within new starters was Christianity (**50%**), followed by Atheism, these figures reflect the figures of local demographics. However, the Trust have a high number of new starters who chose not to disclose this information (**18%**).

6.5 New Starters by Sexual Orientation

The data reported shows sexual orientation of all new starters. The highest representation for sexual orientation in new starters was Heterosexual (**87%**) followed by **10%** of new starters declining to provide a response.

As a Trust, we recognise that the current ESR data collected on a national level falls short on the recording of gender identity for our Transgender and Non-Binary staff members.

Based on this data, **3%** of our new starters were from an LGB background, **1%** decrease from the previous year

6.6 New starters by Age

The data shows the highest percentage of new starters are those aged in their 20's (**25%**), 30's (**27%**) and 40's (**25%**), with Band 3 and Band 4 being the highest reported Banding. In comparison to the previous year's report (2022) we can see slight changes, **3%** increase in new starters in the 30's age group, **5%** increase in the 40's age group and a **5%** decrease in the age group for 60's.

6.7 New Starters by Marital Status

The most highly declared category for marital status was 'Married' followed closely by 'Single'. There has been a slight increase in the figures for new starters identified 'married' **1089** and an increase in new starters identified 'single' **1063** in comparison to the previous year.

7. PROMOTIONS

7.1 There were **559** promotions during this reporting period, which has decreased significantly from the 1338 in the previous year.

A full breakdown of promotion can be found in **Appendix 2**.

7.2 Promotions by Ethnicity Breakdown

The ethnicity breakdown of promotions for this reporting period shows that **23%** of staff who were promoted were from a BME background, compared to last year's report 2022 there has been a significant decrease from **44%.** The Trust recognises that there is a disparity in BME promotions which is a key focus for EPUT, promoting the RISE program for BME staff within band 2-8 which offers guidance, support and equips staff with the skills for career development.

7.3 Promotions by Disability Breakdown

The data for this reporting period show a disability breakdown for staff promoted, overall **3%** of our workforce have been promoted within the reporting period. **9%** of the staff that were promoted declared that they had a disability, this is an **8%** increase in comparison to last year's report. Our data shows the highest bandings for promotion for those who declared a disability was band 3 (13 members of staff) and Band 6 (10 members of staff) for this reporting period.

7.4 Promotions by Gender Breakdown

The percentage breakdown for male and female staff promotions during this reporting period. **79%** of the promotions were female, **21%** were male this is a slight change and a decrease in male promotions by **4%** in comparison to last year's data with an increase in female promotions by **4%**. This is in line with the demographics of the Trust female staff in post **77%** and male staff in post **23**% and the within the wider NHS, but significantly higher than the local population.

7.5 Promotions by Religious Belief

The religious belief breakdown of promotions for this reporting period shows that the highest number of promotions came from the faith category **'Christianity'**, which is representative of the underlying workforce. The reported data is encouraging to see promotions in lower bands for all faith and spirituality groups, including smaller populations in the organisation (Islam, Other, Hinduism).

7.5 Promotions by Sexual Orientation

The data indicates LGBTQ+ promotions is **4%** which is a slight increase by **1%** from the previous year's report of all promotions were undertaken by LGBTQ+ staff, which is higher than the overall workforce figure.

7.6 Promotions by Age Range Breakdown

Whilst there appear to be no trends, the data shows EPUT's staff are mostly between younger and older adults with promotions appearing to happen most frequently for our workforce aged between 26 – 55 years. Overall, there appears to be less promotions generally than the last reported year.

8. LEAVERS

Turnover for this reporting period was **1352** is calculated by dividing the total number of leavers in a period by a combined figure of staff in post at the beginning and end of the reported period.

Our overall turnover rate was **10%**, a decrease on previous years report (**16%**). At the time of reporting there were **8** leavers in the Trust due to TUPE. Breaking down the data we saw **397** of exits were planned leavers which include end of fixed term contract, retirement and employee transfer. **955** were unplanned exits which include death in service, dismissal and voluntary resignation.

It is encouraging to see there is a sufficient decrease of leavers within the Trust, this is due to a combination of retention, career opportunities and fewer dismissals. A further breakdown of leavers can be found in **Appendix 2**, below are some key comparisons:

8.1 Leavers by Ethnicity

The data reported during period shows EPUT saw **26%** of leavers were from ethnic minority groups, which is lower than the underlying workforce figure of **32%** and matches the demographic proportion of this group in our workforce.

8.2 Leavers by Disability

EPUT saw **5%** of all leavers during this period for those who identified themselves as having a disability on ESR; this is a slight increase in comparison to **4%** in the previous year.

8.3 Leavers by Gender

The data recorded showed **79%** were female and **21%** were male, which is proportionate

to the overall workforce. We can see form the chart above the highest proportion of leavers falls within **band 2-6.**

8.4 Leavers by Religion

In this reported period we saw the highest percentage of leavers were from the **Christianity** category which is proportionate to the overall workforce.

8.5 Leavers by Sexual Orientation

Our data shows that **3%** of leavers were LGBTQ+ compared to **4%** of LGBTQ+ leavers last year**.** This could be in part due to increased declarations from staff due to our work in the Trust. In comparison to last year's report we have seen a decrease in leaver's and this is reflected in this data, we can see a decrease in the leavers across all sexual orientation groups.

8.6 Leavers by Age

Within the reported year shows an equal level of leavers for age however there has been a slight increase in leavers in the 70 and over of **2%** since the previous report.

9 RECRUITMENT

The Trust uses TRAC/ NHS Jobs for all its recruitment activity. Recruiting managers do not have access to view the applicant's personal details or monitoring information on their completed applications, including the equality streams.

The collection of recruitment data through the TRAC system has led to restrictions due to the General Data Protection Regulation (GDPR) which has a time limitation of 12 months for storing data. **As a result, this report presents recruitment data from 1st April 2022 – March 31st 2023 but will not include the breakdown of banding as the data was collated in May 2023.** Moving forward, data will be collected earlier in the year to mitigate any further restrictions and provide greater context for reporting.

During this period, **8445** members of all staff (including Bank Staff) were listed as under active assignment with the Trust.

- During this reporting period the Trust had **11247** applications for all staffing levels.
- During May 2023 we saw **4493** all substantive candidates were shortlisted with **969** appointed in post from shortlisting.
- The ESR data report from April 2022 until March 2023 saw **2435** new starters for all staffing overall.
- Below is a breakdown of shortlisted and appointed applicants per characteristics for all substantive candidates report from May 2023.

A full breakdown of recruitment for non- medical substantive staff within the Trust from May 2023 can be found in **Appendix 2.**

9.1 Ethnic Origin

During the reported period from May 2023 for all staff the highest shortlisted candidates was White British at **2365** from those who were shortlisted we saw 568 appointed in post. This was followed by Black or Black British (African) at **758** from those shortlisted we saw 114 appointed in post.

9.2 Disability

The data shows for those who identified with having a disability or long term health condition and were shortlist **407** of these **79** were appointed. The data show **140** choose not to state of the 140, we saw 97 appointed. The data reported showed us **72** shortlisted candidates opted 'I do not wish to disclose whether or not I have a disability' of these **13** were appointed in a post.

9.3 Gender

The reported data shows **3350 female** were shortlisted and **728** were appointed in a post, in comparison we saw **1118 male** candidates were shortlisted and **240** were appointed in a post. **25** candidates choose 'I do not wish to disclose' out of the 25, 1 person was appointed in a post.

9.4 Religion

The highest religion reported for this period was **1967** 'Christianity' candidates shortlisted with **403** appointed in a post. This was followed by **919** 'Atheism' candidates shortlisted with **217** appointed.

9.5 Sexual Orientation

The highest reported sexual orientation recorded during this reporting period was **3909** 'Heterosexual' shortlisted candidates, of those shortlisted we saw **793** appointed in post. The data showed there was a high number of 'I do not wish to disclose' (**177**) and 'not stated' (**137**).

9.6 Age

From the recorded data for May we saw a reasonable amount of candidates shortlisted from the age groups **20-54** with a lower number from under 20 and over 65 years. The highest shortlisted candidates fell within the age group of 25-29 years. It is encouraging to see the Trust is attracting a diverse age group.

9.7 Marital Status

The data recorded shows **1982** of shortlisted candidates opted for 'single' with **381** being appointed in post this was closely followed by **1687** 'Married' with **334** being appointed in post.

10 EMPLOYEE RELATIONS (ER)

Data in this category includes the number of staff subjected to a disciplinary hearing, the number of staff submitting formal grievances and the number of staff who have been the

subject of investigation and capability procedures. The data also covers allegations made of bullying and harassment (Dignity at Work) and staff sickness which resulted in a formal process.

The data includes all staff (permanent and bank workers) across all pay bands. A further breakdown of Employee Relations case can be found in **Appendix 2**, some key indications on these cases have been summarised below:

The data reports a significant increase in the data recorded from April 2022 - March 2023 across many of these categories, the employee relations team have seen an increase in the following:

Type / Category (reporting only)	2021 / 2022	2022/23
Capability	26	22
Dignity at Work	38	0
Conduct	44	67
Temporary Worker Conduct	52	82
Flexible Working	160	249
Grievance	20	59
Temporary Worker Complaint	8	17
Sickness	0	14

The table shows there is a slight decrease for formal capability process and a significant increase in Flexible working cases. The increase in Flexible working requests is aligned to the changes within employment law, with changes to eligibility and no service requirements means all staff can submit flexible working requests.

10.1 Ethnic breakdown of staff

Most employee relations cases are from white British background **(56%),** with just under half of cases (**35%)** being attributed to workers from an ethnic minority background. During the period 2022 – 2023, **52** flexible working applications were submitted from an ethnicity background, with a further **197** from all staff. Of the **67** conduct cases **26** were from an Ethnic background; during the period 2022-2023 there has been **510** reported cases under formal disciplinary with **181** being from BME staff. In comparison to the previous year's report we have seen an increase in formal cases overall, which has increased slightly for our ethnic colleagues.

10.2 Disability breakdown of staff

The Trust has seen an increase since the previous year's data in the following categories; conduct, temporary worker conduct, flexible working, grievance, temporary worker complaints of these process and procedures EPUT saw **7%** of staff that identified with a disability or long term health condition and **77%** of staff who opted for 'No'.

The data recorded shows a reduction in dignity at work for those identified with a disability or long term health condition from **44** (2022) to **0** (2023).For staff who identified with a disability or long term health condition saw an increase for flexible working requests which could be the effect of recent changes to employment law, flexible working legislations and many staff were requested to business as usual in returning to work following COVID restrictions, flexible working requests has increase as a whole for all staff groups.

10.3 Gender breakdown of staff

The gender breakdown of staff using or subjected to these procedures during this reporting period are very similar rates of “Conduct” and ‘Temporary worker conduct’ procedures for both male and female staff despite the male group being nearly a quarter of the workforce. The flexible working request for our female workforce is sufficiently higher than for our male workforce.

10.4 Religious Belief breakdown of staff

It should be noted that Christianity is the highest declared religion on ESR, with “I do not wish to disclose my religion or belief” as the second highest category. This is aligned to all data relating to Religious belief within the report.

10.5 Sexual Orientation breakdown of staff

The analysis of the data shows that **14%** which is a slight decrease in comparison to **17%** in the previous year of those workers who have been subject of these ER procedures have chosen not to disclose their sexual orientation, a reduction from the previous year’s result and an indicator of improved declaration rates. It should be noted the employee relations team have included reporting on ‘other sexual orientation, not listed’ to ensure the Trust is capturing all ‘sexual orientation’ which we are unable to collect via ESR.

10.6 Age range of individuals

The data shows that the majority of these individuals fall within the age groups of 30 – 60, which is aligned with the Trust’s overall workforce.

11 CONCLUSION

It is encouraging to see an improvement in declaration rates for many protected groups. The report shows us a decrease in leavers across the Trust which is reflected by a focus on career development programmes, including targeting BME staff to improve career progression, through staff engagement throughout this period.

Whilst this data for the most parts shows that our organisation is representative of the communities it serves, it should be noted that this data also highlights some disparities in our workforce relating to under representation in staff for BME (in senior roles) and Gender (in all roles). The report also suggests more can be done to support promotions and career development opportunities for BME staff as well as encourage staff with disabilities or a long term health conditions to have the confidence to declare it and update employee records.

The Trust recognises there is improvements to the be made this will be driven through a number of approaches including NHS England EDI improvement plan, WRES, WDES, staff survey which all aims to create a diverse and inclusive culture at work and ensure there is fair representation at all levels of the Trust.

Key focusses for 2024 will be:

- Monitor delivery of EDI activity through EDI Programme Planner to measure improvements for staff experience which aims to reduce turnover, increase recruitment, reduce absenteeism and create an inclusive environment. This is aligned to the NHSE EDI Improvement Plan.

- Ensure each EDI Network has an Executive sponsor who commit to events, celebrations and promoting EDI by setting clear, smart objectives for each of the Executive sponsors.

- Introduction of EDI measures into workforce metrics for all care groups which includes monitoring of sickness, recruitment, bullying, harassment and disciplinary data.

- Improve the quality of staff's Electronic Staff Record information and encourage all staff, and new starters, to ensure their protected characteristic data is up to date.

- Utilise patient and employee experience to co-design a Trust wide behaviour protocols and deterrents against abuse enforcing it is not tolerated at EPUT.

- To develop and improve the EDI training available to EPUT staff, management development and leadership programmes building awareness, promoting inclusive behaviours and influencing cultural change within the organisation.

- Implementing the de-bias recruitment toolkit to drive actions to mitigate potential bias in recruitment selection.

- Deliver targeted workshops and career development lounges for minority staff which aims to encourage staff to uptake leadership and management training and RISE Programme.

Marcus Riddell
Interim Chief People Officer

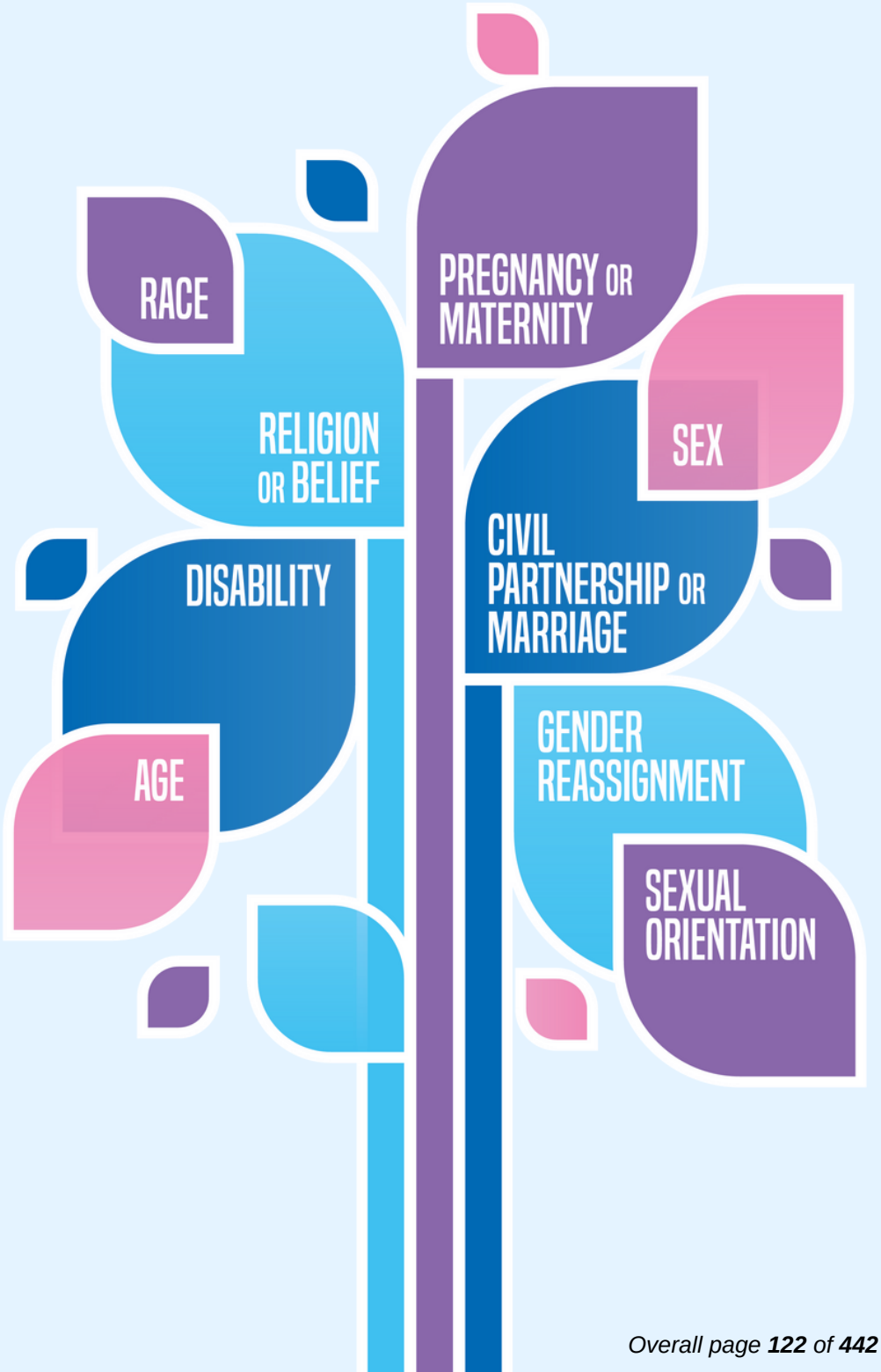
11 March 2024

Appendices 1 & 2:

Essex Partnership University
NHS Foundation Trust

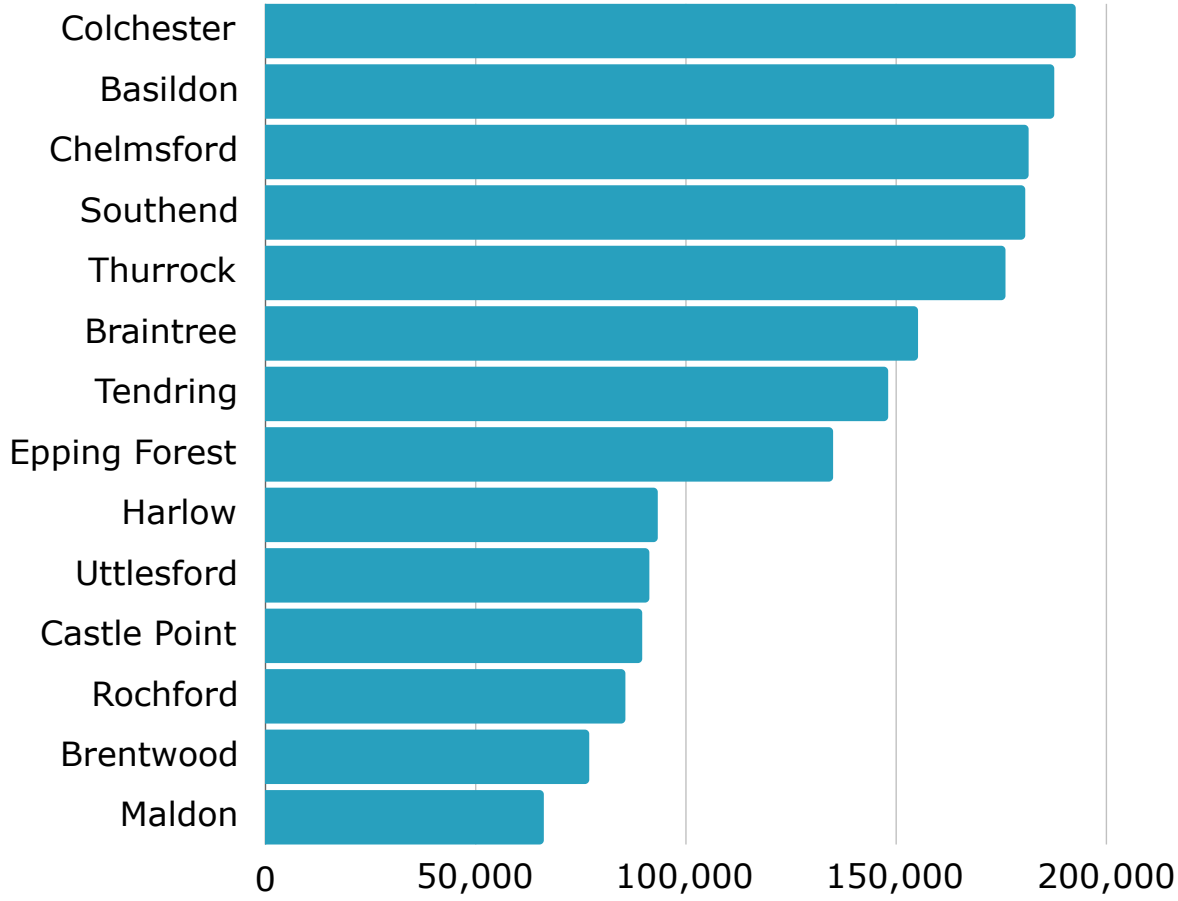
PSED REPORT

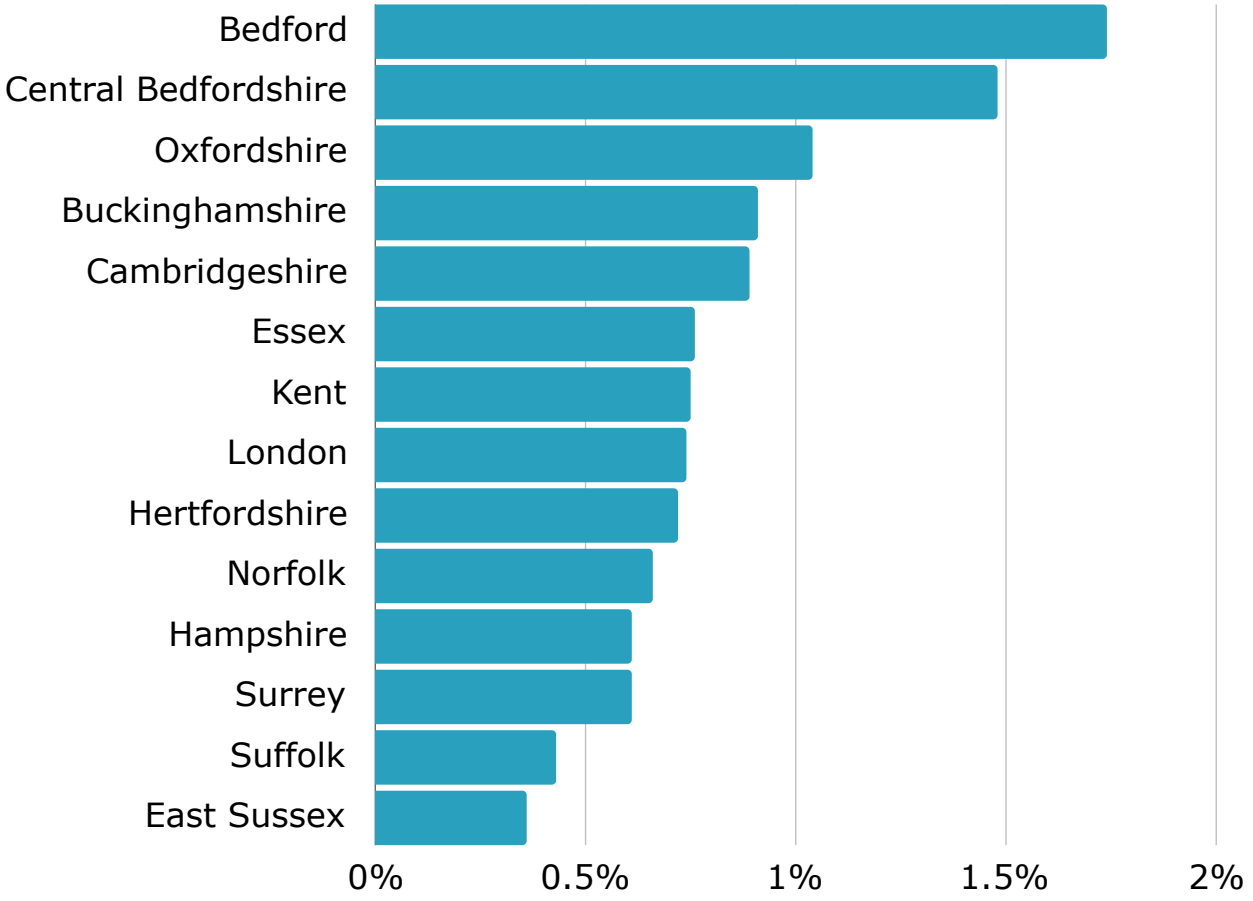
Data



Appendix 1 - Local Demographic Census 2021

6. Local Demographics





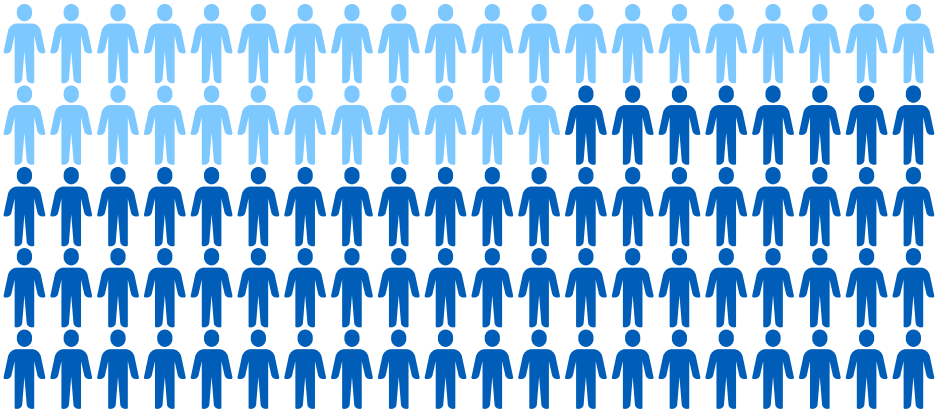
6.1 Local Demographic - Ethnicity

Essex - All ethnicity categories	Population
White British	1,264,877
White Irish	11,165
White Gypsy or Irish Traveller	2,161
White other	**35,653**
Mixed/Multiple ethnic group: White and Black Carribbean	6,936
Mixed/Multiple ethnic group: White and Black African	2,801
Mixed/Multiple ethnic group: White and Black Asian	6,173
Mixed/Multiple ethnic group: Other mixed	4,975
Mixed/Multiple ethnic group: total	**20,885**
Asian/Asian British: Indian	12,456
Asian/Asian British: Pakistani	3,462
Asian/Asian British: Bangladeshi	2,747
Asian/Asian British: Chinese	6,361
Asian/Asian British: Asian	9,834
Asian/Asian British total	**34,860**
Black/African/Caribbean/Black British: African	12,143
Black/African/Caribbean/Black British: Caribbean	4,556
Black/African/Caribbean/Black British: Other Black	2,010
Black/Black British (Total)	**18,709**
Other ethnic group: Arab	2,042
Other ethnic group: Any other ethnic group	3,235
Other Ethnic Groups (Total)	**5,277**
BME	**79,731**
BME%	**5.72%**

Appendix 2 - EPUT Workforce

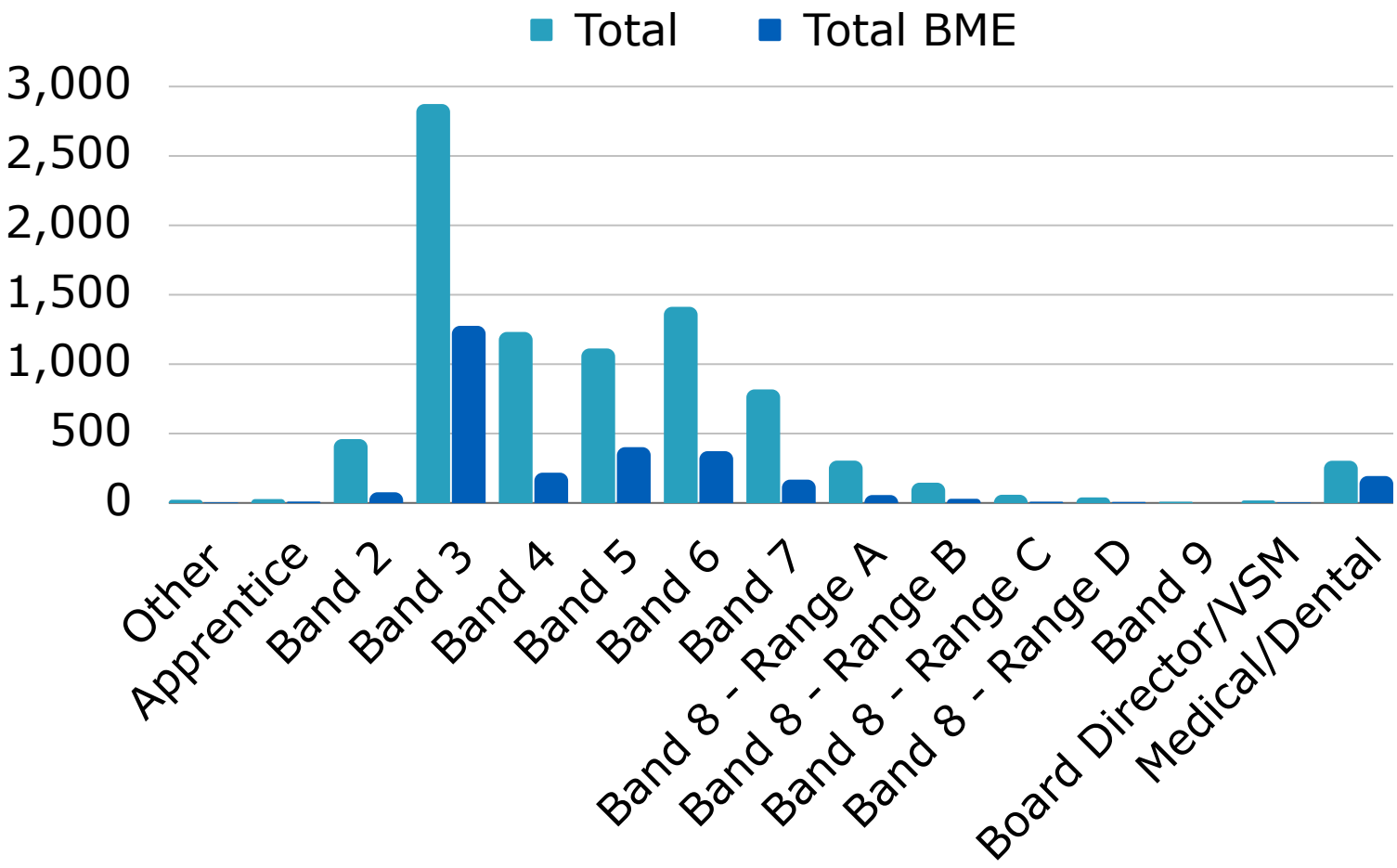
7. Staff in post

Code	Ethnic Origin	Number of Staff	Percentage
A	White - British	5101	58%
B	White - Irish	94	1%
C	White - Any other White background	535	6%
D	Mixed – White & Black Caribbean	34	0.4%
E	Mixed – White & Black African	38	0.4%
F	Mixed – White & Asian	37	0.4%
G	Mixed – Any other mixed background	56	1%
H	Asian or Asian British-Indian	293	3%
J	Asian or Asian British - Pakistani	61	1%
K	Asian or Asian British - Bangladeshi	61	1%
L	Asian or Asian British – Any other Asian background	170	2%
M	Black or Black British – Caribbean	99	1%
N	Black or Black British – African	1561	18%
P	Black or Black British – Any other Black background	278	3%
R	Chinese	17	0.2%
S	Any other ethnic group	124	1%
U	Unknown / Not stated	161	2%
Z	Unknown / Not stated	122	1%
Total		11,671	100%



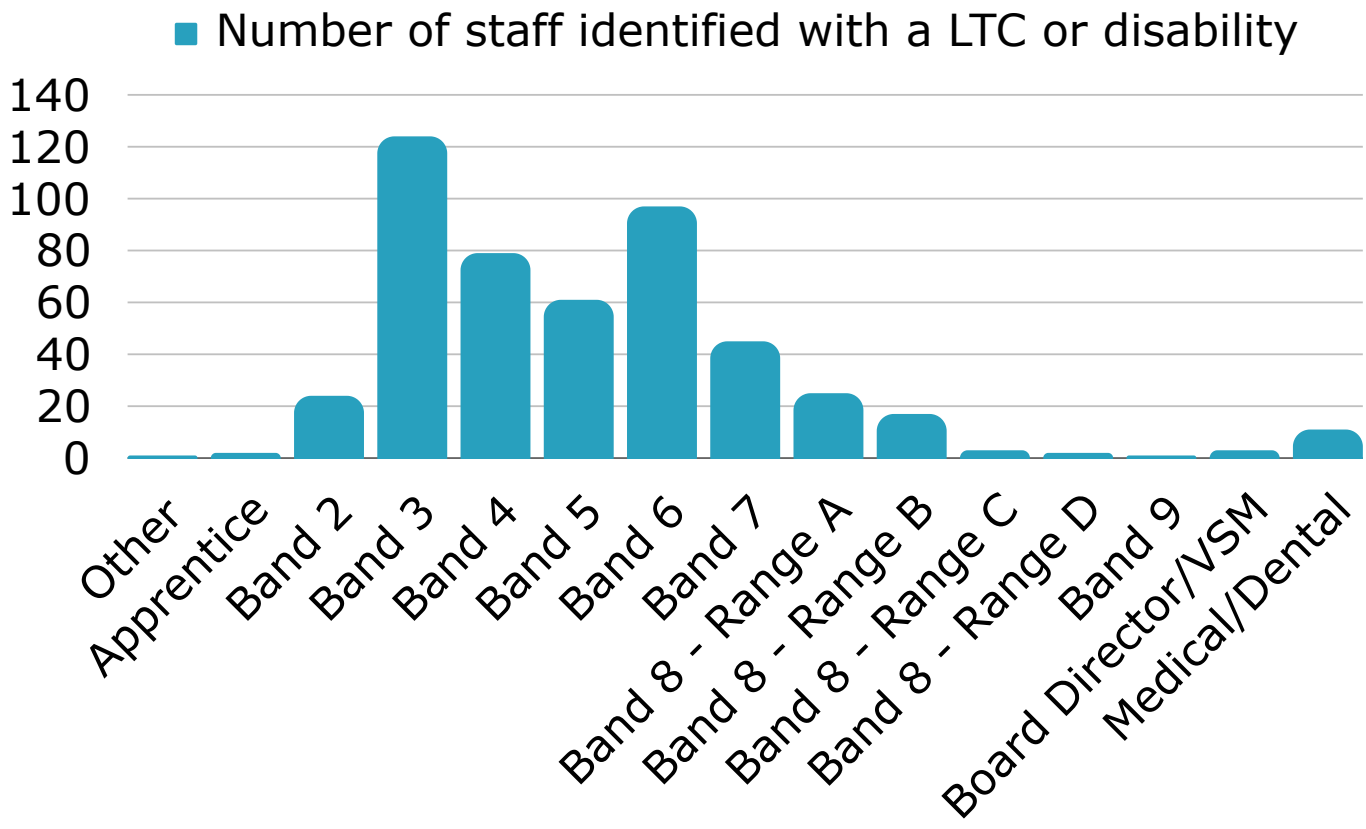
32% of our workforce is from a BME background

Workforce Ethnicity and Banding

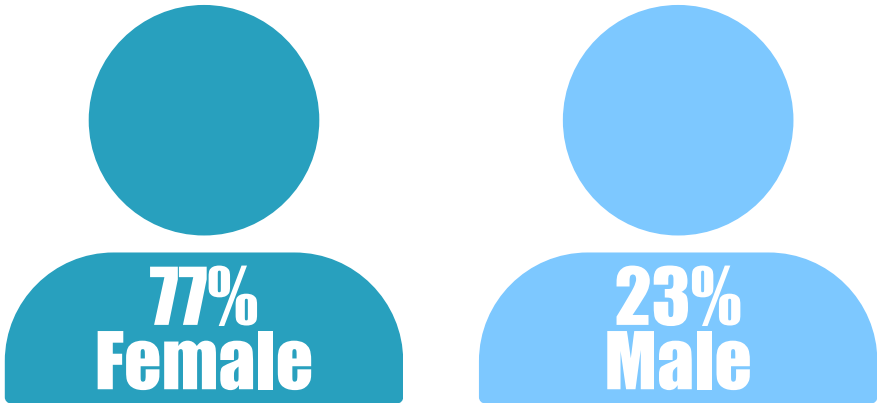


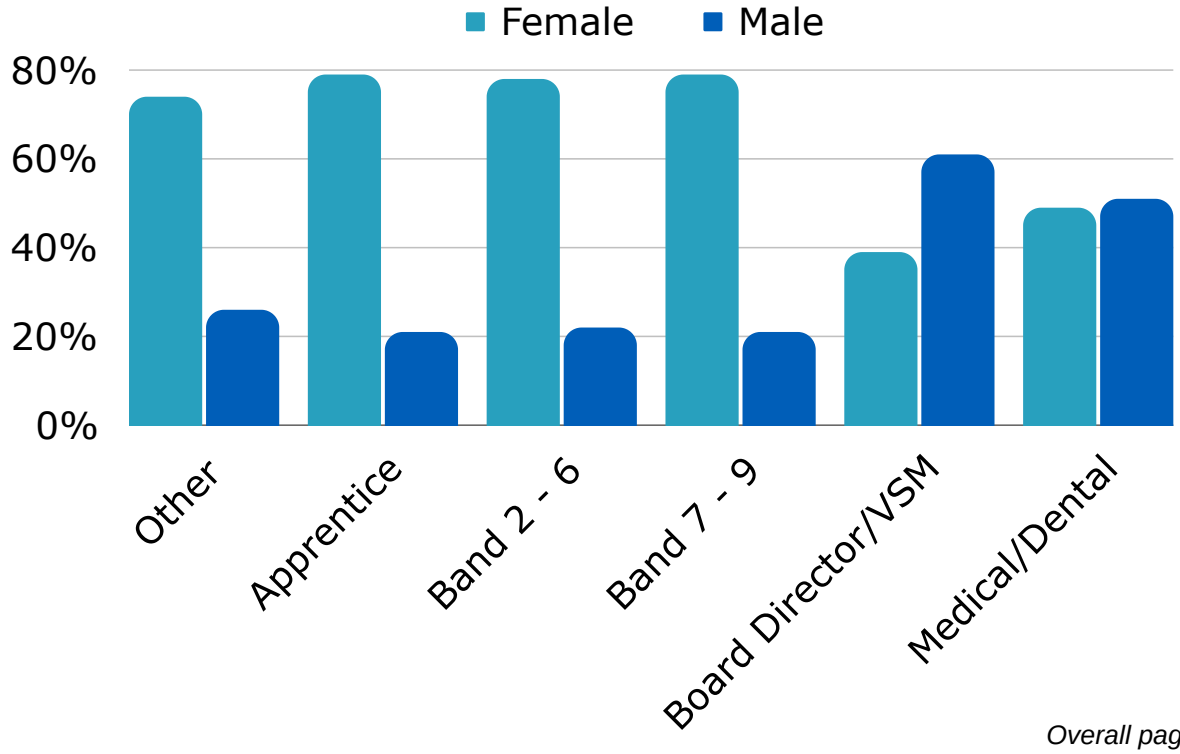
7.2 Disability of staff in post and banding

ESR Status	Other	Apprentice	Band 2 - 6	Band 7 - 9	Board Director / VSM	Medical / Dental	Total Workforce	Total %
No	17	26	5823	1019	15	245	7145	**81%**
Not declared	5	0	626	208	0	34	873	**10%**
Prefer not to answer	0	0	18	6	0	0	24	**0%**
Unspecified	0	0	240	51	0	14	305	**3%**
Yes	1	2	385	93	3	11	495	**6%**
Total	**23**	**28**	**7092**	**1377**	**18**	**260**	**8882**	**100%**
Percentage of the band stating disability	**4%**	**7%**	**5%**	**7%**	**17%**	**4%**	**6%**	

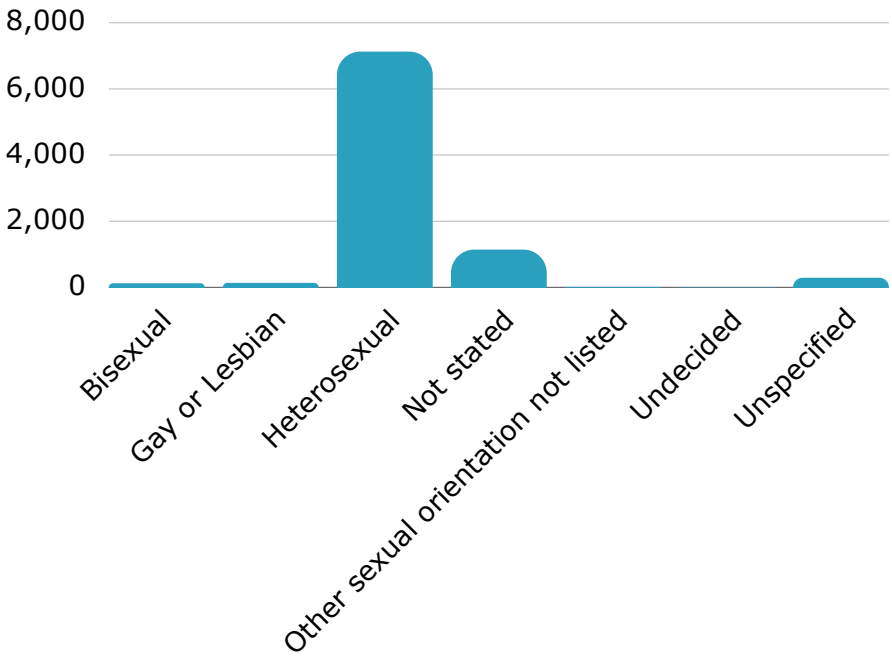


7.3 Gender breakdown of staff in post



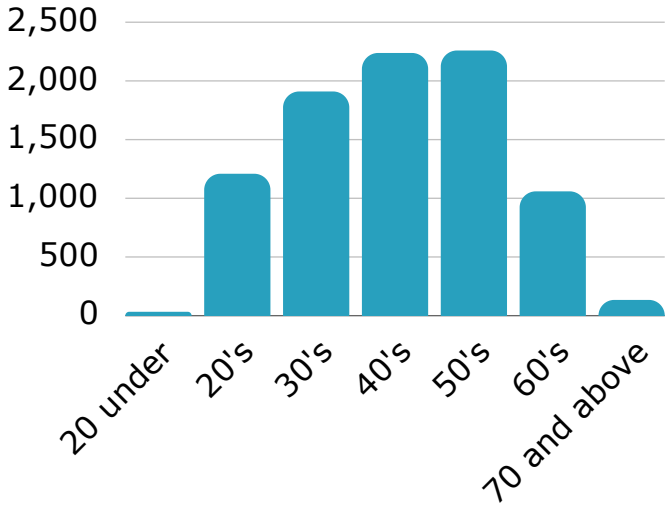


7.5 Sexual orientation of staff in post

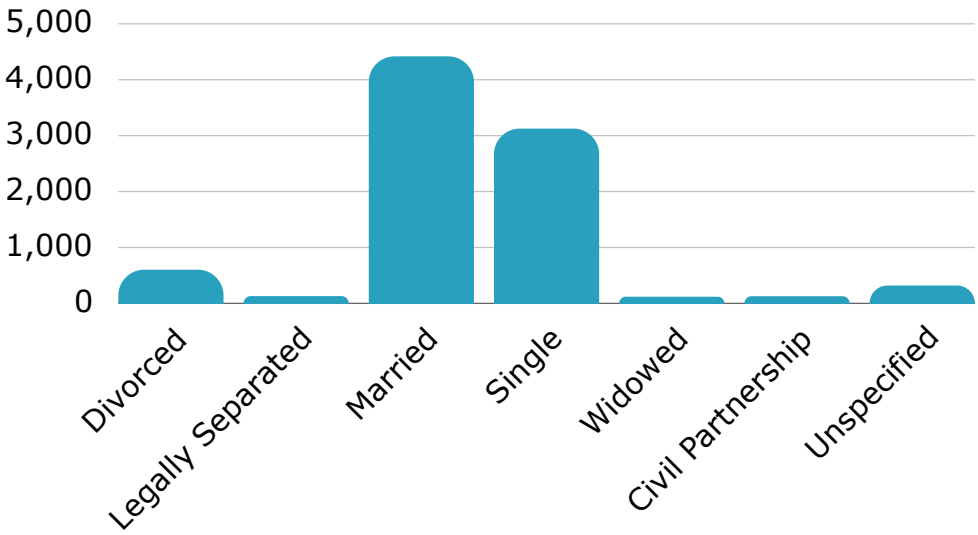


7.6 Age profile of staff in post

73% of workforce is 30-60 years old

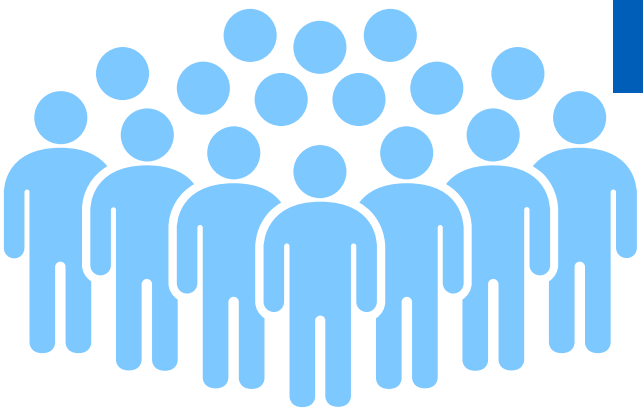


7.7 Marital status of staff in post



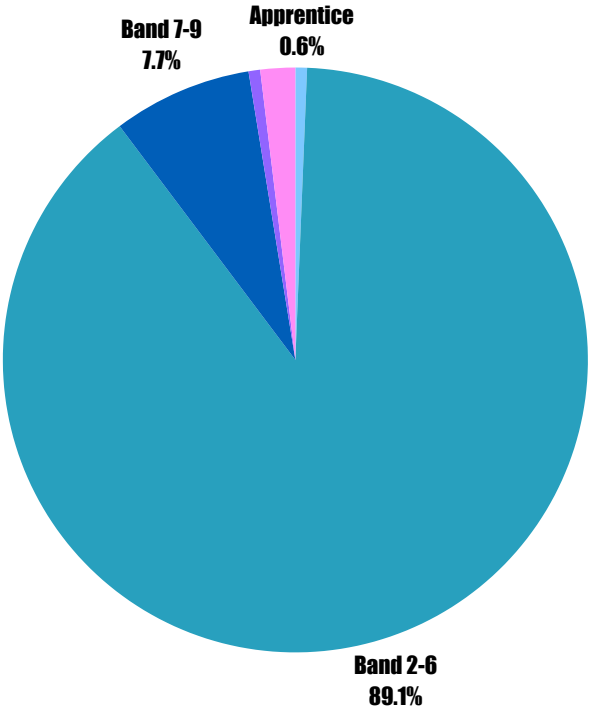
New starters

2435 new starters in EPUT during this reporting period.



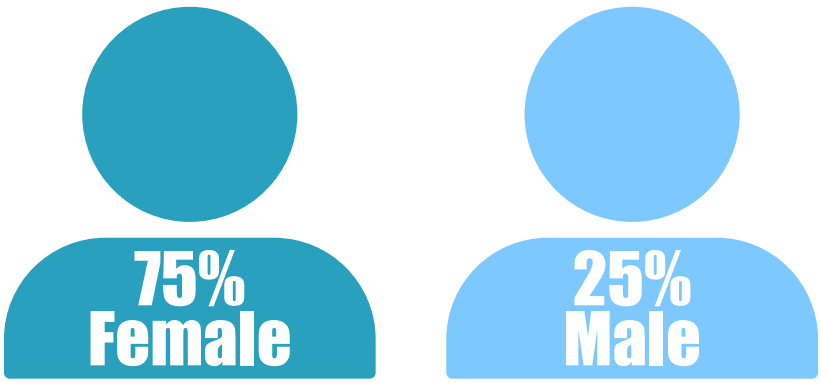
47% of these were BME

8.2 Disability breakdown of staff in post



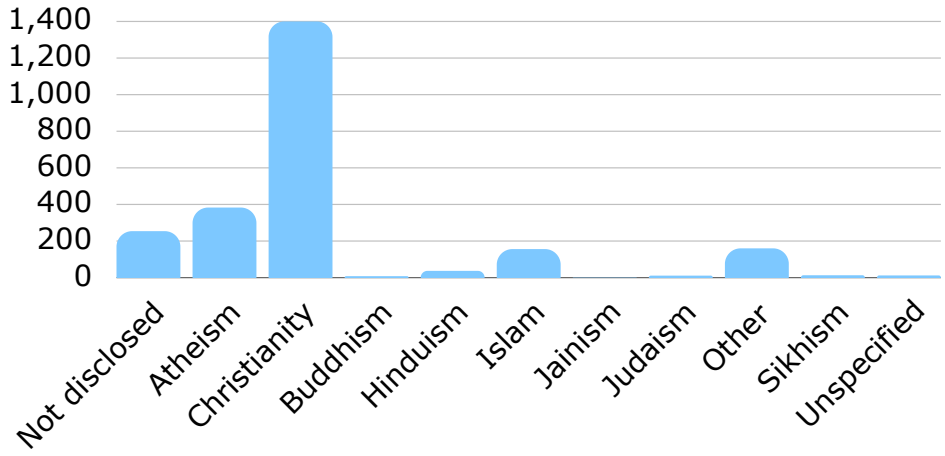
Percentage of new starters who declared disability as 'Yes'

8.3 Gender breakdown of new starters

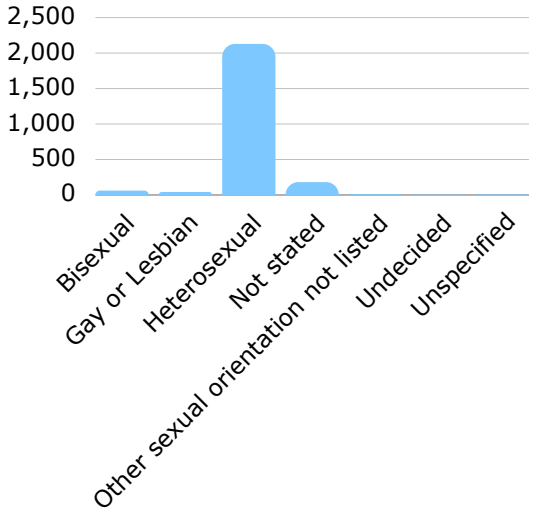


New Starters gender breakdown

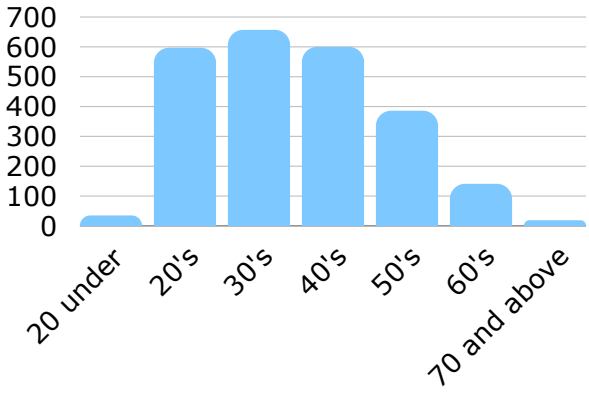
8.4 Religious breakdown of new starters



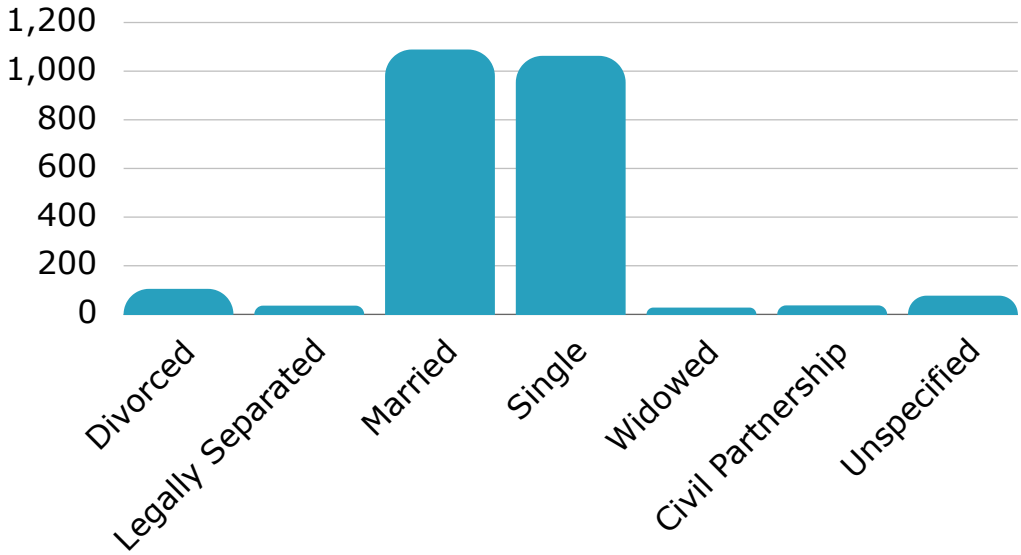
8.5 Sexual orientation of new starters



8.6 Age profile of new starters



8.7 Marital status of new starters



Promotions

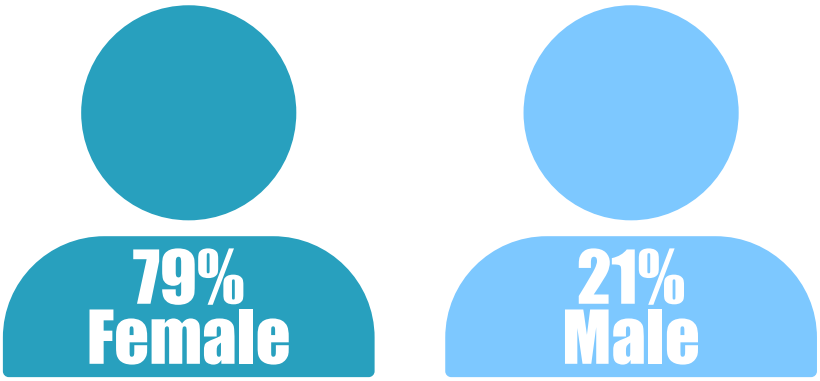
9.1 Ethnicity breakdown of promotions

Code	Ethnic Origin	Number of Staff promoted
A	White - British	381
B	White - Irish	8
C	White - Any other White background	30
D	Mixed – White & Black Caribbean	2
E	Mixed – White & Black African	4
F	Mixed – White & Asian	0
G	Mixed – Any other mixed background	3
H	Asian or Asian British-Indian	12
J	Asian or Asian British - Pakistani	2
K	Asian or Asian British - Bangladeshi	7
L	Asian or Asian British – Any other Asian background	9
M	Black or Black British – Caribbean	3
N	Black or Black British – African	72
P	Black or Black British – Any other Black background	10
R	Chinese	0
S	Any other ethnic group	7
U	Unknown / Not stated	8
Z	Unknown / Not stated	1
Total		559

9.2 Disability breakdown of promotions

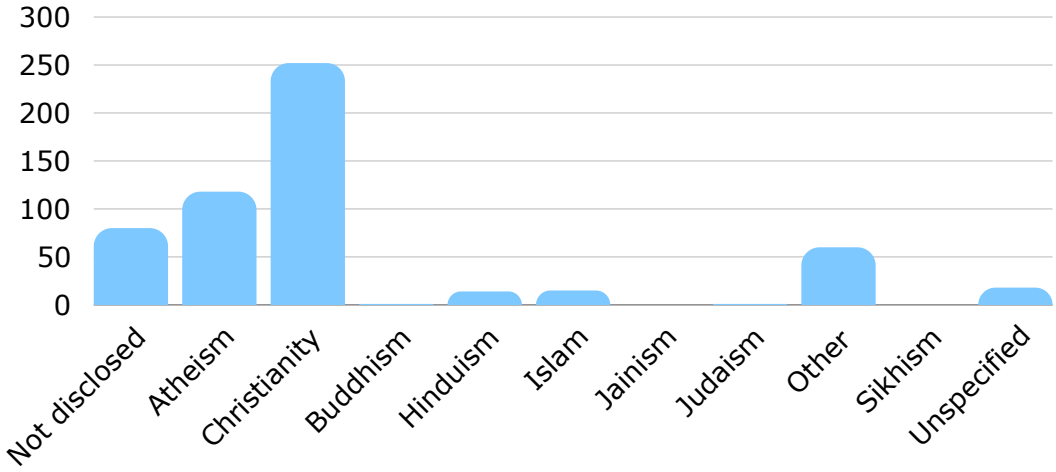
ESR Status	Other	Apprentice	Band 2 - 6	Band 7 - 9	Board Director / VSM	Medical/ Dental
No	2	2	367	70	1	2
Not declared	0	0	34	13	0	0
Prefer not to answer	0	0	3	0	0	0
Unspecified	0	0	11	6	0	0
Yes	1	0	38	9	0	0
Total	**3**	**2**	**453**	**98**	**1**	**2**

9.3 Gender breakdown of promotions

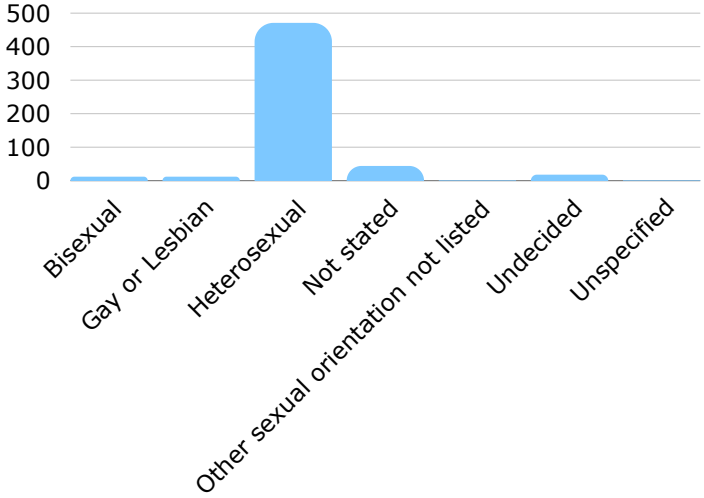


Promotions gender breakdown

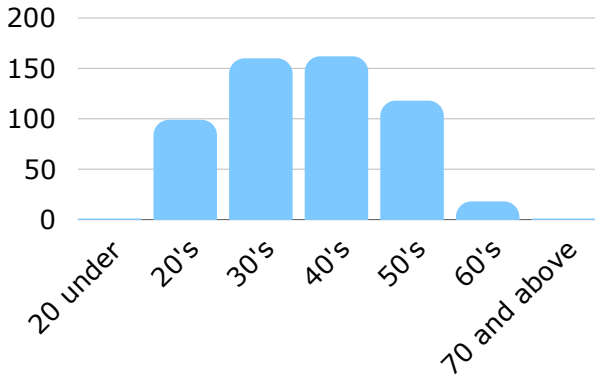
9.4 Religious belief of promotions



9.5 Sexual orientation of promotions

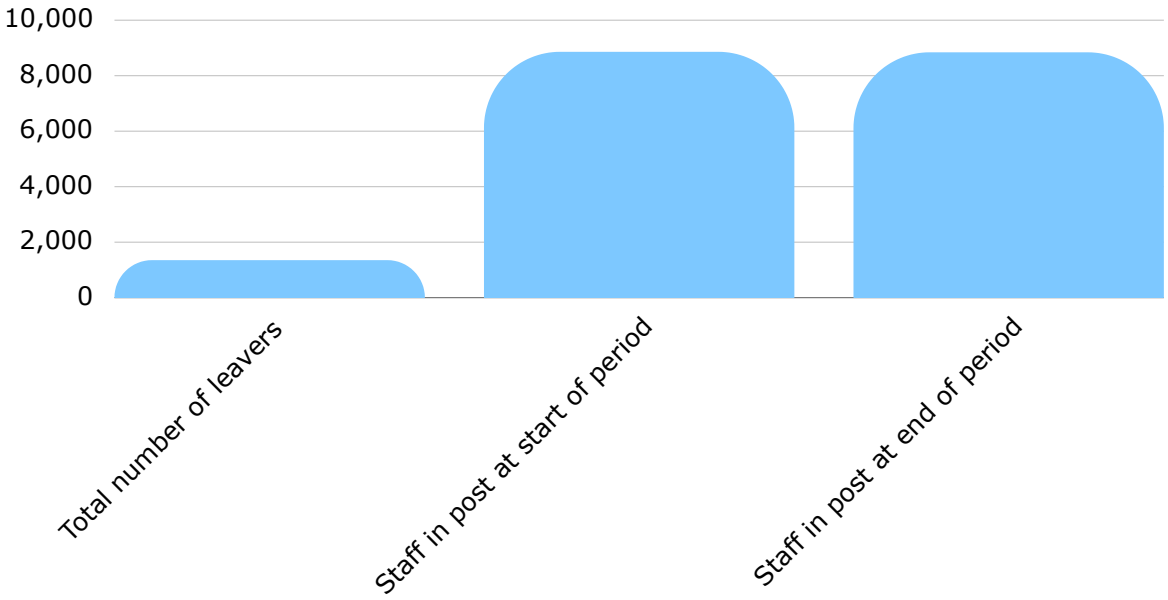


9.6 Age range breakdown of promotions



Leavers

Turnover



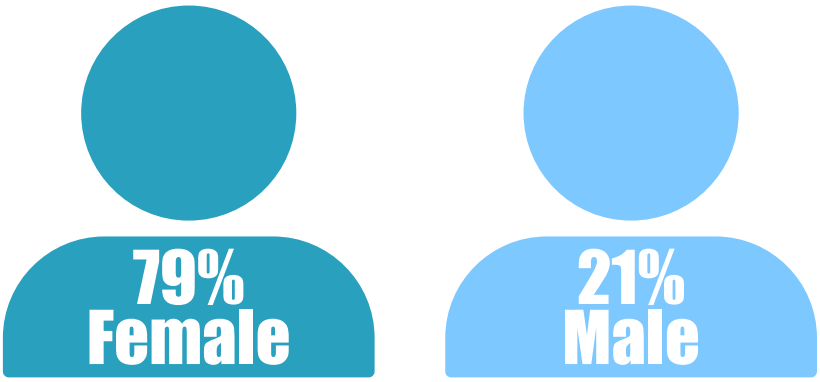
10.1 Ethnicity breakdown of leavers

Code	Ethnic Origin	Number of Staff promoted
A	White - British	852
B	White - Irish	22
C	White - Any other White background	78
D	Mixed – White & Black Caribbean	5
E	Mixed – White & Black African	4
F	Mixed – White & Asian	7
G	Mixed – Any other mixed background	14
H	Asian or Asian British-Indian	28
J	Asian or Asian British - Pakistani	19
K	Asian or Asian British - Bangladeshi	10
L	Asian or Asian British – Any other Asian background	20
M	Black or Black British – Caribbean	17
N	Black or Black British – African	176
P	Black or Black British – Any other Black background	31
R	Chinese	7
S	Any other ethnic group	18
U	Unknown / Not stated	23
Z	Unknown / Not stated	21
Total		1352

10.2 Disability breakdown of leavers

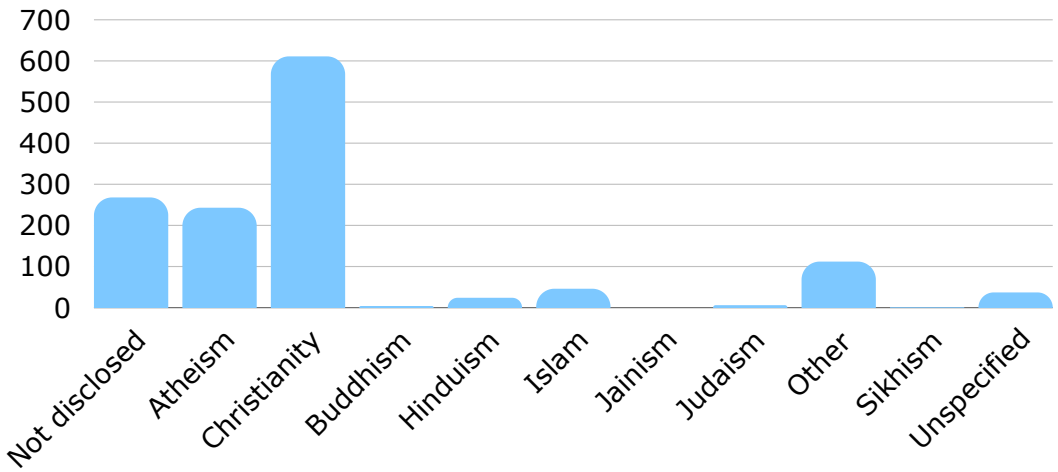
ESR Status	Other	Apprentice	Under band 1	Band 2 - 6	Band 7 - 9	Board Director / VSM	Medical/ Dental
No	2	1	3	999	105	3	21
Not declared	1	0	2	77	17	0	0
Prefer not to answer	0	0	0	3	0	0	0
Unspecified	1	0	0	30	9	0	0
Yes	0	0	1	66	5	0	0
Total	**4**	**1**	6	**1175**	**136**	**3**	**21**

10.3 Gender breakdown of leavers

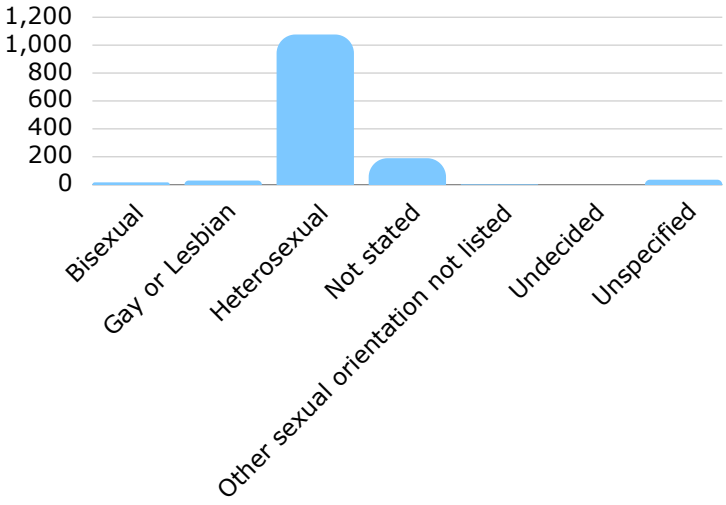


Leavers gender breakdown

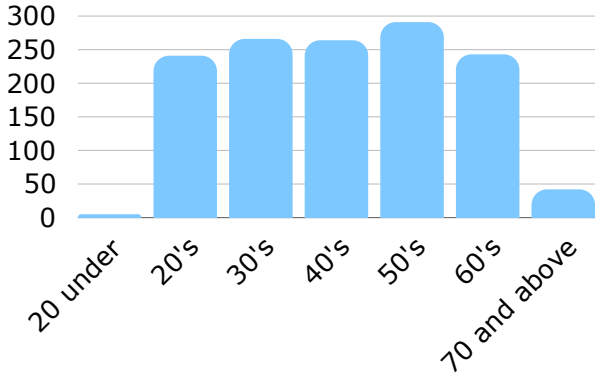
10.4 Religious belief of leavers



10.5 Sexual orientation of leavers



10.6 Age range breakdown of leavers

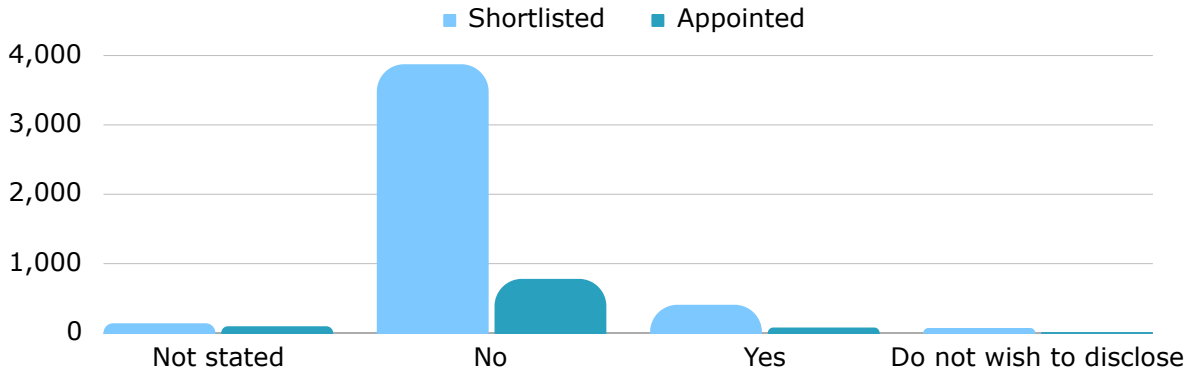


Recruitment

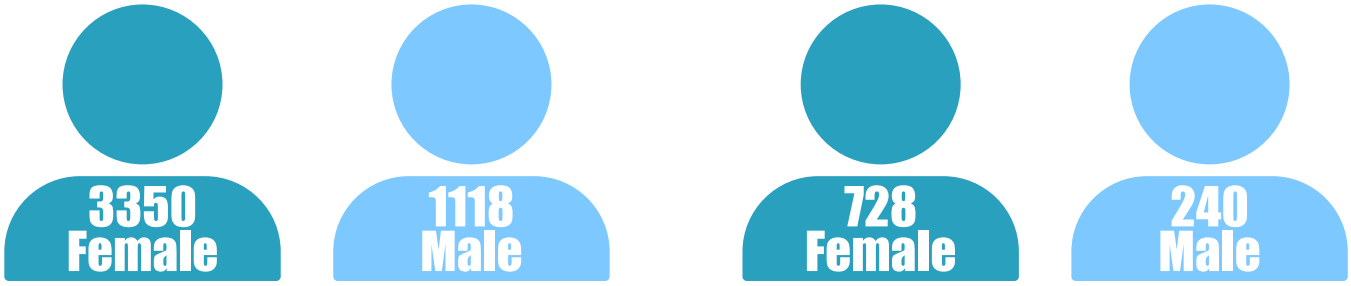
11.1 Ethnic origin

Ethnic Origin		Shortlisted	Appointed
Not stated	-	130	88
WHITE - British	A	2365	568
WHITE - Irish	B	27	6
WHITE - Any other white background	C	216	42
ASIAN or ASIAN BRITISH - Indian	H	274	36
ASIAN or ASIAN BRITISH - Pakistani	J	110	10
ASIAN or ASIAN BRITISH - Bangladeshi	K	69	10
ASIAN or ASIAN BRITISH - Any other Asian background	L	94	18
BLACK or BLACK BRITISH - Caribbean	M	65	13
BLACK or BLACK BRITISH - African	N	758	114
BLACK or BLACK BRITISH - Any other black background	P	40	7
MIXED - White & Black Caribbean	D	32	3
MIXED - White & Black African	E	46	6
MIXED - White & Asian	F	22	4
MIXED - any other mixed background	G	59	12
OTHER ETHNIC GROUP - Chinese	R	26	3
OTHER ETHNIC GROUP - Any other ethnic group	S	101	19
I do not wish to disclose my ethnic origin	-	56	10

11.2 Disability breakdown



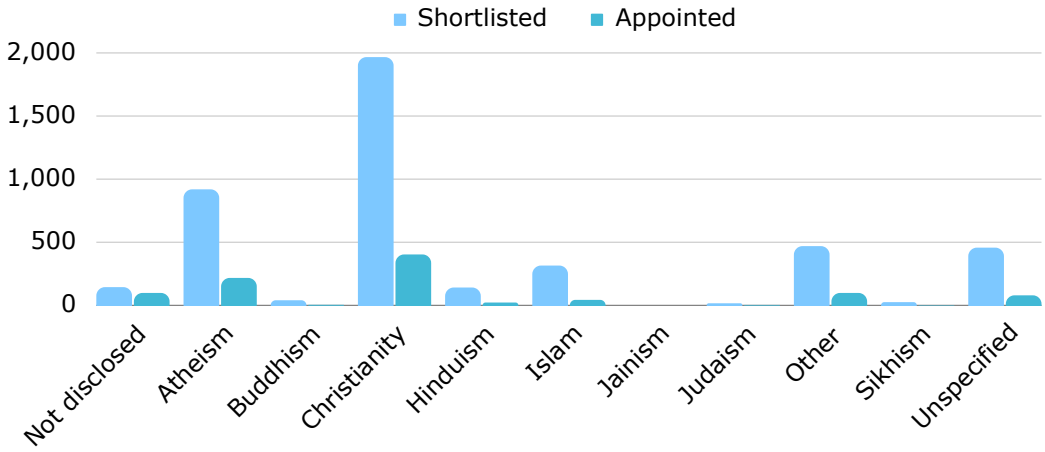
11.3 Gender breakdown



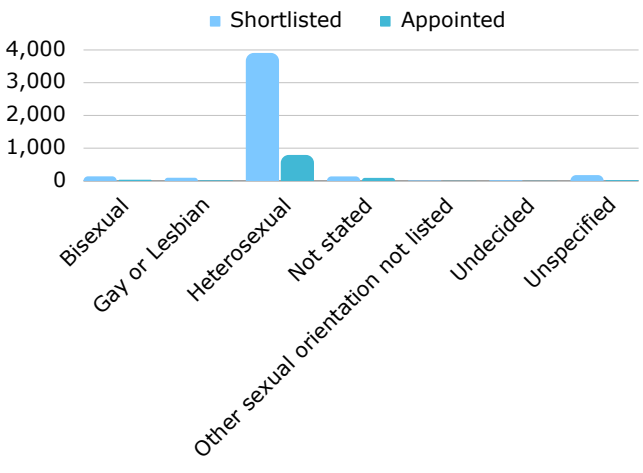
Shortlisted gender breakdown

Appointed gender breakdown

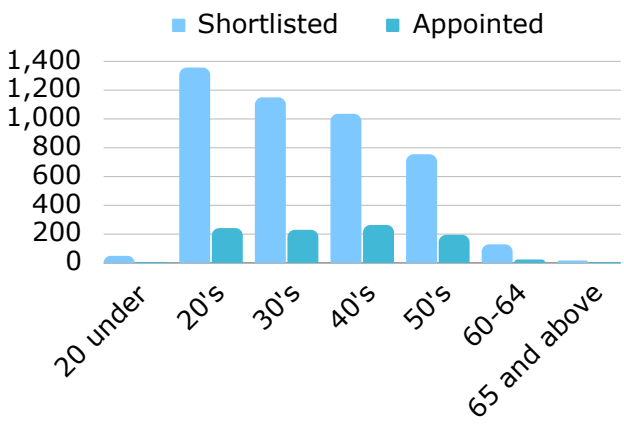
11.4 Religion



10.5 Sexual orientation



10.6 Age range

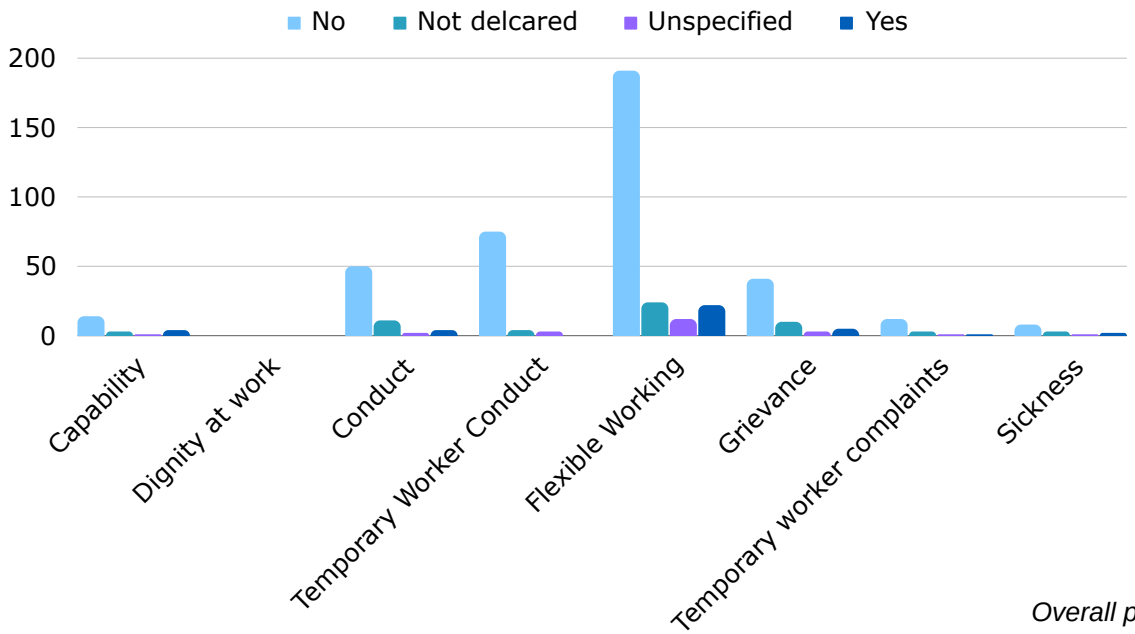


Employee relations (ER)

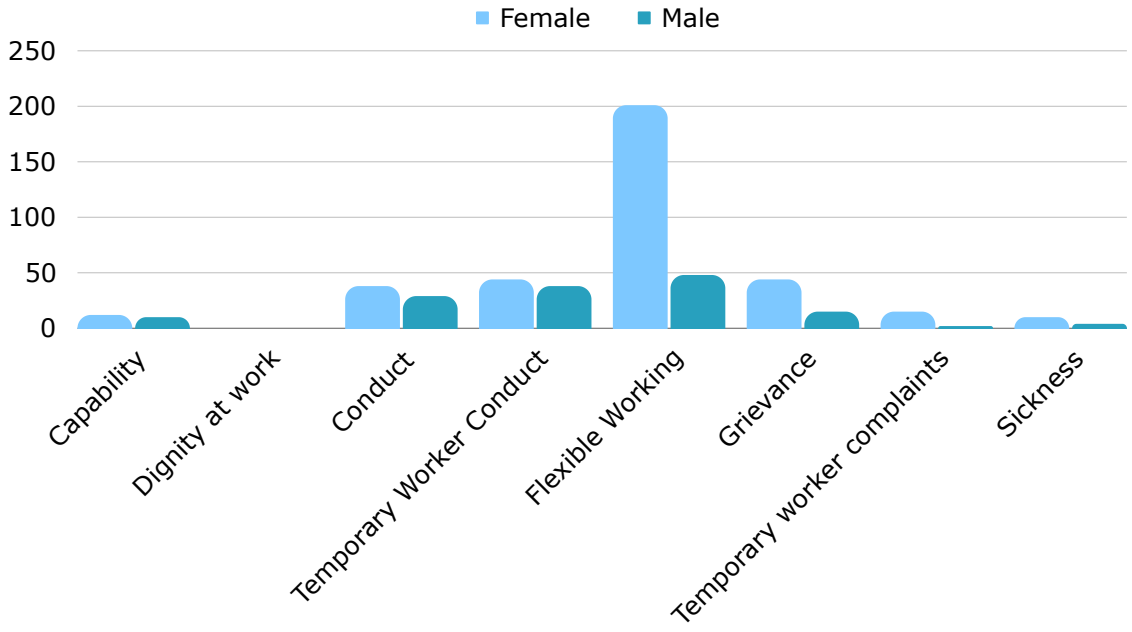
12.1 Ethnic breakdown of staff using or subject to ER procedures

Ehnicity	Capability	Dignity at Work	Conduct	Temporary Worker Conduct	Flexible Working	Grievance	Temporary Worker Complaints	Sickness
A	15	0	35	7	176	37	6	11
B	0	0	0	0	0	1	1	0
C	2	0	5	3	18	2	0	0
D	0	0	1	0	3	0	0	0
E	0	0	0	2	0	3	0	0
F	0	0	0	0	2	0	0	0
G	1	0	1	0	1	0	0	0
H	0	0	2	2	7	1	0	1
J	0	0	2	0	0	0	2	0
K	0	0	1	0	2	0	1	0
L	0	0	2	1	3	1	1	0
M	0	0	0	0	3	0	0	0
N	2	0	13	49	24	8	5	1
P	1	0	4	14	3	3	1	0
R	0	0	0	0	0	0	0	0
S	0	0	0	1	4	1	0	1
U	0	0	0	3	1	0	0	0
Z	1	0	1	0	2	2	0	0
TOTAL	**22**	**0**	**67**	**82**	**249**	**59**	**17**	**14**

12.2 Disability breakdown



12.3 Gender breakdown



12.4 Religious belief breakdown

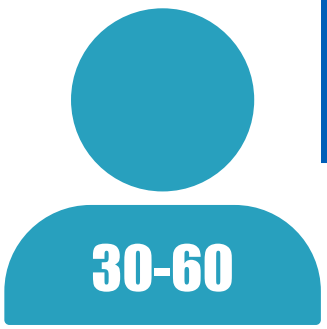
AfC Band	Not disclosed	Atheism	Christian	Buddhism	Hinduism	Islam	Judaism	Other	Sikhism	Unspec
Capability	5	5	11	0	0	0	0	1	0	0
Dignity at Work	0	0	0	0	0	0	0	0	0	0
Conduct	16	12	27	1	3	2	1	4	0	1
Temporary Worker Conduct	12	3	56	0	1	6	0	4	0	0
Flexible Working	54	40	98	2	3	3	2	30	1	16
Grievance	12	8	29	0	2	1	0	5	0	2
Temporary Worker Complaints	4	0	6	0	0	6	0	1	0	0
Sickness	3	3	5	0	1	0	0	0	0	2
TOTAL	**106**	**71**	**232**	**3**	**10**	**18**	**3**	**45**	**1**	**21**
%	**21%**	**14%**	**45%**	**1%**	**2%**	**4%**	**1%**	**9%**	**0.2%**	**4%**

12.5 Sexual orientation breakdown

	Capability	Dignity at Work	Conduct	Temporary Worker Conduct	Flexible Working	Grievance	Temporary Worker Complaints	Sickness
Not stated (person asked but declined to provide a response)	3	0	13	17	23	8	3	3
Heterosexual or Straight	19	0	52	63	197	48	14	9
Bisexual	0	0	1	1	5	0	0	0
Gay or Lesbian	0	0	0	1	9	1	0	0
Other sexual orientation not listed	0	0	0	0	1	0	0	0
Unspecified	0	0	1	0	14	2	0	2

12.6 Age range breakdown

	Capability	Dignity at Work	Conduct	Temporary Worker Conduct	Flexible Working	Grievance	Temporary Worker Complaints	Sickness
20's	4	0	8	5	33	3	5	2
30's	6	0	16	19	74	17	2	3
40's	4	0	13	30	58	11	0	0
50's	5	0	21	23	62	18	8	5
60's	3	0	6	5	20	9	1	4
> 70	0	0	3	0	2	1	1	0



Majority of these individuals are 30-60 years old, in line with the Trust's overall workforce.

7.4.3 GENDER PAY GAP REPORT

Decision Item | Marcus Riddell | 5

REFERENCES

Only PDFs are attached

Gender Pay Gap Report.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	**EPUT Gender Pay Gap**					
Executive/ Non-Executive Lead:	Marcus Riddell, Interim Chief People Officer					
Report Author(s):	Lisa Fricker, Workforce/ESR & Payroll Manager Lorraine Hammond, Director of Employee Experience					
Report discussed previously at:	Executive Operational Committee People Equality and Culture Committee					
Level of Assurance:	**Level 1**	**X**	**Level 2**		**Level 3**	

Risk Assessment of Report			
Summary of risks highlighted in this report			
Which of the Strategic risk(s) does this report relates to:	SR1 Safety		
	SR2 People (workforce)		X
	SR3 Finance and Resources Infrastructure		
	SR4 Demand/ Capacity		
	SR5 Lampard Inquiry		
	SR6 Cyber Attack		
	SR7 Capital		
	SR8 Use of Resources		
	SR9 Digital		
Does this report mitigate the Strategic risk(s)?	No		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.			
Describe what measures will you use to monitor mitigation of the risk			
Are you requesting approval of financial / other resources within the paper?	No		
If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

Purpose of the Report		
This report provides the Board of Directors: • An overview of EPUT's position in regards to the Gender Pay Gap report before it is published nationally.	**Approval**	X
	Discussion	
	Information	

Recommendations/Action Required

The Board of Directors is asked to:

1 Receive and note the report

2 Approve the publication of our Gender Pay Gap Report for 2024

Summary of Key Issues

Legislation requires organisations with 250 or more employees to report annually on their gender pay gap. NHS organisations are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into effect on 31 March 2017. These regulations underpin the Public Sector Equality Duty, which requires organisations to publish their gender pay gap data annually, including mean and median gender pay gaps; mean and median gender bonus gaps; proportion of men and women receiving bonuses; and the proportions of male and female employees in each pay quartile.

The NHS England EDI Improvement Plan, which was published in June 2023, includes six targeted actions and aims to ensure that all staff understand, encourage and celebrate diversity in all its forms whilst addressing the widely-known intersectional impacts of discrimination and bias. High Impact Action 3 recommends that Trusts implement the Mend the Gap review recommendations for medical staff and develop a plan to apply those recommendations to senior non-medical workforce. In addition, the Gender Pay Gap Report data should include a breakdown of race by 31 March 2024.

This report provides data on the gender pay gap, as well as pay band gaps between BME and white staff.

There are two key indicators in the gender pay gap data:

- The **GPG Hourly Rate** pay gap, which for EPUT is 12.93% with males receiving an average of £20.61 p/h and females receiving £17.24ph. When comparing the median hourly rate this reduces to 7.31% (meaning that men, on average, are being paid **7.31% higher in the organisation than females**).

- The **GPG Bonus Pay** gap, which for EPUT is 56.01% with males receiving an average bonus pay of £9,449.11 compared to £4,157.12 for females. When comparing the median rate this increases to 66.84% (meaning that men, on average, are receiving **66.84% more bonus pay than females within the organisation**). A total of 2.07% of males received a bonus compared to 0.36% of females during the reporting period

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

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

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

Data quality issues			
Involvement of Service Users/Healthwatch			
Communication and consultation with stakeholders required			
Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			X
Equality Impact Assessment (EIA) Completed	**NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			
EPUT	Essex Partnership University NHS Foundation Trust	WRES	Workforce Race Equality Standard
EDI	Equality, Diversity and Inclusion	CEA	Clinical Excellence Awards
NHS	National Health Service	AfC	Agenda for Change
TCS	Terms and Conditions of Service	VSM	Very Senior Manager
NED	Non-Executive Director	GPG	Gender Pay Gap
PH	per hour	BME	Black and Minority Ethnic
HPFT	Hertfordshire Partnership University NHS Foundation Trust	ELFT	East London NHS Foundation Trust
NELFT	North East London NHS Foundation Trust	MSEFT	Mid and South Essex NHS Foundation Trust
ESR	Electronic Staff Record		

Supporting Reports/ Appendices /or further reading

APPENDIX: GENDER PAY GAP ACTION PLAN 2024-2025

Lead

Marcus Riddell
Interim Chief People Officer

Background to the Trust

Essex Partnership University NHS Foundation Trust (EPUT) was formed on 1 April 2017 following the merger of North Essex Partnership University NHS Foundation Trust (NEP) and South Essex Partnership University NHS Foundation Trust (SEPT). EPUT provide community health, mental health and learning disability services for a large population of people throughout Bedfordshire, Essex, Suffolk and Luton. We employ approximately 6,800 staff excluding bank across multiple sites.

EPUT is committed to being an equal opportunities employer and to building equality, diversity and inclusion into everything that it does.

Gender pay gap reporting

Legislation requires organisations with 250 or more employees to report annually on their gender pay gap. NHS organisations are covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017, which came into effect on 31 March 2017. These regulations underpin the Public Sector Equality Duty, which requires organisations to publish their gender pay gap data annually, including mean and median gender pay gaps; mean and median gender bonus gaps; proportion of men and women receiving bonuses; and the proportions of male and female employees in each pay quartile.

Gender pay gap reporting demonstrates the difference in average pay between men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate issues to deal address, and further analysis may help identify the cause of those issues.

It is important to stress that the **gender pay gap is different to equal pay**. Equal pay considers pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally on the grounds of their gender.

In June 2023, NHS England launched the EDI Improvement Plan which sets out targeted actions to address the prejudice and discrimination – direct and indirect – that exists through behaviour, policies, practices and cultures against certain groups and individuals across the NHS workforce. The independent review Mend the gap (2020) describes actions that the NHS should take to address the gender pay gaps in medicine. Many of its recommendations can also be applied to non-medical senior leaders. By 31 March 2024, organisations are required to analyse data to understand relationships between pay, sex, and race.

This report includes:

- data and analysis relating to the gender pay gap
- data and analysis relating to the race pay gap, based on pay grades
- an action plan to address the pay gap (see appendix).

Definitions and scope

The gender pay gap is defined as the difference between the mean or median hourly rate of pay that male and female colleagues receive. The mean pay gap is the difference between average hourly earnings of men and women. This is commonly known as the average and is calculated when you add up the wages of all employees and divide the figure by the number of employees.

The median pay gap is the difference between the midpoints in the ranges of hourly earnings of men and women. It takes all salaries in the sample, lines them up in order from lowest to highest, and picks the middle-most salary.

It is important to note that although this report includes the breakdown of pay grades by race, the scope is different to that of the Workforce Race Equality Standard (WRES). While the WRES is based on a snapshot of one day (31 March), the data extracted for this report is based on the financial year (1 April – 31 March). Therefore, as it includes paid substantive assignments and bonuses within that period, the total number of staff in this report will be different to that in the WRES.

What is the gender bonus gap?

Within the gender pay gap regulations, 'bonus pay' means any remuneration that is the form of money relating to profit sharing, productivity, performance, incentive or commission.

It is clear within the regulations that bonus pay does not include ordinary pay, overtime pay and redundancy pay or termination payments.

For the purpose of gender pay reporting, 'Clinical Excellence Awards' payments are regarded as 'bonus pay'. The Clinical Excellence Awards (CEA) scheme is intended to recognise and reward those consultants who perform 'over and above' the standard expected for their role. Awards are given for quality and excellence, acknowledging exceptional personal contributions towards the delivery of safe and high quality care to patients and to the continuous improvement of NHS services.

There are 12 Levels of award with monetary value. Levels 1-9 are awarded locally (employer-based awards) and Levels 10-12 (silver, gold and platinum hereafter) are awarded nationally in accordance with assessment criteria and application.

Consultants with an existing distinction award or discretionary points retain them, subject to existing review provisions, and are eligible to apply for awards under the new scheme in the normal way.

Accordingly, the legacy of the CEA scheme means that there will continue to be a gender pay gap because there are more male consultants than female consultants and the gender balance is only likely to improve over time (see above, and medical workforce and CEA breakdown below).

EPUT's gender pay gap

The following gender pay gap report data is taken as the snapshot date of 31 March 2023.

1.	The mean gender pay gap for EPUT	**12.93%**
2.	The median gender pay gap for EPUT	**7.31%**
3.	The mean gender bonus* gap for EPUT	**56.01%**
4.	The median gender bonus* gap for EPUT	**66.84%**

* Please see comments later in this report explaining what constitutes a bonus.

Pay quartiles by gender

Quartile	Female Headcount	Male Headcount	Female %	Male %	Description
1 (lowest paid)	1431.00	333.00	**81.12%**	**18.88%**	Includes all employees whose standard hourly rate places them at or below the lower quartile
2	1362.00	403.00	**77.17%**	**22.83%**	Includes all employees whose standard hourly rate places them above the lower quartile but at or below the median
3	1365.00	384.00	**78.04%**	**21.96%**	Includes all employees whose standard hourly rate places them above the median but at or below the upper quartile
4 (highest paid)	1291.00	489.00	**72.53%**	**27.47%**	Includes all employees whose standard hourly rate places them above the upper quartile

What do we do to ensure equal pay?

As noted earlier in this report, it is important to stress that the gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because of their gender.

Legislation requires that men and women must receive equal pay for:

- the same or broadly similar work
- work rated as equivalent under a job evaluation scheme; or work of equal value.

We are committed to providing equal opportunities and equal treatment for all employees, regardless of sex, race, religion or belief, age, marriage or civil partnership, pregnancy/ maternity, sexual orientation, gender reassignment or disability. We pay employees equally for the same or equivalent work, regardless of their sex or race (or any other characteristic set out above).

We deliver equal pay through a number of means but primarily through adopting nationally agreed terms and conditions for our workforce.

National NHS Agenda for Change Terms and Conditions of Service (AfC)

AfC is negotiated nationally by the NHS Staff Council, led by NHS Employers. The national NHS Staff Council has overall responsibility for the AfC pay system and has representatives from both employers and trade unions. AfC provides the framework for pay arrangements which are in place at EPUT.

Typically, AfC terms and conditions apply to nursing, allied health professionals and administration and clerical staff, which are the majority of the workforce.

Where appropriate, locally agreed policies may supplement AfC arrangements, such as:

- family friendly policies
- evaluating job roles and pay grades as necessary to ensure a fair structure
- starting salaries policy.

Medical and dental staff are employed on national Terms and Conditions of Service (TCS) and pay arrangements

These pay arrangements are negotiated nationally on behalf of employers by NHS Employers with the NHS trade unions. These terms and conditions include all consultants, medical and dental staff and doctors and dentists in training

Very senior managers (VSMs), Chairs and non-executive directors (NEDs)

As an NHS Foundation Trust, EPUT is free to determine its own rates of pay for its VSMs, Chairs and NEDs. VSMs include chief executives, executive directors and other senior managers with board level responsibility who report directly to the chief executive.

* Negative figures in the column ‘gender pay gap by pay band’ indicate a gender pay gap in favour of females.

What is the data telling us?

The Gender Pay Gap (GPG) report looks at the average and median rates of two key indicators:

- The GPG hourly rate pay gap for EPUT is **12.93%**, with **males receiving an average of £20.61ph** and **females receiving £17.24ph**. When comparing the median hourly rate this reduces to 7.31%. This is a reduction of 0.13% in the average percentage and the median has increased by 1.10% compared to 2022.

  This result means that **men on average are being paid 7.31% higher in the organisation than females.**

- The GPG **bonus pay gap for EPUT is 56.01%**, with **males receiving an average bonus pay of £9,449.11** compared to **£4,157.12 for females**. When comparing the median rate this increases to 66.84%. The average percentage has reduced by 3.49% and the median has reduced by 12.76% compared to 2022.

  This result means that **men are on average receiving a 66.64% increase on bonus pay than females** within the organisation.

- A total of **2.07% of males received a bonus compared to 0.36% of females** during the reporting period.

  Bonus payments include elements of doctors pay, this staff group have a higher number of male employees, therefore increasing the bonus pay gap in comparison to other staff groups within the trust. The bonus pay elements are as follows:

  - Clinical Excellence Awards
  - Discretionary Points
  - Performance Related Pay.

Positively, over the past fifteen years there has been significant growth in the percentage of women in medical roles, which should see the gender bonus pay gap diminish with time:

- **Female medical workforce** – **17.7% growth** from 31.2% in 2008 to 48.9% in 2023, although this is a reduction on the 2022 figure of 49.4%
- **Female medical consultants** – **13.0% growth** from 22.7% in 2008 to 35.6% in 2023, although this is a reduction on the 2022 figure of 36.1%.

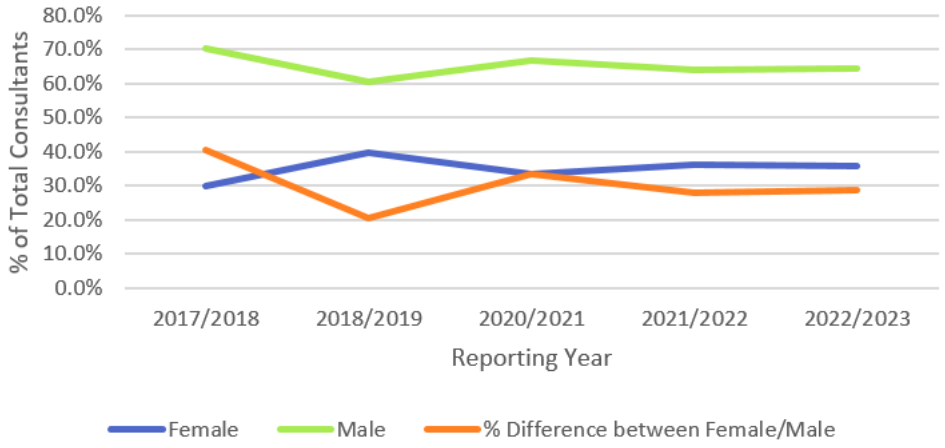
The current gender breakdown for our medical workforce is as follows.

Gender	Headcount	%
Female	149	48.9%
Male	156	51.1%
TOTAL	305	

Whilst there has been a growth in the female consultant medical workforce, the legacy of the CEA scheme means that there will continue to be a gender bonus pay gap because there are more male consultants than female consultants. The Trusts current medical consultant gender breakdown is detailed in the table below.

Year	Female Headcount	% of Total	Male Headcount	% of Total	% Difference between Female/Male
2021/2022	35	36.1%	62	63.9%	27.8%
2022/2023	36	35.6%	65	64.4%	28.8%

The chart below demonstrated the proportion of female and male consultants appointed by the Trust between 2017/18 to 2022/23:



*Due to Covid-19, enforcement for reporting was suspended entirely for the 2019/20 reporting year.

The CEA allocation for 1st April 2022 – 31st March 2023 by gender identifies that more males were allocated awards compared to females.

Gender	Headcount awarded CEA	%	Total % of consultant workforce
Female	10	22.7%	9.9%
Male	34	77.3%	33.7%
TOTAL	44		43.6%

EPUT's staff profile by gender and race

The table below is a new breakdown for 2023 as outlined in the NHS EDI Improvement Plan (High Impact Action 3) and shows the breakdown of staff in scope by gender and race for the reporting period 1 April 2022 - 31st March 2023.

Gender	BME	% BME	White	% White	Not Stated	% Not Stated
Female	1,413	25.93%	3,888	71.34%	149	2.73%
Male	766	47.61%	791	49.16%	52	3.23%
TOTAL	**2,179**	**30.87%**	**4,679**	**66.28%**	**201**	**2.85%**

The table below is a breakdown of pay grades by race:

AfC Pay Band	BME	% BME	White	% White	Not Stated	% Not Stated	Total in Pay band
Band 2	68	17.00%	313	78.25%	19	4.75%	400
Band 3	857	41.60%	1,170	56.80%	33	1.60%	2,060
Band 4	159	16.79%	739	78.04%	49	5.17%	947
Band 5	342	40.14%	481	56.46%	29	3.40%	852
Band 6	325	26.77%	868	71.50%	21	1.73%	1,214
Band 7	155	20.05%	601	77.75%	17	2.20%	773
Band 8 - Range A	52	18.44%	227	80.50%	3	1.06%	282
Band 8 - Range B	29	20.86%	109	78.42%	1	0.72%	139
Band 8 - Range C	7	13.21%	45	84.91%	1	1.89%	53
Band 8 - Range D	7	19.44%	28	77.78%	1	2.78%	36
Band 9	0	0.00%	7	100.00%	0	0.00%	7
Board Director/VSM	5	41.67%	6	50.00%	1	8.33%	12
Medical	170	66.15%	62	24.12%	25	9.73%	257
Other	3	11.11%	23	85.19%	1	3.70%	27
Total	**2,179**	**30.87%**	**4,679**	**66.28%**	**201**	**2.85%**	**7,059**

The data in the table above demonstrates:

- A large proportion of the total BME workforce are paid at Band 3 (857)
- BME staff representation consistently decreases from Band 5 to Band 9
- There are no BME staff in a Band 9 role
- There is a greater proportion of BME medical staff compared with white medical staff (66.15% vs. 24.12%).

The table below shows the bonus payments broken down by gender and race as of 31st March 2023 for medical staff.

Gender	BME	% BME	White	% White	Not Stated	% Not Stated
Female	13	56.52%	10	43.48%	0	0.00%
Male	27	69.23%	11	28.21%	1	2.56%
TOTAL	**40**	**64.52%**	**21**	**33.87%**	**1**	**1.61%**

The national picture

Note: due to reporting timeframes the national picture data is based on the previous reporting year 2022-2023.

The gender pay gap for workers is in favour of men for the majority of occupations; however, occupational crowding has an effect since those occupations with the smallest gender pay gap have almost equal employment shares between men and women.

It is also important to note that men and women have different personal and job characteristics, which ultimately impact their respective pay.

Across the UK, men earned on average 14.3% more than women in 2023, according to the Office of National Statistics, meaning that EPUT's gender pay gap is below the national average.

Below is a comparison table of how EPUT's gender pay gap sits in comparison to local neighbouring NHS organisations on the gov.uk website.

Organisation	Mean hourly rate 2022/23	Median hourly rate 2022/23
Hertfordshire Partnership University NHS Foundation Trust (HPFT)	8.9% lower than men's	-0.3% lower than men's
East London NHS Foundation Trust (ELFT)	11% lower than men's	4.2% lower than men's
EPUT	13.1% lower than men's	6.2% lower than men's
Norfolk And Suffolk NHS Foundation Trust	14.4% lower than men's	7.7% lower than men's
North East London NHS Foundation Trust (NELFT)	15.5% lower than men's	11% lower than men's
Mid and South Essex NHS Foundation Trust (MSEFT)	27.4% lower than men's	13.8% lower than men's
The Princess Alexandra Hospital NHS Trust	24% lower than men's	16% lower than men's
PROVIDE	20.8% lower than men's	20.6% lower than men's

Sample comparison data with neighbouring Trusts tells us:

- EPUT is performing well in comparison with neighbouring providers
- EPUT is a top performing NHS Provider in Mid & South Essex ICS (EPUT, MSEFT, NELFT, Provide).

As part of our action plan, we will be reaching out to HPFT and ELFT to share best practice and to learn what steps they have taken to reduce their gender pay gap.

EPUT's progress

On comparison to EPUT's gender pay gap for the year 2017, we have seen a reduction of 3.9% over the six years to 2023.

Following the year-on-year reductions in the mean gender pay gap between 2017 and 2021 we did see an increase to 13% in 2022. However, 2023 has seen a small reduction to 12.93%. A full comparison can be found within the table below:

		2017	2018	2019	2020	2021	2022	2023
1.	The mean gender pay gap for EPUT	16.9%	15.9%	15.9%	14.3%	11.9%	13%	12.93%
2.	The median gender pay gap for EPUT	7.5%	7.4%	8.9%	8.1%	6.5%	6.2%	7.31%
3.	The mean gender bonus gap for EPUT	34.4%	31.2%	25.2%	33.6%	47%	59.5%	56.01%
4.	The median gender bonus* gap for EPUT	50.3%	51.7%	45%	30.8%	75%	79.6%	66.84%

When comparing EPUT's gender pay gap nationally, EPUT is below the national average of 14.9%.

The Trust recognises that it has further work to do in positively impacting the gender pay gap position, particularly amongst the medical workforce and application for CEA awards. The Gender Equality Network will drive improvements to the gender and race pay gap as well as broader gender equality within the Trust. Further details can be found in the attached appendix.

Marcus Riddell
Interim Chief People Officer

11 March 2024

APPENDIX: GENDER PAY GAP ACTION PLAN 2024-2025

This action plan is built upon our ED&I Strategy, the NHS ED&I Improvement Plan and the Mend the Gap review. Each action will be developed into a delivery plan and monitored throughout the year, with outcomes and delivery metrics.

High Impact Action	Progress to date	Next Steps	Timescale

Promoting a flexible working culture	• Implemented a policy that ensures all staff have a right to request flexible working.
	
	• Regularly promoted flexible working to all staff in the Trust – these include promotion through:
	  • internal communications
	  • recruitment campaigns
	  • Employee Experience Managers
	  • Engagement Champion events
	  • international recruitment on boarding sessions
	
	• Reviewed and reported grievances including concerns relating to flexible working requests, broken down by gender and race, with appropriate action taken.
		Include flexible working awareness sessions in health and wellbeing events to address cultural barriers associated with flexible working to help with reducing the pay gap.
		
		Work with managers to understand what additional guidance would help them to support their staff in seeking and securing flexible working arrangements
			May 2024

Embedding fair and inclusive recruitment processes and talent management strategies that target under-representation and lack of diversity	• Successfully launched a recruitment de-bias toolkit and an inclusion ambassadors scheme to ensure a fair and inclusive recruitment process. • Ensured that wherever practicable, all applicants who meet the essential criteria were shortlisted for interview • Minimised the use of local pay agreements by increasing the recruitment of senior managers on the Agenda for Change (AfC) Band 9 scale, instead of appointing managers where pay is agreed at a local level. • Separated medical staffing data from other groups in the gender pay gap report, to better understand pay gaps specific to doctors and consultants.	Report very senior manager (VSM) pay data separately to other professional groups in future Trust pay gap reports.	March 2025
		Report the gender and race balance of candidates shortlisted following a job application. Data to also include a breakdown down by disability.	March 2025
		Promote career development programmes to medical staff, with the aim of increasing the appointment of a senior workforce which is diverse, representative of the workforce, including those with protected characteristics.	January 2025
		Through the Gender Equality Network, utilise data from a range of listening tools to inform key stakeholders of barriers staff face, and how these may contribute towards pay gaps based on gender, race and disability.	June 2024

	• Reported, monitored and published the gender balance of those who have been appointed to work at the Trust.
	
	• Facilitated, promoted and monitored career development programmes:
	  • Management Development Programme
	  • Leadership Development Programme
	  • RISE Programme
	  • Edward Jenner Programme
	  • Mary Seacole Programme
	  • Elizabeth Garett Anderson Programme.
	
	• Facilitated career development conversations with staff, informing them of relevant opportunities to develop within the Trust.
		Establish a Gender Equality Network, working in partnership with the Ethnic Minority and Race Equality Network and staff to:
		• address the gender and race pay gap
		• explore opportunities to support equity between men and women being represented in leadership roles
		• connect staff and promote gender and race equality across the Trust.
			Starting March 2024

Promoting behaviour and cultural change	• Reviewed and updated the whistleblowing policy to comply with the mandate for all NHS organisations to implement the NHS England National Freedom to Speak Up Policy. • Conducted in-person and virtual focus sessions to promote the Trust's zero-tolerance approach to poor and/or abusive behaviour. In addition, promoted channels available to staff for reporting incidents, and how to do so anonymously. • Embedded the 'no space for abuse' campaign, alongside sexual safety training. • Reviewed and updated the Equality, Diversity and Inclusion (ED&I) training, which now includes an 'active bystander module'. • Implemented a 'fair and just culture' which is reflected in all policies and procedures, ensuring best practice in supporting staff experience.	Promote wellbeing at work and related initiatives through health and wellbeing events, including underrepresented roles such as medical staff and senior managers. Facilitate health and wellbeing initiatives which promote behaviour and cultural change. These initiatives will align to the NHS Health and Wellbeing Framework.	Starting May 2024

Clinical Excellence Awards (CEA) and performance payments	• Monitored applications and ensured that both men and women had equal opportunity to apply for local and national awards. • Reported on those in receipt of CEA in the gender pay gap report.	Report on the numbers of men and women eligible for awards, as defined by the Advisory Committee on Clinical Excellence Awards (ACCEA). Data to also include race and disability.	March 2025
		Providing that CEA funding continues, review the way in which CEA is rewarded to ensure that it is done in a way that avoids discrimination.	March 2025

7.4.4 EQUALITY DELIVERY SYSTEM

Decision Item | Marcus Riddell | 5

REFERENCES

Only PDFs are attached

Equality Delivery System 2023_24.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	**Equality Delivery System (EDS) 2023 - 2024**					
Executive/ Non-Executive Lead:	Marcus Riddell, (Interim) Chief People Officer Zephan Trent, Executive Director of Strategy, Transformation and Digital					
Report Author(s):	Lorraine Hammond, Director of Employee Experience Gary Brisco, Equality Advisor Matt Sisto, Director of Patient Experience Amy Poole, Patient Experience Manager					
Report discussed previously at:						
Level of Assurance:	**Level 1**	**X**	**Level 2**		**Level 3**	

Risk Assessment of Report			
Summary of risks highlighted in this report			
Which of the Strategic risk(s) does this report relates to:	SR1 Safety		
	SR2 People (workforce)		X
	SR3 Finance and Resources Infrastructure		
	SR4 Demand/ Capacity		
	SR5 Lampard Inquiry		
	SR6 Cyber Attack		
	SR7 Capital		
	SR8 Use of Resources		
	SR9 Digital		
Does this report mitigate the Strategic risk(s)?	Yes/ No		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	Yes/ No		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.			
Describe what measures will you use to monitor mitigation of the risk			
Are you requesting approval of financial / other resources within the paper?	Yes/No		
If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

Purpose of the Report		
This report provides the Board of Directors: • Oversight of the Equality Delivery System (EDS) Report for 2024 • A summary of actions from the previous EDS (2022-23) • Actions for 2024 developed using stakeholder feedback	**Approval**	X
	Discussion	
	Information	

Recommendations/Action Required

The Board of Directors are required to:

- Receive the Equality Delivery System Template for 2023 – 2024. This Paper has already been approved by the Chair through delegated authority as part of Mid and South Essex Integrated Care System overall Equality Delivery System submission (published by 29 February 2024).

Summary of Key Issues

- The EDS was commissioned by the NHS Equality and Diversity Council and is a mandatory requirement designed to embed equality within the current and future NHS, with the intention to support NHS organisations deliver better outcomes for their patients, carers, communities and staff.
- The EDS asks NHS Trusts to compile evidence of Workforce EDI, Wellbeing and Patient Access across three “Domains” in accordance with the guidance from NHS England.
- This evidence is presented to three groups of stakeholder volunteers, who provide their suggestions as well as their assessment of performance across the three domains. Scores are compiled and lead to an overall grade.
- We as a Trust have seen an improvement in scores for two of these domains, and consistency on the third. This has improved the EDS overall score for EPUT from ‘Developing’ to ‘Achieving’
- Feedback from our stakeholders has been developed into Action Plans for the Trust, which will incorporated into our wider People and Education Strategy as well as the NHS EDI Improvement Plan.
- This report and template will be published on our website and submitted to our system partners following approval.

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

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

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

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

Acronyms/Terms Used in the Report			
EDS	Equality Delivery System 2022	**MSE**	Mid and South Essex
ICS	Integrated Care System	**PSED**	Public Sector Equality Duty
EDI	Equality, Diversity and Inclusion	**COPD**	Chronic Obstructive Pulmonary Disease
VSM	Very Senior Management	**HIA**	High Impact Actions (NHS EDI Improvement Plan)
WRES	Workforce Race Equality Standard	**WDES**	Workforce Disability Equality Standard
AIS	Accessible Information Standard	**ACT**	Acceptance and Commitment Therapy
VAPR	Violence & Abuse Prevention and Reduction	**ARS**	Anti-Racism Strategy
BME	Black, Asian and Minority Ethnicity	**HR**	Human Resources
DATIX	Online incident reporting software for risk management.	**SRO**	Senior Responsible Officer
LGBTQ+ / LGBT	Lesbian, Gay, Bi, Trans and other sexual orientation / gender identity groups	**BAF**	Board Assurance Framework
ESR	Electronic Staff Record	**NQPS**	National Quarterly Pulse Survey
UCRT	Urgent Community Response Team	**GP**	General Practitioner
AP	Associate Practitioner	**ECP**	Enhanced Clinical Practitioner
NDTMS	National Drug Treatment Monitoring System	**PPC**	Prescription Prepayment Certificate
LEA	Learning Environment Audit	**COWS**	Clinical Opiate Withdrawal Scale
PECC	People, Equality and Culture Committee	**CQC**	Care Quality Commission
VSCE	Voluntary, Community and Social Enterprise	**PCREF**	Patient and Carer Race Equality Framework
TTC	Time to Care	**iWGC**	"I want great care" reporting software
LCP	Local Community Partnership	**DASS**	Dementia Assessment and Support Service

Supporting Reports/ Appendices /or further reading

Appendix A: EPUT EDS Template for Submission

Further Reading:

- EPUT WRES and WDES Data and Action Plans 2023
- EPUT Public Sector Equality Duty (PSED) Report
- NHS EDI Improvement Plan (Link)

Lead

Marcus Riddell
Interim Chief People Officer

EQUALITY DELIVERY SYSTEM 2023 – 2024

1 EXECUTIVE SUMMARY

This report provides the Board of Directors:

- A summary of actions from the previous Equality Delivery System (EDS 2022-23)
- Oversight of the EDS Report for 2023-2024
- Actions for 2024, which have been developed using stakeholder feedback.

The purpose of the EDS is to help local NHS systems and organisations to review and improve their performance for people with characteristics protected by the Equality Act (2010). This report evidences EPUT's implementation of equality, inclusion and wellbeing initiatives and projects throughout the year. This is graded by EPUT stakeholders, both those using our services and from within our workforce. The feedback from engaging with stakeholders informs the actions proposed as part of the action plan in Appendix A and EPUT's wider equality and inclusion strategy in line with the Public Sector Equality Duty (2010).

We as a Trust have seen an improved EDS overall score for EPUT, from "Developing" to "Achieving". Feedback from our stakeholders has been developed into Action Plans for the Trust, which will be part of our wider People and Education Strategy and inform our actions for the NHS EDI Improvement Plan in 2024.

Following approval, this will be submitted to Mid and South Essex (MSE) Integrated Care System (ICS), to develop a wider system plan and published on 29 February 2024.

2 BACKGROUND

The Equality Delivery System (EDS) is a tool designed by NHS England to support the NHS in making improvements on equality, diversity, wellbeing and inclusion for the benefit of patients and staff. In addition, it responds to individuals and groups protected by the Equality Act 2010 and supports our organisation in meeting our Public Sector Equality Duties. It focuses on two areas, 'commissioned' or 'provided services', and workforce health and wellbeing. Whilst this framework is referred to as "EDS2022" based on the last date of revision, this will be referred to as 'EDS' in this report to clearly show this report is for our progress in 2023.

Completion of the EDS is a requirement for NHS provider organisations. The EDS is included in the NHS standard contract and organisations use the summary report template (Appendix A) to produce and publish a summary of their equality and inclusion implementation. This process involves the collection of evidence since the submission of the previous report on our progress (implementing and embedding equality, inclusion and wellbeing in EPUT). This evidence is then presented to stakeholder volunteers for scoring, and takes place across three domains:

- **Domain One: Commissioned or Provided Services** Led by the Patient Experience Team and graded by patient, carers and volunteers.
- **Domain Two: Workforce Health and Wellbeing** Led by the Employee Experience Team and graded by staff volunteers.
- **Domain Three: Inclusive Leadership** Led by the Employee Experience Team and graded by an independent evaluator, peer reviewer and Trade Union representative.

All three domains are graded as *(from lowest to highest grade with score) Undeveloped (0), Developing (1), Achieving (2)* or *Excelling (3)*. In our previous report (2022-2023), EPUT was graded as '*Developing' (19/33 overall score) by* stakeholders.

The template also contains a summary of the actions agreed from the previous year and the steps taken to complete them, as well as new proposed actions for 2023 – 2024 based on stakeholder feedback from this exercise.

3 ACTIONS FROM EDS 2022 - 2023

EPUT successfully completed all actions from the previous EDS report (2022-2023) across the three domains. A full breakdown of each action and activity is available in Appendix A. Below are key highlights:

Domain One: Commissioned or Provided Services

- An Accessible Information Standard (AIS) champion has been identified, attending the People Participation Committee and contributing to increasing work streams across the Trust.
- The Patient Experience Team continue to contribute to the Time to Care (TTC) programme. A Co-Production Lead role has been allocated with a reporting responsibility to TTC steering group each month.
- "I Want Great Care" (iWGC) reviews continue to increase following creation of iWGC reporting and training manager role; giving patients, families and carers increasing opportunity to reflect on and report whether their health needs have been met.
- Patient Safety Partner role continues to develop in EPUT. Utilisation, purpose and practice of role has increased as has the amount of individuals undertaking the role.
- iWGC reporting and training manager attends each LCP meeting, reporting each month on learnings/ next steps from patient reviews and serious incidents. EDS agenda was built into the "I want Great Care" reporting and training manager role.
- "You said, We did" campaign promotions have been redesigned.

Domain Two: Workforce Health and Wellbeing

- BME staff are part of the disciplinary decision process which aims to support a consistent, constructive and fair evaluation of the actions of staff involved in patient safety incidents.
- Behaviour Framework launched in April 2023, showing EPUT's commitment to challenging poor behaviour and discrimination whilst encouraging positive behaviours in the Trust.
- Implementation of "No Space for Abuse" campaign and debriefing process in DATIX reporting to ensure staff in our frontline services are supported in incidents of discriminatory behaviour and abuse (including racial and disability).
- "You asked, we delivered" campaign aligned to NHS People Promise to promote the positive changes that have been put in place as a response to Staff Survey and Quarterly Pulse Survey scores.

Domain Three: Inclusive Leadership

- Introduction of Executive Sponsors for Staff Networks, championing and supporting to drive the agenda of our Staff Equality Networks in the Trust.

- Delivered to Board and Executive engagement sessions highlighting key priorities and encouraging a commitment for EDI to be driven at Board level.

- Developing a digital Equality Impact Assessment within the Trust in collaboration with our Mid and South Essex ICS system partners to ensure this will be an integral part of strategies and new projects.

- EDI Board session, in which Executive Team demonstrated their commitment to the EDI agenda and recognised this as a priority for the Trust and receiving Transformation Team support.

4 EPUT EDS PERFORMANCE 2023

Stakeholders grade each domain's outcome as either "undeveloped", "developing", "achieving" or "excelling" based on technical guidance and criteria provided by NHS England. The average score from respondents is then used to calculate a final grade for each outcome and the overall EDS. Following the submission of evidence (Appendix A) to the three stakeholder cohorts, each group was encouraged to provide their grading as well as any potential improvements they would like to see within the organisation:

Domain one *(Commissioned or Provided Services)* was provided by the Patient Experience Team on January 4th 2024 with an online survey.

- Two presentations (one for Urgent Community Response Team and one for the inpatient detox service) were developed with assistance from the Patient Experience Team were sent to patient stakeholders via the Lived Experience Ambassador and the Volunteering mailing lists (Approx. 250 people).

- Once individuals had reviewed both presentations, they were directed to complete an anonymous online survey where they then provided overall grades based on evidence within both presentations.

- The overall grading for Domain 1 was "achieving". This presents an improvement for commissioned or provided services in section 1A since 2022.

Domain Two (*Workforce Health and Wellbeing*) was a session provided by the Employee Experience Team on December 5th 2023.

- An all-staff invitation (promoted via intranet and staff networks) invited employees to an online session where evidence for Domain 2 was presented alongside a general update of the EDI achievements for the Trust.

- 71 staff members attended this session and an anonymous online survey was sent to all attendees as well as a copy of the evidence and EDS guidance for scoring. Stakeholder grading was that EPUT was still seen as "achieving" in Domain 2

Domain Three (*Inclusive Leadership*) was graded independently by two stakeholders; EPUT's Staff side Chair and an independent adjudicator (Princess Alexandra Hospital's Head of EDI within learning and organisational development.)

- EPUT's Equality Advisor facilitated the process, providing feedback for PAH in return as well as providing additional evidence for EPUT's Staff side Chair to help inform their decision.

- The grading for domain 3 was "achieving", an improvement on last year.

- It is of note that the independent adjudicator provided praise for EPUT's work and stated that Domains 3A and 3B were close to achieving the excelling grade if improvements continued.

	Outcome	2022 EDS Grading	2023 EDS Grading
Domain 1	**1A:** Patients (service users) have required levels of access to the service.	Developing (1)	**Achieving (2)**
	1B: Individual patients (service users) health needs are met.	Achieving (2)	**Achieving (2)**
	1C: When patients (service users) use the service, they are free from harm.	Achieving (2)	**Achieving (2)**
	1D: Patients (service users) report positive experiences of the service.	Achieving (2)	**Achieving (2)**
Domain 2	**2A:** When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions.	Achieving (2)	**Achieving (2)**
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source.	Achieving (2)	**Achieving (2)**
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source.	Achieving (2)	**Achieving (2)**
	2D: Staff recommend the organisation as a place to work and receive treatment.	Achieving (2)	**Achieving (2)**
Domain 3	**3A:** Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities.	Developing (1)	**Achieving (2)**
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed.	Underdeveloped (1)	**Achieving (2)**
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients.	Underdeveloped (1)	**Achieving (2)**
	Overall Grade	Developing 19/33	**Achieving 22/33**

Scoring Key *(Further Detail in Appendix A)*

Each Domain:	**Overall**
Undeveloped (Score 0)	Score under 8: **Undeveloped**
Developing (Score 1)	Score between 8 and 21: **Developing**
Achieving (Score 2)	Score between 22 and 32, **Achieving**
Excelling (Score 3)	Score of 33:**Excelling**

5 CONCLUSION

In conclusion, EPUT has seen an improvement in both Domain 1 and Domain 3 whilst Domain 2 remains consistent. All three of these are encouraging as it shows a positive perception of our services from both an internal perspective within our workforce and an external perspective from our patients and independent adjudicators. This has also taken us from an overall score of 19 to 22, giving us an improved grade of “achieving”

It is positive to see a significant improvement in Domain 3. Increased visibility from our leadership team, including Executive Sponsors for Staff Networks and Senior Leaders being guest speakers and opening inclusion events, is having a positive impact on the commitment of inclusive leadership in EPUT.

6 NEXT STEPS

The EDS Action Plan has been developed based on these scores and stakeholder feedback when asked, *"What improvements would you like to see in EPUT*?"

These will also influence our wider EDI, Health Inequalities and Wellbeing work within the Trust in 2024-25 and Action Plans in the reporting template (Appendix A). Summaries of key findings from this feedback have been provided below:

Domain 1 – EPUT Service User feedback:

- Availability of services and access information need to be made more visible to general public.
- Care plans should be regularly reviewed to ensure needs are consistently being met.

Domain 2 – EPUT Staff Stakeholder feedback:

- Little evidence of support for staff health (in particular physical health such as obesity or asthma) in the workplace. Interventions or support for physical and mental health needs to be sought out independently by staff affected, which can be difficult for those experiencing it.
- Disability support needs a fairer provision across services (*reasonable adjustments, access to work*), as it can feel dependent on a person's manager or team.
- Improved training for managers required, with requests for subjects such as racial bias for recruiting managers, accommodating staff with disabilities, and how managers can actively foster inclusion and staff wellbeing in their teams.
- Interventions for staff experiencing discriminatory behaviour and/or verbal and physical aggression is positive, but stakeholders feel this is just the beginning and that more is required to feel supported in the workplace.
- The Trust needs to be clearer on the consequences for staff exhibiting this behaviour.

Domain 3 – Independent Adjudicator feedback (EDI Lead from Princess Alexandra Hospital and EPUT's Staff side Chair):

- EPUT is working hard to embed EDI principles into everyday leadership and this is supported by the demonstrable commitment of board leaders to make improvements.
- The Trust could move to an Excelling grade in future if they are able to evidence more work addressing Health Inequalities in the local community.
- An impressive level of EDI and Wellbeing events marked by the Trust.
- BME staff risk assessments should still be taking place as part of the EDS was in reaction to COVID guidance.
- The Trust has a good structure in place to report on EDI matters. EPUT has made great strides in this area.

- There is evidence of levers in place to manage performance and monitor progress, particularly through the Equality and Inclusion Committee and the examination and actions arising from WRES, WDES, EDS and Pay Gap reporting. These reports are of a high quality.

7 ACTION REQUIRED

The Board of Directors are required to:

- Receive the Equality Delivery System Template for 2023 – 2024. Noting that the submission (published 29 February 2024) has already been approved through the Board by delegated authority as part of Mid and South Essex Integrated Care System overall submission.

Marcus Riddell
(Interim) Chief People Officer

APPENDIX A: NHS Equality Delivery System (EDS) Template for Submission.

EDS Lead	**Lorraine Hammond (Director of Employee Experience)**	**At what level has this been completed?**	
		List organisations	
EDS engagement date(s)	• **Domain 1)** Patient and Carer Stakeholder Session held on Friday 12th January 2024 • **(Domain 2)** Staff Stakeholder Session held on Monday 5th December 2023 • **(Domain 3)** Representatives graded digitally on w/c Monday 8th January 2024	**Individual organisation**	After completion by EPUT, this will be shared with Mid and South Essex Integrated Care System to incorporate into their wider EDS.
Partnership* (two or more organisations)		This data will be submitted to MSE ICS for collation into a regional version incorporating submissions from collaborative partners.	
Integrated Care System-wide*			

Date completed	17/01/2024	**Month and year published**	29th February 2024
Date authorised	TBC	**Revision date**	October 2024

Completed actions from previous year (2022 - 2023)
1A: Patients (service users) have required levels of access to the service ***1.*** *Continue to promote Accessible Information Standard (AIS) in EPUT.* ***2.*** *Feature AIS as part of EPUT Patient Experience training to support access.* • Accessible Information Standard has been built in to Welcome pack inpatient ward blueprint templates • AIS champion identified among pool of LEA's. Champion attends People Participation Committee ensuring AIS is standing agenda item on PPC. AIS is being utilised in increasing work streams including the neurodiversity network and coproduction champion network. • iWGC reporting and training manager working with information governance and systems team to understand how patient management systems preference for communication can be included on standard letter templates for the Trust. • As actions throughout the past year have developed, a single patient experience training was considered, however it was felt that a more appropriate action for awareness was to create a Trust wide Lived Experience practice framework. This is in development and will help structure advice and

Completed actions from previous year (2022 - 2023)

guidance from the Quality of Care strategy; of which one of the three core components is Experience. AIS is included within Lived Experience Practice framework. This will ensure that AIS is utilised as part of the entire delivery of lived experience within the trust

1B: Individual patients (service users) health needs are met

1. *Support and contribute in the implementation of "Time to Care" program (both EDI and Patient Experience Teams)*

- The Patient Experience Team continue to support contribute to the Time to Care (TTC) programme. A Co-Production Lead role has been allocated with a shared reporting responsibility on status and benefits of lived experience to the organisational steering group.
- TTC coproduction lead has created involvement group made up of people with Lived Experience. Members of the involvement group have visited wards to ask patients original baseline TTC questions including ideas to improve patient care in services and recognising protected characteristics in patient care
- Coproduction lead has been working closely with the Director of Nursing, Infection prevention and control to ensure that themes and trends from involvement group such as staff development and retention is built into Quality of Care strategy.
- iWGC reviews continue to increase following creation of iWGC reporting and training manager role; giving patients, families and carers increasing opportunity to report whether their health needs have been met.
- TTC coproduction lead has been working with freedom to speak up guardian to understand barriers in raising issues
- TTC coproduction lead is currently receiving Peer Support Worker training and has contributed to discussions and rating of need of new roles within EPUT.

1C: When patients (service users) use the service, they are free from harm

1. *Share learnings / next steps taken from serious incidents with patients, families and carers.*

- Patient Safety Partner role continues to develop in EPUT. Utilisation, purpose and practice of role has increased as has the amount of individuals undertaking the role.
- Patient Experience Team now provide quarterly reports to each care unit, reporting on lessons identified, best practice and themes and trends from any incidences of harm.
- iWGC reporting and training manager attends each LCP meeting, reporting each month on learning/ next steps from serious incidents and iWGC reviews.
- Amount of managers signed up to the iWGC reporting interface has significantly increased. This allows managers to be notified when concerns are raised regarding their service; allowing for quicker identification of patient issues with care to enable improvements to be made.
- iWGC reporting and training manager has also attended care opinion training to understand the best way to respond to patient/family and carer reviews. Next steps and learnings are publically shared in response to reviews.
- EDS agenda was built into the "I want Great Care" reporting and training manager role

Completed actions from previous year (2022 - 2023)

1D: Patients (service users) report positive experiences of the service

2022 Actions

1. *Share themes and trends from data with patients, carers and family through "you said we did" promotions.*

- "You said, We did" promotions have been redesigned to ensure examples of best practice that have been identified are shared and can be replicated. Patient Experience team reviewing "You said, We did" submissions with lived experience ambassadors to ensure truly meaningful submissions. For example, "you said inpatient ward food is not up to standard" "we included lived experience ambassadors in the food tasting and assessments of acquiring a new meals contract"

2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions

1. *Utilise wellbeing feedback to review Trust resources, identify gaps and encourage promotion of existing offer.*

- Feedback from staff through surveys and qualitative data is being reviewed to improve the wellbeing offer to staff. This will include a wellbeing roadshow where we can engage with staff across the Trust on wellbeing topics that matter to them. There is a well-developed Health and Wellbeing Toolkit available to both managers and staff, which signposts colleagues to resources and support. The toolkit is aligned to the seven domains of the NHS England Health and Wellbeing Framework.
- Mental health support is available in the forms of support available via Here for You, Help Employee Assistance Programme and Acceptance and Commitment Therapy (ACT) training and Mental Health First Aid trainers.
- Support managing obesity is available through the digital weight management programme, where NHS staff can register and sign up via a self-referral site. The toolkit also includes the Better Health NHS resource, which guides colleagues towards increasing activity and healthy lifestyle choices.
- Menopause / Andropause support sessions available through collaborative work with MSE ICS.

2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source

1. *Continue anti-bullying and harassment work alongside our Violence and Abuse Prevention and Reduction (VAPR) team.*
2. *Embed the 'Just Culture - Civility and Respect' principles across the Trust.*
3. *Implement the Anti-Racist Strategy (ARS) and principles across the Trust.*

- Below is an account of our proactive approach we have taken based on staff feedback from 2022 stakeholder sessions as well as Workforce Race Equality Standard results and our commitment to the East of England Anti-Racism Strategy:
    - Implemented a *"No Space for Abuse"* campaign, in collaboration with Essex Police, which included posters, live briefings, newsletters, attending meetings and hosting workshops for staff across the Trust to improve the culture in our working environment. We have continued throughout this year to support staff by encouraging them to challenge and report discriminatory behaviour.

Completed actions from previous year (2022 - 2023)

- EPUT signed up to the Unison Anti-Racism Charter and have fulfilled 95% of the pledges, which include reviewing recruitment processes to identify racial bias. –We have launched the De-Bias Recruitment Toolkit which supports hiring managers and our recruitment team to recruit more inclusively
- EPUT has implemented a *Just Culture*, which aims to create a consistent culture across the organisation with justice and compassion at its heart. It also encourage staff psychological safety in raising concerns and ensuring that Employee Relations disciplinary investigations are fair and inclusive. Inclusion Ambassadors review anonymised accounts of recommendations of disciplinary for staff from Black, Asian or minority ethnicity (BME) communities to ensure that this investigation is fair and inclusive. This is known as the disciplinary decision making tool.

- EPUT has launched a Behavioural Framework in April 2023, which outlines the expected behaviours from staff within the Trust speaking up against racial abuse and other forms of discrimination. This is also reflected in our training and People and Education Strategy. The Organisation Development Team, with the support of the Employee Experience Team, have been working to promote this across the Trust through away days and other channels, and there is activity planned to embed it further. We will be introducing a Leadership Behaviour Toolkit which aims to support leaders across the Trust with the skills to create an inclusive culture where trust and conflict management are resolved locally
- Behaviour Framework and inclusive behaviours is now part of our Leadership and Management Development Programmes, educating staff on how to challenge discriminatory behaviour, bullying, harassment and abuse.

2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source

1. *Ensure that racial incidents reported via DATIX system lead to a debrief and wellbeing check from line manager or supervisor.*
2. *Analyse this ongoing data for trends to identify and address hotspot areas.*

- Our Employee Safety Programme Lead and Violence Abuse Prevention and Reduction Team continue to embed the ‘debrief process’ and have supported staff that have been impacted by behaviours from patients, such as abuse, racial abuse and violence, support includes facilitating reporting incidents to the police as well as supporting managers to debrief the staff who raise this via DATIX.
- Employee Experience Team and HR Business Partners are increasing their visibility and are available when discrimination or wellbeing concerns are raised.
- Principal Freedom to Speak up Guardian hosted “Speak Up, Listen Up, Follow Up – Freedom to Speak up Month” in October, which included facilitating listening events for managers to help remove barriers in reporting incidents. Managers were encouraged to discuss with their staff during handover or during supervision sessions speaking up and the barriers to doing so. Further events were held during November and December to discuss the barriers to listening up and following up.
- Guidance and support is provided as part of EPUT induction process, on how to address bullying, harassment, abuse or discriminatory behaviour from patients, carers and staff, how to report it and how to receive support.

Completed actions from previous year (2022 - 2023)
• EPUT EDI Training Hub contains multiple resources accessible by staff, signposting them to wellbeing and support in the Trust as well as promoting inclusive behaviours. **2D: Staff recommend the organisation as a place to work and receive treatment** ***1.*** *Continue "You Asked, We Listened" campaign, showing Staff Survey feedback and EPUT responses / projects developed based on this feedback.* ***2.*** *Publish National Quarterly Pulse Survey data and share with staff.* • Throughout 2023, EPUT's Staff Engagement Team have regularly shared staff survey scores, our *"You asked, we Delivered"* campaign, aligned to NHS People Promise and regularly presented through Trust communications on topics including "raising concerns", "inclusive working environment" and "wellbeing". • Pulse survey and Staff Survey data available and shared with EPUT staff, available on staff intranet. • As part of 2022 Staff Survey, staff were asked if they would recommend the organisation as a place to work (Q23c). 62.4% selected Agree or Strongly Agree. When asked if they would recommend the organisation as a place to receive treatment (Q23d). 57.5% selected Agree or Strongly Agree.

3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
Actions
1. *Implement Executive Team sponsors for Staff Equality Networks, to ensure they are working close with EDI projects and demonstrating commitment and support.*
2. *Increase promotion of EDI actions from Board and system leaders, sharing progress and successes in 2023, facilitated by the Communications Team.*
• Executive Sponsors were introduced for EPUT Staff Networks within the Trust to support the Chairs, be an ally challenging any misinformation and proactively raise awareness of the network
  ○ EMREN Network – *Paul Scott (Chief Executive Officer) and Zephan Trent (Executive Director of Strategy, Transformation and Digital)*
  ○ Disability and Mental Health Network – *Alex Green (Executive Chief Operating Officer) and Trevor Smith (Executive Chief Finance Officer)*
  ○ Gender Equality Network – *Nigel Leonard (Executive Director of Corporate Governance & Strategy)*
  ○ Faith and Spirituality – *Milind Karale (Executive Medical Director)*
  ○ *LGBTQ+ - TBC*
• Executive Sponsors work together with Staff Networks and are guest speakers at Trust EDI events and regularly provide statements to show support.

Completed actions from previous year (2022 - 2023)

- The Director of Employee Experience is the Senior Responsible Officer (SRO) for Inclusion in both Mid and South Essex and Hertfordshire and West Essex Integrated Care Systems and sits on the People Board promoting ED&I issues, initiatives and updates on progress as well as hosting ED&I related events.
- SRO Led an ED&I Board Seminar session where the Board pledged their commitment to driving the EDI agenda. The Transformation Team will support with the delivery and implementation through programme support.
- The Communications Team have designated an EDI communications lead for promoting projects and facilitating events developed by our Staff Networks, including Black History Month, South Asian Heritage Month, LGBTQ+ Pride Month, LGBT History Month and Disability History Month, as well as smaller events throughout the year including transgender day of remembrance and International day of Disabled Persons.

3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed

Actions

1. *Organisational Executive Leaders to have EDI objectives in annual appraisal.*
2. *Review Board Papers to ensure clearance process for board papers has includes a point for inequalities to be considered and amendments made as required*

- As part of NHS EDI Improvement Plan, Director of Employee Experience is supporting the Executive Team to develop their EDI objectives for which will be in place by 31 March 2024.
- WRES, WDES, PSED and EDS Action Plans all submitted to the Executive Team and People Equality and Culture Committee for approval and assurance.
- Equality and Inclusion discussion has been part of the recorded minutes of all six Public Board of Directors meeting papers in 2022 – 2023, with "*Reflection on equalities as a result of decisions and discussions"* being part of the agenda on all papers.

3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients

1. *Equality Impact Assessment process to be reviewed and implemented to ensure easy access and completion by staff, and to ensure that board papers for approval contain EIA's when required.*
2. EDI to be part of EPUT's Accountability Framework.

- Equality Impact Assessments, as part of our Equality, Inclusion and Human Rights policy and procedure, have been reviewed, and will be revised in early 2024.
- Recommendation for EDI metrics to be included as part of EPUT's Accountability Framework, with bi-monthly reporting into the Board Assurance Framework (BAF)

Domain	Outcome	Evidence	Rating	Owner
Domain 1: Commissioned or provided services	1A: Patients (service users) have required levels of access to the service	• Multiple pathways of access into the Urgent Community Response Team (UCRT) • UCRT accepts referrals from GP'S, ACP's, ECP's, carers, ambulance service, and care line. • UCRT have criteria, if an individual meets criteria for admission avoidance they will be accepted for a visit by one of our registered nurses or Occupational therapist within 2 hours of the referral. • Topaz Ward is a ground floor, flat surface ward, with accessible parking available for those who require access. Access from the main entrance to all required parts of The Crystal Centre are wheelchair friendly, including Topaz Ward. All bedrooms have en-suite bathrooms, and the ward is wheelchair friendly throughout, including the garden areas. All patients are assessed for referral to physiotherapy upon admission, which includes a falls risk assessment and care plan, to ensure immediate safety on the ward. • Topaz ward has a swing bed used for non-binary and transitioning patients. • The detox service team assesses every referral received. A link pathway with the Gastroenterology Consultant from Broomfield was created when the service opened May 2022, to ensure those with high markers / co-morbidities were discussed and treatment plans formulated, to ensure all those needing a detox could access treatment. Service has links with the local DASS teams, women's refuge services and all psychosocial services, which improves/increases routes of access from admission to discharge. • The detox service uses NDTMS (National Drug Treatment Monitoring System) to ensure ethnicity is captured upon referral. This is presented to EOE commissioners, themes, and trends relating to ethnicity and access is ongoing. • The detox service has a rotation rota formulated for Junior Doctors to assist in commissioning Equality and Diversity within the detox service. This ensures EDI is always on the agenda for staff. • The detox service routinely carry out Q&A meetings, where referring services across the EoE can attend and ask questions about the service, regardless of whether there are pending referrals/admissions or pre-admission assessments within their teams This allows any individual concerns around access to be picked up by the team, even prior to referral or post discharge. • A webpage has been created which is accessed via public domains. This gives anyone who wishes to view an outlay of the service, including previous service users, members of the detox and Topaz Ward team, and a video showing the ward environment. This improves and publicises information on access.	2	**Amy Poole** (Patient Experience Manager)

Domain	Outcome	Evidence	Rating	Owner
	1B: Individual patients (service users) health needs are met	• The UCRT treats patients with acute infection, falls, reduced mobility, urinary retention. If a patient is deemed stable and safe to stay at home on point of triage, they will be assessed by the team to reduce hospital admission but ensure they are still in receipt of care. • A full holistic assessment conducted by the visiting health professional who will complete referrals if required. Referrals include: Tissue viability, care co-ordination service, social services, care agencies, respiratory team and virtual frailty service. • Blood tests taken and results are available within two hours to identify treatment. If medication is required, there are nurses can prescribe and initiate treatment the same day. There are extensive clinical governance structures in place to ensure patients' health needs are met: include monitoring Serious Incidents for any themes and trends related to Equality and Diversity, action planning, key learning, compliments and achievements and discussing culture of learning. • Detox service monitors health needs right from point of referral to discharge. Considering physical health prior to admission, viewing bloods and any other physical health needs • The detox service liaises with an individual's care co-ordinators, GP service, CMHT, social workers and any other services to ensure that health needs are understood and shared. The service works collaboratively with the Gastroenterology service at Broomfield, arranging assessment and scans. • Specialised care plans to ensure patient is fully supported with any identified health needs. • A doctor and specialized detox nurses assess all patients on the day of admission where repeat bloods, ECG, full physical health assessment and capacity is assessed. From here, the detox team create specialized care plans to meet the patients' needs and refer to individual services where the need arises. • Physical observations are completed daily, alongside CIWA and COWS scoring prior to morning medication and throughout the day, to ensure any withdrawals are identified and actioned accordingly. MUST and water flow are completed upon admission, and weekly thereafter; all to ensure individual needs are consistently monitored and met. • Upon discharge, Topaz patients complete an IWGC questionnaire, via paper copy or electronically to identify any needs that were not met, allowing us to reflect and improve the service. • The detox team also follows the 24-hour follow up call as per trust policy, alongside follow up with the patients care co. • Patients are followed post discharge via the SHARPS community rehabilitation program, which considers how well the patients health needs were met by the service.	2	**Amy Poole** (Patient Experience Manager)

Domain	Outcome	Evidence	Rating	Owner
	1C: When patients (service users) use the service, they are free from harm	• New DATIX field to capture incidents of racism, ableism, homophobia and any other kind of discriminatory abuse or behaviour. Sharing of learning when harm has occurred. • The holistic assessment utilised in the UCRT ensures that if an individual is too unwell to remain at home, hospital admission will be arranged. If care needs are identified the UCRT team organise an urgent care package. On occasion where a hospital admission cannot be arranged the UCRT work with patients to arrange a family member, friend or carer to stay with the individual until hospital admission can be fulfilled. • Patient Safety Partners are working within EPUT to support and contribute to EPUT's governance and management processes for patient safety. It is the role of Patient Safety Partners to communicate rational and objective feedback focused on ensuring that Patient Safety is maintained and improved with EPUT as part of the *Safety First, Safety Always* initiative. • Serious Incidents and reports of harm are routinely monitored by Essex STaRS data analyst, the detox service manager and Essex County Council commissioners to identify any themes or trends. • The ward ensures patients are free from harm by way of sexual safety care planning, single sex corridors, ongoing supportive and engagement observations, weekly physical health monitoring and use of Oxyhealth (upon consent). • Patients are reviewed weekly by the detox consultant and daily by detox Doctors. • There are clinical governance structures in place to protect the safety of patients for both the detox service and Topaz Ward as a whole. From this, the team reviews ongoing culture of learning, undertakes action planning, key learning, lessons learnt and review compliments and achievements within the service. • Detox service has weekly referrals and service overview meetings to review and discuss all new referrals, patients that are awaiting pre-admission assessment and admissions, and those that we are awaiting additional information from to ensure a safe detox for an individual. • The detox service operates Q&A sessions monthly inviting referrers, care co-ordinators and commissioning services to discuss any areas of concern. • The detox service formulates relationships with partner organisations, families, friends and carers to ensure a smooth and safe transition from the ward back into the community. Psychosocial work will need to be evidenced prior to admission and reaffirmed post discharge to minimize risk of relapse.. • The detox service welcomes patient safety "walk around" to promote change.	2	**Amy Poole** (Patient Experience Manager)

Domain	Outcome	Evidence	Rating	Owner
	1D: Patients (service users) report positive experiences of the service	• The iWGC reporting and training manager within the patient experience team is doing some targeted work with the UCRT to increase their review responses. Unfortunately, the UCRT have not had any reviews since the implementation of iWGC. Therefore, there is no evidence to present to demonstrate positive nor negative experience from the UCRT. • Patients are encouraged to complete IWGC (I Want Great Care) forms during and post admission to ensure that all feedback is obtained about the detox service and Topaz Ward as a whole. The platform is accessible in different languages and is presented through varying methods depending on what may be most suitable to the patient demographic. • All feedback is discussed within the Clinical Governance meetings encouraging transparency and learning. • On Topaz Ward, all patients are given PALS information, 'Your sexual safety on the ward', 'your rights as an informal patient' and 'Welcome to inpatient services' leaflets upon admission as part of their admission pack. In addition, they are given the option to be added to NDTMS data, 'My care, My recovery' booklet and a 'Welcome to Topaz' letter. This outlines the organisational vision – Working to improve lives. Patients are frequently reminded from this that any feedback is welcome. • Multiple compliments via DATIX have been completed for Topaz Ward including receipt of cards and positive verbal feedback that have been received by patients upon discharge. • Every individual with connection/interest in EPUT can attend the EPUT forum, which is held once a quarter by the Patient Experience and Volunteers team as an opportunity to ask people and communities what matters most to them and where "citizens" feel EPUT should be targeting their energy. This gives all patients the opportunity to provide feedback on their experiences of care. • On average, the detox service scores 4.5 out of 5 for patient experience.	2	**Amy Poole** (Patient Experience Manager)
Domain 1: Commissioned or provided services overall rating			**8**	

Domain	Outcome	Evidence	Rating	Owner
Domain 2: Workforce health and well-being	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	• The Health and Wellbeing Toolkit for Managers and Staff was updated in 2023, and aligns to the seven domains of the NHS England Health and Wellbeing Framework. • EPUT provides support for staff through our Employee Assistance Program (provided by Optima Health). This provides confidential and free support to improve wellness and wellbeing, providing guidance and support for mental and physical conditions. • EPUT staff intranet pages have many health and wellbeing pages with links and resources. These include manager support, physical activity, sleep, healthy eating, staying hydrated, stopping smoking, alcohol and drugs, resilience, mindfulness, finance and much more. • Wellbeing Resources have been designed to support staff in their own wellbeing are available, with examples including the Sleep School app and website resources, and Cycle to Work Scheme. • Optima Health provides access to our Optimise website, which is a resource available to all EPUT staff supporting them with a healthy lifestyle • Access to Fast-Track Physio, via Optima Health, provides support for physical conditions requiring physiotherapy. • "ACT for You" workshops teach staff Acceptance and Commitment Therapy training techniques. This teaches participants skills to support psychological flexibility and resilience. • Wellbeing is embedded into staff appraisals and supervision process, with sign posting to the psychological support service available in the Trust (*Here for You*). • Reasonable Adjustments Passports are available for all staff in EPUT, with a no-diagnosis model to ensure adjustments can be implemented quickly. • There are several trained Mental Health First Aiders across the Trust. Wellbeing leads are in the early stages of implementing a robust MHFA approach which supports staff in addition to other psychological support available (*Here for You*) • Access-to-Work Support is available to individuals who are experiencing difficulties at work due to depression, anxiety, stress and/or other mental health conditions. With trained professionals able to support employees in resuming their role. • Implementation of a specific function to capture staff demographic data on our electronic staff record (ESR) to encourage disclosure and to update data of any changes.	2	**Lorraine Hammond**, (Director of Employee Experience)

Domain	Outcome	Evidence	Rating	Owner
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	• EPUT has seen a decrease in Workforce Race Equality Standard indicators 5, 6 and 8, actions relative to Bullying and Harassment which is encouraging, however there is still a disparity when comparing the experiences of BME staff to their white counterparts or the experience scores of BME staff to the national average and continues to be a priority for the Trust to improve further (Staff Survey 2022). • Whilst we have seen a decrease in staff with disabilities and long term conditions experiencing harassment, bullying or abuse from service users, relatives and members of the public on the WDES, there are still disparities when comparing bullying and harassment scores to their non-disabled counterparts or to the national average (Staff Survey 2022) • 'No Space for Abuse' program in collaboration with Essex Police, encouraging responsibility to challenge racism and discriminatory behaviour. • Implementation of new DATIX systems to capture incidents of racial abuse or discrimination, which triggers a debriefing process from the manager to ensure employee wellbeing. Each incident reviewed to establish what has occurred, what support has been provided and whether there are any opportunities identified to reduce the likelihood of incidents occurring in the future • Monthly reports is sent to all of the operational directors, detailing the number of incidents of racial abuse that have been recorded, the location of the incident, together with whether a debrief was completed. The report also provides updates on what the Trust are doing to encourage reporting, upskill staff to complete debriefs as well as problem solve. This data is also included in the accountability framework.	2	**Lorraine Hammond,** (Director of Employee Experience)

Domain	Outcome	Evidence	Rating	Owner
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	• Wellbeing is embedded into staff appraisals and supervision, with a dedicated psychological support service available in the Trust for staff that provides confidential support. (Here for You). • Implementation of new DATIX systems to capture incidents of racial abuse or discrimination, which triggers a debriefing process from the manager to ensure employee wellbeing. Each incident reviewed to establish what support has been provided. • Support resources offered to all staff members who report an incident of discriminatory behaviour, bullying or abuse, and this is provided to managers to ensure this is shared with the team. • Colleague Safety Consultant, VAPR Team, Employee Experience Managers, HR Business Partners and Equality Advisor can contact those who have reported racism and discriminatory behaviour via DATIX; these teams work collaboratively and offer direct support and signposting as well as wellbeing resources.	2	**Lorraine Hammond,** (Director of Employee Experience)
	2D: Staff recommend the organisation as a place to work and receive treatment	• The 2022 NHS Staff Survey showed that **62.4%** of staff who would recommend the organisation as a place to work (Q23c). This is a 1.0% fall from 2021, and 5.4% lower than the 2020 high of **67.8%.** EPUT score 0.4% worse than the average score of **62.8%** in our benchmarking group of 51 similar organisations. • Staff recommending the care provided by EPUT to a friend or relative (Q23d) fell by 4.6% from 2021, to **57.5%** of staff agreeing or strongly agreeing to this question. This is 11.1% lower than the previous 2020 score of 68.6%. It should be noted that this score has also fallen in the benchmark group over the past two surveys, but the 2022 survey saw EPUT perform 6.1% worse than the average in our benchmark group (63.6%). National Quarterly Pulse Survey (NQPS) responses for this question have also performed poorly, with the question ranking as the Trust's lowest performing question from nine included in the NQPS.	2	**Lorraine Hammond,** (Director of Employee Experience)
Domain 2: Workforce health and well-being rating			**8**	

Domain	Outcome	Evidence	Rating	Owner
Domain 3: Inclusive leadership	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	• Executive team are responsible for the delivery and implementation of the six High Impact Actions within the NHS EDI Improvement Plan. Executive Directors are developing their EDI objectives and will be completed by 31 March 2024. • Senior Leaders in the organisation regularly promote inclusion awareness campaigns via Live Staff Update, which is available to all EPUT staff as well as within their directorate meetings. • EPUT has hosted 69 events with an EDI focus in its Communications Calendar in 2023, with many being supported by the Executive Team. These include *Black History Month, LGBTQ+ Pride Month and Disability History Month and the Debias Recruitment Toolkit workshop.* • Bi-Monthly Staff Engagement Champions sessions in Trust have *"The Grill",* where Executive Team leaders discuss topical updates on EDI / Staff Wellbeing. • Executive Team are sponsors for staff networks, championing and promoting their work, supporting the Chairs to facilitate discussion within the network as well as attend events.	2	**Lorraine Hammond,** (Director of Employee Experience)
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	• The Trust Board approves statutory reporting for the Workforce Race and Disability Equality Standards, Gender Pay Gap, Public Sector Equality Duty as well as the Equality Delivery System. Regular EDI updates are reported to the Executive Team and the People, Equality and Culture Committee (PECC) for assurance. • Equality and Inclusion Committee provide assurance to the Executive Team and PECC on the impact of equality and health inequalities related topics, risks and planned activity to address challenges identified. • Board Assurance Framework (BAF) for the Trust has a focus on Addressing Inequalities and Risk Register is monitored to make sure that we as a Trust implement and progress improvements. • All six sets of minutes from the *Public Board of Directors* meetings (January 2023 – September 2023) contain a section on *"reflection on equalities as a result of decisions and discussions".* Where health and organisational inequalities are noted and discussed. This public meeting includes Trust Board and reviews the updates for the BAF and PECC.	2	**Lorraine Hammond,** (Director of Employee Experience)

Domain	Outcome	Evidence	Rating	Owner
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	• NHS EDI Improvement Plan High Impact Actions are aligned to the WRES and WDES Action Plans. A programme of delivery has been developed to ensure that activity is monitored and delivered on time. • The Equality Diversity and Inclusion Strategy 2022 - 2025 clearly outlines the priorities and includes key performance indicators which are aligned to the WRES/WDES and NHS England EDI Improvement Plan. Progress managed through ED&I Committee and the NHSE EDI Programme Planner. • Executive Director Sponsors have joined Staff Equality Networks in February 2023, providing support to Network Chairs and acting as champion for the Network. • Employee Experience Managers will be working closely with EPUT's Peer Support Group, staff members with lived experience of receiving treatment on a mental health unit who provide one-to-one and group support to patients at the Linden centre) to strengthen the relationship in our services between staff and patients, • WDES, WRES, GPG and PSED as well as the EDS are reviewed and discussed by senior leadership within the organisation. • CQC Action Plan overseen by Executive Board, and includes recommendations for EDI progression within EPUT. • CQC Action Plan developed to ensure that abuse is reported, and action taken, including incidents of racial abuse to staff. Interventions include DATIX debriefing process for discriminatory incidents. Monthly reports are sent to all of the operational directors, detailing the number of incidents of racial abuse that have been recorded, the location of the incident, together with whether a debrief was completed. The report also provides updates on what the Trust are doing to encourage reporting and ensure managers are supported.	2	**Lorraine Hammond,** (Director of Employee Experience)
Domain 3: Inclusive leadership overall rating			**6**	

Third-party involvement in Domain 3 rating and review	
Trade Union Rep(s): Oladipo Ogdenbe, EPUT staff side Chair	**Independent Evaluator(s)/Peer Reviewer(s):** Monika Kalyan, Princess Alexandra Hospital (monika.kalyan2@nhs.net)

Score each outcome. Add the scores of all outcomes together. This will provide you with your overall score, or your EDS Organisation Rating. Ratings in accordance to scores are below

Undeveloped activity – **organisations score out of 0** for each outcome	Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
Developing activity – **organisations score out of 1** for each outcome	Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
Achieving activity – **organisations score out of 2** for each outcome	Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
Excelling activity – **organisations score out of 3** for each outcome	Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

Domain 1: Commissioned or provided services overall rating	**8**
Domain 2: Workforce health and well-being overall rating	**8**
Domain 3: Inclusive leadership overall rating	**6**
EDS Organisation Rating (overall rating): **Achieving 22/33**	
Organisation name(s): **Essex Partnership University NHS Foundation Trust (EPUT)**	

- Those who score **under 8,** adding all outcome scores in all domains, are rated **Undeveloped**
- Those who score **between 8 and 21,** adding all outcome scores in all domains, are rated **Developing**
- Those who score **between 22 and 32,** adding all outcome scores in all domains, are rated **Achieving**
- Those who score **33,** adding all outcome scores in all domains, are rated **Excelling**

EDS Action Plan	
EDS Lead	**Year(s) active**
Lorraine Hammond (Director of Employee Experience) (epunft.equality@nhs.net)	EDS2 2019 to present
EDS Sponsor	**Authorisation date**
Marcus Riddell: Interim Chief People Officer	February 15th 2023

Domain	Outcome	Objective	Action	Completion date
Domain 1: Commissioned or provided services	**1A:** Patients (service users) have required levels of access to the service	Ensure information on what services are available, in which localities, and how to refer into them is publically and easily available.	• Include availability and referral information into communications and marketing plan 2024 • Obtain information from care unit Quality and Safety meetings on how individuals refer into services • iWGC reporting and training manager to understand point of access and referral systems into services. Infographics to be designed from this where appropriate.	**October 2024**
	1B: Individual patients (service users) health needs are met	Ensure patient needs are consistently being assessed/reviewed with patient, carers and family members to allow for any changes or updates.	• Work with AD of Transformation to ensure/understand when review intervals are built into/happen within new proposed care plans. This will ensure patient need is consistently being revisited and updated accordingly.	**October 2024**

Domain	Outcome	Objective	Action	Completion date
	1C: When patients (service users) use the service, they are free from harm	Increase scope and utilisation of Patient Safety Partner role across organisation	• Increase ward/site visits diarised for PSPs • Include PSPs on care unit Quality and Safety care unit meetings • Work with Colleague Safety Consultant to understand themes and trends related to safety reported on DATIX. • Patient Experience Team to attend PSP meetings to build suitable actions from themes and trends off DATIX is built into overall delivery plan for PSP's	**October 2024**
	1D: Patients (service users) report positive experiences of the service	Ensure every service within EPUT is using iWGC as the recognised patient feedback service.	• iWGC reporting and training manager to gather information on every service that is not using iWGC and complete targeted interventions to upskill and train staff on utilising iWGC at every opportunity.	**October 2024**

Domain	Outcome	Objective	Action	Completion date
Domain 2: Workforce health and well-being	**2A:** When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	Improve wellbeing and health support to EPUT staff members, promoting a healthy workforce in collaboration with Voluntary, Community and Social Enterprise services.	• Health and wellbeing monitored as part of staff appraisal process. • Equip managers with the information and tools they need to support staff who have long-term health conditions. • Promote initiatives, which improve work-life balance, healthy lifestyles and exercise. • Ensure managers are aware of how to signpost EPUT staff to national and VSCE support. • Ensure Disability and Mental Health Network are involved in reviewing *Reasonable Adjustments* and *Access to Work* assessments, and ways these can be developed further.	**August 2024**

Domain	Outcome	Objective	Action	Completion date
	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	**NHS EDI Improvement Plan: High Impact Action 6:** Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur.	• Reduction of bullying and harassment within the Trust will be an objective of the Executive Team. • Review and improve action taken against those who abuse, harass or bully other members of staff. • Ensure staff are aware of routes they can take to raise concerns and report incidents. • Encourage staff members with protected characteristics to report verbal and physical abuse from patients. • Where appropriate, staff should feel able to challenge and take the appropriate action to reduce future incidents of antisocial behaviour. • Review support provided to those from protected characteristic groups to sure it is effective. • Employee Experience Team to work collaboratively with the Peer Support Team and Patient Lived Experience Ambassador to identify opportunities to reduce, challenge and manage incidents of abuse. This will include creating visual deterrents, pledges and behaviour contracts.	**HIA6: March 2024** **All Actions: October 2024**
	2C: Staff have access to independent support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	**NHS EDI Improvement Plan High Impact Action 6:** Create an environment that eliminates the conditions in which bullying, discrimination, harassment and physical violence at work occur. Review support available for addressing poor staff wellbeing, anti-social or discriminatory behaviour. With clear access to independent support	• Ensure Freedom to Speak-Up is accessible to all staff. • Staff Networks are staff led, funded and provided with protected time for Network Chairs, allowing them to work independently. • Ensure that staff are aware of how to access the Employee Assistance Programme, Here for You, and other forms of independent psychological support.	**HIA6: March 2024** **All Actions: October 2024**

Domain	Outcome	Objective	Action	Completion date
	2D: Staff recommend the organisation as a place to work and receive treatment	Improve on previous survey scores of staff choosing to access local services for treatment, recommending them and recommending the organisation as a place to work. This would allow EPUT to achieve an Excelling grade in 2024.	• Develop an end-to-end employee lifecycle and career pathway map which visualises the employment journey whilst working at EPUT • Evidence a staff retention plan in 2024, using data from the experience of staff throughout the entire employee lifecycle. • As part of the retention plan, collate the experiences of BME, LGBTQ+ and Disabled Staff and compare with the experience of counterparts. • Raise staff awareness of initiatives to improve patient care and perception of treatment within the Trust *(such as Time to Care or actions addressing Health Inequalities in local communities)*	**January 2025**

Domain	Outcome	Objective	Action	Completion date
Domain 3: Inclusive leadership	**3A:** Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities	**NHS EDI Improvement Plan High Impact Action 1:** Chief executives, chairs and board members must have specific and measurable EDI objectives to which they will be individually and collectively accountable. Embed equality and health inequalities into Board and Committee Meetings.	• Review Network sponsorship to ensure each one has an executive sponsor. All Senior Leaders will sponsor events and celebrations. • Ensure Executive Board members have specific and measurable EDI objectives in place by March 2024 (NHS England - HIA 1). • Build upon EDI learning offer for L50 and Management Development Programme to foster inclusive culture behaviour in line with EPUT's behavioural framework.	**EDI HIA 1: March 2024** **All Actions: August 2024**

Domain	Outcome	Objective	Action	Completion date
	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed	Ensure EIA's are completed for all projects and polities (where appropriate).	• Evidence equality and health inequalities in organisational business plans. • Ensure that Equality Impact assessments are a mandatory part of developing policies and procedures and are approved via EPUT's Equality and Inclusion Committee.	**August 2024**
	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients	EPUT to show improvements in comparison to previous year's EDI, Staff Experience and Health Inequalities data. Monitoring the implementation and impact of actions. Leading interventions where this is not the case.	• Review all EDI activity to monitor progress and experiences of staff with protected characteristics. Monitoring include action plans of WRES, WDES, GPG, datix reporting of abuse • Evidence that *WRES, WDES, Gender Pay Gap Reporting, Accessible Information Standard, exit interview, PCREF, Place Visits, NHS Oversight and Assessment Framework and EDS* data is being monitored by Board Members, Senior and System Leaders (through quarterly EDI updates at ET and People Equality and Culture Committee) • Evidence actions being put in place by Board members and system leaders to address areas where goals have not been met or deterioration is identified.	**December 2025**

7.5 STAFF SURVEY RESULTS

Information Item | Marcus Riddell | 10

REFERENCES

Only PDFs are attached

Staff Survey Results 2023.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	NHS Staff Survey 2023					
Executive/ Non-Executive Lead:	Marcus Riddell, Interim Chief People Officer					
Report Author(s):	Stuart Hastings, Employee Experience Manager Charlotte Thomas, Staff Engagement Lead					
Report discussed previously at:	Executive Operational Committee					
Level of Assurance:	**Level 1**		**Level 2**		**Level 3**	X

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

If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

Purpose of the Report		
This report provides the Board with: • A summary of the National Staff Survey for EPUT, focusing on areas of improvement and deterioration from the 2022 staff survey. • A set of actions across 2024 to enhance our staff experience and engagement with EPUT.	**Approval**	
	Discussion	X
	Information	X

Recommendations/Action Required
The Board of Directors is asked to: 1 Note the contents of the report 2 Provide comment and feedback.

Summary of Key Issues

- The 2023 National Staff Survey saw **2795** surveys completed and returned by EPUT staff. This represents a **44%** response rate, which is 2% higher than 2022, which saw 2547 responses, and a 42% response rate.

- EPUT performed better than peers in our benchmarking group for two 'People Promise' elements, and in line with the average for seven remaining measures. Areas of success include themes around Autonomy and Control, Work Pressure and Stressors, Morale, Staff Engagement, Line Management and Appraisals.

- Results also highlight areas for improvement, including Raising Concerns, Discrimination on the grounds of Ethnic background, Perception of Care and levels of abuse experienced from patients and family members. A number of these areas have already been addressed across the last six-months and will be highlighted in the report.

  Please note: People Promise 4 – We are safe and healthy (and two associated sub-scores) are absent from the 2023 results due to a data quality issue experienced by our provider, Picker. This is currently being investigated by the Survey Coordination Centre and NHS England, and the Trust will be provided an update on this directly as soon as possible.

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

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

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

Acronyms/Terms Used in the Report			
NSS	National Staff Survey		
SSCC	Staff Survey Coordination Centre		

Supporting Reports/ Appendices /or further reading

Appendix 1 – R1L Benchmark Report

Appendix 2 – R1L Breakdown Report

Lead

Marcus Riddell
Interim Chief People Officer

NHS National Staff Survey 2023

1 Purpose of Report

1.1 The purpose of this report is to provide the Trust Board a summary and analysis of results from the 2023 NHS Staff Survey (NSS). This will also include detail of plans for building on areas of success and developing further areas for improvement.

2 Executive Summary

2.1 All NHS Trusts in England are required to take part in the NSS every year. Trusts are required to commission an independent external survey provider to administer the survey and coordinate its results with the Staff Survey Coordination Centre (SSCC).

2.2 A 2% increase in response rate has been observed from 2022 to 2023, with 2795 competed surveys returned from eligible staff (Figure 1). All substantive staff as of 1st September 2023 were eligible for complete the survey, which was open between 25th September and 24th November 2023:

Figure 1: Response rates across benchmark group

2.2 Survey questions are aligned to the NHS People Promise Elements and two additional themes (nine themes in total):

- '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 Theme
- Morale Theme

2.3 EPUTs results are benchmarked against Trusts of a similar type, referred to as a 'benchmark group'. This benchmark group consists of 51 Trusts, categorized as 'Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts'.

Figure 2 provider a breakdown of EPUT's overall performance against best, worst, and average scores in our benchmarked group. The Trust performed better than the benchmarked average in two People Promise Elements, and in line with the 7 remaining measures.

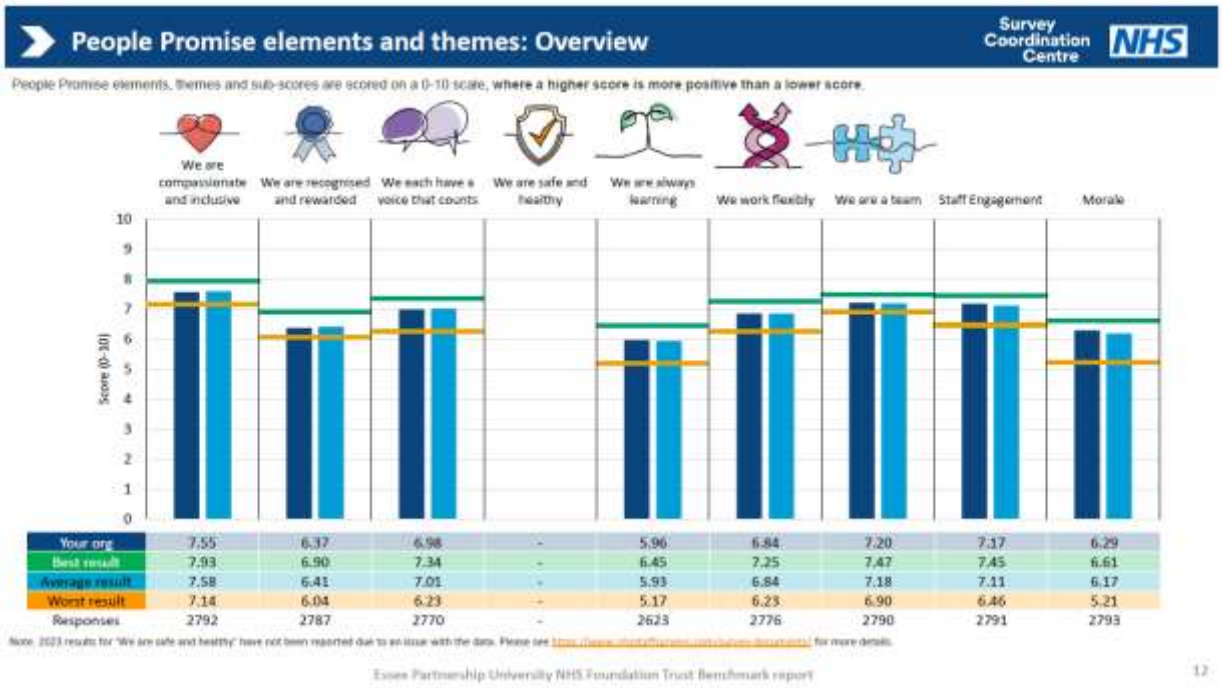


Figure 2: People Promise elements and themes: Overview.

2.5 Results for People Promise 4 is absent from the Figure 2 due to a data quality issue experienced by our provider, Picker, due to a technical error involving some respondents who completed the survey on an iPhone. Two sub-scores for this People Promise (Healthy and Safety Climate, Negative Experiences) have also been impacted, due to the technical error impacting results for Q13a-d.

This issue has affected all Trusts who Picker provide services to, and as such, the Survey Coordination Centre and NHS England are actively investigating. The Trust will be update on this directly as soon as possible The Trust has been assured that no other staff completing the survey by other means have been impacted, nor have other questions from the 2023 survey. The Survey Coordination Centre will be implementing a resolution for future surveys to prevent a repeat of this technical issue.

2.6 Figure 3 demonstrates how the Trust compared against benchmarked averages from 2022-2023:

People Promise Element	EPUT Score 2022	EPUT Score 2023	Difference (2022-2023)
We are compassionate and inclusive	In line with average	In line with average	+0.06
We are recognised and rewarded	Below Average	In line with average	+0.15
We each have a voice that counts	Below Average	In line with average	+0.08
We are safe and healthy	In line with average	In line with average	+0.18
We are always learning	In line with average	In line with average	+0.22
We work flexibly	In line with average	In line with average	+0.07
We are a team'	In line with average	In line with average	+0.11
Staff Engagement	In line with average	Above Average	+0.13
Morale	Above Average	Above Average	+0.17

Figure 3: Benchmarked averages 2022-2023. ***NB*** *A difference of 0.05 has been used to indicate.*

3 Results – Highlights, Focus Areas, Directorate Performance

3.1 The 2023 results demonstrate areas of progress and areas for improvement across the Promise Elements, sub-scores, and individual measures.

3.2 Key Highlights

- EPUT performed better than the benchmarked average in two People Promise Elements, and in line with the seven remaining measures.
- An increase in the sub-score 'Autonomy and Control', with EPUT scoring close to the best results in our benchmark group.
- Improvements in 'Morale', with all three questions within this theme scoring significantly higher than the benchmark average.
- A second annual improvement in all appraisal measures. This includes reports of staff who have had an appraisal, perceptions around it helping to do their job, it helping agree clear objectives, and the appraisal giving with a sense of being valued by the organisation.
- A decrease in staff who reported that they had experienced discrimination based on grounds of Gender, Religion, Sexual Orientation, Disability and Age. With Gender, Disability and Age discrimination all scoring significantly better than the national average.
- A significant improvement in Q14d: 'The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it? EPUT has improved this measure by 8.92%, and for the first time in five years, the Trust performs above our benchmarked average.
- Improvement in several individual measures relating to Line Management, falling within the Compassionate Leadership sub-score and Compassionate Culture Sub-Score. Notable improvements can be seen in questions 3c, 3d, 3e and 3f.
- There was a fifth consecutive fall in q14b which asks respondents if they have experienced bullying, abuse or harassment from managers. It should be noted that the Trust performs worse than the benchmarked average (9.20% *vs.* 8.13%)

3.3 Areas for improvement

- The 'Raising Concerns' sub-score remains flat from 2022, with EPUT scoring below our benchmarked average. This theme refers to how the Trust supports staff who do raise concerns, and addresses those which are raised. This is a persistently poor-performing measure, with scores below the benchmark average for the previous five years.
- A significant increase in discrimination reported based on Ethnic background. Of staff who reported experiencing discrimination, 62.64% reported this as being on the grounds of their ethnicity, which is 17% higher than the benchmarked average. EPUT's 2023 score represents a 9.53% increase from 2022, and 14.03% increase from 2019.
- Whilst perceptions of care have seen a slight improvement from a low in 2022, EPUT scores 5% below the benchmark average in response to the question: 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'. This has scored below average for the previous 5 years of the NSS.
- A worsening of score can be observed in Q16a, with 9.63% of staff stating they have personally experienced discrimination at work from patients/service users, relatives, or other members of the public. This is worse than the benchmarked average of 7.22%.

4 Analysis

4.1 It is positive to have seen an increase in response rate to 44% in 2023, however the Trust still performs significantly below the benchmarked average of peers. The approach used by the Staff Engagement Team developed from 2022, with increased focus on email messaging, virtual sessions with staff, and two team-prizes based on highest response rate. As in 2022 and previous years, weekly reports were communicated to the Executive Team and senior leaders, enabling them to drive response rate in their respective areas.

4.2. It is encouraging to see improvements in areas with high involvement of line managers, including appraisals, compassionate leadership, and compassionate culture. Whilst it is difficult to establish casual effect for this improvement, several initiatives supporting line managers were launched in 2023. This includes the commencement of the Ward Manager Development Programme, as well as strong uptake in Management Development Programme modules. Appraisals and the value of coaching staff members feature in both these initiatives, which receive positive feedback from attendees.

4.3 There has been significant work in encouraging reporting of bullying, abuse and harassment throughout 2023. The three-month Freedom to Speak Up campaign (Talk Up, Listen Up, Follow Up) is felt to have contributed towards this marked improvement. Other contributing factors include the launch of mandatory Freedom to Speak Up e-learning module, launched earlier in 2023.

Further supporting improvements seen in measure is the work on sexual safety training, delivered by the Colleague Safety Consultant. Face-to-face training sessions in clinical environments were held throughout 2023, supported by the Safeguarding team. Feedback has been positive, with several instances of staff being directly supported directly these interventions.

4.4 It is worth noting several individual measures within the Autonomy and Control sub-score as a marked improvement, including 3c, 3d, 3e, 3f. This is promising as the operating model within the Trust continues to mature and clinicians and practitioners are identifying they can work with greater control and autonomy.

4.5 Whilst there was no statistically relevant improvement in the 'Raising Concerns' sub-score, which measures organisational response and support when staff members voice concerns, work undertaken in 2023 includes the new racism debrief process, which was co-designed using staff feedback who have experienced incidents of racism of work. There have been several positive indicators of success from this process, including increased reporting rates and sentiment from staff receiving debriefs. It is expected that planned expansion of this process (including other protected characteristics) will translate into improved performance in this measure.

5 Conclusion and Next Steps

5.1 The staff survey in 2023 highlighted improved scores in two key areas of the People Promise and overall improvements relative to 2022. There were also improvements in the engagement of all staff by 2%, but our ambition is to have a much greater representation of views in the Trust. In order to deliver against this ambition, as part of the 2024 action plan, we will undertake a 100-day sprint across mid-summer into early autumn, ahead of the National Staff Survey October 'go-live' date.

5.2 The draft 100-day sprint will be segmented into 20-day action and reflective learning cycles with a set of principles and emphasis on:

- Face-to-face engagement across operational sites and making access easier for frontline staff.
- Language use in all staff survey communications becomes more accessible and relevant, reducing cognitive filtering and habituation.
- Utilisation of our senior leadership group and staff engagement champions to strengthen the communication network and create an organisationally strong narrative of the benefits to completing the staff survey.

- Ensure that the use of stories by staff at all levels create a powerful and compelling reason for fuller engagement, including actions taken from the results of the 2023 staff survey that have created tangible and real impact.

5.3 To monitor the impact of the 100-day sprint and actions across the communications and staff engagement team, a fortnightly operational group will be established for both action-focussed work and reflective learning as part of the 20-day cycle process. Updates on impact can then be reported at the Executive Committee and the People, Equality and Culture Committee for decision-making and assurance purposes. Throughout the next National Staff Survey window, there will be weekly updates on progress, engagement and any actions needing decisions.

5.4 We will also seek assurance from our survey provider, Picker that the issues affecting responses from mobile devices will be addressed and client organisations including EPUT will receive a full update in due course.

Survey Coordination Centre

NHS

Essex Partnership University NHS Foundation Trust

NHS Staff Survey Benchmark report 2023

Contents

Survey Coordination Centre NHS

Survey Coordination Centre

NHS

Introduction

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

About this report

This benchmark report for Essex Partnership University NHS Foundation Trust contains results for the 2023 NHS Staff Survey, and historical results back to 2019 where possible. These results are presented in the context of best, average and worst results for similar organisations where appropriate. Data in this report are weighted to allow for fair comparisons between organisations*.

Please note: Results for Q1, Q10a, Q26d, Q27a-c, Q28, Q29, Q30, Q31a, Q32a-b, Q33, Q34a-b and Q35 are not weighted or benchmarked because these questions ask for demographic or factual information.

Please note: 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Full details of how the data are calculated and weighted are included in the Technical Document, available to download from the Staff Survey website.

How results are reported

For the 2021 survey onwards the questions in the NHS Staff Survey are aligned to the People Promise. This sets out, in the words of NHS staff, the things that would most improve their working experience, and is made up of seven elements:

In support of this, the results of the NHS Staff Survey are measured against the seven People Promise elements and against two of the themes reported in previous years (Staff Engagement and Morale). The reporting also includes sub-scores, which feed into the People Promise elements and themes. The next slide shows how the People Promise elements, themes and subscores are related and mapped to individual survey questions.

* The data included in this report are weighted to the national benchmarking groups. The figures in this report may be different to the figures produced by your contractor. Please see Appendix C for a note on the revision to 2019 historical benchmarking for Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trust benchmarking groups.

People Promise elements, themes and sub-scores

Survey Coordination Centre NHS

People Promise elements	Sub-scores	Questions
We are compassionate and inclusive	Compassionate culture	Q6a, Q25a, Q25b, Q25c, Q25d
	Compassionate leadership	Q9f, Q9g, Q9h, Q9i
	Diversity and equality	Q15, Q16a, Q16b, Q21
	Inclusion	Q7h, Q7i, Q8b, Q8c
We are recognised and rewarded	No sub-score	Q4a, Q4b, Q4c, Q8d, Q9e
We each have a voice that counts	Autonomy and control	Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b
	Raising concerns	Q20a, Q20b, Q25e, Q25f
We are safe and healthy	Health and safety climate	Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d
	Burnout	Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g
	Negative experiences	Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c
	Other questions [Not scored]	Q17a*, Q17b*, Q22* *Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.
We are always learning	Development	Q24a, Q24b, Q24c, Q24d, Q24e
	Appraisals	Q23a*, Q23b, Q23c, Q23d *Q23a is a filter question and therefore influences the sub-score without being a directly scored question.
We work flexibly	Support for work-life balance	Q6b, Q6c, Q6d
	Flexible working	Q4d
We are a team	Team working	Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a
	Line management	Q9a, Q9b, Q9c, Q9d
Themes	**Sub-scores**	**Questions**
Staff Engagement	Motivation	Q2a, Q2b, Q2c
	Involvement	Q3c, Q3d, Q3f
	Advocacy	Q25a, Q25c, Q25d
Morale	Thinking about leaving	Q26a, Q26b, Q26c
	Work pressure	Q3g, Q3h, Q3i
	Stressors	Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

Questions not linked to the People Promise elements or themes

Q1, Q10a, Q10b, Q10c, Q11e, Q15, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q26d, Q31b

Report structure

Survey Coordination Centre NHS

Introduction

This section provides a brief introduction to the report, including how questions map to the People Promise elements, themes and sub-scores, as well as features of the charts used throughout.

Organisation details

This slide contains **key information** about the NHS organisations participating in this survey and details for your own organisation, such as response rate.

People Promise elements, themes and sub-scores: Overview

This section provides a high-level **overview** of the results for the seven elements of the People Promise and the two themes, followed by the results for each of the **sub-scores** that feed into these measures.

People Promise elements, themes and sub-scores: Trends

This section provides trend results for the seven elements of the People Promise and the two themes, followed by the trend results for each of the sub-scores that feed into these measures.

All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher score is more positive than a lower score. For example, the Burnout sub-score, a higher score (closer to 10) means a lower proportion of staff are experiencing burnout from their work. These scores are created by scoring questions linked to these areas of experience and grouping these results together. Your organisation results are benchmarked against the benchmarking group average, the best scoring organisation and the worst scoring organisation. These charts are reported as percentages. The meaning of the value is outlined along the y axis. The questions that feed into each sub-score are detailed on slide 5.

Note, where there are fewer than 10 responses for a question this data is not shown to protect the confidentiality of staff and reliability of results.

Note, 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements, themes and sub-scores: Questions

This section provides trend results for **questions**. The questions are presented in sections for each of the People Promise elements and themes.
Not all questions reported within the section for a People Promise element or theme feed into the score and sub-scores for that element or theme. The first slide in the section for each People Promise element or theme lists which of the questions that are included in the section feed into the score and sub-scores, and which do not.

Questions not linked to People Promise

Results for the questions that are not related to any People Promise element or theme and do not contribute to the scores and sub-scores are included in this section.

Workforce Equality Standards

This section shows that data required for the indicators used in the **Workforce Race Equality Standard (WRES)** and the **Workforce Disability Equality Standard (WDES).**

About your respondents

This section provides details of the staff responding to the survey, including their **demographic and other classification questions**.

Appendices

Here you will find:

- Response rate.
- Significance testing of the People Promise element and theme results for 2022 vs 2023.
- Guidance on data in the benchmark reports.
- Additional reporting outputs.
- Tips on action planning and interpreting the results.
- Contact information.

Using the report

Survey Coordination Centre

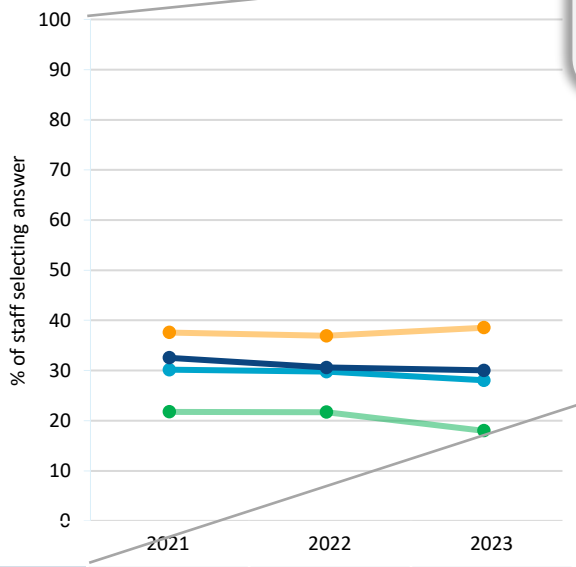
NHS

Note this is example data

Key features

Question number and text (or summary measure) specified at the top of each slide.

Question-level results are always reported as percentages; the **meaning of the value** is outlined along the axis. Summary measures and sub-scores are always on a 0-10pt scale where 10 is the best score attainable.



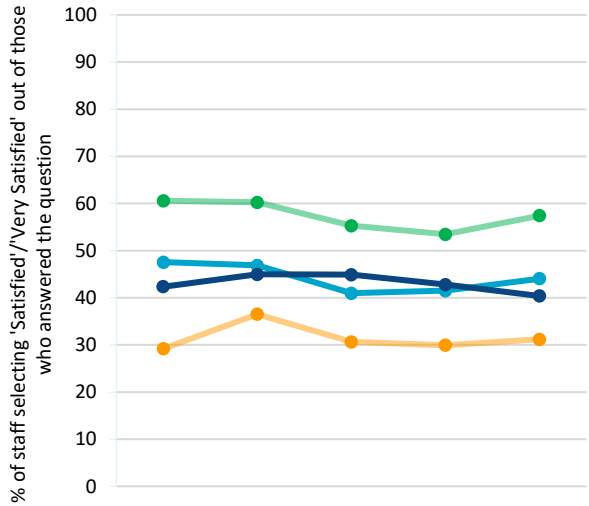
Colour coding highlights best / worst results, making it easy to spot questions where a lower percentage is a better or worse result.

	2021	2022	2023
Your org	32.6%	30.6%	30.0%
Best result	21.8%	21.7%	18.0%
Average result	30.2%	29.8%	28.1%
Worst result	37.6%	36.9%	38.5%
Responses	480	500	515

'Best result', 'Average result', and 'Worst result' refer to the **benchmarking group's** best, average and worst **results.**

Tips on how to read, interpret and use the data are included in the Appendices

Q4b How satisfied are you with each of the following aspects of your job?



	2019	2020	2021	2022	2023
Your org	42.3%	45.0%	44.9%	42.8%	40.4%
Best result	60.6%	60.3%	55.3%	53.5%	57.4%
Average result	47.5%	46.9%	41.0%	41.5%	44.0%
Worst result	29.2%	36.5%	30.6%	29.9%	31.2%
Responses	835	1255	1491	1325	517

Number of responses for the organisation for the given question.

Note charts will only display data for the years where an organisation has data. For example, an organisation with three years of trend data will see charts such as q4b with data only in the 2021, 2022 and 2023 portions of the chart and table.

Survey Coordination Centre

NHS

Organisation details

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre NHS

Essex Partnership University NHS Foundation Trust

2023 NHS Staff Survey

Organisation details

Completed questionnaires	2795
2023 response rate	44%

Survey details

Survey mode	Mixed

This organisation is benchmarked against:

Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts

2023 benchmarking group details

Organisations in group: 51

Median response rate: 52%

No. of completed questionnaires: 127293

For more information on benchmarking group definitions please see the Technical document.

Survey Coordination Centre

NHS

People Promise elements, themes and sub-score results

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

NHS

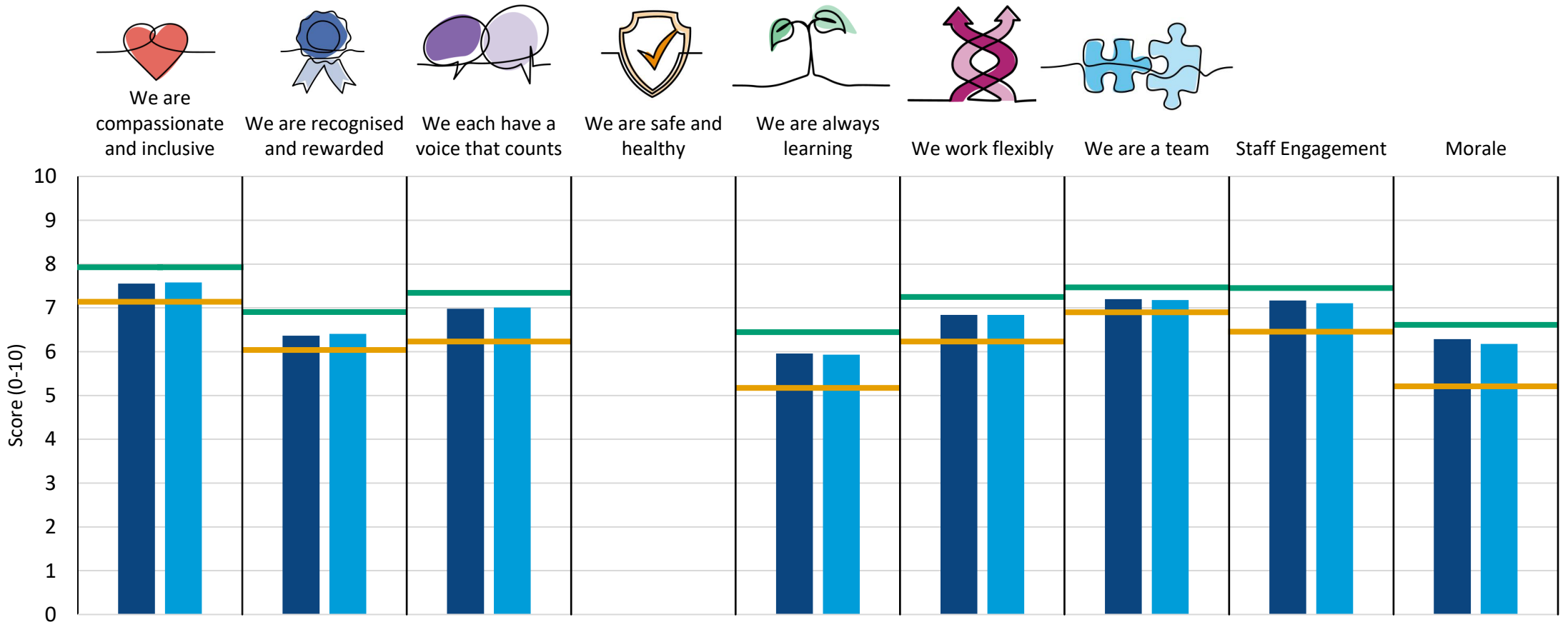
People Promise elements, themes and sub-scores: Overview

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Overview

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.



	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	7.55	6.37	6.98	-	5.96	6.84	7.20	7.17	6.29
Best result	7.93	6.90	7.34	-	6.45	7.25	7.47	7.45	6.61
Average result	7.58	6.41	7.01	-	5.93	6.84	7.18	7.11	6.17
Worst result	7.14	6.04	6.23	-	5.17	6.23	6.90	6.46	5.21
Responses	2792	2787	2770	-	2623	2776	2790	2791	2793

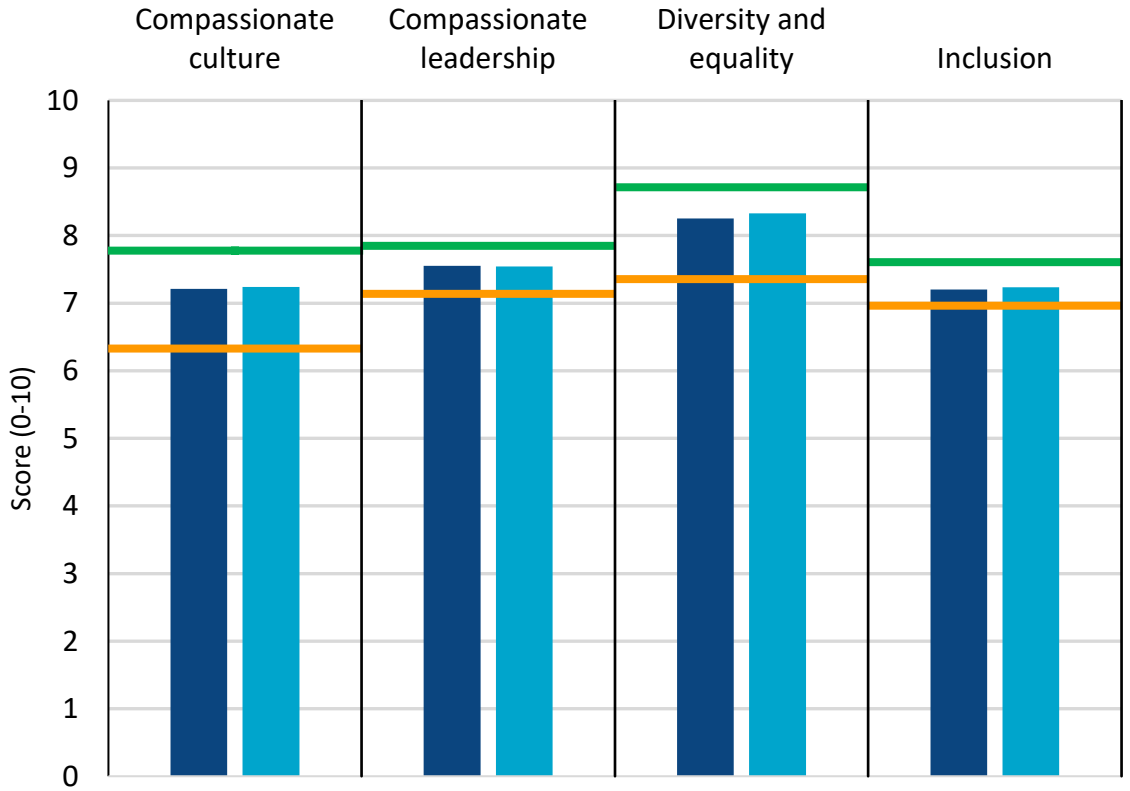
Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre

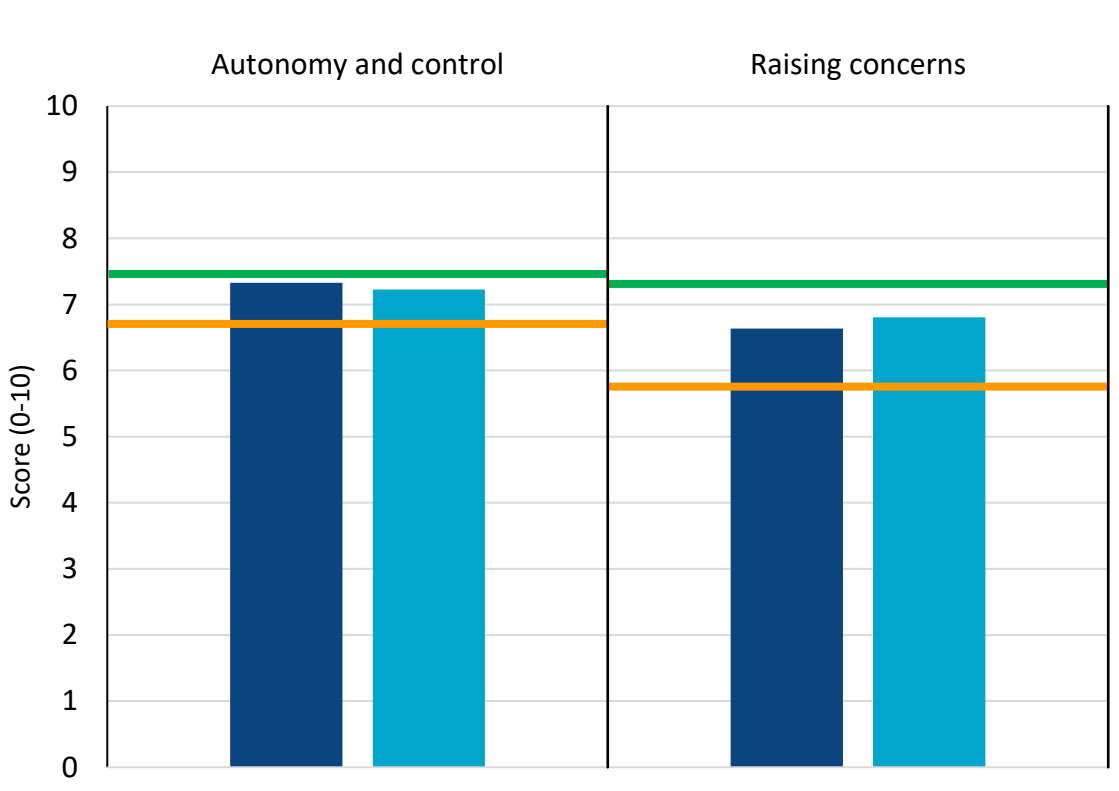
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	Compassionate culture	Compassionate leadership	Diversity and equality	Inclusion
Your org	7.21	7.55	8.25	7.20
Best result	7.78	7.85	8.72	7.61
Average result	7.24	7.54	8.33	7.23
Worst result	6.33	7.14	7.36	6.96
Responses	2785	2792	2791	2787

Promise element 3: We each have a voice that counts



	Autonomy and control	Raising concerns
Your org	7.33	6.63
Best result	7.46	7.31
Average result	7.22	6.80
Worst result	6.70	5.76
Responses	2790	2773

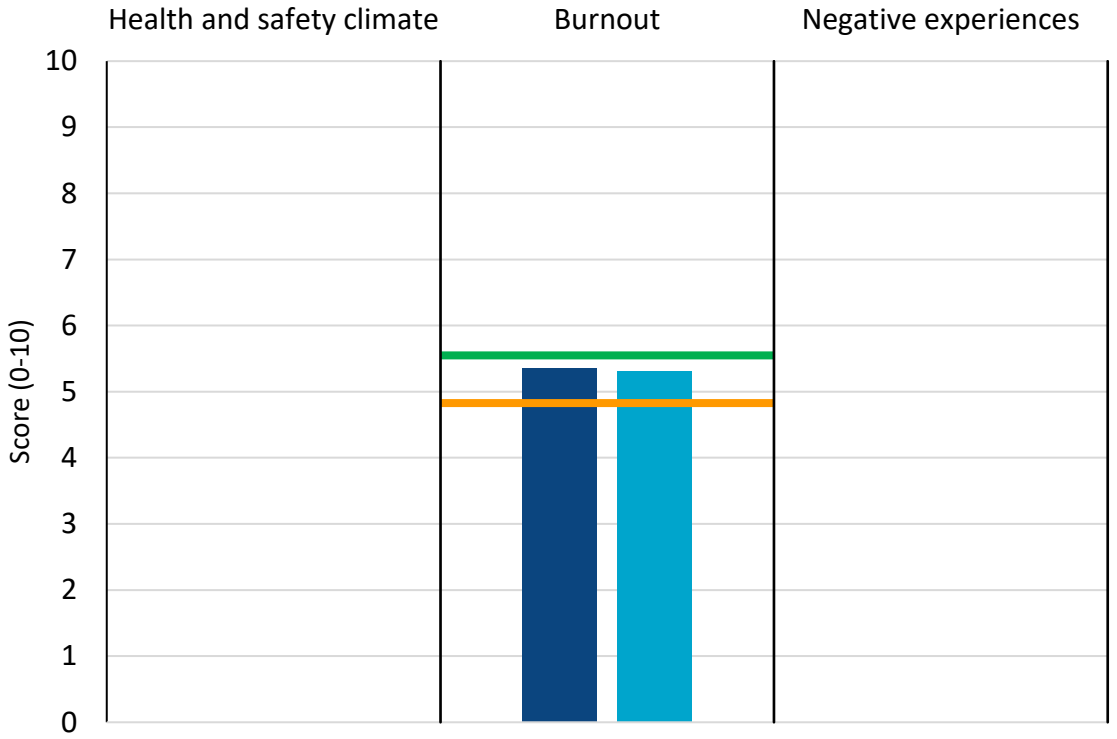
Note. People Promise element 2 'We are recognised and rewarded' does not have any sub-scores. Overall trend score data for this element is reported on slide 21.

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

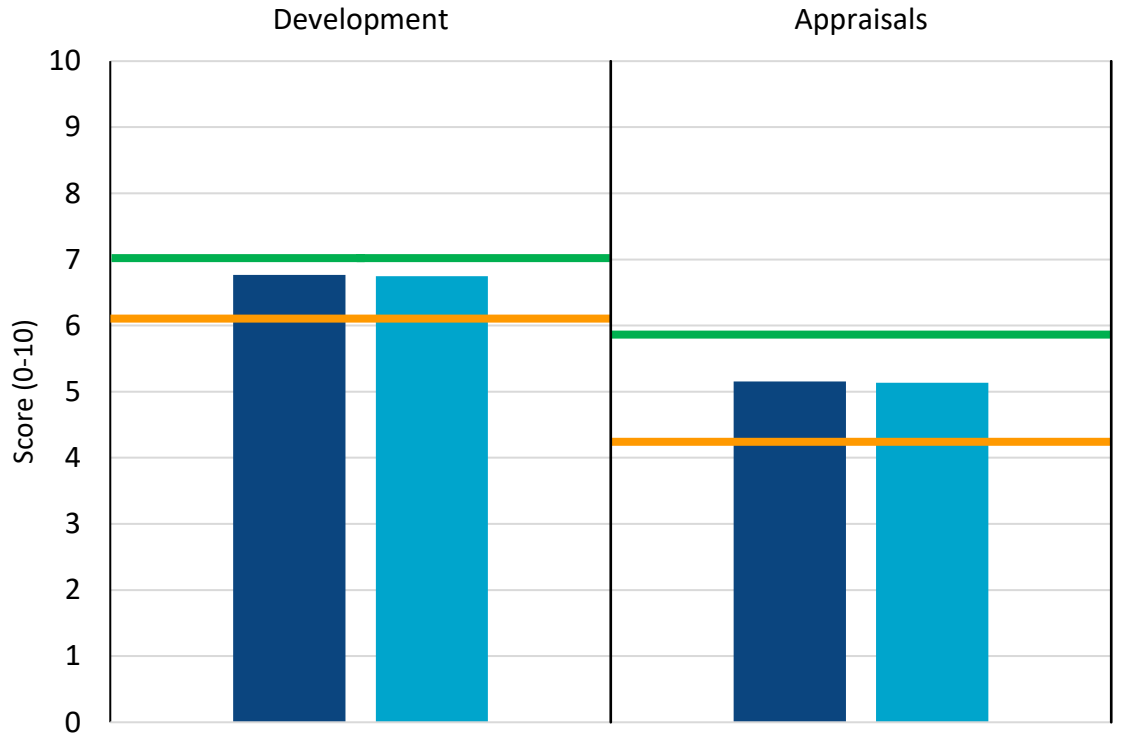
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	Health and safety climate	Burnout	Negative experiences
Your org	-	5.36	-
Best result	-	5.55	-
Average result	-	5.31	-
Worst result	-	4.83	-
Responses	-	2794	-

Promise element 5: We are always learning



	Development	Appraisals
Your org	6.76	5.15
Best result	7.02	5.86
Average result	6.74	5.13
Worst result	6.11	4.24
Responses	2786	2625

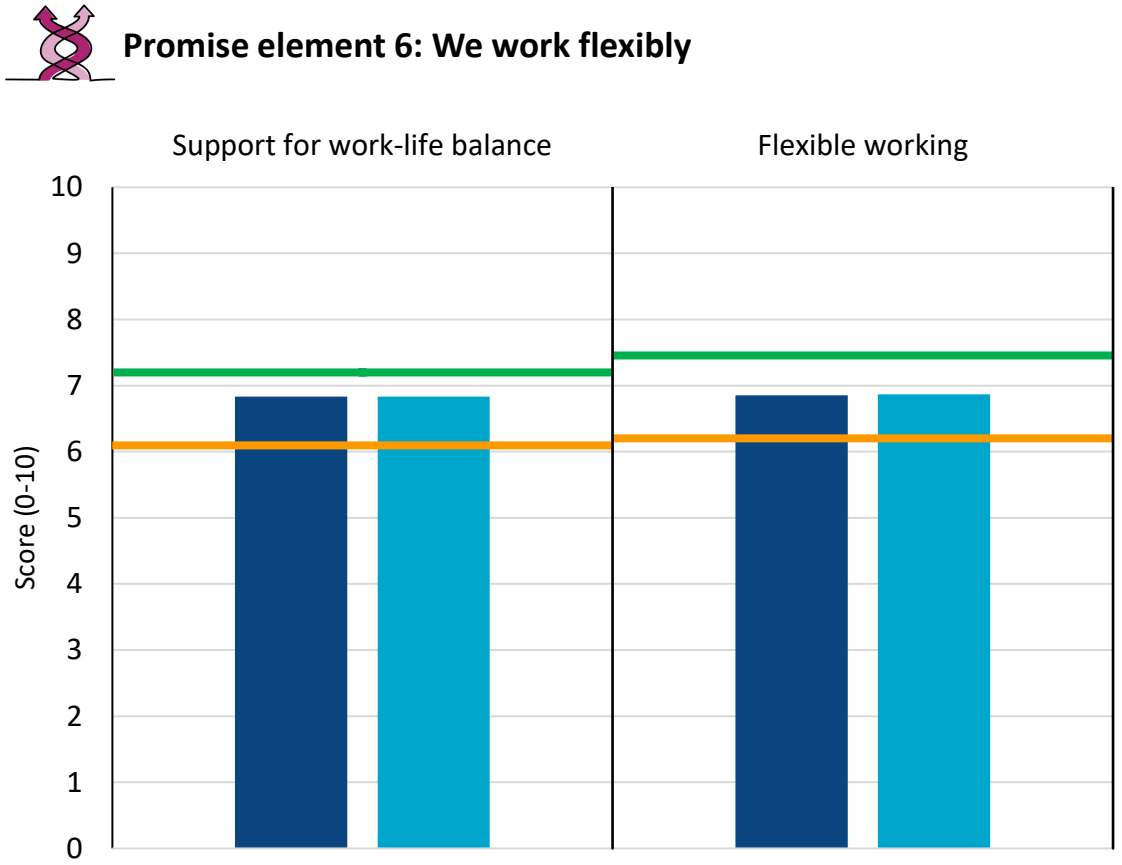
Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

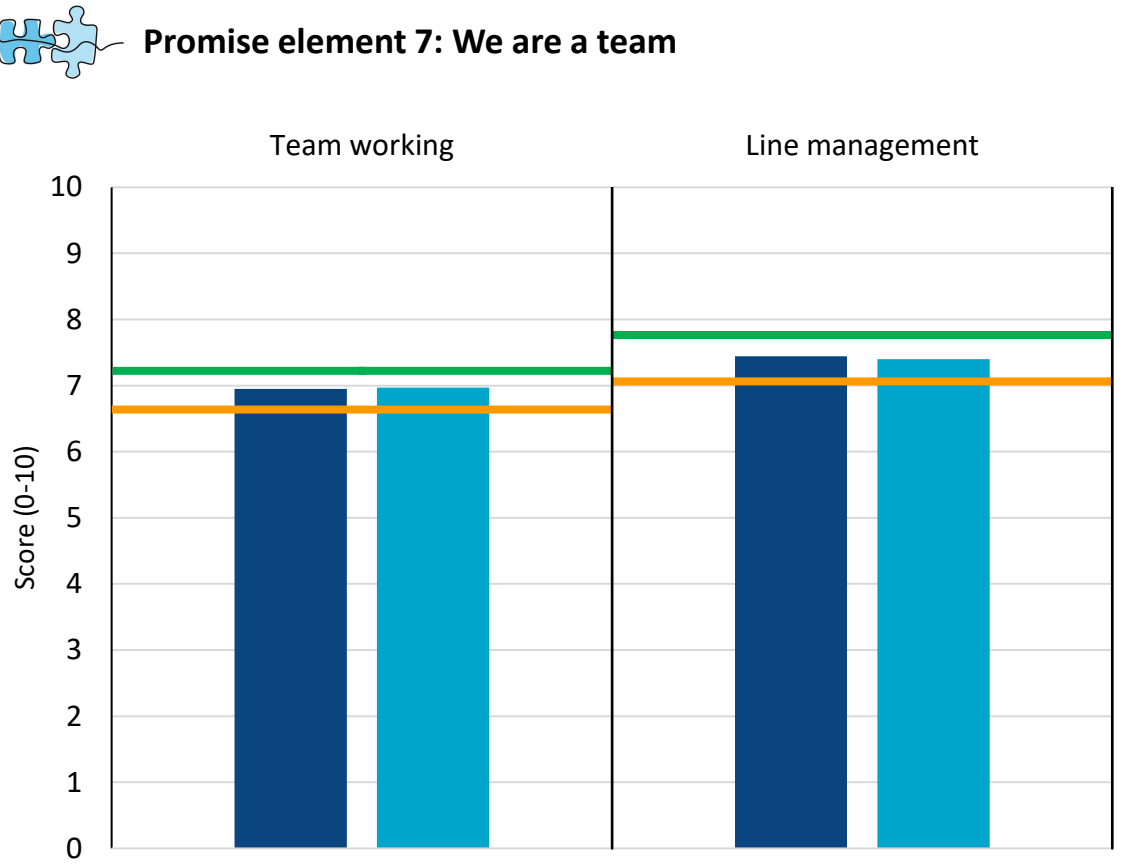
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	Support for work-life balance	Flexible working
Your org	6.83	6.85
Best result	7.20	7.46
Average result	6.83	6.87
Worst result	6.09	6.20
Responses	2790	2780

Promise element 7: We are a team



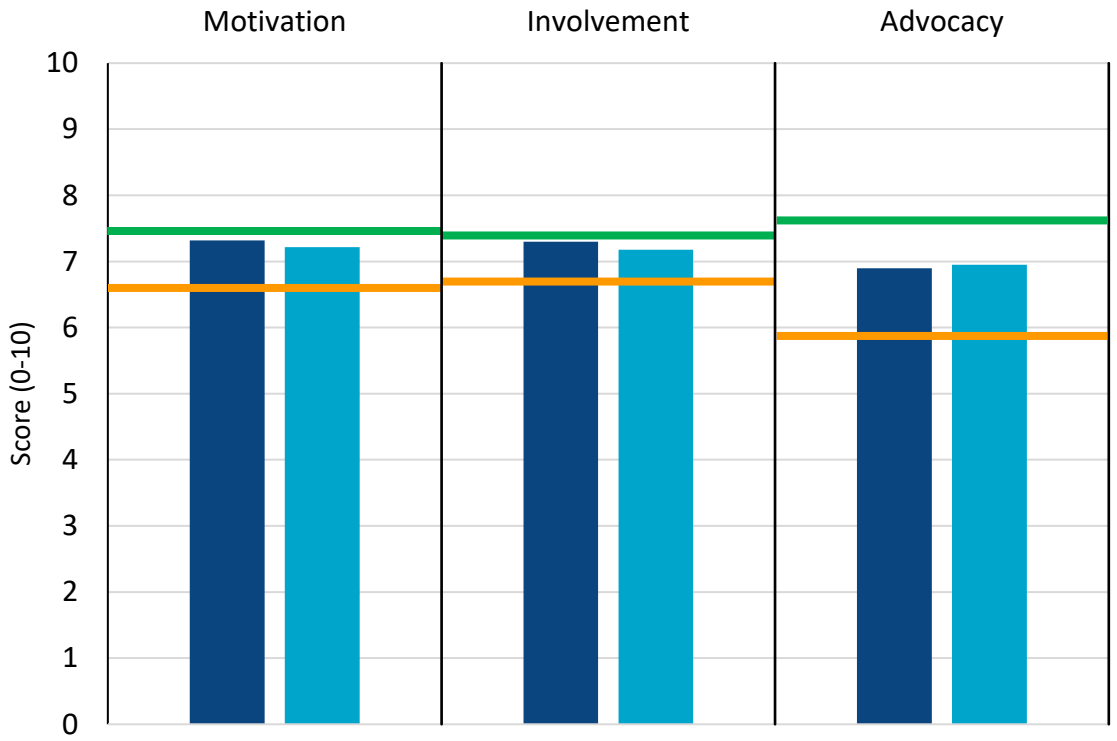
	Team working	Line management
Your org	6.95	7.44
Best result	7.22	7.76
Average result	6.97	7.40
Worst result	6.64	7.06
Responses	2792	2792

People Promise elements, themes and sub-scores: Sub-score overview

Survey Coordination Centre NHS

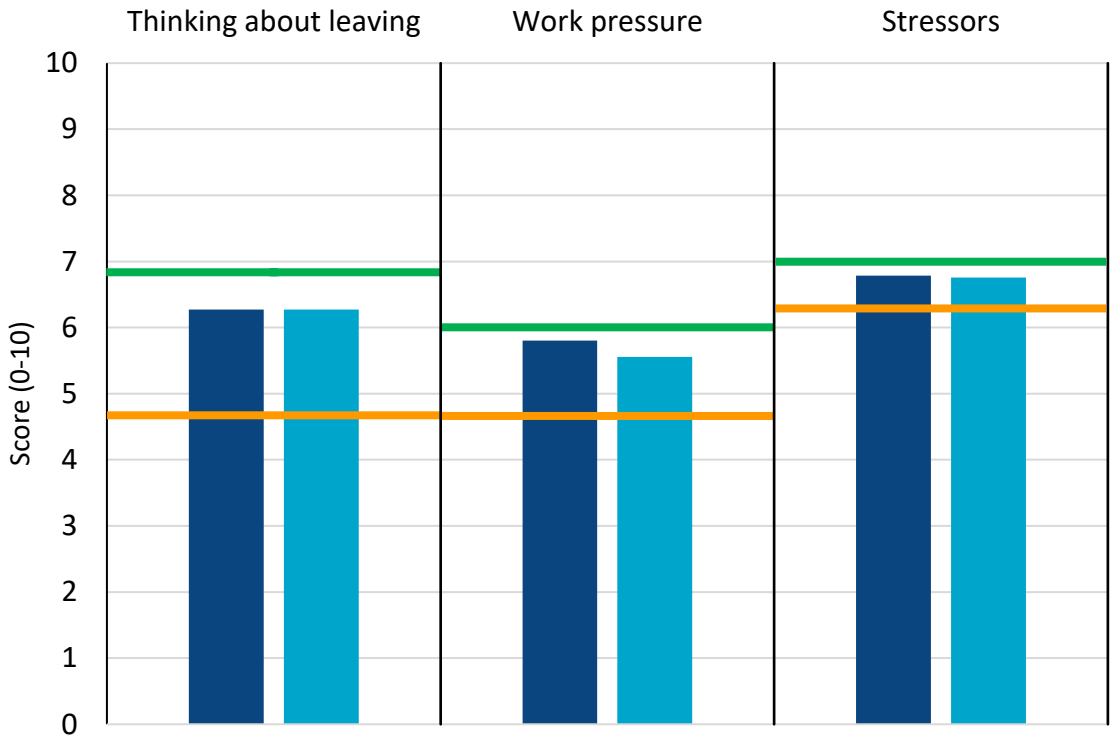
People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff engagement



	Motivation	Involvement	Advocacy
Your org	7.32	7.30	6.90
Best result	7.46	7.39	7.62
Average result	7.22	7.18	6.95
Worst result	6.60	6.69	5.87
Responses	2764	2791	2785

Theme: Morale



	Thinking about leaving	Work pressure	Stressors
Your org	6.27	5.80	6.78
Best result	6.84	6.00	7.00
Average result	6.27	5.55	6.75
Worst result	4.67	4.66	6.29
Responses	2787	2788	2790

Survey Coordination Centre

NHS

People Promise elements, themes and sub-scores: Trends

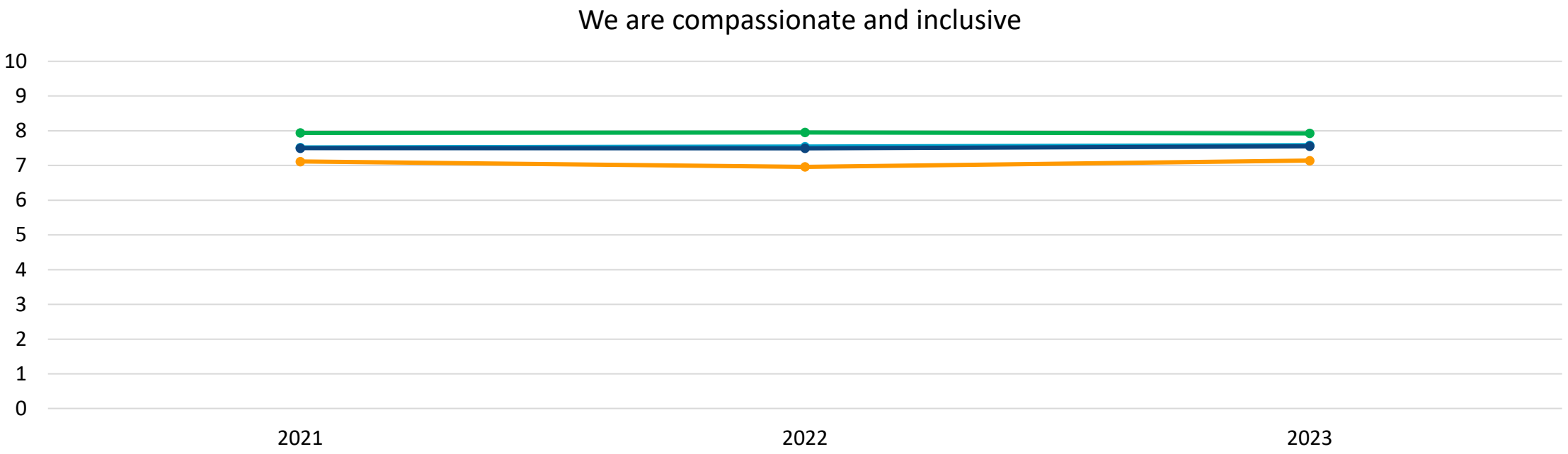
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 1: We are compassionate and inclusive



	2021	2022	2023
Your org	7.50	7.49	7.55
Best result	7.94	7.95	7.93
Average result	7.52	7.54	7.58
Worst result	7.11	6.96	7.14
Responses	2594	2541	2792

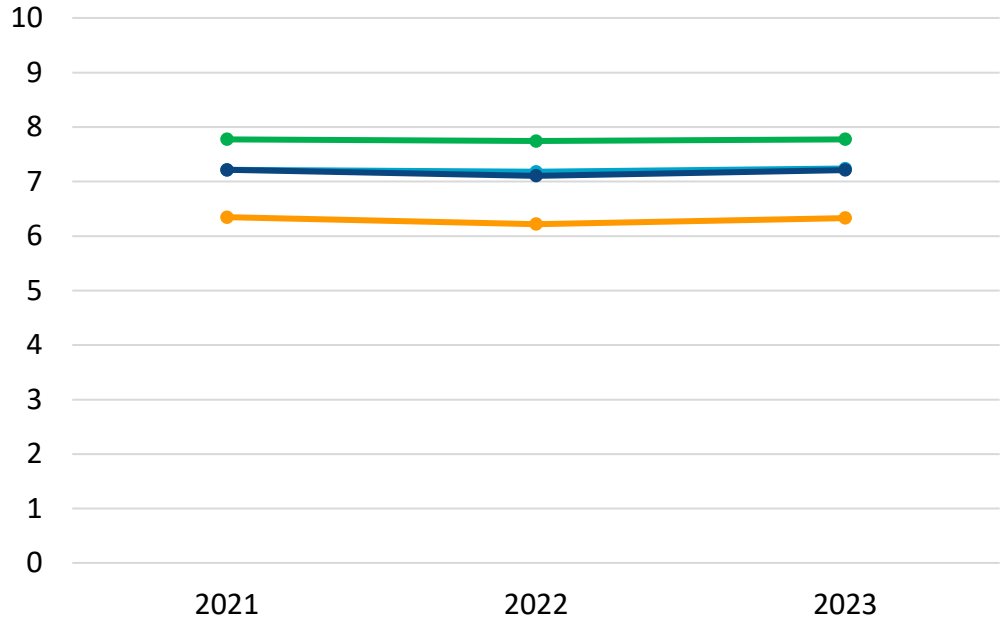
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

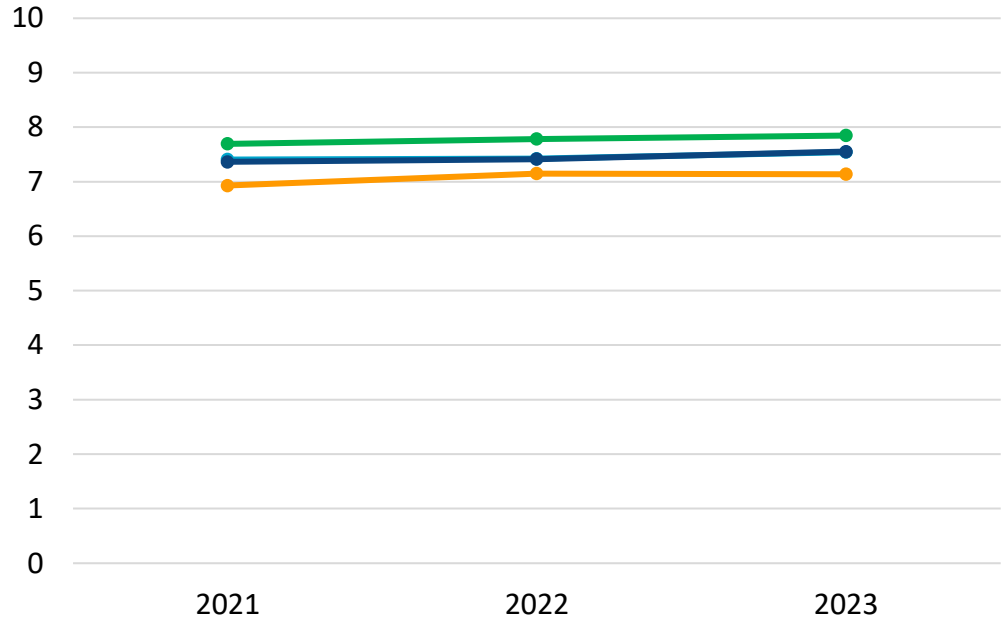
Promise element 1: We are compassionate and inclusive (1)

Compassionate culture



	2021	2022	2023
Your org	7.21	7.11	7.21
Best result	7.77	7.74	7.78
Average result	7.21	7.18	7.24
Worst result	6.34	6.22	6.33
Responses	2584	2535	2785

Compassionate leadership



	2021	2022	2023
Your org	7.36	7.41	7.55
Best result	7.70	7.78	7.85
Average result	7.41	7.42	7.54
Worst result	6.93	7.15	7.14
Responses	2595	2539	2792

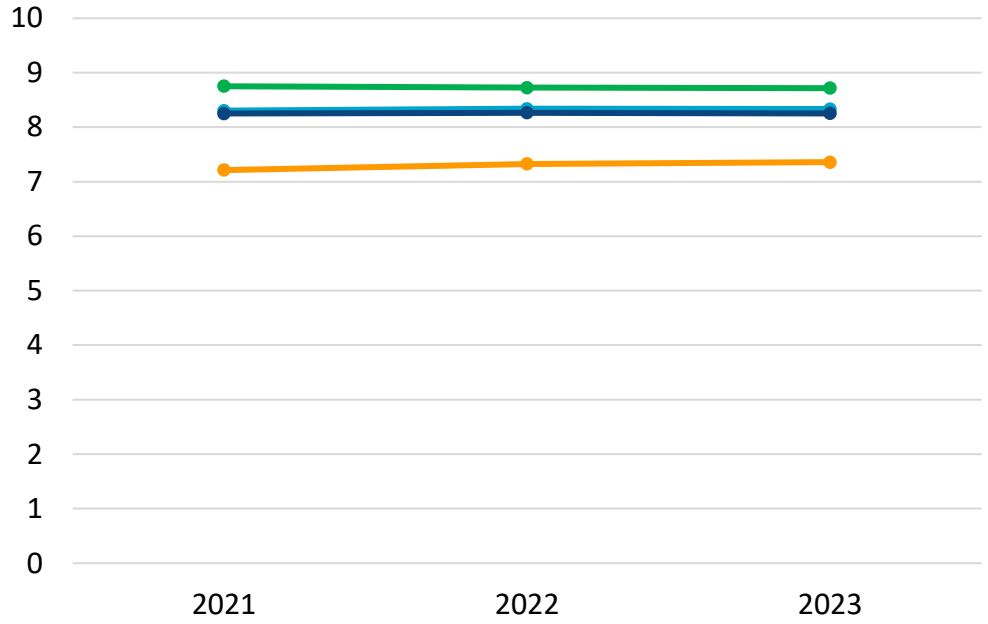
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

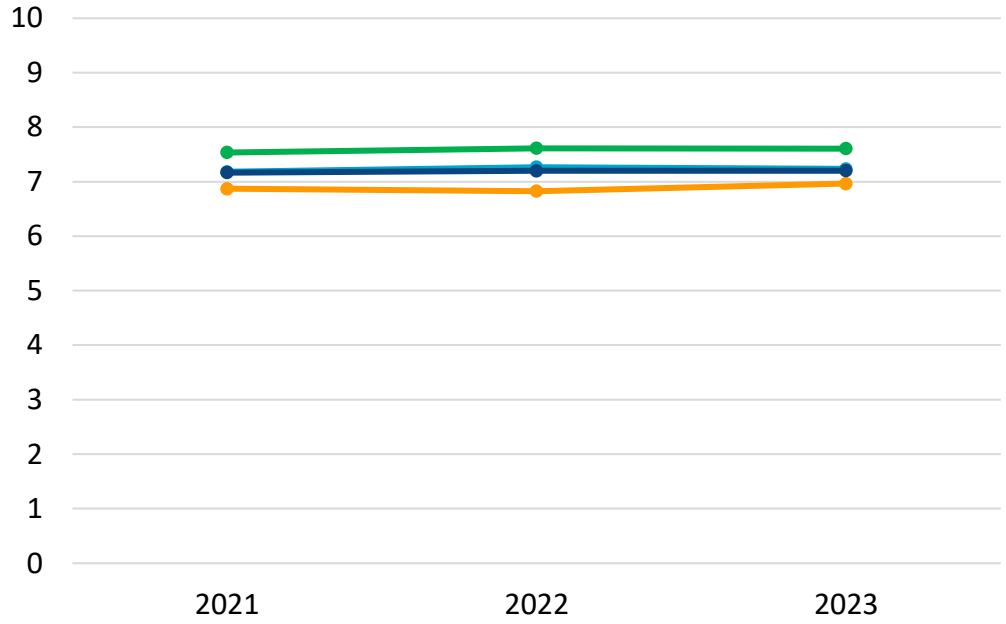
Promise element 1: We are compassionate and inclusive (2)

Diversity and equality



	2021	2022	2023
Your org	8.25	8.26	8.25
Best result	8.75	8.73	8.72
Average result	8.30	8.34	8.33
Worst result	7.21	7.32	7.36
Responses	2585	2535	2791

Inclusion



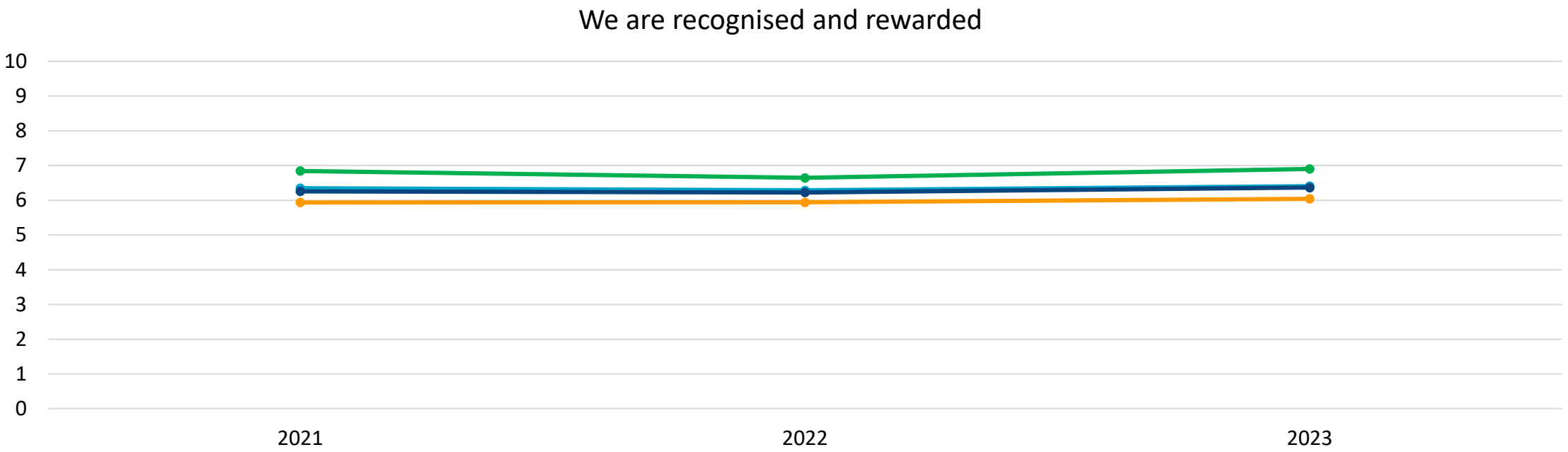
	2021	2022	2023
Your org	7.17	7.20	7.20
Best result	7.54	7.61	7.61
Average result	7.18	7.27	7.23
Worst result	6.87	6.83	6.96
Responses	2556	2528	2787

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 2: We are recognised and rewarded



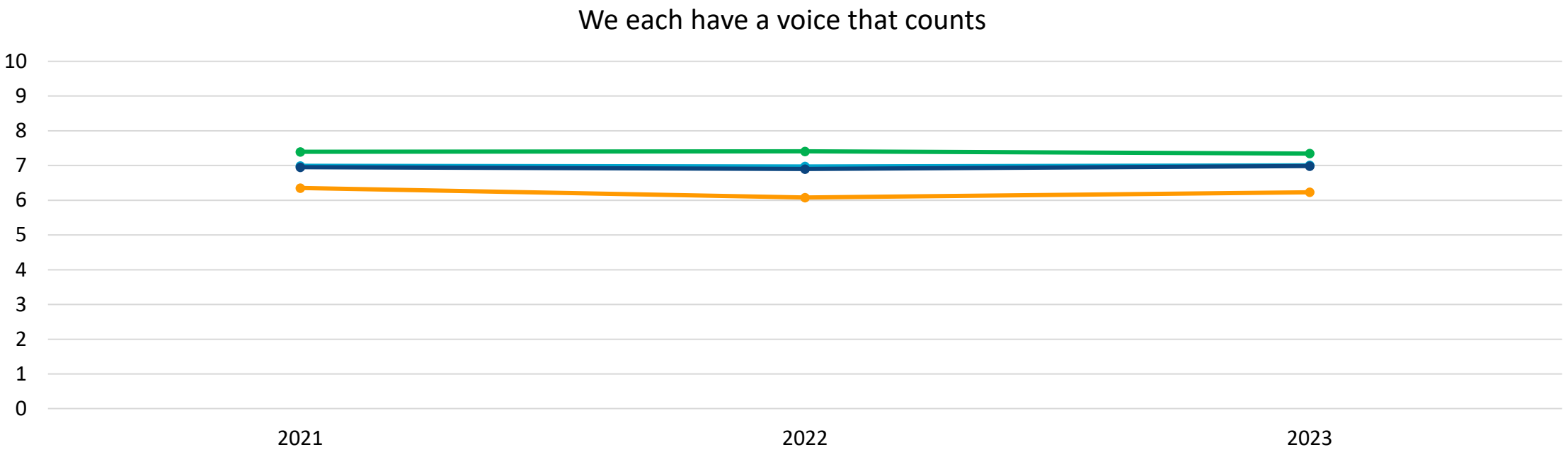
	2021	2022	2023
Your org	6.26	6.22	6.37
Best result	6.84	6.64	6.90
Average result	6.35	6.29	6.41
Worst result	5.94	5.94	6.04
Responses	2582	2531	2787

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 3: We each have a voice that counts



	2021	2022	2023
Your org	6.95	6.90	6.98
Best result	7.40	7.41	7.34
Average result	6.99	6.97	7.01
Worst result	6.35	6.08	6.23
Responses	2565	2518	2770

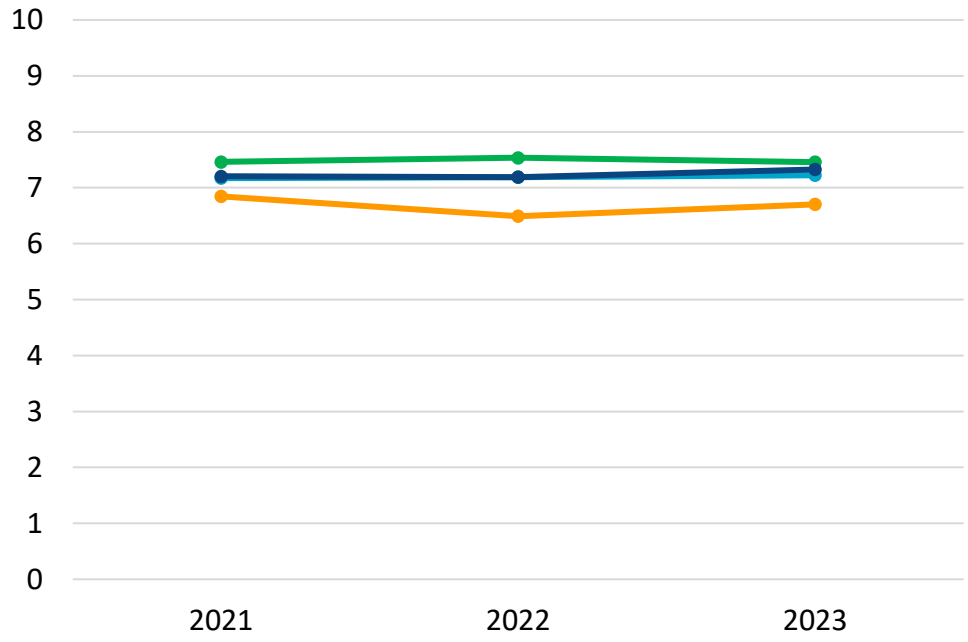
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

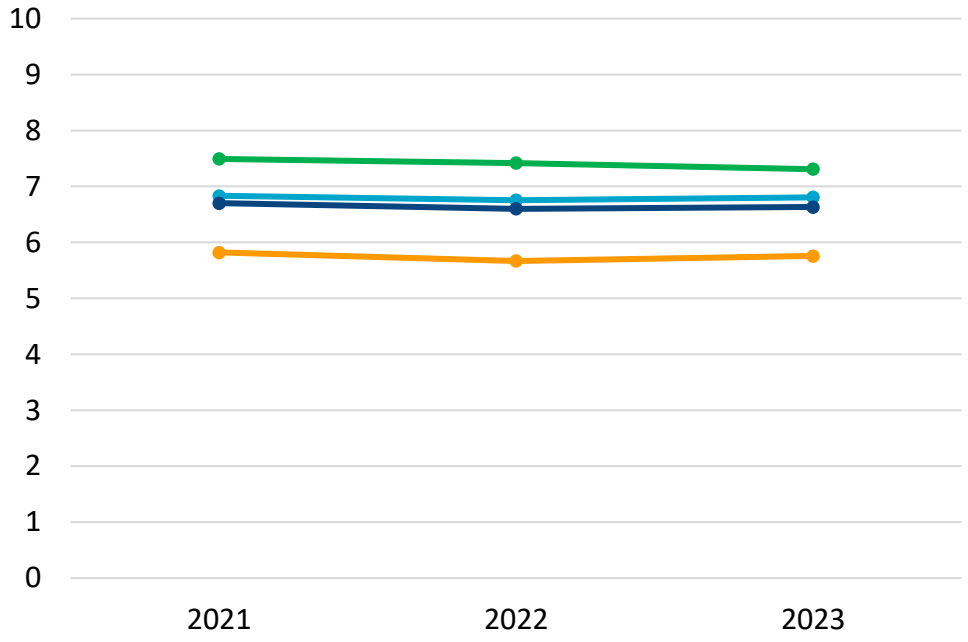
Promise element 3: We each have a voice that counts

Autonomy and control



	2021	2022	2023
Your org	7.20	7.19	7.33
Best result	7.46	7.54	7.46
Average result	7.17	7.19	7.22
Worst result	6.85	6.49	6.70
Responses	2594	2538	2790

Raising concerns



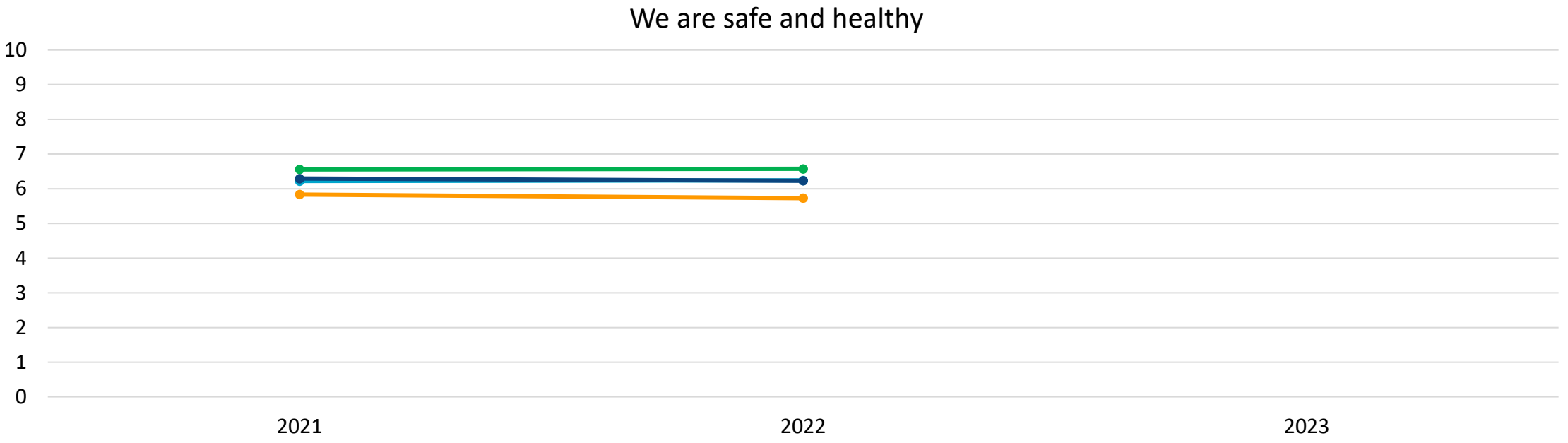
	2021	2022	2023
Your org	6.70	6.60	6.63
Best result	7.49	7.42	7.31
Average result	6.83	6.75	6.80
Worst result	5.82	5.67	5.76
Responses	2571	2526	2773

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 4: We are safe and healthy



	2021	2022	2023
Your org	6.29	6.23	
Best result	6.56	6.57	
Average result	6.22	6.24	
Worst result	5.83	5.73	
Responses	2576	2528	

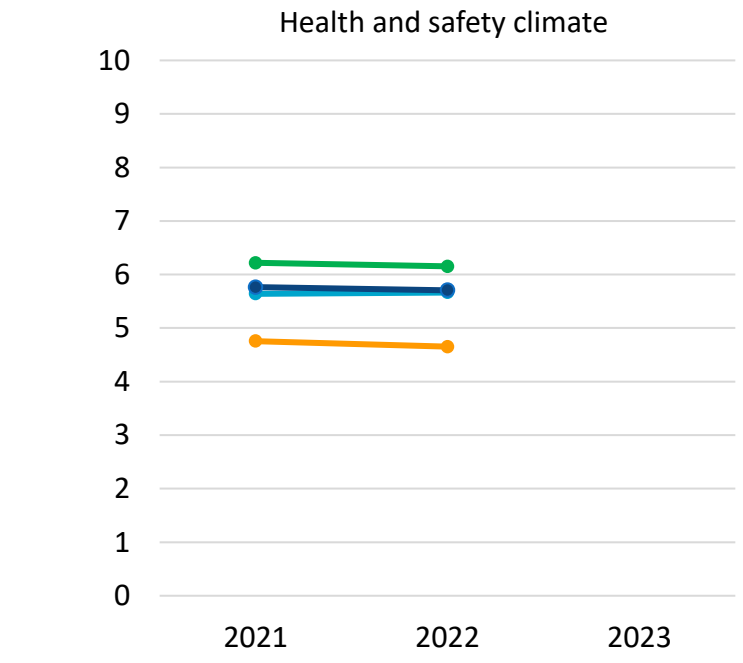
Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements, themes and sub-scores: Sub-score trends

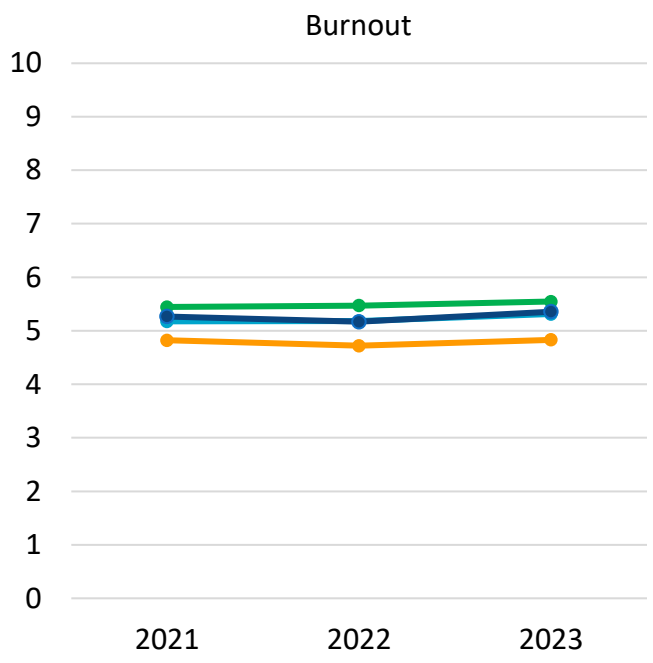
Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

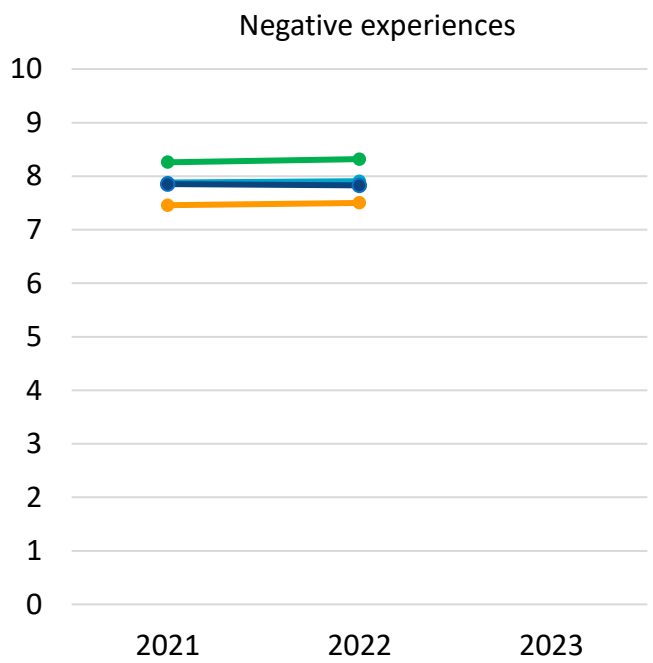
Promise element 4: We are safe and healthy



	2021	2022	2023
Your org	5.76	5.71	
Best result	6.22	6.15	
Average result	5.64	5.67	
Worst result	4.76	4.65	
Responses	2595	2538	



	2021	2022	2023
Your org	5.26	5.17	5.36
Best result	5.44	5.47	5.55
Average result	5.17	5.18	5.31
Worst result	4.82	4.72	4.83
Responses	2596	2542	2794



	2021	2022	2023
Your org	7.85	7.83	
Best result	8.26	8.32	
Average result	7.88	7.91	
Worst result	7.46	7.50	
Responses	2584	2537	

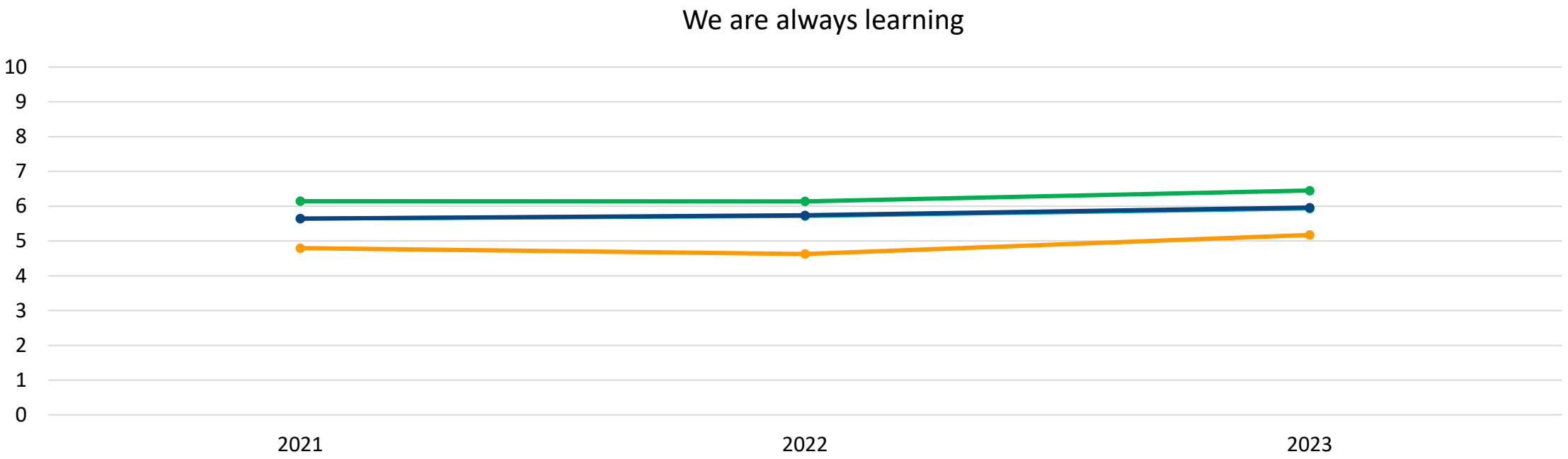
Note. 2023 results for 'Health and safety climate' and 'Negative experiences' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 5: We are always learning



	2021	2022	2023
Your org	5.64	5.74	5.96
Best result	6.15	6.14	6.45
Average result	5.64	5.72	5.93
Worst result	4.79	4.63	5.17
Responses	2433	2411	2623

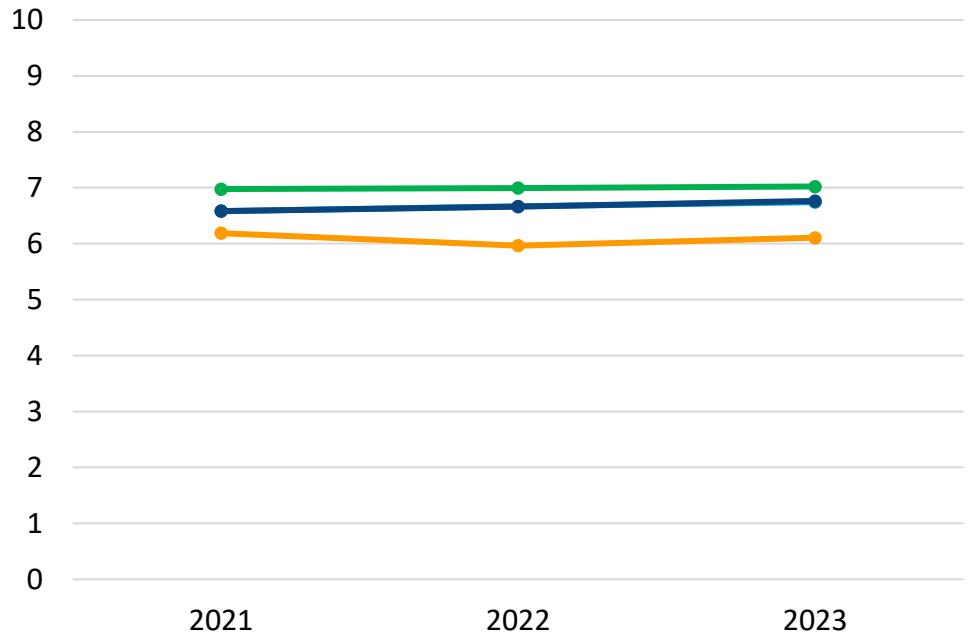
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

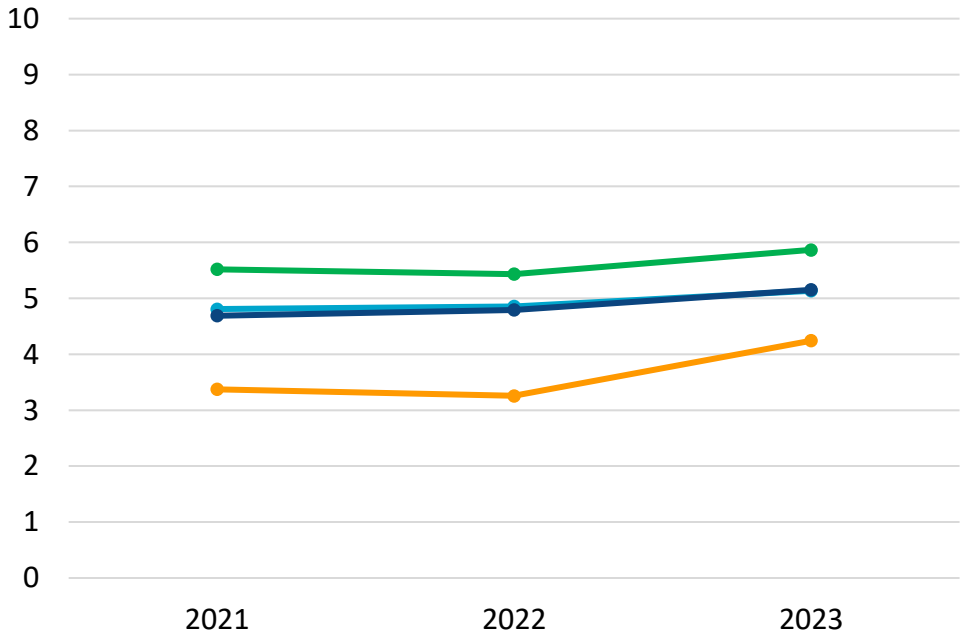
Promise element 5: We are always learning

Development



	2021	2022	2023
Your org	6.58	6.66	6.76
Best result	6.98	6.99	7.02
Average result	6.58	6.67	6.74
Worst result	6.19	5.96	6.11
Responses	2583	2537	2786

Appraisals



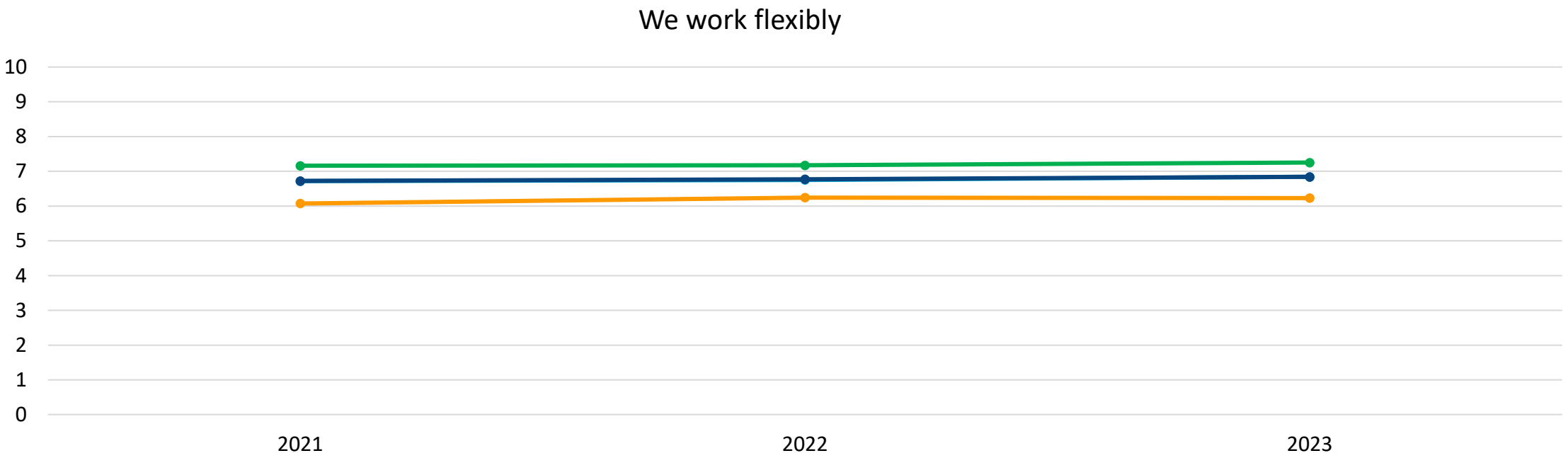
	2021	2022	2023
Your org	4.69	4.79	5.15
Best result	5.52	5.43	5.86
Average result	4.81	4.86	5.13
Worst result	3.37	3.26	4.24
Responses	2438	2416	2625

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 6: We work flexibly



	2021	2022	2023
Your org	6.72	6.77	6.84
Best result	7.16	7.17	7.25
Average result	6.71	6.75	6.84
Worst result	6.07	6.24	6.23
Responses	2568	2522	2776

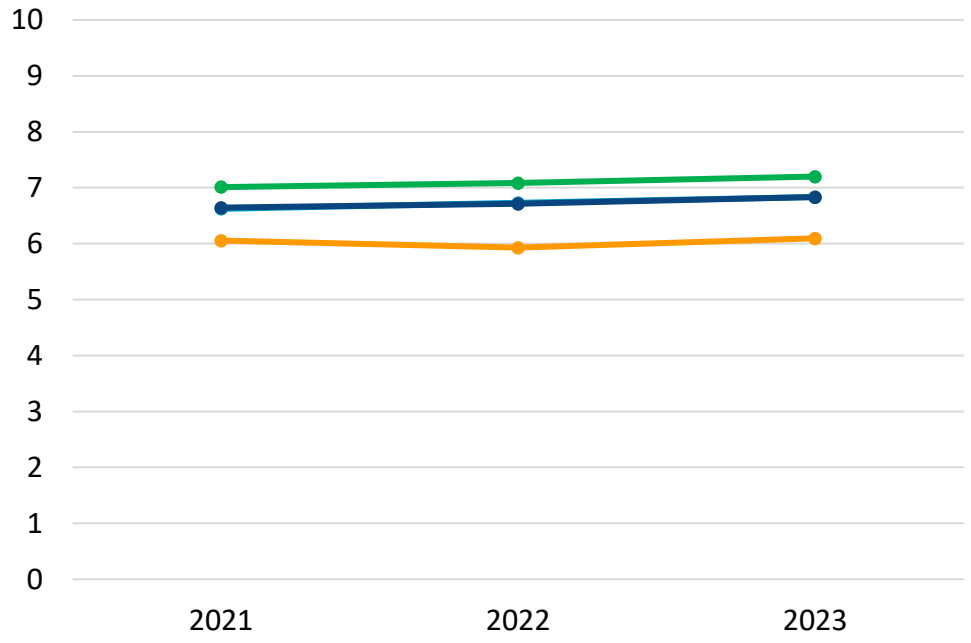
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

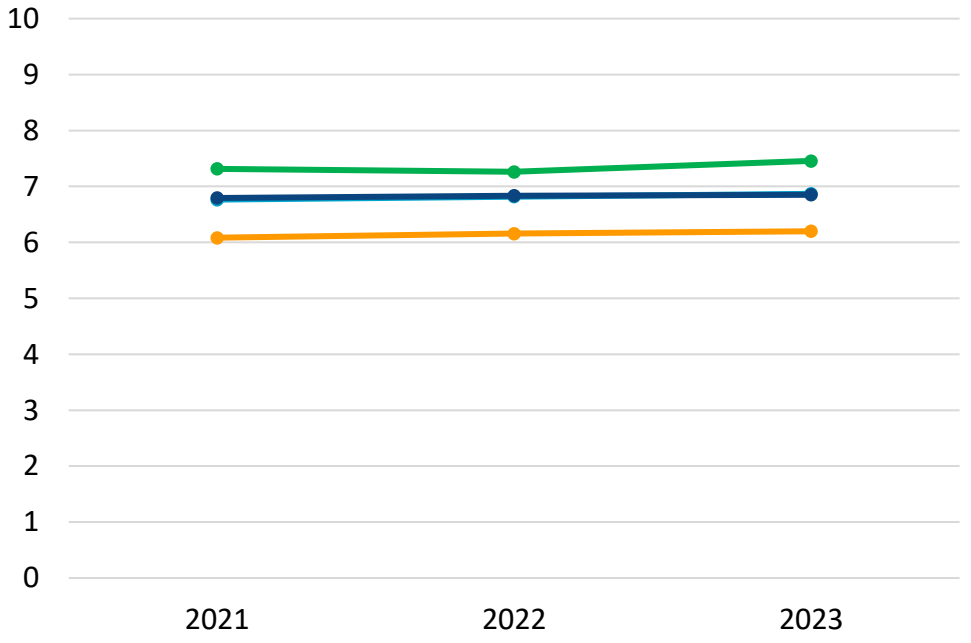
Promise element 6: We work flexibly

Support for work-life balance



	2021	2022	2023
Your org	6.64	6.71	6.83
Best result	7.01	7.08	7.20
Average result	6.62	6.73	6.83
Worst result	6.05	5.93	6.09
Responses	2592	2541	2790

Flexible working



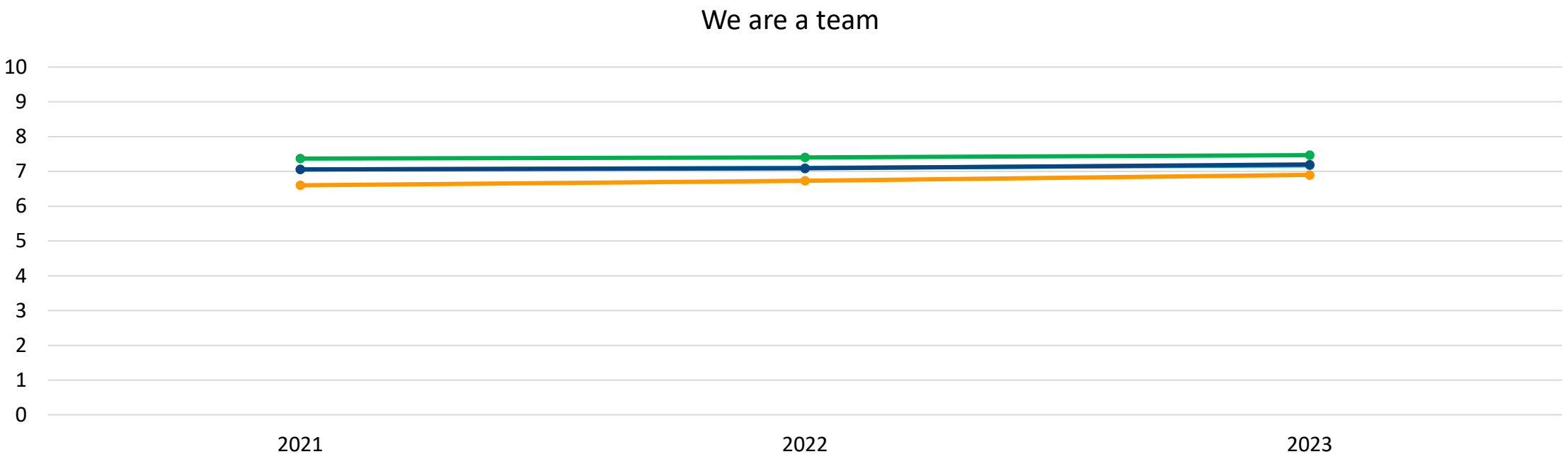
	2021	2022	2023
Your org	6.79	6.84	6.85
Best result	7.32	7.26	7.46
Average result	6.76	6.82	6.87
Worst result	6.08	6.16	6.20
Responses	2573	2524	2780

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Promise element 7: We are a team



	2021	2022	2023
Your org	7.06	7.09	7.20
Best result	7.37	7.40	7.47
Average result	7.06	7.10	7.18
Worst result	6.60	6.73	6.90
Responses	2575	2535	2790

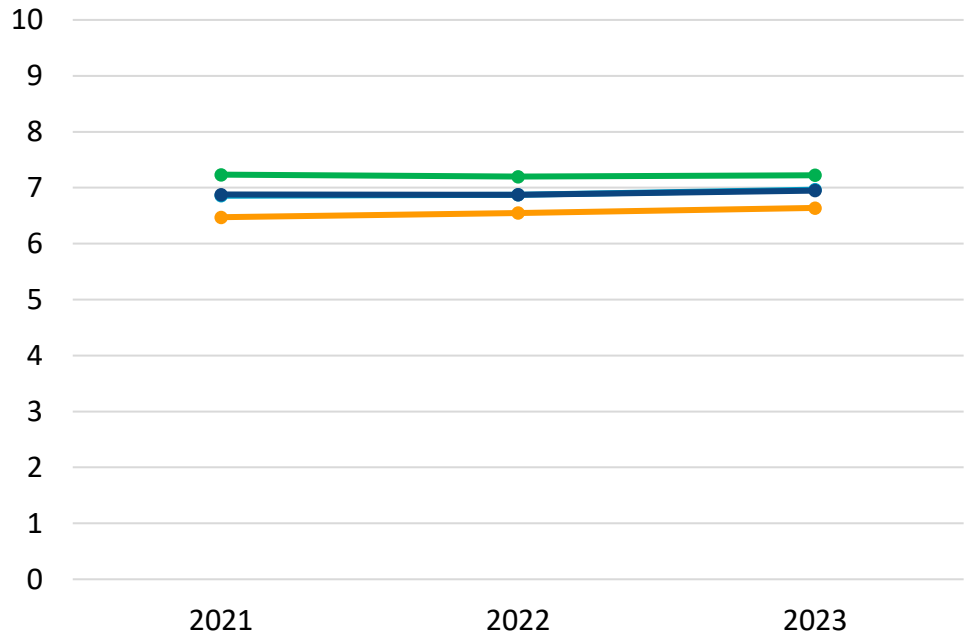
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

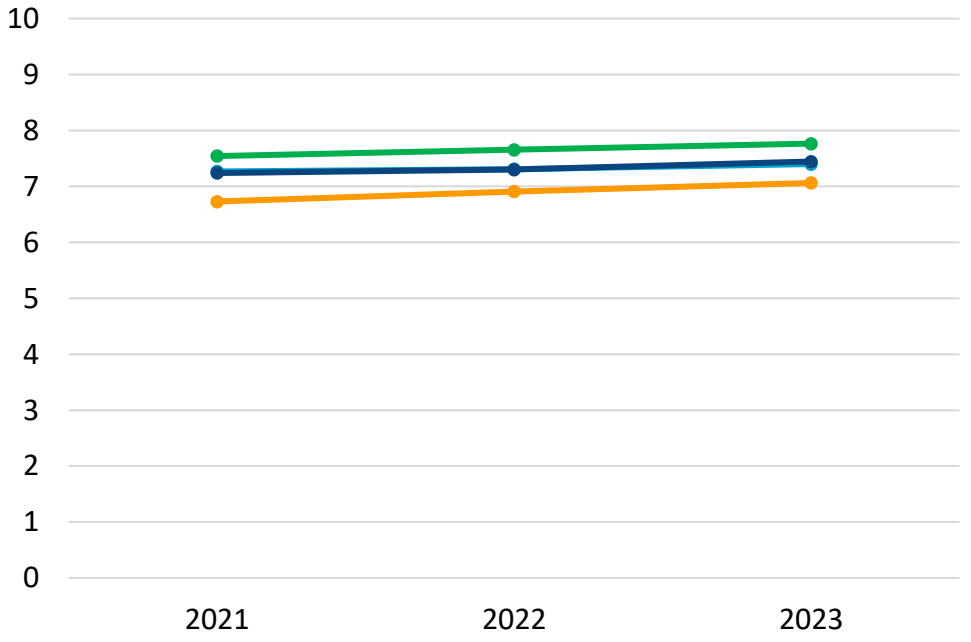
Promise element 7: We are a team

Team working



	2021	2022	2023
Your org	6.88	6.87	6.95
Best result	7.23	7.20	7.22
Average result	6.86	6.87	6.97
Worst result	6.47	6.55	6.64
Responses	2579	2539	2792

Line management



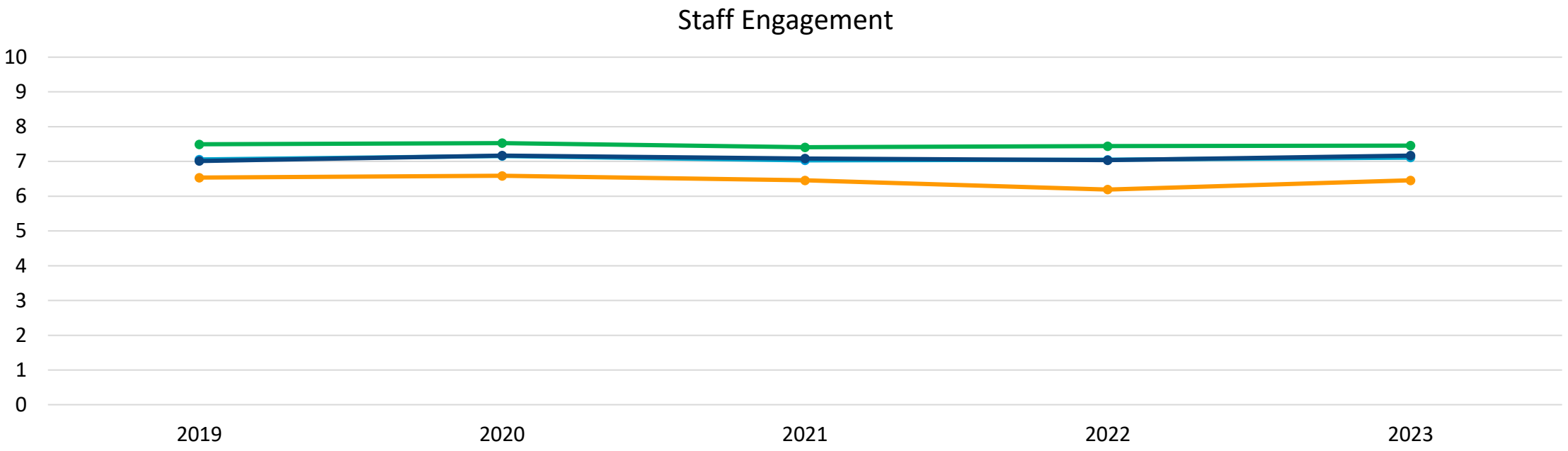
	2021	2022	2023
Your org	7.24	7.30	7.44
Best result	7.54	7.66	7.76
Average result	7.27	7.31	7.40
Worst result	6.73	6.91	7.06
Responses	2593	2540	2792

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Staff Engagement



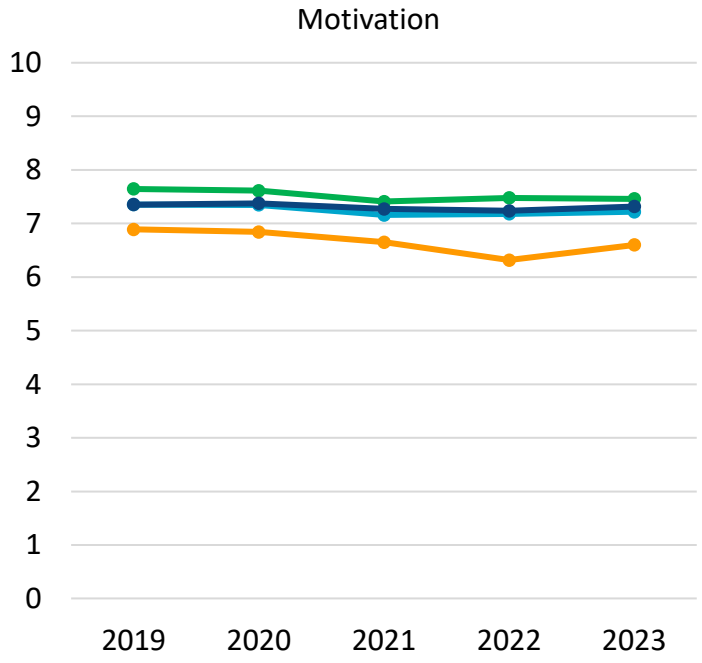
	2019	2020	2021	2022	2023
Your org	7.01	7.17	7.09	7.04	7.17
Best result	7.49	7.53	7.41	7.44	7.45
Average result	7.06	7.15	7.03	7.05	7.11
Worst result	6.53	6.58	6.46	6.19	6.46
Responses	2273	2303	2594	2538	2791

People Promise elements, themes and sub-scores: Sub-score trends

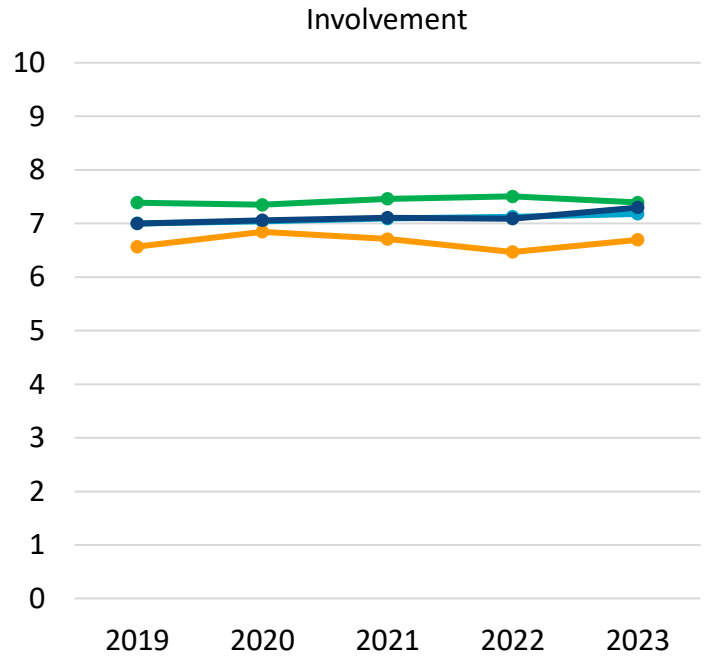
Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

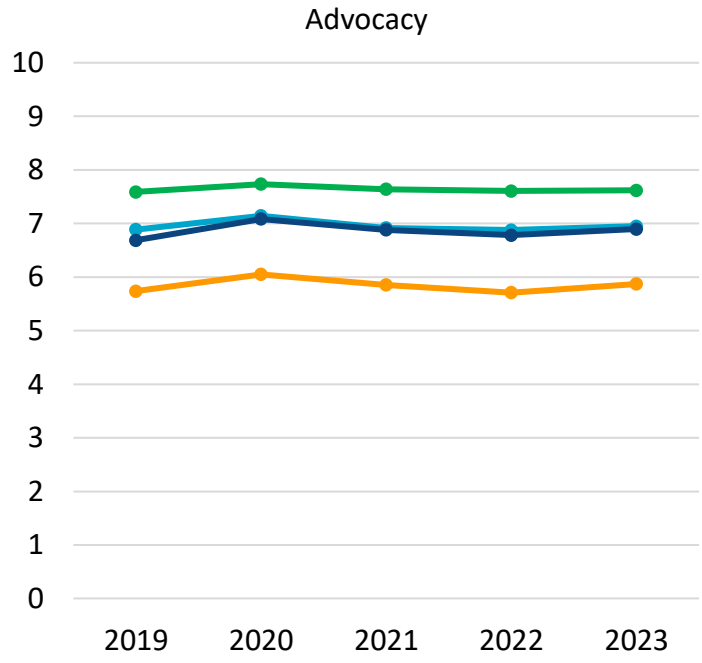
Theme: Staff Engagement



	2019	2020	2021	2022	2023
Your org	7.35	7.38	7.27	7.23	7.32
Best result	7.64	7.61	7.41	7.48	7.46
Average result	7.35	7.35	7.16	7.18	7.22
Worst result	6.89	6.84	6.65	6.31	6.60
Responses	2244	2283	2555	2491	2764



	2019	2020	2021	2022	2023
Your org	7.00	7.06	7.11	7.09	7.30
Best result	7.39	7.35	7.46	7.50	7.39
Average result	7.00	7.04	7.09	7.12	7.18
Worst result	6.57	6.84	6.71	6.47	6.69
Responses	2274	2301	2594	2537	2791



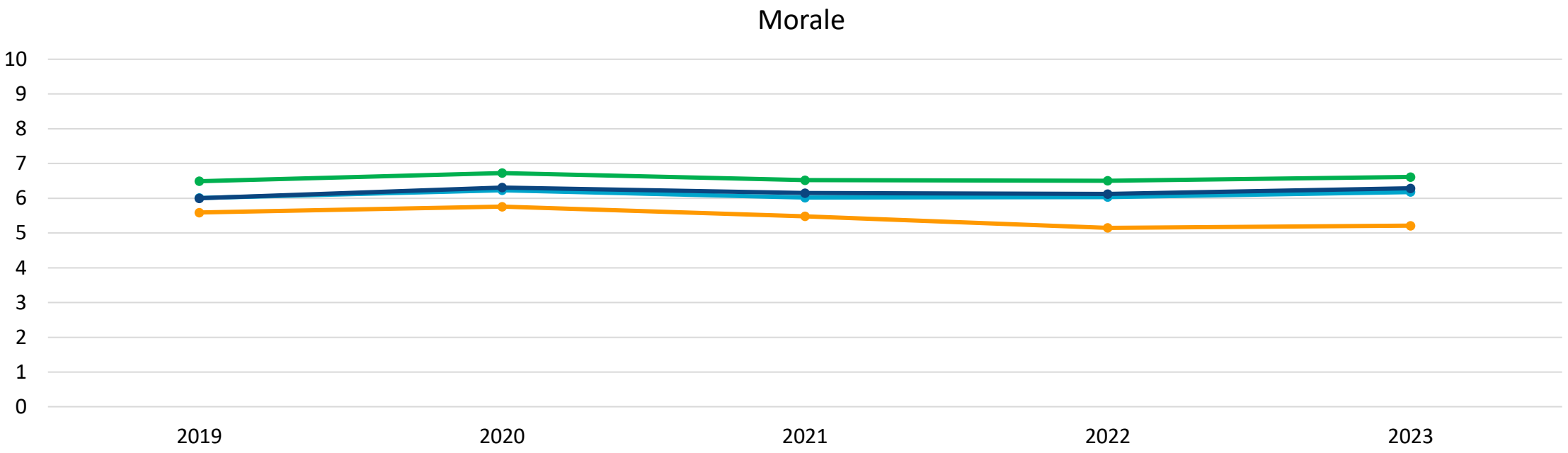
	2019	2020	2021	2022	2023
Your org	6.68	7.08	6.88	6.78	6.90
Best result	7.59	7.73	7.64	7.60	7.62
Average result	6.89	7.14	6.91	6.88	6.95
Worst result	5.74	6.05	5.85	5.71	5.87
Responses	2234	2291	2583	2533	2785

People Promise elements and themes: Trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

Theme: Morale



	2019	2020	2021	2022	2023
Your org	6.00	6.31	6.15	6.12	6.29
Best result	6.49	6.73	6.52	6.50	6.61
Average result	6.01	6.23	6.02	6.04	6.17
Worst result	5.59	5.76	5.48	5.15	5.21
Responses	2274	2303	2597	2540	2793

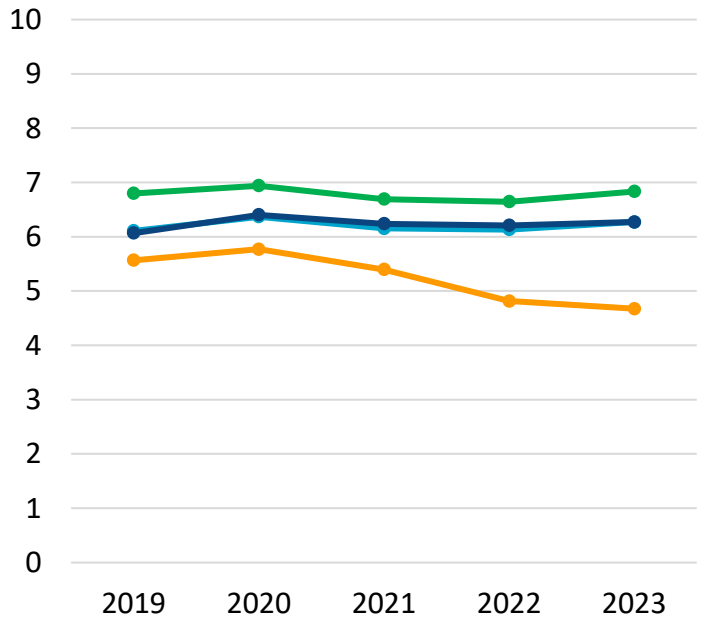
People Promise elements, themes and sub-scores: Sub-score trends

Survey Coordination Centre NHS

People Promise elements, themes and sub-scores are scored on a 0-10 scale, **where a higher score is more positive than a lower score**.

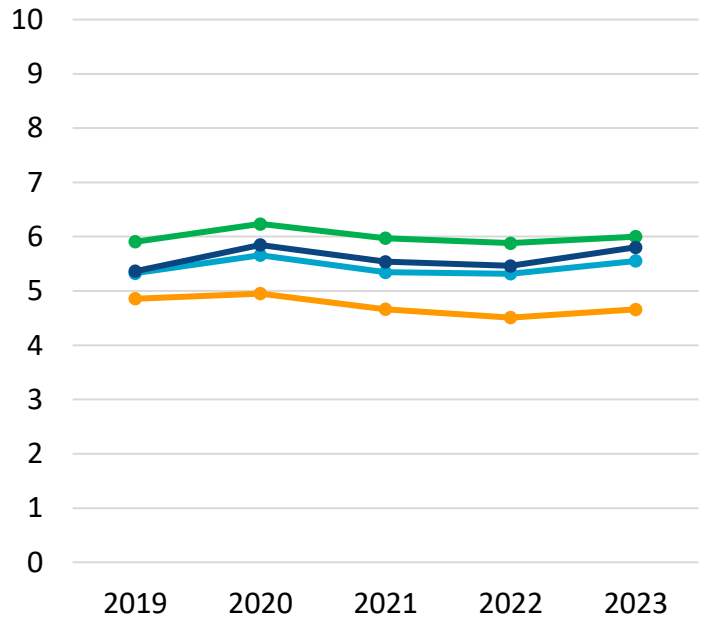
Theme: Morale

Thinking about leaving



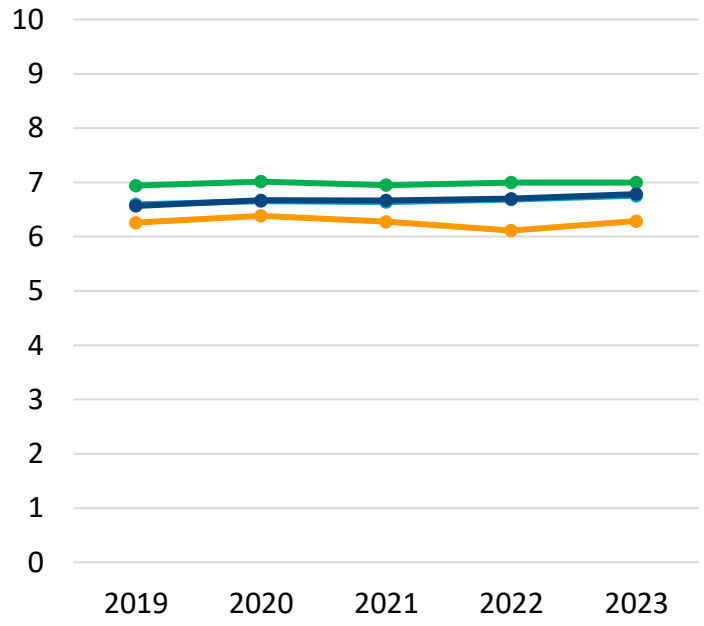
	2019	2020	2021	2022	2023
Your org	6.07	6.40	6.24	6.21	6.27
Best result	6.80	6.94	6.69	6.64	6.84
Average result	6.11	6.37	6.15	6.13	6.27
Worst result	5.57	5.77	5.39	4.82	4.67
Responses	2238	2296	2585	2539	2787

Work pressure



	2019	2020	2021	2022	2023
Your org	5.36	5.85	5.54	5.46	5.80
Best result	5.91	6.23	5.97	5.88	6.00
Average result	5.33	5.66	5.34	5.32	5.55
Worst result	4.86	4.95	4.66	4.51	4.66
Responses	2272	2299	2593	2537	2788

Stressors



	2019	2020	2021	2022	2023
Your org	6.57	6.67	6.67	6.70	6.78
Best result	6.94	7.01	6.95	7.00	7.00
Average result	6.60	6.65	6.64	6.69	6.75
Worst result	6.26	6.39	6.28	6.11	6.29
Responses	2246	2275	2594	2537	2790

Survey Coordination Centre

NHS

People Promise element – We are compassionate and inclusive

Questions included:

Compassionate culture – Q6a, Q25a, Q25b, Q25c, Q25d

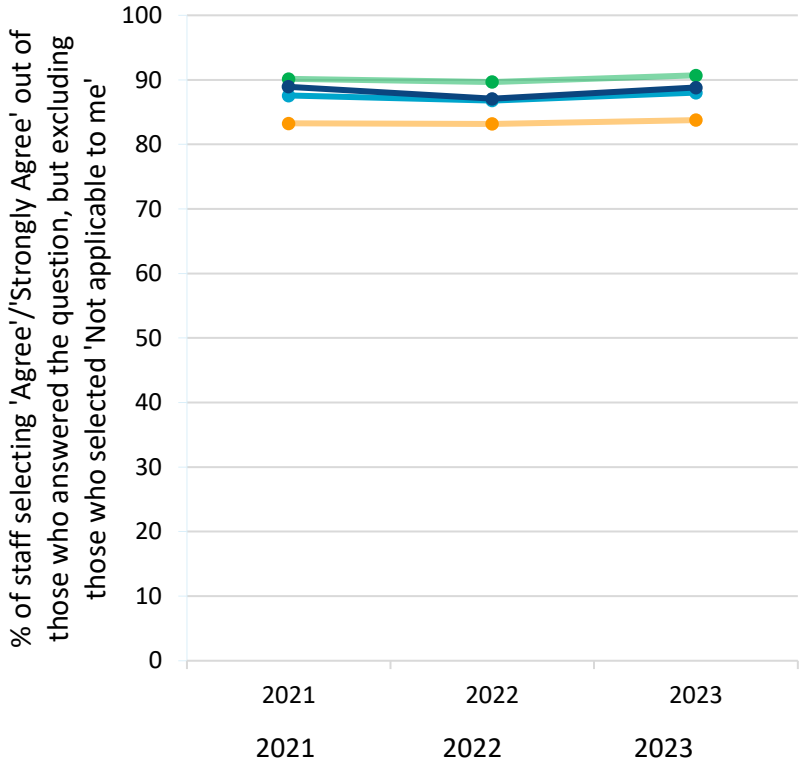
Compassionate leadership – Q9f, Q9g, Q9h, Q9i

Diversity and equality – Q15, Q16a, Q16b, Q21

Inclusion – Q7h, Q7i, Q8b, Q8c

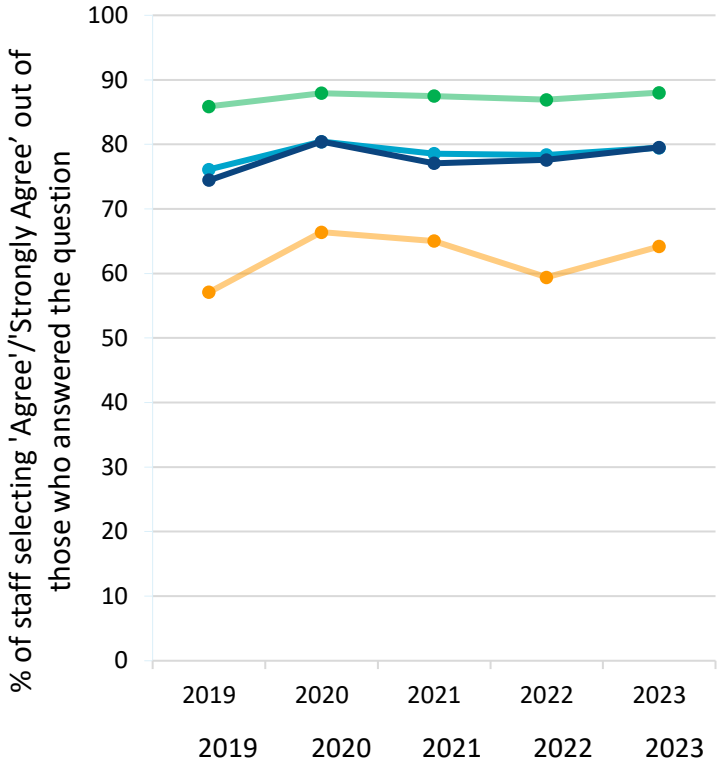
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q6a I feel that my role makes a difference to patients / service users.



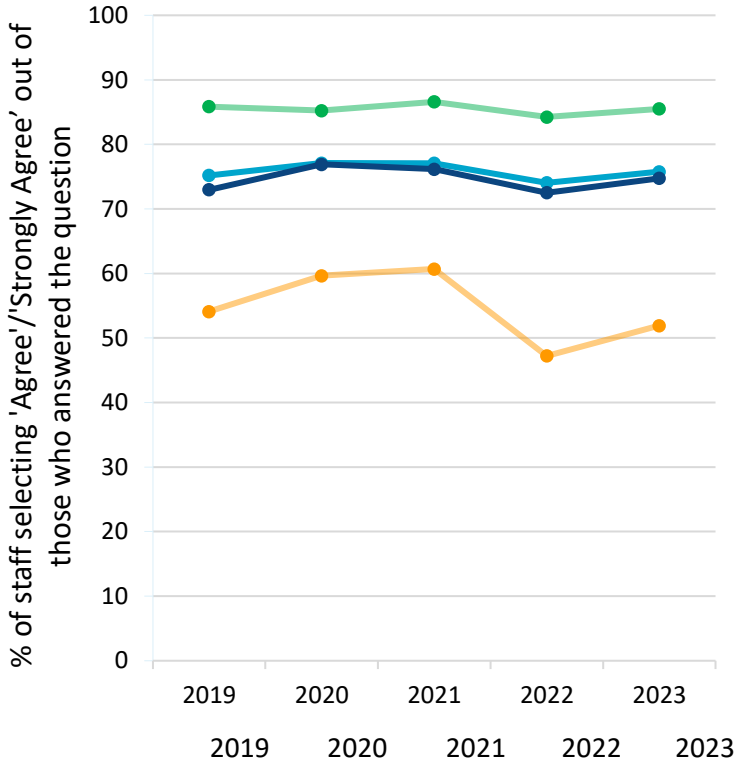
	2021	2022	2023
Your org	88.94%	87.07%	88.80%
Best result	90.14%	89.67%	90.69%
Average result	87.57%	86.81%	88.02%
Worst result	83.26%	83.18%	83.79%
Responses	2455	2434	2656

Q25a Care of patients / service users is my organisation's top priority.



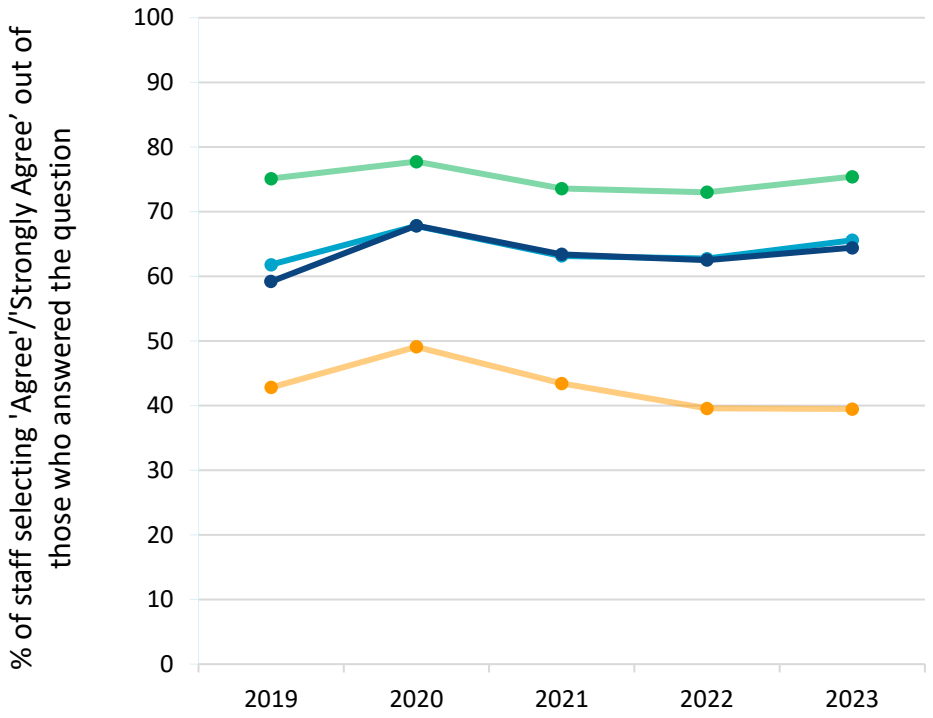
	2019	2020	2021	2022	2023
Your org	74.43%	80.44%	77.08%	77.61%	79.54%
Best result	85.89%	87.93%	87.50%	86.92%	88.01%
Average result	76.11%	80.42%	78.56%	78.37%	79.49%
Worst result	57.09%	66.39%	65.04%	59.39%	64.18%
Responses	2237	2289	2584	2529	2785

Q25b My organisation acts on concerns raised by patients / service users.



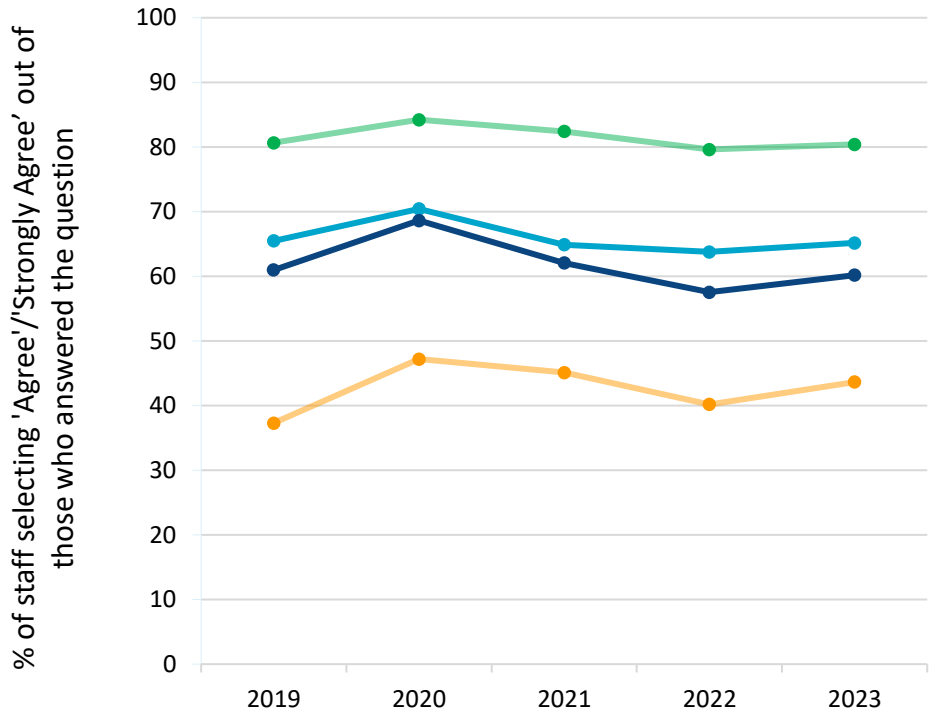
	2019	2020	2021	2022	2023
Your org	72.93%	76.91%	76.17%	72.51%	74.76%
Best result	85.85%	85.24%	86.61%	84.24%	85.52%
Average result	75.20%	77.10%	77.08%	74.06%	75.76%
Worst result	54.09%	59.66%	60.69%	47.24%	51.93%
Responses	2229	2285	2577	2529	2783

Q25c I would recommend my organisation as a place to work.



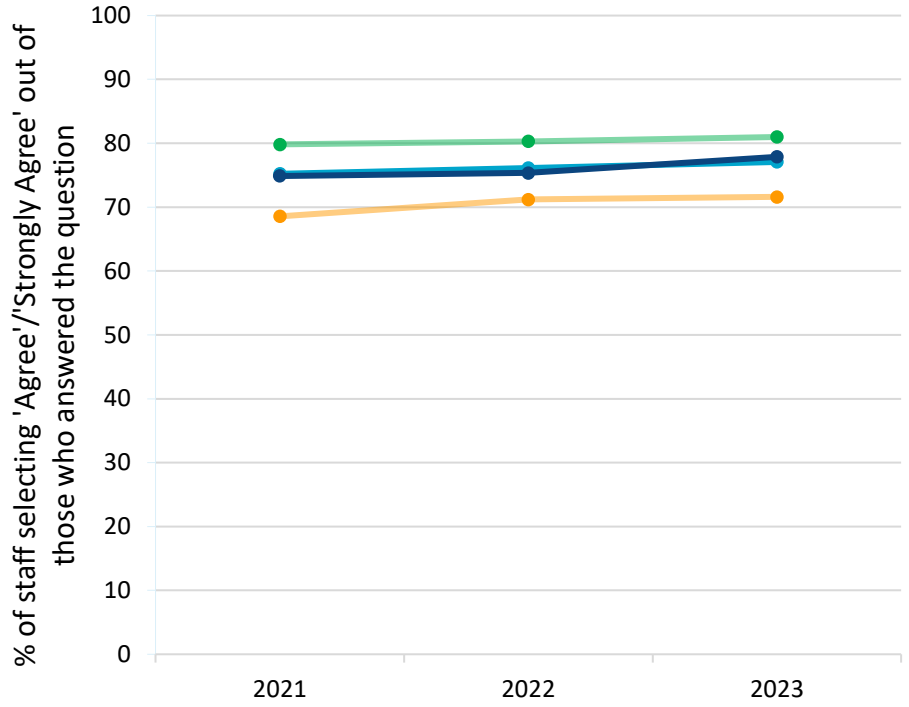
	2019	2020	2021	2022	2023
Your org	59.20%	67.86%	63.41%	62.53%	64.44%
Best result	75.13%	77.76%	73.58%	73.01%	75.43%
Average result	61.79%	67.83%	63.17%	62.74%	65.59%
Worst result	42.82%	49.09%	43.43%	39.56%	39.46%
Responses	2232	2286	2580	2531	2782

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



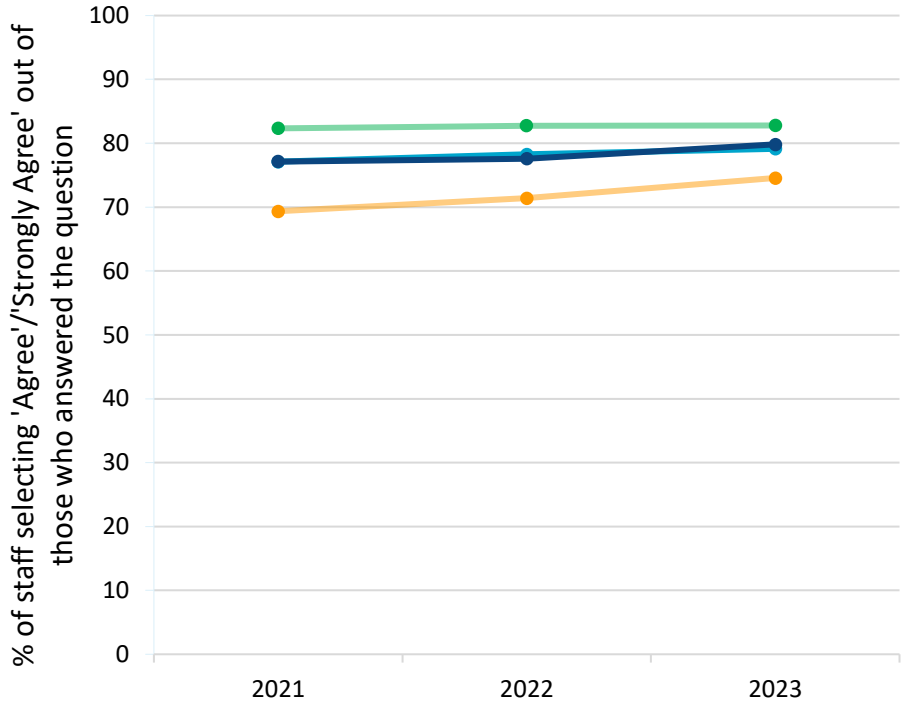
	2019	2020	2021	2022	2023
Your org	60.97%	68.65%	62.08%	57.55%	60.18%
Best result	80.67%	84.23%	82.42%	79.63%	80.42%
Average result	65.50%	70.45%	64.89%	63.78%	65.18%
Worst result	37.29%	47.19%	45.13%	40.19%	43.64%
Responses	2230	2283	2578	2532	2781

Q9f My immediate manager works together with me to come to an understanding of problems.



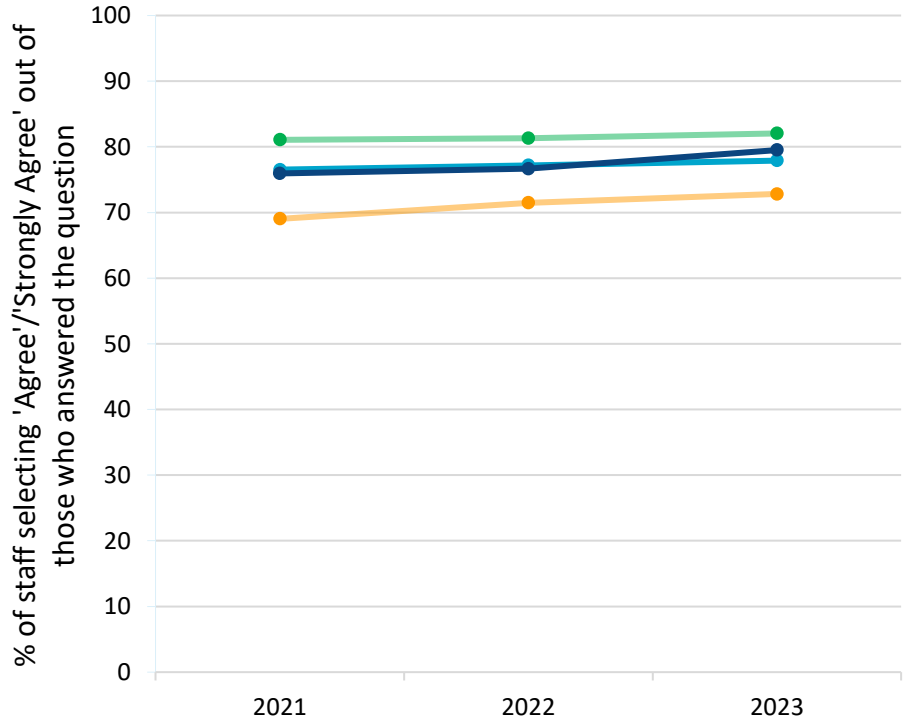
	2021	2022	2023
Your org	74.85%	75.36%	77.89%
Best result	79.81%	80.30%	80.98%
Average result	75.23%	76.13%	77.09%
Worst result	68.57%	71.19%	71.60%
Responses	2591	2536	2787

Q9g My immediate manager is interested in listening to me when I describe challenges I face.



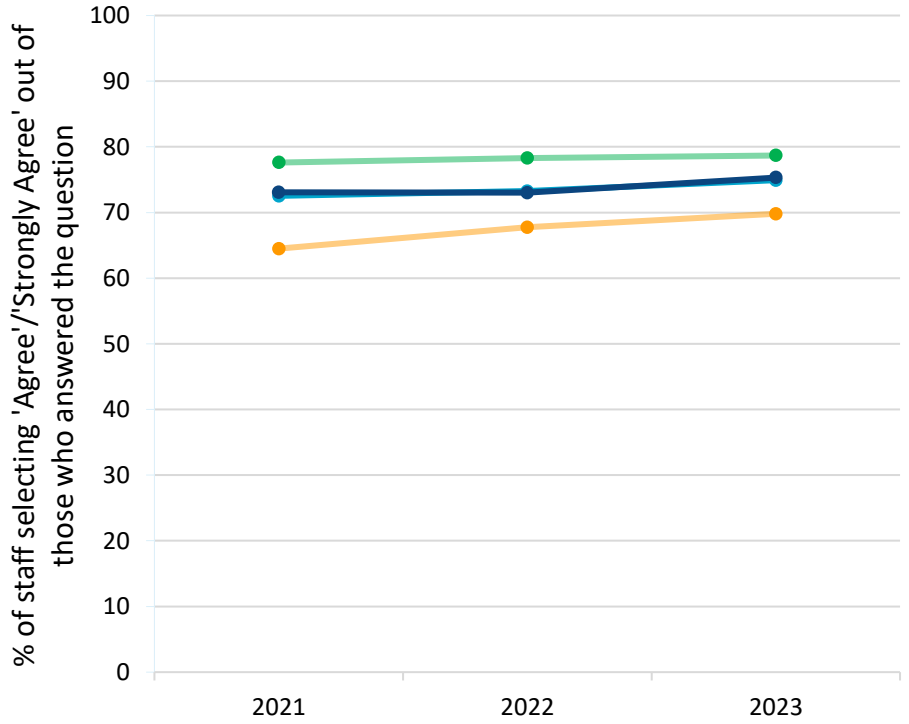
	2021	2022	2023
Your org	77.10%	77.59%	79.81%
Best result	82.35%	82.75%	82.80%
Average result	77.10%	78.25%	79.15%
Worst result	69.35%	71.40%	74.55%
Responses	2589	2537	2791

Q9h My immediate manager cares about my concerns.



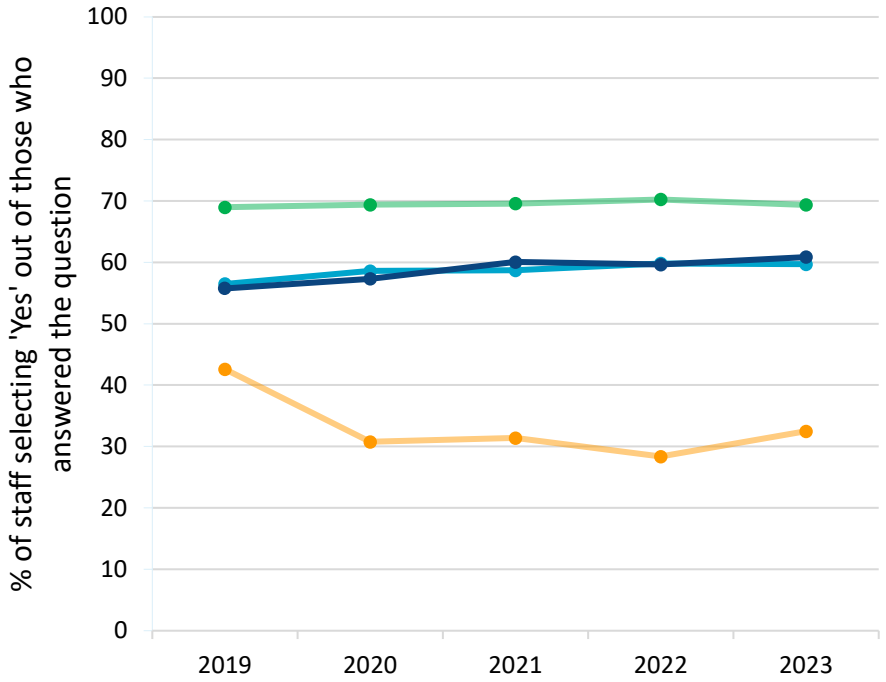
	2021	2022	2023
Your org	75.95%	76.67%	79.53%
Best result	81.08%	81.34%	82.06%
Average result	76.52%	77.18%	77.92%
Worst result	69.03%	71.48%	72.82%
Responses	2590	2534	2786

Q9i My immediate manager takes effective action to help me with any problems I face.



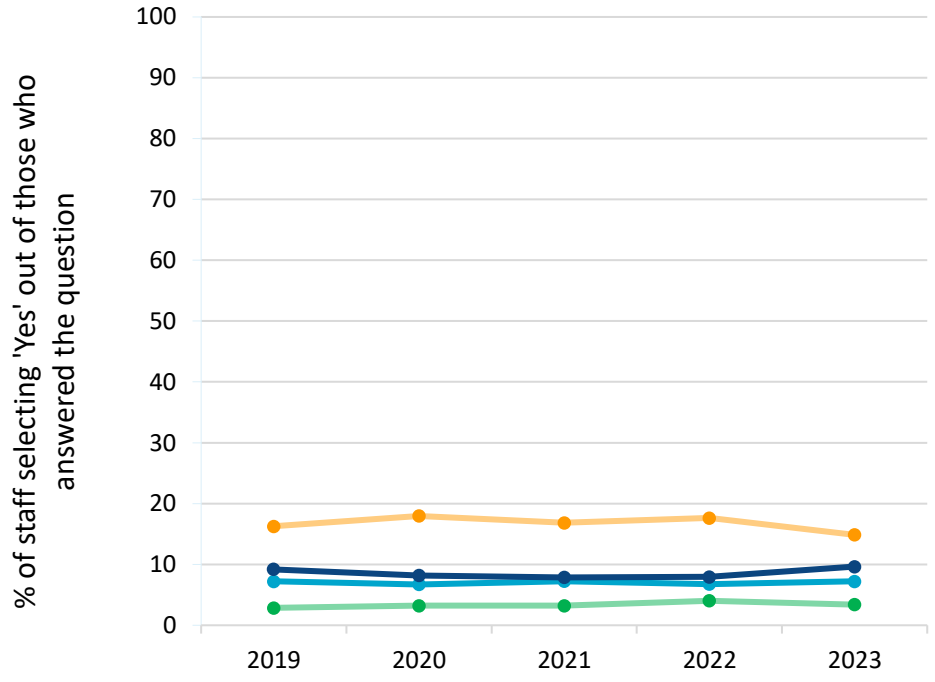
	2021	2022	2023
Your org	73.09%	73.02%	75.33%
Best result	77.63%	78.30%	78.70%
Average result	72.54%	73.25%	74.90%
Worst result	64.49%	67.76%	69.80%
Responses	2586	2540	2790

Q15 Does your organisation act fairly with regard to career progression / promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age?



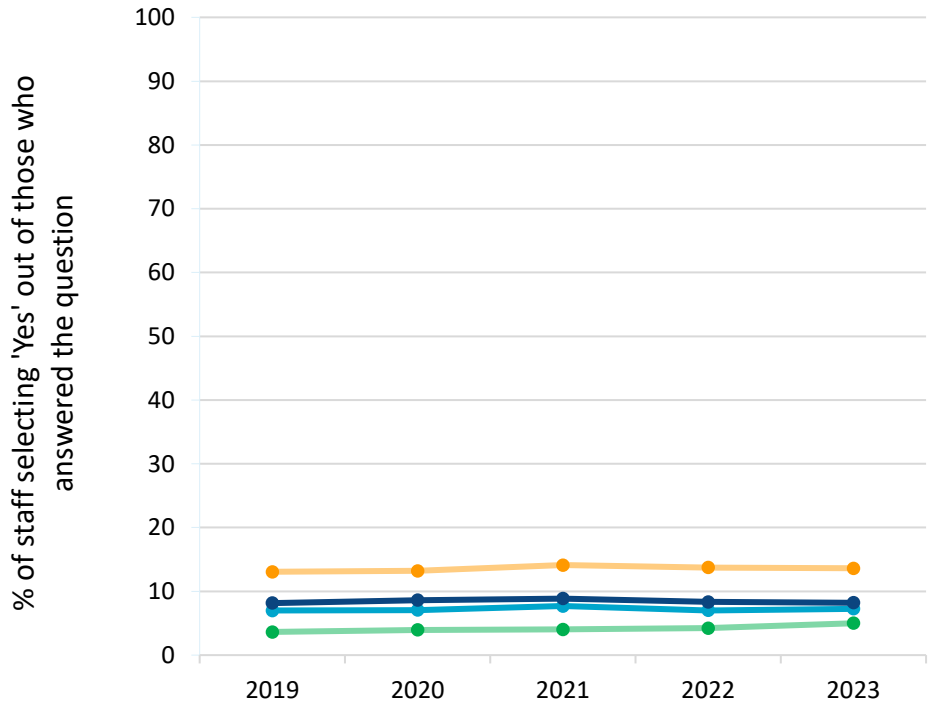
	2019	2020	2021	2022	2023
Your org	55.75%	57.32%	60.05%	59.65%	60.86%
Best result	68.97%	69.39%	69.57%	70.24%	69.35%
Average result	56.50%	58.60%	58.69%	59.83%	59.69%
Worst result	42.59%	30.76%	31.37%	28.35%	32.49%
Responses	2237	2300	2583	2529	2771

Q16a In the last 12 months have you personally experienced discrimination at work from patients / service users, their relatives or other members of the public?



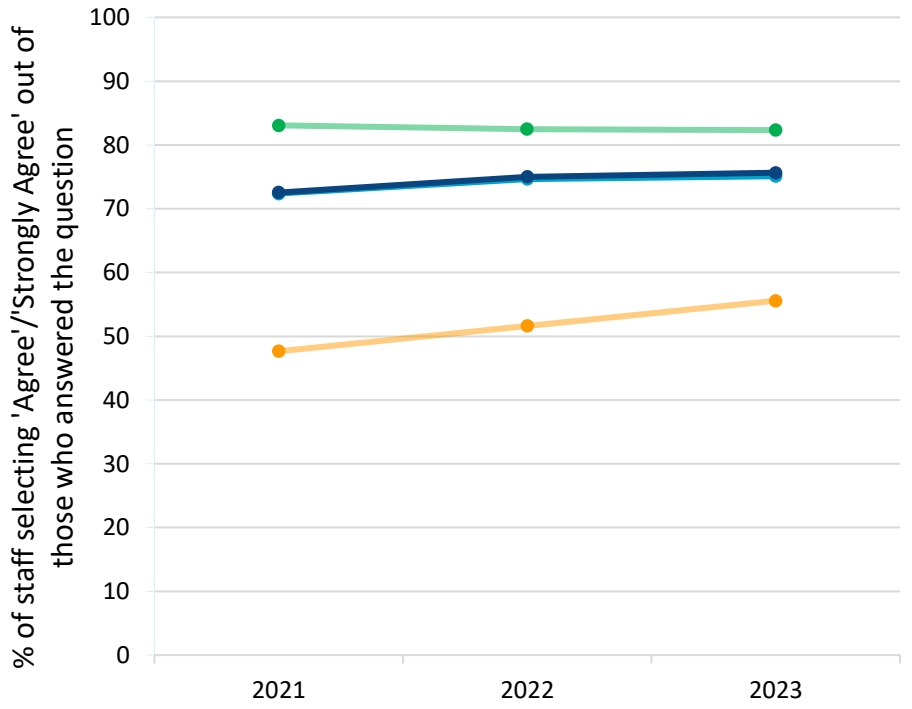
	2019	2020	2021	2022	2023
Your org	9.19%	8.20%	7.87%	7.95%	9.63%
Best result	2.85%	3.22%	3.23%	4.04%	3.41%
Average result	7.22%	6.71%	7.24%	6.76%	7.22%
Worst result	16.25%	17.98%	16.85%	17.64%	14.88%
Responses	2244	2288	2579	2527	2786

Q16b In the last 12 months have you personally experienced discrimination at work from manager / team leader or other colleagues?



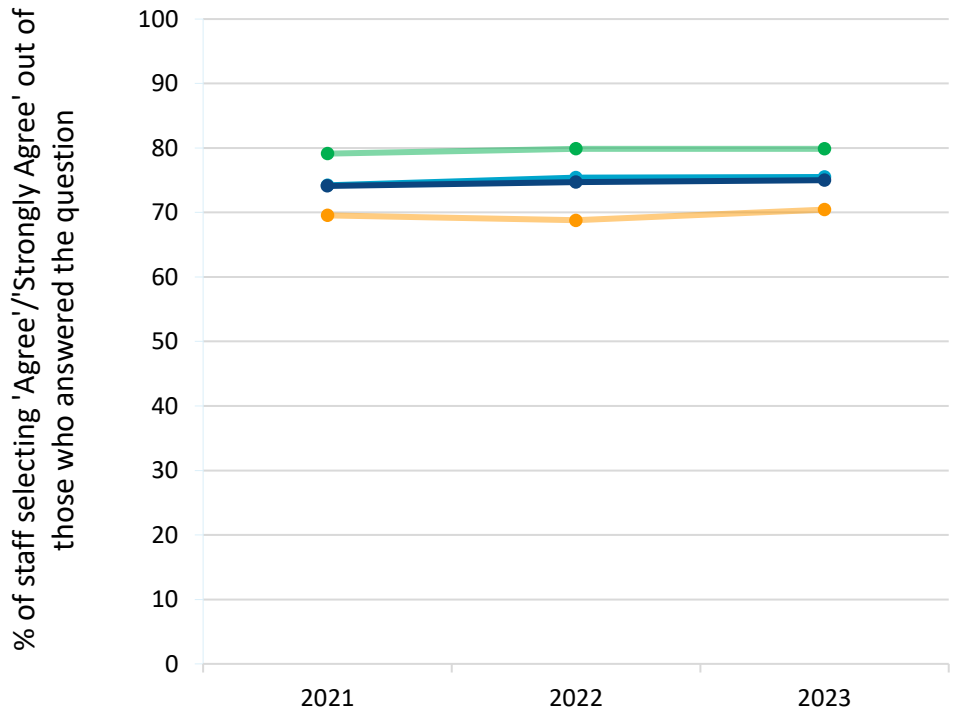
	2019	2020	2021	2022	2023
Your org	8.14%	8.60%	8.87%	8.33%	8.22%
Best result	3.62%	3.93%	4.03%	4.22%	5.00%
Average result	6.98%	7.06%	7.68%	7.01%	7.25%
Worst result	13.04%	13.21%	14.12%	13.74%	13.61%
Responses	2223	2279	2565	2507	2729

Q21 I think that my organisation respects individual differences (e.g. cultures, working styles, backgrounds, ideas, etc).



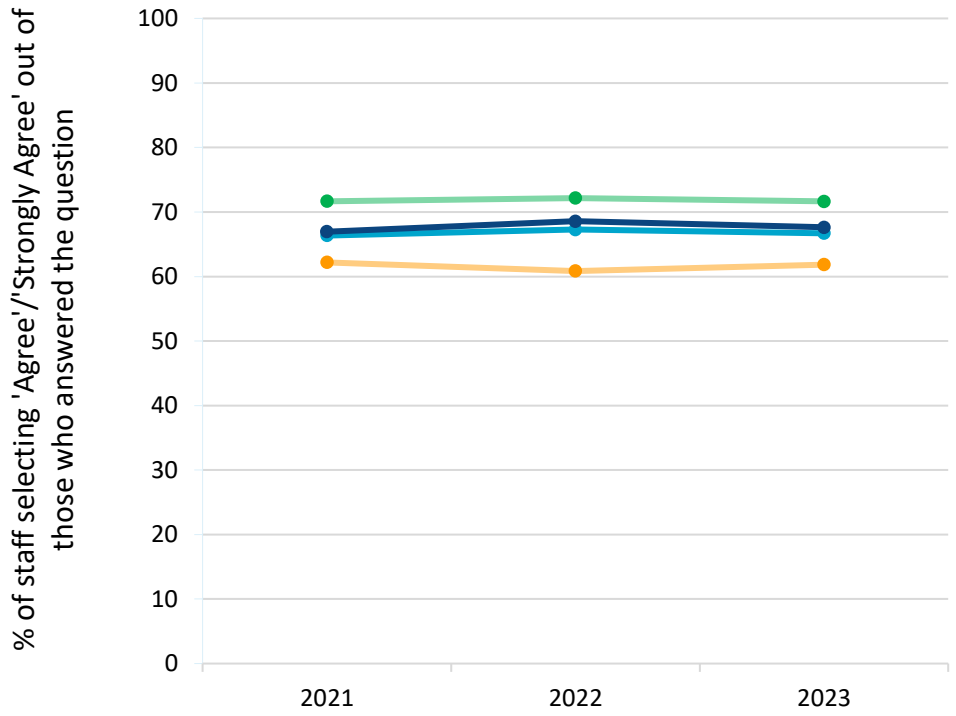
	2021	2022	2023
Your org	72.54%	75.02%	75.63%
Best result	83.08%	82.49%	82.34%
Average result	72.39%	74.65%	75.12%
Worst result	47.66%	51.61%	55.57%
Responses	2582	2537	2790

Q7h I feel valued by my team.



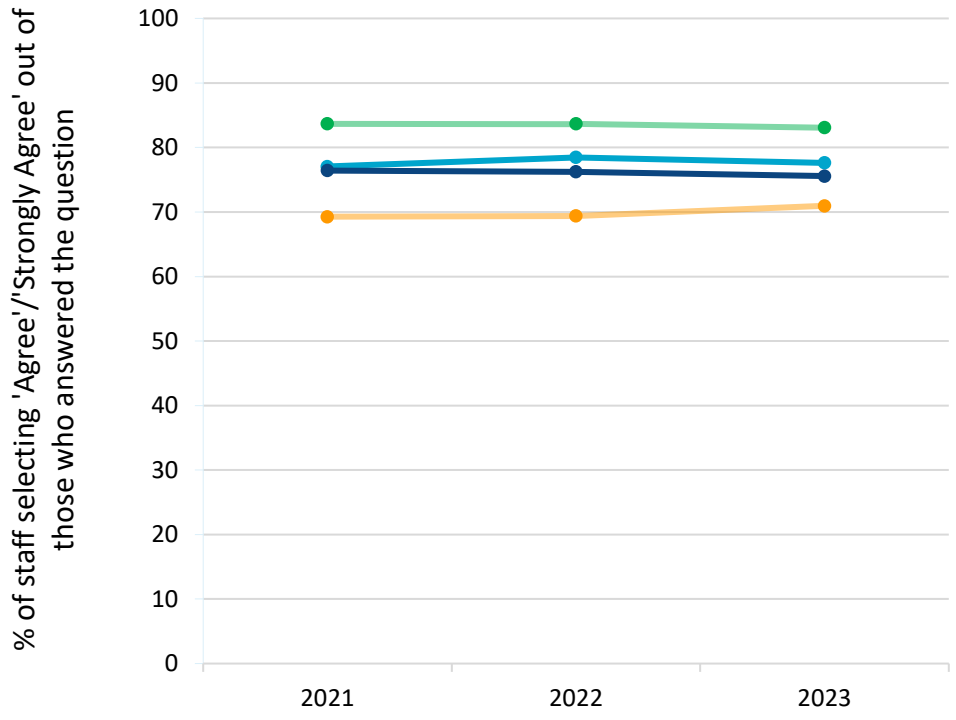
	2021	2022	2023
Your org	74.13%	74.71%	75.02%
Best result	79.13%	79.88%	79.87%
Average result	74.22%	75.41%	75.51%
Worst result	69.56%	68.78%	70.45%
Responses	2565	2535	2785

Q7i I feel a strong personal attachment to my team.



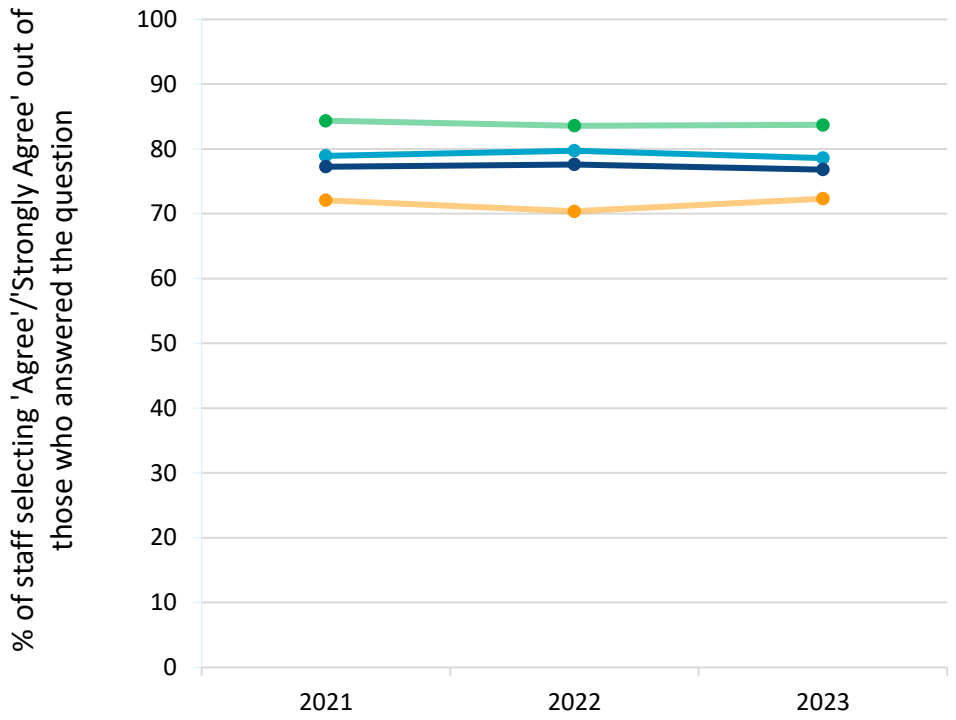
	2021	2022	2023
Your org	66.95%	68.58%	67.62%
Best result	71.67%	72.18%	71.66%
Average result	66.37%	67.28%	66.73%
Worst result	62.19%	60.86%	61.85%
Responses	2569	2527	2786

Q8b The people I work with are understanding and kind to one another.



	2021	2022	2023
Your org	76.43%	76.25%	75.57%
Best result	83.68%	83.67%	83.09%
Average result	77.06%	78.47%	77.62%
Worst result	69.27%	69.40%	70.97%
Responses	2569	2530	2788

Q8c The people I work with are polite and treat each other with respect.



	2021	2022	2023
Your org	77.24%	77.61%	76.83%
Best result	84.34%	83.56%	83.69%
Average result	78.95%	79.73%	78.60%
Worst result	72.08%	70.37%	72.33%
Responses	2562	2530	2786

Survey Coordination Centre

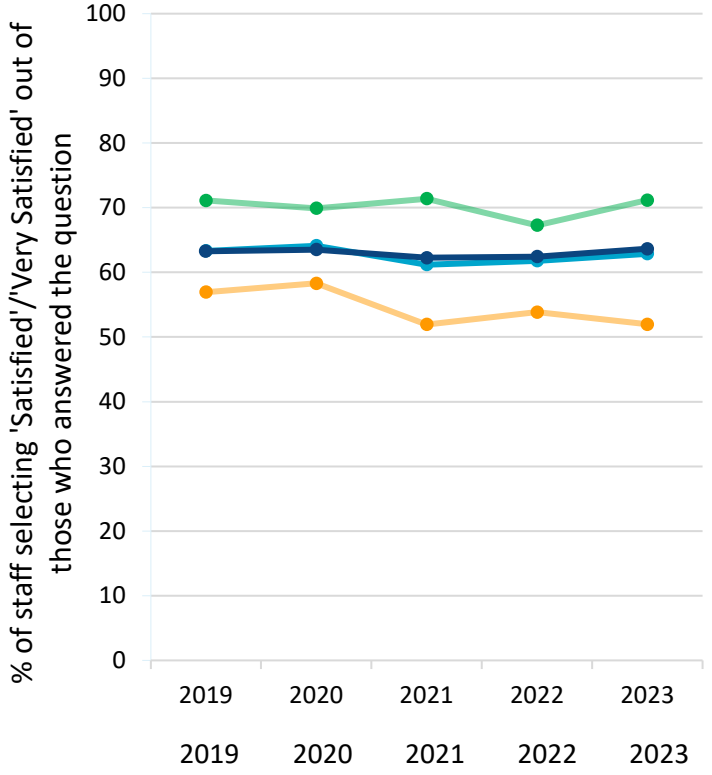
NHS

People Promise element – We are recognised and rewarded

Questions included:
Q4a, Q4b, Q4c, Q8d, Q9e

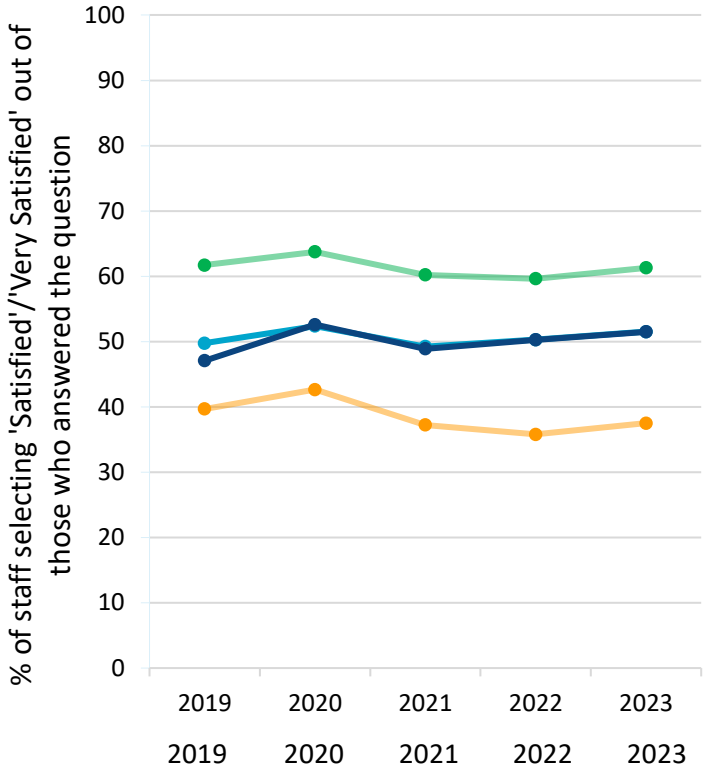
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q4a How satisfied are you with each of the following aspects of your job? The recognition I get for good work.



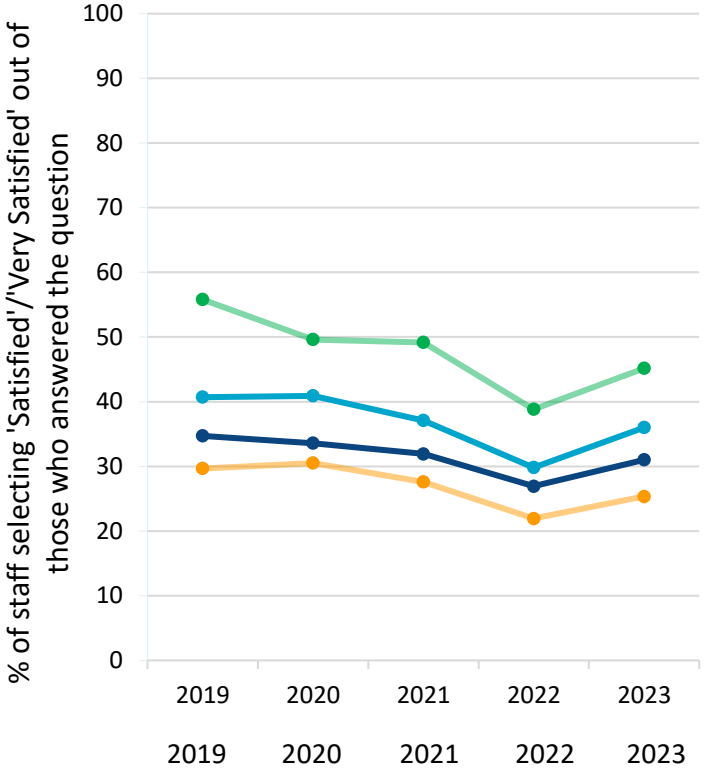
	2019	2020	2021	2022	2023
Your org	63.26%	63.52%	62.25%	62.44%	63.63%
Best result	71.11%	69.88%	71.38%	67.28%	71.15%
Average result	63.30%	64.11%	61.18%	61.78%	62.87%
Worst result	56.94%	58.29%	51.93%	53.84%	51.97%
Responses	2267	2294	2577	2530	2782

Q4b How satisfied are you with each of the following aspects of your job? The extent to which my organisation values my work.



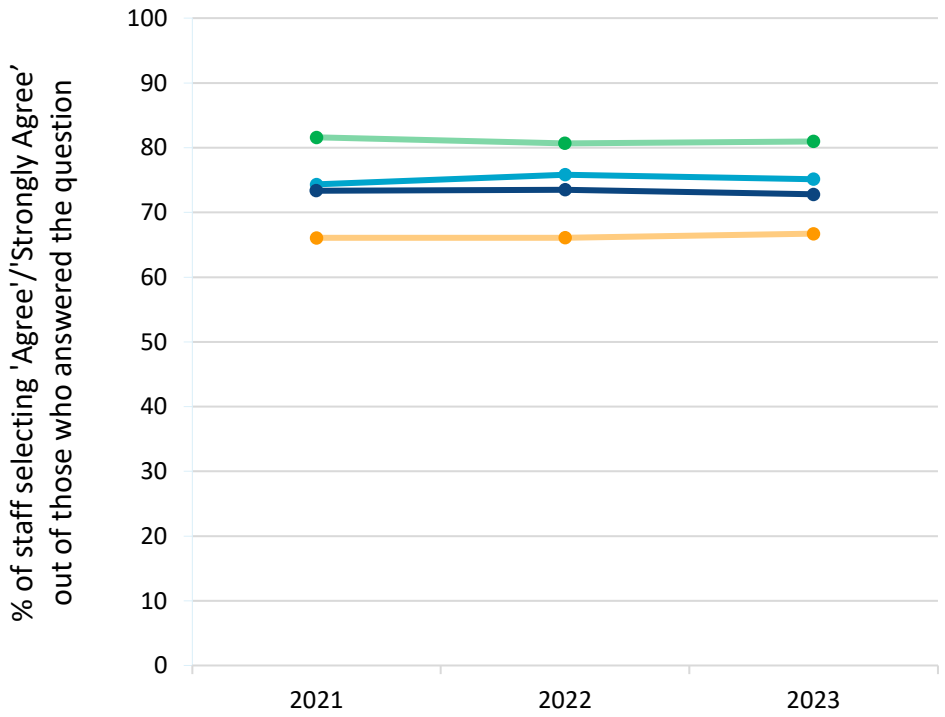
	2019	2020	2021	2022	2023
Your org	47.08%	52.58%	48.89%	50.27%	51.50%
Best result	61.72%	63.74%	60.21%	59.62%	61.30%
Average result	49.76%	52.38%	49.24%	50.30%	51.52%
Worst result	39.67%	42.64%	37.23%	35.78%	37.49%
Responses	2253	2284	2576	2527	2784

Q4c How satisfied are you with each of the following aspects of your job? My level of pay.



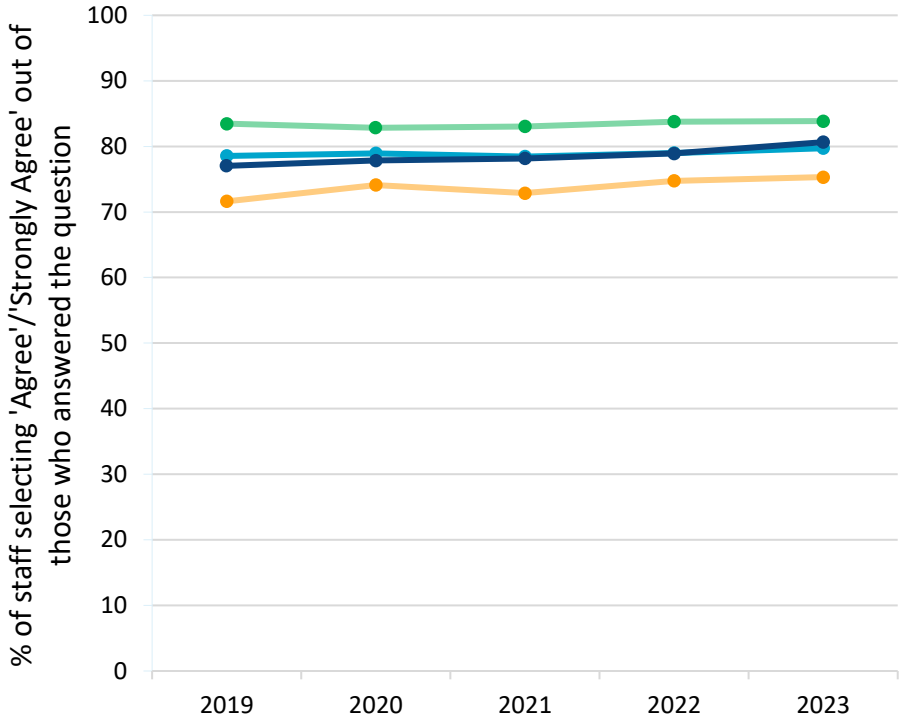
	2019	2020	2021	2022	2023
Your org	34.70%	33.58%	31.94%	26.93%	31.00%
Best result	55.79%	49.62%	49.16%	38.82%	45.16%
Average result	40.71%	40.92%	37.09%	29.82%	36.00%
Worst result	29.67%	30.53%	27.59%	21.93%	25.35%
Responses	2258	2292	2575	2528	2782

Q8d The people I work with show appreciation to one another.



	2021	2022	2023
Your org	73.33%	73.52%	72.80%
Best result	81.59%	80.65%	80.97%
Average result	74.33%	75.83%	75.15%
Worst result	66.07%	66.10%	66.70%
Responses	2560	2527	2787

Q9e My immediate manager values my work.



	2019	2020	2021	2022	2023
Your org	77.03%	77.85%	78.15%	78.92%	80.66%
Best result	83.46%	82.82%	83.03%	83.77%	83.85%
Average result	78.55%	78.95%	78.46%	79.01%	79.73%
Worst result	71.62%	74.11%	72.87%	74.74%	75.31%
Responses	2238	2283	2586	2541	2784

Survey Coordination Centre

NHS

People Promise element – We each have a voice that counts

Questions included:

Autonomy and control – Q3a, Q3b, Q3c, Q3d, Q3e, Q3f, Q5b

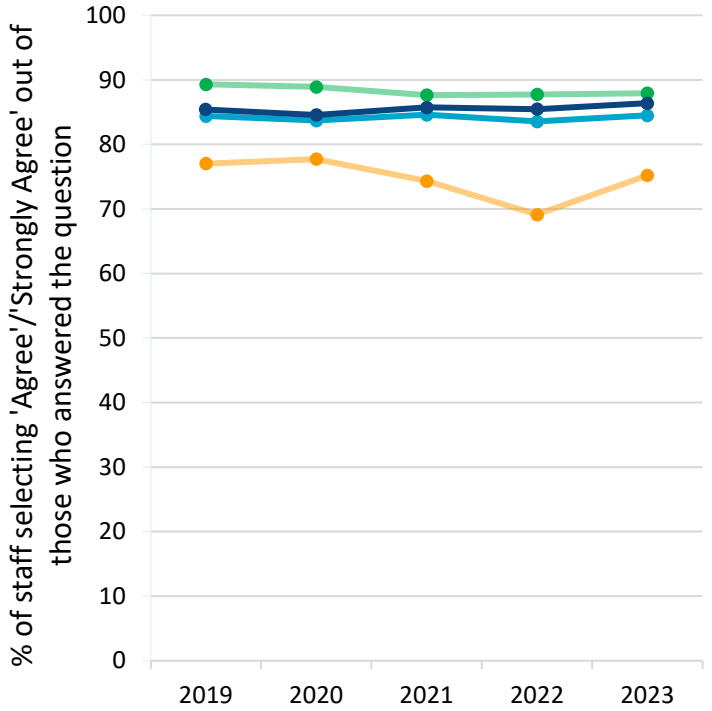
Raising concerns – Q20a, Q20b, Q25e, Q25f

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Survey Coordination Centre

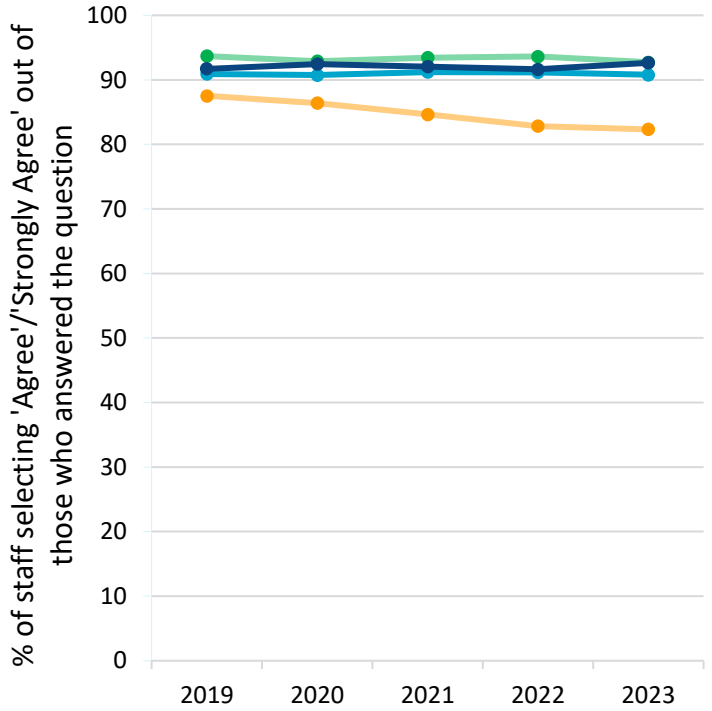
NHS

Q3a I always know what my work responsibilities are.



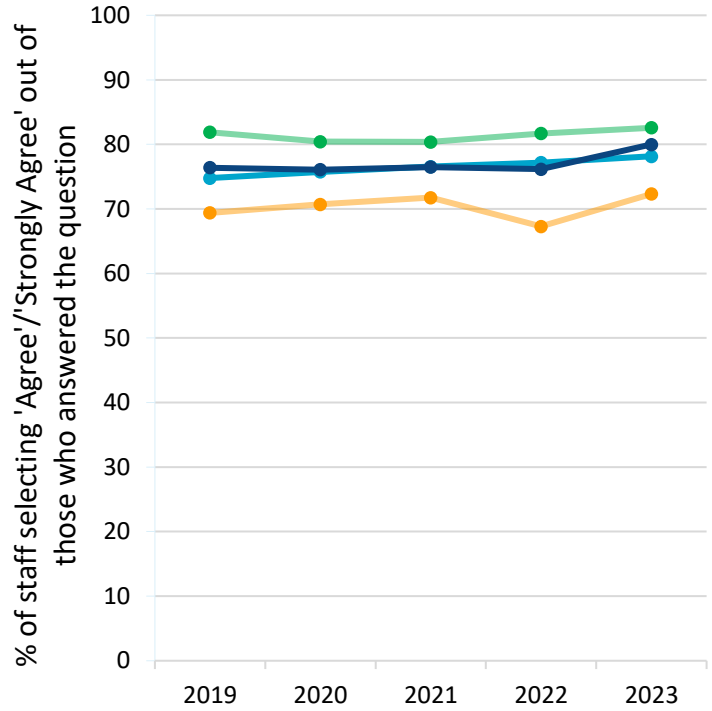
	2019	2020	2021	2022	2023
Your org	85.39%	84.57%	85.73%	85.45%	86.37%
Best result	89.31%	88.91%	87.64%	87.74%	87.94%
Average result	84.39%	83.69%	84.60%	83.54%	84.49%
Worst result	77.03%	77.72%	74.34%	69.12%	75.20%
Responses	2260	2279	2596	2537	2791

Q3b I am trusted to do my job.



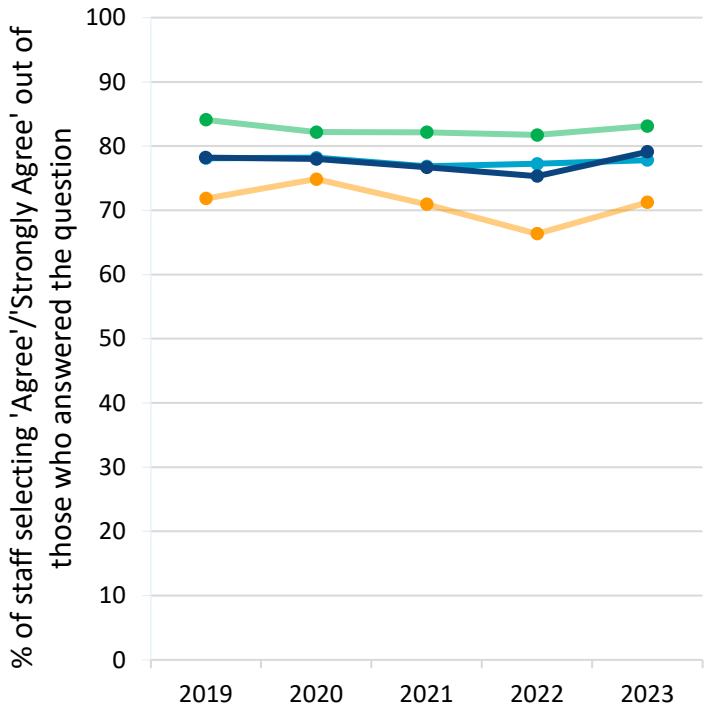
	2019	2020	2021	2022	2023
Your org	91.71%	92.46%	92.06%	91.62%	92.66%
Best result	93.69%	92.90%	93.44%	93.62%	92.73%
Average result	90.91%	90.74%	91.22%	91.17%	90.79%
Worst result	87.51%	86.39%	84.65%	82.82%	82.33%
Responses	2250	2269	2589	2537	2785

Q3c There are frequent opportunities for me to show initiative in my role.



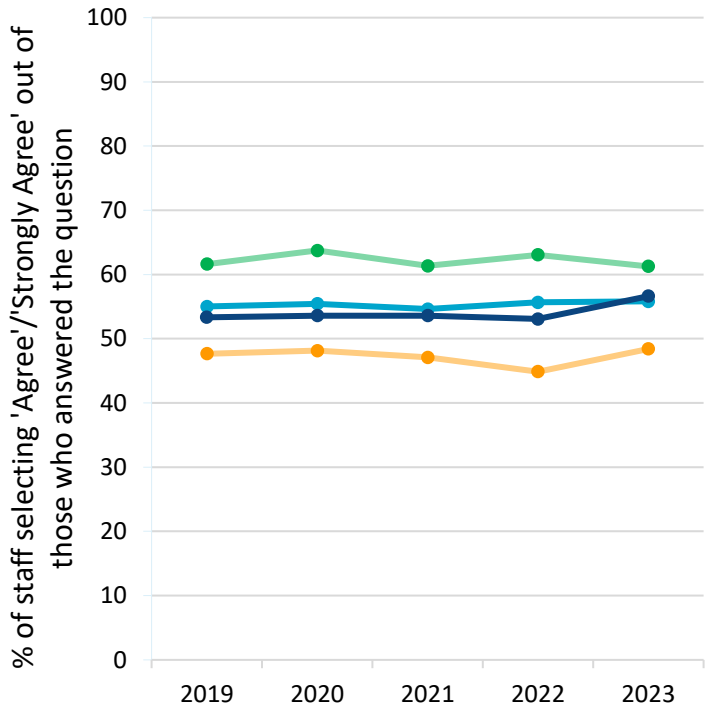
	2019	2020	2021	2022	2023
Your org	76.36%	76.09%	76.48%	76.15%	79.97%
Best result	81.89%	80.42%	80.39%	81.69%	82.58%
Average result	74.78%	75.75%	76.55%	77.17%	78.14%
Worst result	69.39%	70.70%	71.75%	67.29%	72.32%
Responses	2270	2296	2586	2529	2787

Q3d I am able to make suggestions to improve the work of my team / department.



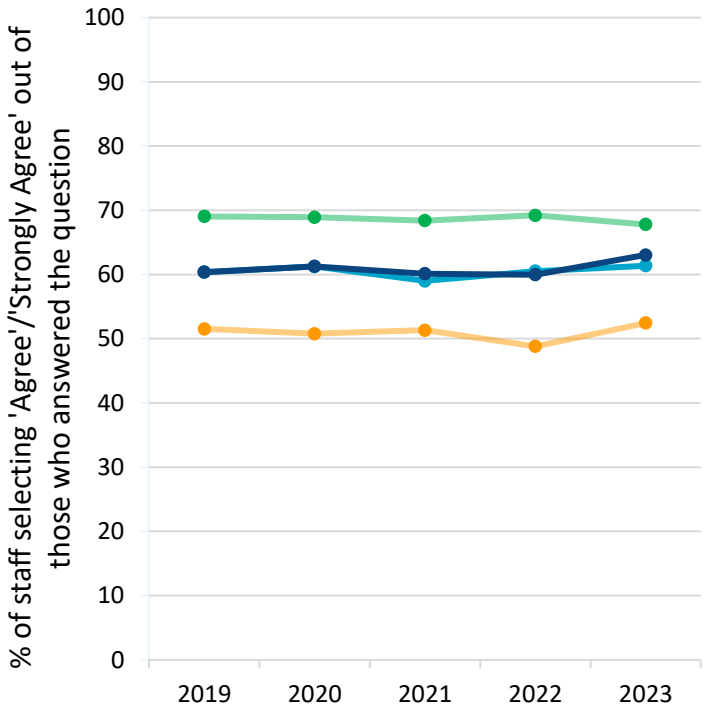
	2019	2020	2021	2022	2023
Your org	78.19%	77.98%	76.70%	75.31%	79.10%
Best result	84.08%	82.18%	82.14%	81.71%	83.13%
Average result	78.11%	78.18%	76.84%	77.25%	77.80%
Worst result	71.82%	74.85%	70.93%	66.36%	71.24%
Responses	2271	2291	2580	2532	2789

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



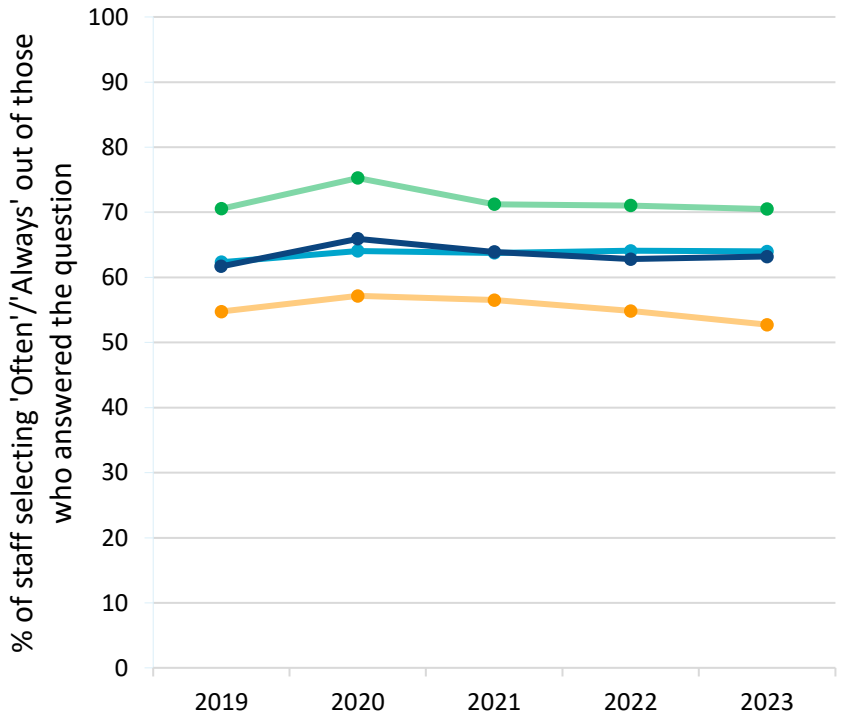
	2019	2020	2021	2022	2023
Your org	53.32%	53.59%	53.59%	53.06%	56.62%
Best result	61.62%	63.73%	61.35%	63.07%	61.26%
Average result	55.01%	55.43%	54.61%	55.66%	55.80%
Worst result	47.67%	48.13%	47.08%	44.86%	48.41%
Responses	2264	2287	2584	2529	2784

Q3f I am able to make improvements happen in my area of work.



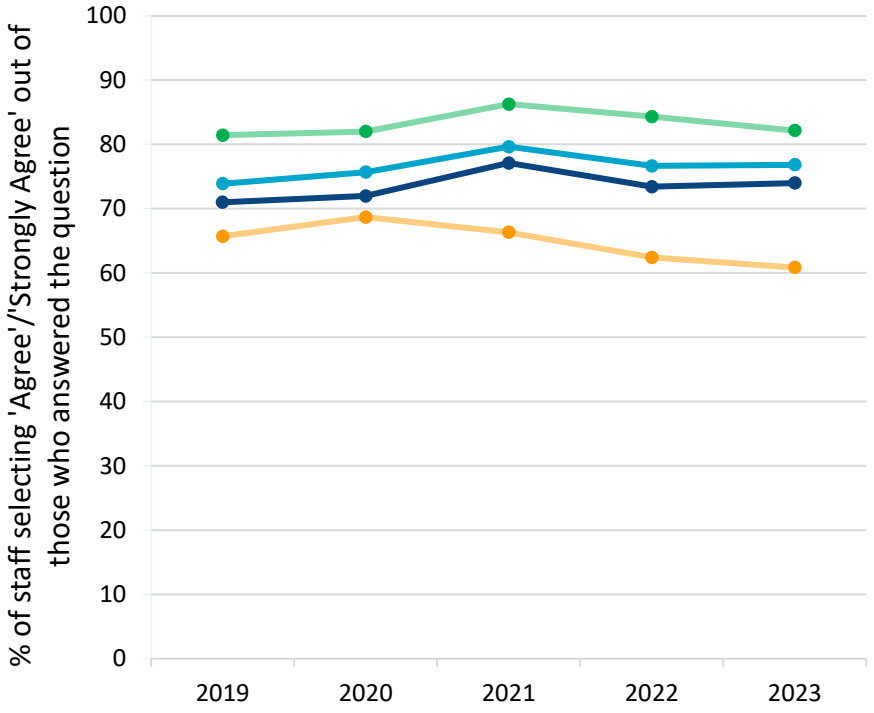
	2019	2020	2021	2022	2023
Your org	60.38%	61.26%	60.11%	59.96%	63.04%
Best result	69.03%	68.91%	68.40%	69.20%	67.81%
Average result	60.38%	61.24%	59.01%	60.52%	61.37%
Worst result	51.53%	50.78%	51.33%	48.81%	52.44%
Responses	2256	2292	2577	2521	2785

Q5b I have a choice in deciding how to do my work.



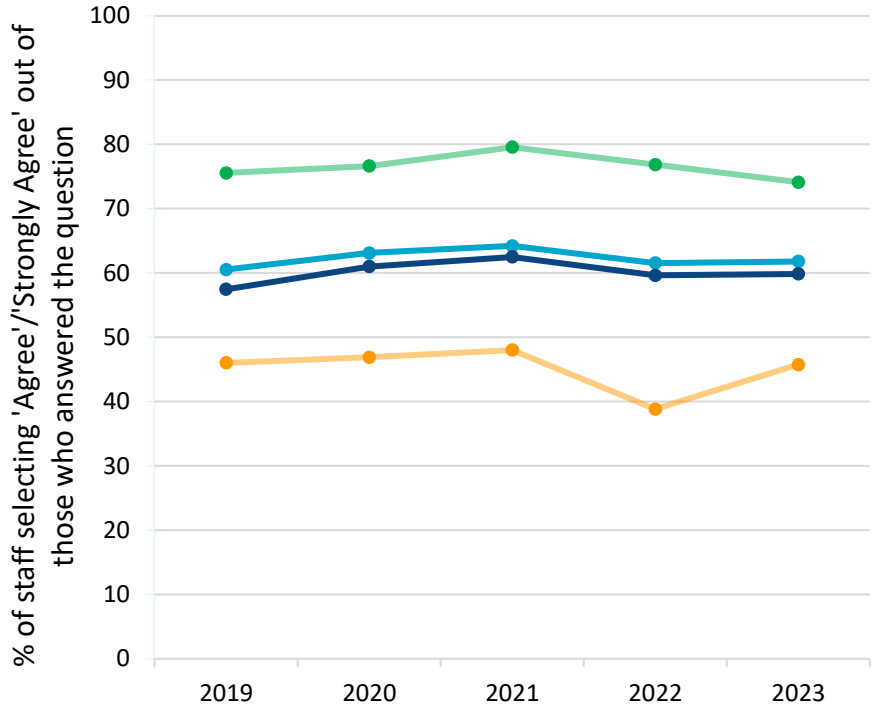
	2019	2020	2021	2022	2023
Your org	61.71%	65.94%	63.92%	62.82%	63.20%
Best result	70.54%	75.27%	71.25%	71.04%	70.51%
Average result	62.33%	64.05%	63.77%	64.10%	64.00%
Worst result	54.76%	57.16%	56.52%	54.84%	52.72%
Responses	2237	2259	2584	2533	2790

Q20a I would feel secure raising concerns about unsafe clinical practice.



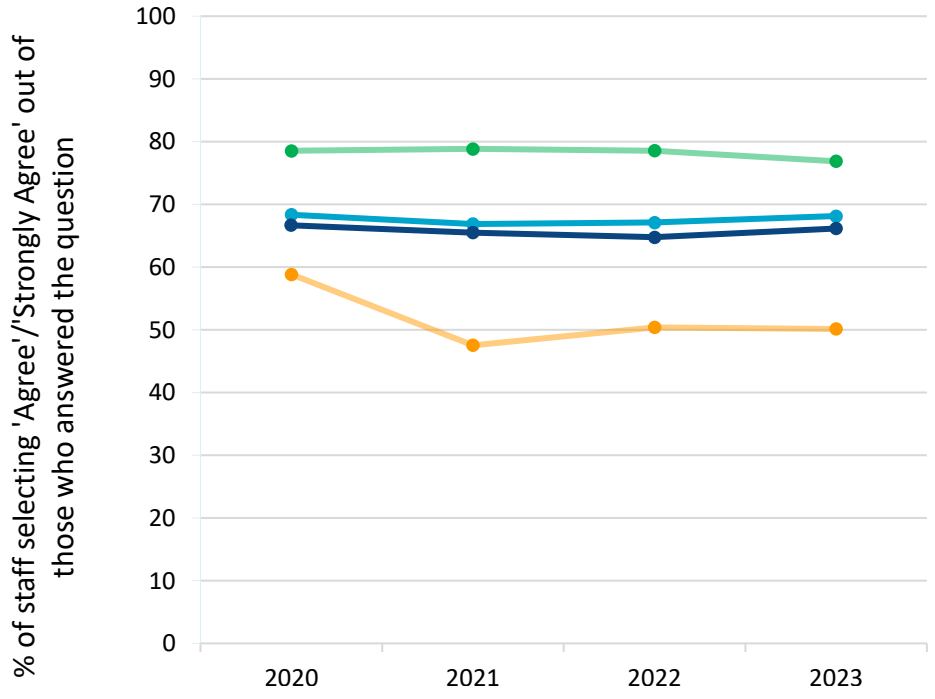
	2019	2020	2021	2022	2023
Your org	71.01%	71.96%	77.11%	73.40%	73.97%
Best result	81.42%	82.01%	86.26%	84.31%	82.15%
Average result	73.88%	75.68%	79.63%	76.65%	76.82%
Worst result	65.70%	68.68%	66.32%	62.41%	60.85%
Responses	2244	2293	2575	2532	2781

Q20b I am confident that my organisation would address my concern.



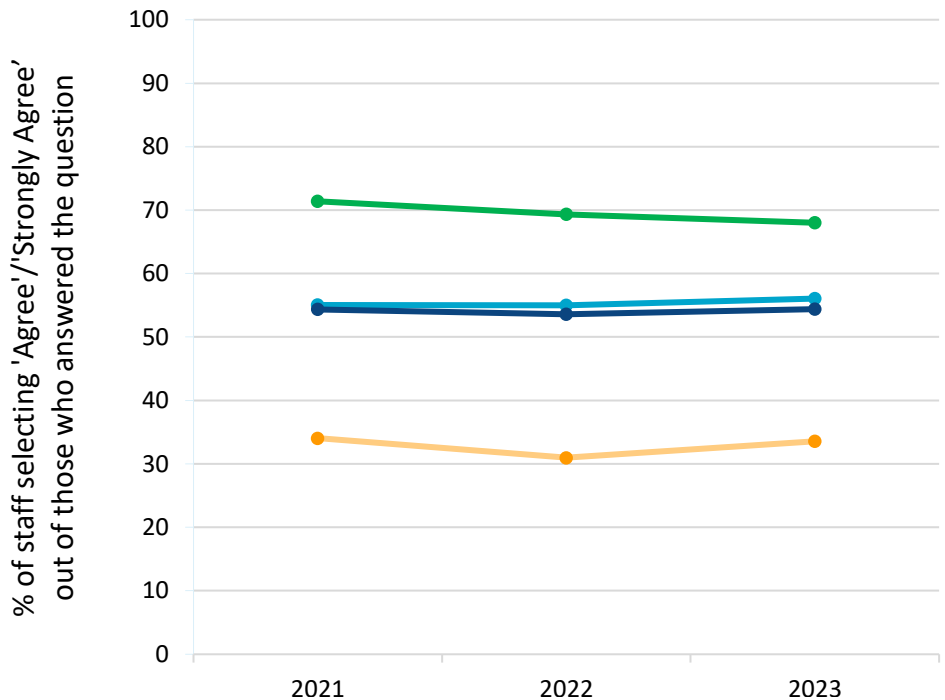
	2019	2020	2021	2022	2023
Your org	57.46%	61.01%	62.48%	59.61%	59.85%
Best result	75.56%	76.63%	79.57%	76.84%	74.10%
Average result	60.51%	63.12%	64.22%	61.53%	61.79%
Worst result	46.01%	46.89%	48.01%	38.82%	45.73%
Responses	2246	2287	2575	2530	2778

Q25e I feel safe to speak up about anything that concerns me in this organisation.



	2020	2021	2022	2023
Your org	66.69%	65.52%	64.79%	66.19%
Best result	78.54%	78.86%	78.57%	76.89%
Average result	68.37%	66.89%	67.11%	68.14%
Worst result	58.87%	47.55%	50.40%	50.17%
Responses	2280	2577	2531	2785

Q25f If I spoke up about something that concerned me I am confident my organisation would address my concern.



	2021	2022	2023
Your org	54.32%	53.59%	54.39%
Best result	71.41%	69.30%	68.01%
Average result	55.05%	55.00%	56.06%
Worst result	34.05%	30.98%	33.58%
Responses	2578	2524	2784

Survey Coordination Centre

NHS

People Promise element – We are safe and healthy

Questions included:

Health and safety climate: Q3g, Q3h, Q3i, Q5a, Q11a, Q13d, Q14d

Burnout: Q12a, Q12b, Q12c, Q12d, Q12e, Q12f, Q12g

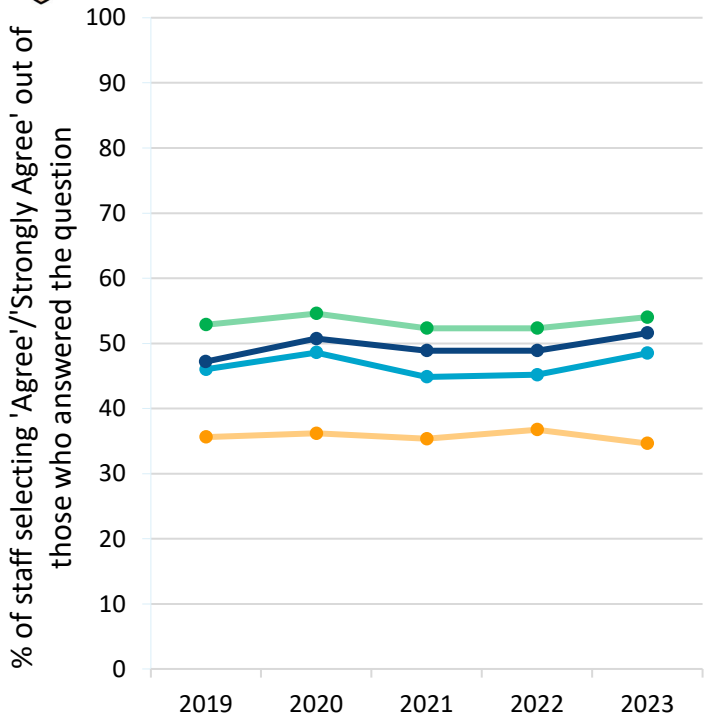
Negative experiences: Q11b, Q11c, Q11d, Q13a, Q13b, Q13c, Q14a, Q14b, Q14c

Other questions:* Q17a, Q17b, Q22

*Q17a, Q17b and Q22 do not contribute to the calculation of any scores or sub-scores.

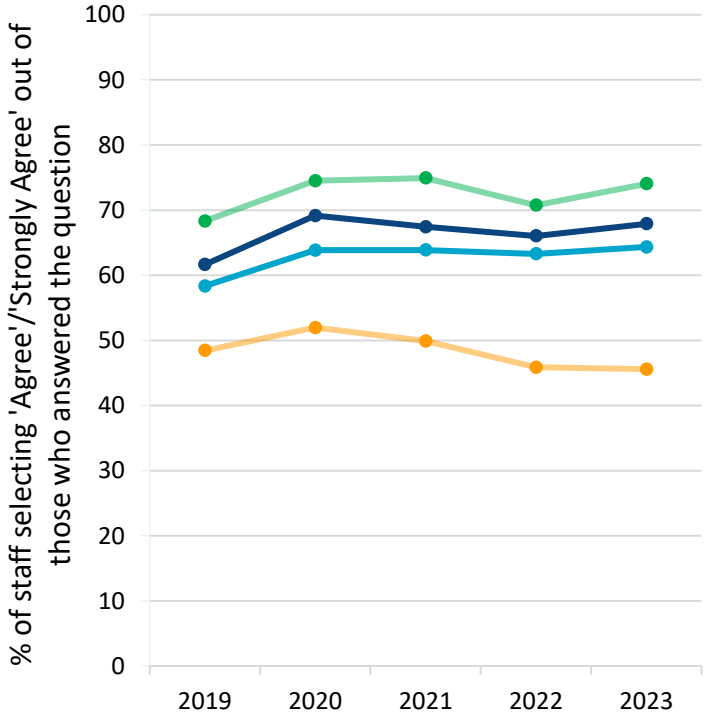
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q3g I am able to meet all the conflicting demands on my time at work.



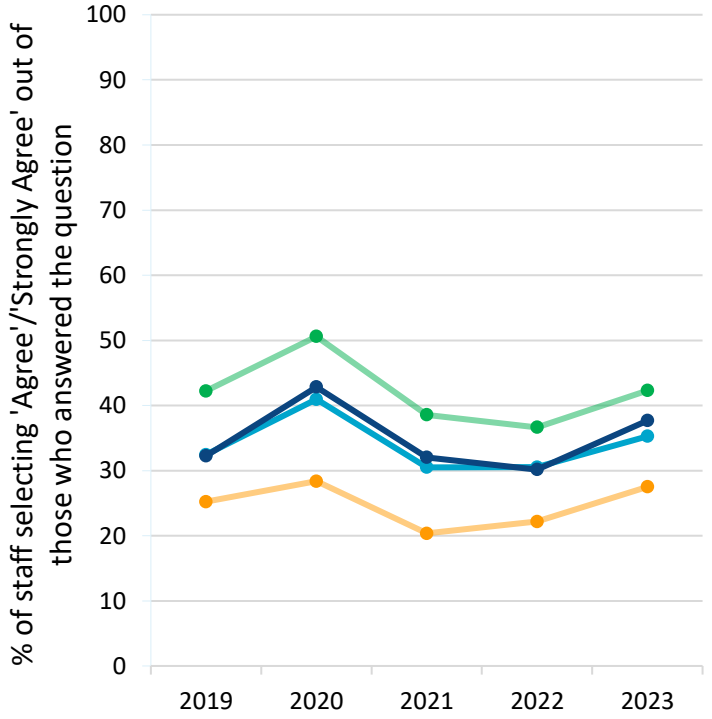
	2019	2020	2021	2022	2023
Your org	47.21%	50.72%	48.89%	48.90%	51.58%
Best result	52.86%	54.59%	52.32%	52.33%	54.03%
Average result	46.01%	48.59%	44.86%	45.18%	48.48%
Worst result	35.63%	36.18%	35.35%	36.74%	34.64%
Responses	2263	2291	2582	2521	2777

Q3h I have adequate materials, supplies and equipment to do my work.



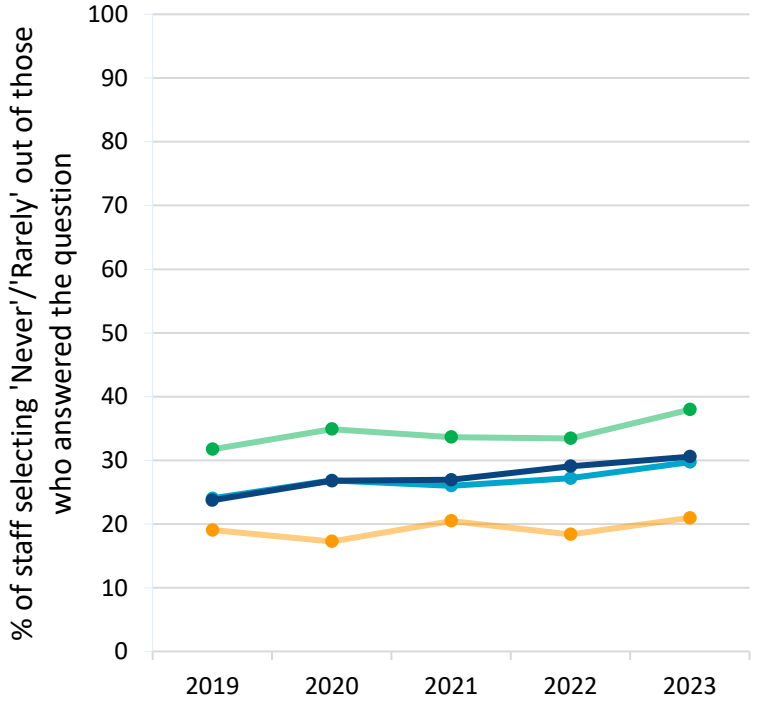
	2019	2020	2021	2022	2023
Your org	61.65%	69.16%	67.42%	66.03%	67.91%
Best result	68.32%	74.51%	74.92%	70.75%	74.04%
Average result	58.35%	63.84%	63.87%	63.29%	64.33%
Worst result	48.44%	51.95%	49.91%	45.87%	45.56%
Responses	2253	2285	2568	2525	2785

Q3i There are enough staff at this organisation for me to do my job properly.



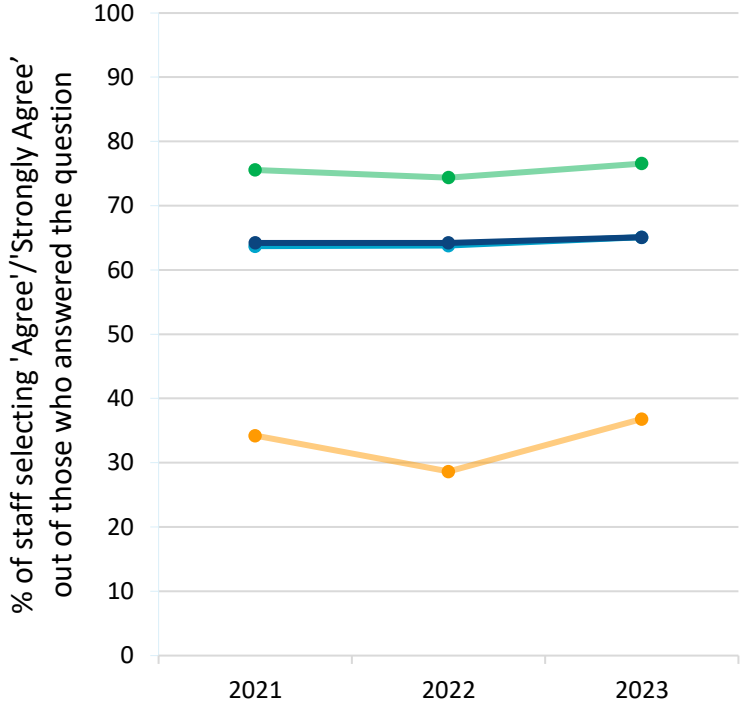
	2019	2020	2021	2022	2023
Your org	32.24%	42.85%	32.04%	30.17%	37.69%
Best result	42.23%	50.62%	38.58%	36.65%	42.31%
Average result	32.45%	40.96%	30.52%	30.55%	35.28%
Worst result	25.23%	28.37%	20.38%	22.18%	27.52%
Responses	2262	2283	2583	2533	2789

Q5a I have unrealistic time pressures.



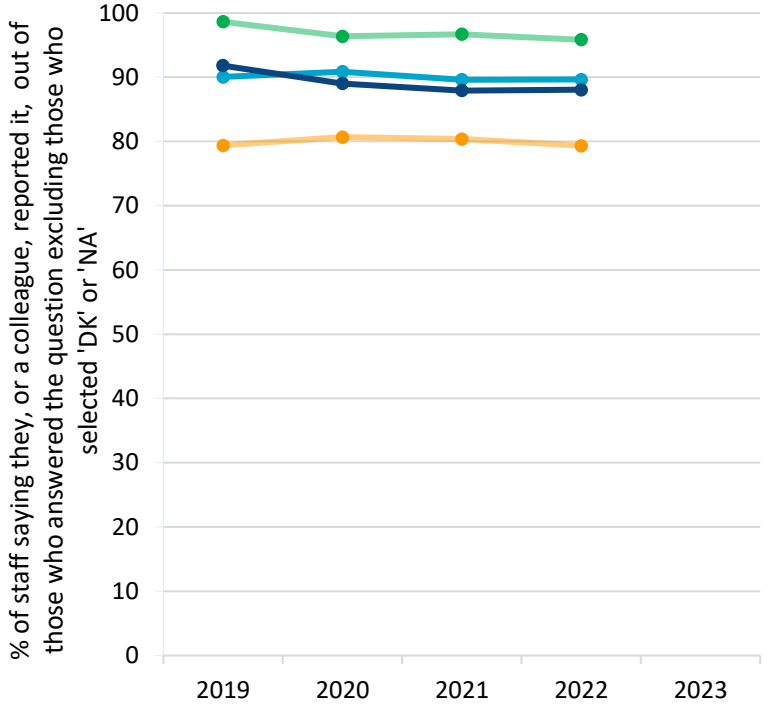
	2019	2020	2021	2022	2023
Your org	23.75%	26.79%	26.96%	29.07%	30.58%
Best result	31.73%	34.90%	33.64%	33.44%	37.98%
Average result	24.05%	26.84%	26.02%	27.20%	29.73%
Worst result	19.06%	17.28%	20.49%	18.39%	20.96%
Responses	2245	2275	2593	2539	2787

Q11a My organisation takes positive action on health and well-being.



	2021	2022	2023
Your org	64.19%	64.21%	65.07%
Best result	75.55%	74.35%	76.57%
Average result	63.69%	63.79%	65.07%
Worst result	34.21%	28.63%	36.79%
Responses	2562	2531	2787

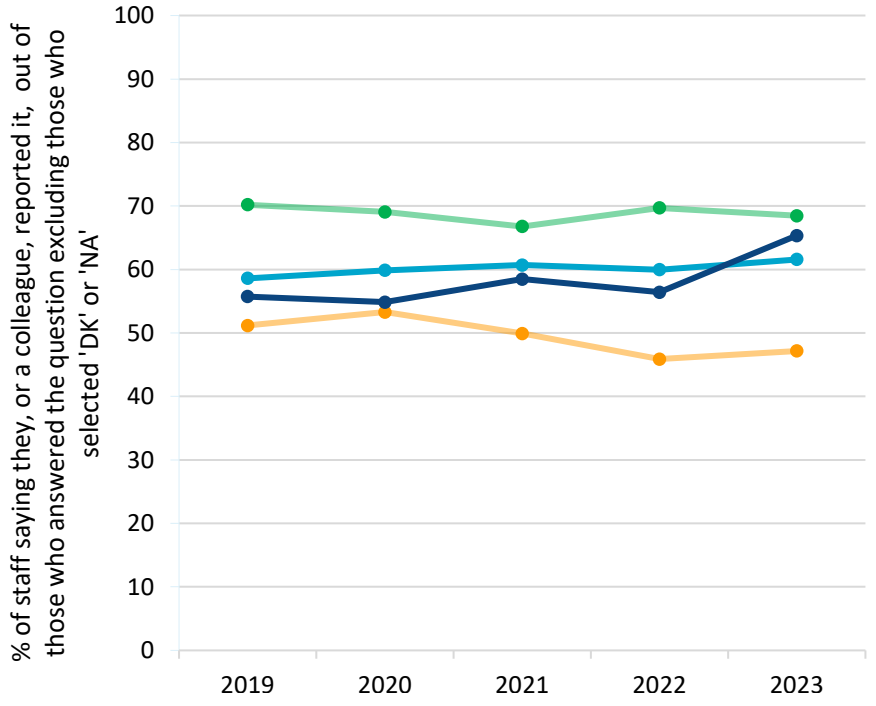
Q13d The last time you experienced physical violence at work, did you or a colleague report it?



	2019	2020	2021	2022	2023
Your org	91.76%	89.01%	87.91%	88.04%	
Best result	98.62%	96.35%	96.68%	95.83%	
Average result	90.02%	90.85%	89.61%	89.63%	
Worst result	79.38%	80.66%	80.38%	79.33%	
Responses	341	286	332	288	

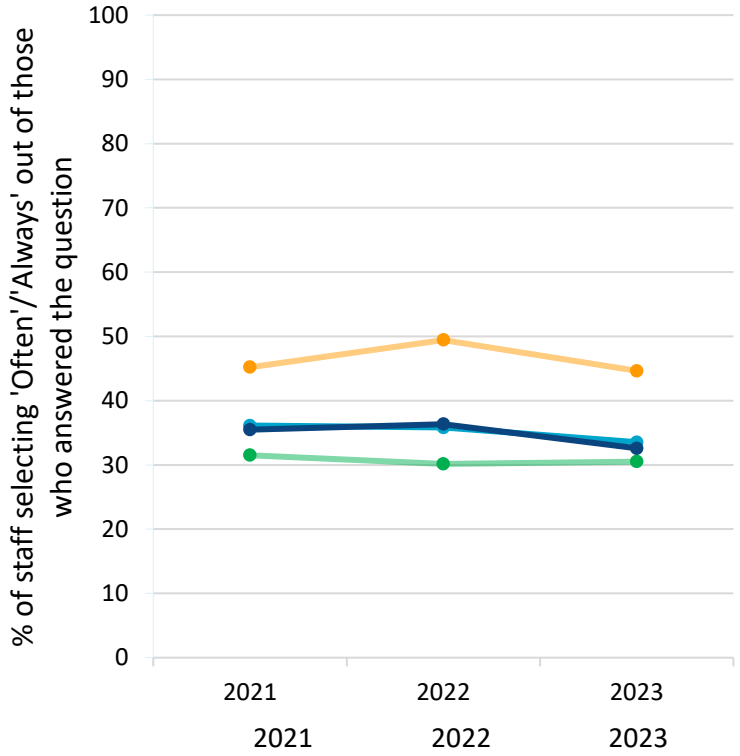
Note. 2023 results for Q13d have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Q14d The last time you experienced harassment, bullying or abuse at work, did you or a colleague report it?



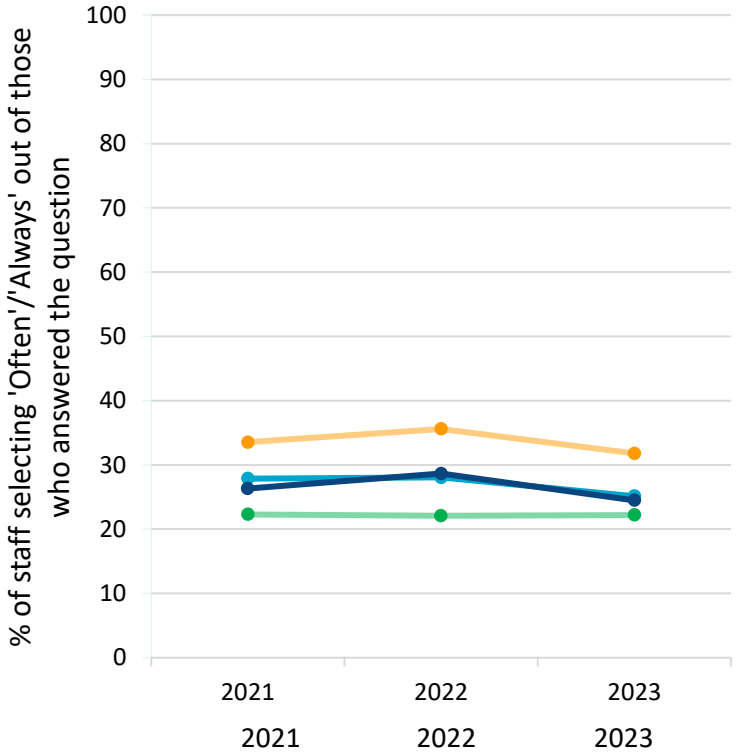
	2019	2020	2021	2022	2023
Your org	55.74%	54.84%	58.48%	56.41%	65.33%
Best result	70.20%	69.07%	66.77%	69.70%	68.45%
Average result	58.61%	59.88%	60.70%	59.97%	61.59%
Worst result	51.18%	53.28%	49.90%	45.88%	47.16%
Responses	868	829	905	880	905

Q12a How often, if at all, do you find your work emotionally exhausting?



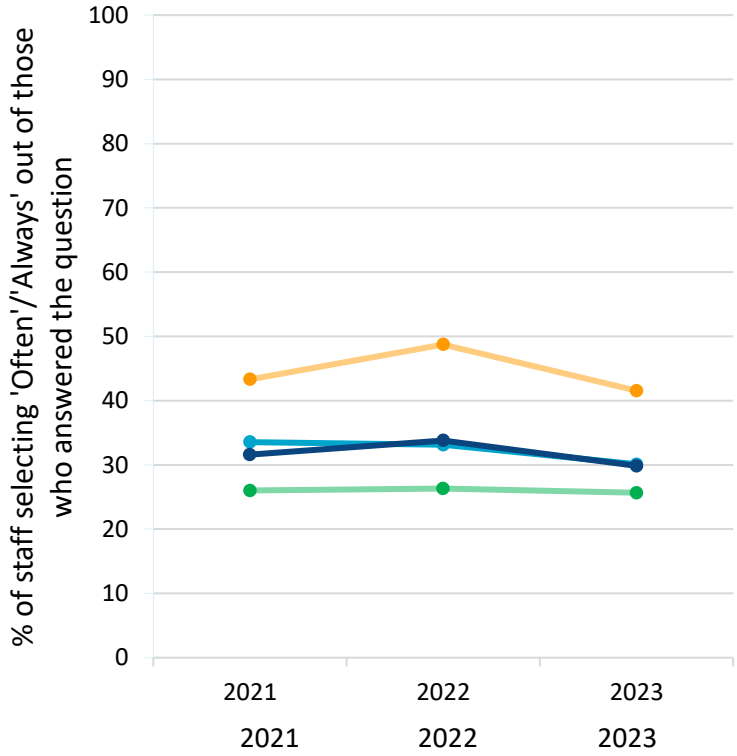
	2021	2022	2023
Your org	35.49%	36.35%	32.58%
Best result	31.52%	30.18%	30.51%
Average result	36.13%	35.81%	33.53%
Worst result	45.20%	49.43%	44.64%
Responses	2593	2543	2794

Q12b How often, if at all, do you feel burnt out because of your work?



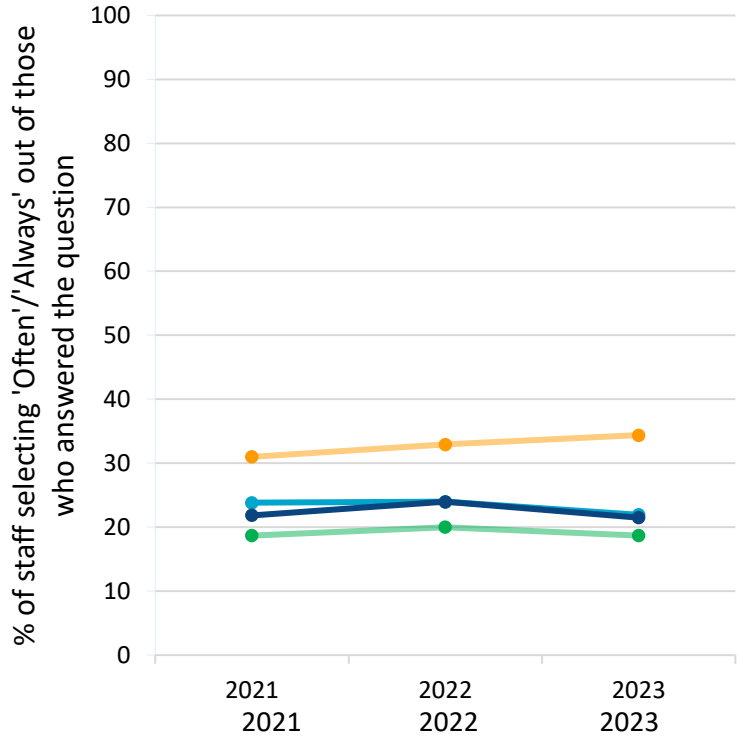
	2021	2022	2023
Your org	26.30%	28.65%	24.49%
Best result	22.30%	22.09%	22.20%
Average result	27.87%	28.05%	25.13%
Worst result	33.53%	35.60%	31.79%
Responses	2592	2540	2790

Q12c How often, if at all, does your work frustrate you?



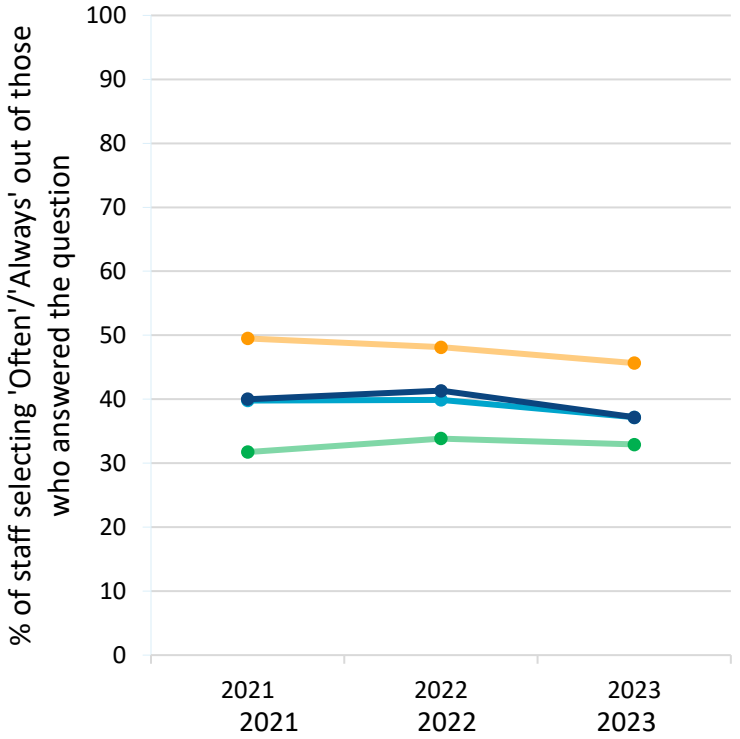
	2021	2022	2023
Your org	31.60%	33.79%	29.85%
Best result	26.02%	26.31%	25.66%
Average result	33.56%	33.12%	30.10%
Worst result	43.32%	48.73%	41.55%
Responses	2588	2538	2787

Q12d How often, if at all, are you exhausted at the thought of another day/shift at work?



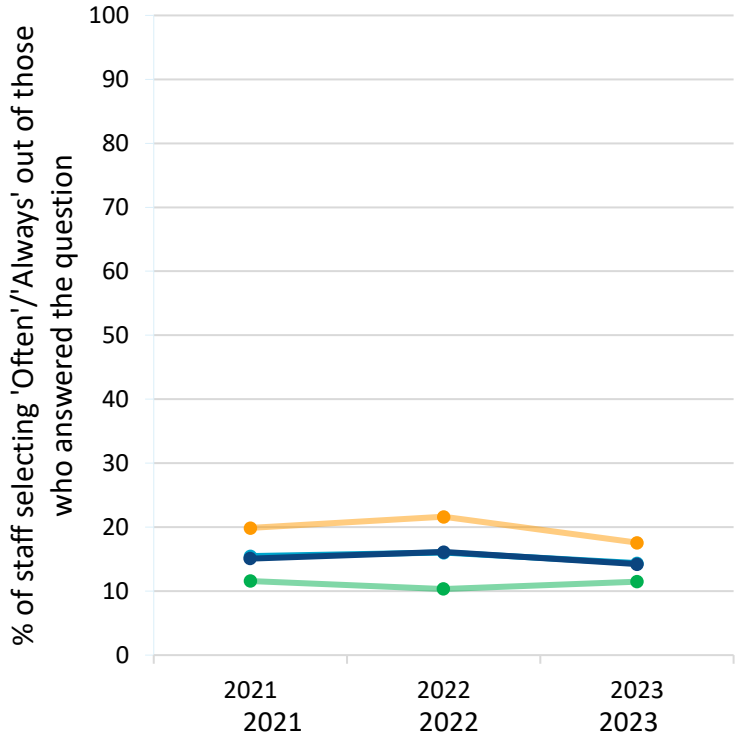
	2021	2022	2023
Your org	21.82%	23.98%	21.50%
Best result	18.72%	20.00%	18.71%
Average result	23.82%	23.98%	21.97%
Worst result	31.01%	32.94%	34.39%
Responses	2586	2536	2786

Q12e How often, if at all, do you feel worn out at the end of your working day/shift?



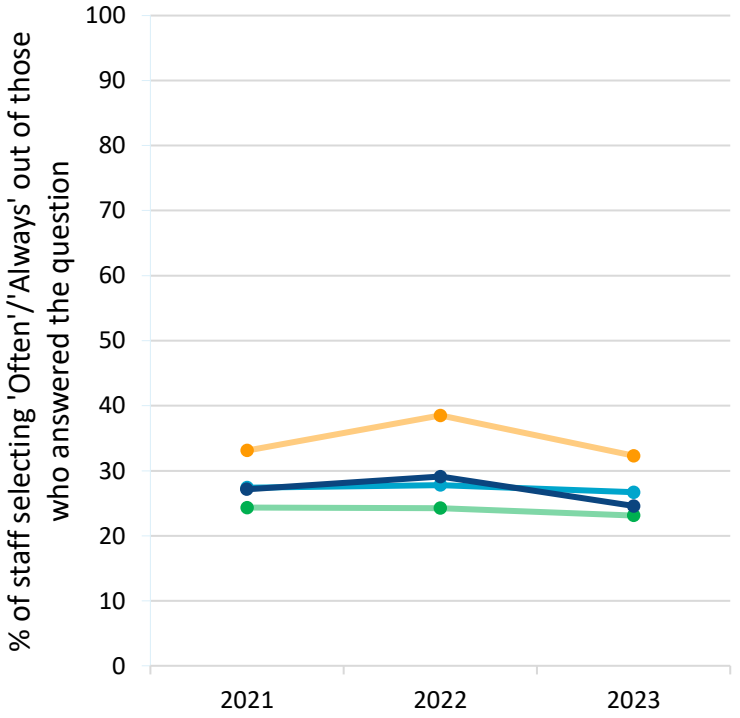
	2021	2022	2023
Your org	40.01%	41.33%	37.17%
Best result	31.75%	33.83%	32.92%
Average result	39.80%	39.91%	37.17%
Worst result	49.50%	48.13%	45.65%
Responses	2588	2530	2787

Q12f How often, if at all, do you feel that every working hour is tiring for you?



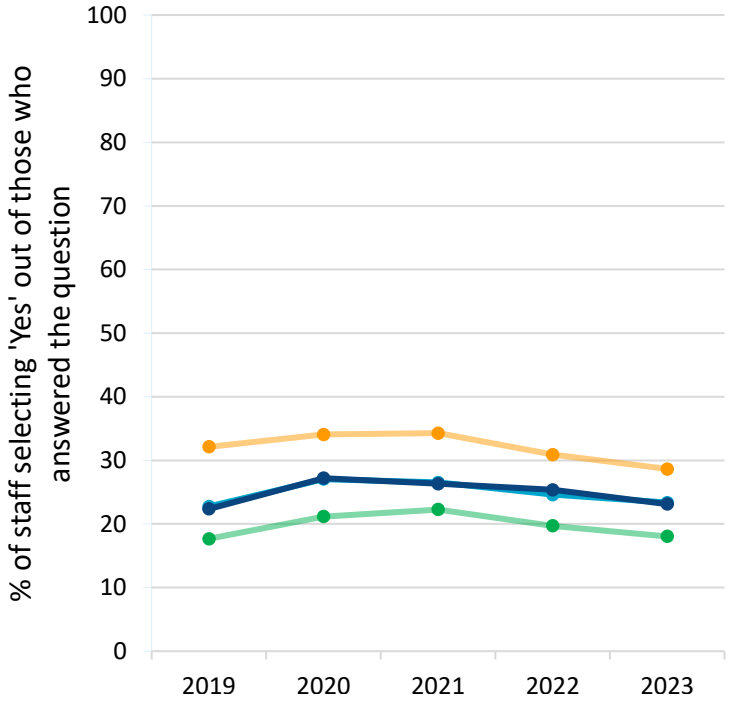
	2021	2022	2023
Your org	15.10%	16.13%	14.24%
Best result	11.59%	10.33%	11.50%
Average result	15.48%	16.02%	14.38%
Worst result	19.89%	21.63%	17.58%
Responses	2583	2536	2787

Q12g How often, if at all, do you not have enough energy for family and friends during leisure time?



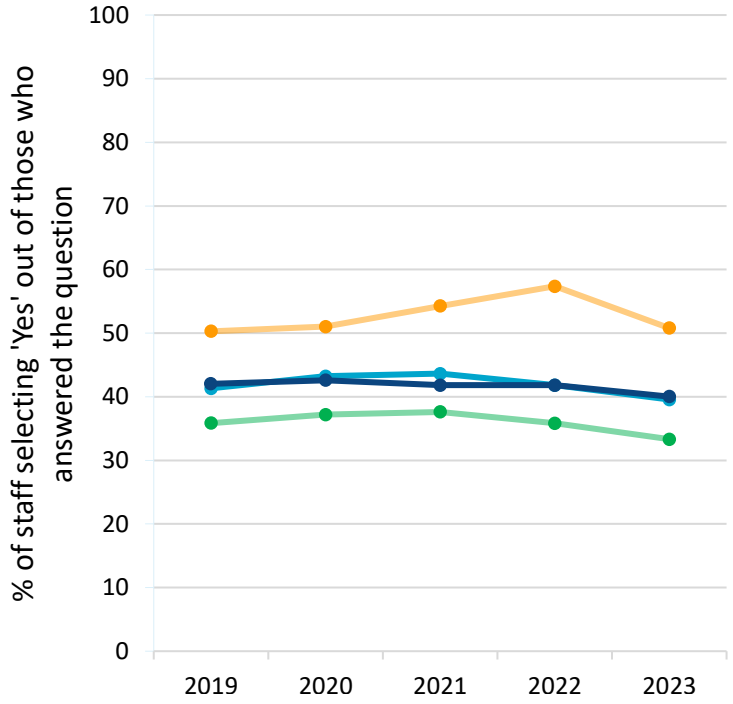
	2021	2022	2023
Your org	27.17%	29.10%	24.58%
Best result	24.34%	24.27%	23.14%
Average result	27.42%	27.79%	26.69%
Worst result	33.11%	38.51%	32.30%
Responses	2591	2538	2793

Q11b In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities?



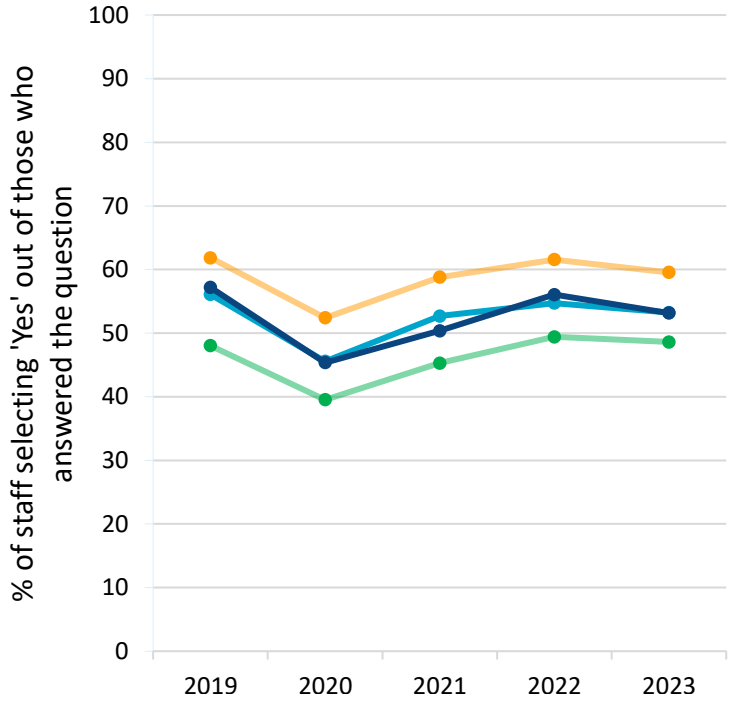
	2019	2020	2021	2022	2023
Your org	22.36%	27.21%	26.31%	25.36%	23.12%
Best result	17.66%	21.16%	22.26%	19.70%	18.04%
Average result	22.74%	27.05%	26.53%	24.60%	23.35%
Worst result	32.13%	34.08%	34.26%	30.89%	28.62%
Responses	2229	2291	2568	2531	2783

Q11c During the last 12 months have you felt unwell as a result of work related stress?



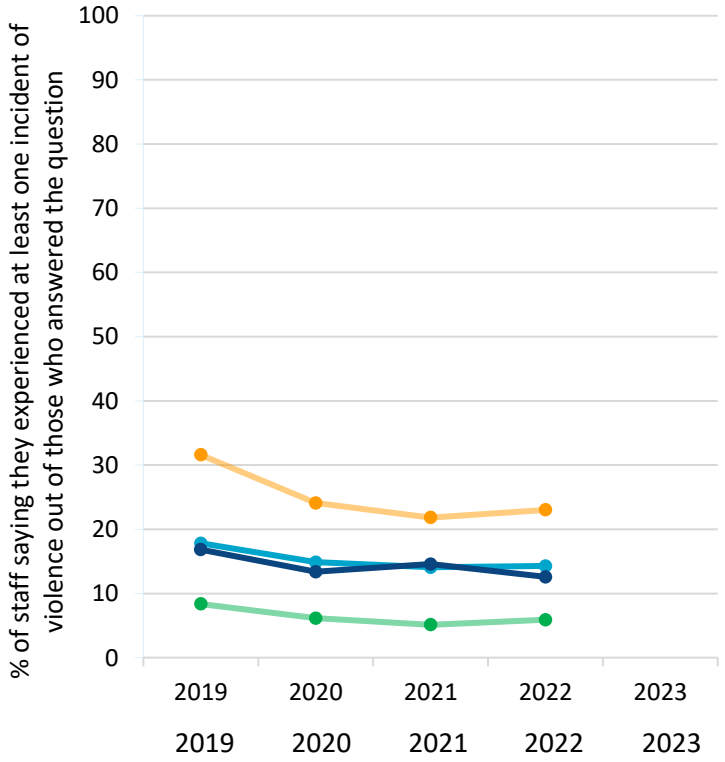
	2019	2020	2021	2022	2023
Your org	42.00%	42.58%	41.81%	41.82%	40.03%
Best result	35.85%	37.19%	37.62%	35.82%	33.31%
Average result	41.30%	43.23%	43.63%	41.82%	39.54%
Worst result	50.30%	51.01%	54.27%	57.36%	50.79%
Responses	2241	2291	2576	2533	2780

Q11d In the last three months have you ever come to work despite not feeling well enough to perform your duties?



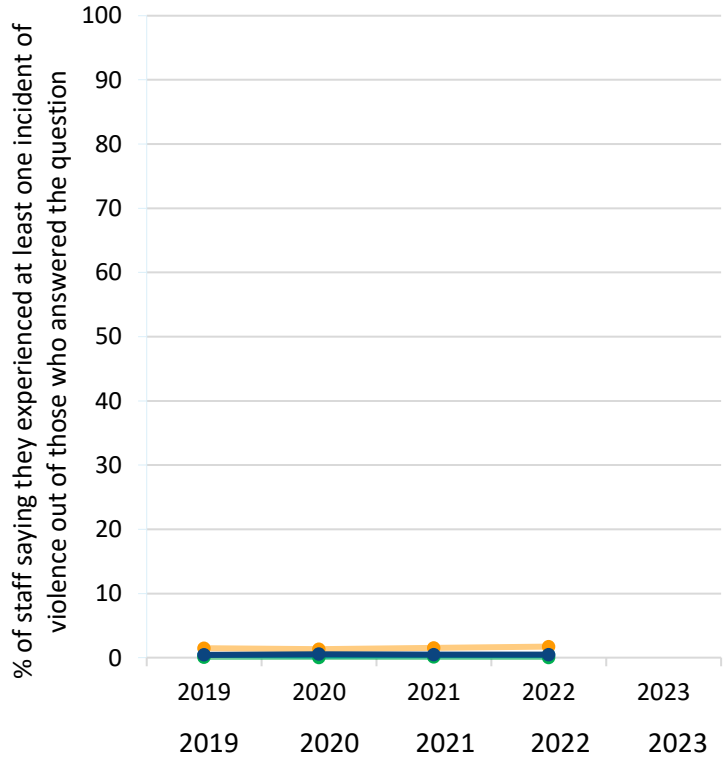
	2019	2020	2021	2022	2023
Your org	57.15%	45.36%	50.36%	56.04%	53.17%
Best result	48.03%	39.52%	45.28%	49.41%	48.61%
Average result	56.07%	45.57%	52.67%	54.73%	53.24%
Worst result	61.84%	52.40%	58.81%	61.56%	59.54%
Responses	2242	2290	2574	2533	2782

Q13a In the last 12 months how many times have you personally experienced physical violence at work from...? Patients / service users, their relatives or other members of the public.



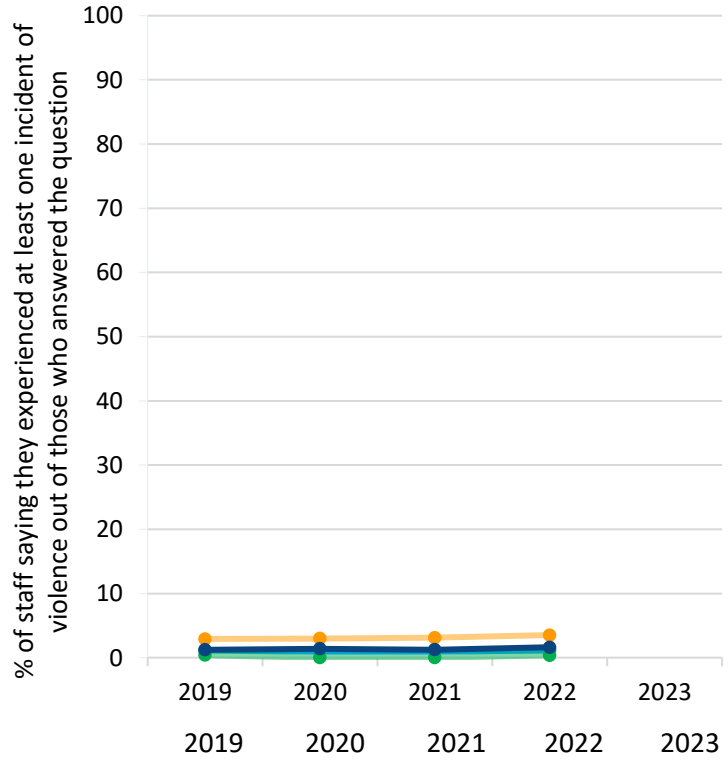
	2019	2020	2021	2022	2023
Your org	16.85%	13.38%	14.58%	12.59%	
Best result	8.39%	6.15%	5.14%	5.91%	
Average result	17.82%	14.88%	14.08%	14.30%	
Worst result	31.59%	24.09%	21.83%	23.04%	
Responses	2245	2291	2581	2537	

Q13b In the last 12 months how many times have you personally experienced physical violence at work from...? Managers.



	2019	2020	2021	2022	2023
Your org	0.44%	0.54%	0.48%	0.47%	
Best result	0.05%	0.00%	0.12%	0.00%	
Average result	0.44%	0.37%	0.37%	0.40%	
Worst result	1.47%	1.32%	1.52%	1.72%	
Responses	2233	2282	2563	2528	

Q13c In the last 12 months how many times have you personally experienced physical violence at work from...? Other colleagues.

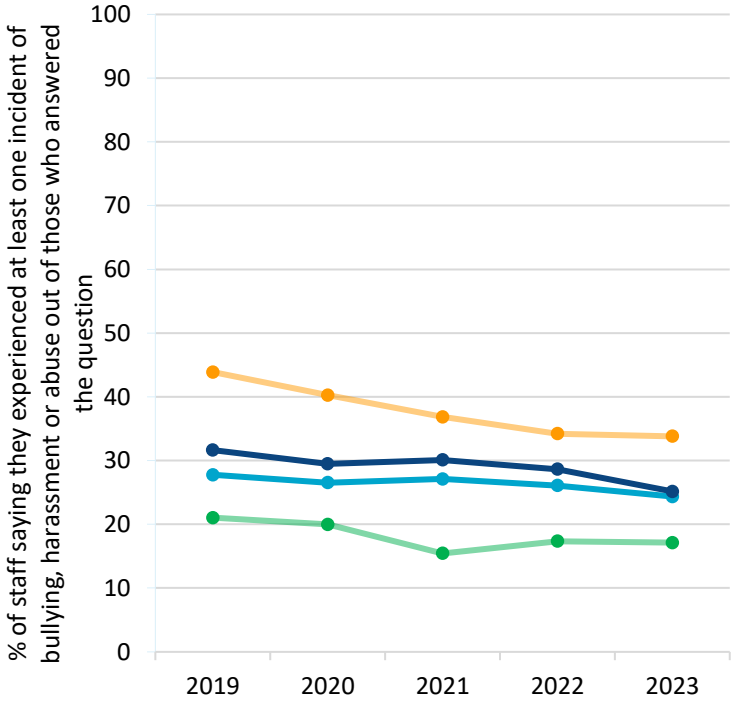


	2019	2020	2021	2022	2023
Your org	1.22%	1.39%	1.26%	1.63%	
Best result	0.40%	0.00%	0.00%	0.39%	
Average result	1.14%	0.96%	0.96%	1.15%	
Worst result	2.91%	3.00%	3.11%	3.51%	
Responses	2226	2269	2541	2507	

Note. 2023 results for Q13a-c have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

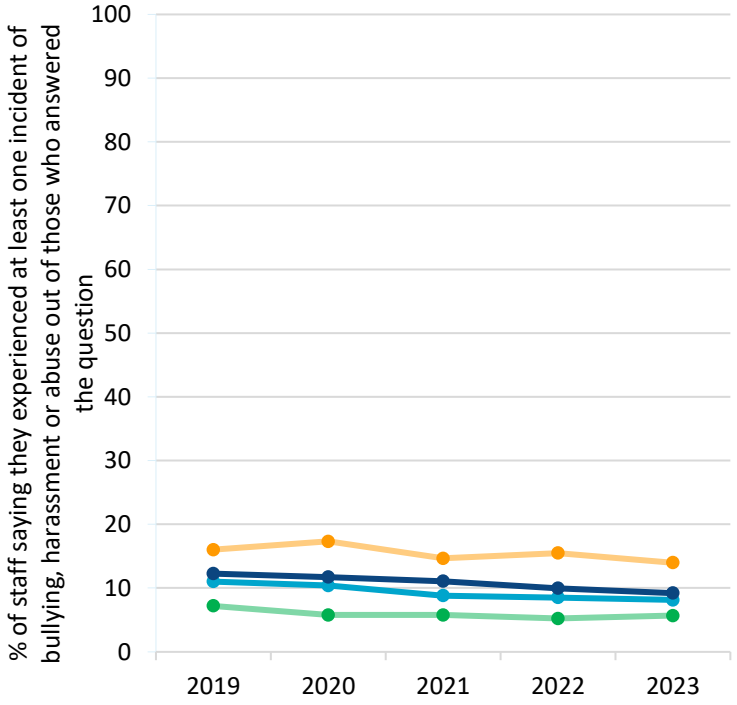
Survey Coordination Centre NHS

Q14a In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Patients / service users, their relatives or other members of the public.



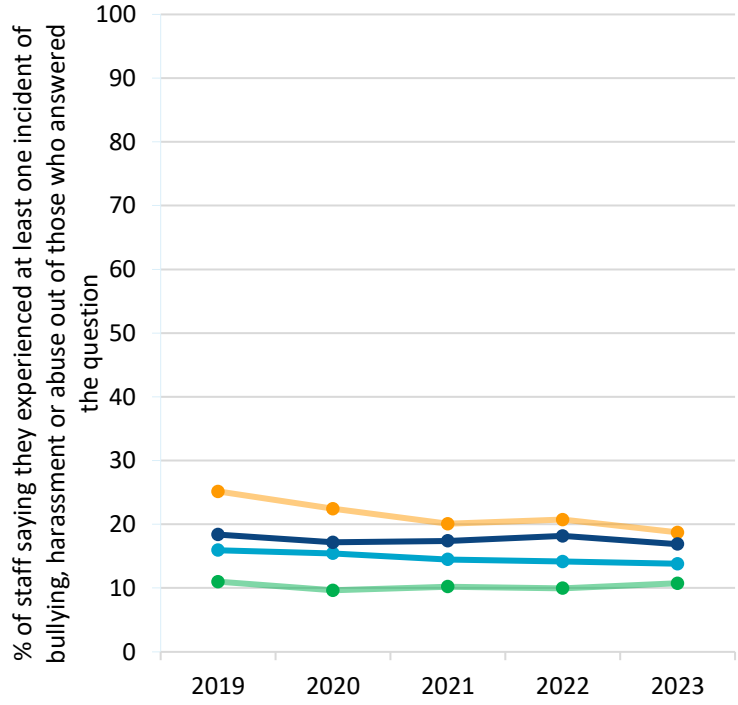
	2019	2020	2021	2022	2023
Your org	31.62%	29.49%	30.10%	28.64%	25.14%
Best result	21.02%	19.98%	15.42%	17.33%	17.12%
Average result	27.76%	26.53%	27.11%	26.07%	24.35%
Worst result	43.88%	40.26%	36.84%	34.21%	33.82%
Responses	2242	2277	2580	2525	2780

Q14b In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Managers.



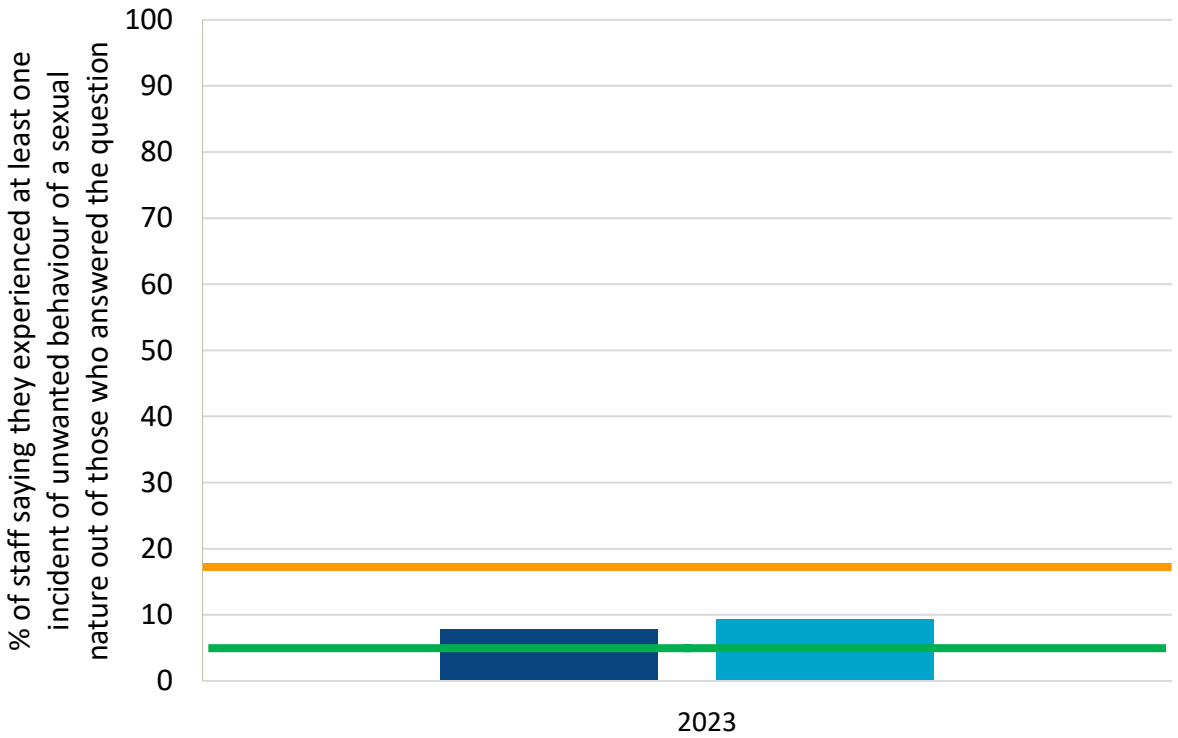
	2019	2020	2021	2022	2023
Your org	12.23%	11.72%	11.05%	9.95%	9.20%
Best result	7.19%	5.77%	5.77%	5.21%	5.67%
Average result	11.00%	10.39%	8.81%	8.49%	8.13%
Worst result	16.01%	17.31%	14.64%	15.49%	13.97%
Responses	2227	2265	2558	2510	2735

Q14c In the last 12 months how many times have you personally experienced harassment, bullying or abuse at work from...? Other colleagues.



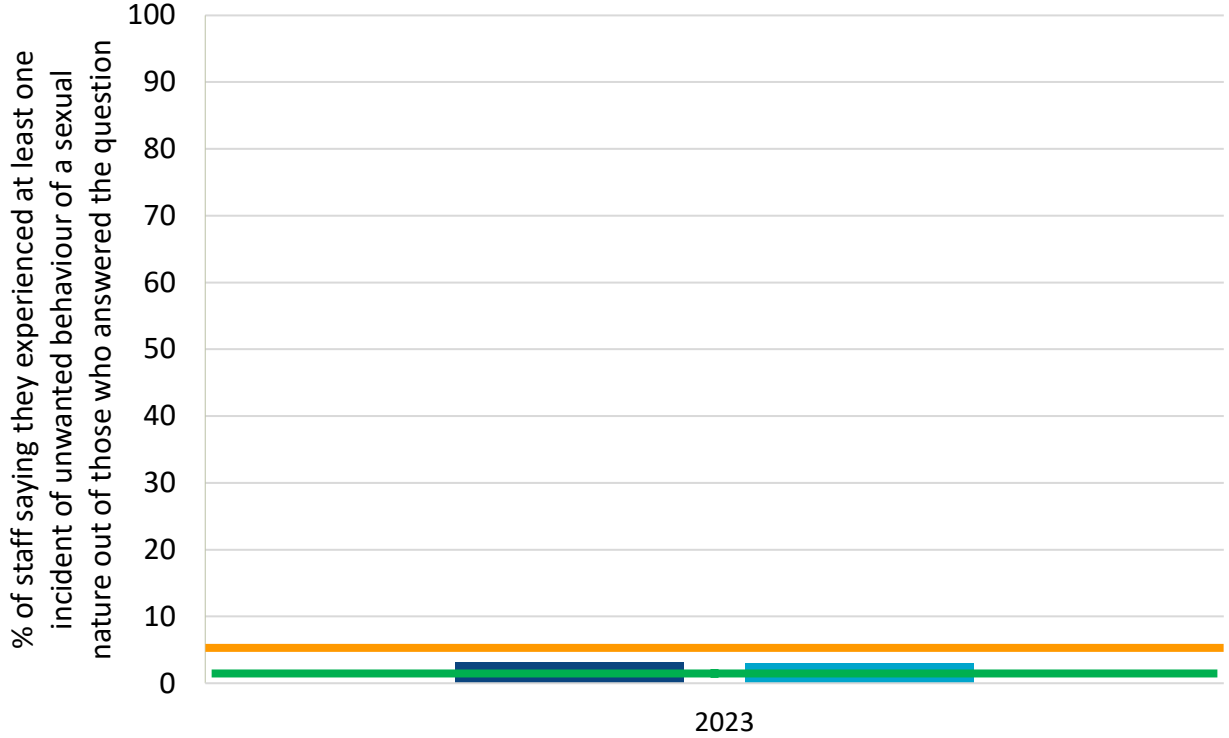
	2019	2020	2021	2022	2023
Your org	18.36%	17.15%	17.39%	18.17%	16.90%
Best result	11.00%	9.63%	10.20%	9.97%	10.74%
Average result	15.92%	15.43%	14.48%	14.14%	13.79%
Worst result	25.14%	22.44%	20.07%	20.73%	18.72%
Responses	2208	2253	2555	2499	2693

Q17a In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From patients / service users, their relatives or other members of the public



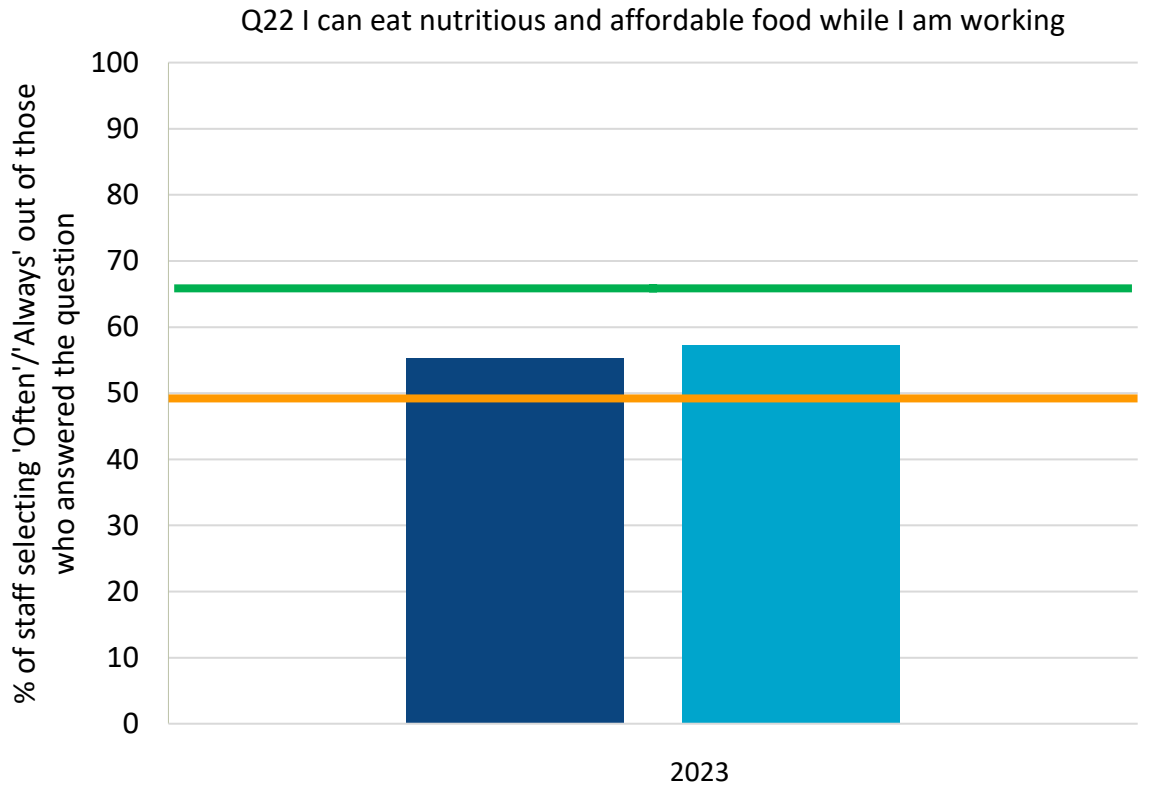
Your org	7.77%
Best result	4.94%
Average result	9.33%
Worst result	17.24%
Responses	2791

Q17b In the last 12 months, how many times have you been the target of unwanted behaviour of a sexual nature in the workplace? From staff / colleagues



Your org	3.05%
Best result	1.47%
Average result	3.01%
Worst result	5.29%
Responses	2774

*These questions do not contribute towards any People Promise element score, theme score or sub-score



Your org	55.28%
Best result	65.87%
Average result	57.33%
Worst result	49.21%
Responses	2791

*These questions do not contribute towards any People Promise element score, theme score or sub-score

Survey Coordination Centre

NHS

People Promise element – We are always learning

Questions included:

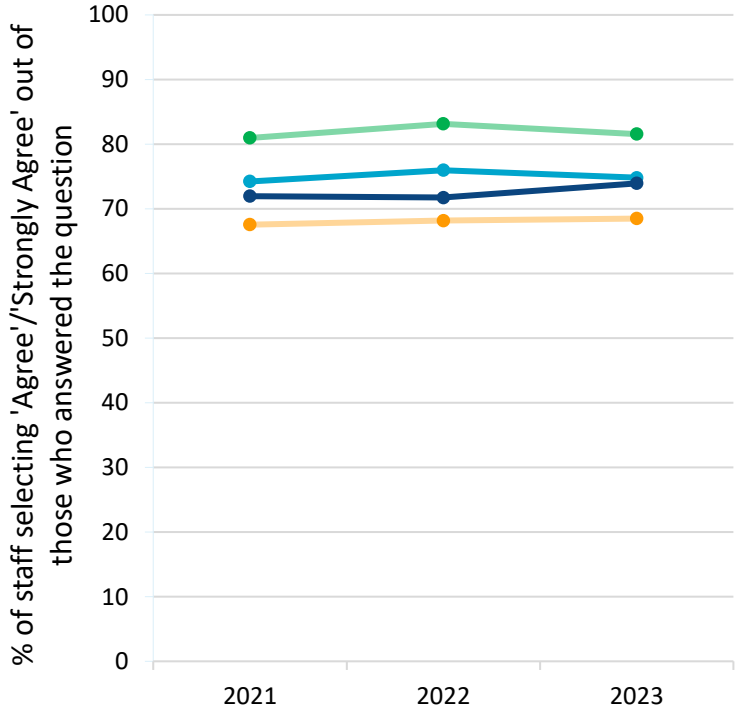
Development – Q24a, Q24b, Q24c, Q24d, Q24e

Appraisals – Q23a*, Q23b, Q23c, Q23d

*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

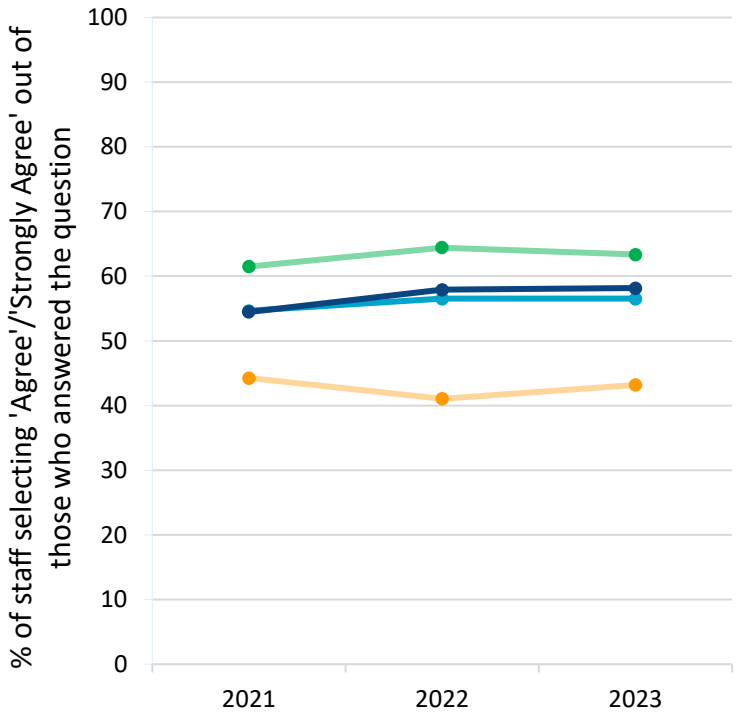
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q24a This organisation offers me challenging work.



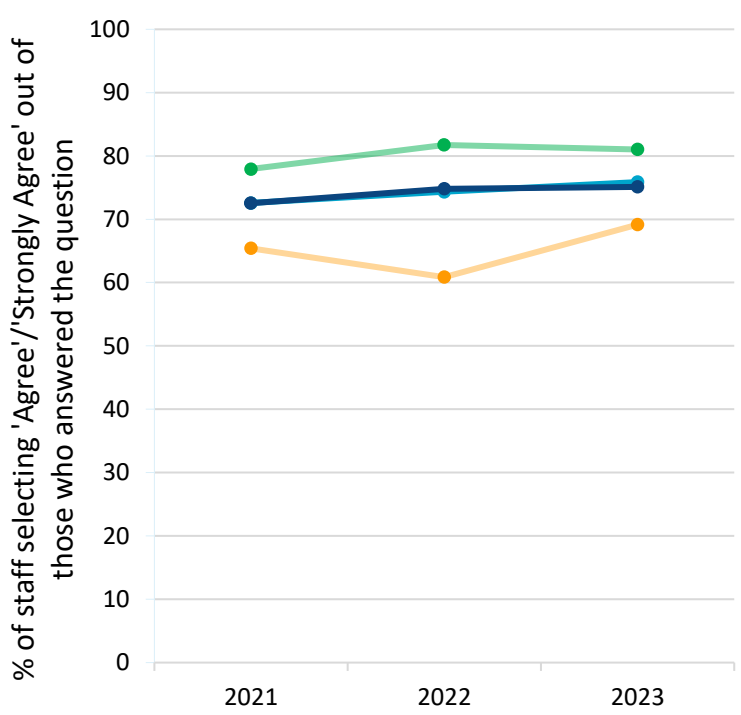
	2021	2022	2023
Your org	71.92%	71.75%	73.95%
Best result	80.96%	83.13%	81.57%
Average result	74.24%	75.97%	74.81%
Worst result	67.54%	68.17%	68.49%
Responses	2583	2529	2785

Q24b There are opportunities for me to develop my career in this organisation.



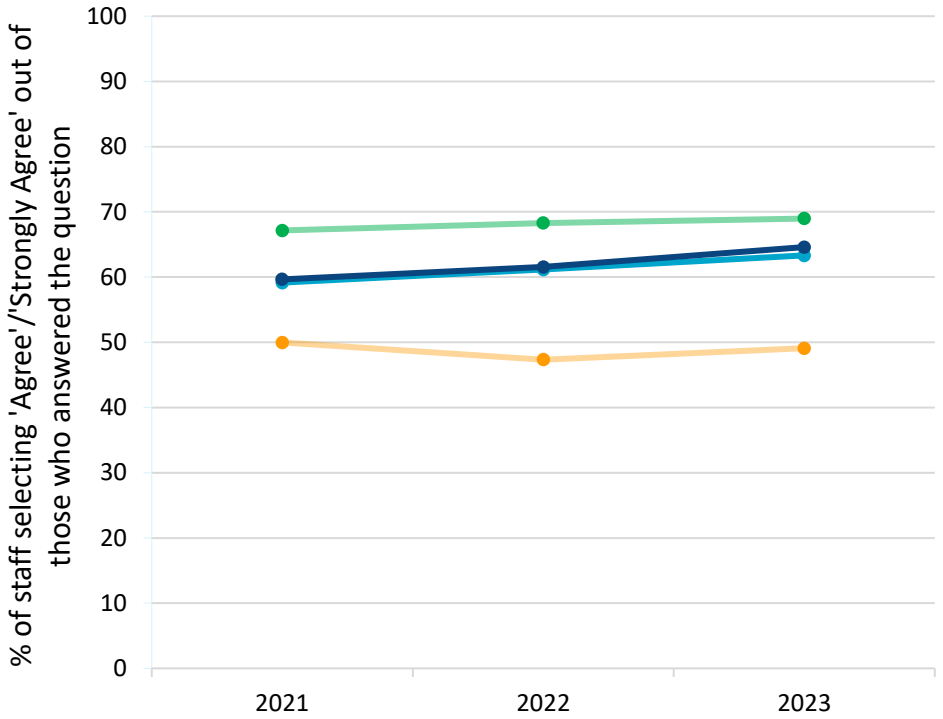
	2021	2022	2023
Your org	54.46%	57.92%	58.16%
Best result	61.51%	64.41%	63.35%
Average result	54.65%	56.53%	56.52%
Worst result	44.24%	41.07%	43.19%
Responses	2584	2535	2783

Q24c I have opportunities to improve my knowledge and skills.



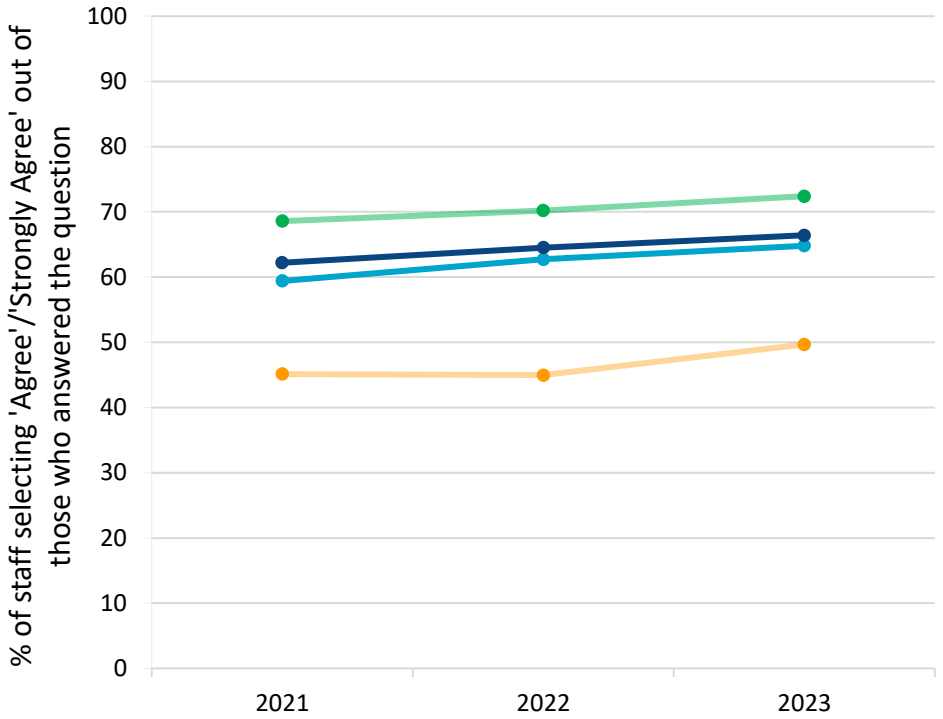
	2021	2022	2023
Your org	72.53%	74.82%	75.11%
Best result	77.93%	81.72%	81.04%
Average result	72.56%	74.34%	75.88%
Worst result	65.43%	60.86%	69.15%
Responses	2579	2534	2786

Q24d I feel supported to develop my potential.



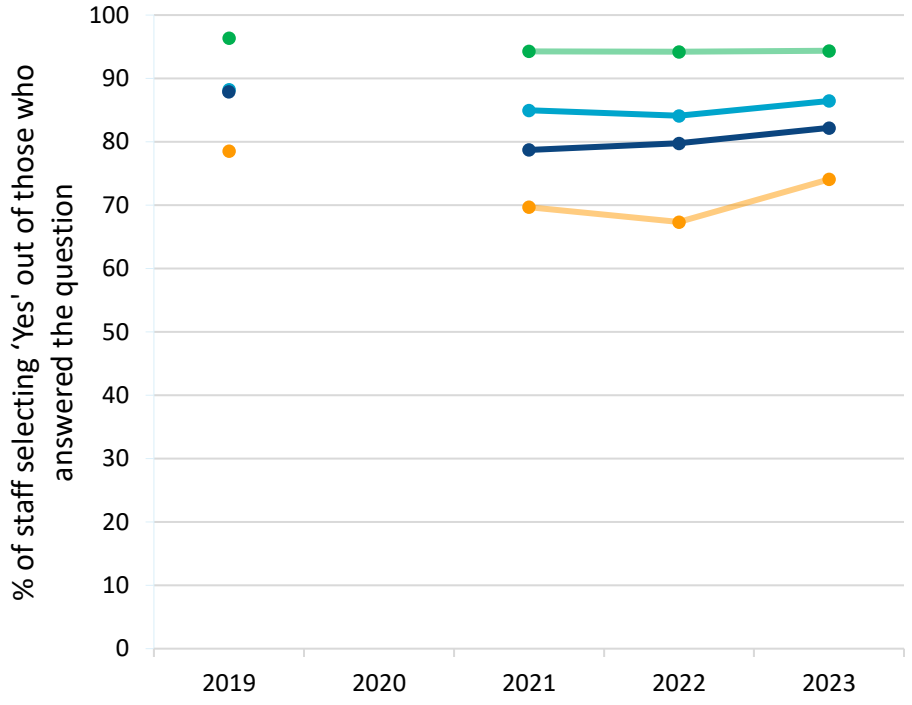
	2021	2022	2023
Your org	59.63%	61.56%	64.59%
Best result	67.15%	68.28%	68.98%
Average result	59.13%	61.16%	63.30%
Worst result	49.98%	47.34%	49.09%
Responses	2576	2533	2784

Q24e I am able to access the right learning and development opportunities when I need to.



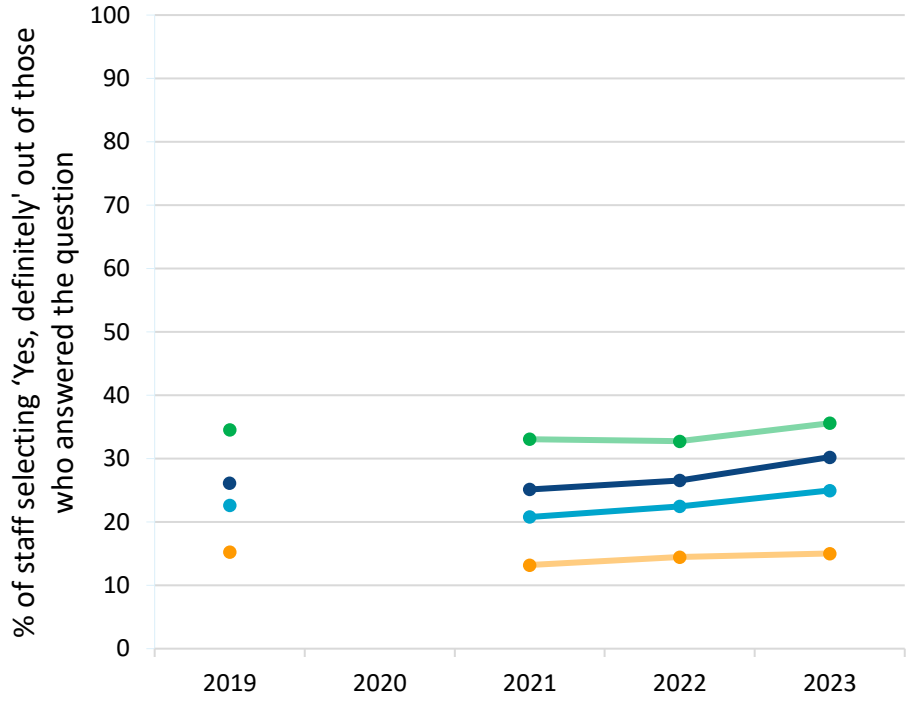
	2021	2022	2023
Your org	62.21%	64.53%	66.40%
Best result	68.59%	70.18%	72.39%
Average result	59.41%	62.74%	64.81%
Worst result	45.13%	44.95%	49.67%
Responses	2574	2531	2784

Q23a* In the last 12 months, have you had an appraisal, annual review, development review, or Knowledge and Skills Framework (KSF) development review?



	2019	2020	2021	2022	2023
Your org	87.84%	-	78.72%	79.74%	82.18%
Best result	96.35%	-	94.26%	94.19%	94.34%
Average result	88.21%	-	84.96%	84.08%	86.45%
Worst result	78.52%	-	69.67%	67.32%	74.07%
Responses	2226	-	2560	2523	2741

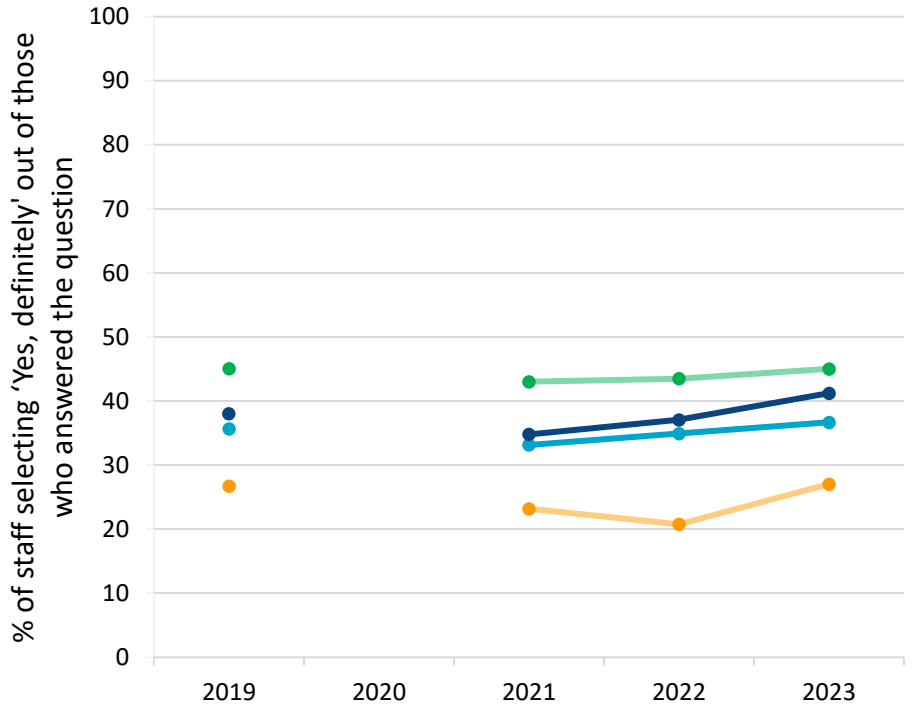
Q23b It helped me to improve how I do my job.



	2019	2020	2021	2022	2023
Your org	26.10%	-	25.15%	26.54%	30.22%
Best result	34.55%	-	33.07%	32.74%	35.60%
Average result	22.64%	-	20.80%	22.45%	24.95%
Worst result	15.27%	-	13.20%	14.47%	15.02%
Responses	1939	-	1997	2005	2237

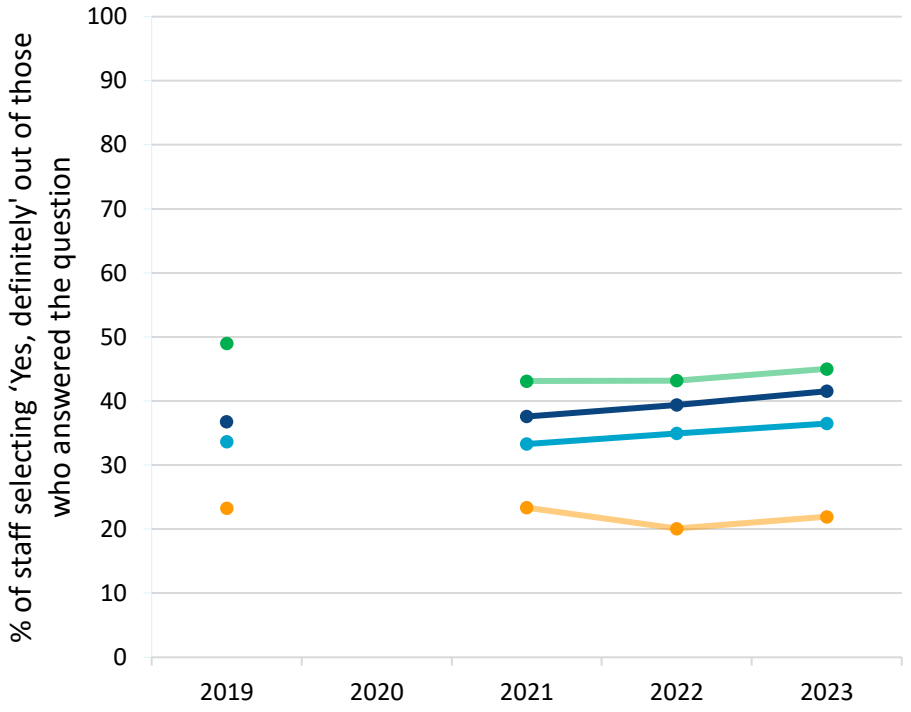
*Q23a is a filter question and therefore influences the sub-score without being a directly scored question.

Q23c It helped me agree clear objectives for my work.



	2019	2020	2021	2022	2023
Your org	37.96%	-	34.80%	37.07%	41.21%
Best result	45.03%	-	43.01%	43.50%	45.00%
Average result	35.65%	-	33.15%	34.93%	36.67%
Worst result	26.72%	-	23.18%	20.76%	27.01%
Responses	1939	-	1992	2004	2235

Q23d It left me feeling that my work is valued by my organisation.



	2019	2020	2021	2022	2023
Your org	36.73%	-	37.59%	39.39%	41.55%
Best result	49.00%	-	43.10%	43.17%	45.01%
Average result	33.66%	-	33.29%	34.94%	36.48%
Worst result	23.24%	-	23.36%	20.07%	21.93%
Responses	1930	-	1998	2003	2232

Survey Coordination Centre

NHS

People Promise element – We work flexibly

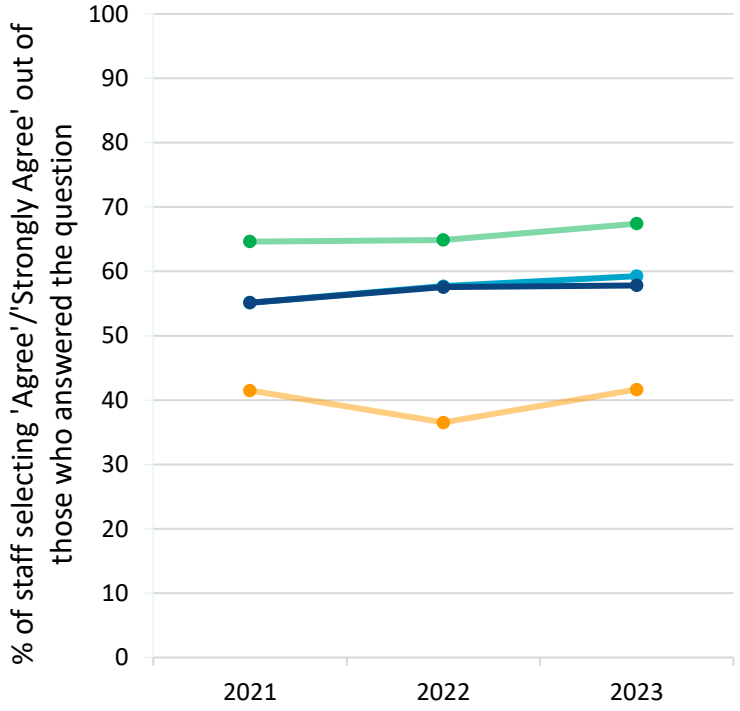
Questions included:

Support for work-life balance – Q6b, Q6c, Q6d

Flexible working – Q4d

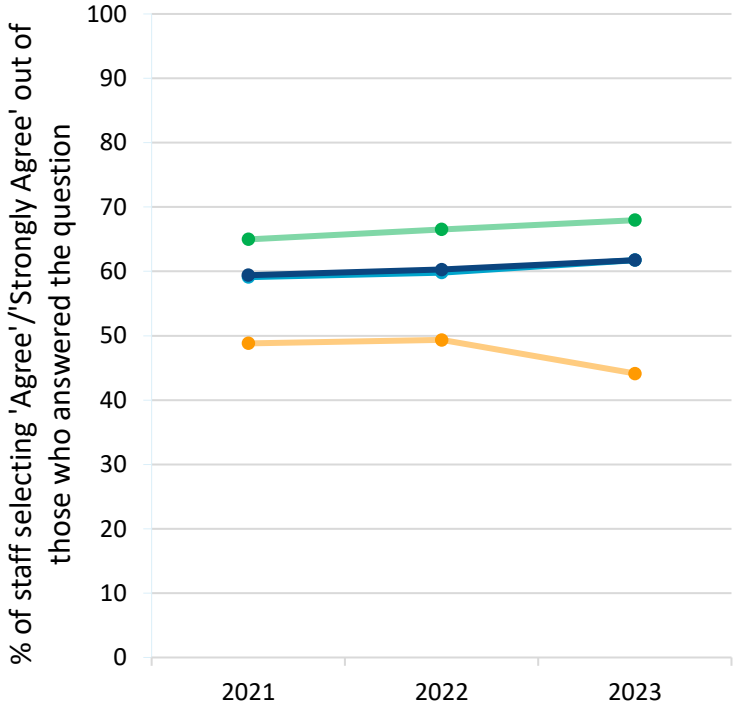
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q6b My organisation is committed to helping me balance my work and home life.



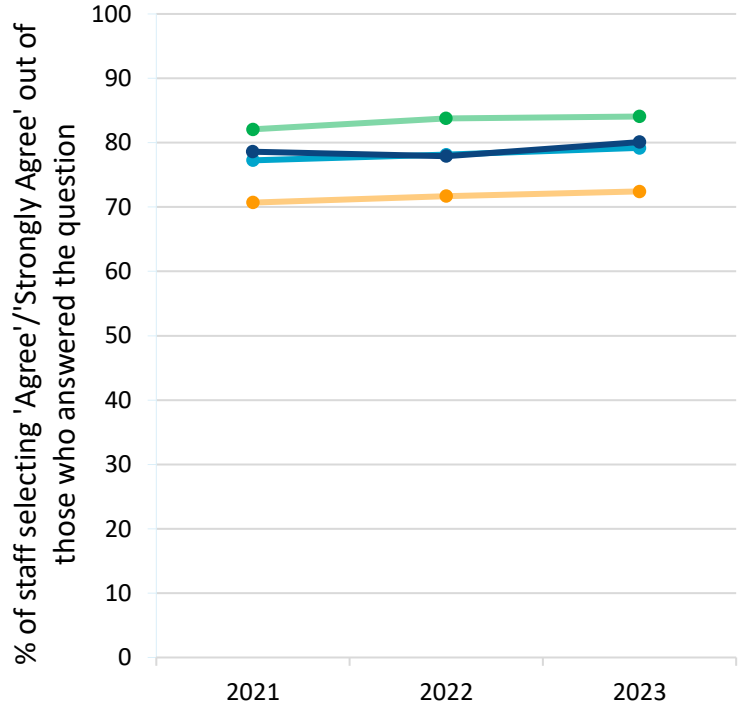
	2021	2022	2023
Your org	55.13%	57.55%	57.82%
Best result	64.63%	64.88%	67.41%
Average result	55.13%	57.70%	59.25%
Worst result	41.49%	36.52%	41.64%
Responses	2589	2533	2790

Q6c I achieve a good balance between my work life and my home life.



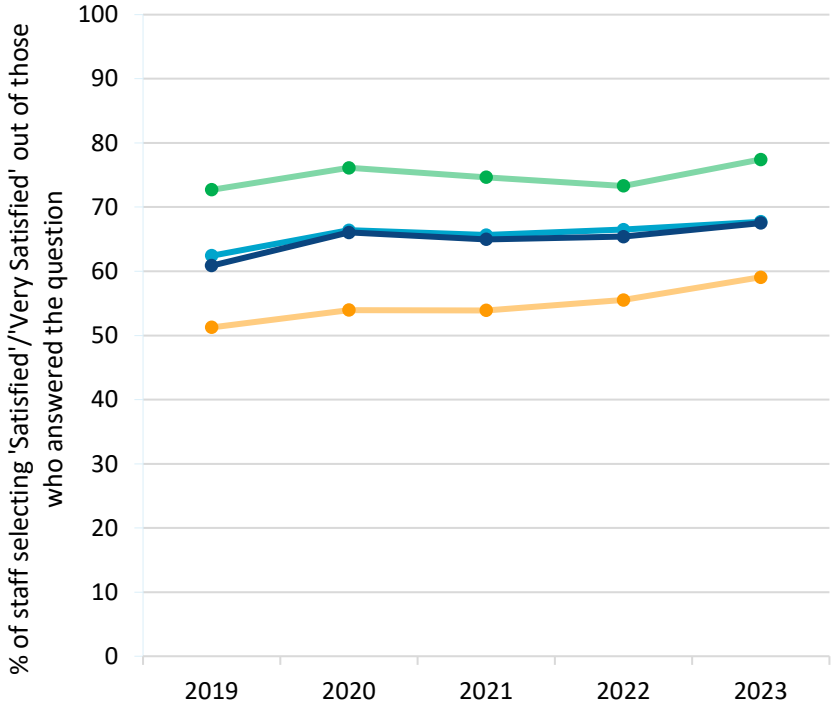
	2021	2022	2023
Your org	59.38%	60.27%	61.76%
Best result	64.99%	66.50%	67.98%
Average result	59.11%	59.81%	61.76%
Worst result	48.81%	49.33%	44.12%
Responses	2584	2537	2780

Q6d I can approach my immediate manager to talk openly about flexible working.



	2021	2022	2023
Your org	78.57%	77.91%	80.09%
Best result	82.07%	83.76%	84.07%
Average result	77.25%	78.13%	79.18%
Worst result	70.71%	71.70%	72.43%
Responses	2584	2541	2788

Q4d How satisfied are you with each of the following aspects of your job? The opportunities for flexible working patterns.

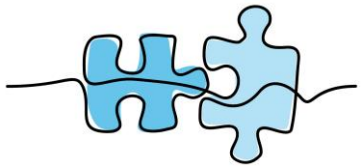


	2019	2020	2021	2022	2023
Your org	60.87%	66.03%	64.98%	65.40%	67.51%
Best result	72.70%	76.13%	74.65%	73.30%	77.42%
Average result	62.43%	66.39%	65.65%	66.49%	67.73%
Worst result	51.26%	53.97%	53.91%	55.54%	59.06%
Responses	2262	2291	2573	2524	2780

Survey Coordination Centre

NHS

People Promise element – We are a team



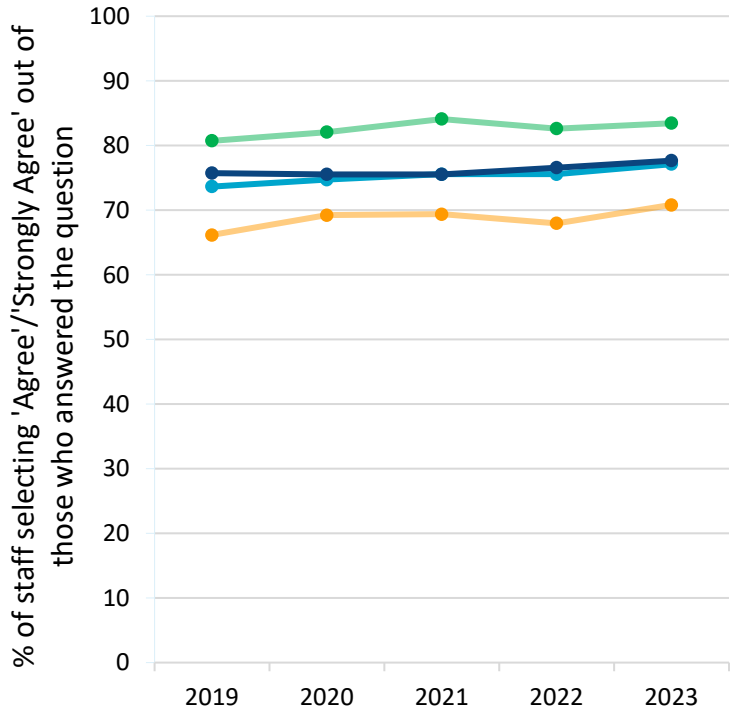
Questions included:

Team working – Q7a, Q7b, Q7c, Q7d, Q7e, Q7f, Q7g, Q8a

Line management – Q9a, Q9b, Q9c, Q9d

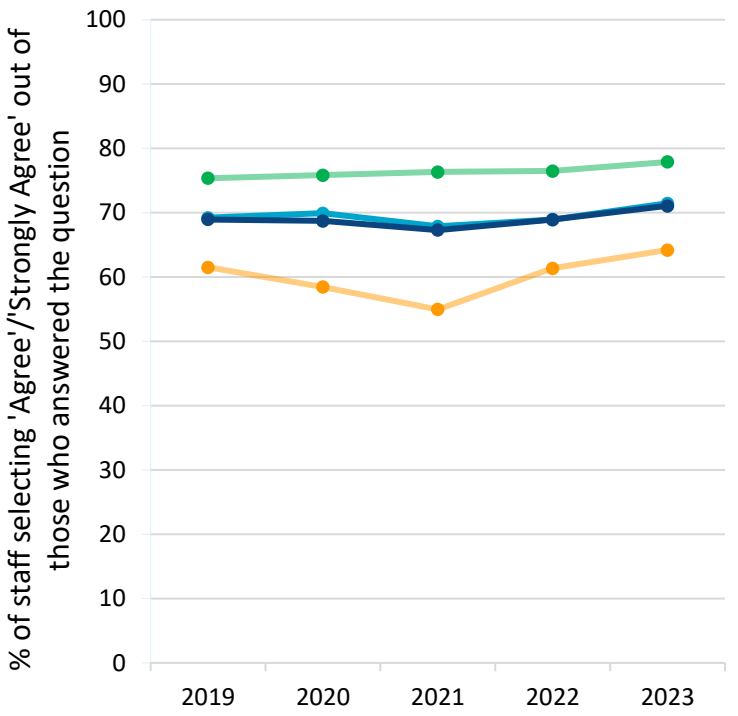
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q7a The team I work in has a set of shared objectives.



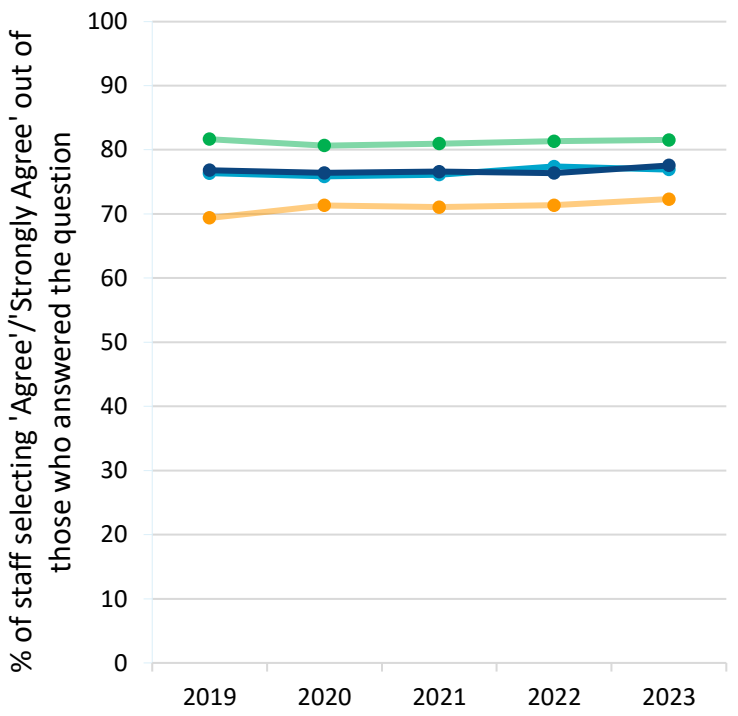
	2019	2020	2021	2022	2023
Your org	75.75%	75.56%	75.55%	76.58%	77.68%
Best result	80.74%	82.09%	84.10%	82.64%	83.46%
Average result	73.67%	74.74%	75.58%	75.57%	77.13%
Worst result	66.18%	69.23%	69.38%	67.98%	70.83%
Responses	2248	2278	2576	2534	2786

Q7b The team I work in often meets to discuss the team's effectiveness.



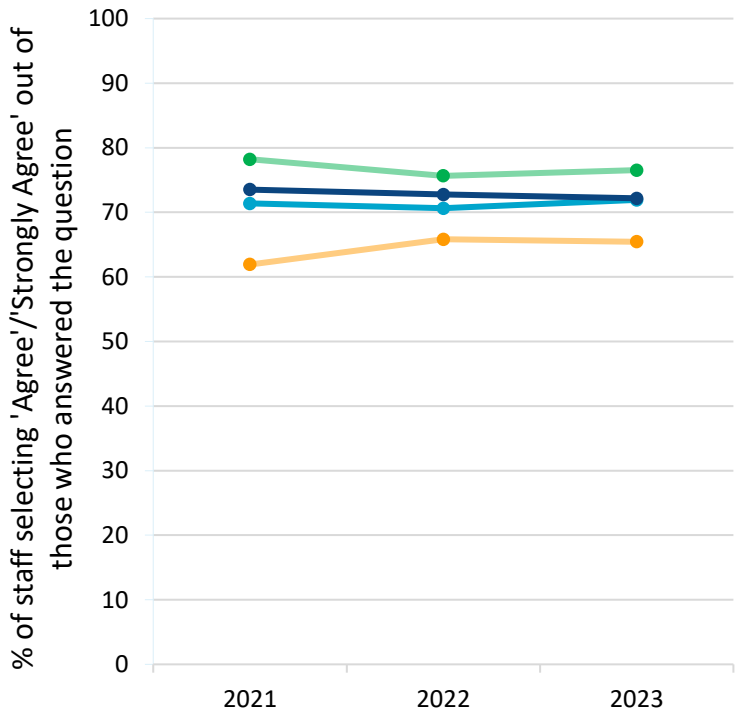
	2019	2020	2021	2022	2023
Your org	68.93%	68.72%	67.31%	68.91%	71.05%
Best result	75.36%	75.84%	76.33%	76.49%	77.90%
Average result	69.23%	69.91%	67.88%	68.94%	71.47%
Worst result	61.52%	58.46%	54.96%	61.36%	64.20%
Responses	2259	2290	2570	2535	2789

Q7c I receive the respect I deserve from my colleagues at work.



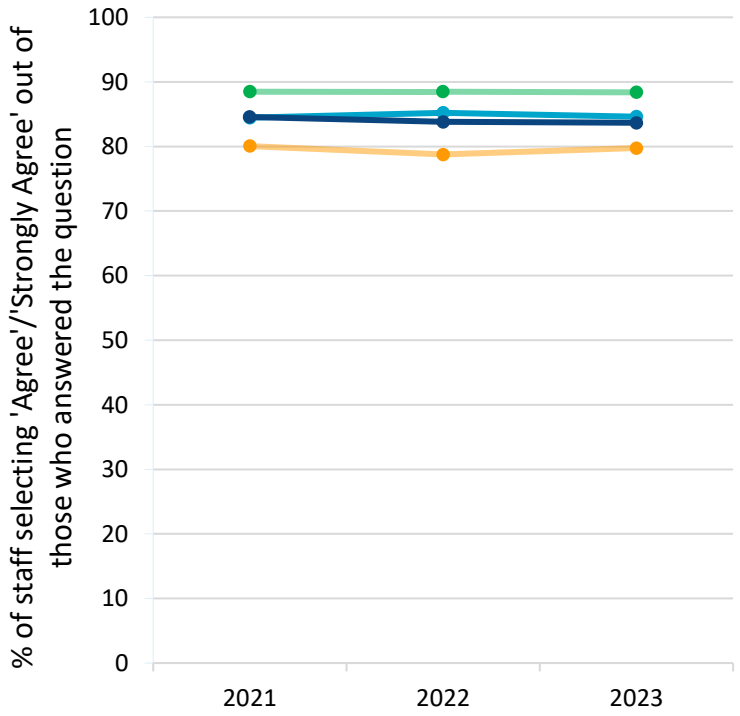
	2019	2020	2021	2022	2023
Your org	76.79%	76.40%	76.59%	76.37%	77.55%
Best result	81.65%	80.66%	80.95%	81.34%	81.54%
Average result	76.33%	75.84%	76.13%	77.38%	76.93%
Worst result	69.39%	71.32%	71.06%	71.35%	72.31%
Responses	2268	2284	2578	2537	2787

Q7d Team members understand each other's roles.



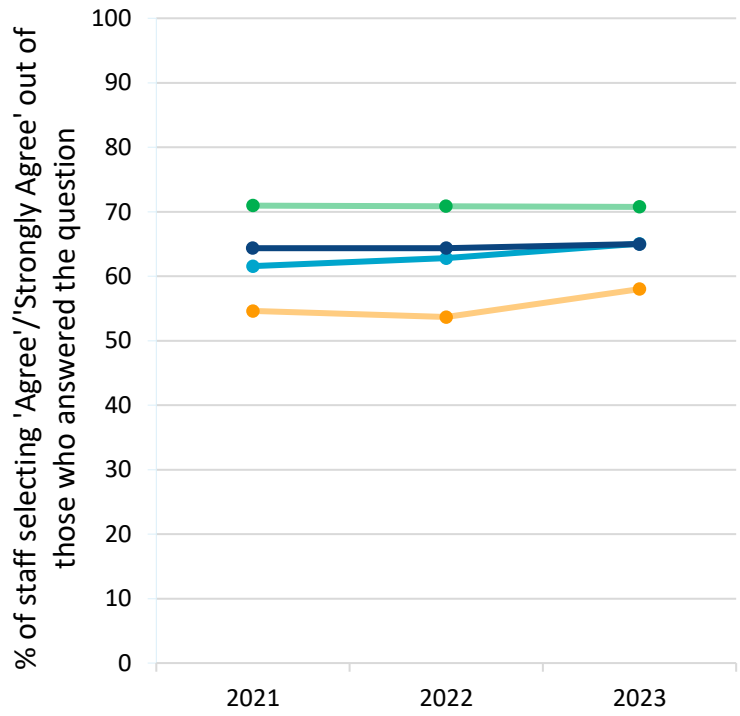
	2021	2022	2023
Your org	73.50%	72.76%	72.15%
Best result	78.20%	75.63%	76.53%
Average result	71.36%	70.61%	71.92%
Worst result	61.93%	65.82%	65.44%
Responses	2575	2538	2788

Q7e I enjoy working with the colleagues in my team.



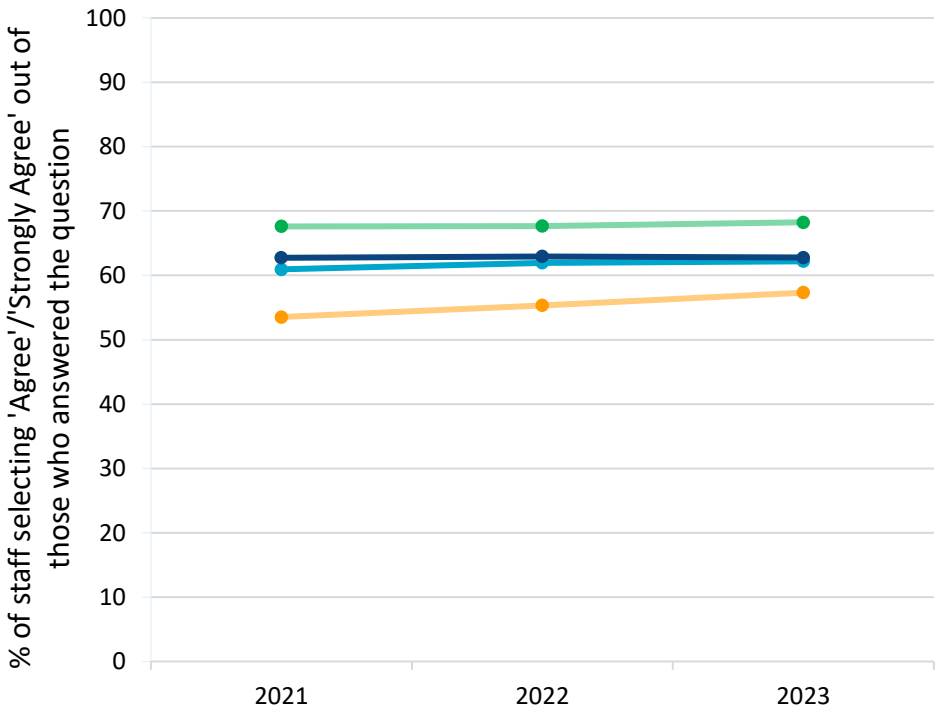
	2021	2022	2023
Your org	84.56%	83.82%	83.66%
Best result	88.50%	88.48%	88.38%
Average result	84.46%	85.21%	84.63%
Worst result	80.07%	78.76%	79.75%
Responses	2571	2533	2787

Q7f My team has enough freedom in how to do its work.



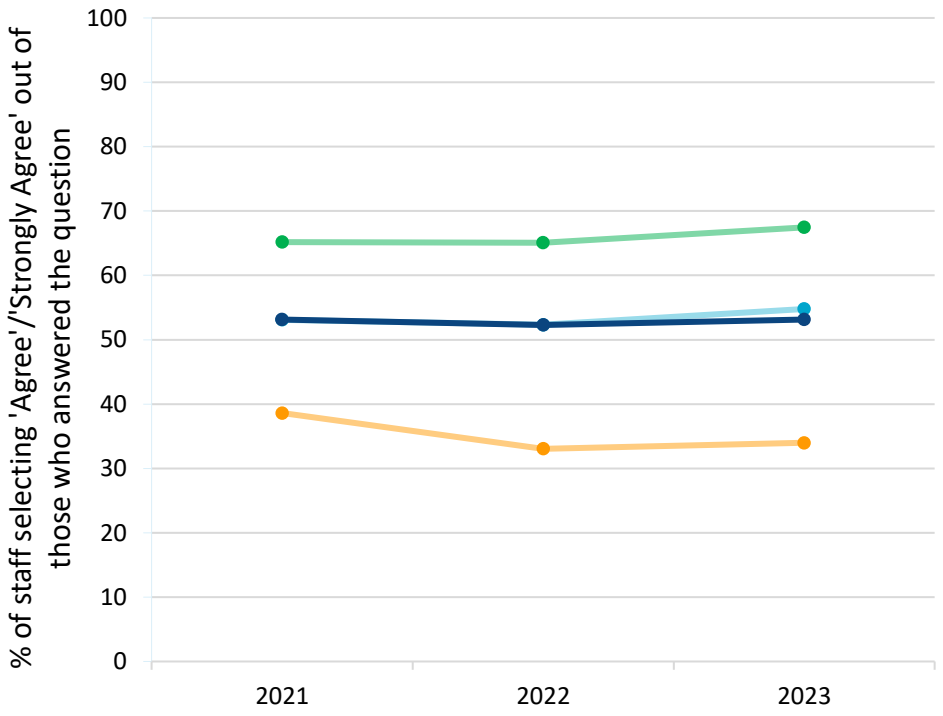
	2021	2022	2023
Your org	64.37%	64.36%	64.99%
Best result	70.97%	70.85%	70.76%
Average result	61.57%	62.81%	65.04%
Worst result	54.62%	53.66%	58.03%
Responses	2562	2528	2784

Q7g In my team disagreements are dealt with constructively.



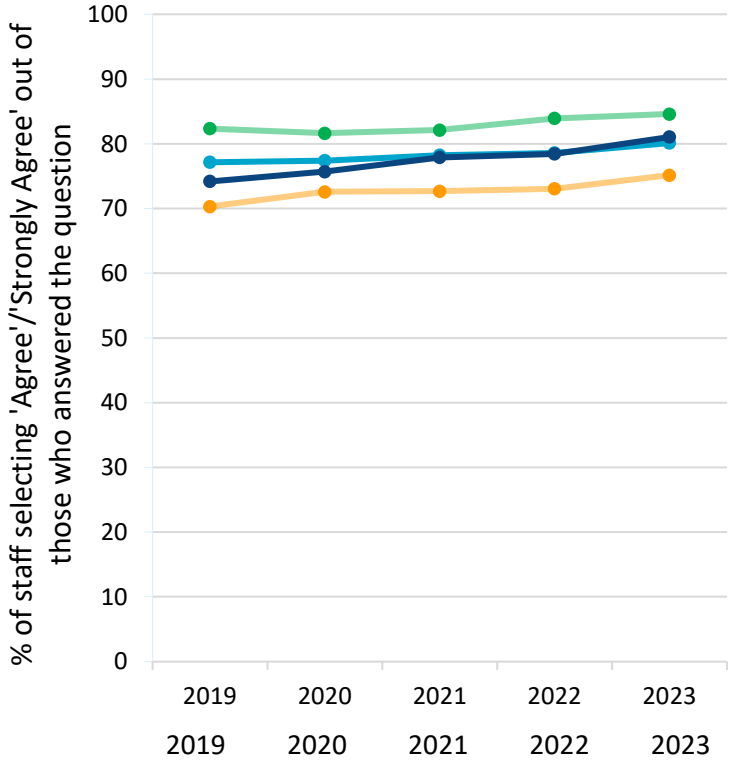
	2021	2022	2023
Your org	62.74%	62.95%	62.77%
Best result	67.64%	67.66%	68.24%
Average result	60.93%	61.94%	62.20%
Worst result	53.52%	55.34%	57.33%
Responses	2569	2533	2789

Q8a Teams within this organisation work well together to achieve their objectives.



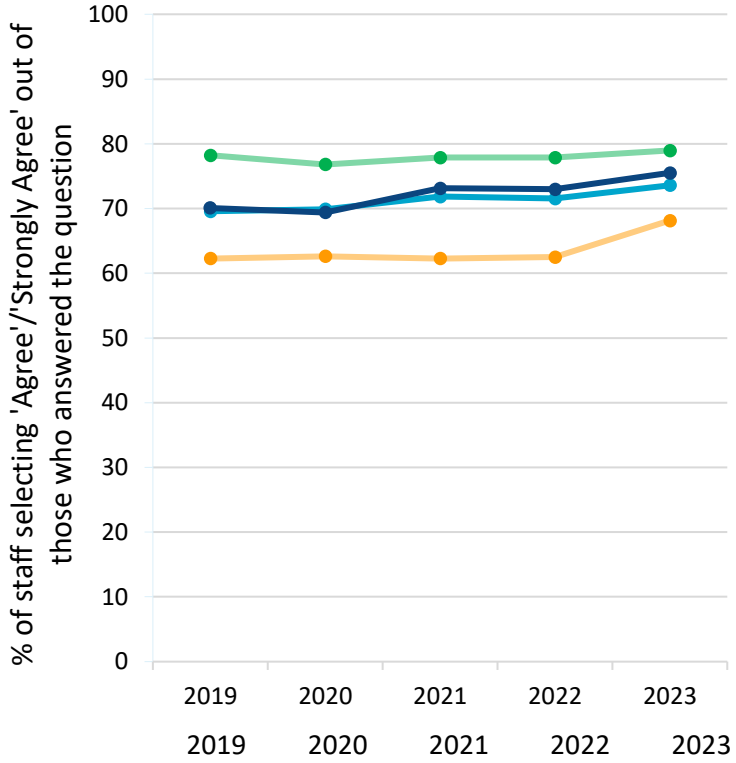
	2021	2022	2023
Your org	53.14%	52.31%	53.15%
Best result	65.19%	65.09%	67.46%
Average result	53.09%	52.33%	54.78%
Worst result	38.61%	33.05%	33.97%
Responses	2567	2528	2792

Q9a My immediate manager encourages me at work.



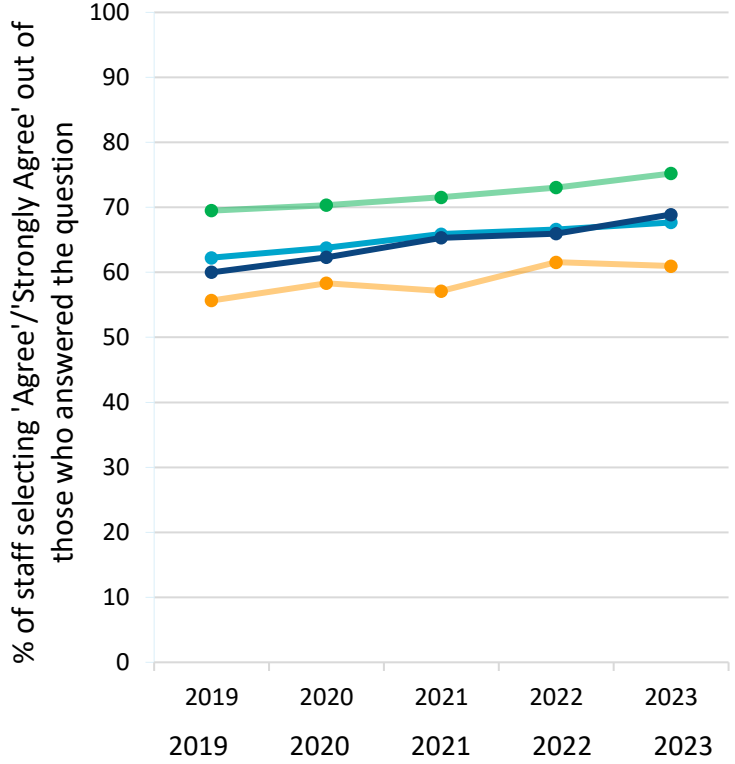
	2019	2020	2021	2022	2023
Your org	74.19%	75.69%	77.91%	78.44%	81.06%
Best result	82.35%	81.63%	82.14%	83.92%	84.61%
Average result	77.16%	77.40%	78.25%	78.60%	80.12%
Worst result	70.32%	72.59%	72.69%	73.05%	75.16%
Responses	2246	2292	2589	2542	2790

Q9b My immediate manager gives me clear feedback on my work.



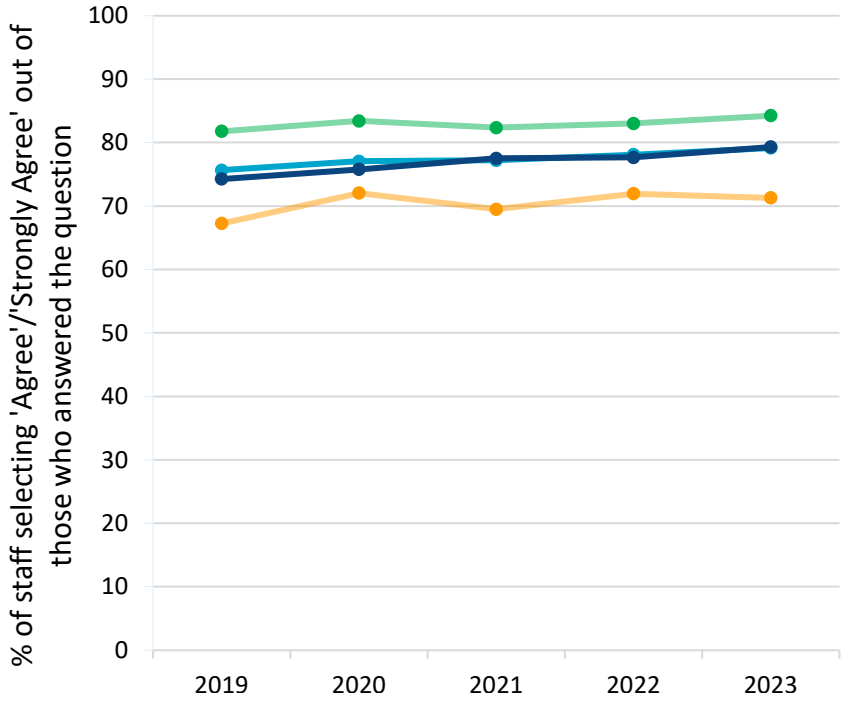
	2019	2020	2021	2022	2023
Your org	70.08%	69.40%	73.12%	72.98%	75.50%
Best result	78.22%	76.82%	77.87%	77.87%	78.97%
Average result	69.56%	69.88%	71.83%	71.54%	73.61%
Worst result	62.28%	62.61%	62.27%	62.50%	68.14%
Responses	2242	2288	2593	2537	2785

Q9c My immediate manager asks for my opinion before making decisions that affect my work.



	2019	2020	2021	2022	2023
Your org	59.97%	62.31%	65.33%	65.97%	68.88%
Best result	69.51%	70.33%	71.55%	73.06%	75.21%
Average result	62.24%	63.76%	65.89%	66.59%	67.68%
Worst result	55.66%	58.32%	57.11%	61.55%	60.95%
Responses	2241	2290	2592	2532	2788

Q9d My immediate manager takes a positive interest in my health and well-being.



	2019	2020	2021	2022	2023
Your org	74.23%	75.78%	77.50%	77.67%	79.30%
Best result	81.77%	83.41%	82.36%	83.00%	84.26%
Average result	75.65%	77.07%	77.22%	78.09%	79.16%
Worst result	67.24%	72.04%	69.49%	71.93%	71.29%
Responses	2239	2289	2589	2542	2791

Survey Coordination Centre

NHS

Theme – Staff engagement

Questions included:

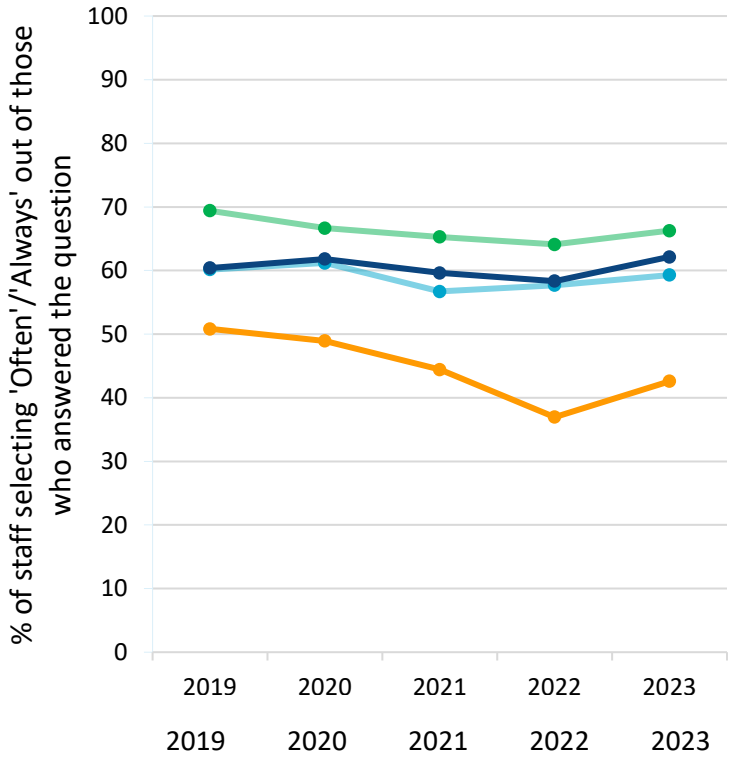
Motivation – Q2a, Q2b, Q2c

Involvement – Q3c, Q3d, Q3f

Advocacy – Q25a, Q25c, Q25d

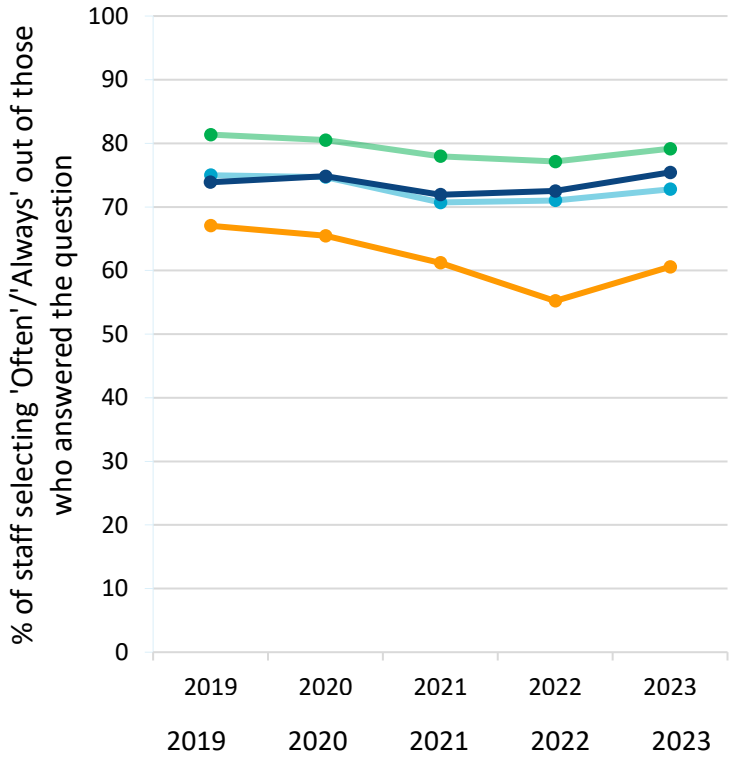
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q2a I look forward to going to work.



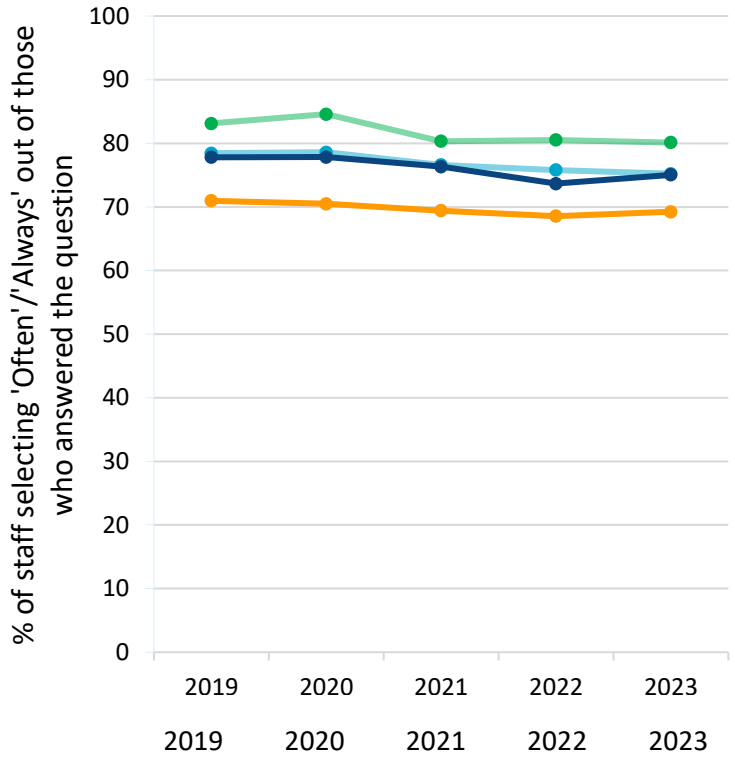
	2019	2020	2021	2022	2023
Your org	60.41%	61.80%	59.62%	58.34%	62.15%
Best result	69.42%	66.66%	65.29%	64.11%	66.27%
Average result	60.16%	61.18%	56.72%	57.68%	59.31%
Worst result	50.82%	48.92%	44.43%	36.95%	42.59%
Responses	2258	2284	2575	2509	2776

Q2b I am enthusiastic about my job.



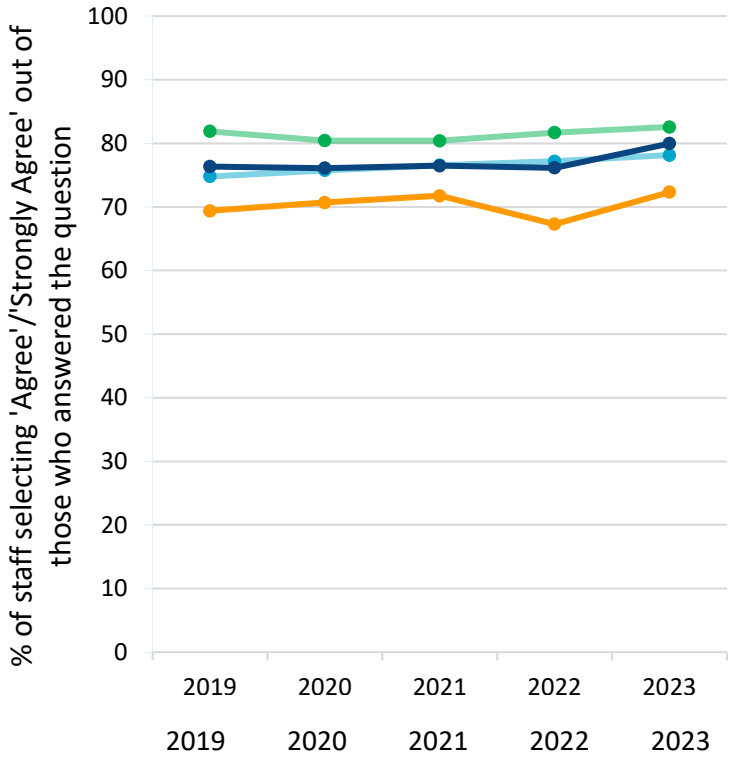
	2019	2020	2021	2022	2023
Your org	73.86%	74.81%	71.93%	72.50%	75.43%
Best result	81.36%	80.51%	77.97%	77.12%	79.14%
Average result	75.00%	74.70%	70.69%	71.02%	72.78%
Worst result	67.04%	65.45%	61.22%	55.22%	60.57%
Responses	2246	2282	2557	2499	2768

Q2c Time passes quickly when I am working.



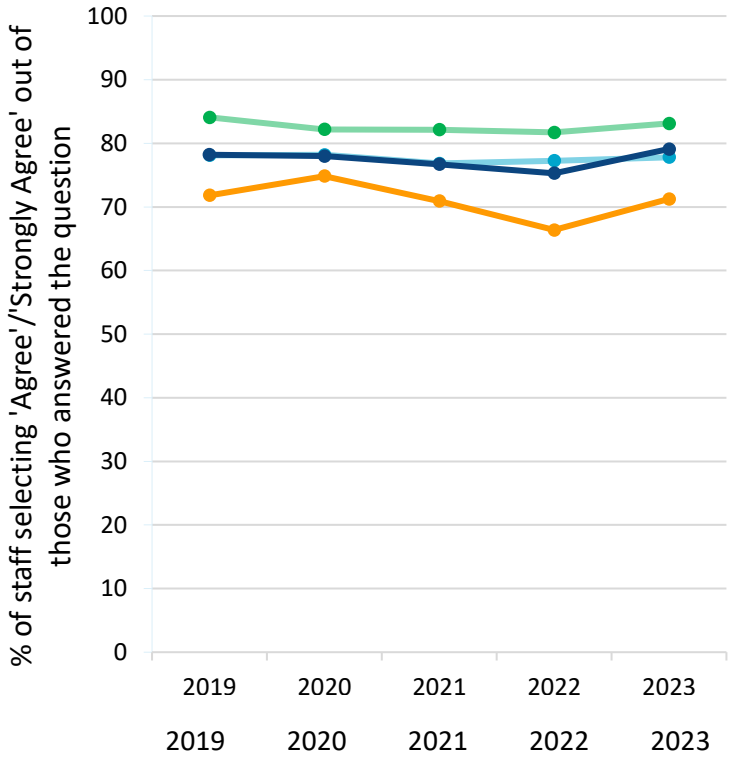
	2019	2020	2021	2022	2023
Your org	77.82%	77.83%	76.33%	73.67%	75.05%
Best result	83.12%	84.57%	80.31%	80.52%	80.13%
Average result	78.43%	78.58%	76.61%	75.81%	75.23%
Worst result	70.98%	70.50%	69.41%	68.56%	69.24%
Responses	2244	2282	2558	2506	2769

Q3c There are frequent opportunities for me to show initiative in my role.



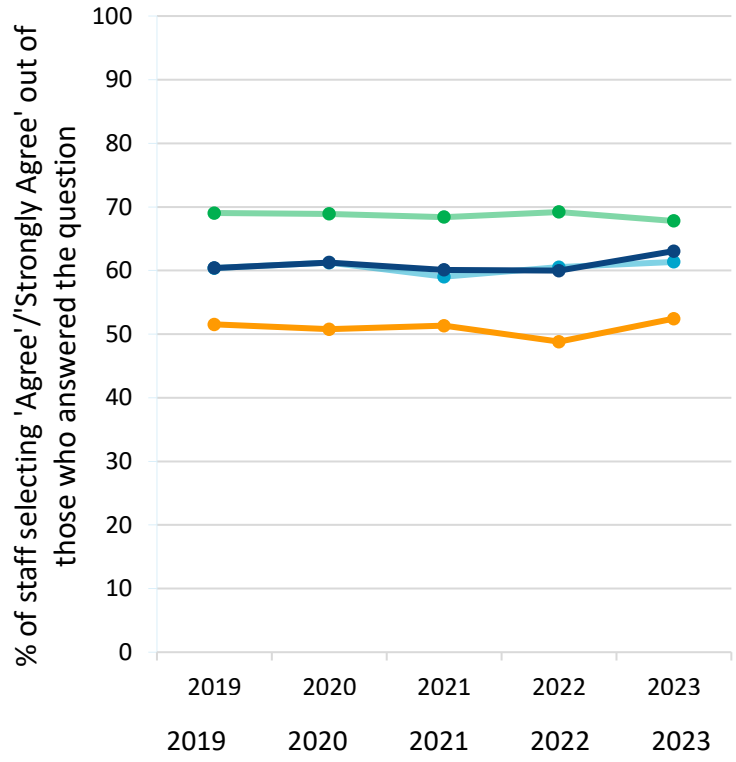
	2019	2020	2021	2022	2023
Your org	76.36%	76.09%	76.48%	76.15%	79.97%
Best result	81.89%	80.42%	80.39%	81.69%	82.58%
Average result	74.78%	75.75%	76.55%	77.17%	78.14%
Worst result	69.39%	70.70%	71.75%	67.29%	72.32%
Responses	2270	2296	2586	2529	2787

Q3d I am able to make suggestions to improve the work of my team / department.



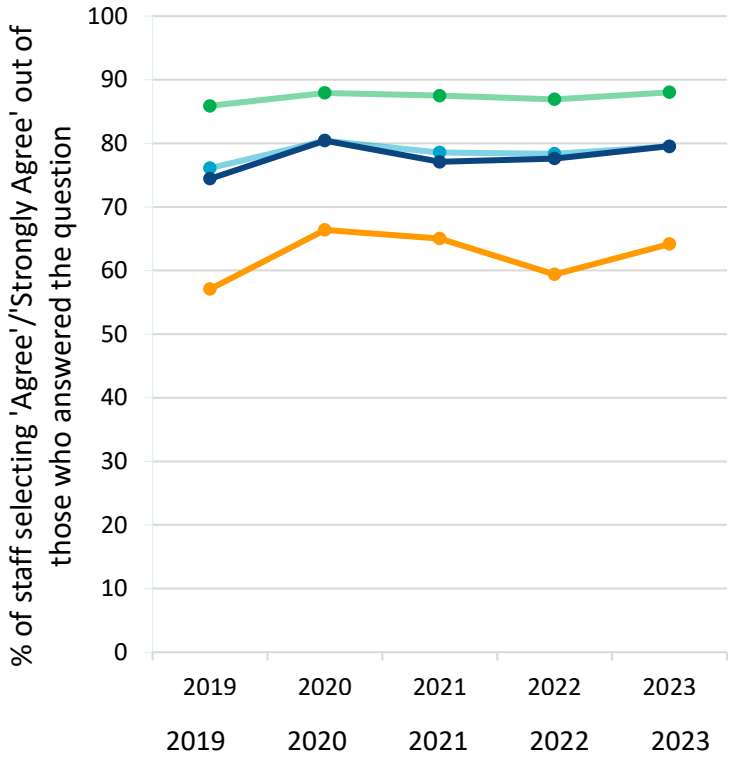
	2019	2020	2021	2022	2023
Your org	78.19%	77.98%	76.70%	75.31%	79.10%
Best result	84.08%	82.18%	82.14%	81.71%	83.13%
Average result	78.11%	78.18%	76.84%	77.25%	77.80%
Worst result	71.82%	74.85%	70.93%	66.36%	71.24%
Responses	2271	2291	2580	2532	2789

Q3f I am able to make improvements happen in my area of work.



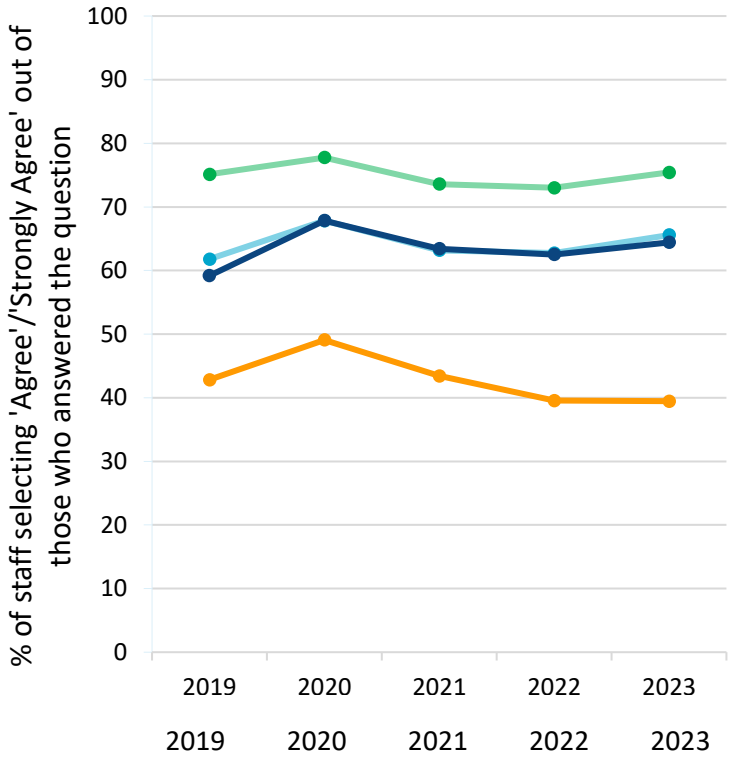
	2019	2020	2021	2022	2023
Your org	60.38%	61.26%	60.11%	59.96%	63.04%
Best result	69.03%	68.91%	68.40%	69.20%	67.81%
Average result	60.38%	61.24%	59.01%	60.52%	61.37%
Worst result	51.53%	50.78%	51.33%	48.81%	52.44%
Responses	2256	2292	2577	2521	2785

Q25a Care of patients / service users is my organisation's top priority.



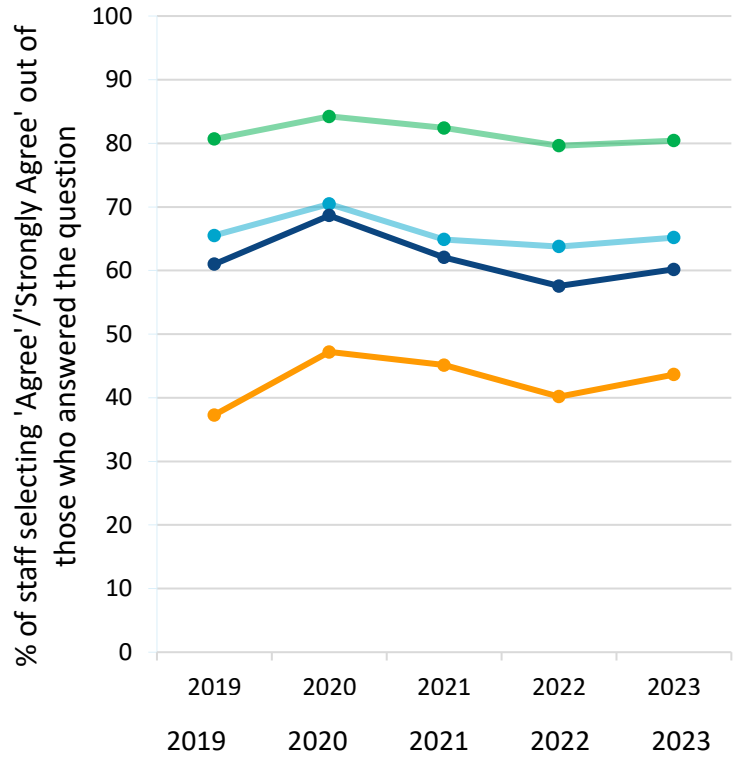
	2019	2020	2021	2022	2023
Your org	74.43%	80.44%	77.08%	77.61%	79.54%
Best result	85.89%	87.93%	87.50%	86.92%	88.01%
Average result	76.11%	80.42%	78.56%	78.37%	79.49%
Worst result	57.09%	66.39%	65.04%	59.39%	64.18%
Responses	2237	2289	2584	2529	2785

Q25c I would recommend my organisation as a place to work.



	2019	2020	2021	2022	2023
Your org	59.20%	67.86%	63.41%	62.53%	64.44%
Best result	75.13%	77.76%	73.58%	73.01%	75.43%
Average result	61.79%	67.83%	63.17%	62.74%	65.59%
Worst result	42.82%	49.09%	43.43%	39.56%	39.46%
Responses	2232	2286	2580	2531	2782

Q25d If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation.



	2019	2020	2021	2022	2023
Your org	60.97%	68.65%	62.08%	57.55%	60.18%
Best result	80.67%	84.23%	82.42%	79.63%	80.42%
Average result	65.50%	70.45%	64.89%	63.78%	65.18%
Worst result	37.29%	47.19%	45.13%	40.19%	43.64%
Responses	2230	2283	2578	2532	2781

Survey Coordination Centre

NHS

Theme - Morale

Questions included:

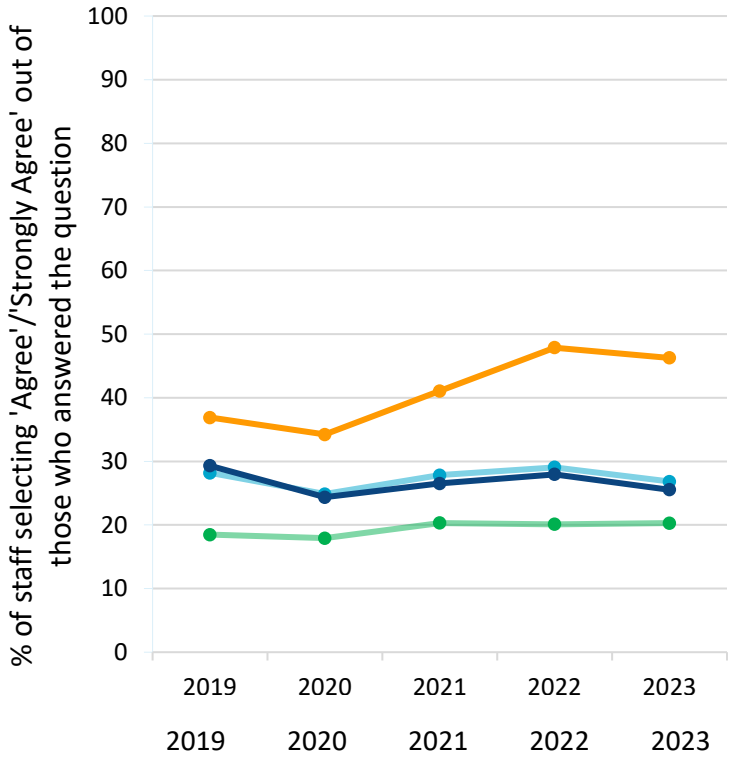
Thinking about leaving – Q26a, Q26b, Q26c

Work pressure – Q3g, Q3h, Q3i

Stressors – Q3a, Q3e, Q5a, Q5b, Q5c, Q7c, Q9a

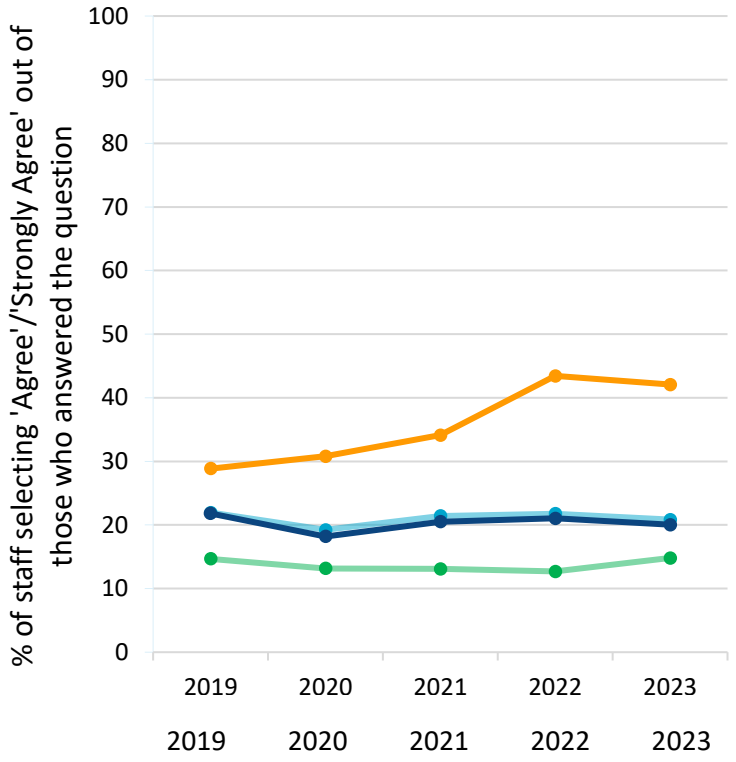
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q26a I often think about leaving this organisation.



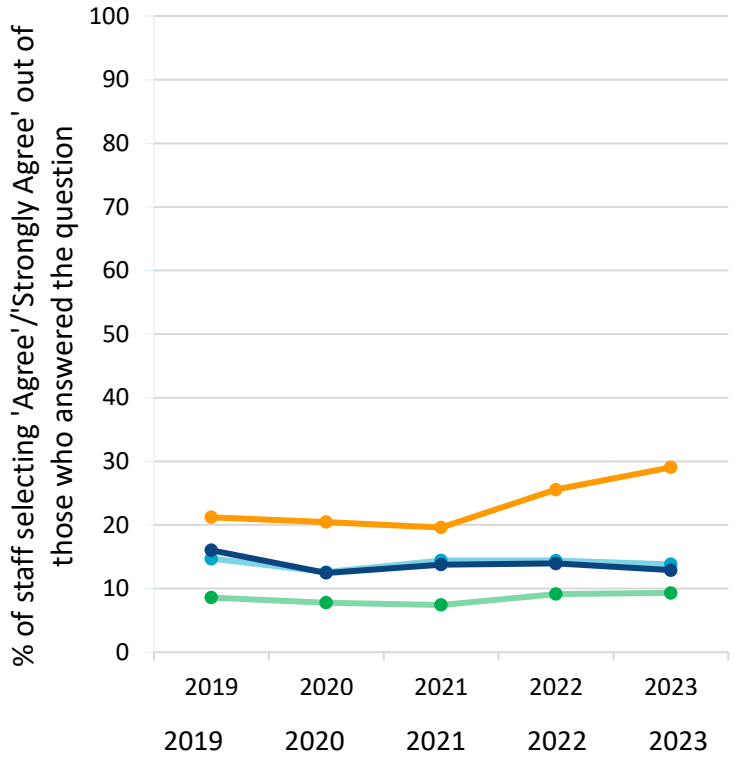
	2019	2020	2021	2022	2023
Your org	29.31%	24.35%	26.52%	27.95%	25.55%
Best result	18.46%	17.91%	20.31%	20.10%	20.28%
Average result	28.19%	24.86%	27.82%	29.06%	26.83%
Worst result	36.90%	34.22%	41.07%	47.87%	46.27%
Responses	2239	2299	2589	2539	2786

Q26b I will probably look for a job at a new organisation in the next 12 months.



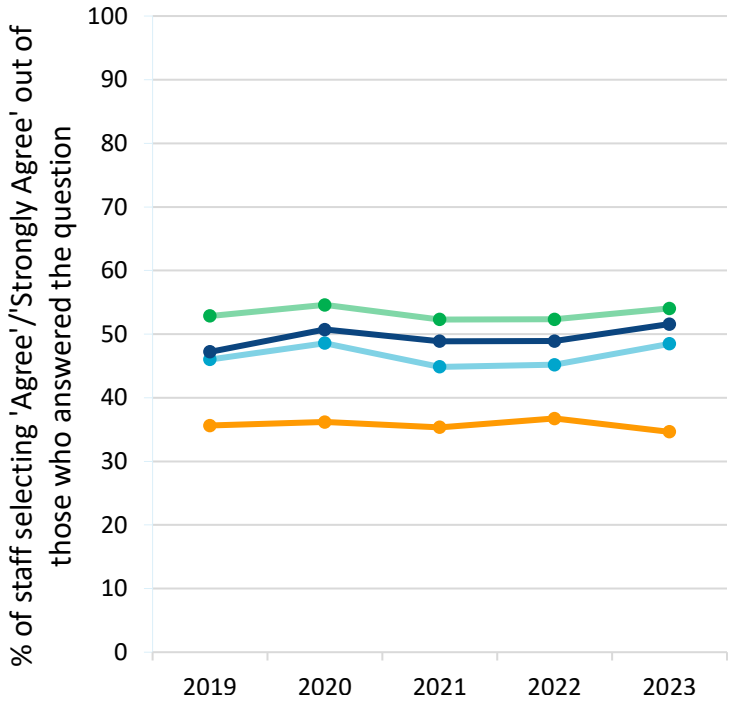
	2019	2020	2021	2022	2023
Your org	21.78%	18.21%	20.50%	21.05%	20.04%
Best result	14.68%	13.15%	13.08%	12.68%	14.80%
Average result	21.93%	19.22%	21.42%	21.76%	20.83%
Worst result	28.86%	30.79%	34.12%	43.43%	42.07%
Responses	2230	2293	2575	2536	2788

Q26c As soon as I can find another job, I will leave this organisation.



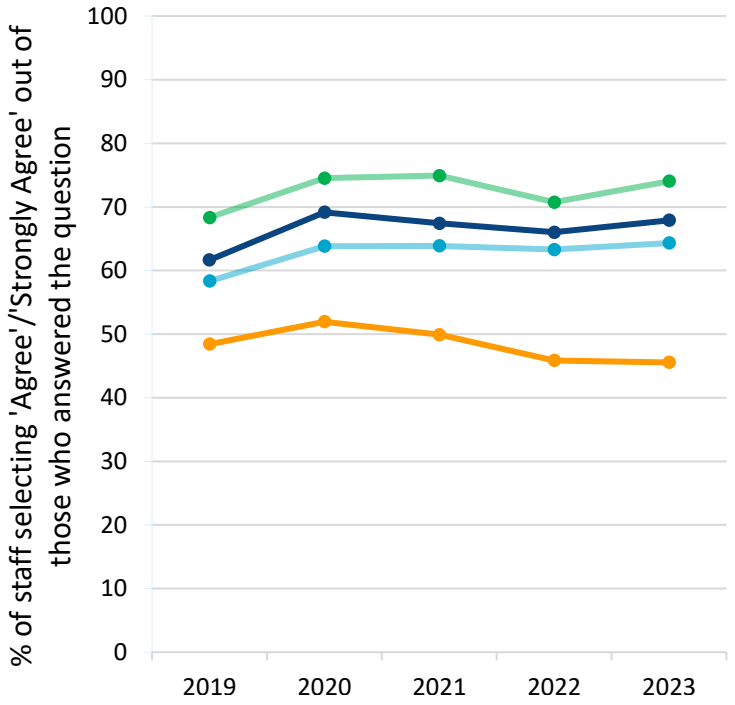
	2019	2020	2021	2022	2023
Your org	16.04%	12.45%	13.77%	13.94%	12.88%
Best result	8.58%	7.77%	7.42%	9.15%	9.30%
Average result	14.70%	12.58%	14.43%	14.40%	13.81%
Worst result	21.22%	20.45%	19.59%	25.57%	29.06%
Responses	2223	2280	2569	2534	2783

Q3g I am able to meet all the conflicting demands on my time at work.



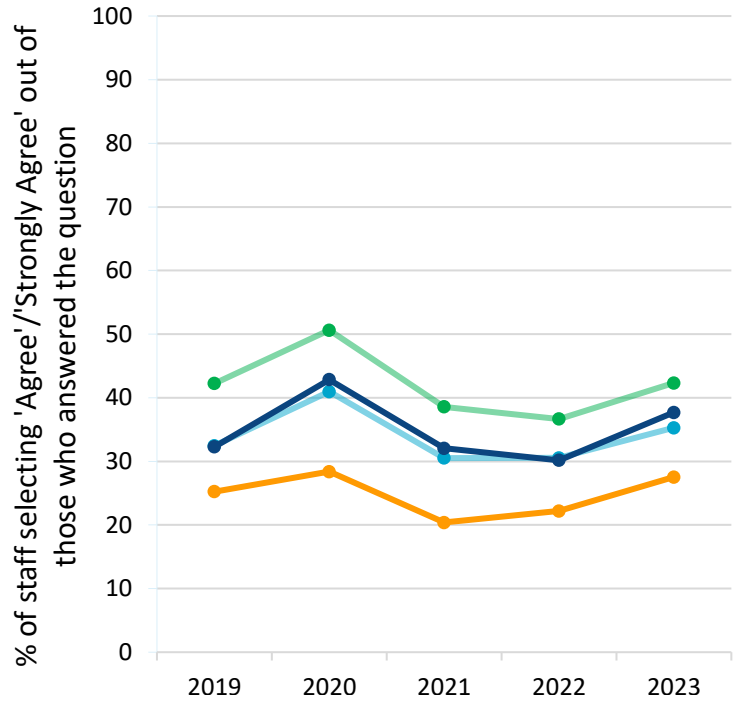
	2019	2020	2021	2022	2023
Your org	47.21%	50.72%	48.89%	48.90%	51.58%
Best result	52.86%	54.59%	52.32%	52.33%	54.03%
Average result	46.01%	48.59%	44.86%	45.18%	48.48%
Worst result	35.63%	36.18%	35.35%	36.74%	34.64%
Responses	2263	2291	2582	2521	2777

Q3h I have adequate materials, supplies and equipment to do my work.



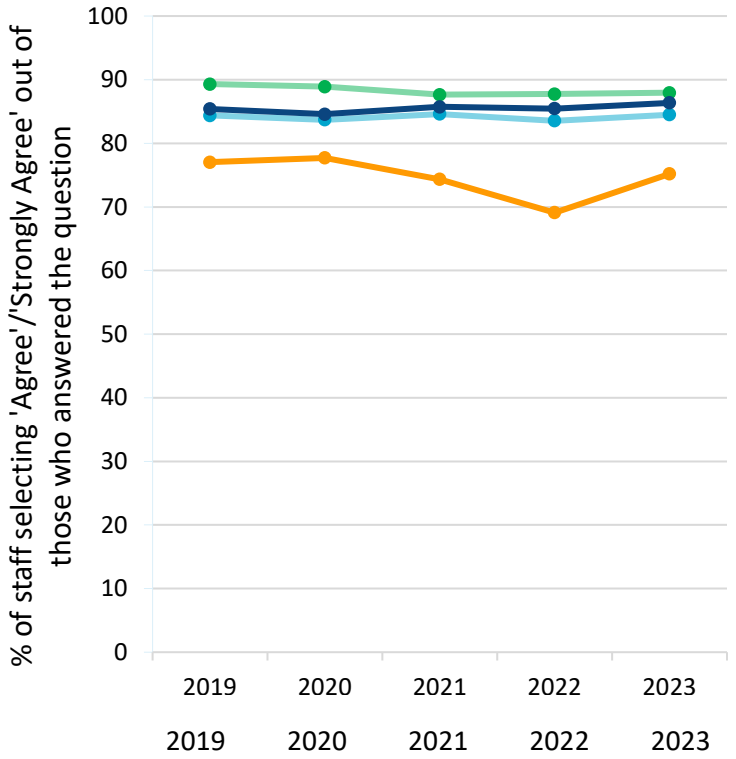
	2019	2020	2021	2022	2023
Your org	61.65%	69.16%	67.42%	66.03%	67.91%
Best result	68.32%	74.51%	74.92%	70.75%	74.04%
Average result	58.35%	63.84%	63.87%	63.29%	64.33%
Worst result	48.44%	51.95%	49.91%	45.87%	45.56%
Responses	2253	2285	2568	2525	2785

Q3i There are enough staff at this organisation for me to do my job properly.



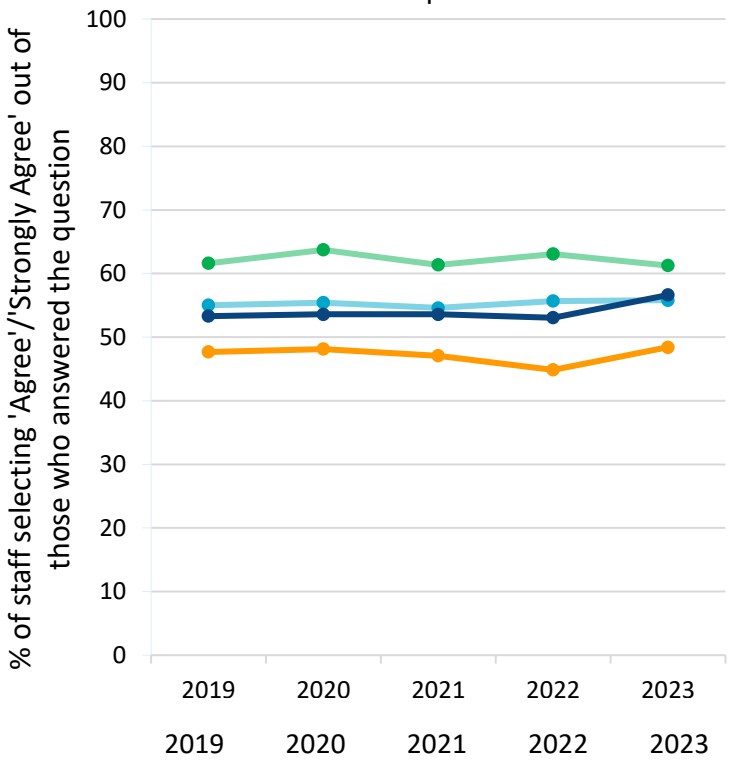
	2019	2020	2021	2022	2023
Your org	32.24%	42.85%	32.04%	30.17%	37.69%
Best result	42.23%	50.62%	38.58%	36.65%	42.31%
Average result	32.45%	40.96%	30.52%	30.55%	35.28%
Worst result	25.23%	28.37%	20.38%	22.18%	27.52%
Responses	2262	2283	2583	2533	2789

Q3a I always know what my work responsibilities are.



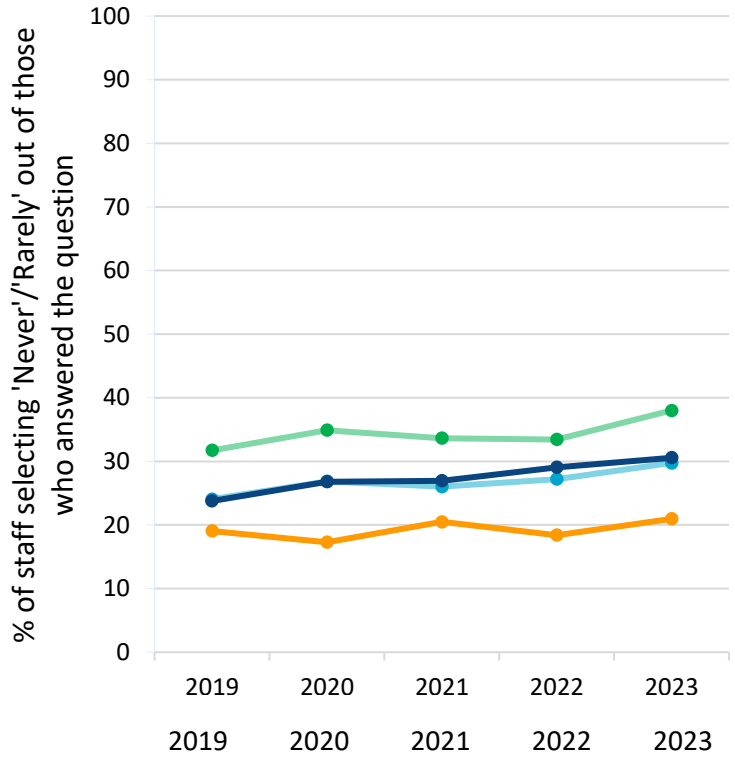
	2019	2020	2021	2022	2023
Your org	85.39%	84.57%	85.73%	85.45%	86.37%
Best result	89.31%	88.91%	87.64%	87.74%	87.94%
Average result	84.39%	83.69%	84.60%	83.54%	84.49%
Worst result	77.03%	77.72%	74.34%	69.12%	75.20%
Responses	2260	2279	2596	2537	2791

Q3e I am involved in deciding on changes introduced that affect my work area / team / department.



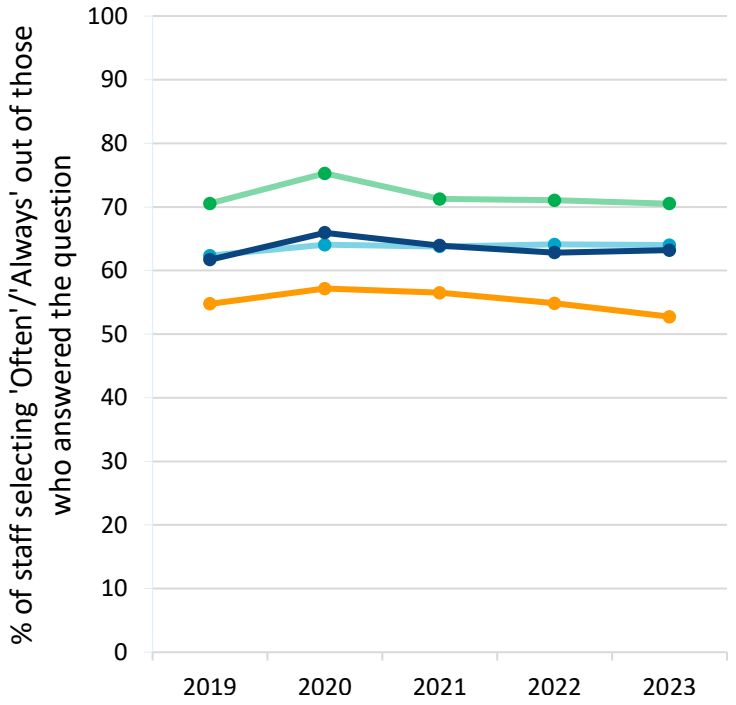
	2019	2020	2021	2022	2023
Your org	53.32%	53.59%	53.59%	53.06%	56.62%
Best result	61.62%	63.73%	61.35%	63.07%	61.26%
Average result	55.01%	55.43%	54.61%	55.66%	55.80%
Worst result	47.67%	48.13%	47.08%	44.86%	48.41%
Responses	2264	2287	2584	2529	2784

Q5a I have unrealistic time pressures.



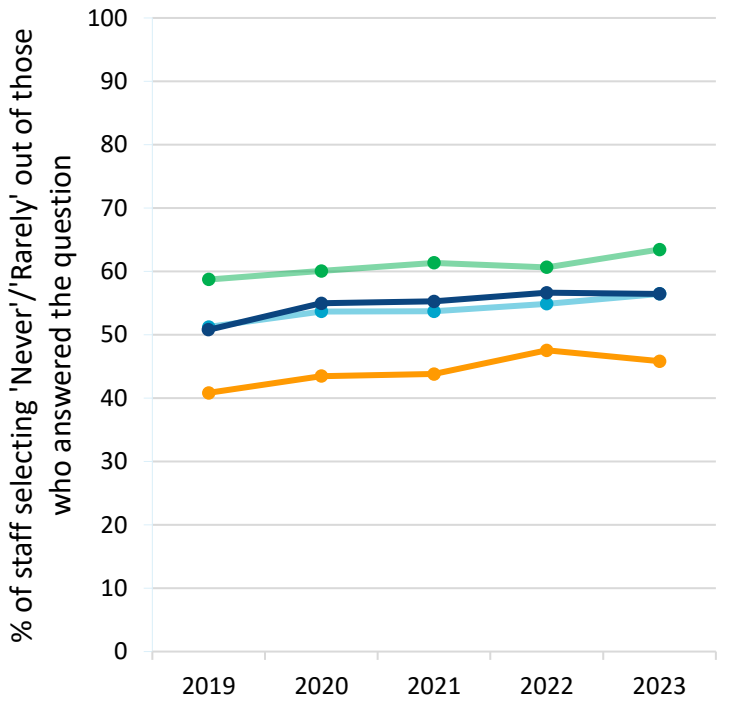
	2019	2020	2021	2022	2023
Your org	23.75%	26.79%	26.96%	29.07%	30.58%
Best result	31.73%	34.90%	33.64%	33.44%	37.98%
Average result	24.05%	26.84%	26.02%	27.20%	29.73%
Worst result	19.06%	17.28%	20.49%	18.39%	20.96%
Responses	2245	2275	2593	2539	2787

Q5b I have a choice in deciding how to do my work.



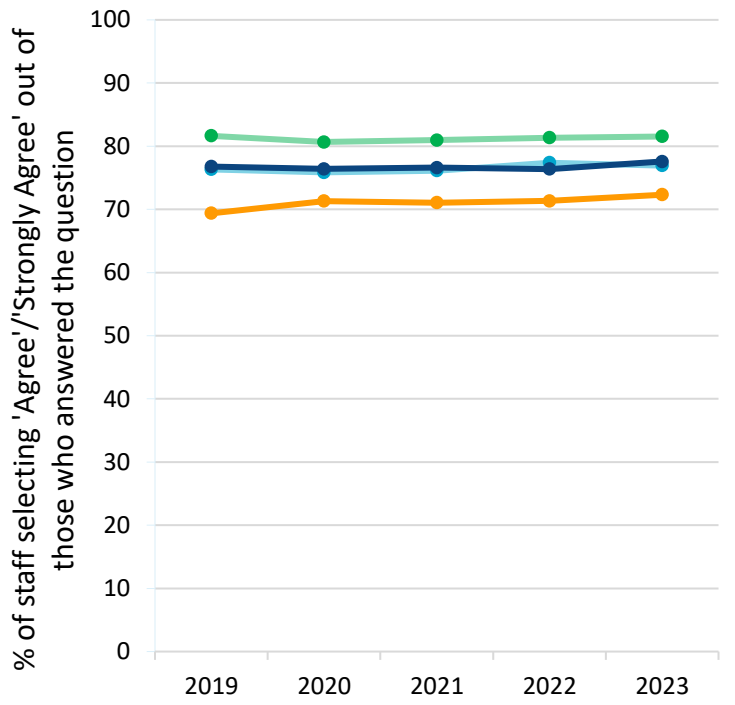
	2019	2020	2021	2022	2023
Your org	61.71%	65.94%	63.92%	62.82%	63.20%
Best result	70.54%	75.27%	71.25%	71.04%	70.51%
Average result	62.33%	64.05%	63.77%	64.10%	64.00%
Worst result	54.76%	57.16%	56.52%	54.84%	52.72%
Responses	2237	2259	2584	2533	2790

Q5c Relationships at work are strained.



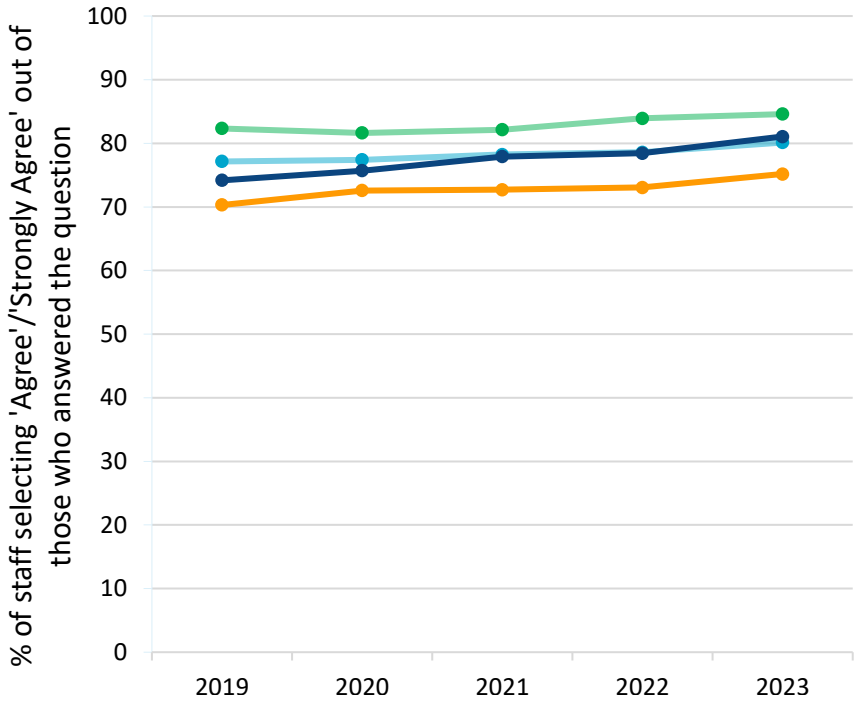
	2019	2020	2021	2022	2023
Your org	50.77%	54.96%	55.27%	56.63%	56.46%
Best result	58.73%	60.08%	61.37%	60.64%	63.46%
Average result	51.23%	53.68%	53.70%	54.89%	56.46%
Worst result	40.82%	43.46%	43.80%	47.54%	45.83%
Responses	2244	2264	2589	2533	2786

Q7c I receive the respect I deserve from my colleagues at work.



	2019	2020	2021	2022	2023
Your org	76.79%	76.40%	76.59%	76.37%	77.55%
Best result	81.65%	80.66%	80.95%	81.34%	81.54%
Average result	76.33%	75.84%	76.13%	77.38%	76.93%
Worst result	69.39%	71.32%	71.06%	71.35%	72.31%
Responses	2268	2284	2578	2537	2787

Q9a My immediate manager encourages me at work.



	2019	2020	2021	2022	2023
Your org	74.19%	75.69%	77.91%	78.44%	81.06%
Best result	82.35%	81.63%	82.14%	83.92%	84.61%
Average result	77.16%	77.40%	78.25%	78.60%	80.12%
Worst result	70.32%	72.59%	72.69%	73.05%	75.16%
Responses	2246	2292	2589	2542	2790

Question not linked to People Promise elements or themes

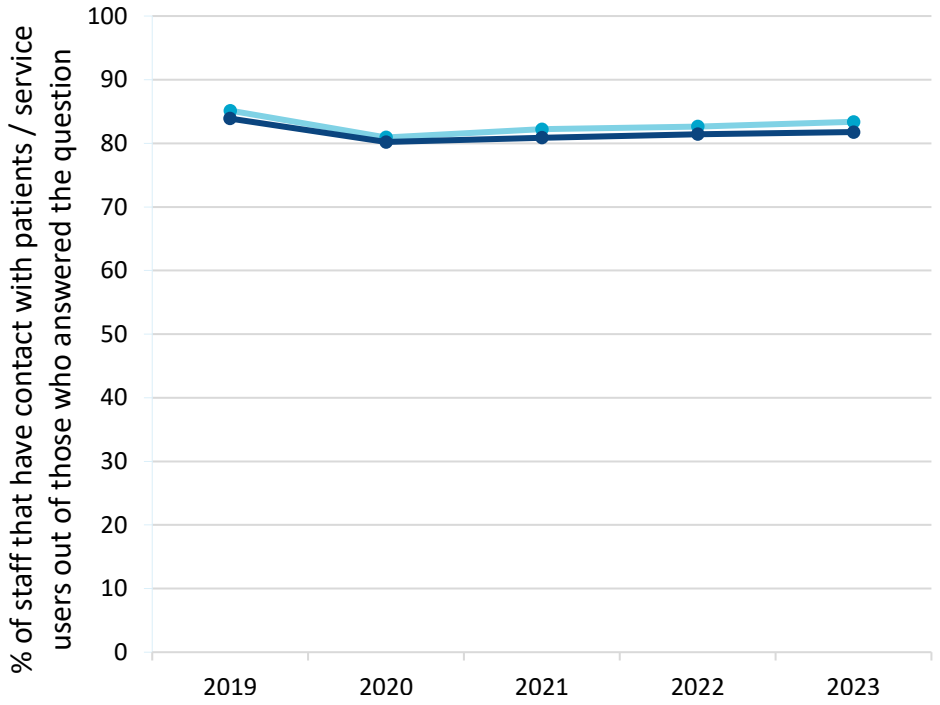
Questions included:*

Q1, Q10a, Q10b, Q10c, Q11e, Q16c, Q18, Q19a, Q19b, Q19c, Q19d, Q31b, Q26d

*The results for Q17a, Q17b and Q22 are reported in the section for People Promise element 4: We are safe and healthy. These questions do not contribute to any score or sub-score calculations.

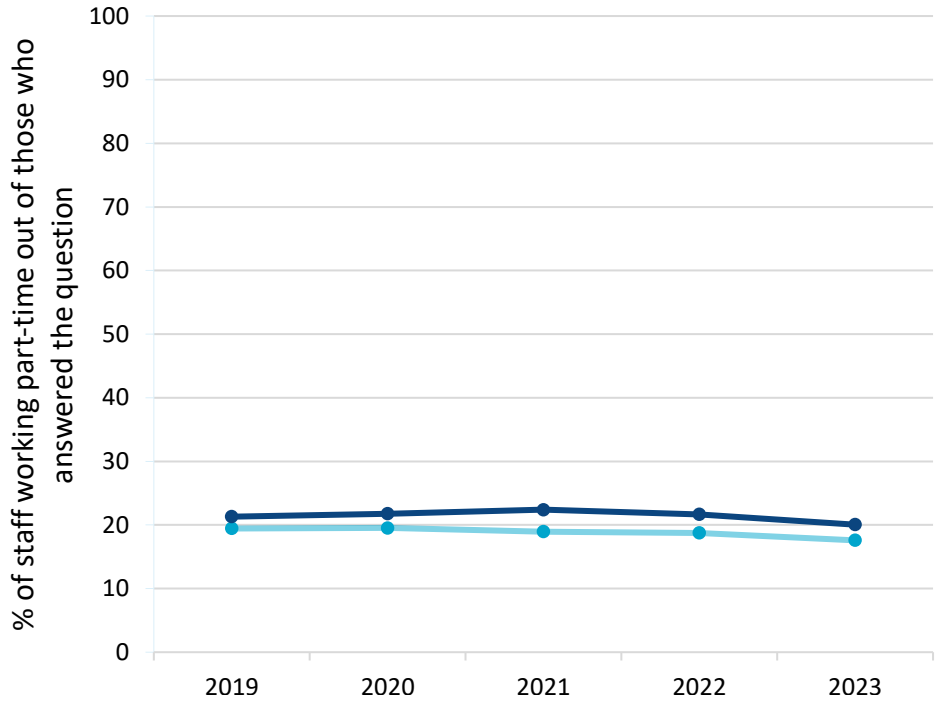
Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Q1 Do you have face-to-face, video or telephone contact with patients / service users as part of your job?



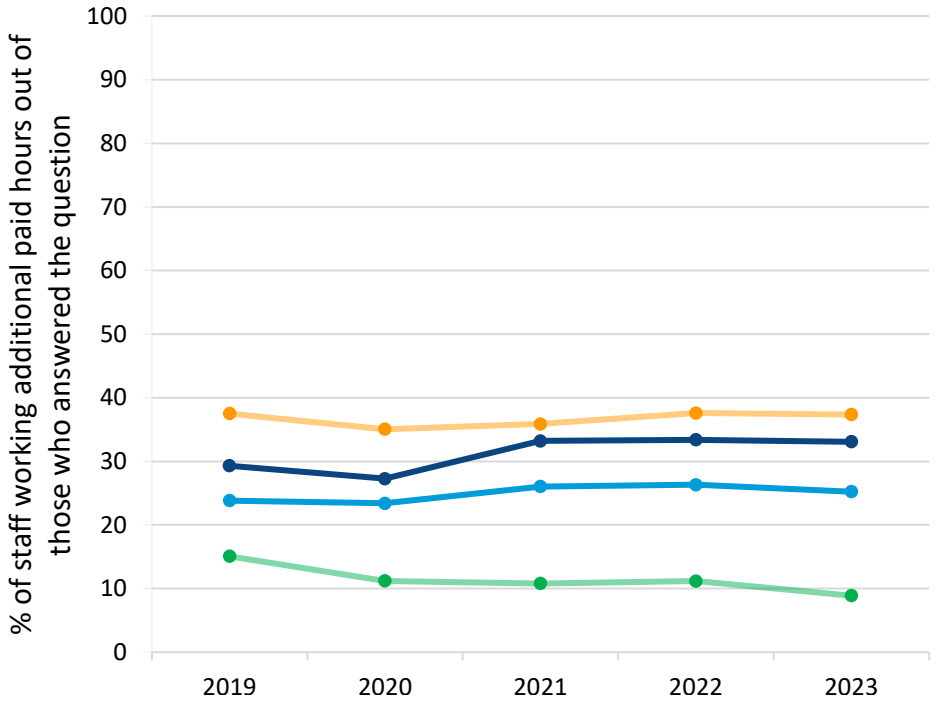
	2019	2020	2021	2022	2023
Your org	83.91%	80.20%	80.87%	81.44%	81.77%
Average	85.12%	80.93%	82.21%	82.64%	83.36%
Responses	2256	2293	2588	2533	2775

Q10a How many hours a week are you contracted to work?



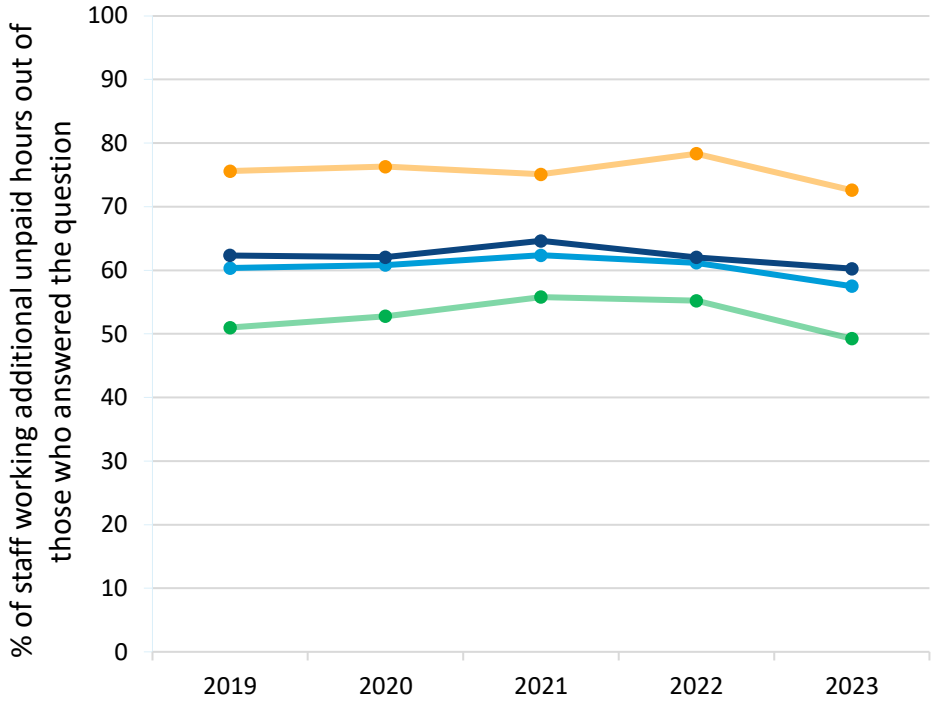
	2019	2020	2021	2022	2023
Your org	21.30%	21.77%	22.41%	21.66%	20.06%
Average	19.46%	19.54%	18.96%	18.74%	17.59%
Responses	2061	2099	2392	2295	2712

Q10b On average, how many additional PAID hours do you work per week for this organisation, over and above your contracted hours?



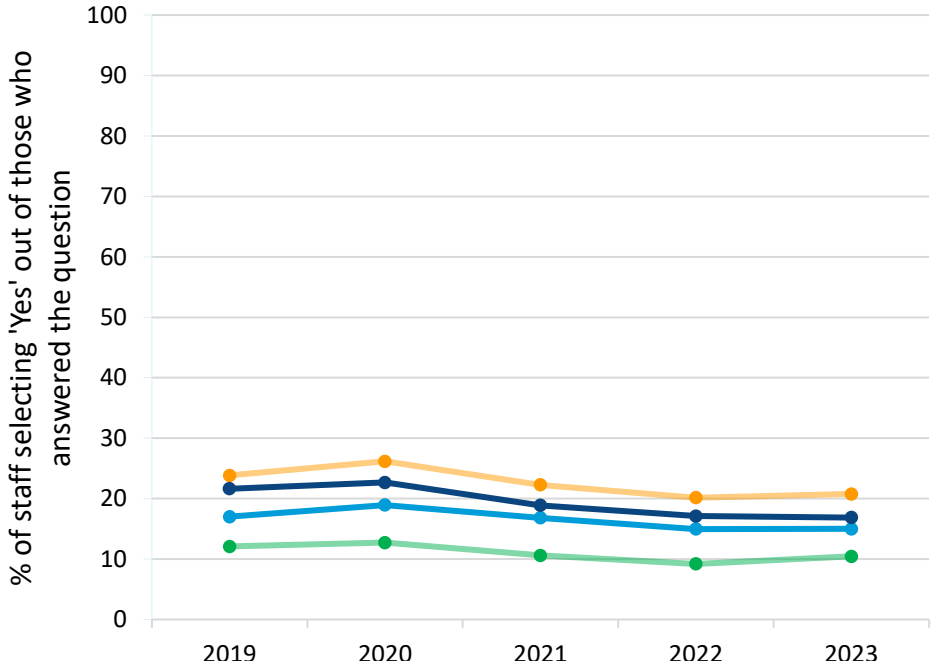
	2019	2020	2021	2022	2023
Your org	29.28%	27.28%	33.22%	33.40%	33.08%
Lowest	15.08%	11.21%	10.81%	11.17%	8.88%
Average	23.83%	23.40%	26.03%	26.31%	25.25%
Highest	37.52%	35.06%	35.88%	37.60%	37.36%
Responses	2141	2230	2488	2472	2775

Q10c On average, how many additional UNPAID hours do you work per week for this organisation, over and above your contracted hours?



	2019	2020	2021	2022	2023
Your org	62.32%	62.04%	64.63%	62.03%	60.25%
Lowest	50.98%	52.76%	55.80%	55.22%	49.26%
Average	60.35%	60.82%	62.37%	61.17%	57.50%
Highest	75.60%	76.29%	75.08%	78.33%	72.60%
Responses	2157	2248	2511	2483	2776

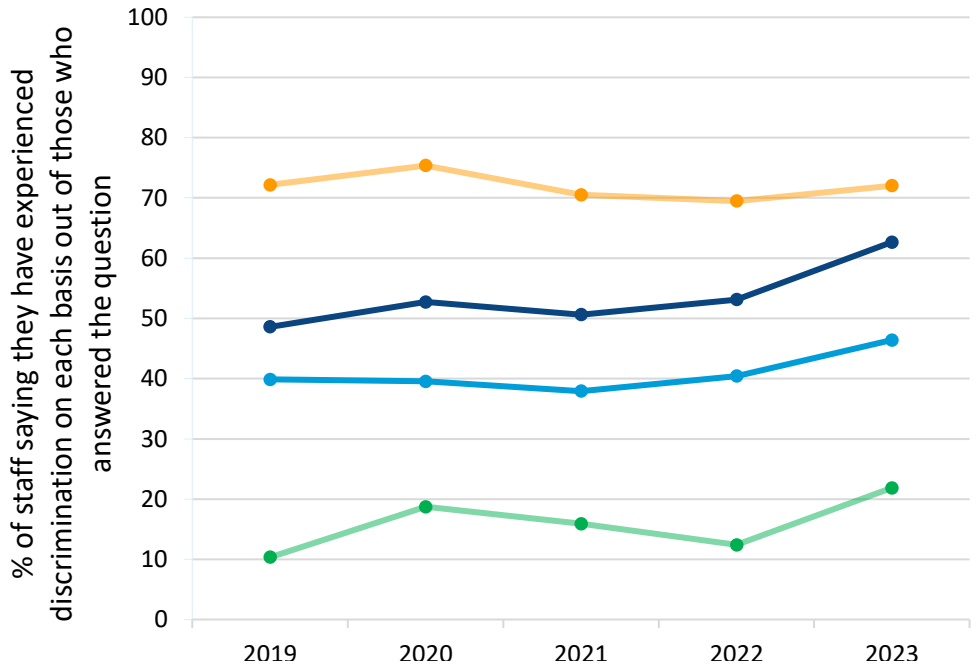
Q11e* Have you felt pressure from your manager to come to work?



	2019	2020	2021	2022	2023
Your org	21.61%	22.67%	18.88%	17.12%	16.89%
Best result	12.08%	12.72%	10.60%	9.20%	10.44%
Average result	17.02%	18.95%	16.83%	14.98%	15.00%
Worst result	23.84%	26.16%	22.27%	20.17%	20.76%
Responses	1263	1040	1261	1403	1374

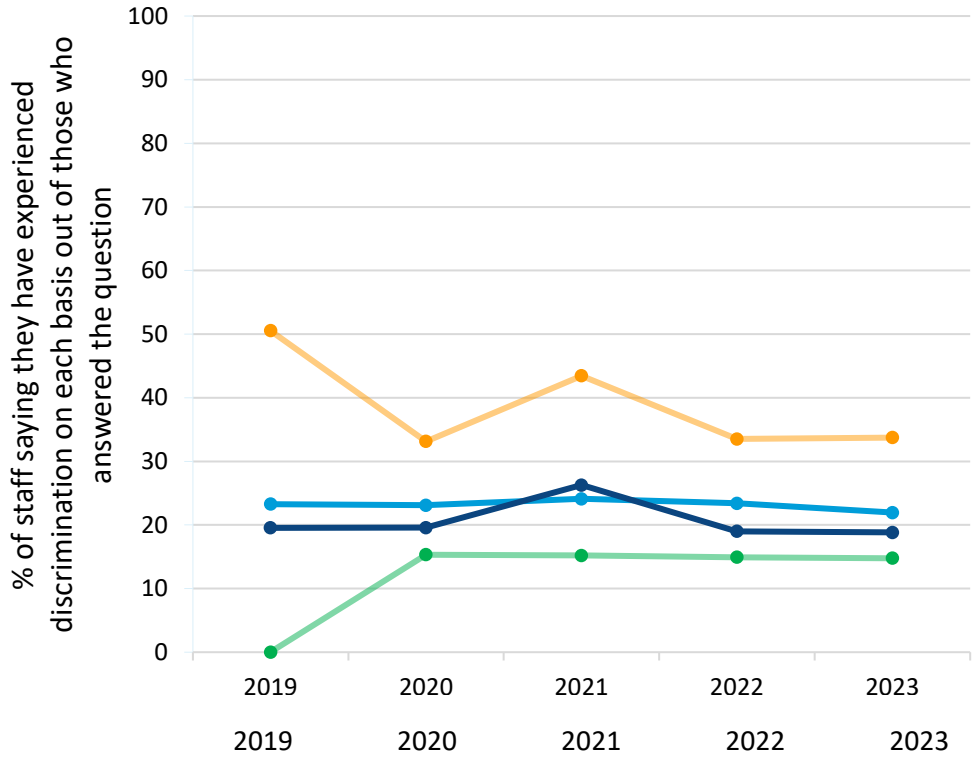
*Q11e is only answered by staff who responded 'Yes' to Q11d.

Q16c.1 On what grounds have you experienced discrimination? - Ethnic background.



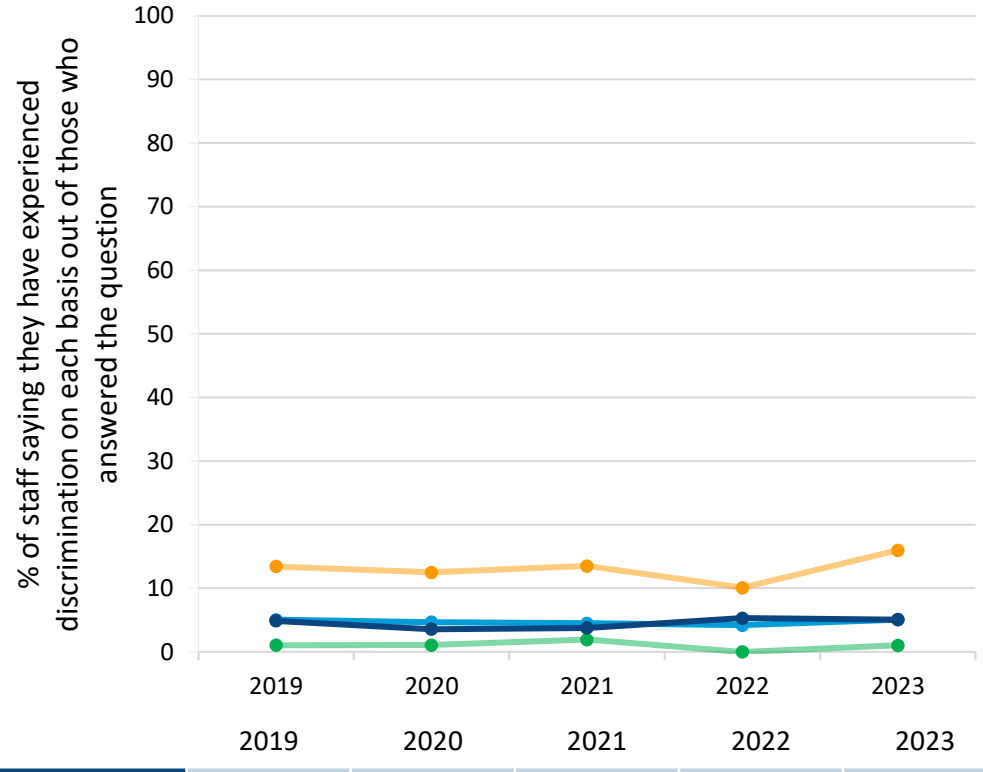
	2019	2020	2021	2022	2023
Your org	48.61%	52.73%	50.61%	53.11%	62.64%
Best result	10.37%	18.72%	15.93%	12.40%	21.86%
Average result	39.88%	39.54%	37.92%	40.42%	46.40%
Worst result	72.17%	75.37%	70.51%	69.48%	72.03%
Responses	310	308	343	330	397

Q16c.2 On what grounds have you experienced discrimination? – Gender.



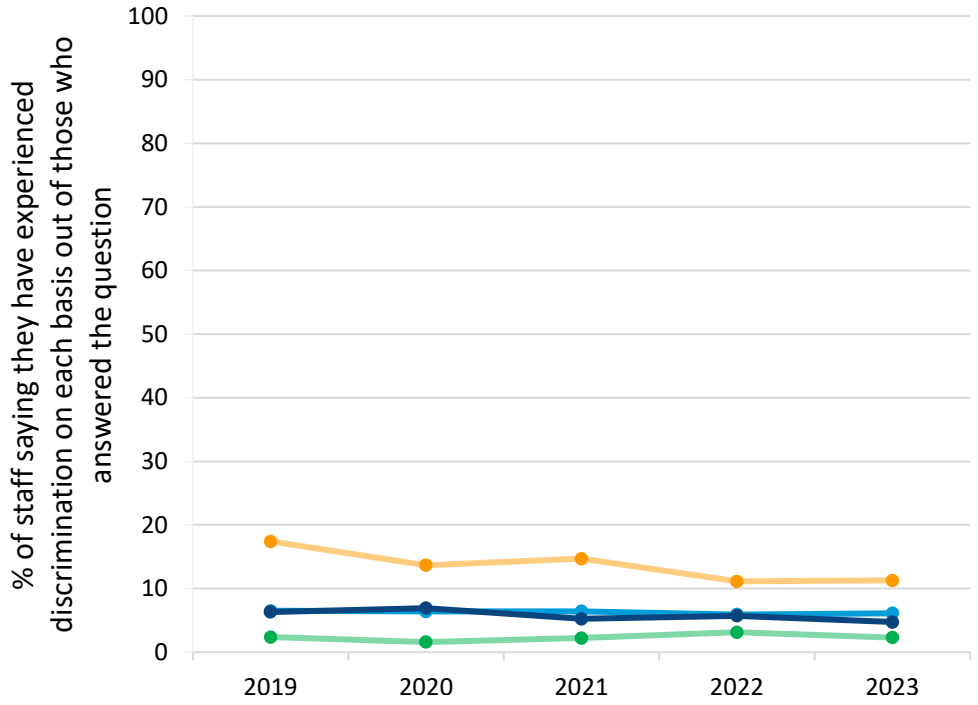
	2019	2020	2021	2022	2023
Your org	19.55%	19.57%	26.28%	19.00%	18.81%
Best result	0.00%	15.33%	15.19%	14.92%	14.77%
Average result	23.28%	23.11%	24.11%	23.41%	21.95%
Worst result	50.55%	33.14%	43.44%	33.50%	33.73%
Responses	310	308	343	330	397

Q16c.3 On what grounds have you experienced discrimination? – Religion.



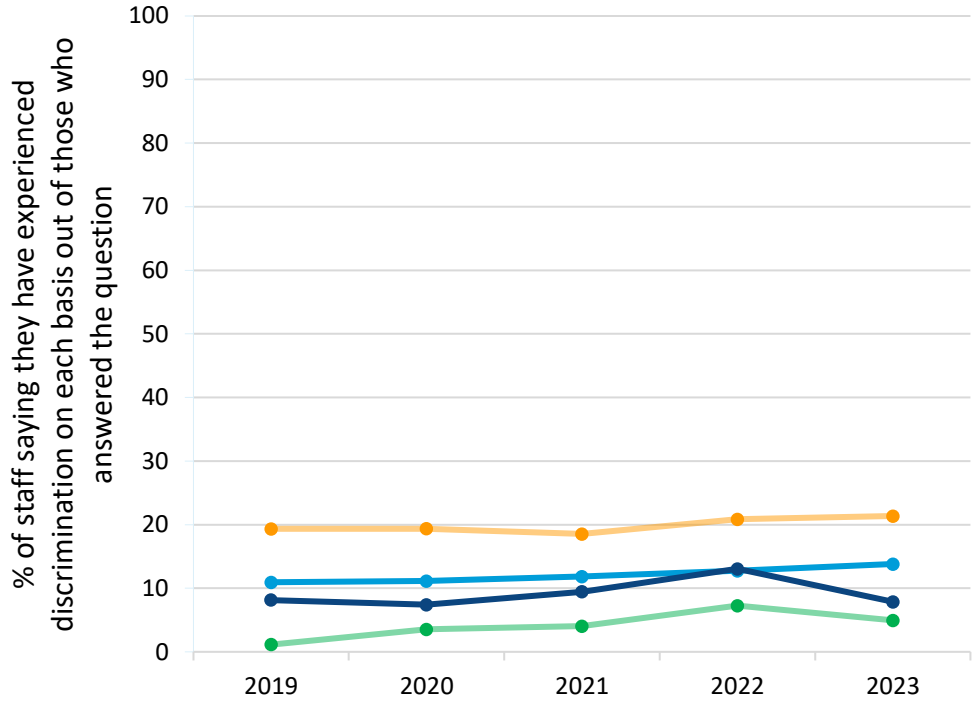
	2019	2020	2021	2022	2023
Your org	4.89%	3.57%	3.77%	5.30%	5.08%
Best result	1.05%	1.09%	1.95%	0.00%	1.04%
Average result	5.06%	4.68%	4.49%	4.20%	5.08%
Worst result	13.44%	12.50%	13.50%	10.09%	15.97%
Responses	310	308	343	330	397

Q16c.4 On what grounds have you experienced discrimination? – Sexual orientation.



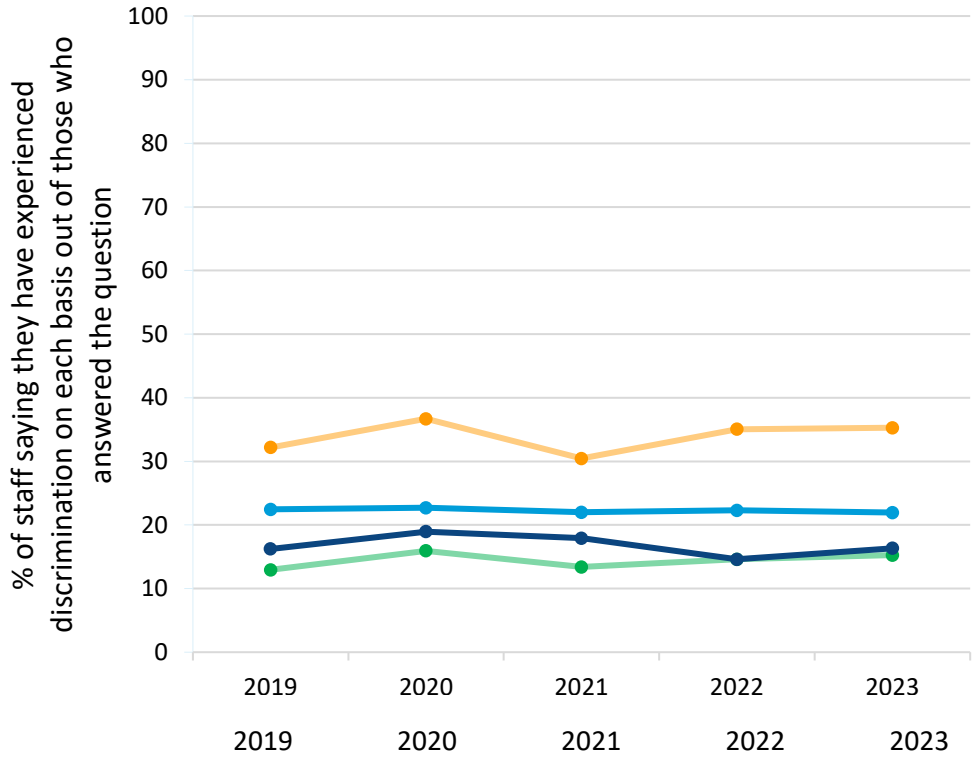
	2019	2020	2021	2022	2023
Your org	6.30%	6.94%	5.25%	5.71%	4.75%
Best result	2.38%	1.59%	2.22%	3.13%	2.31%
Average result	6.49%	6.40%	6.42%	5.92%	6.12%
Worst result	17.42%	13.66%	14.71%	11.13%	11.28%
Responses	310	308	343	330	397

Q16c.5 On what grounds have you experienced discrimination? – Disability.



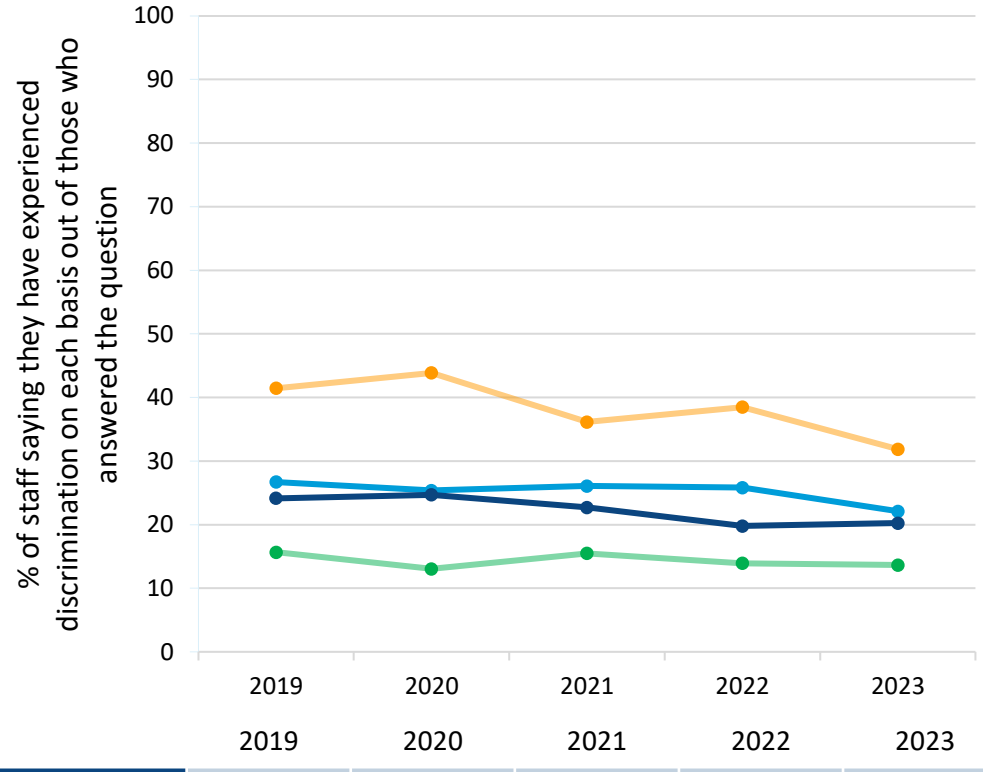
	2019	2020	2021	2022	2023
Your org	8.15%	7.42%	9.45%	13.07%	7.87%
Best result	1.15%	3.56%	4.06%	7.28%	4.96%
Average result	10.94%	11.15%	11.85%	12.76%	13.82%
Worst result	19.33%	19.37%	18.54%	20.84%	21.36%
Responses	310	308	343	330	397

Q16c.6 On what grounds have you experienced discrimination? – Age.



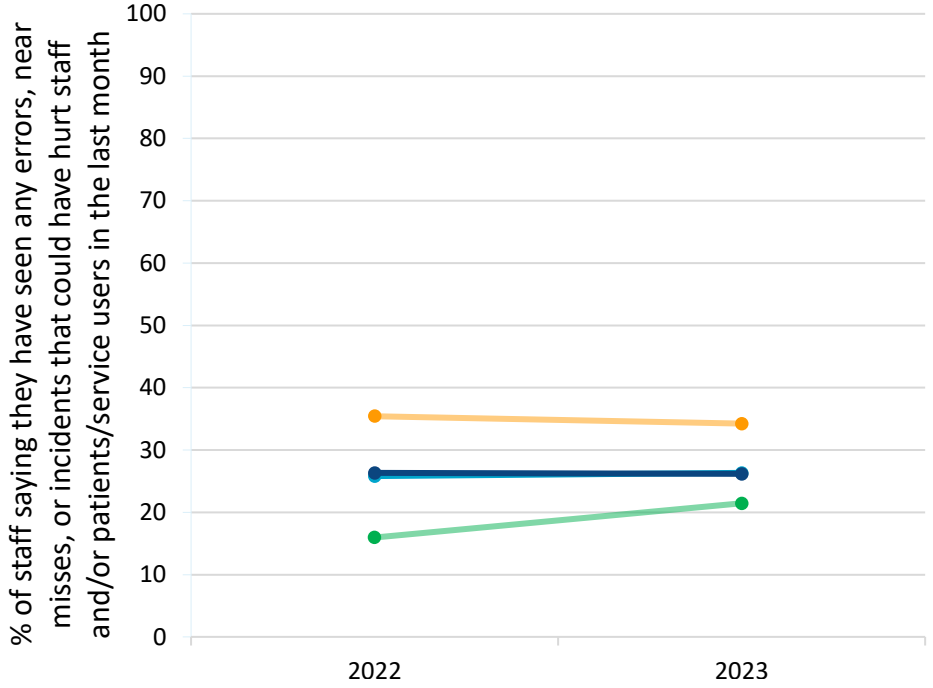
	2019	2020	2021	2022	2023
Your org	16.20%	18.95%	17.92%	14.60%	16.34%
Best result	12.93%	15.93%	13.39%	14.60%	15.24%
Average result	22.43%	22.70%	21.98%	22.31%	21.94%
Worst result	32.19%	36.68%	30.46%	35.04%	35.29%
Responses	310	308	343	330	397

Q16c.7 On what grounds have you experienced discrimination? – Other.



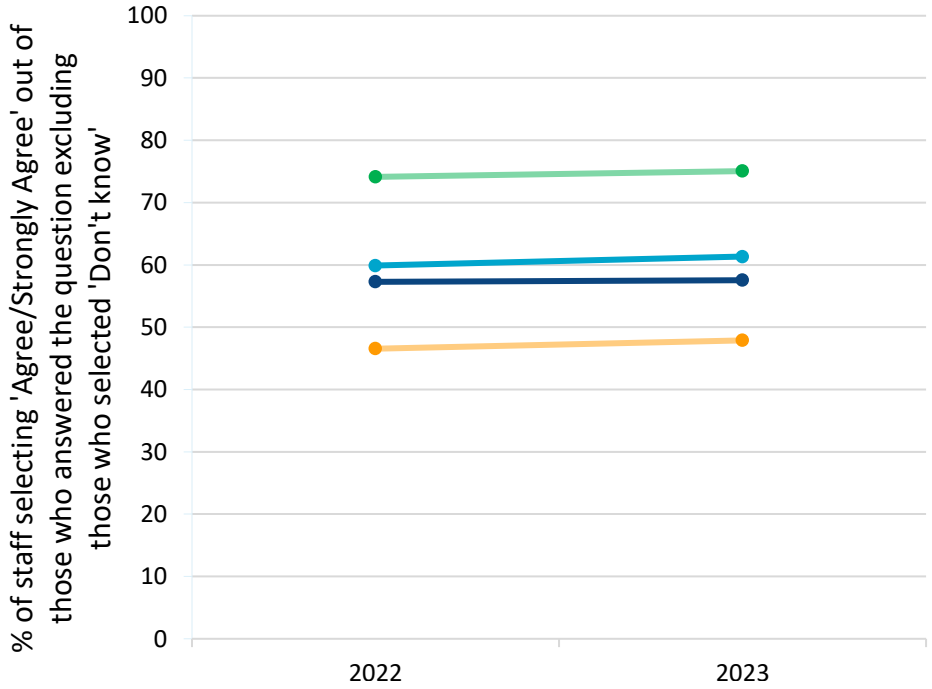
	2019	2020	2021	2022	2023
Your org	24.15%	24.70%	22.72%	19.81%	20.24%
Best result	15.68%	13.07%	15.50%	13.95%	13.65%
Average result	26.72%	25.39%	26.09%	25.83%	22.12%
Worst result	41.46%	43.86%	36.14%	38.50%	31.88%
Responses	310	308	343	330	397

Q18 In the last month have you seen any errors, near misses, or incidents that could have hurt staff and/or patients/service users?



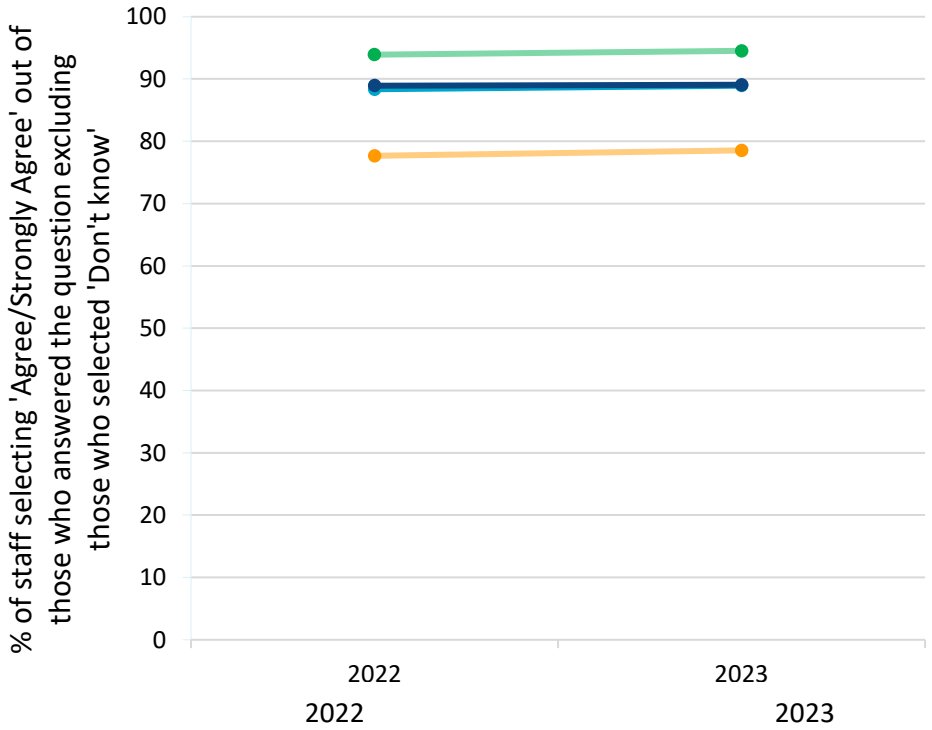
	2022	2023
Your org	26.31%	26.17%
Best result	15.97%	21.45%
Average result	25.81%	26.33%
Worst result	35.43%	34.22%
Responses	2517	2758

Q19a My organisation treats staff who are involved in an error, near miss or incident fairly.



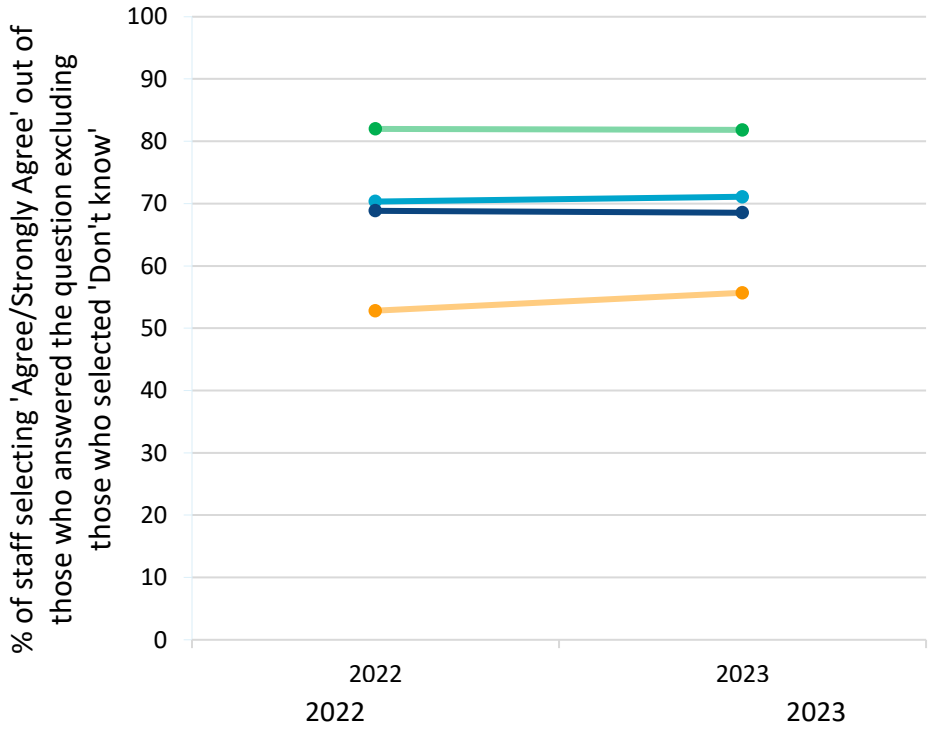
	2022	2023
Your org	57.29%	57.54%
Best result	74.13%	75.07%
Average result	59.88%	61.32%
Worst result	46.57%	47.90%
Responses	1843	2072

Q19b My organisation encourages us to report errors, near misses or incidents.



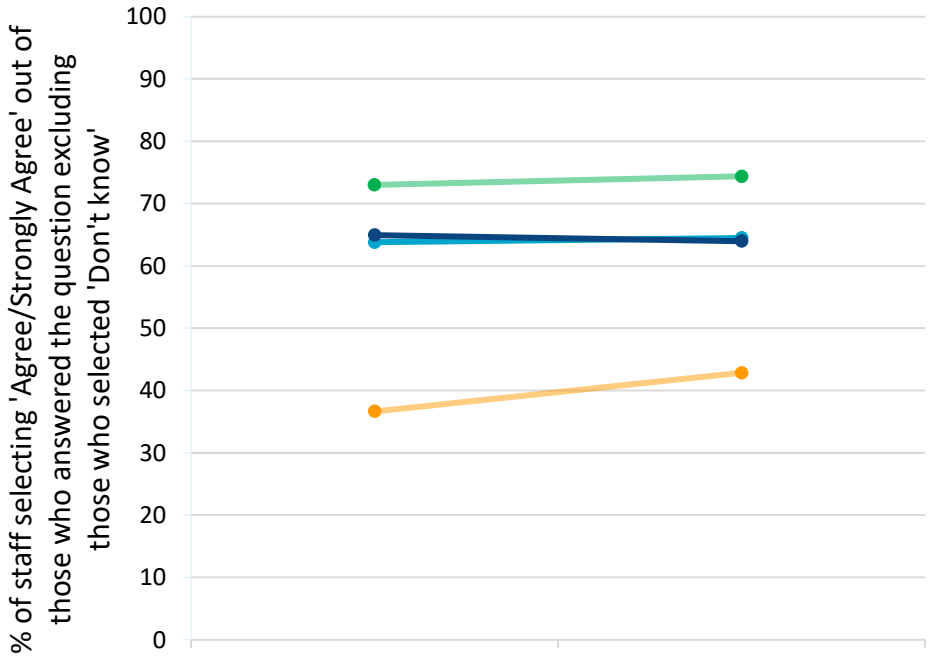
	2022	2023
Your org	88.92%	89.05%
Best result	93.88%	94.49%
Average result	88.33%	88.93%
Worst result	77.65%	78.53%
Responses	2436	2695

Q19c When errors, near misses or incidents are reported, my organisation takes action to ensure that they do not happen again.



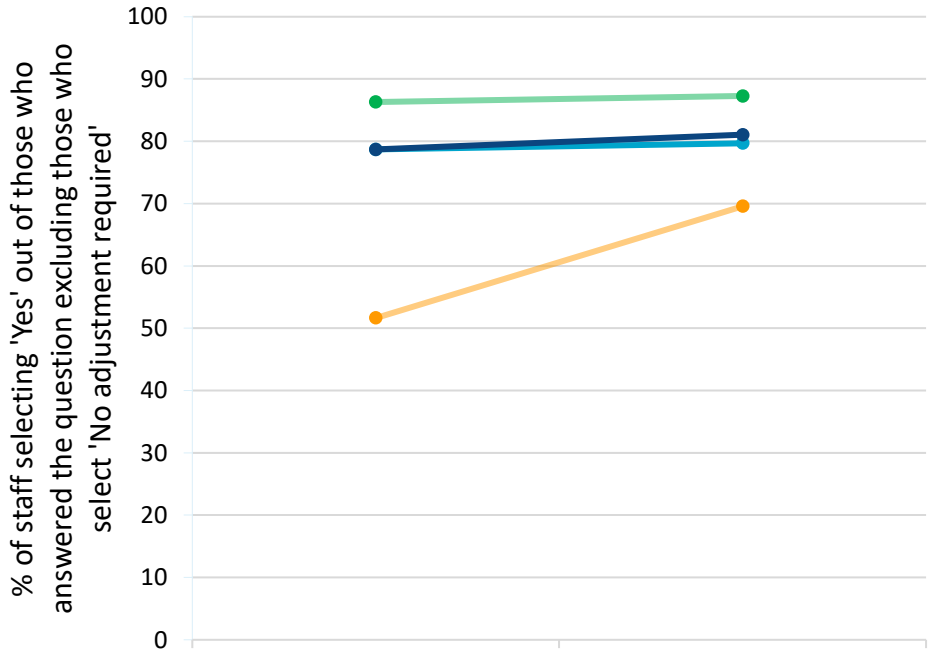
	2022	2023
Your org	68.86%	68.55%
Best result	81.97%	81.82%
Average result	70.33%	71.08%
Worst result	52.79%	55.67%
Responses	2188	2392

Q19d We are given feedback about changes made in response to reported errors, near misses and incidents.



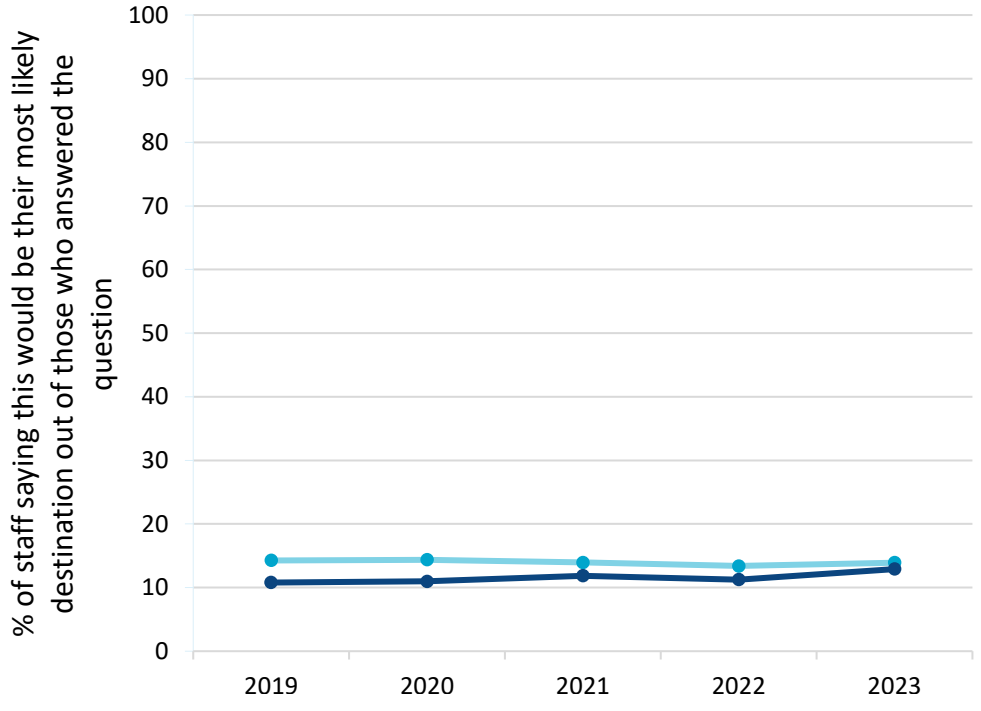
	2022	2023
Your org	64.93%	63.96%
Best result	72.97%	74.36%
Average result	63.80%	64.49%
Worst result	36.65%	42.84%
Responses	2245	2447

Q31b Has your employer made reasonable adjustment(s) to enable you to carry out your work?



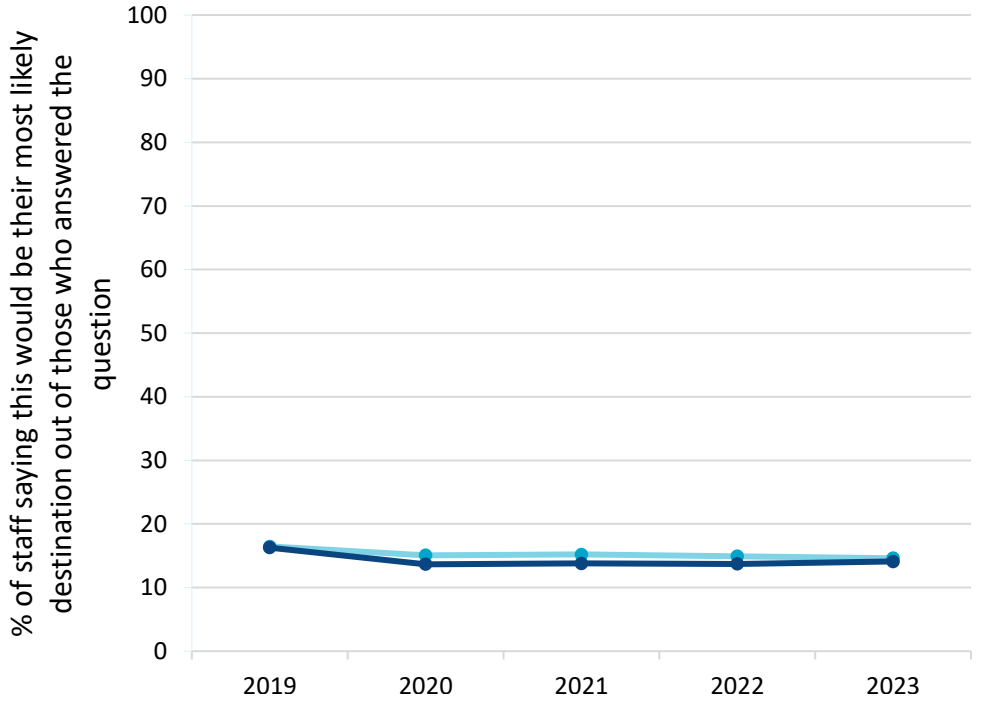
	2022	2023
Your org	78.68%	81.03%
Best result	86.30%	87.25%
Average result	78.68%	79.67%
Worst result	51.65%	69.57%
Responses	452	529

Q26d.1 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job within this organisation.



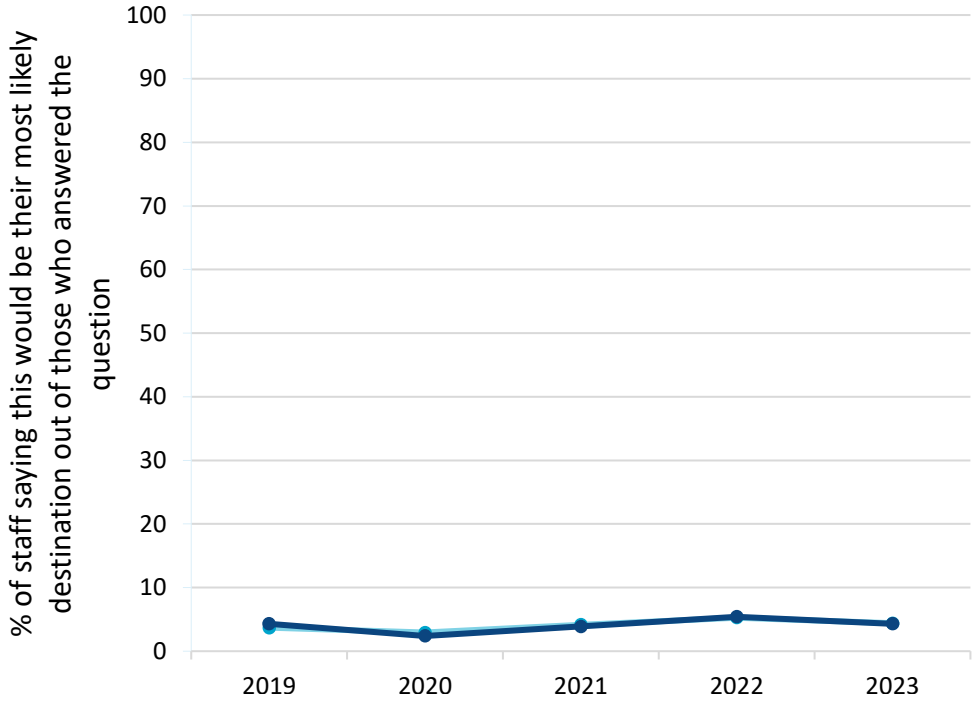
	2019	2020	2021	2022	2023
Your org	10.79%	10.97%	11.86%	11.26%	12.90%
Average	14.26%	14.36%	13.95%	13.38%	13.92%
Responses	2002	2087	2369	2326	2674

Q26d.2 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to another job in a different NHS Trust/organisation.



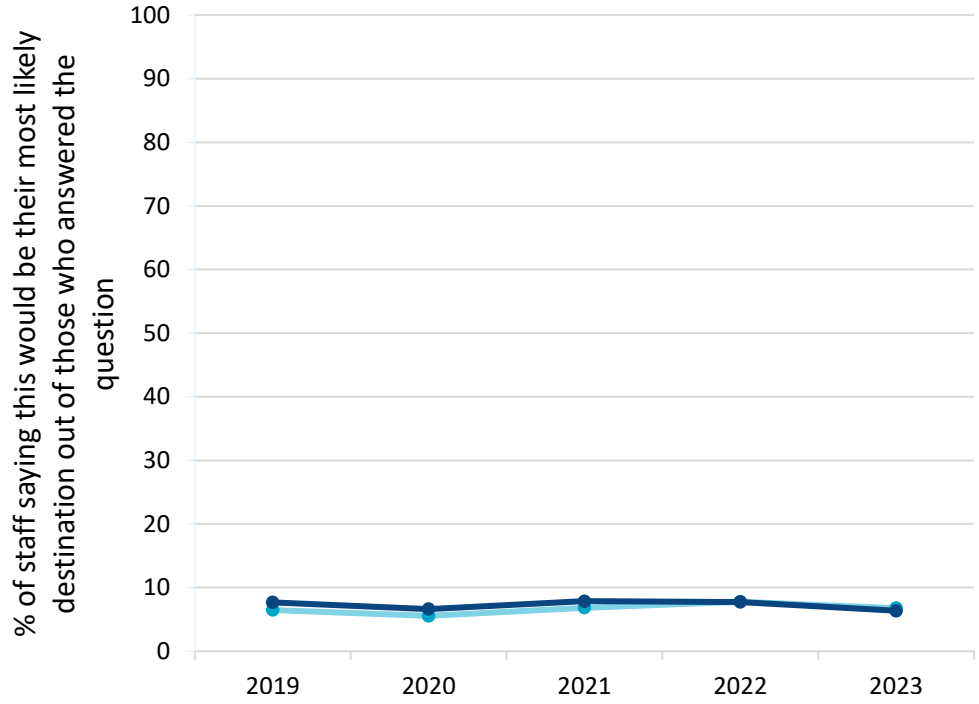
	2019	2020	2021	2022	2023
Your org	16.28%	13.66%	13.80%	13.71%	14.10%
Average	16.47%	15.08%	15.20%	14.94%	14.63%
Responses	2002	2087	2369	2326	2674

Q26d.3 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job in healthcare, but outside the NHS.



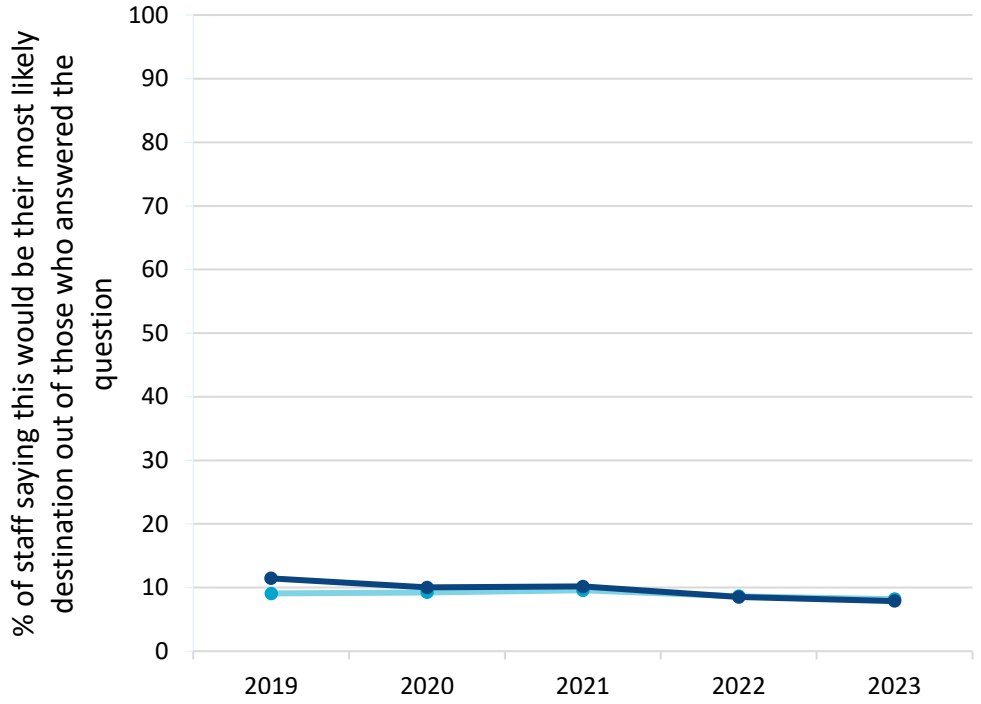
	2019	2020	2021	2022	2023
Your org	4.30%	2.40%	3.88%	5.42%	4.30%
Average	3.68%	2.93%	4.17%	5.26%	4.39%
Responses	2002	2087	2369	2326	2674

Q26d.4 If you are considering leaving your current job, what would be your most likely destination? - I would want to move to a job outside healthcare.



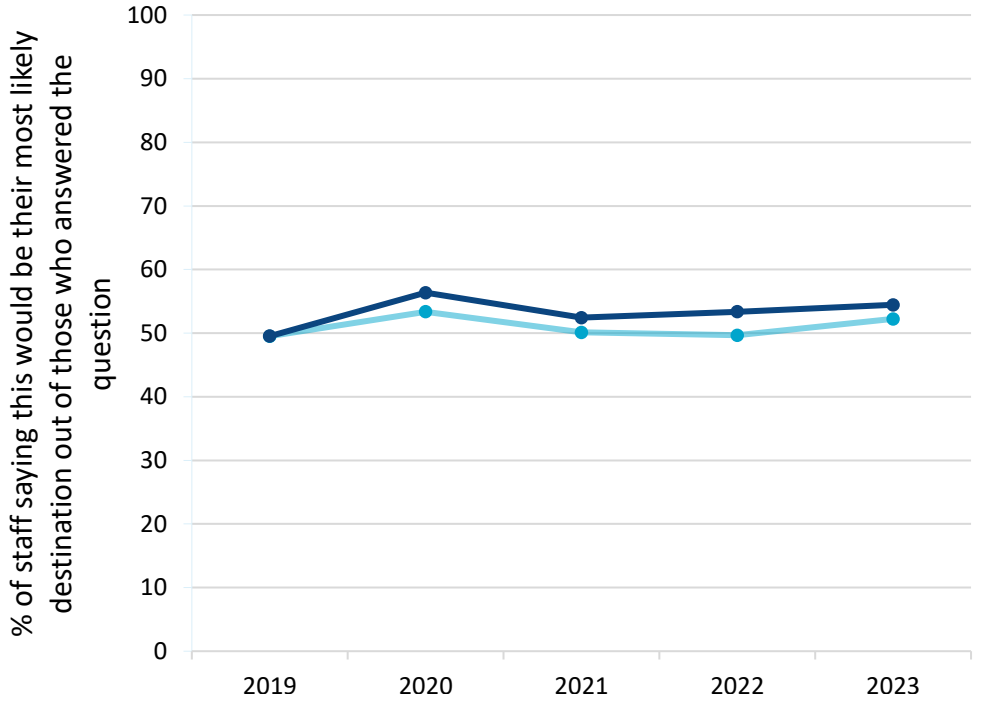
	2019	2020	2021	2022	2023
Your org	7.69%	6.61%	7.85%	7.74%	6.36%
Average	6.47%	5.53%	6.83%	7.77%	6.78%
Responses	2002	2087	2369	2326	2674

Q26d.5 If you are considering leaving your current job, what would be your most likely destination? - I would retire or take a career break.



	2019	2020	2021	2022	2023
Your org	11.44%	10.01%	10.17%	8.51%	7.89%
Average	9.06%	9.24%	9.57%	8.64%	8.18%
Responses	2002	2087	2369	2326	2674

Q26d.9 If you are considering leaving your current job, what would be your most likely destination? - I am not considering leaving my current job.



	2019	2020	2021	2022	2023
Your org	49.50%	56.35%	52.43%	53.35%	54.45%
Average	49.50%	53.36%	50.12%	49.65%	52.22%
Responses	2002	2087	2369	2326	2674

Survey Coordination Centre

NHS

Workforce Equality Standards

Note where there are fewer than 10 responses for a question, results are suppressed to protect staff confidentiality and reliability of data.

Workforce Equality Standards

Workforce Race Equality Standards (WRES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Race Equality Standard (WRES). It includes the 2019-2023 organisation and benchmarking group median results for q13a, q13b&c combined, q15, and q16b split by ethnicity (by white staff / staff from all other ethnic groups combined).

Workforce Disability Equality Standards (WDES)

This section contains data for the organisation required for the NHS Staff Survey indicators used in the Workforce Disability Equality Standard (WDES). It includes the 2019-2023 organisation and benchmarking group median results for q4b, q11e, q14a-d, and q15 split by staff with a long lasting health condition or illness compared to staff without a long lasting health condition or illness. It also shows results for q31b (for staff with a long lasting health condition or illness only), and the staff engagement score for staff with a long lasting health condition or illness, compared to staff without a long lasting health condition or illness and the overall engagement score for the organisation.

In 2022, the text for q31b was updated and the word ‘adequate’ was updated to ‘reasonable’.

The WDES breakdowns are based on the responses to q31a Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?

Workforce Equality Standards

This section contains data required for the staff survey indicators used in the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES). Data presented in this section are unweighted.

Workforce Race Equality Standards (WRES)

Indicator	Qu No	Workforce Race Equality Standard
		For each of the following indicators, compare the outcomes of the responses for white staff and staff from all other ethnic groups combined
5	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months
6	Q14b & Q14c	Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months
7	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
8	Q16b	In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/team leader or other colleagues

Workforce Disability Equality Standards (WDES)

Indicator	Qu No	Workforce Disability Equality Standard
		For each of the following indicators, compare the responses for staff with a LTC* or illness vs staff without a LTC or illness
4a	Q14a	Percentage of staff experiencing harassment, bullying or abuse from patients/service users, their relatives or other members of the public
4b	Q14b	Percentage of staff experiencing harassment, bullying or abuse from managers
4c	Q14c	Percentage of staff experiencing harassment, bullying or abuse from other colleagues
4d	Q14d	Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it
5	Q15	Percentage believing that their organisation provides equal opportunities for career progression or promotion
6	Q11e	Percentage of staff saying that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties
7	Q4b	Percentage staff saying that they are satisfied with the extent to which their organisation values their work
8	Q31b	Percentage of staff with a long lasting health condition or illness saying their employer has made reasonable adjustment(s) to enable them to carry out their work
9a	theme_engagement	The staff engagement score for staff with LTC or illness vs staff without a LTC or illness

*Staff with a long term condition

Survey Coordination Centre

NHS

Workforce Race Equality Standards (WRES)

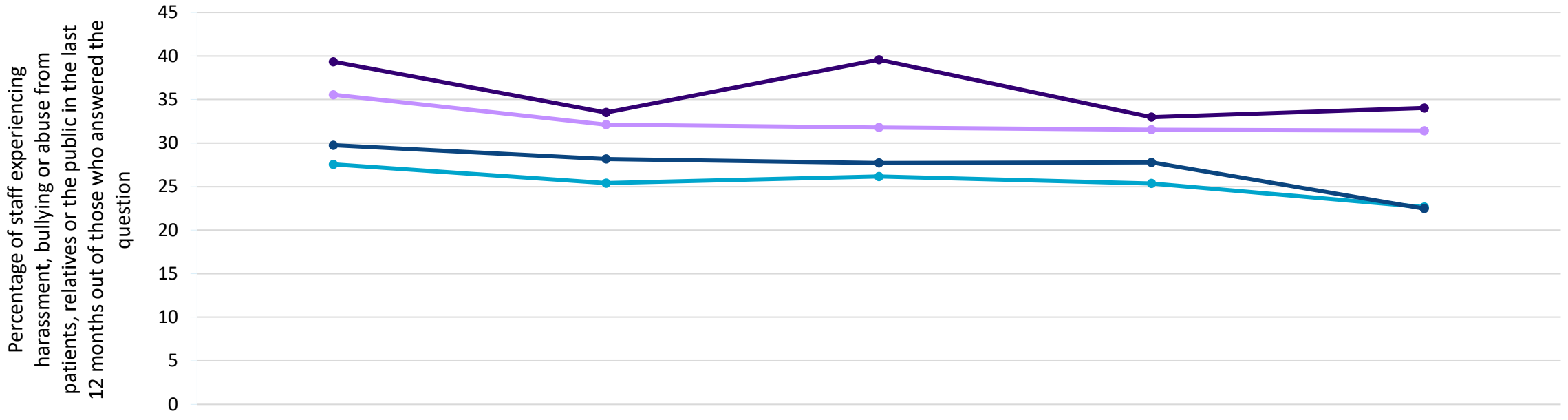
Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WRES charts are unweighted.
Averages are calculated as the median for the benchmark group.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in the last 12 months

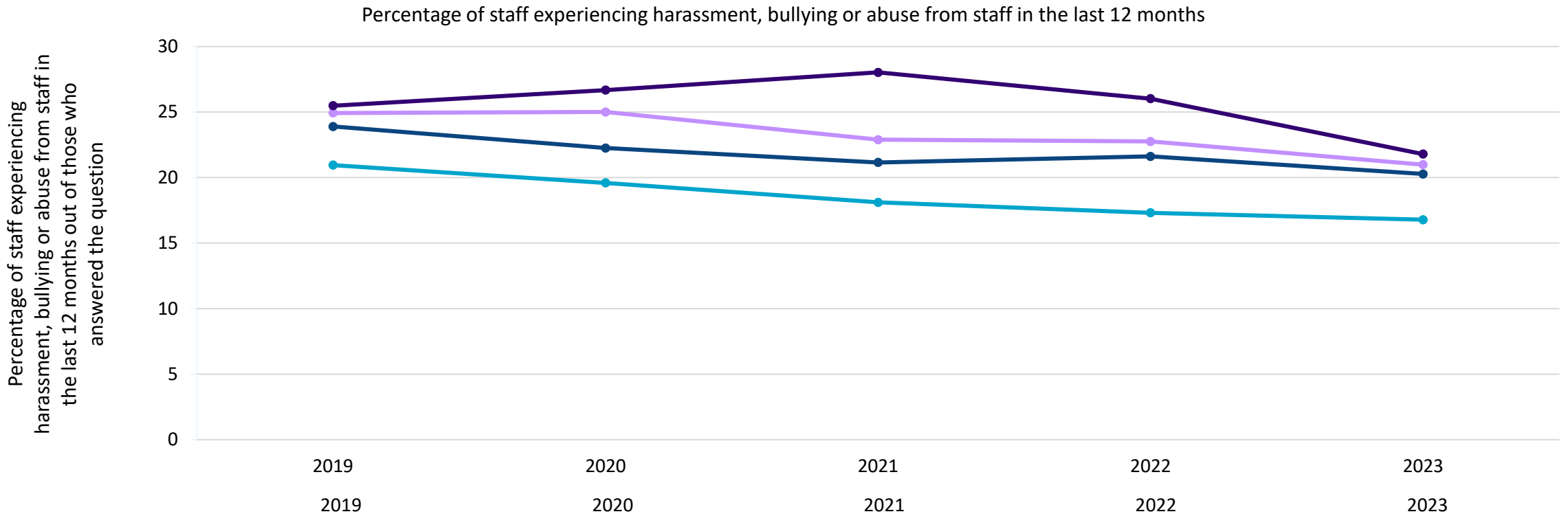


	2019	2020	2021	2022	2023
White staff: Your org	29.75%	28.17%	27.71%	27.78%	22.48%
All other ethnic groups*: Your org	39.34%	33.51%	39.57%	32.98%	34.03%
White staff: Average	27.55%	25.40%	26.16%	25.37%	22.66%
All other ethnic groups*: Average	35.54%	32.12%	31.79%	31.54%	31.43%
White staff: Responses	1825	1871	2093	2041	2135
All other ethnic groups*: Responses	366	373	465	470	620

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS



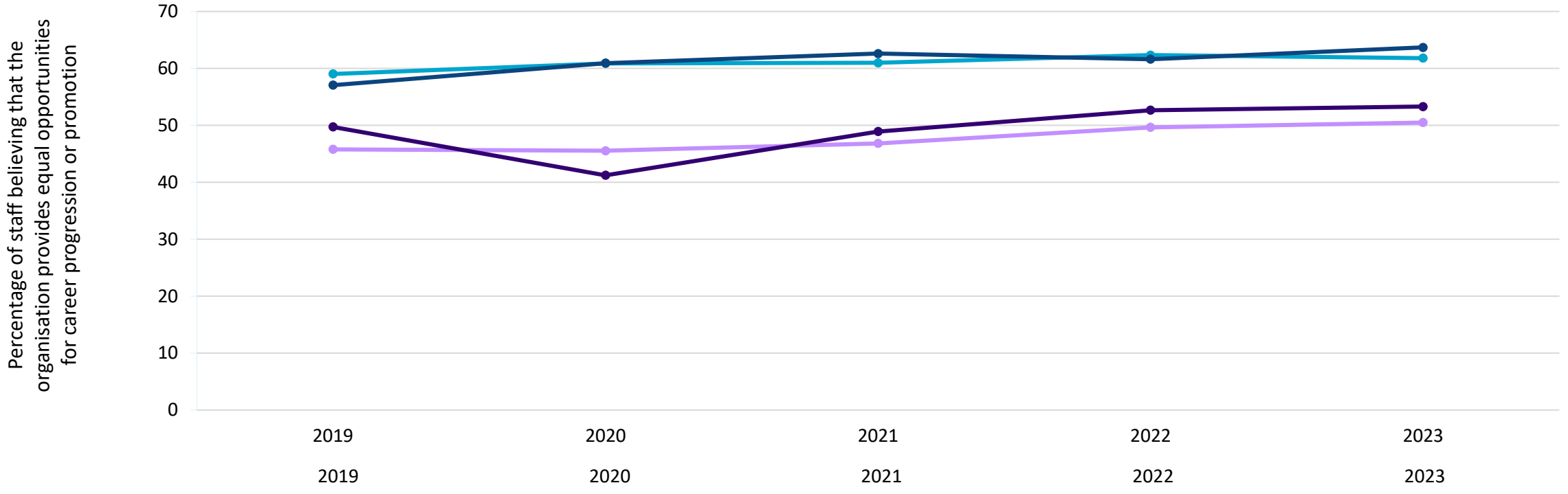
	2019	2020	2021	2022	2023
White staff: Your org	23.89%	22.25%	21.15%	21.61%	20.27%
All other ethnic groups*: Your org	25.48%	26.67%	28.02%	26.01%	21.79%
White staff: Average	20.95%	19.59%	18.10%	17.31%	16.78%
All other ethnic groups*: Average	24.92%	25.00%	22.88%	22.75%	20.98%
White staff: Responses	1829	1879	2095	2045	2136
All other ethnic groups*: Responses	365	375	464	469	615

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion.



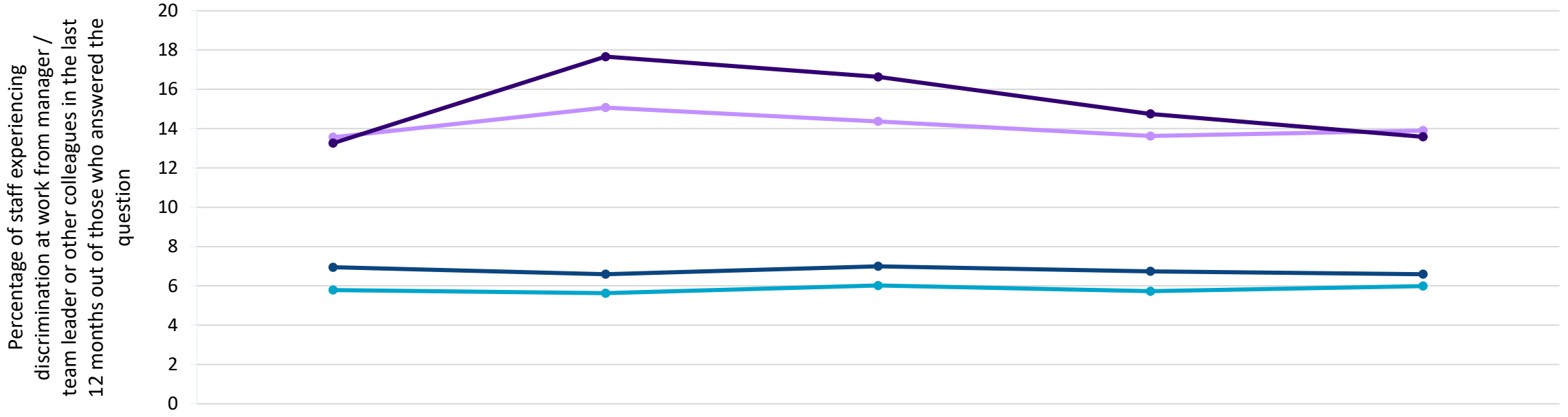
	2019	2020	2021	2022	2023
White staff: Your org	57.07%	60.92%	62.60%	61.63%	63.68%
All other ethnic groups*: Your org	49.72%	41.22%	48.92%	52.65%	53.29%
White staff: Average	59.04%	60.90%	60.98%	62.33%	61.82%
All other ethnic groups*: Average	45.80%	45.54%	46.84%	49.65%	50.50%
White staff: Responses	1824	1891	2099	2043	2123
All other ethnic groups*: Responses	362	376	462	471	623

*Staff from all other ethnic groups combined

Workforce Race Equality Standard (WRES)

Survey Coordination Centre NHS

Percentage of staff experiencing discrimination at work from manager / team leader or other colleagues in the last 12 months.



	2019	2020	2021	2022	2023
White staff: Your org	6.95%	6.60%	7.00%	6.74%	6.59%
All other ethnic groups*: Your org	13.26%	17.66%	16.63%	14.75%	13.58%
White staff: Average	5.79%	5.63%	6.02%	5.73%	5.99%
All other ethnic groups*: Average	13.56%	15.07%	14.37%	13.63%	13.90%
White staff: Responses	1814	1880	2086	2032	2093
All other ethnic groups*: Responses	362	368	457	461	611

*Staff from all other ethnic groups combined

Survey Coordination Centre

NHS

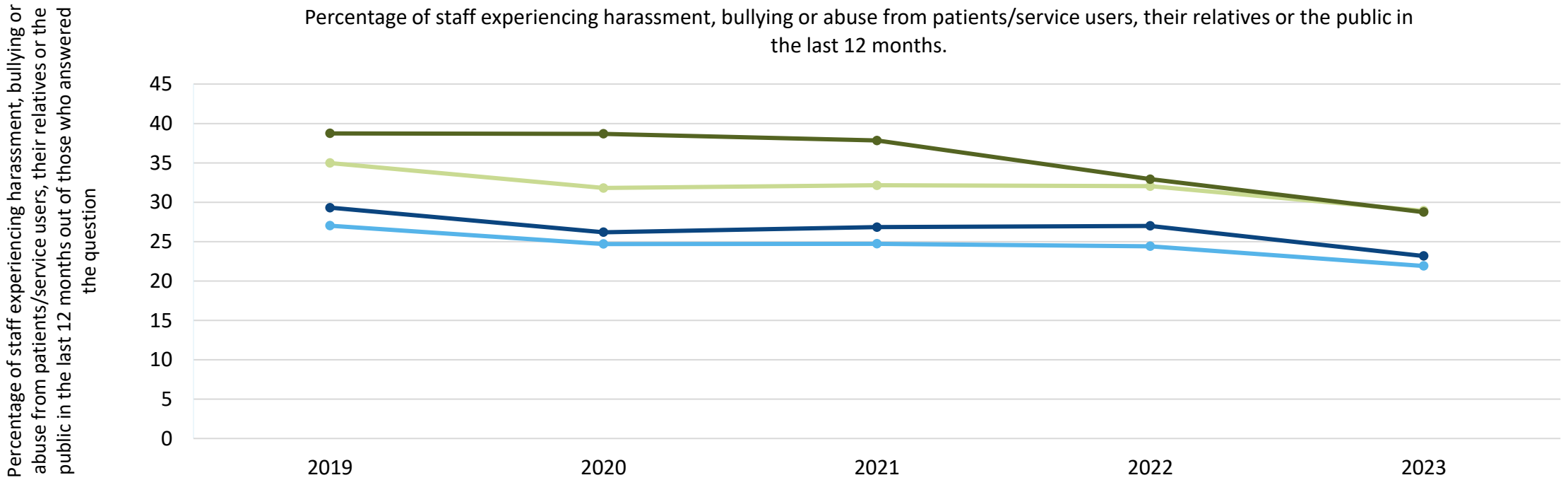
Workforce Disability Equality Standards (WDES)

Vertical scales on the following charts vary from slide to slide and this effects how results are displayed. This allows incremental changes and small differences between results for subgroups to be more easily interpreted.
Data shown in the WDES charts are unweighted.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Workforce Disability Equality Standards

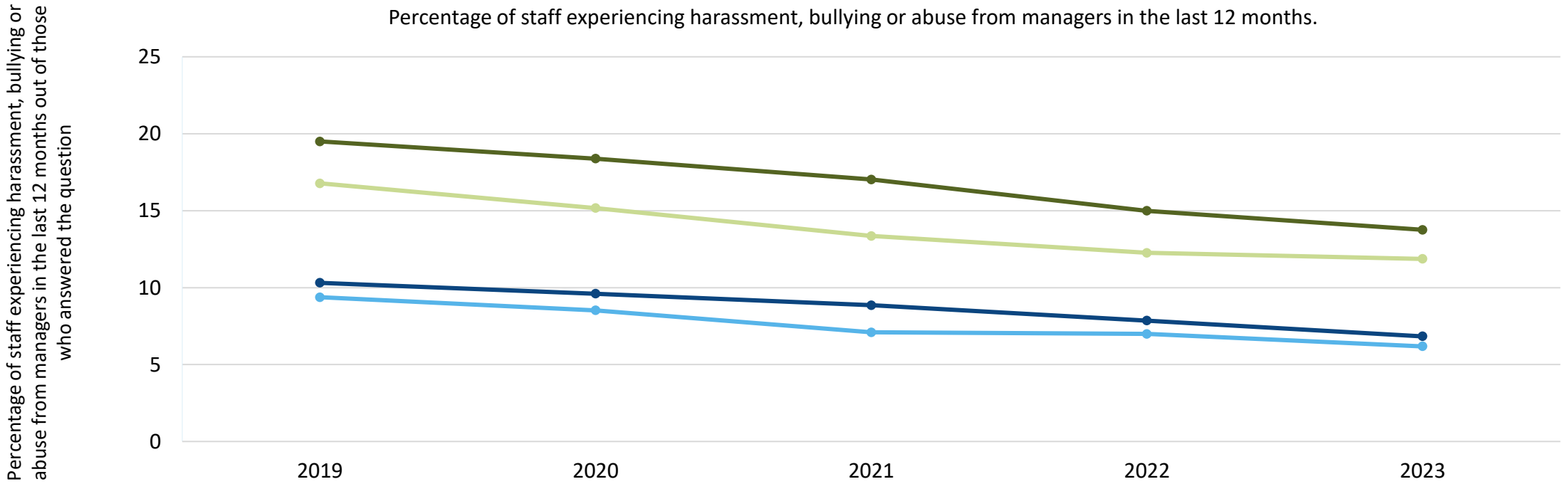
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	38.75%	38.69%	37.85%	32.92%	28.76%
Staff without a LTC or illness: Your org	29.31%	26.19%	26.83%	27.00%	23.18%
Staff with a LTC or illness: Average	34.98%	31.81%	32.16%	32.04%	28.92%
Staff without a LTC or illness: Average	27.03%	24.69%	24.73%	24.42%	21.91%
Staff with a LTC or illness: Responses	480	535	687	732	852
Staff without a LTC or illness: Responses	1723	1726	1867	1778	1877

Workforce Disability Equality Standards

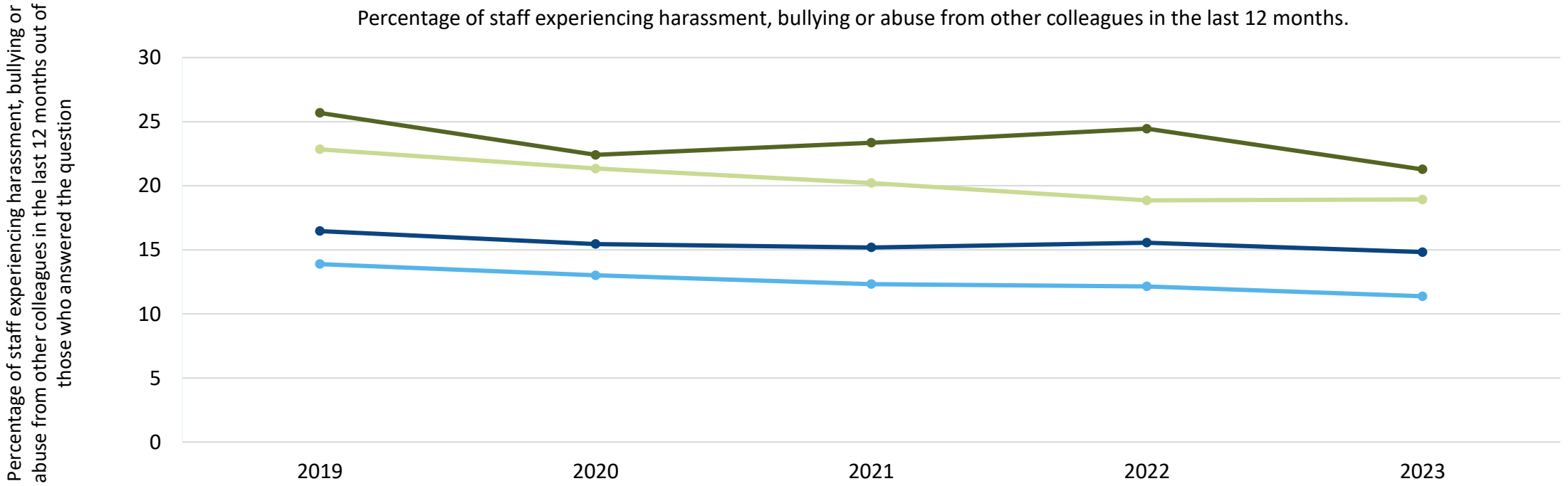
Survey Coordination Centre NHS



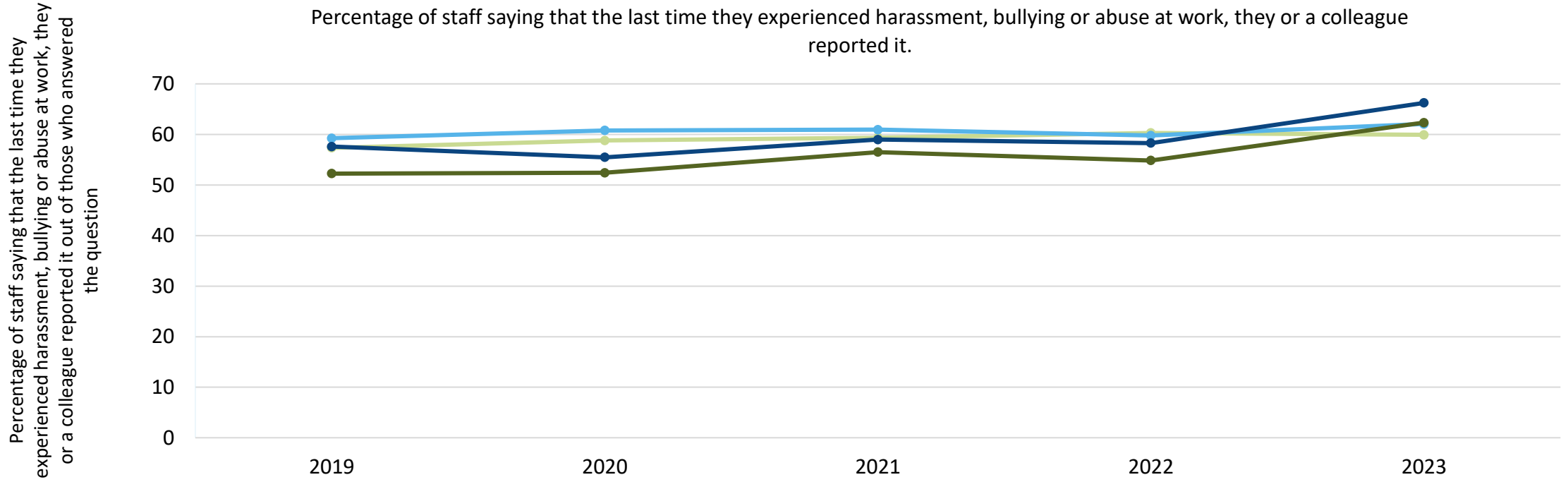
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	19.50%	18.39%	17.03%	14.99%	13.76%
Staff without a LTC or illness: Your org	10.32%	9.61%	8.86%	7.86%	6.84%
Staff with a LTC or illness: Average	16.78%	15.17%	13.36%	12.27%	11.87%
Staff without a LTC or illness: Average	9.38%	8.52%	7.10%	6.99%	6.19%
Staff with a LTC or illness: Responses	482	533	681	727	843
Staff without a LTC or illness: Responses	1706	1717	1851	1768	1842

Workforce Disability Equality Standards

Survey Coordination Centre NHS



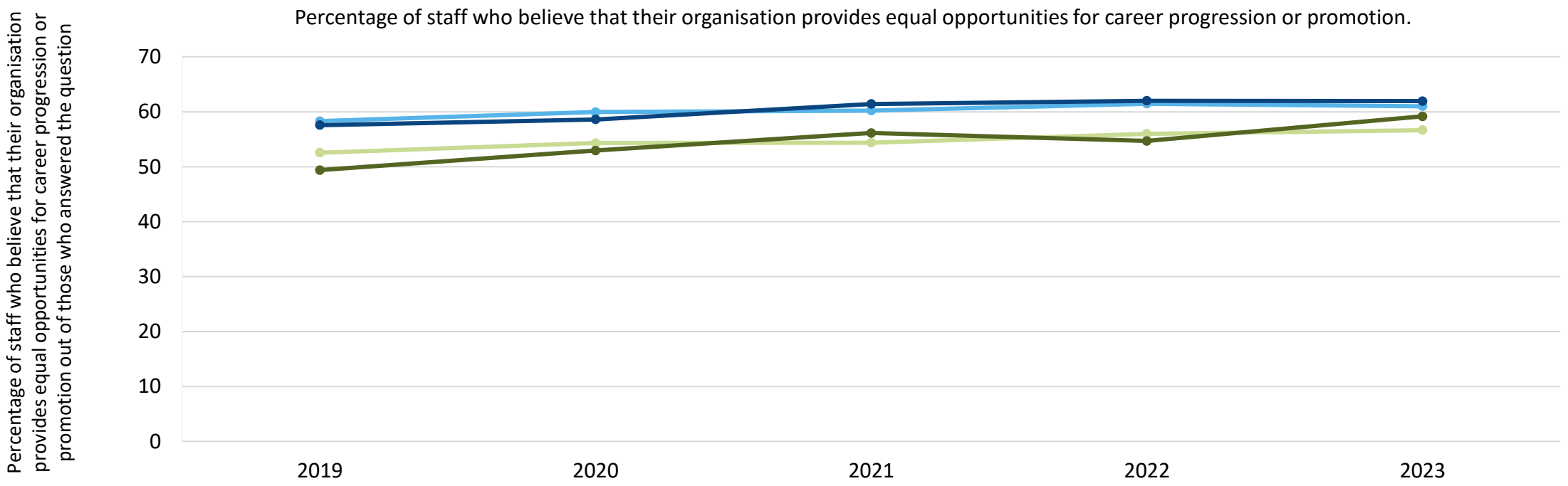
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	25.68%	22.41%	23.36%	24.45%	21.28%
Staff without a LTC or illness: Your org	16.47%	15.46%	15.18%	15.56%	14.83%
Staff with a LTC or illness: Average	22.85%	21.34%	20.21%	18.86%	18.93%
Staff without a LTC or illness: Average	13.89%	13.01%	12.33%	12.15%	11.38%
Staff with a LTC or illness: Responses	475	531	685	724	827
Staff without a LTC or illness: Responses	1694	1708	1844	1761	1821



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	52.26%	52.42%	56.51%	54.86%	62.35%
Staff without a LTC or illness: Your org	57.61%	55.50%	59.01%	58.30%	66.25%
Staff with a LTC or illness: Average	57.37%	58.81%	59.38%	60.32%	59.93%
Staff without a LTC or illness: Average	59.27%	60.81%	60.96%	59.81%	62.07%
Staff with a LTC or illness: Responses	243	248	315	319	324
Staff without a LTC or illness: Responses	611	573	583	554	563

Workforce Disability Equality Standards

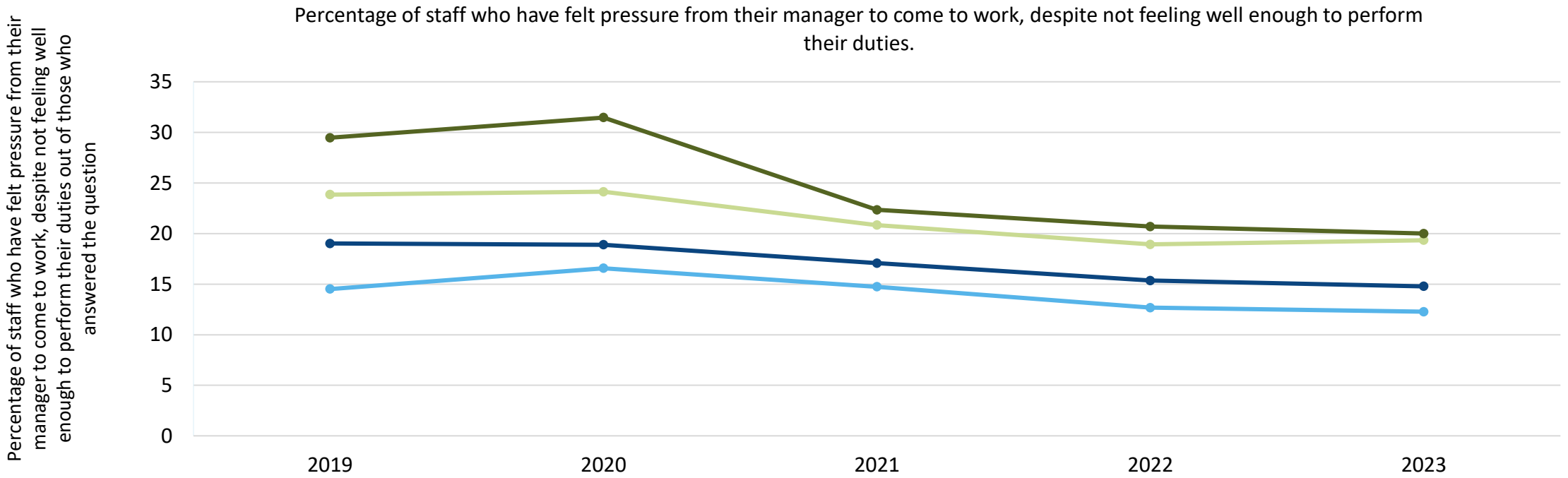
Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	49.38%	52.95%	56.15%	54.69%	59.18%
Staff without a LTC or illness: Your org	57.57%	58.61%	61.44%	62.00%	61.95%
Staff with a LTC or illness: Average	52.55%	54.31%	54.38%	55.99%	56.66%
Staff without a LTC or illness: Average	58.30%	59.96%	60.23%	61.48%	61.00%
Staff with a LTC or illness: Responses	480	542	691	735	850
Staff without a LTC or illness: Responses	1718	1742	1867	1779	1871

Workforce Disability Equality Standards

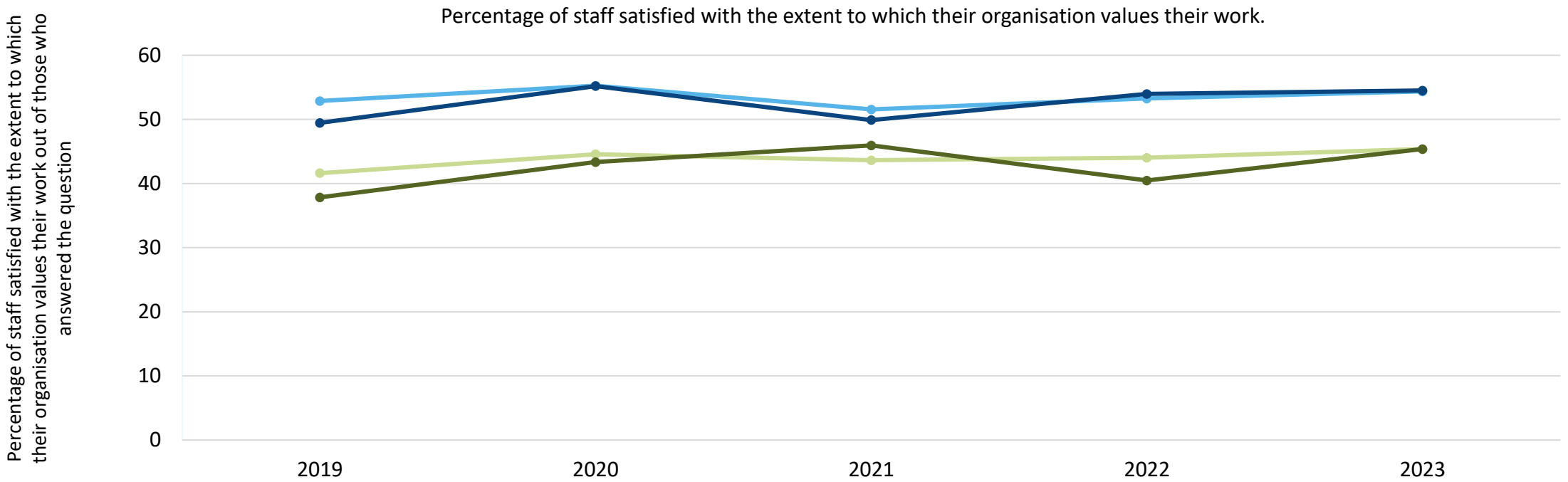
Survey Coordination Centre NHS



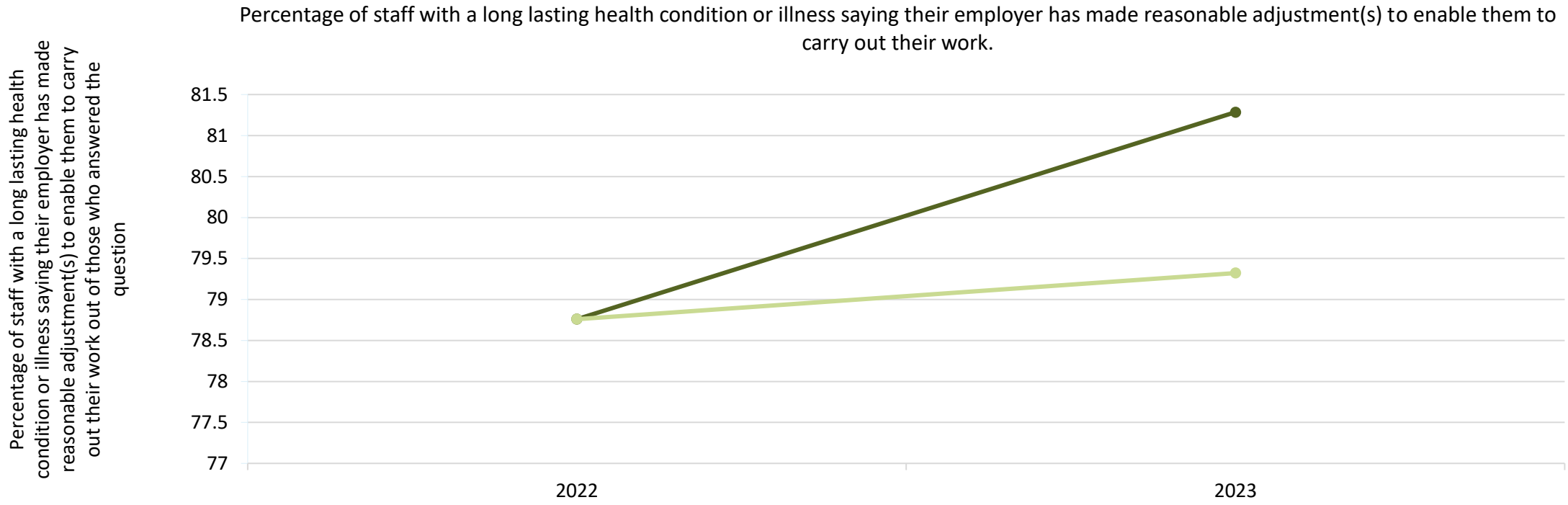
	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	29.48%	31.47%	22.35%	20.70%	20.00%
Staff without a LTC or illness: Your org	19.02%	18.90%	17.08%	15.36%	14.79%
Staff with a LTC or illness: Average	23.86%	24.14%	20.85%	18.93%	19.35%
Staff without a LTC or illness: Average	14.52%	16.57%	14.74%	12.67%	12.27%
Staff with a LTC or illness: Responses	346	340	443	517	530
Staff without a LTC or illness: Responses	894	693	808	879	818

Workforce Disability Equality Standards

Survey Coordination Centre NHS



	2019	2020	2021	2022	2023
Staff with a LTC or illness: Your org	37.84%	43.34%	45.94%	40.47%	45.37%
Staff without a LTC or illness: Your org	49.45%	55.19%	49.89%	53.95%	54.49%
Staff with a LTC or illness: Average	41.62%	44.56%	43.63%	44.02%	45.36%
Staff without a LTC or illness: Average	52.87%	55.25%	51.54%	53.25%	54.35%
Staff with a LTC or illness: Responses	481	533	690	729	853
Staff without a LTC or illness: Responses	1717	1734	1860	1783	1881



	2022	2023
Staff with a LTC or illness: Your org	78.76%	81.29%
Staff with a LTC or illness: Average	78.76%	79.32%
Staff with a LTC or illness: Responses	452	529

Workforce Disability Equality Standards

Survey Coordination Centre NHS

	2019	2020	2021	2022	2023
Organisation average	6.99	7.16	7.08	7.03	7.17
Staff with a LTC or illness: Your org	6.51	6.80	6.76	6.63	6.88
Staff without a LTC or illness: Your org	7.13	7.27	7.20	7.19	7.32
Staff with a LTC or illness: Average	6.71	6.85	6.74	6.74	6.82
Staff without a LTC or illness: Average	7.17	7.26	7.17	7.18	7.23
Staff with a LTC or illness: Responses	484	542	693	737	856
Staff without a LTC or illness: Responses	1734	1744	1873	1786	1884

Note. Data shown in this chart are unweighted therefore will not match weighted staff engagement scores in other outputs.

Survey Coordination Centre

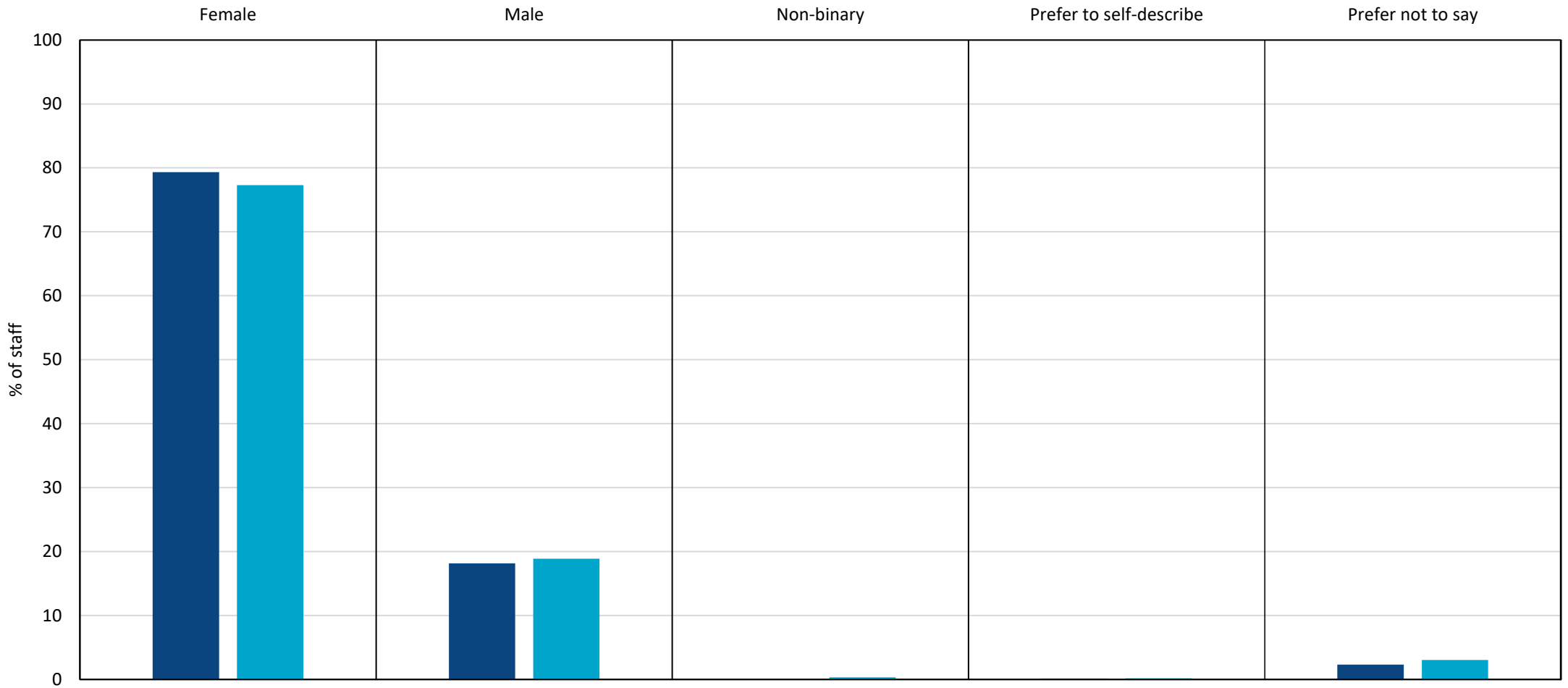
NHS

About your respondents

This section shows demographic and other background information for 2023.

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

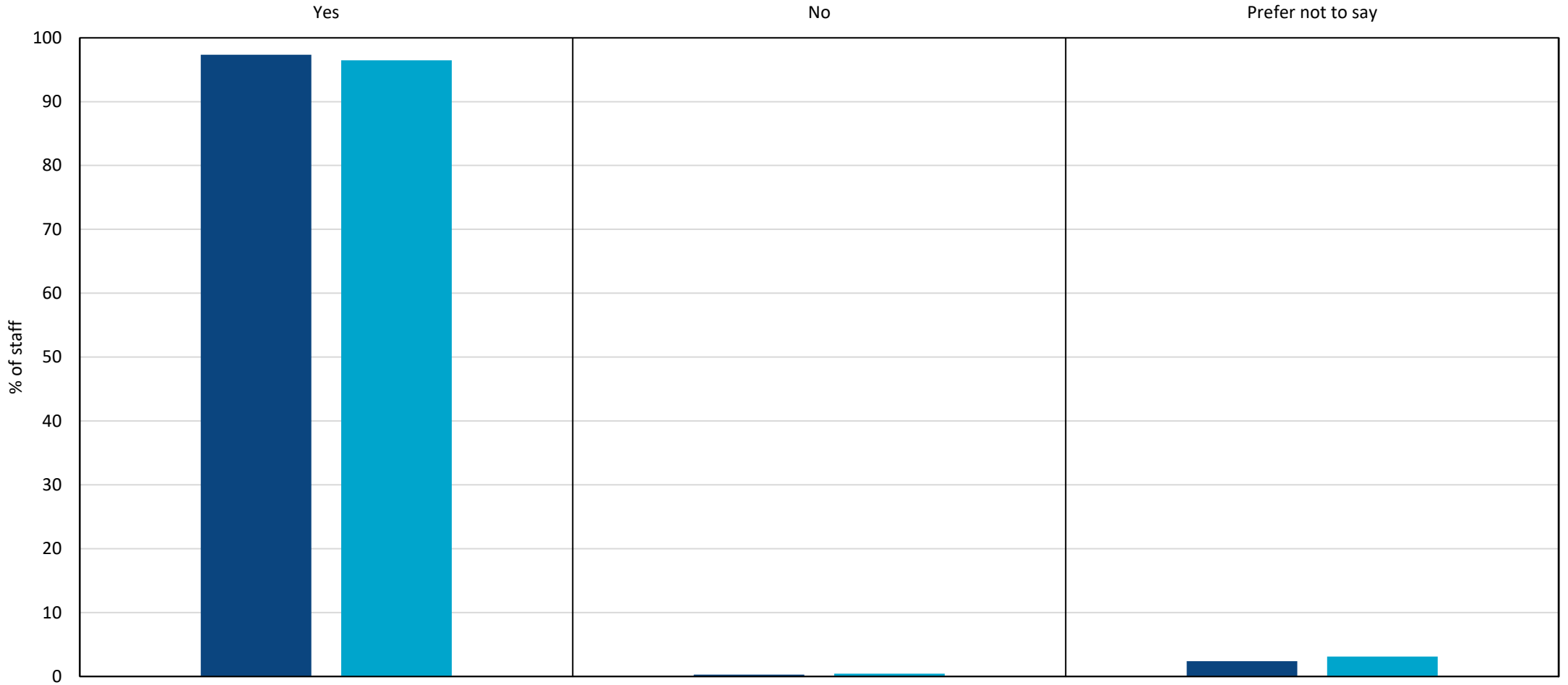
Background details - Gender



	Female	Male	Non-binary	Prefer to self-describe	Prefer not to say
Your org	79.32%	18.13%	0.11%	0.14%	2.30%
Average	77.30%	18.86%	0.31%	0.18%	3.02%
Responses	2780	2780	2780	2780	2780

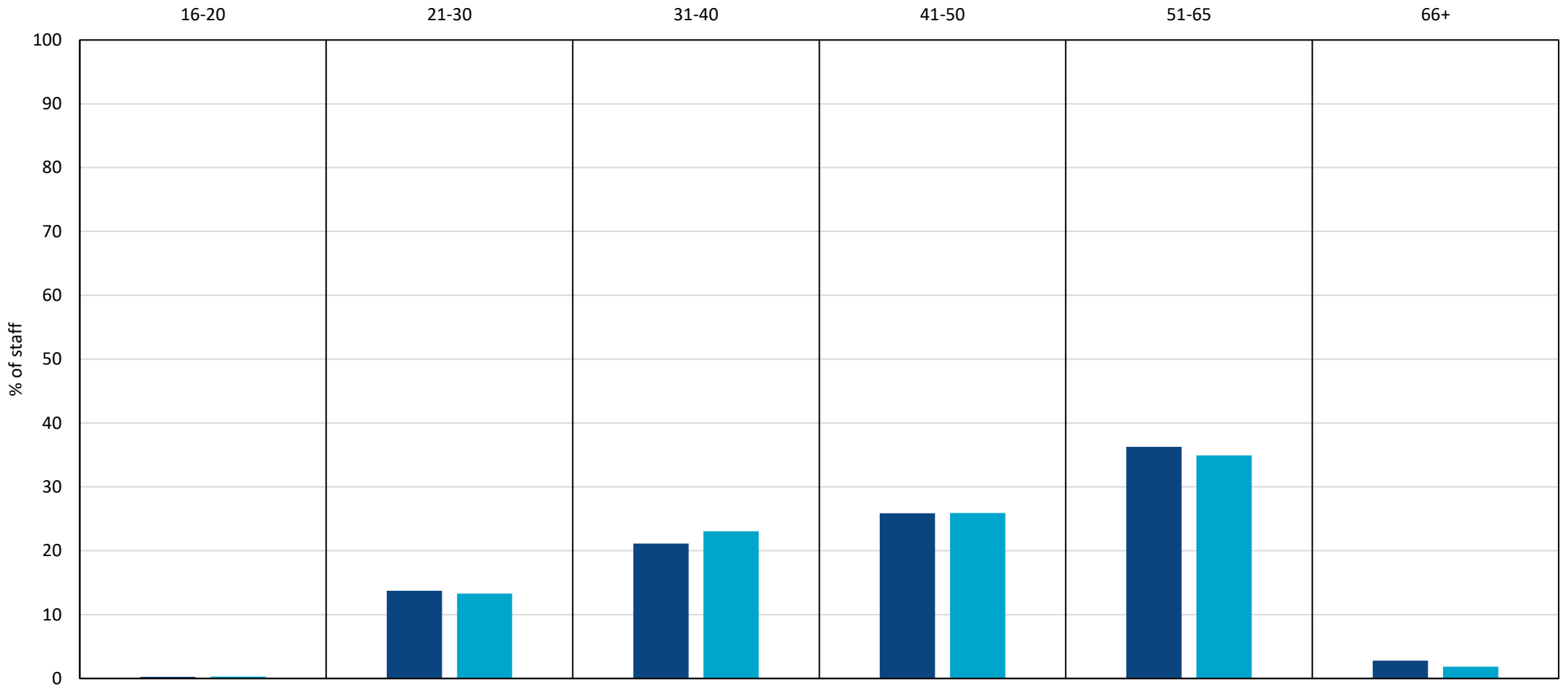
Background details – Is your gender identity the same as the sex you were registered at birth?

Survey Coordination Centre



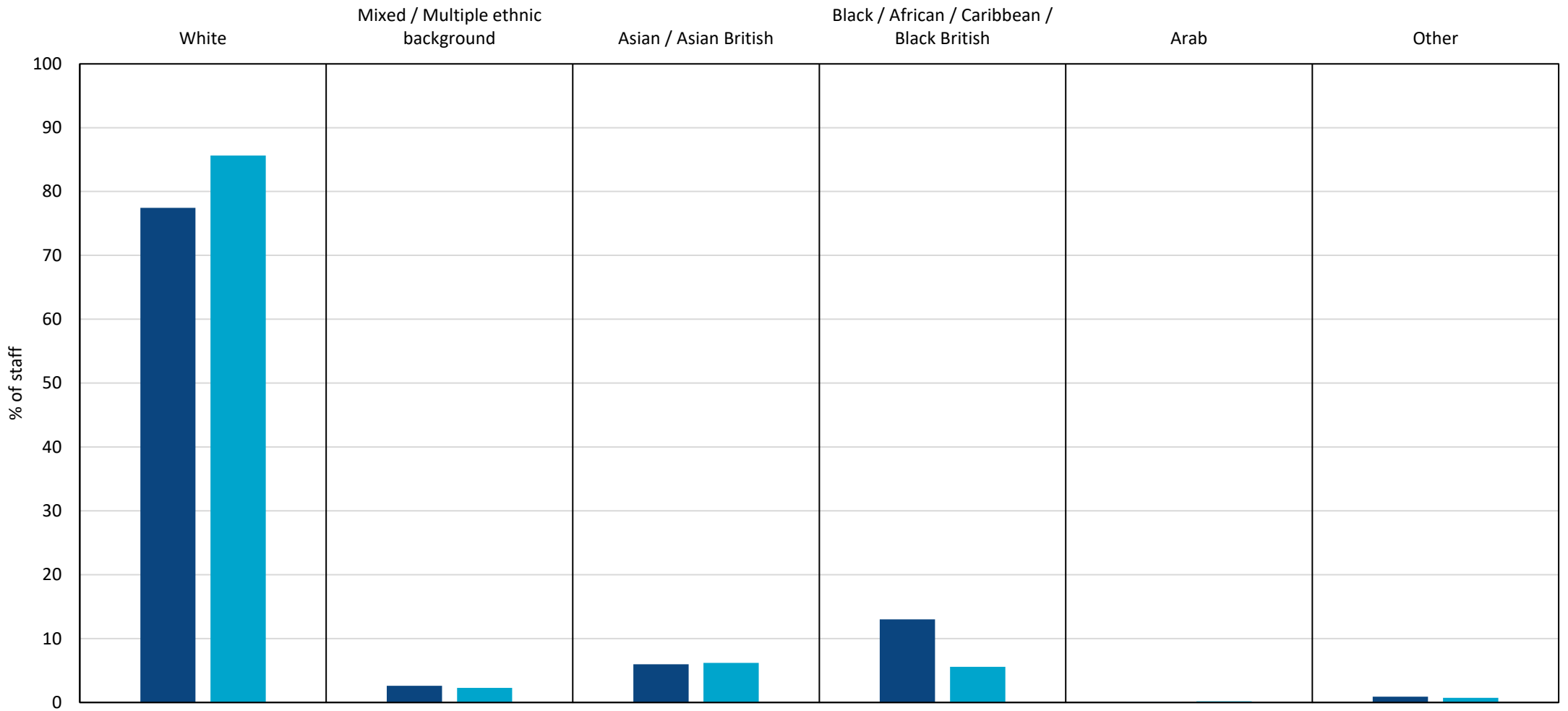
	Yes	No	Prefer not to say
Your org	97.34%	0.29%	2.37%
Average	96.46%	0.40%	3.09%
Responses	2747	2747	2747

Background details - Age



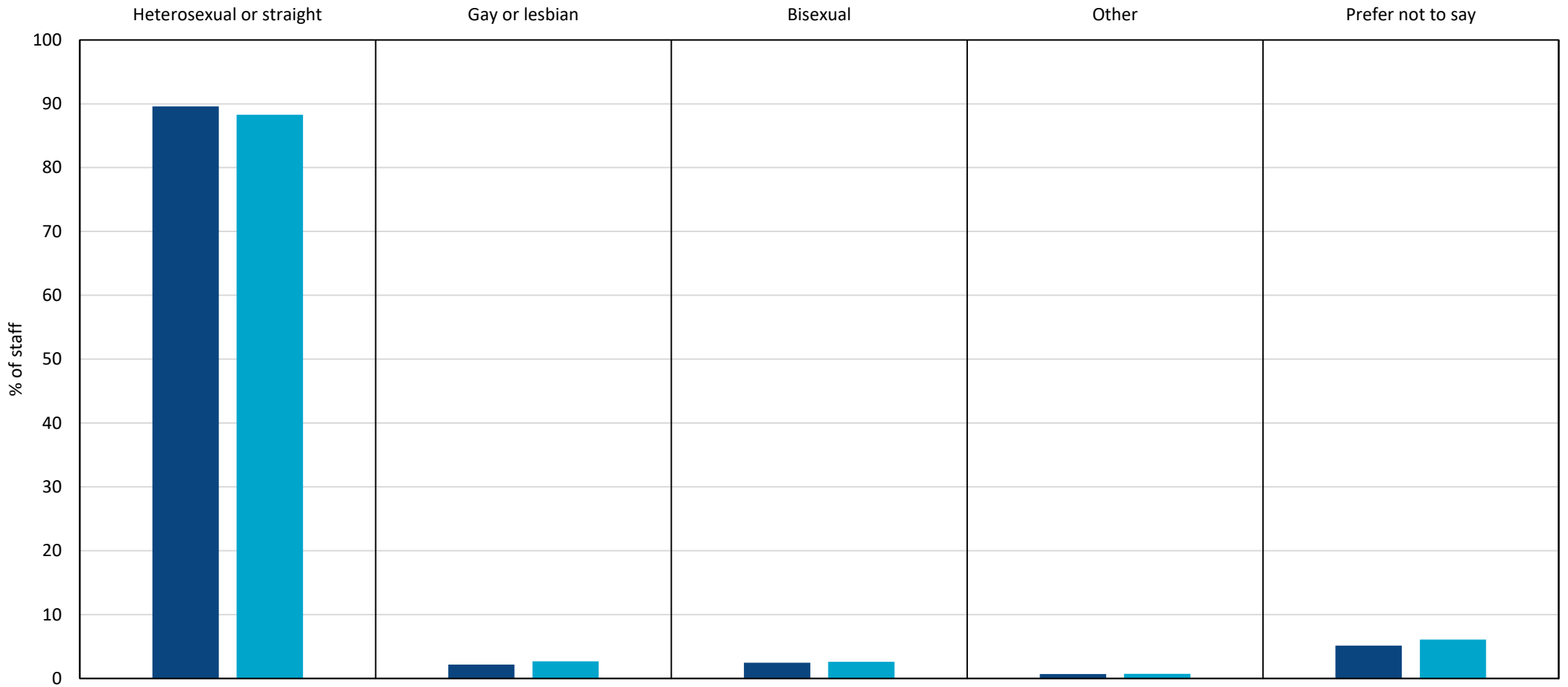
	16-20	21-30	31-40	41-50	51-65	66+
Your org	0.25%	13.70%	21.13%	25.86%	36.28%	2.78%
Average	0.26%	13.30%	23.05%	25.90%	34.91%	1.85%
Responses	2773	2773	2773	2773	2773	2773

Background details - Ethnicity



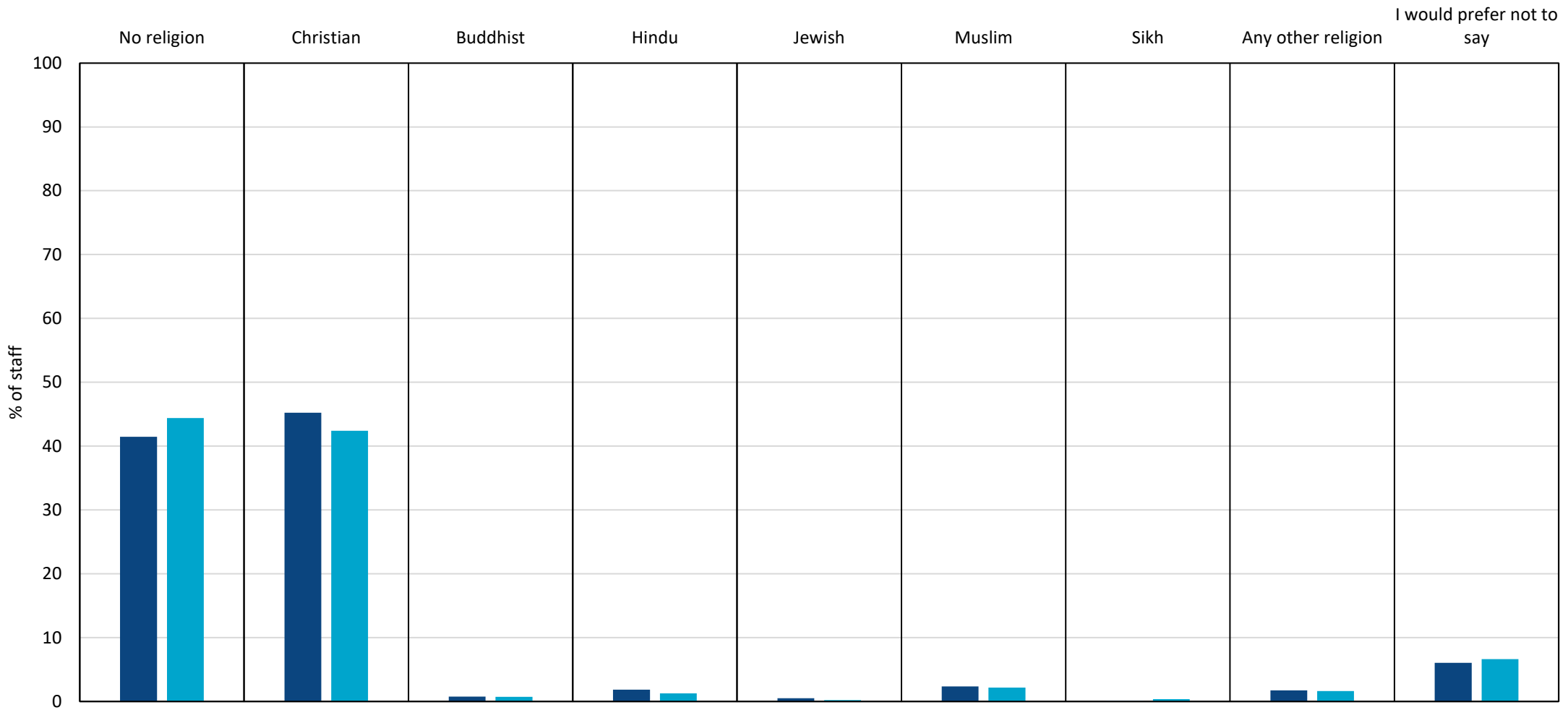
	White	Mixed / Multiple ethnic background	Asian / Asian British	Black / African / Caribbean / Black British	Arab	Other
Your org	77.43%	2.60%	5.96%	13.00%	0.11%	0.90%
Average	85.65%	2.28%	6.19%	5.57%	0.16%	0.71%
Responses	2769	2769	2769	2769	2769	2769

Background details – Sexual orientation



	Heterosexual or straight	Gay or lesbian	Bisexual	Other	Prefer not to say
Your org	89.57%	2.16%	2.45%	0.68%	5.14%
Average	88.28%	2.65%	2.60%	0.71%	6.06%
Responses	2780	2780	2780	2780	2780

Background details - Religion



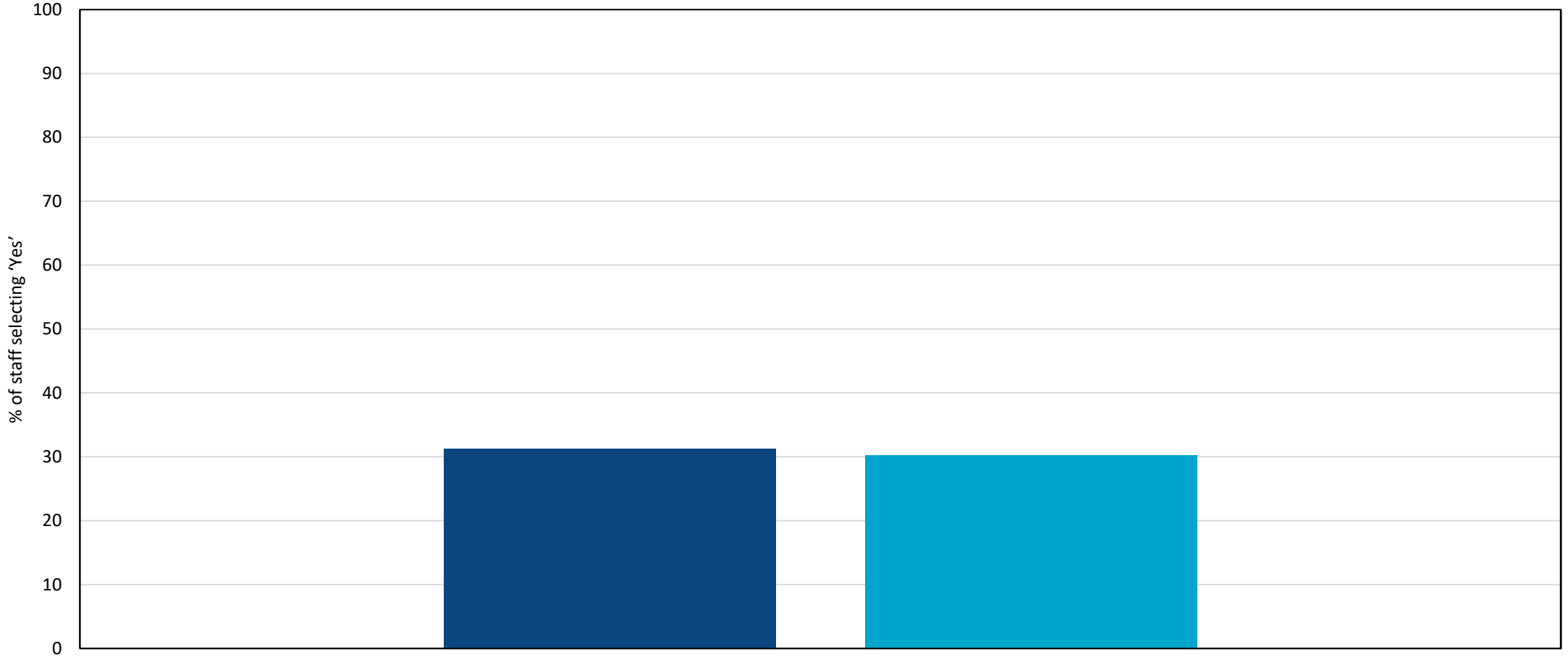
	No religion	Christian	Buddhist	Hindu	Jewish	Muslim	Sikh	Any other religion	I would prefer not to say
Your org	41.46%	45.24%	0.76%	1.83%	0.50%	2.34%	0.11%	1.73%	6.04%
Average	44.37%	42.38%	0.72%	1.27%	0.20%	2.17%	0.33%	1.61%	6.60%
Responses	2781	2781	2781	2781	2781	2781	2781	2781	2781

Background details – Long lasting health condition or illness

Survey Coordination Centre

NHS

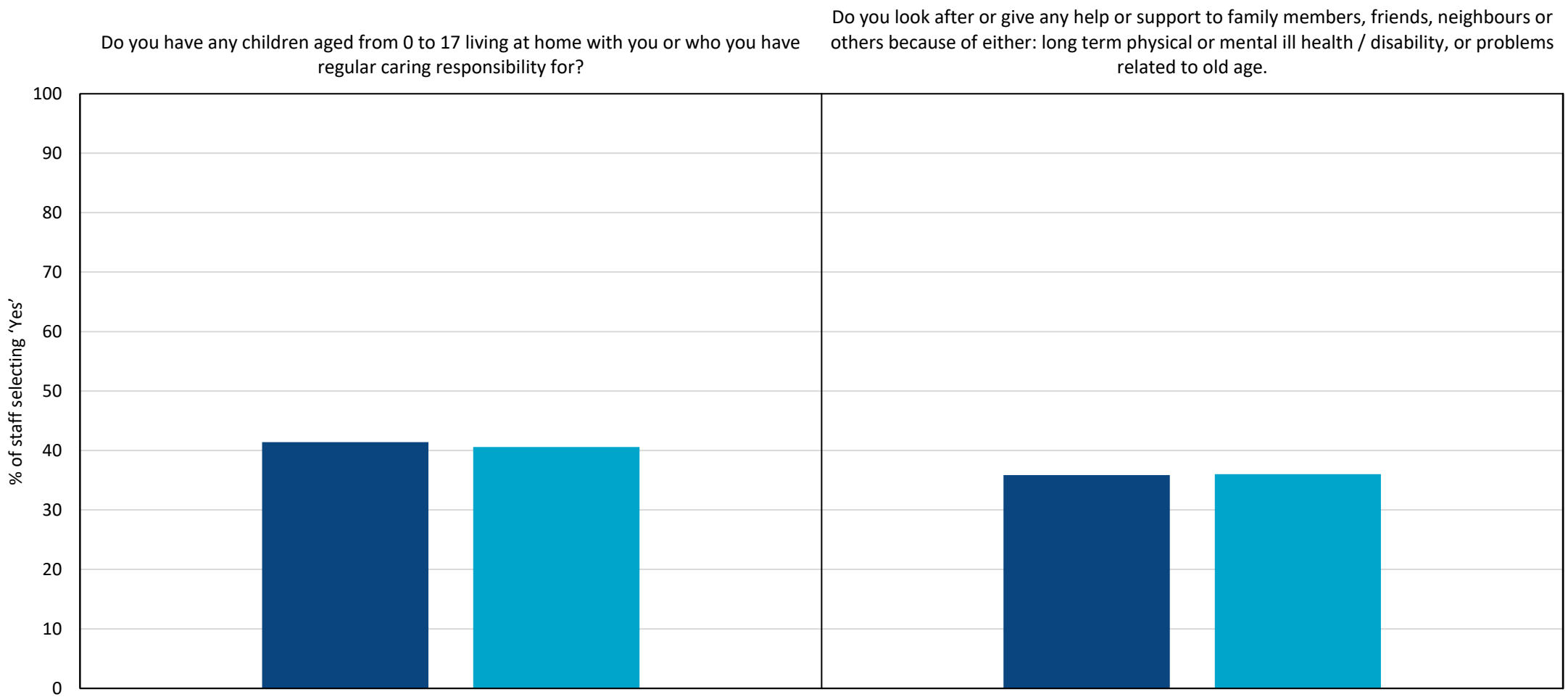
Do you have any physical or mental health conditions or illnesses lasting or expected to last for 12 months or more?



Your org	31.24%
Average	30.18%
Responses	2743

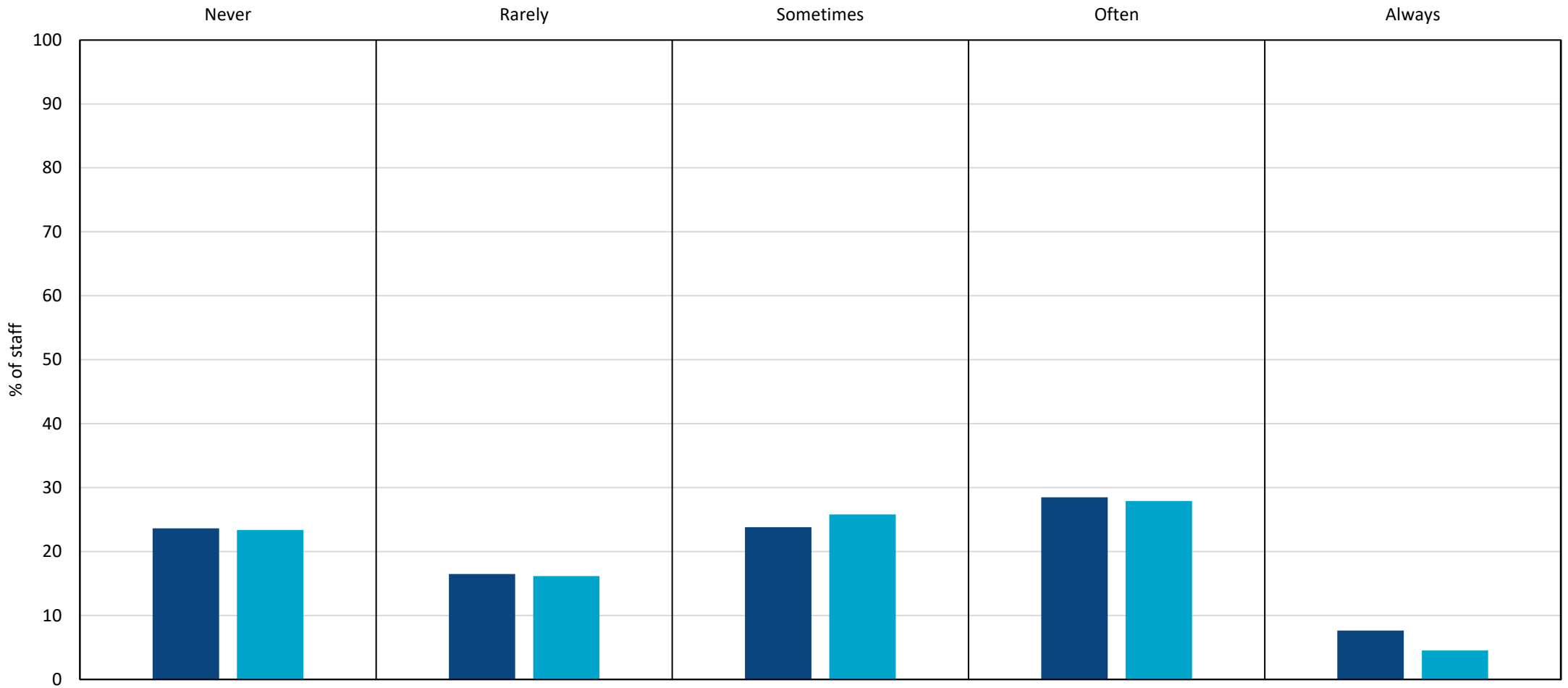
Background details – Parental / caring responsibilities

Survey Coordination Centre NHS



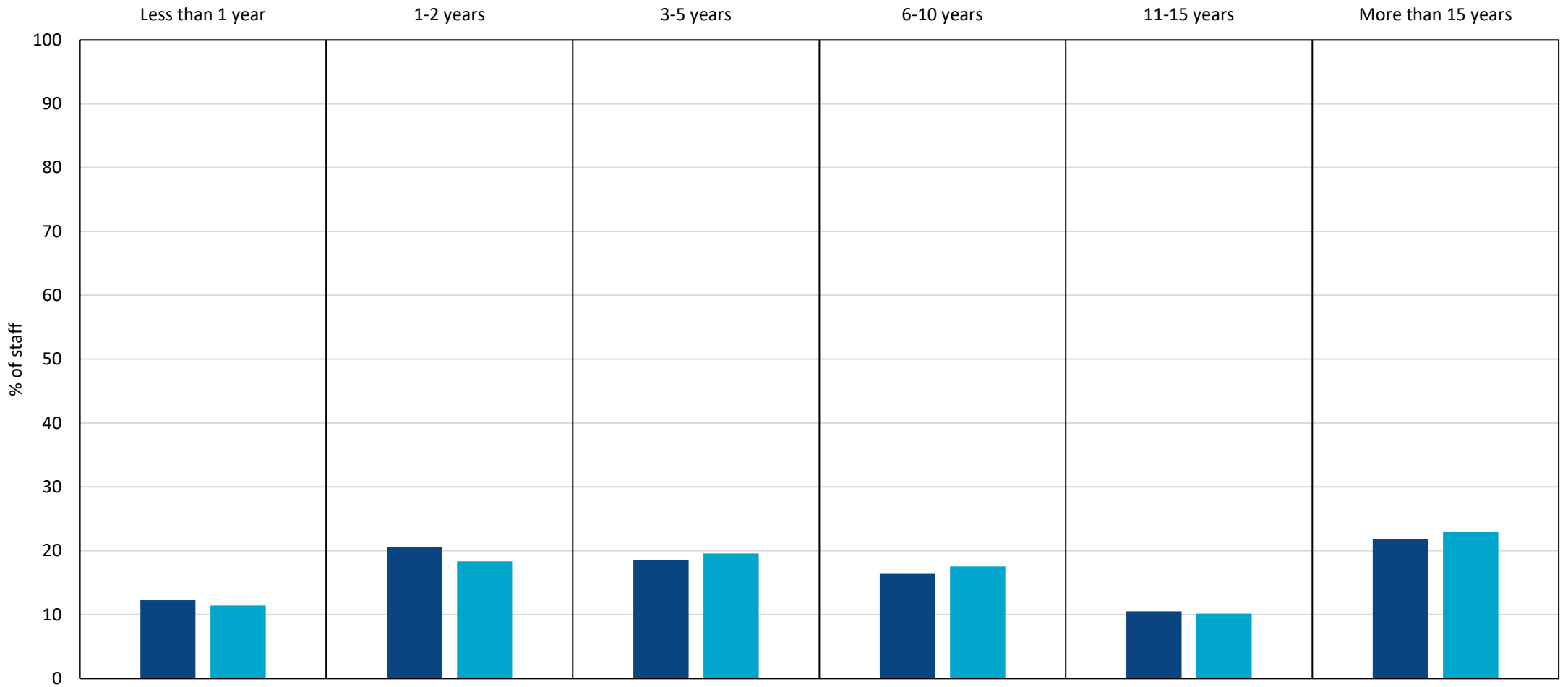
Your org	41.39%	35.86%
Average	40.58%	36.02%
Responses	2771	2772

Background details – How often do you work at/from home?



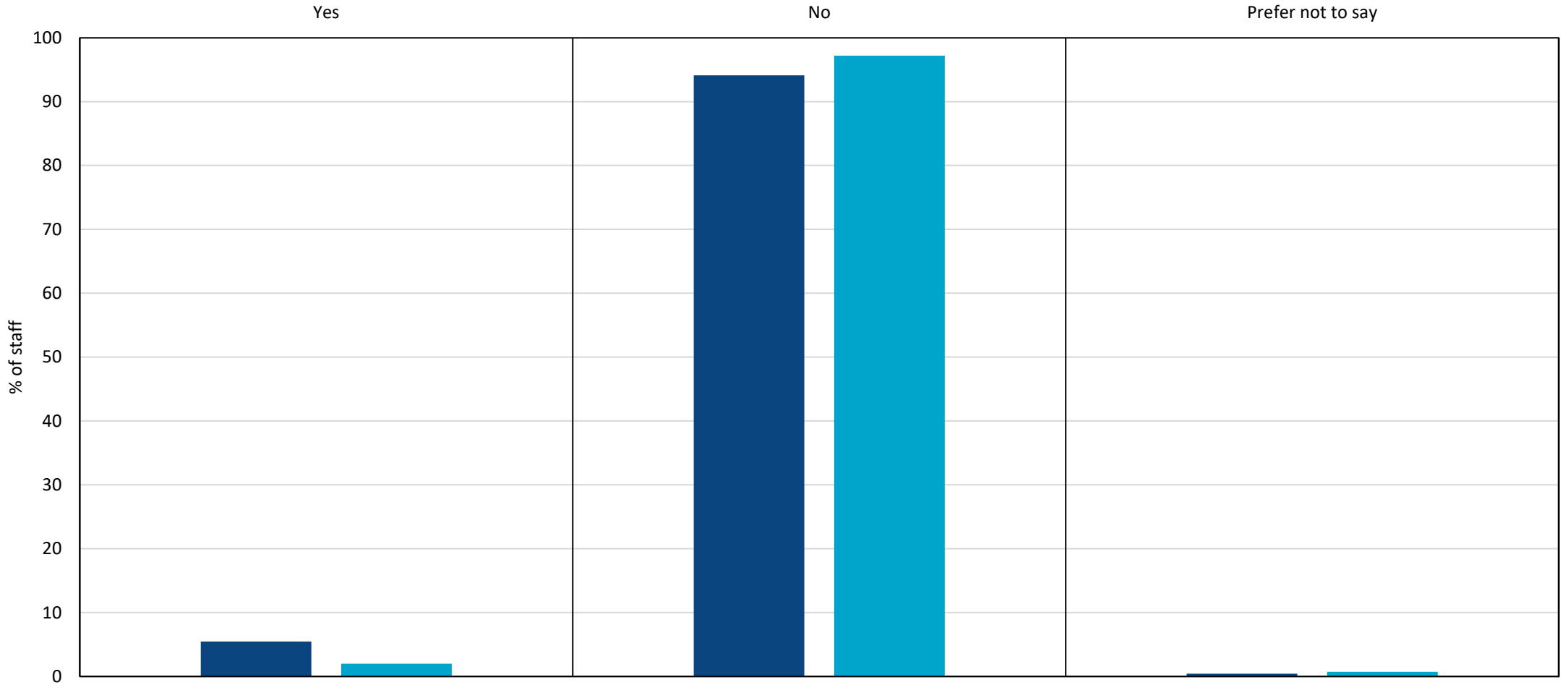
	Never	Rarely	Sometimes	Often	Always
Your org	23.61%	16.49%	23.79%	28.47%	7.63%
Average	23.35%	16.14%	25.79%	27.90%	4.52%
Responses	2778	2778	2778	2778	2778

Background details – Length of service



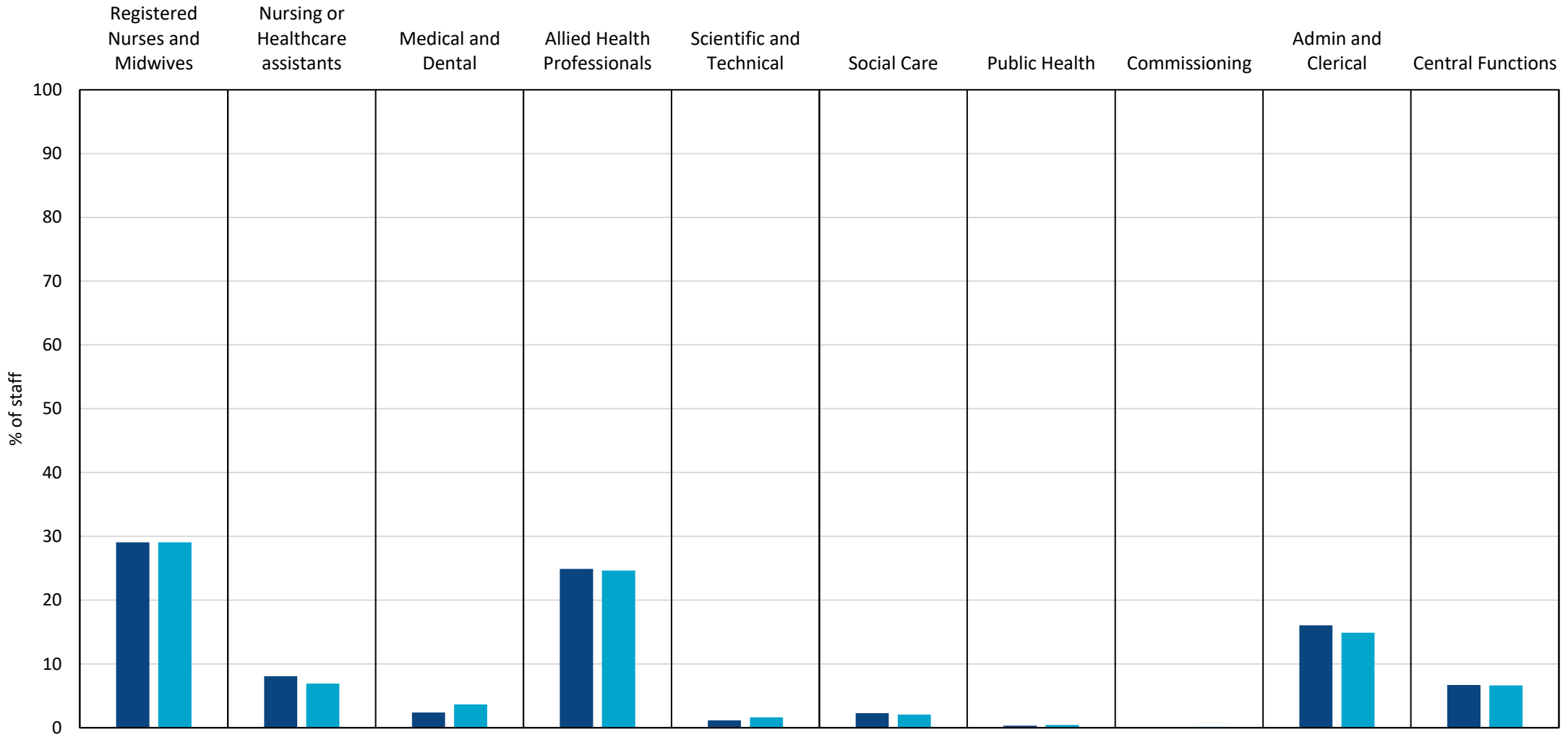
	Less than 1 year	1-2 years	3-5 years	6-10 years	11-15 years	More than 15 years
Your org	12.24%	20.53%	18.59%	16.37%	10.48%	21.79%
Average	11.39%	18.32%	19.57%	17.52%	10.13%	22.92%
Responses	2786	2786	2786	2786	2786	2786

Background details – When you joined this organisation were you recruited from outside of the UK?



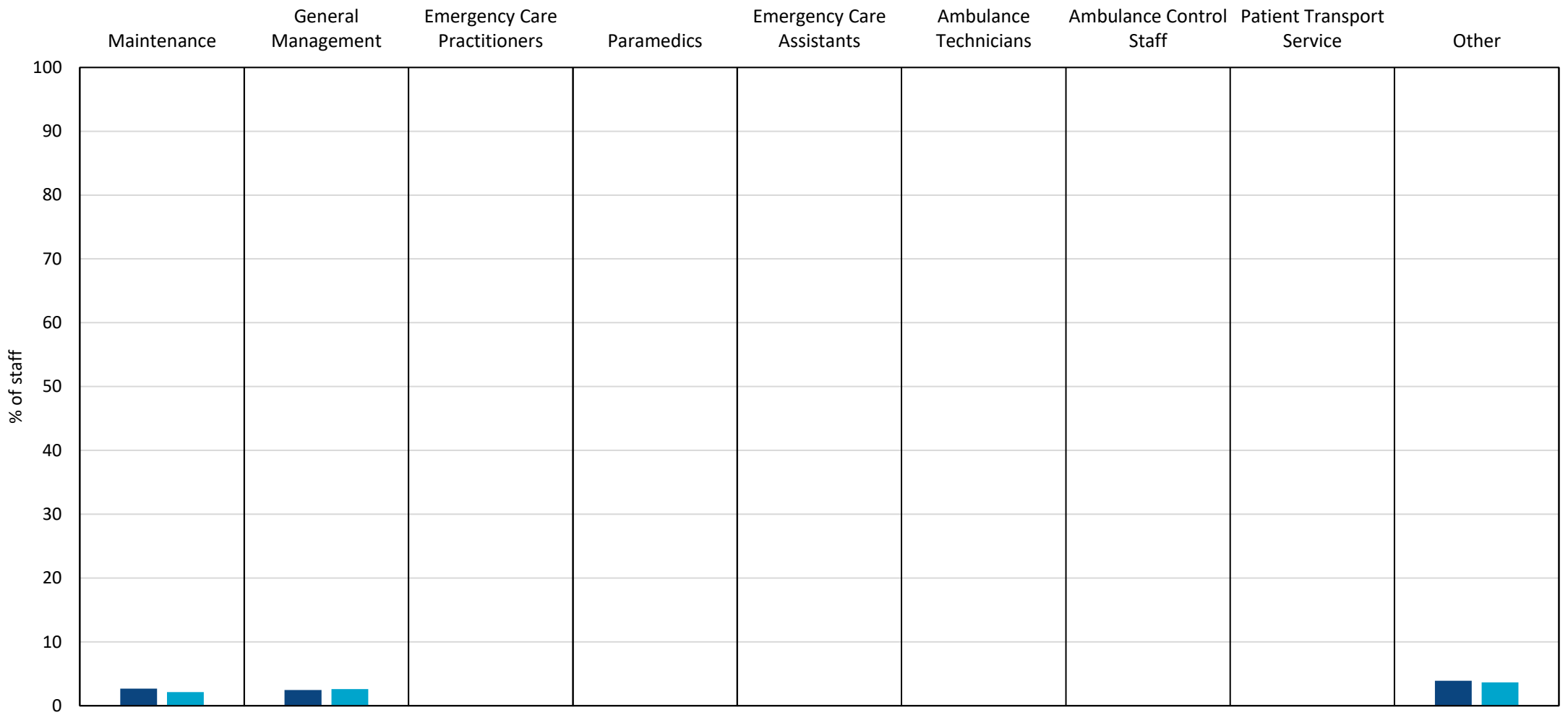
	Yes	No	Prefer not to say
Your org	5.45%	94.11%	0.44%
Average	1.96%	97.21%	0.72%
Responses	2750	2750	2750

Background details – Occupational group



	Registered Nurses and Midwives	Nursing or Healthcare assistants	Medical and Dental	Allied Health Professionals	Scientific and Technical	Social Care	Public Health	Commissioning	Admin and Clerical	Central Functions
Your org	29.06%	8.09%	2.38%	24.87%	1.16%	2.27%	0.32%	0.07%	16.03%	6.68%
Average	29.06%	6.92%	3.64%	24.65%	1.60%	2.04%	0.40%	0.13%	14.89%	6.62%
Responses	2770	2770	2770	2770	2770	2770	2770	2770	2770	2770

Background details – Occupational group



	Maintenance	General Management	Emergency Care Practitioners	Paramedics	Emergency Care Assistants	Ambulance Technicians	Ambulance Control Staff	Patient Transport Service	Other
Your org	2.67%	2.45%	0.00%	0.04%	0.00%	0.00%	0.00%	0.00%	3.90%
Average	2.12%	2.60%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	3.66%
Responses	2770	2770	2770	2770	2770	2770	2770	2770	2770

Survey Coordination Centre

NHS

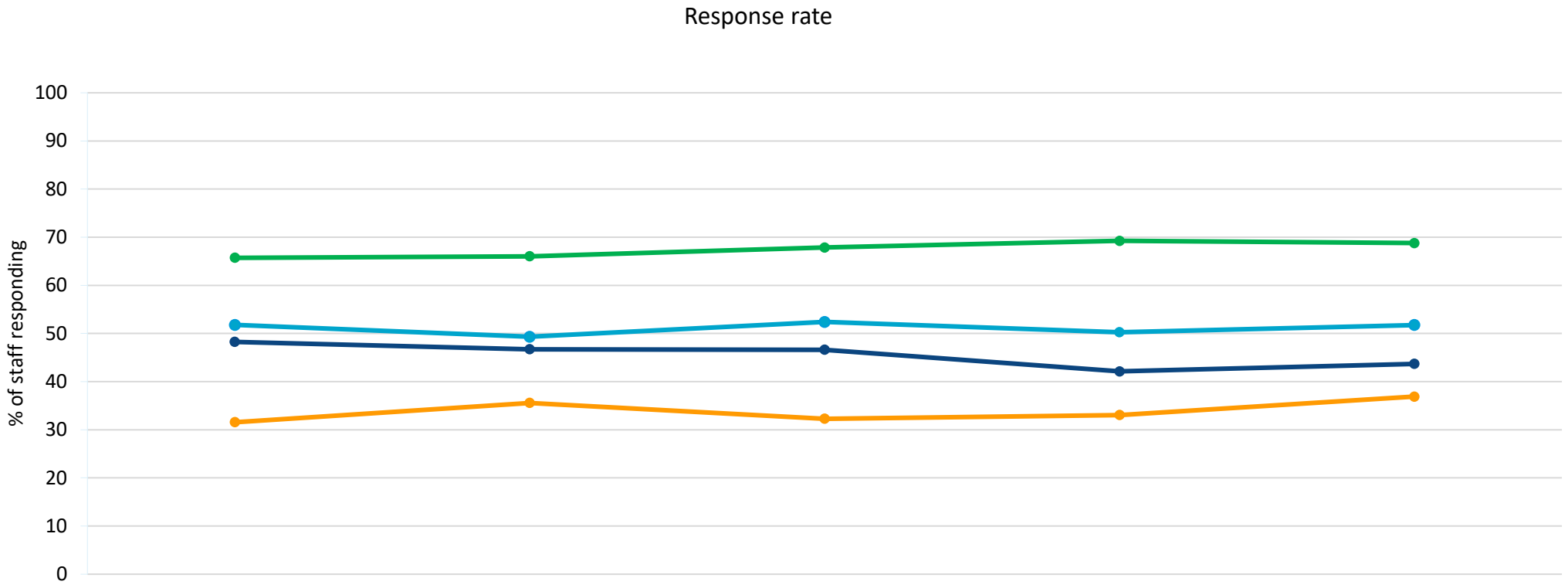
Appendices

Survey Coordination Centre

NHS

Appendix A: Response rate

Appendix A: Response rate



	2019	2020	2021	2022	2023
Your org	48.26%	46.71%	46.61%	42.11%	43.67%
Highest	65.71%	66.02%	67.86%	69.24%	68.76%
Average	51.77%	49.31%	52.40%	50.26%	51.76%
Lowest	31.57%	35.56%	32.27%	33.04%	36.86%
Responses	2280	2305	2602	2547	2795

Survey Coordination Centre

NHS

Appendix B: Significance testing 2022 vs 2023

Appendix B: Significance testing – 2022 vs 2023

Survey Coordination Centre NHS

Statistical significance helps quantify whether a result is likely due to chance or to some factor of interest. The table below presents the results of significance testing conducted on the theme scores calculated in both 2022 and 2023*. For more details please see the technical document.

People Promise elements	2022 score	2022 respondents	2023 score	2023 respondents	Statistically significant change?
We are compassionate and inclusive	7.49	2541	7.55	2792	Not significant
We are recognised and rewarded	6.22	2531	6.37	2787	Significantly higher
We each have a voice that counts	6.90	2518	6.98	2770	Not significant
We are safe and healthy	6.23	2528	-	-	-
We are always learning	5.74	2411	5.96	2623	Significantly higher
We work flexibly	6.77	2522	6.84	2776	Not significant
We are a team	7.09	2535	7.20	2790	Significantly higher
Themes					
Staff Engagement	7.04	2538	7.17	2791	Significantly higher
Morale	6.12	2540	6.29	2793	Significantly higher

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Survey Coordination Centre

NHS

Appendix C: Tips on using your benchmark report

Appendix C: Data in the benchmark reports

Survey Coordination Centre NHS

The following pages include tips on how to read, interpret and use the data in this report. The **suggestions are aimed at users who would like some guidance on how to understand the data** in this report. These suggestions are by no means the only way to analyse or use the data, but have been included to aid users.

Key points to note

The seven People Promise elements, the two themes and the sub-scores that feed into them cover key areas of staff experience and present results in these areas in a clear and consistent way. All of the People Promise elements, themes and sub-scores are scored on a 0-10 scale, where a higher result is more positive than a lower result. These results are created by scoring questions linked to these areas of experience and grouping these results together. Details of how the results are calculated can be found in the technical document available on the Staff Survey website.

A key feature of the reports is that they **provide organisations with up to five years of trend data**. Trend data provides a much more reliable indication of whether the most recent results represent a change from the norm for an organisation than comparing the most recent results only to those from the previous year. Taking a longer term view will help organisations to identify trends over several years that may have been missed when comparisons are drawn solely between the current and previous year.

People Promise elements, themes and sub-scores are benchmarked so that organisations can make comparisons to their peers on specific areas of staff experience. Question results provide organisations with more granular data that will help them to identify particular areas of concern. The trend data are benchmarked so that organisations can identify how results on each question have changed for themselves and their peers over time by looking at a single chart.

Note. Historical benchmarking data for 2019 has been revised for the Mental Health & Learning Disability and Mental Health, Learning Disability & Community Trusts, and Community Trusts benchmarking groups. This is due to a revision in the occupation group weighting to correctly reflect historical benchmarking group changes. Historical data is reweighted each year according to the latest results and so historical figures change with each new year of data; however it is advised to keep the above in mind when viewing historical results released in 2023.

Note. 2023 results for People Promise element 4 ('We are safe and healthy'), two of its sub-scores ('Health and safety climate' and 'Negative experiences') and Q13a-d have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Appendix C: 1. Reviewing People Promise and theme results

Survey Coordination Centre NHS

When analysing People Promise element and theme results, it is easiest to start with the **overview** page to quickly identify areas of interest which can then be compared to the best, average, and worst result in the benchmarking group.

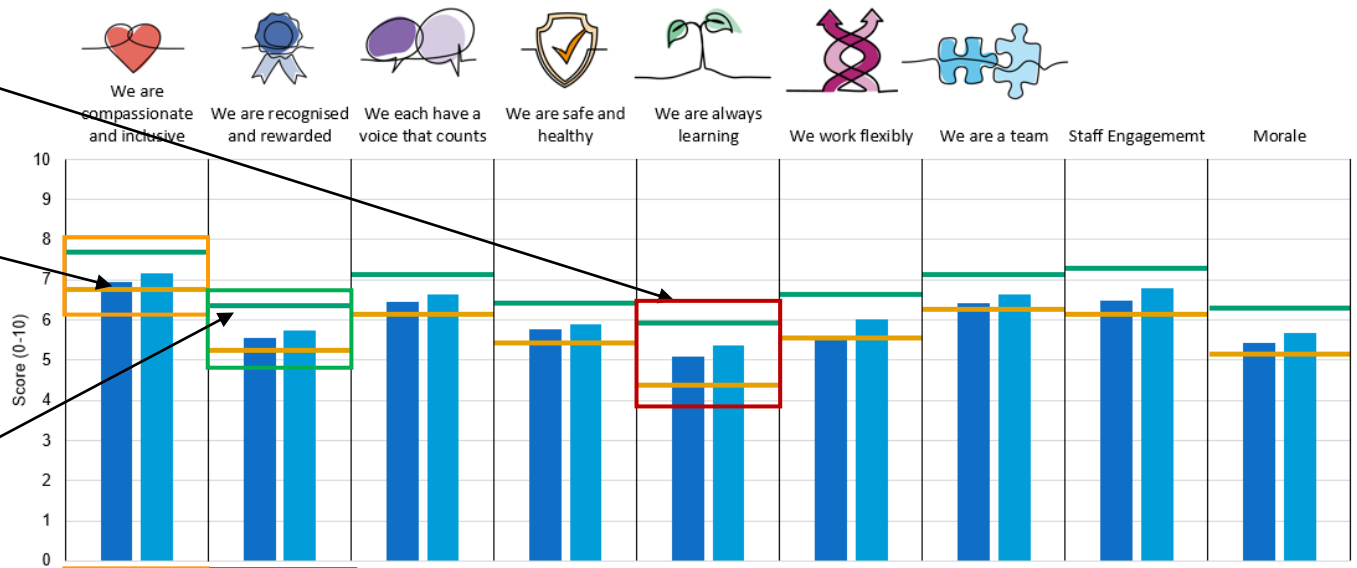
It is important to **consider each result within the range of its benchmarking group 'Best result' and 'Worst result'**, rather than comparing People Promise element and theme results to one another. Comparing organisation results to the benchmarking group average is another important point of reference.

Areas to improve

- By checking where the 'Your org' column/value is lower than the benchmarking group 'Average result' you can quickly identify areas for improvement.
- It is worth looking at the difference between the 'Your org' result and the benchmarking group 'Worst result'. The closer your organisation's result is to the worst result, the more concerning the result.
- Results where your organisation's result is only marginally better than the 'Average result', but still lags behind the 'Best result' by a notable margin, could also be considered as areas for further improvement.

Positive outcomes

- Similarly, using the overview page it is easy to identify People Promise elements and themes which show a positive outcome for your organisation, where 'Your org' results are distinctly higher than the benchmarking group 'Average result'.
- Positive stories to report could be ones where your organisation approaches or matches the benchmarking group's 'Best result'.



	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 Engagememt	Morale
Your org	7.0	5.5	6.4	5.8	5.1	5.6	6.4	6.5	5.4
Best	7.7	6.4	7.1	6.4	5.9	6.6	7.1	7.3	6.3
Average	7.2	5.7	6.6	5.9	5.4	6.0	6.6	6.8	5.7
Worst	6.8	5.2	6.2	5.4	4.4	5.6	6.3	6.1	5.2
Responses	8284	8225	8175	8244	7877	8187	8264	8288	8294

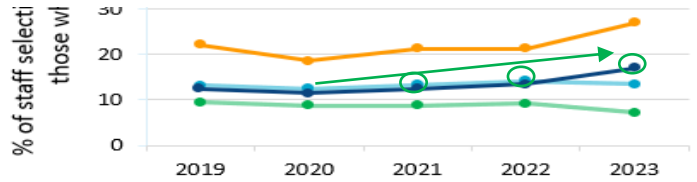
Only one example is highlighted for each point

Appendix C: 2. Reviewing results in more detail

Survey Coordination Centre NHS

Review trend data

Trend data can be used to identify measures which have been consistently improving for your organisation (i.e. showing an upward trend) over the past years and ones which have been declining over time. These charts can **help establish if there is genuine change in the results** (if the results are consistently improving or declining over time), or whether a change between years is just a minor **year-on-year** fluctuation.



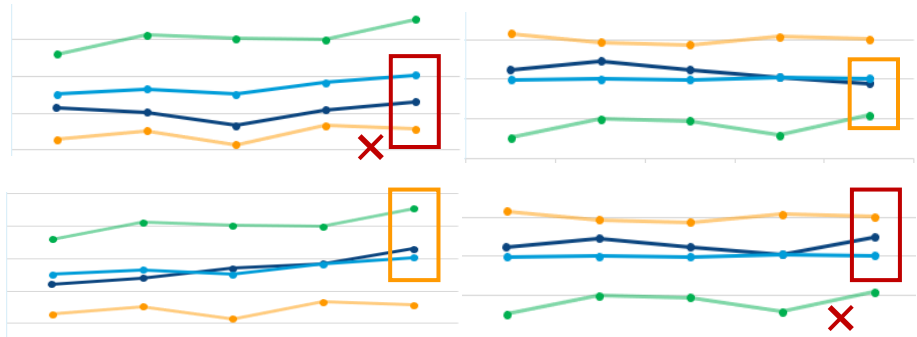
	2019	2020	2021	2022	2023
Your org	12.4%	11.5%	12.5%	13.4%	17.0%
Best result	9.5%	8.7%	8.7%	9.1%	7.3%
Average result	13.2%	12.5%	13.4%	14.1%	13.5%
Worst result	22.2%	18.6%	21.3%	21.4%	27.0%
Responses	1200	1115	1200	1200	592

Benchmarked trend data also allows you to review local changes and benchmark comparisons at the same time, allowing for various types of questions to be considered: e.g. how have the results for my organisation changed over time? Is my organisation improving faster than our peers?

Review the sub-scores and questions feeding into the People Promise elements and themes

In order to understand exactly which factors are driving your organisation's People Promise element and theme results, you should review the sub-scores and questions feeding into these results. The **sub-score results** and the '**Question results**' section contain the sub-scores and questions contributing to each People Promise element and theme, grouped together. By comparing 'Your org' results to the benchmarking group 'Average', 'Best' and 'Worst' results for each question, the **questions which are driving your organisation's People Promise element and theme results can be identified**.

For areas of experience where results need improvement, action plans can be formulated to **focus on the questions where the organisation's results fall between the benchmarking group average and worst results.** Remember to keep an eye out for questions where a lower percentage is a better outcome – such as questions on violence or harassment, bullying and abuse.



✕ = Negative driver, org result falls between average and worst benchmarking group result for question

Appendix C: 3. Reviewing question results

Survey Coordination Centre NHS

This benchmark report displays results for all questions in the questionnaire, including benchmarked trend data wherever available. While this a key feature of the report, at first glance the amount of information contained on more than 140 pages might appear daunting. The below suggestions aim to provide some guidance on how to get started with navigating through this set of data.

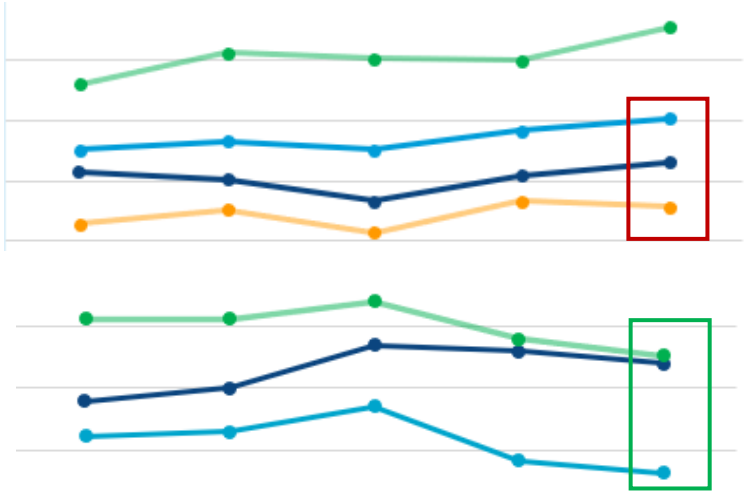
Identifying questions of interest

- **Pre-defined questions of interest – key questions for your organisation**

Most organisations will have questions which have traditionally been a focus for them - questions which have been targeted with internal policies or programmes, or whose results are of heightened importance due to organisation values or because they are considered a proxy for key issues. Outcomes for these questions can be assessed on the backdrop of benchmark and historical trend data.

- **Identifying questions of interest based on the results in this report**

The methods recommended to review your People Promise and theme results can also be applied to pick out question level results of interest. However, **unlike People Promise elements, themes and sub-scores where a higher result always indicates a better result, it is important to keep an eye out for questions where a lower percentage relates to a better outcome** (see details on the 'Using the report' page in the 'Introduction' section).



- **To identify areas of concern:** look for questions where the organisation value falls between the benchmarking group average and the worst result, particularly questions where your organisation result is very close to the worst result. Review changes in the trend data to establish if there has been a decline or stagnation in results across multiple years, but consider the context of how the organisation has performed in comparison to its benchmarking group over this period. A positive trend for a question that is still below the average result can be seen as good progress to build on further in the future.

- **When looking for positive outcomes:** search for results where your organisation is closest to the benchmarking group best result (but remember to consider results for previous years), or ones where there is a clear trend of continued improvement over multiple years.

Survey Coordination Centre

NHS

Appendix D: Additional reporting outputs

Note where there are fewer than 10 responses for a question this data is not shown in the chart to protect the confidentiality of staff and reliability of results.

Appendix D: Additional reporting outputs

Survey Coordination Centre NHS

Below are links to other key reporting outputs that complement this report. A full list and more detailed explanation of the reporting outputs is included in the Technical Document.

Supporting documents

Basic Guide: Provides a brief overview of the NHS Staff Survey data and details on what is contained in each of the reporting outputs.

Technical Document: Contains technical details about the NHS Staff Survey data, including: data cleaning, weighting, benchmarking, People Promise, historical comparability of organisations and questions in the survey.

Other reporting outputs

Online Dashboards: Interactive dashboards containing results for all trusts nationally, each participating organisation (local), and for each region and ICS. Results are shown with trend data for up to five years where possible and show the full breakdown of response options for each question.

Breakdown reports: Reports containing People Promise and theme results split by breakdown (locality) for Essex Partnership University NHS Foundation Trust.

National Briefing Document: Report containing the national results for the People Promise elements, themes and sub-scores. Results are shown with trend data for up to five years where possible.

Detailed spreadsheets Contain detailed weighted results for all participating organisations, all trusts nationally, and for each region and ICS.

Survey Coordination Centre

NHS

Essex Partnership University NHS Foundation Trust

2023 NHS Staff Survey

Breakdown report

Contents (1)

Contents (2)

This breakdown report for Essex Partnership University NHS Foundation Trust contains results by breakdown area for People Promise element and theme results from the 2023 NHS Staff Survey. These results are compared to the unweighted average for your organisation.

Please note: It is possible that there are differences between the 'Your org' scores reported in this breakdown report and those in the benchmark report. This is because the results in the benchmark report are weighted to allow for fair comparisons between organisations of a similar type. However, in this report comparisons are made within your organisation so the unweighted organisation result is a more appropriate point of comparison.

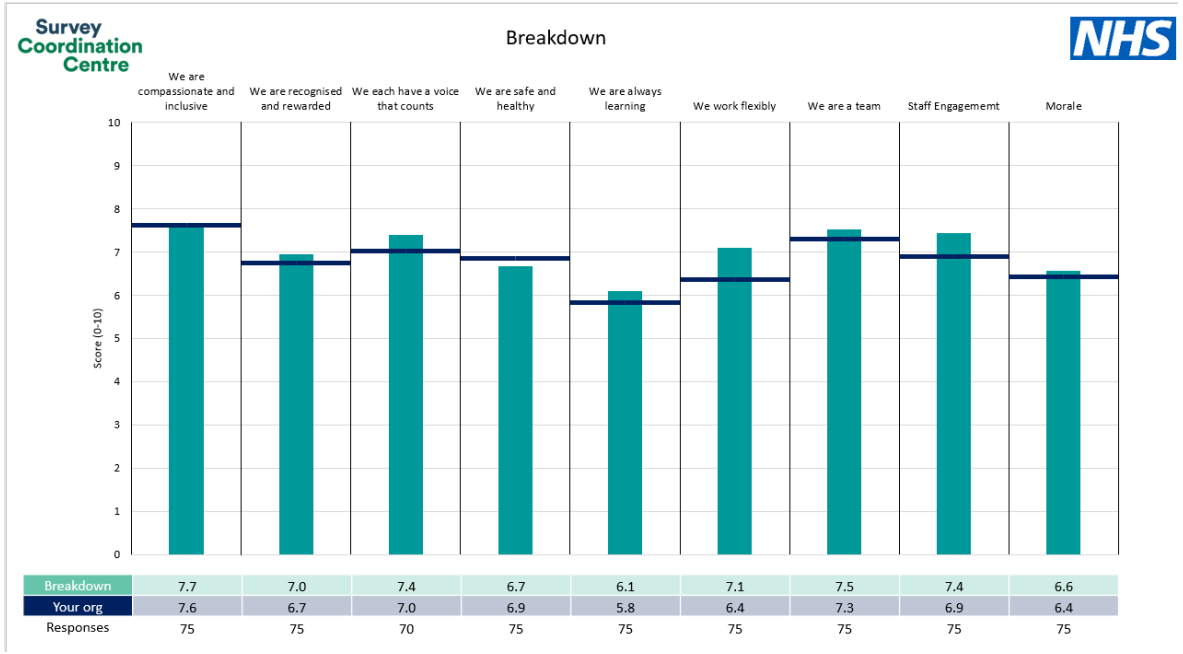
The breakdowns used in this report were provided and defined by Essex Partnership University NHS Foundation Trust. Details of how the People Promise element and theme scores were calculated are included in the Technical Document, available to download from our results website.

Key features

Breakdown type and **breakdown name** are specified in the header.

Breakdown results are presented in the context of the (unweighted) **organisation average ('Your org')**, so it is easy to tell if a breakdown area is performing better or worse than the organisation average. For all People Promise element and theme results, a higher score is a better result than a lower score

The **number of responses** feeding into each measures and sub-scores for the **given breakdown** is specified below the table containing the breakdown and trust scores.



	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 Engagememt	Morale
Breakdown	7.7	7.0	7.4	6.7	6.1	7.1	7.5	7.4	6.6
Your org	7.6	6.7	7.0	6.9	5.8	6.4	7.3	6.9	6.4
Responses	75	75	70	75	75	75	75	75	75

! Note: when there are less than 10 responses in a group, results are suppressed to protect staff confidentiality, for some organisations this could mean that all breakdown results are suppressed.

Survey Coordination Centre

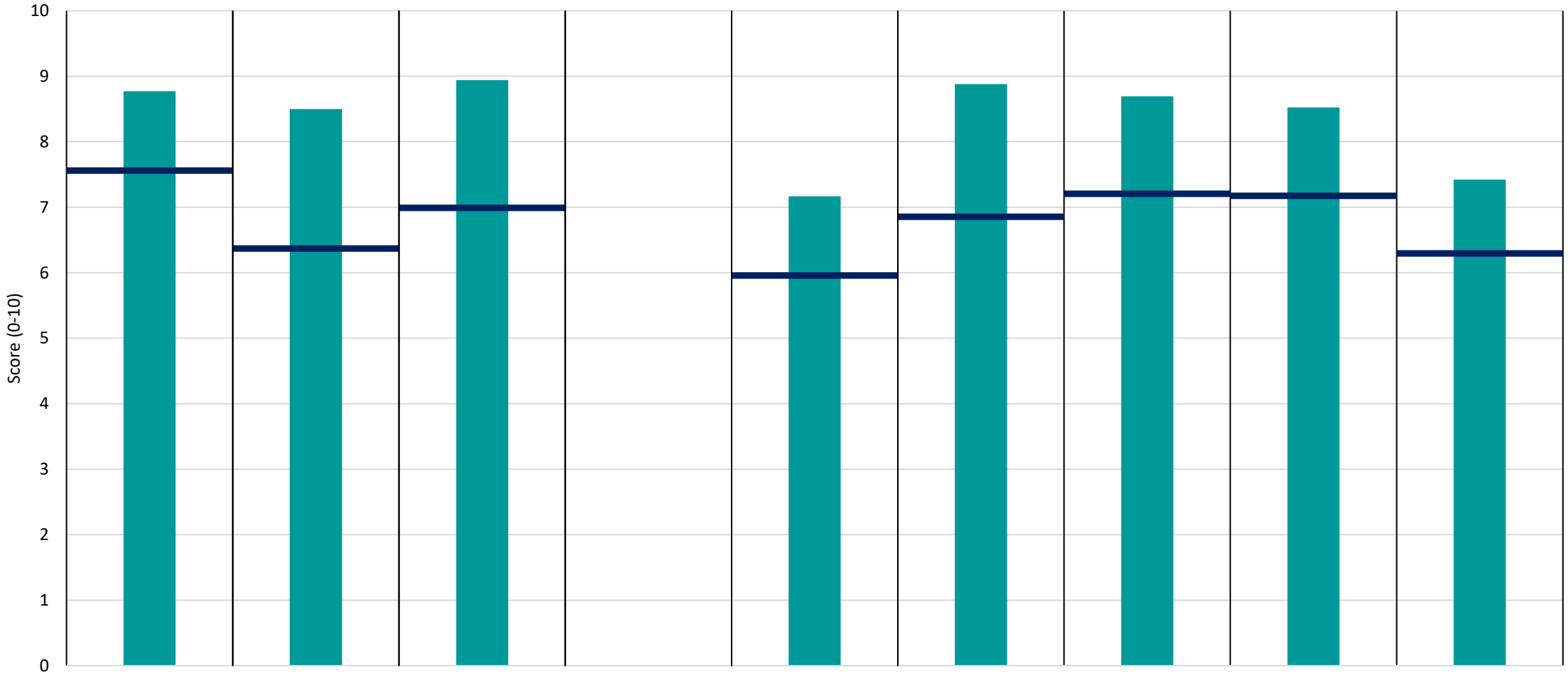
NHS

Breakdowns 1

Essex Partnership University NHS Foundation Trust

2023 NHS Staff Survey

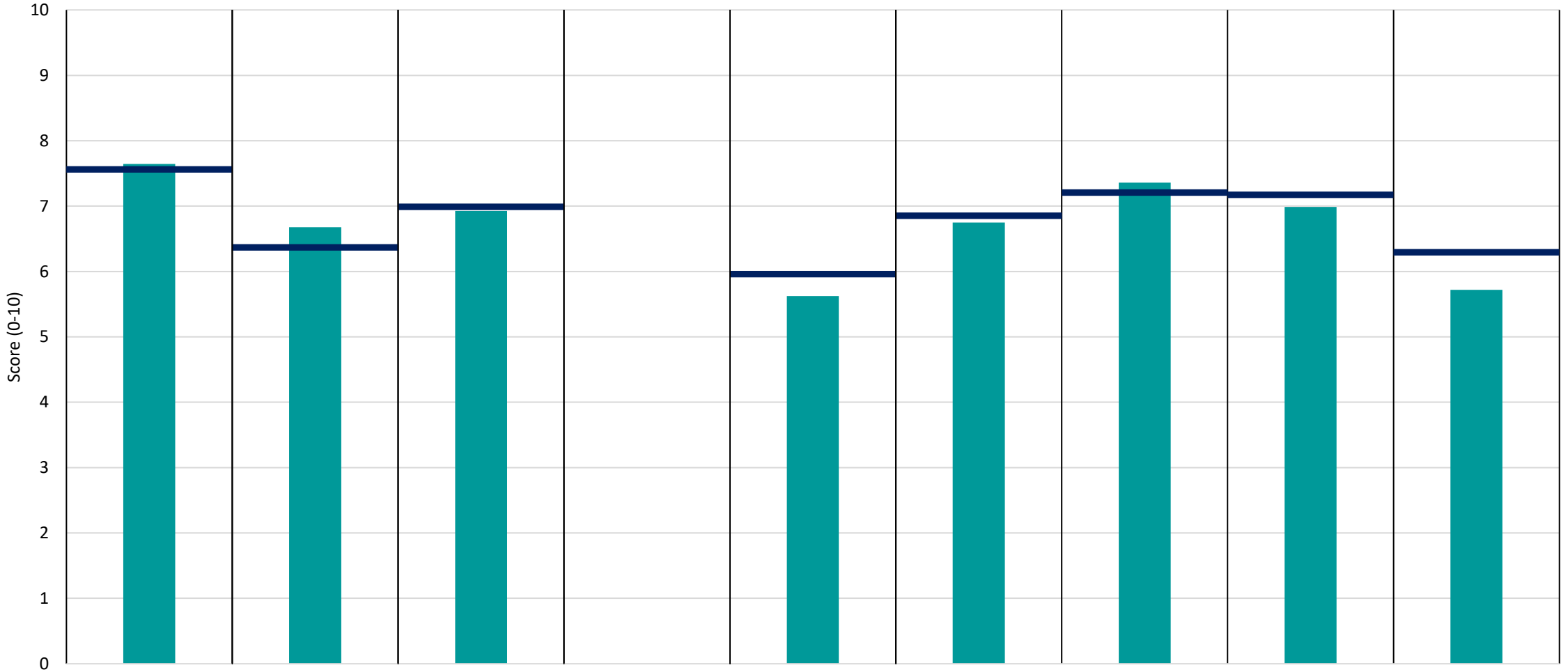
Chief Executive



	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
Breakdown	8.77	8.50	8.94	-	7.17	8.88	8.69	8.52	7.42
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	19	19	19	-	19	19	19	19	19

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

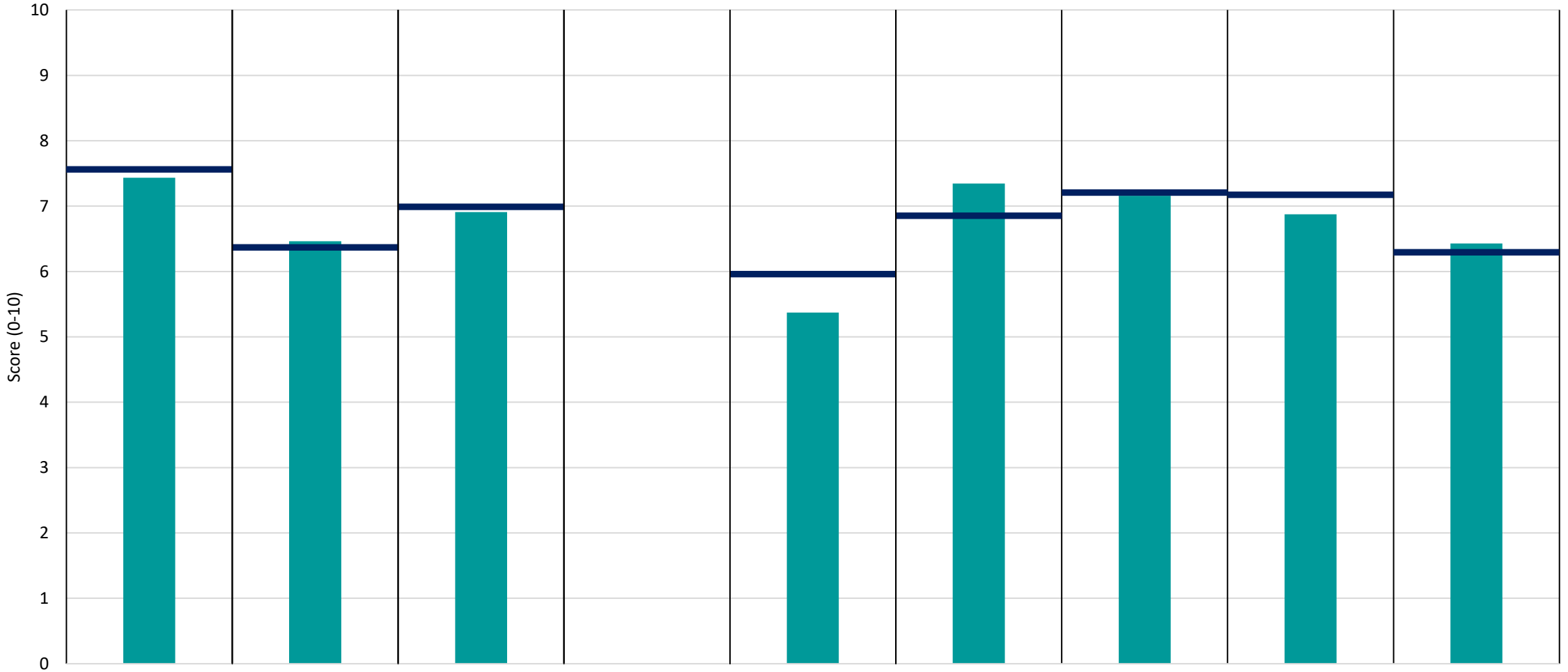
Corporate Governance



	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
Breakdown	7.65	6.68	6.93	-	5.62	6.75	7.36	6.99	5.72
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	31	31	30	-	29	31	31	31	31

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

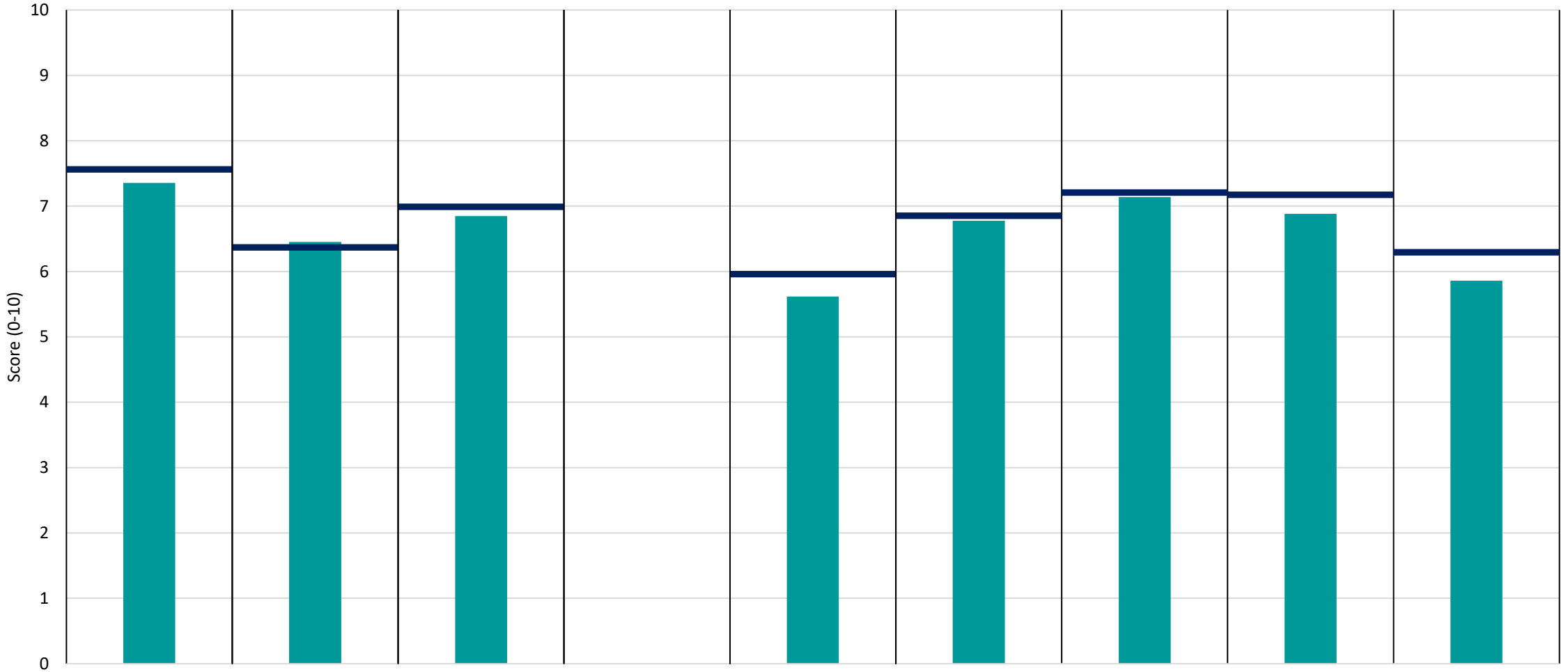
Digital, Strategy & Transformation



	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
Breakdown	7.43	6.46	6.91	-	5.37	7.35	7.16	6.87	6.43
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	136	136	134	-	130	136	136	135	136

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Executive Nurse



	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
Breakdown	7.35	6.45	6.85	-	5.62	6.78	7.14	6.88	5.86
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	77	76	77	-	75	76	77	77	77

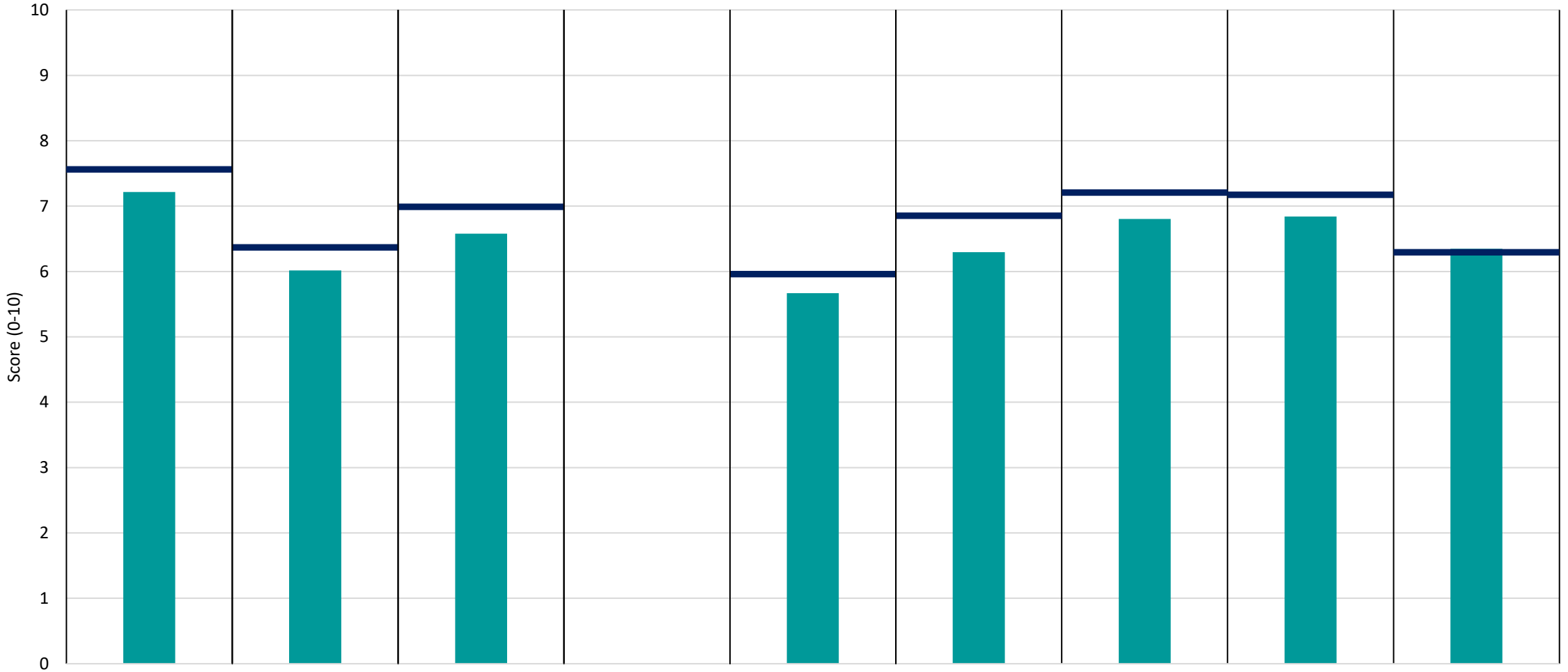
Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Finance & Resources

	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
Breakdown	6.88	5.85	6.38	-	4.58	6.21	6.30	6.51	6.02
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	148	149	146	-	127	147	148	148	149

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

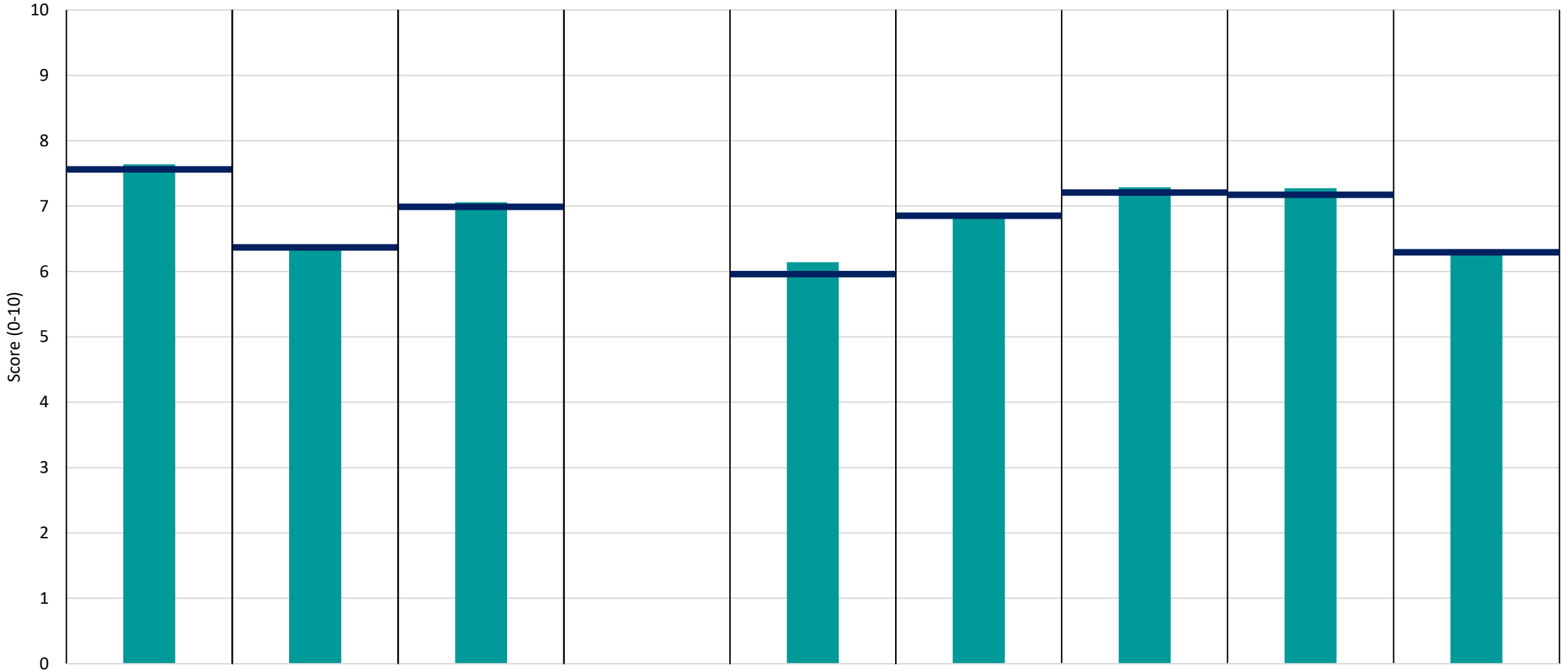
Medical



	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
Breakdown	7.22	6.02	6.58	-	5.67	6.30	6.80	6.84	6.35
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	120	120	120	-	117	120	120	120	120

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

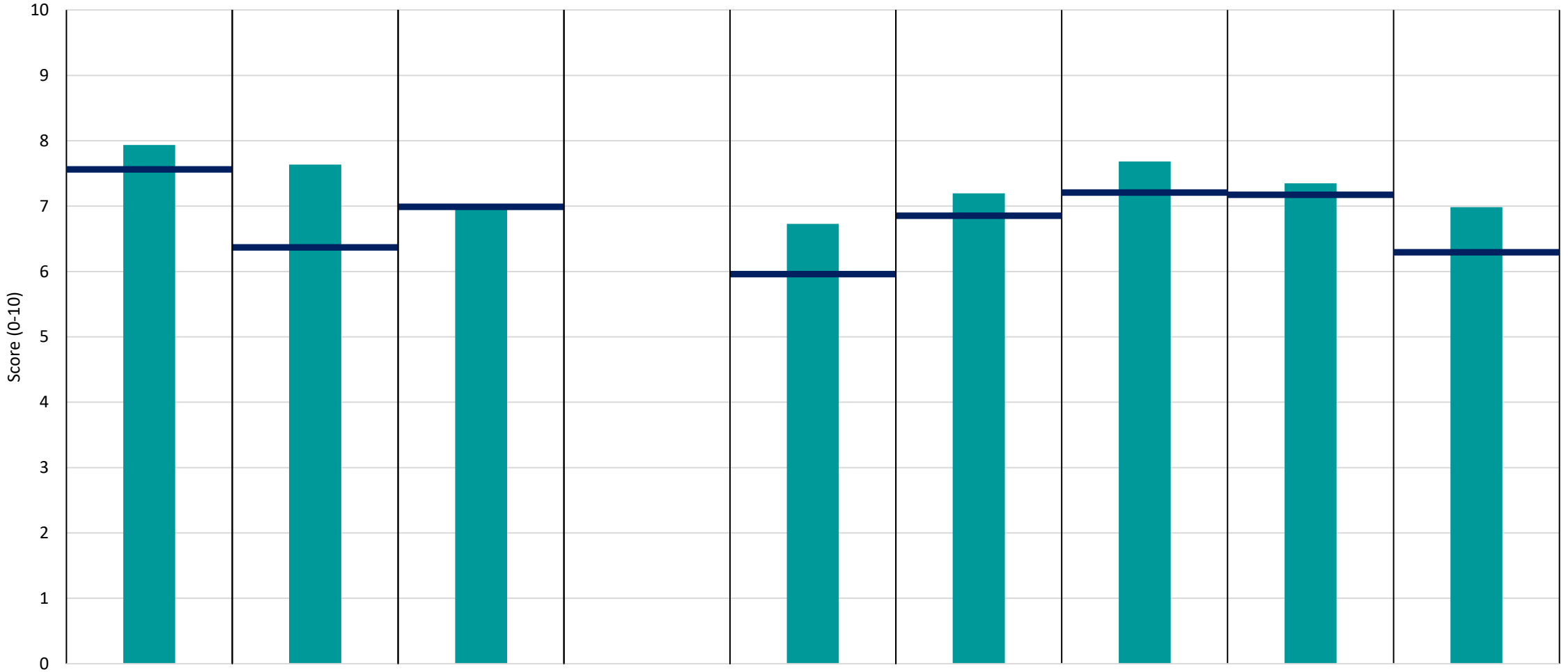
Operations



	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
Breakdown	7.64	6.40	7.06	-	6.14	6.84	7.29	7.27	6.33
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	2118	2113	2102	-	1986	2105	2116	2118	2118

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

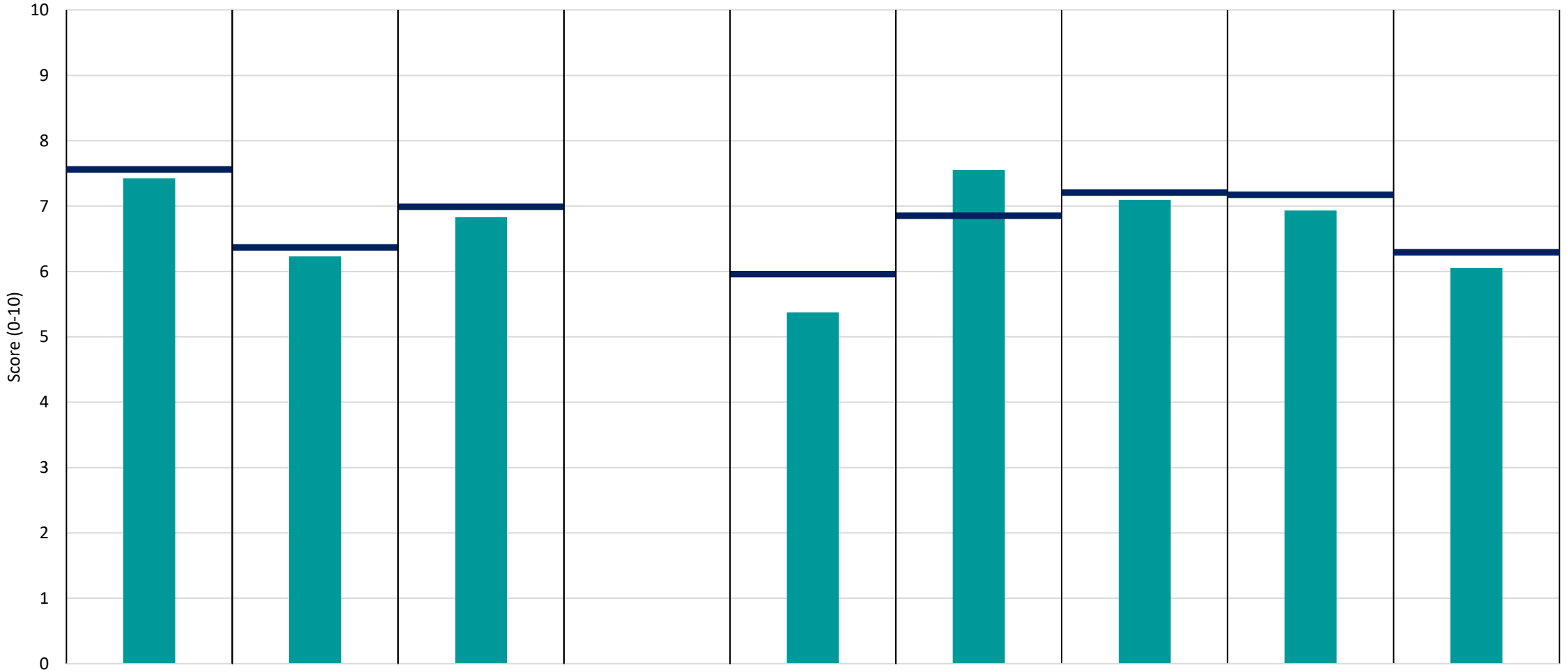
Other



	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
Breakdown	7.93	7.64	6.96	-	6.73	7.20	7.68	7.35	6.98
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	11	11	11	-	11	11	11	11	11

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

People & Culture



	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
Breakdown	7.42	6.23	6.83	-	5.38	7.55	7.10	6.93	6.05
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	132	132	131	-	129	131	132	132	132

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Survey Coordination Centre

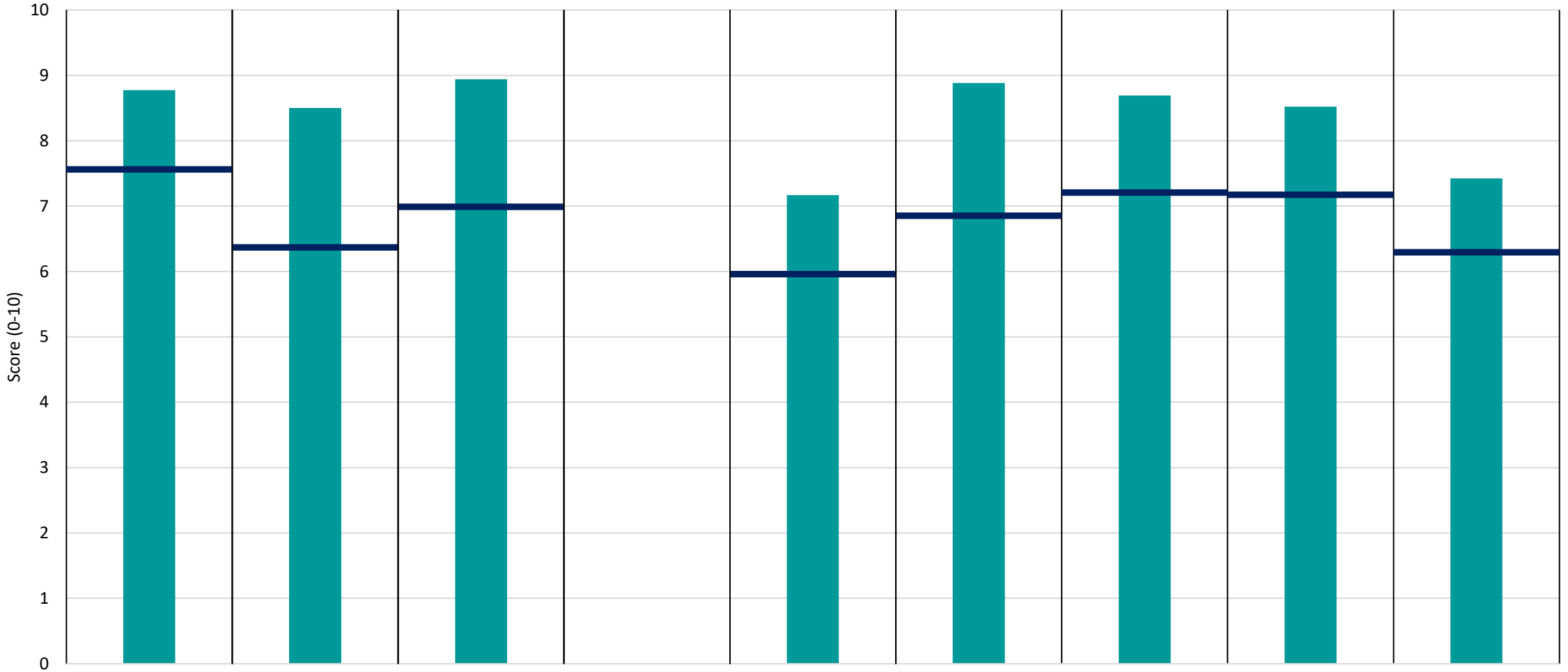
NHS

Breakdowns 2

Essex Partnership University NHS Foundation Trust

2023 NHS Staff Survey

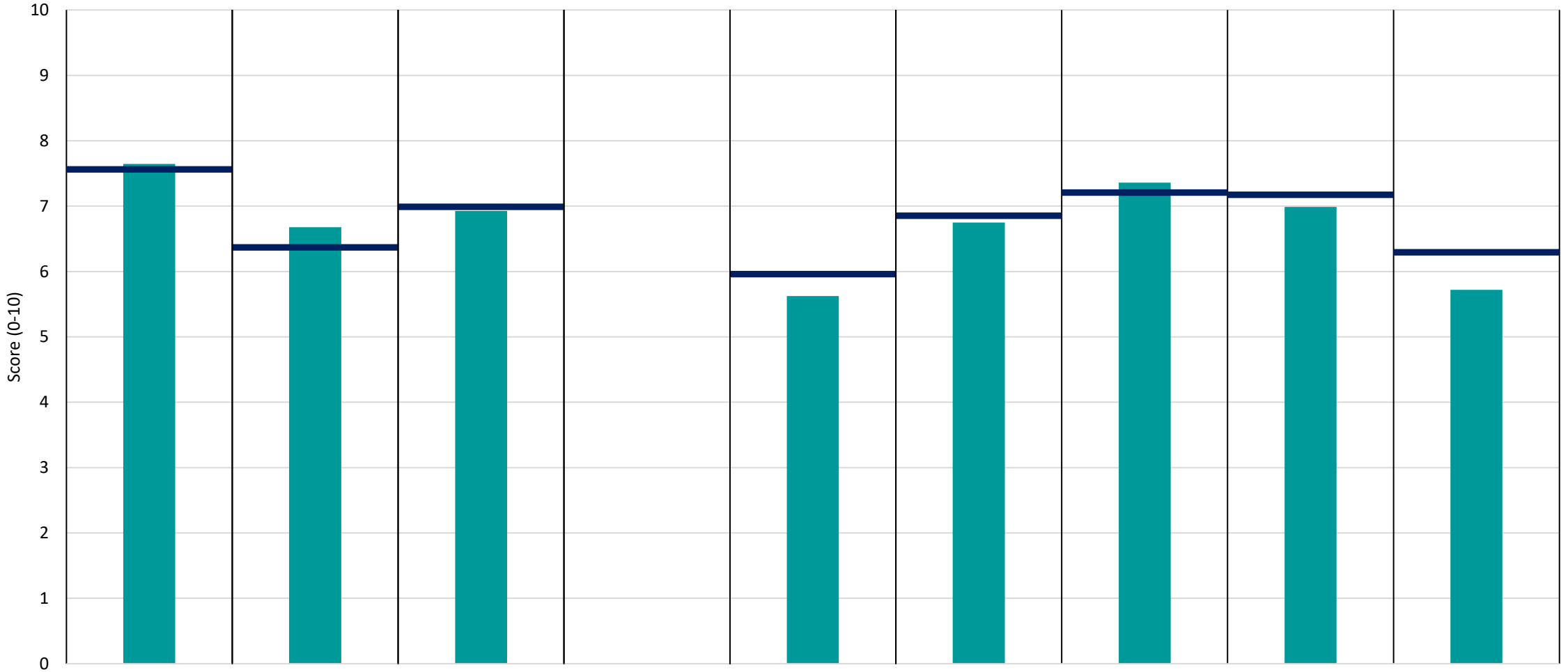
Chief Executive



	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
Breakdown	8.77	8.50	8.94	-	7.17	8.88	8.69	8.52	7.42
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	19	19	19	-	19	19	19	19	19

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

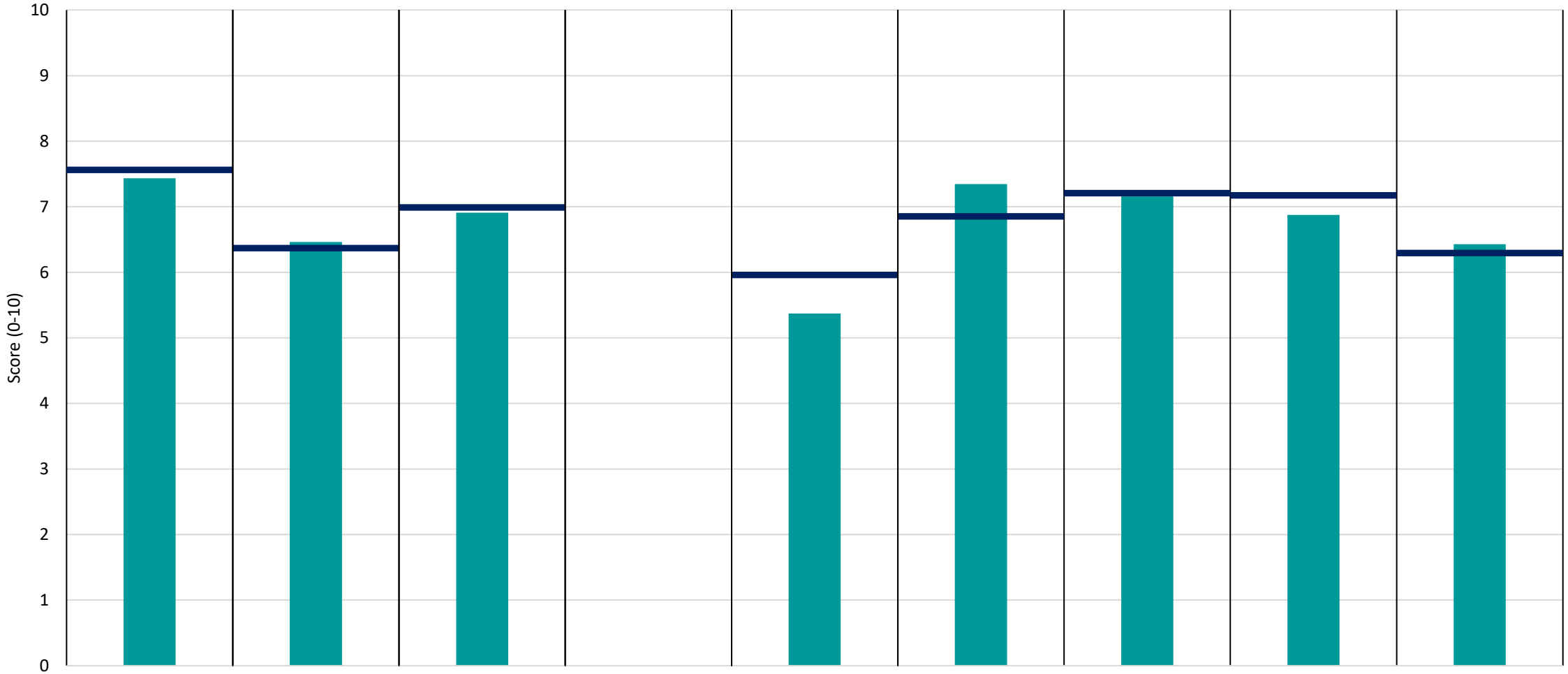
Corporate Governance



	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
Breakdown	7.65	6.68	6.93	-	5.62	6.75	7.36	6.99	5.72
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	31	31	30	-	29	31	31	31	31

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Digital, Strategy & Transformation



	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
Breakdown	7.43	6.46	6.91	-	5.37	7.35	7.16	6.87	6.43
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	136	136	134	-	130	136	136	135	136

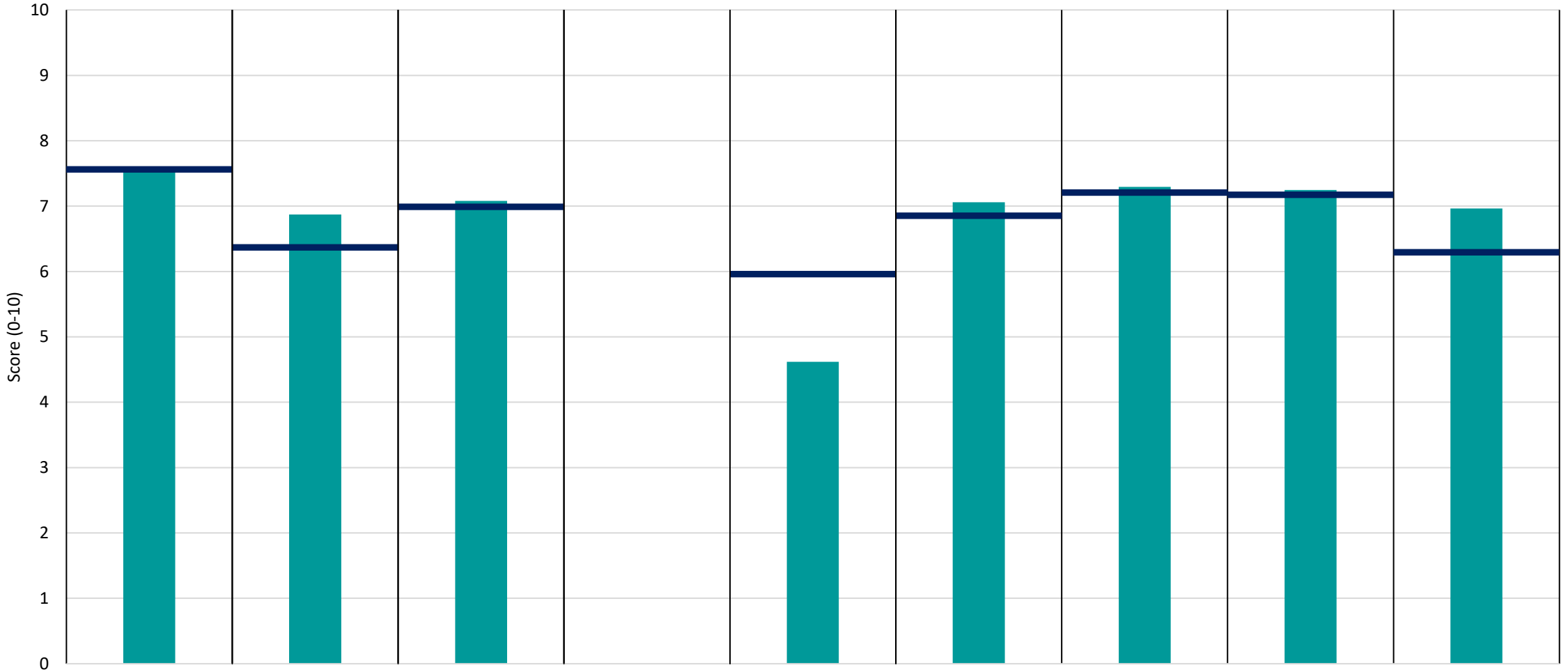
Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

Estates & Facilities

	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
Breakdown	6.57	5.42	6.09	-	4.51	5.76	5.88	6.18	5.65
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	104	105	102	-	89	103	104	104	105

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

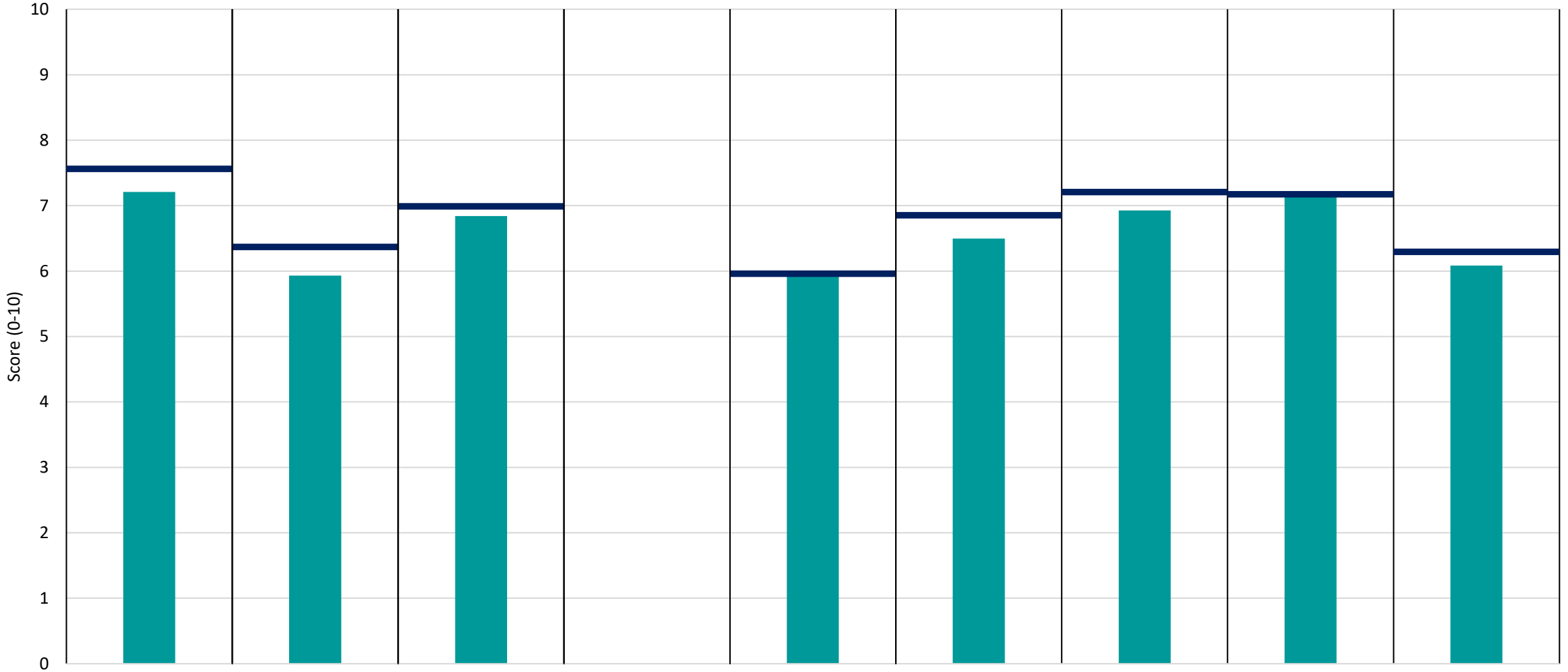
Finance & Resources



	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
Breakdown	7.59	6.87	7.08	-	4.62	7.06	7.29	7.25	6.96
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	35	35	35	-	30	35	35	35	35

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

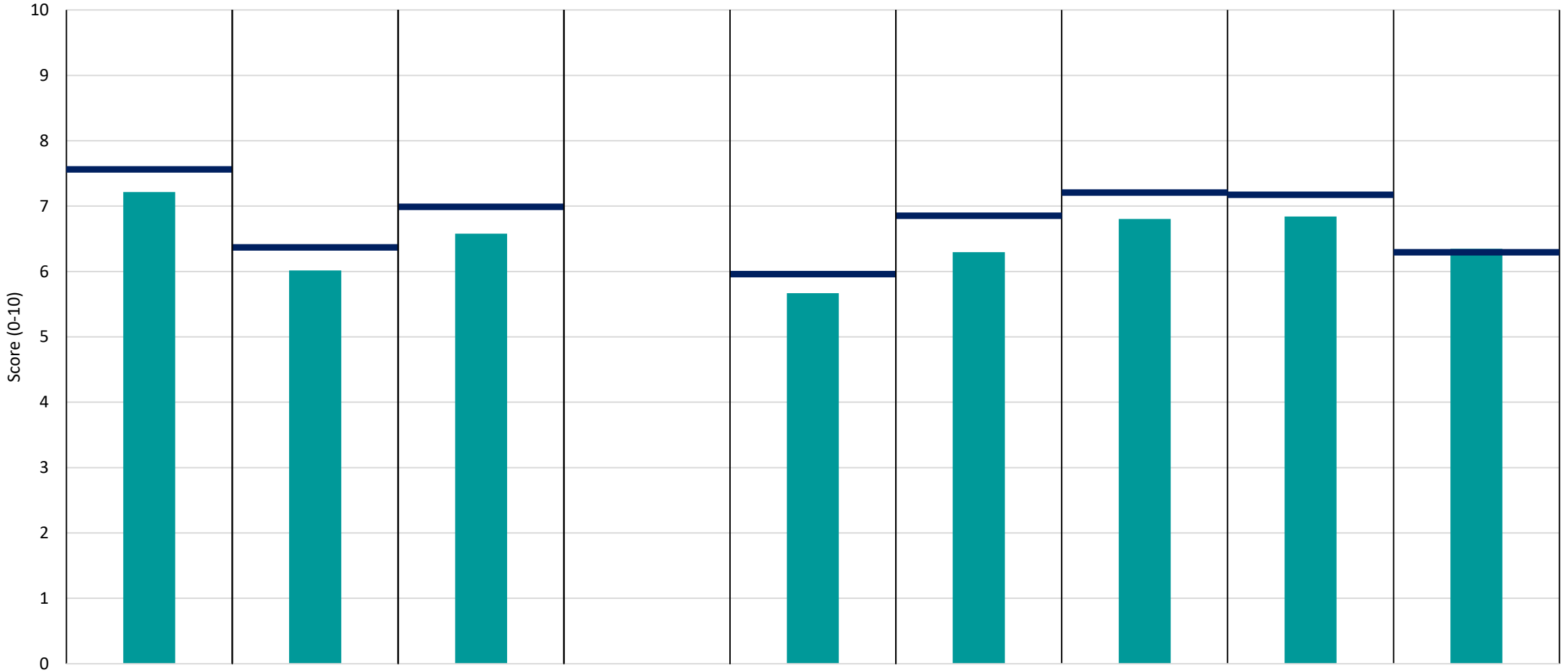
Inpatient Services



	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
Breakdown	7.21	5.93	6.84	-	6.00	6.50	6.93	7.15	6.09
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	355	352	354	-	328	350	353	355	354

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

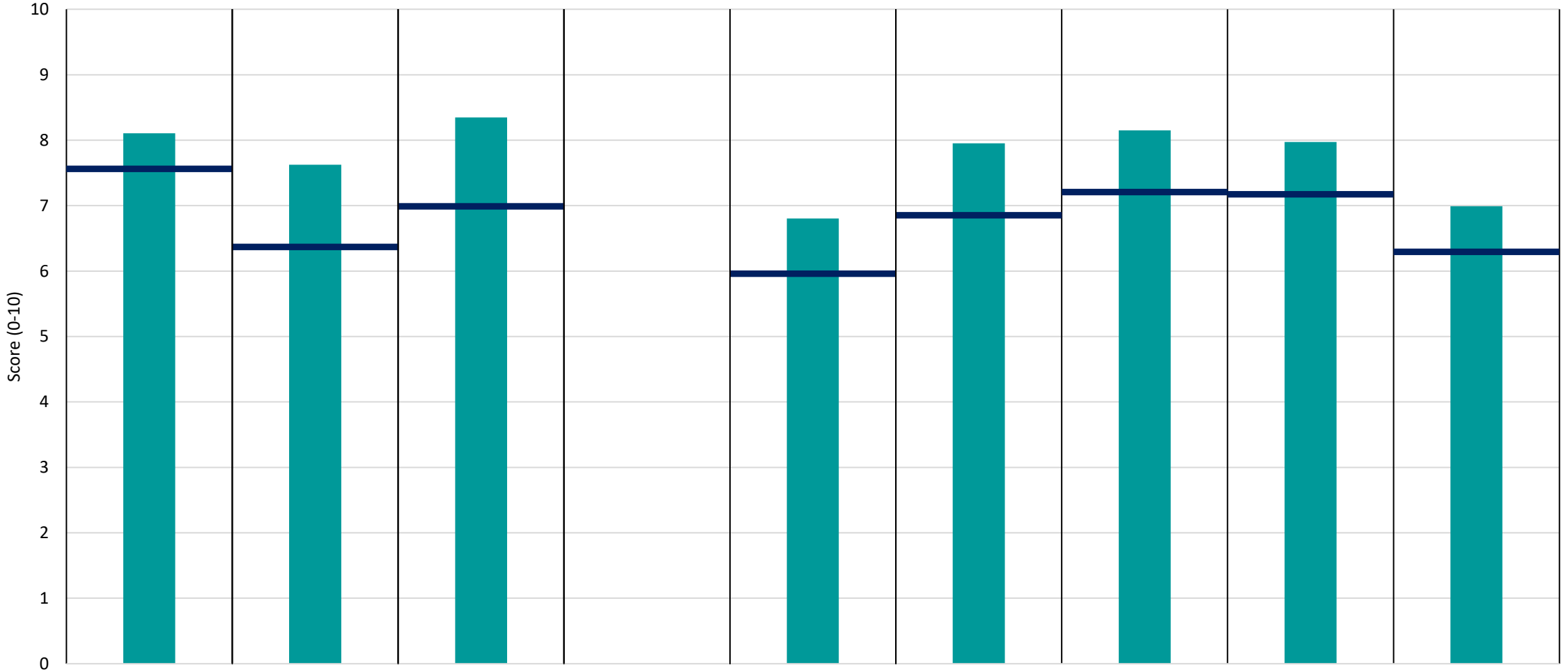
Medical



	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
Breakdown	7.22	6.02	6.58	-	5.67	6.30	6.80	6.84	6.35
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	120	120	120	-	117	120	120	120	120

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

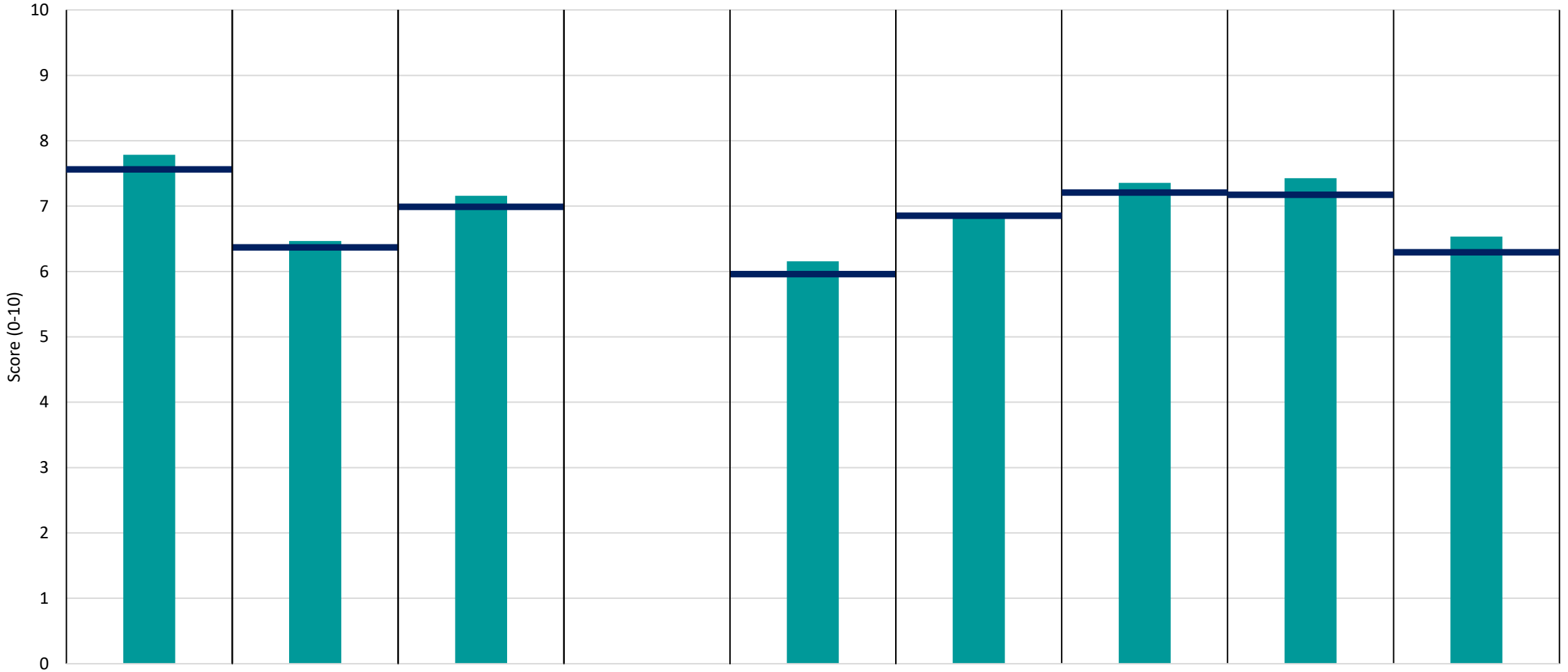
Mental Health Management



	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
Breakdown	8.10	7.63	8.35	-	6.80	7.95	8.15	7.97	6.99
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	12	12	12	-	11	12	12	12	12

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

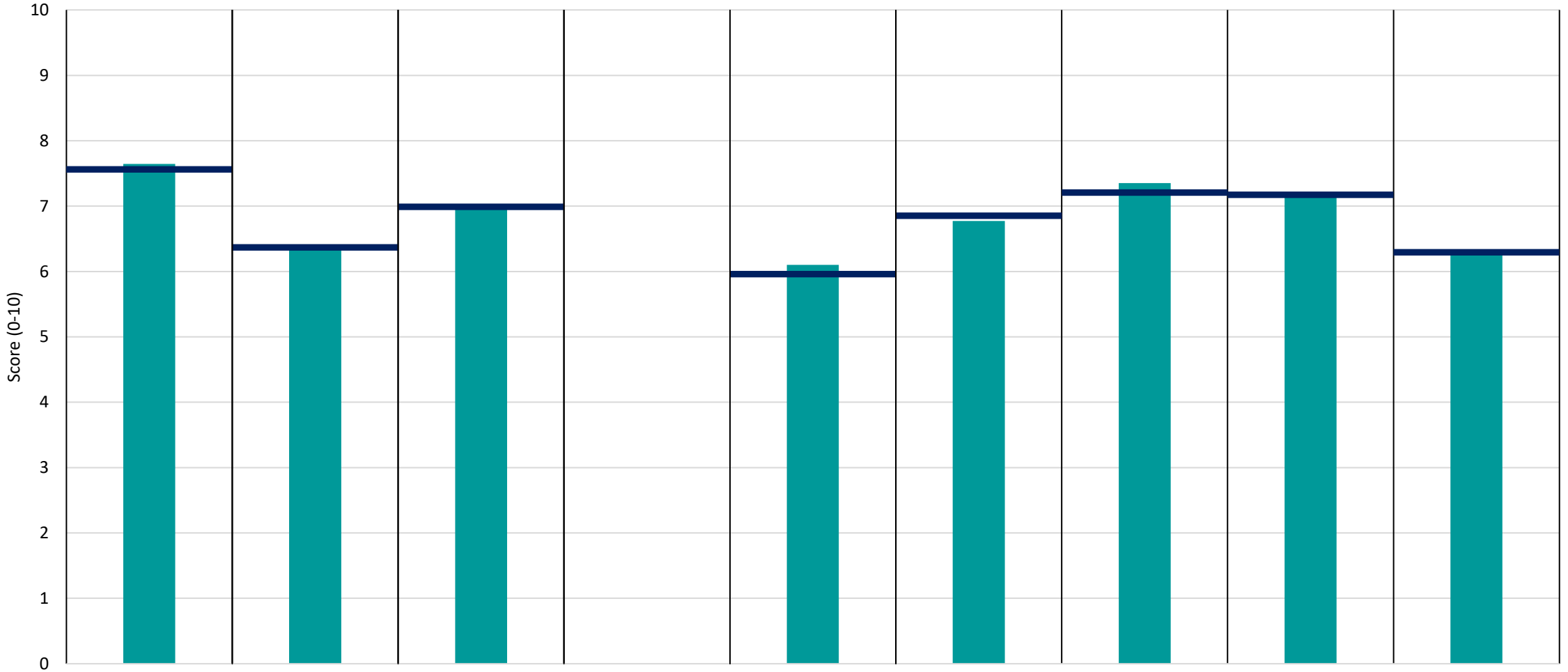
Mid & South



	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
Breakdown	7.79	6.47	7.16	-	6.16	6.86	7.36	7.43	6.54
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	662	663	656	-	629	660	662	663	663

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

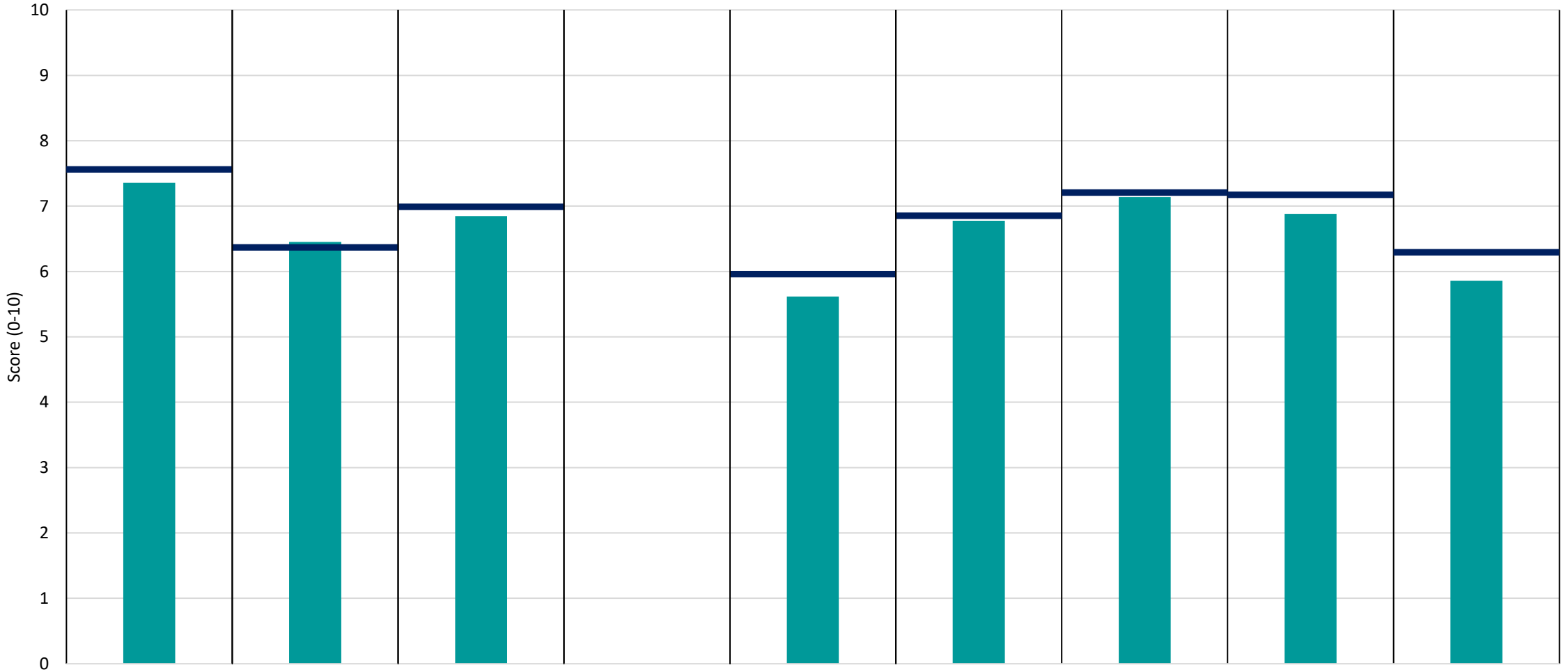
North Essex



	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
Breakdown	7.64	6.36	6.96	-	6.10	6.77	7.35	7.15	6.26
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	169	168	168	-	156	168	169	169	169

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

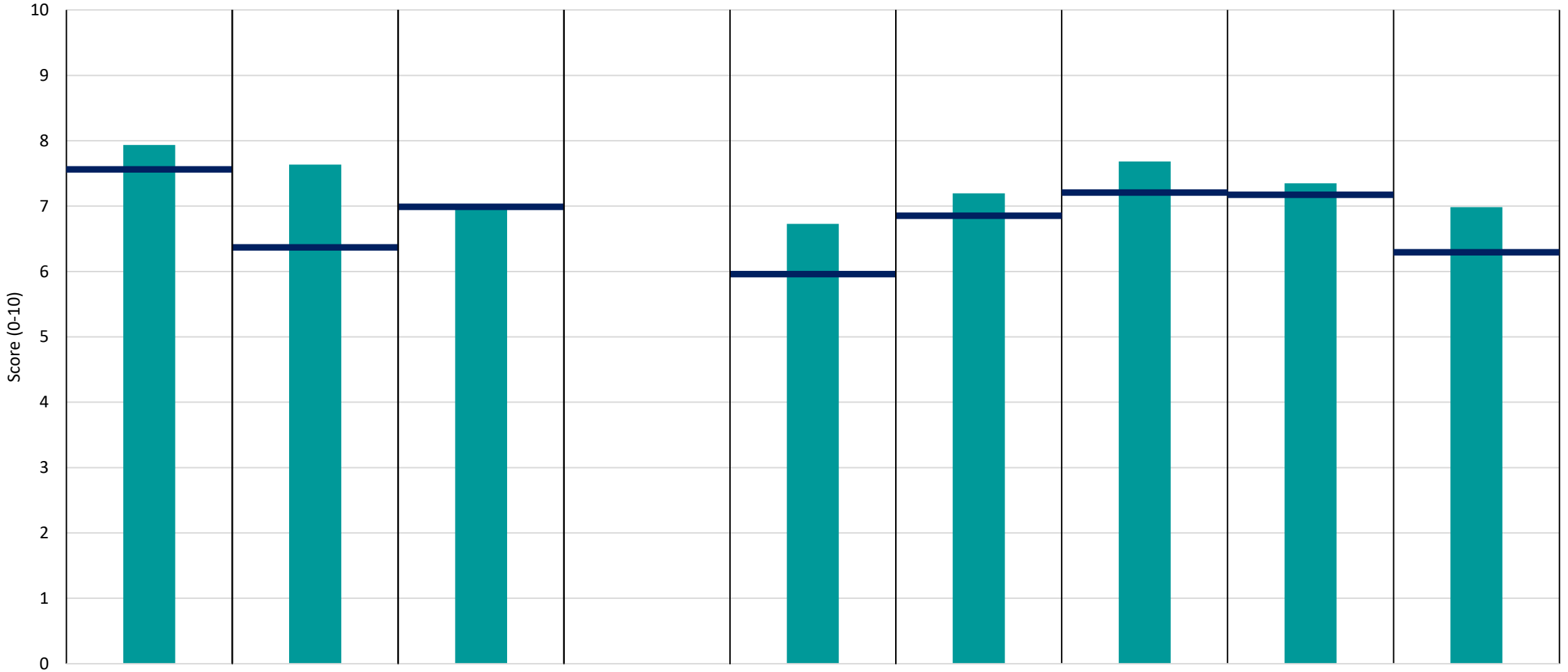
Nursing



	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
Breakdown	7.35	6.45	6.85	-	5.62	6.78	7.14	6.88	5.86
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	77	76	77	-	75	76	77	77	77

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

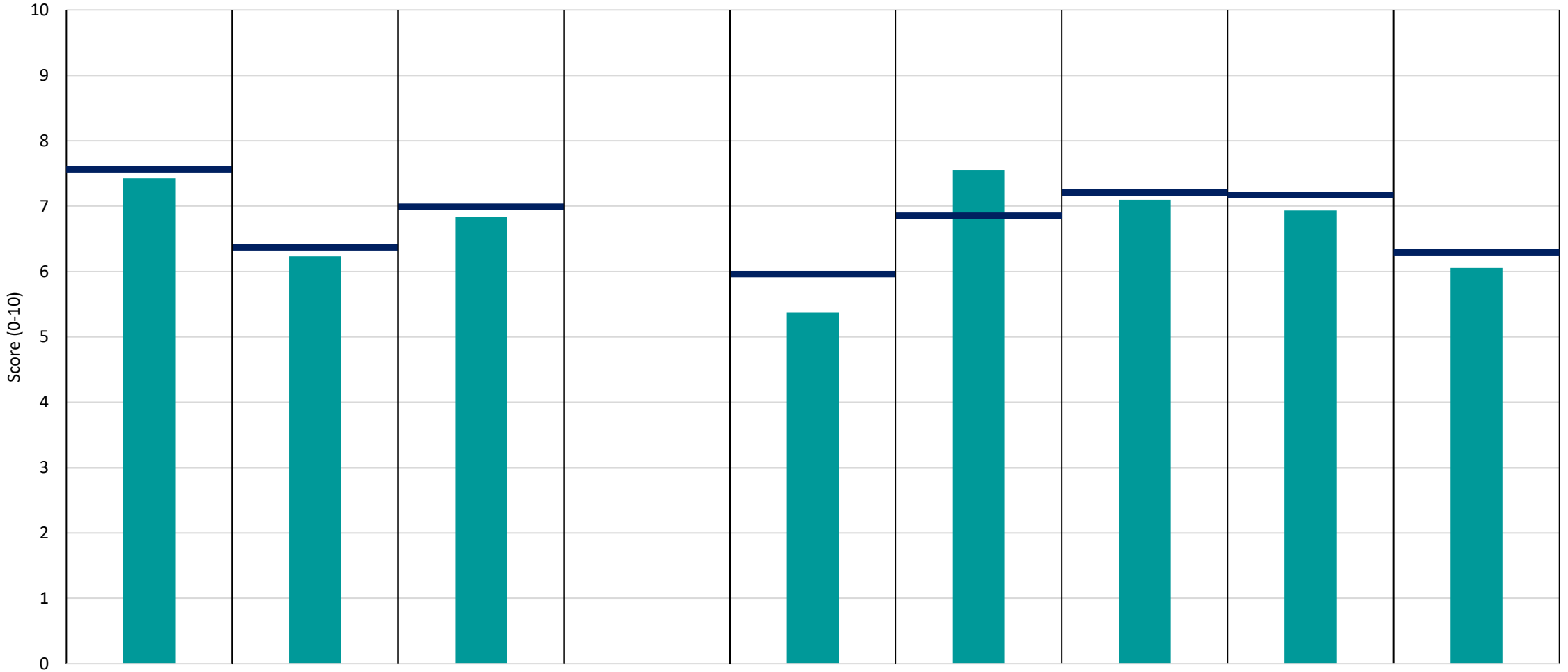
Other



	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
Breakdown	7.93	7.64	6.96	-	6.73	7.20	7.68	7.35	6.98
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	11	11	11	-	11	11	11	11	11

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

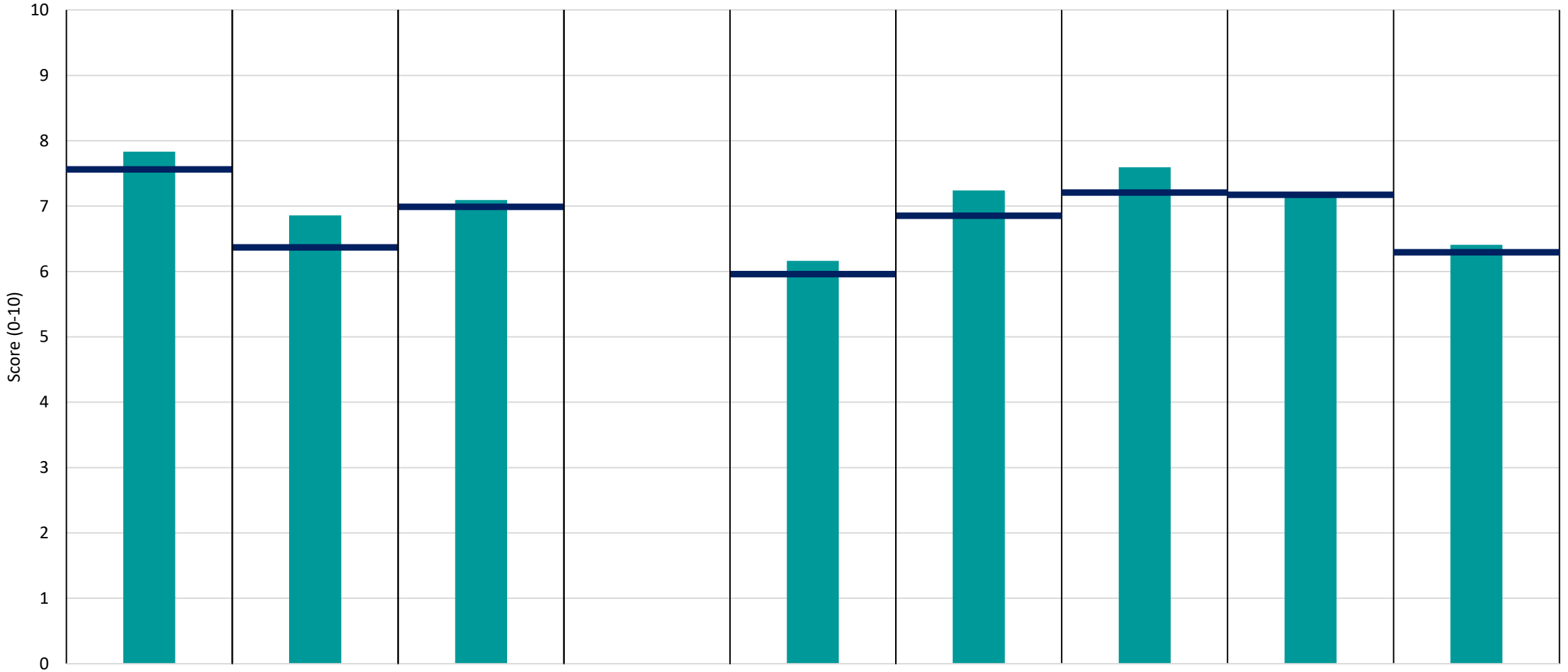
People & Culture



	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
Breakdown	7.42	6.23	6.83	-	5.38	7.55	7.10	6.93	6.05
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	132	132	131	-	129	131	132	132	132

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

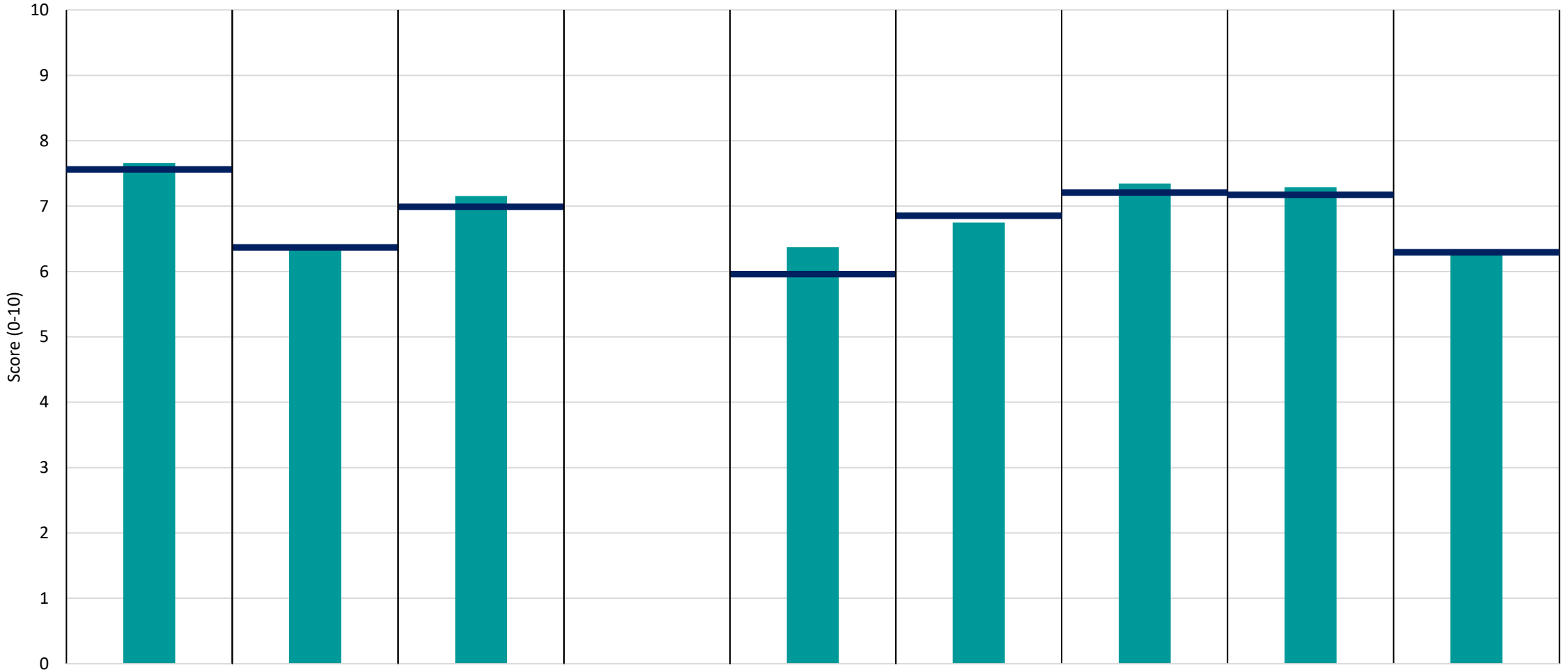
Psychological Services



	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
Breakdown	7.83	6.86	7.09	-	6.16	7.24	7.59	7.20	6.41
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	349	349	349	-	333	348	349	349	349

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

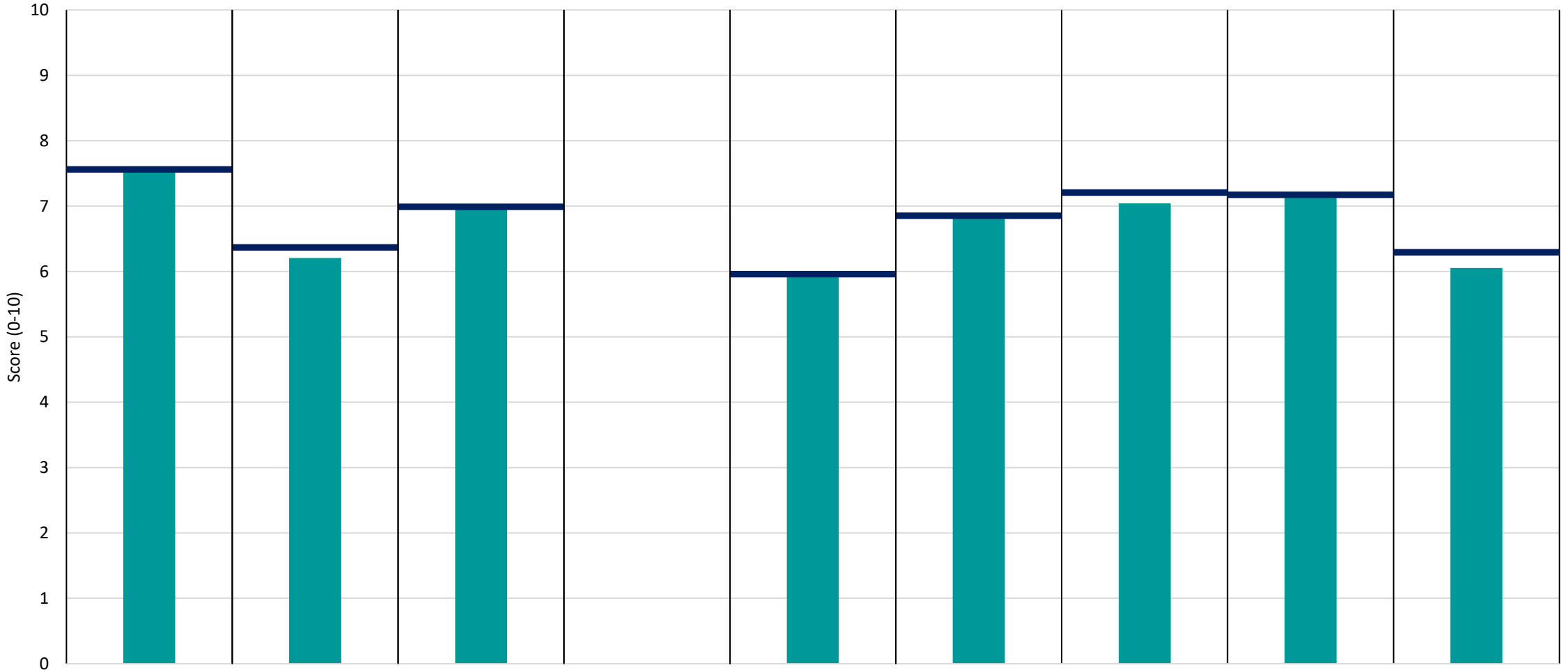
Specialist



	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
Breakdown	7.66	6.39	7.15	-	6.37	6.75	7.35	7.29	6.31
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	301	299	297	-	276	299	301	300	301

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

West Essex



	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
Breakdown	7.54	6.21	6.96	-	6.00	6.81	7.04	7.20	6.05
Your org	7.56	6.37	6.99	-	5.96	6.85	7.21	7.17	6.29
Responses	270	270	266	-	253	268	270	270	270

Note. 2023 results for 'We are safe and healthy' have not been reported due to an issue with the data. Please see https://www.nhsstaffsurveys.com/survey-documents/ for more details.

8. ASSURANCE, RISK AND SYSTEMS OF INTERNAL CONTROL

8.1 SUMMARY OF THE RAPID REVIEW INTO DATA ON MENTAL HEALTH INPATIENT SETTINGS

Information Item | Nigel Leonard | 5

REFERENCES

Only PDFs are attached

Mental Rapid Review Udate.pdf

SUMMARY REPORT	Trust Board	27 March 2024

Report Title:	**Update on progress summary of the rapid review into data on mental health inpatient settings**					
Executive Lead:	Nigel Leonard Executive Director of Major Projects & Programmes					
Report Author(s):	Nigel Leonard Executive Director of Major Projects & Programmes					
Report discussed previously at:	People Equality and Culture Committee February '24					
Level of Assurance:	**Level 1**		**Level 2**	**X**	**Level 3**	

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

Purpose of the Report		
This report summarises progress with the implementation of the national Mental Health Rapid Review.	**Approval**	
	Discussion	
	Information	X

Recommendations/Action Required

The Trust Board is asked to:

1. Consider and note the Rapid Review into Data on Mental Health Inpatient Settings.

2. To delegate oversight of the on-going implementation of national progress and Trust actions to the People Equality and Culture Committee

Summary of Key Issues

This report provides an update on the progress against the 13 recommendations contained within the Rapid Review.

The recommendations are very wide ranging and are directed to NHSE, ICBs, Mental Health Collaboratives and mental health providers. Most of the recommendations are embedded within other initiatives taking place at Trust, system and National level.

EPUT is in a good position in relation to provider actions and is engaged with the ICBs and awaiting further guidance from NHSE.

Further recommendations and guidance are expected from NHSE/I over the coming months. The full report can be found on this link: https://www.gov.uk/government/publications/rapid-review-into-data-on-mental-health-inpatient-settings-final-report-and-recommendations

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

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

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

Acronyms/Terms Used in the Report			
ESOG	Executive Safety Oversight Group	ICB	Integrated Care Board

Supporting Reports/ Appendices /or further reading
Appendix 1: Progress against the 13 Recommendations

Lead

Nigel Leonard **Executive Director of Major Projects & Programmes**

EPUT

UPDATE ON PROGRESS SUMMARY OF THE RAPID REVIEW INTO DATA ON MENTAL HEALTH INPATIENT SETTINGS

1 Purpose of Report

This report summarises progress with the implementation of the national Mental Health Rapid Review.

This national document is a wide-ranging review and focuses on wider system recommendations. It is anticipated that further guidance may be issued, by NHS England. The report was reviewed and discussed at the People Equality & Culture Committee in March 2024.

2 Background

Members of the Trust Board will recall that the Rapid Review was initially presented in July 2023.

The Rapid Review was commissioned by ministers in response to concerns that the right data and information was not available to provide early alerts to identify risks to patient safety in mental health inpatient settings.

The review identified that a significant amount of data is collected by mental health providers but comparisons are difficult to make due to variations in both interpreting definitions and data collection methods.

The key driver for the Review was the appropriate use of safety information at a national, system and provider level to prevent incidents occurring, improve care and keep mental health patients safe.

The Rapid Review led by Dr Geraldine Strathdee OBE, who previously chaired the Essex Mental Health Independent Inquiry, consulted with over 300 experts in mental health inpatient pathways. The process also included roughly 50 submissions, reports and other documented evidence, which was sent to the review team.

The objectives of the rapid review were to:

- Review the data that is collected on mental health inpatient services by national bodies, regional teams, local systems, providers of NHS-funded care and others with a role in collecting information related to patient safety, and to understand how data streams are used and acted upon.
- Understand how the experiences and views of patients, families, staff and advocates relevant to mental health inpatient services are collected, analysed, collated and used.
- Understand whether data and intelligence are collected and used in such a way as to identify risk factors for inpatient safety and aid our understanding of patient and carer experience, if people are receiving high quality care, and cared for in a safe therapeutic environment. How data and intelligence are used by providers and local commissioners to reduce risk and drive a proactive culture of improvement.

- Identify ways in which the collection and use of data can better identify settings where patient safety might be at risk and to make sure that decision makers at all levels have the information they need to monitor and improve patient safety effectively - this should take into account the importance of minimising the burden of data collection, particularly for frontline staff.

3 Summary

The review found five key themes for improvement:

1. Measuring what matters
2. Increasing opportunities to promote the voices of Patients, carers and staff
3. Freeing up time to care by reducing data collection requirements
4. Getting the most out of what information we have
5. Data on its own is not enough and Boards need to be engaged in visits.

The review also looked at the difficulty in obtaining information on patient deaths and the need to review this issue to aid learning.

EPUT is making progress on these five themes as part of our Quality of Care Strategy, transformation and digital information initiatives.

Recommendations identified in the Rapid Review

There are 13 recommendations arising from the review. Although all recommendations are relevant to mental health services, most are directed to NHSE, ICBs and mental health collaboratives. A smaller number of recommendations are specific to mental health providers and Trust Boards. The timetable for the majority of recommendations is implementation date of one year. This is ambitious deadline considering the recommendations identified within the report.

In addition to data duplication and collection issues, the report also highlights the need for:

- greater service user, carer and staff engagement so these voices are heard at all levels
- a review of safety and quality reporting to the Board including 'soft' intelligence
- the importance of board visits to wards, including unannounced and out of hours visits
- improving data skill sets on the Board and metrics in relation to clinical care and care pathways
- greater partnership working at national and system/ICB level.

The complete list of recommendations and associated updates are attached in Appendix 1. A number of the recommendations are already embedded in the Trust's strategies and other initiatives. Representatives from the Trust will also continue to work with system partners to assist in the implantation of ICB actions.

Members of the Board will note that EPUT actions are either complete or underway but there is slippage at a national level.

4 Actions Required

Members of Trust Board are asked to:

3. Consider and note the Rapid Review into Data on Mental Health Inpatient Settings.
4. To delegate oversight of the on-going implementation of national, system and Trust actions to the People Equality and Culture Committee

Nigel Leonard
Executive Director of Major Projects & Programmes

March 2024

APPENDIX 1

Mental Health Rapid Review 13 Recommendations

Recommendations	Recommendation Detail	Owner	Date	Update
Recommendation 1	NHSE to establish what 'measuring what matters' for mental health inpatient services. This programme should: a. Consider what metrics need to be collected, shared and used at different levels to drive improvements in care quality and safety in mental health inpatient settings by the end of 2023. This work should build on the themes identified in the safety issues framework and pay due regard to inequalities. The output of the 'measuring what matters' work should then inform ongoing improvements to quality and safety oversight and support arrangements. b. Consider what enablers are needed to reduce burdens, improve data sharing and timeliness of reporting - based on co-produced principles to support a reduced data burden at all levels.	**NHSE/ICBs**	Dec 2023	This action sits with NHSE and ICBs. Whilst there has been a recent publication defining the Parity of Esteem no further guidance has been issued. EPUT has developed metrics for reporting internally but the data collection burden remains commissioner driven. Data definitions are in place. MSE ICB plan to establish the system wide Learning from Deaths Group (LFD) and a system wide Harm Free Care Group, this is being led by the MSE ICB System patient safety specialist. There is a planned scoping exercise in April for LFD group with all system partners to agree ToR.
Recommendation 2	Every NHS provider and commissioner should have access to digital platforms that allow the collection of core patient information and associated data infrastructure to allow timely reporting of information.	**EPUT/MSE**	July 2024	EPUT and MSE are progressing a new EPR. The Trust currently has a shared care record to overcome separate patient systems within the Trust. The Trusts are currently at Full Business Case

	These systems need to: • Be compliant with the Digital Technology Assessment Criteria (DTAC). • Meet the requirements of the Digital Capability Framework (DCF) for mental health electronic patient records (EPRs). • Ensure usability with effective workflows and interfaces to reduce administrative burden.			
Recommendation 3	ICSs and provider collaboratives should bring together trusts and independent sector providers, along with other relevant stakeholders such as independent safeguarding bodies, across all healthcare sectors to facilitate the cross-sector sharing of good practice in data collection, reporting and use. This forum should showcase examples of how data and information could be gathered and used to improve patient safety and quality of care and reduce the data burden on staff, including the ways that digital solutions can enable these improvements.	**ICB**	July 2024	ICB is aiming to bring mental health providers together. This is delayed due to the restructure in the ICB Mental Health function Good practice is being explored as part of the secure collaborative.
Recommendation 4	Map the full range of data on deaths, including what is collected by which organisation and what can be done to improve it.	**DHSE /NHSE**	Autumn 2023	EPUT has mortality reporting to Board in place. This is also being reviewed by the Safety of Care Committee and learning is included in the new Care Strategy and the Culture of Learning The ICB are linking with NHSE and further guidance is awaited.
Recommendation 5	Providers should review their Board membership to include expert by experience.	**EPUT**	July 2024	The Board regularly reviews any gaps skill requirements before advertising for any Board vacancy.

	Providers should review Board skills to ensure Board members understand data reporting. NHSE need to update guidance on board assessment frameworks	 **NHSE**		The Chair and Trust Secretary have added this to the potential selection criteria for NED appointments. The Board also works closely with the Council of Governors, which includes experts by experience, and the Trust has a strong commitment to co-production. The Board has previously received training on Statistical Process Control (SPC) charts. The requirement for reviewing Board skills has also been added to Board skill reviews and will be included within our Board development sessions Further guidance is awaited.
Recommendation 6	Trust and provider leaders, including board members, should prioritise spending time on wards regularly, including regular unannounced and 'out-of-hours' visits.	**EPUT**	July 2024	15 step challenge visits led by board members already in place. Directors also visit the ward regularly on an announced and unannounced basis. The Trust Secretary's office will also programme in out of hours and unannounced visits for Executives
Recommendation 7	All providers should review the information provided about their inpatient services to patients and carers annually to include information on staffing, ward environment, therapeutic activity and other relevant information about life on the wards is available.	**EPUT**	July 2024	Information is included on our website and patient leaflets
Recommendation 8	ICSs and provider collaboratives should map out the pathway for all their mental health service lines to establish which parties need access to relevant data at all points on	**ICB**	July 2024	Pathways are in place and under development. However, these pathways are currently not commissioned in this way.

	the pathway and take steps to ensure that data is available to those who need it.			The ICB are exploring their approach to pathway management. These discussions are currently on-going within the ICB
Recommendation 9	ICSs will develop system-wide infrastructure strategies by December 2023. Mental health estate needs to be fully incorporated within the strategies and local action plans.	**ICB**	July 2024	EPUT's new Estates strategy is being developed with wide consultation internally and across the system. The MSE ICB is awaiting the results of the EPUT Strategy
Recommendation 10	Providers should review their processes for allowing ward visitors access to mental health inpatient wards	**EPUT**	July 2024	Complete: Processes will also be reviewed as part of the Quality of Care Strategy
Recommendation 11	Providers should meet the relevant core carer standards set by the National Institute for Health and Care Excellence (NICE) and Triangle of Care. ICSs should consider how to routinely seek carer feedback.	**EPUT**	July 2024	Carer support is established within EPUT. The Core standards implementation is to be delivered as part of the Quality of Care Strategy and co-production strategy.
Recommendation 12	Professional bodies, such as the Royal Colleges, should come together across healthcare sectors to form an alliance for compassionate professional care.	**NHSE**	July 2024	ICB awaiting a steer from Royal Colleges to describe what good care is in all settings
Recommendation 13	These recommendations should be implemented by all parties within 12 months of the publication of this report.	**ALL**	July 2024	EPUT actions are either complete or well advanced.

8.2 BOARD ASSURANCE FRAMEWORK 2023/24

Decision Item | Paul Scott | 5

REFERENCES

Only PDFs are attached

Board Assurance Framework March 2024.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	**Board Assurance Framework Report**					
Executive/ Non-Executive Lead:	Paul Scott, Chief Executive					
Report Author(s):	Denver Greenhalgh, Senior Director Corporate Governance Roberta Wahnig, Risk Manager					
Report discussed previously at:	Executive Team					
Level of Assurance:	**Level 1**	✓	**Level 2**	**X**	**Level 3**	

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

Purpose of the Report		
This report provides a high-level summary of the strategic risks and high-level operational risks (corporate risk register) and progress against actions designed to moderate the risk.	**Approval**	
	Discussion	
	Information	✓

Recommendations/Action Required

The Board is asked to:

1 Note the contents of the report
2 Note the reduction in risk scores for CRR81 Ligature
3 Request any further information or action

Summary of Key Issues

This report provides a high-level summary of the strategic risks and high-level operational risks (corporate risk register) and progress against actions designed to moderate the risk.

These risks have significant programmes of work underpinning them with longer term actions to both reduce the likelihood and consequence of risks and to have in place mitigations should these risks be realised.

The Board is asked to note:

- Section 1 – Board Assurance Framework dashboard providing an oversight.

  Following our new Head of Risk and Incident Management commencing, we have been undertaking a review of all current risks and profiling for next year. Currently working towards ensuring all Strategic and Corporate risks are uploaded to Datix by the end of April 2024.

  SR1 Safety – To assess the impact of our actions from the Safety First, Safety Always Strategy as it ends in March 2024 and we launch the new Quality of Care Strategy with a profiling of risk to delivery of quality of care (safety, effectiveness and experience).

  SR2 People – To assess the new People and Education Strategy and its implementation plan.

  SR5 Lampard Inquiry – As all actions are near completion, we are holding any further review of this risk pending the publication of the Lampard Inquiry Terms of Reference.

  CRR77 Medical Devices - A reassessment of the risk is underway to assess the impact of the improved asset register function and service records with the potential to reduce the risk.

  CRR94 Observations and Engagement - Risk score to be reviewed as majority of actions complete. To be discussed at Restrictive Practice Group. Thematic review to be undertaken to see if there has been an improvement in supportive observations in incident reporting themes.

- Section 2 – Risks that have changed in risk score

  CRR81 ligature - The data reported, together with previous reporting, confirms that there has been a significant shift from fixed point ligature incidents to non-fixed incidents and other forms of self-harming. The data highlights increasing trends in likelihood of low and no harm outcome for patients for both fixed and non-fixed incidents; and a decreasing and plateauing trend in the likelihood of death/severe outcome for non-fixed and fixed incidents respectively. Likelihood reduced to a 3, in recognition that there has been a lot of work to decrease fixed point ligatures. LRRG have asked that a new risk be scoped to reflect the likelihood of severe/death outcome of the emergent self-strangulation and consequences for the organisation.

- Section 3 – Strategic Risk Register at a glance for each individual risk with updates against each action being taken to increase risk controls provided by each Executive Responsible Officer

- Section 4 – Corporate Risk Register at a glance for each individual risk with updates against each action being taken to increase risk controls provided by each Responsible Officer

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

Which of the Trust Values are Being Delivered

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

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

Acronyms/Terms Used in the Report			
IG	Information Governance	BSOG	Board Safety Oversight Group
DSPT	Data Security Protection Toolkit	TSG	Transformation Steering Group
DR / BCP	Disaster Recovery / Business Continuity Plan	CQC	Care Quality Committee
ESOG	Executive Safety Oversight Group		

Supporting Reports/ Appendices /or further reading

- Board Assurance Framework Dashboard
- Strategic Risk Register
- Corporate Risk Register

Lead

Paul Scott
Chief Executive Officer

NHS
Essex Partnership University
NHS Foundation Trust

Board Assurance Framework

27 March 2024

Denver Greenhalgh
Senior Director of Corporate Governance

EPUT

Risk Dashboard

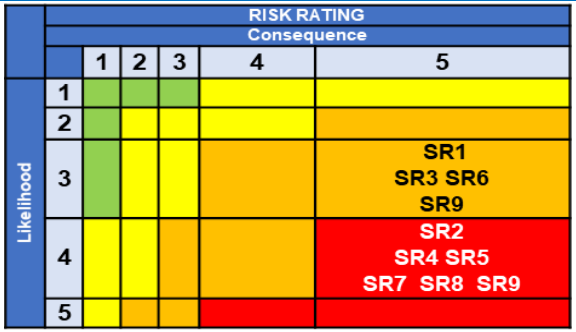
March 2024

EPUT

Risk Register at a Glance

Existing Risks	New Risks	Change in Rating	Closed
9	0	0	0

Risk Score Increase	Risk Score Decrease	Risk Score No Change	On Risk Register >12 months
0	0	9	8



% Risks with Controls Identified	% Risks with Assurance Identified	Extended Actions	Risk Reviewed by Risk Owner
100%	100%	6	9

ID	SO	Title	Lead	Impact	CRS	Risk Movement (last 3 months)	Context	Key Progress
SR2	2	People	MR	Safety Experience Regulatory Service Delivery Reputation	5x4=20	20 > 20 > 20	National challenge for recruitment and retention	The People and Education Strategy was approved by the Board in January '24. A series of meetings held with the Executive Team/Chair to draft EDI objectives. Pending review by Remuneration and Nominations Committee at the end of the month, will form part of the EDI plan. These are part of the NHS England EDI Improvement Plan with a requirement to be in place by the end of March '24. EDI improvement plan complete. Agreed temporary staffing reduction plan with ICB. Savings targets and trajectories being finalised w/c 19 March. Focus on rostering, reducing HCA use and exiting long term agency arrangements in particular. Planning trajectories reflect new approach.
SR5	1	Lampard Inquiry	NL	Regulatory Reputation	5x4=20	15 > 20 > 20	Government commissioned public inquiry in to Mental Health services in Essex	We are holding any further review of this risk pending the publication of the Lampard Inquiry Terms of Reference.
SR7	All	Capital	TS	Safety, Experience, Regulatory, Service Delivery, Reputation	5x4=20	20 > 20 > 20	Need to ensure sufficient capital for essential works and transformation programmes in order to maintain and modernise	The System is in receipt of the capital allocations for 2024/25. Programme of prioritisation has been undertaken and informs the 2024/25 financial plan (submission March '24); as presented to Executive Team and Finance & Performance Committee. Electronic Patient Record Full Business Case approved by Board and submitted to NHSE (8 March '24) for review and consideration by the national team.
SR8	All	Use of Resources	TS	Safety, Compliance, Service Delivery, Experience, Reputation	5x4=20	20 > 20 > 20	The need to effectively and efficiently manage its use of resources in order to meet its financial control total targets and its statutory financial duty	Continued focus on financial management and efficiency at AF meetings. Slippage of c£3m rolled into financial forecasts and efficiency targets for 2024/25.Trust has agreed a year-end control target of c10m deficit (Excluding the Inquiry costs). The Trust is working through internal and external interventions to ensure delivery of the control total and these are being monitored through Finance & Performance Committee and the Accountability Framework meeting. The Operational Planning Group has oversight of the planning process. National planning guidance not yet finalised and there continues to be a series of regional and national meetings held to agree the financial plan. (Final submissions set for 2 May '24) Continued enhanced controls, efficiency and productivity improvement and transformation/restructure activities.
SR4	All	Demand and Capacity	AG	Safety, Experience, Regulatory, Service Delivery, Reputation	5x4=20	20 > 20 > 20	Long-term plan. White Paper. Transformation and innovation. National increase in demand. Need for expert areas and centres of excellence. Need for inpatient clinical model linked to community. Socioeconomic context & impact. Links to health inequalities.	Reclassification has been agreed and existing contacts will be renewed to support delivery of OoAPs trajectory. Development of the T2C operating model in final stages being completed ready for stakeholder engagement and Trust approval. Timeline pushed back to end of April '24.Principles capatured and GIRFT ambition has been pulled through to T2C operating model. Internal SitReps SMART capability improvement complete, with SMART ward level data to be progressed in line with T2C. Timeline being re-assessed to enable completion of this final phase. Ambulance cars in place in all three systems.

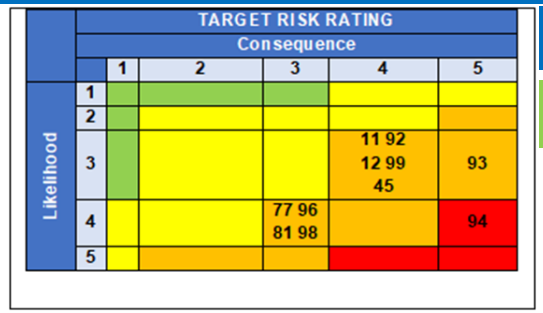
ID	SO	Title	Lead	Impact	CRS	Risk Movement (last 3 months)	Context	Key Progress
SR1	1	Safety	FB	Safety, Experience, Regulatory, Service Delivery, Reputation	5x3=15	20 → 15 → 15	Rising demand for services; Government MH Recovery Action Plan; Covid-19; Challenges in CAMHS & complexities; Systemic workforce issues in the NHS	Based on incidents, non-compliance with standards and regulatory sanctions Context and approach Over the last three years, the Trust has focused on becoming a more open, responsive and learning organisation with a desire to modernise services in co-production with patients, families, carers and staff. Over this time, we have made significant progress but we know there is more to do. We are committed to continually listening, learning lessons and improving. Successfuly implemented our Sexual Safety Strategy and signed up to the Sexual Safety Charter. As we come to the end of our Patient Safety Strategy (Safety First, Safety Always) and move forward with the new Quality of Care Strategy, we are evaluating the impact of our actions by: • Rigorously reviewing evidence and risk assessments • Reassessing what we mean by safety and safe care, in a way that is meaningful for our patients and staff • Continuing to invest in learning and listening We recognise that there will always be more to do. New clinical risks will always emerge and will require a robust response, from both local and national learning, such as the recent increase in methods of self-harm other than the use of fixed point ligature. Findings from inquests and complaints, as well as incidents and issues in other similar organisations, will also highlight improvements we need to consider. Initiatives and improvements made since late 2020 which have contributed to increased safety 1. Staffing • Investing in dedicated resource to drive and embed safety improvements across the Trust, including the new Patient Safety Incident Management Team and EPUT Lessons Team • Improving and sustaining staffing levels and consistency of staffing, particularly within adult acute and PICU services, helping reduce variation in practice and increase adherence to care delivery standards • Using international and local recruitment initiatives to reduce vacancy rates in inpatient wards from a high of 40% to a current rate of 10%, with a clear trajectory to have no vacancies on inpatient wards by the end of 2024; overall staff turnover has reduced to pre-pandemic levels of under 10% • Developing our inpatient workforce model to maximise the therapeutic impact of every admission • Investing in in local operational focus by establishing the new Care Unit structure and introducing the accountability framework, allowing operational leads to make decisions and improvements at a local level. Each Care Unit has a triumvirate leadership team of a Director of Operations, Deputy Director of Quality and Safety and an Deputy Medical Director providing leadership to teams of clinical leaders at service, unit and ward level. 2. New ways of working • Piloting the national Patient Safety Incident Response Framework (PSIRF) which is now being rolled out to all trusts, evaluating the learning and quality of learning from the pilot as the framework is embedded • Investing in technology to support care delivery, in particular the roll out of e-observations and the Oxehealth remote monitoring system • Working in partnership with local NHS organisations to procure and develop a new, single EPR to streamline the number of systems we use and share patient records with colleagues in primary and acute care • Committing to ensuring that any inpatient admission has a clearly defined and recorded purpose and increasing the levels and variety of meaningful activity for patients whilst they are on our wards • Changing our approach to responding to regulatory inspections and reports, with significant involvement from front line teams to develop sustainable and effective improvements

ID	SO	Title	Lead	Impact	CRS	Risk Movement (last 3 months)	Context	Key Progress
								3. Environmental improvements • Refurbishing inpatient wards and garden areas to meet modern standards and create more holistic and therapeutic environments • Programme of fitting door top and side alarms and other improvements to reduce fixed ligature points as far as is reasonably practicable. Improvements are also measured through the practical experience of people who use our services and our staff. Examples include reductions in: • Absconsions from inpatient units • Injurious falls • Fixed point ligature incidents • Grade 3 / 4 pressure ulcers • Use of prone restraint • Use of long term segregation and seclusion
SR3	All	Infrastructure	TS	Safety, Experience, Regulatory, Service Delivery, Reputation	5x3=15		Capacity and adaptability of support service infrastructure including Estates & Facilities, Finance, Procurement & Business Development/ Contracting to support frontline services.	Commercial strategy approved by Board in November 2023. The Estates Strategy phase 1 development is completed. An internal delivery and steering groups is in place. External support in place. Draft to be socialised via Finance & Performance Committee and Board (via seminar) with final sign off at Public Board Jul '24.
SR6	All	Cyber Attack	ZT	Safety, Experience, Regulatory, Service Delivery, Reputation	5x3=15		The risk of cyber-attacks on public services by hackers or hostile agencies. Vulnerabilities to systems and infrastructure.	Development of business continuity and disaster recovery plan has been completed and is currently at sign off stage. Upgrade of Mobious is now complete. Cycle of penetration tests are back in business as usual and any future identified risks will be escalated if needed via the risk register. On track to decommission remaining services by the end March '24.
SR9	1	Digital and Data Strategy	ZT	Safety, Experience, Regulatory, Service Delivery, Reputation	5x3=15		The risk of not being a digitally and data enabled. Resulting in poor and/or limited implementation of systems and technologies, with reduced quality and safety of care and lack of data intelligence to inform change / transformation.	Service desk transformation plan has been development and procurement of service desk management platform is complete. Now in implementation phase. Clinical Safety Framework presented at the Digital Strategy Group in March '24. Proposals for enhanced governance for the safe deployment and maintenance of clinical systems agreed in principle subject to final approvals. The first Digital Clinical Safety Steering Group will meet in April '24. EPR Full Business Case approved by Board and submitted to NHSE (8 March '24) for review and consideration by the national team.

Corporate Risk Register at a Glance

Existing Risks	New Risks	Change in Rating	Closed
10	0	1	0

Risk Score Increase	Risk Score Decrease	Risk Score No Change	On Risk Register >12 months
0	1	9	8



% Risks with Controls Identified	% Risks with Assurance Identified	Extended Actions	Risk Reviewed by Risk Owner
100%	100%	7	100%

ID	Title	Lead	Impact	CRS	Risk Movement (last 3 months)	Context	Key Progress
CRR94	Engagement & Supportive Observation	AG	Safety Regulatory	5x4=20	20 20 20	CQC found observation learning not embedded	Following completion of Safe Wards training now moved into implementation phase of Safe Wards interventions. Safewards interventions seek to reduce rates of behaviours that threaten patient safety or the safety of others (violence, suicide, self-harm, absconding etc.) and seeks to minimise harmful outcomes (e.g. PRN medication, special observations, seclusion, etc.). Safe Wards has been very well received with each ward in implementation phase with some innovative ideas and initiatives. These include painting of discharge trees/mountains on the walls of our wards which have included staff and patients working together. Mutual expectations being generated at community meetings where patients and staff agree together what they expect of each other and boards on the wards that detail getting to know you information about staff members with pictures that bring a more personal side to our staff teams. These are just some of the areas of work. We have agreed to include a focus on safe wards as part of our reducing restrictive practice quality priority for 23/24. This involves all inpatient areas across adult inpatient and specialist services each month sharing areas of good practice across the wards in relation to safe wards and monitoring impact. As part of reviewing the risk assessment undertaking themative review of trend over time to assess the impact of our actions on sleeping on duty and incidents involving observation and engagement.
CRR98	Pharmacy Resource	FB	Safety	4x4=16	20 20 16	Continuous state of business continuity plan	Recruitment campaign continues with a good pipeline on track to achieve reduction from initial 17% to an 8% vacancy factor by August '24. The business continuity plan for Pharmacy has been scaled and will re-assessed again in April '24. As new starters join the risk will be continuously review and will take into account the additional short term risk of supporting newly qualified pharmacists into that assessment.
CRR11 (CRR34 amalgamated into CRR11 since Jan '24)	Suicide Prevention	MK	Safety	4x3=12	12 12 12	Implementation of suicide prevention strategy	Following consultation, final amendments on the Suicide Prevention Framework have been re-circulated for agreement to the Suicide Prevention Group / Clinical Governance Sub-Committee. It is planned for review and approval by Executive Team for 16 April '24; and then onto Quality Committee. This action has been extended to the end of May and is marked 'red flag' as second extension. Next steps following approval of the framework (action 1) is to work with our Lived Experience Ambassadors and our communities to take forward actions.
CRR45	Mandatory Training	MR	Safety Regulatory	4x3=12	16 16 12	Training frequencies extended over Covid-19 pandemic leaving need for recovery	Monitoring mandatory training through Accountability Framework meetings. Transition complete back to annual update for TASI training, current compliance is 91% Progress with new starters to complete suite of mandatory training, including additional training added, compulsory booking on courses and communications strategy in place.
CRR77	Medical Devices	FB	Safety Financial Service Delivery	4x4=16	16 16 16	Number of missing medical devices compared to Trust inventory	Continue to progress partnership with MSEFT for the provision of quality assurance programme for Point of Care Testing equipment and in process of procuring new devices to support the transition. The tender contract for medical devices management programme will commence in April '24 to replace the current contract as it comes to end of term in December '24. A reassessment of the risk is underway to assess the impact of the improved asset register function and service records with the potential to reduce the risk.

ID	Title	Lead	Impact	CRS	Risk Movement (last 3 months)	Context	Key Progress
CRR81	Ligature	AG/TS	Safety Regulatory Reputation	4x3=12	16 16 12	Patient safety incidents	There has been a marked reduction in fixed point ligature incidents and therefore the risk has been reassessed based on latest patient safety incident data (to include no harm incidents). Following work of the Safety First Safety Always Strategy - Ligature reduction programme (including significant investment into improving our clinical environments and the introduction of a greater focus on therapeutic engagement) the outcomes are more likely to be low or no harm from incidents for both fixed and non-fixed incidents. There is also a decreasing and plateauing trend in the likelihood of a severe outcomes for non-fixed and fixed incidents respectively. The risk likelihood has therefore been reduced to a 3 (possible) from a 4 (likely). We continue to invest in staff training and the Safe Wards programme to continuously focus on reduction of harms for our service users.
CRR92	Addressing Inequalities	MR	Experience	4x3=12	12 12 12	Staff Experience	Executive EDI objectives have been set and will be agreed through Remuneration and Nominations Committee at the end of March '24 in preparation of submission. The Leadership Behaviour Toolkit has been developed and is being socialised. Sexual safety phone line now operational 24 hours a day, seven days a week. Managers have also been reminded of their role in supporting staff who have reported any issues of this nature and on call directors are enrolled into Level 2 Safeguarding Training. We are working with staff to co-design a road map on how the Trust should respond to all incidents of violence and abuse. In addition we are working with Peer Support Workers and patients to gain an understanding as to why violence and abuse may occur on wards and what can be done to reduce incidents.
CRR93	Continuous Learning	FB	Safety Regulatory	5x315	15 15 15	HSE and CQC findings highlighting learning not fully embedded across all Trust services	The future model for embedding QI has been reviewed and approved by the Executive Team in March '24 which resources the programme going forward. This has been achieved through a mixture of redeployed staffing resource, and training / development funding. QI approach will be apllied to our priority areas withing the Quality of Care Strategy with our Deputy Directors of Quality and Safety taking lead roles on these programmes of improvement. The LifeQI Platform will continue to be available for local teams to document and track local quality improvement projects.
CRR96	Loggists	NL	Regulatory	4x4=16	16 16 16	Major incident management	Two loggist courses have been provided with third arranged for 27 March '24. Current number of fully trained loggists = 14.
CRR99	Safeguarding Referrals	FB	Safety	4x3=12	12 12 12	Escalation from operations and high increase in referrals	We continue with the work of embedding the Safeguarding Forms into patient record systems, Paris and Mobius by the end of March '24. Incorporation of SETSAF Forms on Paris now live (26 Feb '24) and awaiting final sign off for Mobius Forms. Recruitment into all clinical posts is complete to establishment within the Safeguarding Team. Business support team structure review has been completed and being costed, with any additional resource requirements being factored into business planning 2024/25 - note codependency on review by the new Estalish Control Panel.

Strategic Risk Register

March 2024

EPUT

SR1- Safety (At a Glance)

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

Likelihood based on: Incidence of incidents, non-compliance with standards (clinical audit outcomes) and regulatory sanctions imposed historically.

Consequence based on: Avoidable harm incident impact and extent of regulatory actions.

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Action 5 previously removed as integral part of action 1**.** Previous reported completed actions 6 has been removed from the report.
C5x 4L = 20	*C5 x L3 =15*	*C5 x L2 = 10*	

Executive Responsible Office: Interim Chief Nurse
Board Committee: BSOG and Quality Committee

Key Controls	Controls Assurance		
	Level 1 (Management)	**Level 2 (Oversight)**	**Level 3 (Independent)**
Patient Safety Incident Management Team	Team Established (note vacancies and some team members undertaking skills development).	Patient Safety First Safety Always - Leadership Pillar Report end of Yr. 2	PSIRF Yr1 early adopter review
EPUT Lessons Team	Team Established	Patient Safety First Safety Always - Leadership Pillar Report end of Yr. 2	
Learning Collaborative Partnership	Forum - live		
Quality and Safety Champions Network	Network - live		
Information sharing communication strategy (lessons learned)	Lessons identified Newsletter Induction Videos Mandatory Training		
Capital Investment	Delivery of essential safety improvements		CQC CAMHS inspection report (safety improvements)
Patient Incident Response Plan	Incident Response Plan - live and being used	Refreshed Incident Response Plan (2023-25)- approved and published on the Website	Refreshed Incident Response Plan (2023-25)- approved by ICB
Culture of Learning Programme		BSOG reviews on progress	
Patient Safety Dashboard	Safety Dashboard - live (Note: additional development see actions)		

	Actions (to modify risks)	By When	By Who	Gap	Update
1	Deliver the Patient Safety Incident Response Plan	Mar '25	MA	Control	The Patient Safety Incident Response Plan (PSIRP) 2023-25 has been approved and is live on EPUT website. The undertaking of thematic analysis of the key areas to inform Safety Improvement Plans is in progress. With a Safety Improvement Plan Oversight Group being established by the Executive Nurse to oversee their development and programmes of work.
2	Deliver Yr3 - Patient Safety Strategy (Safety First Safety Always	Extended Jun '24	FB	Control (Road Map)	As we transition from the extensive programme of activity taken place across the Trust to support the implementation of the Safety First, Safety Always strategy to the new Quality of Care Strategy (approved by Board) we will be undertaking an end of strategy review. This will report to the Board alongside the Quality Account in June 2024 as agreed with the Quality Committee (Note time stamp to align)
3	Complete automation of two dashboard elements	May '24	MS	Control	The programme work to integrated IWGC data into the Patient Safety Dashboard is in progress and timeline for achievement stated End May '24.
4	Implement Quality Improvement Programme	Complete	SY	Control	Contract renewed for use of LifeQI Platform, with circa 100 staff registered and 50 projects live. The future model for embedding QI has been reviewed and approved by the Executive Team in March '24, which resources the programme going forward. This has been achieved through a mixture of redeployed staffing resource, and training / development funding. QI approach will be applied to our priority areas with in the Quality of Care Strategy with our Deputy Directors of Quality and Safety taking lead roles on these programmes of improvement. The LifeQI Platform will continue to be available for local teams to document and track local quality improvement projects.

SR1(Continued)					
Actions (to modify risks)		**By When**	**By Who**	**Gap**	**Update**
7	Ensure good governance controls for monitoring to progress towards action closures and achievement of additional controls	Extended April '24	SY	Assurance	This is integral to the new patient safety response plan and includes establishing the PSIRF Oversight Group.

SR2- People (At a Glance)

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

Likelihood based on: Establishment of existing and new roles verses the vacancy factor and shift fill rate.

Consequence based on: Impact of staffing levels on service objectives; length of unsafe staffing (days) through the Sit Rep Return; staff morale; availability of key staff; attendance at key training.

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Previous reported completed actions 1 and 3 have been removed from the report.
C5x 4L = 20	*C5 x L4 =20*	*C5 x L3 = 15*	

Executive Responsible Office: Interim Chief People Officer
Board Committee: PECC

Key Controls	Controls Assurance		
	Level 1 (Management)	**Level 2 (Oversight)**	**Level 3 (Independent)**
People & Culture Team / Hr Policies	Leadership Team Established Interim Chief People Office - awaiting appt. of substantive CPO		
Care Unit Staffing Plans	Workforce plans in place Safer staffing reports	Quality and Performance Scorecard	CQC Inspection - regularity of temporary staffing on inpatient wards (negative assurance)
Recruitment and Retention Programme	Vacancy rate 9%, with mental health nursing in Inpatient and Specialist Services approaching full establishment	PECC reports	
Workforce Plans and Strategies	Establishment reviews Framework for health and wellbeing	PECC reports	NHSE & System Workforce returns / benchmarks
Training and Development	Training Tracker in place RISE Programme (completed)	Training and Development report to PECC	Staff Survey / OoAPT successful June '23 / Ofsted Inspection July '22 - Good
Staff Wellbeing Offer	Engagement Champions Employee Experience Managers	Employee Experience reports to PECCC	Staff Survey / Quarterly Pulse
Just Learning Culture	Behaviour Framework FTSU Guardian	Employee Experience reports to PECCC	Staff Survey
Equality and Inclusion Framework	Executive led sponsors for networks ED&I objectives in appraisal Racial abuse guidance for staff and debriefs		WRES / WDES Data

	Actions (to modify risks)	By When	By Who	Gap	Update (Date)
2	Develop People and Culture Strategy (incorporating previous action to implement an Education Strategy)	Complete	MR	Road Map	The People and Culture Strategy approved at Board meeting January 2024 - action complete.
4	Review long-term strategy for smart working	July '24	FW	Control	As reported at previous Board meeting, the meeting with Estates held in January to discuss next steps of Smart working and implement anything missed from NHSE recommendations; and to dovetail the timeline to align with the Estates Strategy (planned Jul '24 Board meeting). A Smart Working Group established to oversee the work flow. Note: time stamp amended to reflect the change reported at January '24 Board.
5	Recovery plan for delayed HR policies	Extended April '24	DP	Control	Continue to deliver against the recovery plan through to the Policy Oversight and Ratification Group. There is a co-dependency on any changes being agreed with Staff Side. Current documents have been assessed as fit to continue in use by subject matter experts. There were seven documents for approval at PORG at its March meeting and further three for April.

SR2 (Continued)

	Actions (to modify risks)	By When	By Who	Gap	Update
6	Produce new programme on improving inclusion, particularly for those with worst experiences, and brief Board, as the next phase of EDI plan	Mar-24	LH	Control	A series of meetings held with the Executive Team/Chair to draft EDI objectives. Pending review by Remuneration and Nominations Committee at the end of the month, will form part of the EDI plan. These are part of the NHS England EDI Improvement Plan with a requirement to be in place by the end of March '24.
7	Deliver agreed objectives with MSE ICB to reduce vacancies and temporary staffing	Mar '24	PT	Control	Agreed temporary staffing reduction plan with ICB. Savings targets and trajectories being finalised w/c 19 March. Focus on rostering, reducing HCA use and exiting long term agency arrangements in particular. Planning trajectories reflect new approach. On track.
8	Review of Operating Model and Structure of P&C Directorate to support organisation to meet its strategic objectives	June '24	MR	Control	Some delay due to recruitment of substantive CPO,with new CPO commencing in post May '24. Time stamp adjusted to enable the new CPO a short period to review the operating model and structure of the P&C Directorate in line with the People and Education Strategy.
9	Deliver against EDI plan and complete in depth work into experiences and progression of minority staff	Complete March 24	LH	Control	EDI improvement plan complete.
10	Ensure robust plans are in place to mitigate the impact of strike action	Ongoing	DP	Control	Update: Successfully managed the last strike and note that there is no further planned action at the time of updating the risk actions.

SR3- Finance and Resources Infrastructure (At a Glance)

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

Likelihood based on: The possibility of not having the right estate and facilities to deliver safe high quality care

Consequence based on: The potential failure to meet our safety, quality and compliance ambitions

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Previous reported completed actions 1, 3 and 4 have beeen removed from the report.
C5x L3 = 15	*C5 x L3 =15*	*C5 x L2 = 10*	

Executive Responsible Office: Executive Chief Finance & Resources Director Board Committee: F&P and Audit Committee	**Controls Assurance**		
Key Controls	**Level 1 (Management)**	**Level 2 (Oversight)**	**Level 3 (Independent)**
EPUT Strategy	EPUT Strategy (approved Jan '23)	Board Report (3 per year)	
Operational Target Operating Model	Care Unit Leadership in place Procurement Team restructured to align with TOM	Accountability Framework	
Estates and Facilities, Contracting and Business Development, Finance Teams	Established Support services	PMO support in place reporting to ESOG Restructure fully recruited to	IA Estates & Facilities Performance (Moderate/Moderate Opinion)
Range of corporate, finance policies	Policy Register and procedures in place	Accountability Framework	
PMO, Capital Programme, E-expenses system,	Capital Steering Group	Capital Planning Group	
Audit Programme and ISO		Audit Committee	
Premises Assurance	Operational meetings for PFIs	Premises Assurance Model in place with assessment	
6-Facet Survey			6-Facet Survey
Business Continuity Plans	Business continuity plan in place		

	Actions (to modify risks)	**By When**	**By Who**	**Gap**	**Update**
2	Develop Estates Strategy & Development Plan (as informed by the 6-facet survey)	Extended Jul '24	MM	Roadmap	Phase 1 - current status complete. Internal delivery and steering groups in place. External support in place. Draft to be socialised via Finance & Performance Committee and Board with final sign off at Public Board Jul 2024.
5	Business case related to additional estates resource to be prepared prior to budget setting round 2024/25	Mar '24	MM	Control	Estates establishment has been approved with required resources identified.
6	To extend the Accountability Framework to corporate directorates	Complete	TS/AG	Control	Accountability Framework has been extended to the Corporate Directorates and will be held quarterly going forward. Action complete

SR4- Demand and Capacity (At a Glance)

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

Likelihood based on: Mismanagement of patient care and length of the effects (both inpatient and community)

Consequence based on: Length of stay, occupancy, our of area placements etc.

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Previous reported completed actions 1, 2, 4, 4.1 and 5 have been removed from the report.
C5x 4L = 20	*C5 x L4 =20*	*C5 x L3 = 15*	

Executive Responsible Office: Executive Chief Operating Officer
Board Committee: BSOG and F&P

Controls Assurance

Key Controls	Level 1 (Management)	Level 2 (Oversight)	Level 3 (Independent)
Operational staff (including skilled flexible workforce via Trust Bank) Discharge Co-ordinator Teams	Establishment and Fill Rate Director of Operational Performance Agency Framework in place New roles: Activity Coordinators Clinical Flow Lead (TTC) and CD Flow	Performance Reporting Accountability Framework Meetings	
Care Unit Leadership	Establishment Integrated Director posts		
Target Operating Model / Accountability Framework / Flow and Capacity Policy. MAST roll out / Safety First Safety Always Strategy	Dedicated discharge coordinators CPA Review performance UEC in place	Accountability Framework Meetings Safety First Safety Always Yr2 Report to Board (Mar '23)	
MH UEC Project, MSE Connect Programme. Partnerships, Mutual Aid	Flow and Capacity Project MH Urgent Care Emergency Department opened 20 March 23	Purposeful admission steering group Monthly inpatient quality and safety group	Provider Collaborative(s) MH Collaborative Whole Essex system flow and capacity group
Service Dashboards / Daily SitReps/ Performance Reporting	Updated OPEL framework Essex wide daily sit reps Joint inpatient and community review meets EDD and CRFD reporting in ward review template on EPR, with daily reports providing status	Performance and Quality Report to Accountability Meetings and F&PC Safety KPI dashboard live and accessible	System oversight and assurance groups
Business Continuity Plans	EPRR planning Business Continuity Plan in place		
Care Unit Strategies / Operational Plan 2023/24	Developed including out of area plan	Performance Reporting Published alongside EPUT Strategy One year touch points and monitoring through accountability	
Pan Essex System Flow and Capacity Group	Established Review of bed modelling (supported by KPMG)		System Escalation in place
Bed Stock	157 North Adult beds; 44 North Older Adult beds; 89 South Adult beds; 66 South Older Adult beds; 24 Contracted appropriate OoAP beds		

Actions (to modify risks)		By When	By Who	Gap	Update 17.01.24
3	Analysis piece on demand vs capacity	Complete	JL	Control	Analysis phase is now complete and timings set for procurement and licensing of product in practice. (see new action 6 below).
4.2	Reclassification of OoAP contracted beds	Mar '24	LB	Control	Reclassification has been agreed and existing contacts will be renewed to support delivery of OoAPs trajectory.

SR4 (Continued)

Actions (to modify risks)		By When	By Who	Gap	Update
4.3	Robust oversight on patient flow and OoAP with ownership	Complete	SG	Control	Weekly flow and capacity reporting into the Executive Operational Committee in place and day to day overisght by Chief Operating Officer and Medical Director.
4.4	Improving Sit Reps	Mar-24	SB	Control	Internal SitReps SMART capability improvement complete, with SMART ward level data to be progressed in line with T2C. Timeline being re-assessed to enable completion of this final phase.
4.5	Discharge Co-ordination	Complete	SB	Control	2 Essex County Council Move On Facilitators are working as core members of the Adult Discharge Team - action complete noting codependency of T2C funding in the long term.
4.6	Reducing variations across wards	Extended Apr '24	LW	Control	Development of the T2C operating model in final stages being completed ready for stakeholder engagement and Trust approval. Timeline pushed back to end of April '24.
4.8	GIRFT Ambition	Complete	LW	Control	Principles capatured and GIRFT ambition has been pulled through to T2C operating model.
5	System transformation supporting alternatives to admission	Complete	AG/MK	Control	MSE MH UCD Operational; Ambulance cars in place in all three systems; Crisis House/Café in place. MH accommodation pathway review and recommissioning completed . MADE events held and incorporated into BAU
6	New Action: Demand and Capacity module to be procured and fully implement.	Oct '24	JL	Control	Demand and capacity module is complete and in proof of concept phase Procurement underway to licence product for use in “live” Next steps following procurement will be to bring into live aim for completion Q2

SR5 - Lampard Inquiry (At a Glance)

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

Likelihood based on: the possibility that the Trust cannot effectively meet the requests of the Inquiry nor embed earning, resulting in damage to its reputation and potentially poor CQC ratings

Consequence based on: National media coverage, parliamentary coverage and a total loss of public confidence

Initial Risk Score	*Current Risk Score*	*Target Score*	
C5x 4L = 20	*C5 x L4 =20*	*C5 x L2 = 10*	**Note:** Previous reported complete actions 1, 2 and 4 have been removed from the Board report. **Note:** We are holding any further review of this risk pending the publication of the Lampard Inquiry Terms of Reference.

Executive Responsible Office: Executive Director Major Projects
Board Committee: Audit Committee

Controls Assurance

Key Controls	Level 1 (Management)	Level 2 (Oversight)	Level 3 (Independent)
Project Team Support from external consultants with experience of inquires.	Establishment Expanded to meet increased ask	EOC and Board oversight	
Internal methodology for working with inquiry	In place	In place and used for reporting Project Group Oversight	As above
Inquiry Terms of Reference MOU and Information Sharing Protocol	In draft		
Learning Log	Log in place	Reporting ET / Audit Committee and Auditors	
Exchange portal in place to safely transfer information to the inquiry	Data protection impact assessment	Reporting in place	
Learning from Deep Dives	Deep dive into sample of deaths in scope over 20 year period Deep dive in 13 prevention of future death notices		
Audit on Learning from Independent Inquiry		Assurance checks completed and presented to ET - approved ongoing assurance through Care Unit Accountability Frameworks	IA - opinion moderate for design and effectiveness

	Actions (to modify risks)	By When	By Who	Gap	Update
3	EPUT should assure itself that its information processes and systems are fit for purpose, and controls around data input and records management to be reviewed across the Trust to minimise risks associated with information recording and management going forward.	Complete	GB	Control / Assurance	Update: Forms part of the Records Management Accreditation process which was achieved in June 2023 for Mobius. SystmOne, EMIS, Theseus, IAPTUS and Excelicare all are all working in line with the required standards. Extra resources are being secured to ensure Paris meets the standards. Records management for the areas identified is part of the Care Units Accountability Frameworks. Transfer of historic records to Restore has been completed and cataloguing of records being finalised by Restore.
5	New Action: Track the use of historical learning themes through the Quality Senate and the outcomes.	Mar '25	AW	Assurance	Quality Senate is due to operational from April '24 in line with the launch of the Quality of Care Strategy. Action will close on launch of Senate.

SR6- Cyber Security (At a Glance)

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

Likelihood based on: Prevalence of cyber alerts that are relevant to EPUT systems.

Consequence based on: assessed impact and length of downtime of our systems

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Previous reported completed actions 1 and 4 have been removed from the report.
C5x 4L = 20	*C5 x L3 =15*	*C4 x L3= 12*	

Executive Responsible Office: Executive Director Strategy Transformation and Digital
Board Committee: F&P (noting move from AC)

Controls Assurance

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

Actions (to modify risks)		By When	By Who	Gap	Update
2	Develop business continuity plan and disaster recovery for each system (using third party)	Extended to April 24	AW	Control / Assurance	BCP policy developed and approved by Information Governance Committee and by Health Safety and Security Committee. Reviewed by PORG and agreed should not be a policy and to be reformatted into BCP. Final approval as a business continuity plan April 2024 (on track).
3	Complete actions from IT Security Health Check and Penetration Testing	Mar-24	AW	Control	Upgrade of Mobious is now complete. Cycle of penetration tests are back in business as usual and any future identified risks will be escalated if needed via the risk register. On track to decommission remaining services by the end March '24.

SR7- Capital (At a Glance)

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

Likelihood based on: Percentage of capital programme unable to deliver / deferred

Consequence based on: What not delivered and the impact on the strategic plans.

Initial Risk Score	*Current Risk Score*	*Target Score*
C5x 4L = 20	*C5 x L4 = 20*	*C5 x L3 = 15*

Executive Responsible Office: Executive Chief Finance & Resources Director
Board Committee: F&P

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

	Actions (to modify risks)	By When	By Who	Gap	Update
1	Horizon scan to maximize opportunities both regional and national to source capital investment	Ongoing	JD	Control	Currently over committed the programme which is planned to be covered by system resources.
2	Capital Plan for financial year 2024/25	End Mar '24	JD	Control	The System is in receipt of the capital allocations for 2024/25. Programme of prioritisation has been undertaken and informs the 2024/25 financial plan (submission 21 March '24); as presented to Executive Team and Finance & Performance Committee.
3	Track key strategic investments i.e EPR to be monitored for impact on Capital Programme	Mar '25	JD	Control	Electronic Patient Record Full Business Case approved by Board and submitted to NHSE (8 March '24) for review and consideration by the national team.

SR8- Use of Resources (At a Glance)

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

Likelihood based on: Likelihood based on: EPUT financial risk and opportunities profile

Consequence based on: Consequence based on: assessed impact on long financial model for EPUT and the System

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Previous reported completed action 1 has been removed from the report.
C5x 4L = 20	*C5 x L4 =20*	*C5 x L3 =15*	

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

Actions (to modify risks)		**By When**	**By Who**	**Gap**	**Update 17.01.24**
2	Deliver Financial Efficiency Target	31 Mar '24	TS	Control	Continued focus on financial management and efficiency at AF meetings. Slippage of c£3m rolled into financial forecasts and efficiency targets for 2024/25.
3	In year forecast outturn (FOT) and associated risk and opportunities assessment	Monthly Touch Points to end Mar '24	SC	Assurance	FOT agreed with NHS England and restated for M9 national submission.
4	Deliver Operational Plan 2023/24	Mar '24	AG/TS	Control	Trust has agreed a year-end control target of c10m deficit (Excluding the Inquiry costs). The Trust is working through internal and external interventions to ensure delivery of the control total and these are being monitored through Finance & Performance Committee and the Accountability Framework meeting.

SR8 (Continued)

Actions (to modify risks)		By When	By Who	Gap	Update
5	New Action - Submit Operational Plan 2024/25	May '24	AG/TS	Control	The Operational Planning Group has oversight of the planning process. National planning guidance not yet finalised and there continues to be a series of regional and national meetings held to agree the financial plan. (Final submissions set for 2 May '24)
6	New Action - Deliver Financial plan for 24/25	Mar '25	TS	Control	Continued enhanced controls, efficiency and productivity improvement and transformation/restructure activities.

SR9- Digital and Data Strategy (At a Glance)

Risk Description: If we do not have the required capability and expert knowledge to deliver the digital and data strategy, then the trust may fail to achieve strategic ambitions, specifically: embedding a digital mindset and culture, which may result in limitations in our ability to procure and implement the appropriate technology to support the integration of care closer to where our service users live, and support staff to carry out their duties effectively; Threaten the development of our patient facing technologies to support our service users, families and carers; and stall our capability and agility to use data to inform both direct care and insight driven decision making.

Likelihood based on: The likelihood of conditions that place constraints on the ambitions of both the digital and data strategy, e.g. capability, resource availability and transformation programme prioritisation

Consequence based on: The inability to realise the wider organisations strategic ambitions as well as the inability to maintain regulatory and compliance data security and cyber assurance.

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Previuosly reported complete action 2,3 and 5 have been removed from the report.
C5x 3L = 15	*C5 x L3 =15*	*C5 x L2 =10*	

Executive Responsible Office: Executive Director of Strategy, Transformation and Digital
Board Committee: F&P

Key Controls	Level 1 (Management)	Level 2 (Oversight)	Level 3 (Independent)
Controls Assurance			
Resources			
IT/Digital team Resource and skill set is appropriate and sustainable	Education and training in specific technology Target operating model - modernise digital services	Digital strategy resource management (RAID Log)	
Clinical Digital leadership are engaged with dedicated leads responsibilities defined.	CCIO/CNIO oversight		
Strategies & Policies			
Information Governance policies and controls are in place to provide secure and appropriately governed processes and procedures	Information governance controls processes	Information Governance Steering Sub-Committee reporting and assurance	Data Security and Protection toolkit assesment (Standards Met)
Data quality is of a standard that assures national standards.	Data quality group reporting and assurance	Internal Audit	National data quality framework
DSPT “standards met” can be achieved		Internal Audit	DSPT submission and Cyber assurance framework
Investment			
Capital allocation to digital and data initiatives secured	Approved Digital capital plan		CDEL allocation from system for 23/24 schemes
External funding is obtained for schemes that are supported by national envelopes	Cost modelling of the digital strategy programme	Digital, data and technology group assurance report	
Innovation			
The space and governance exists to support innovation	CIO discover opportunities from national forums and partners (inl. Academic)	Innovation strategy governance - Strategy Steering Group	
Academic partnerships promote innovation	CIO engagement with academic partners on digital innovation opportunities		

	Actions (to modify risks)	By When	By Who	Gap	Update
1	Digital Transformation programme Plan	May '24	JL	Road Map	Digital Transformation Strategy (Plan) approved by Board. Year 1 Enabling plan being developed to align with operation planning for 2024/25 and propritised within available resources. Executive Team approved time stamp to align with Opertaional Plan submission 2 May 2024.
4	Digital target operating model implementation	July '24	AW	Control	Digital target on plan for July '24

SR9 (Continued)

Actions (to modify risks)		By When	By Who	Gap	Update 17.01.24
6	Service desk transformation plan development	Complete	AW	Road Map	Service desk transformation plan has been development and procurement of service desk management platform is complete. Now in implementation phase. (See new action 9 below).
7	Clinical safety Officer framework development	Mar '24	RP	Control	Clinical Safety Framework presented at the Digital Strategy Group in March '24. Proposals for enhanced governance for the safe deployment and maintenance of clinical systems agreed in principle subject to final approvals. The first Digital Clinical Safety Steering Group will meet in April '24.
8	Development of Full Business Case for Unified Electronic Patient Record.	Complete	ZT	Control	Full Business Case approved by Board and submitted to NHSE (8 March '24) for review and consideration by the national team.
9	Implementation of the new service desk management system.	Sept '24	AW	Control	In progress.

Corporate Risk Register

March 2024

EPUT

CRR94 - Observation and Engagement

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

Initial Risk Score	*Current Risk Score*	*Target Score*	
C5x 4L = 20	*C5 x L4 = 20*	*C5 x L2= 12*	**Note 1**: Previous reported completed actions 1-9 have been removed from the report. **Note 2**: Risk assessment to re-visited given the majority of actions now complete.

Executive Responsible Office: Executive Nurse
Director Lead: Director of Nursing and IPC
Leads: Deputy Directors of Quality & Safety (Inpatients and Specialist Services)
Board Committee: Quality Committee

Controls Assurance

Key Controls	Level 1 (Management)	Level 2 (Oversight)	Level 3 (Independent)
Observation and Engagement Policy	Policy in place Personalised Engagement Boards		
Weekly Ward Huddles	AD's undertaking 15 leadership steps Local oversight of roster quality checks		
Electronic observations recording tool	e-observations in wards (with exception of 7 wards)		
Tendable Audits (quality control)	Audit results reviewed at weekly huddles		
Observation and Engagement e-learning and training videos			
Engagement resources	Purchased equipment e.g. games / newspapers etc. Garden Protocol (with spots checks)		
Deep dive into unexpected deaths in inpatient services or within 3 months of inpatient admission between 2000 - 2022		Analysis of 1500 unique recommendations with identification of 31 themes. Validation with stakeholders. Mapping exercise and assurance report to ET Apr '23	
Ward Improvements	Planning supported by patients Grab Therapy Resources available		

Actions (to modify risks)		By When	By Who	Gap	Update
10	Implement Safe Wards Interventions	Mar '25	LJ	Control	Following completion of Safe Wards training now moved into implementation phase. Safe Wards has been very well received by our staff teams and each ward is in implementation phase with some innovative ideas and initiatives. These include painting of discharge trees/mountains on the walls of our wards which have included staff and patients working together. Mutual expectations being generated at community meetings where patients and staff agree together what they expect of each other and boards on the wards that detail getting to know you information about staff members with pictures that bring a more personal side to our staff teams. These are just some of the areas of work. We have agreed to include a focus on safe wards as part of our reducing restrictive practice quality priority for 23/24. This involves all inpatient areas across adult inpatient and specialist services each month sharing areas of good practice across the wards in relation to safe wards and monitoring impact. (Provided by LJ)

CRR11 - Suicide Prevention

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

Initial Risk Score	*Current Risk Score*	*Target Score*	
C4x 4L = 16	*C4 x L3 = 12*	*C4 x L2= 8*	**Note:** CRR34 Suicide Prevention Training has been amalgamated into this risk as part of delivery of overall Suicide Prevention Framework, with CRR34 being closed on the risk register. **Note:** Previous reported completed actions 2, 3 and 4 have removed from the report for CRR11. **Note:** Previous reported completed actions 1, 2 and 3 have been removed from the report for CRR34.

Executive Responsible Office: Executive Medical Director Director Lead: Dr Nuruz Zaman Deputy Medical Director Leads: Glenn Westrop, Deputy Director of Quality and Safety Board Committee: Quality Committee	**Controls Assurance**		
Key Controls	**Level 1 (Management)**	**Level 2 (Oversight)**	**Level 3 (Independent)**
Observation and Engagement Policy	Policy in place Personalised Engagement Boards		
Electronic observations recording tool	In trial phase		
Wad level oversight	Tendale Audit results reviewed at weekly huddles	Patient led safety huddles (Basildon)	
Observation and Engagement e-learning and training videos	STORM training		
Engagement resources	Purchased equipment e.g. games / newspapers etc. Garden Protocol (with spots checks)		

	Actions (to modify risks)	**By When**	**By Who**	**Gap**	**Update**
1	Development of revised framework in line with national guidance	Extended timeline Apr '24	NZ	Roadmap	Following consultation, final amendments on the framework have been re-circulated for agreement to the Suicide Prevention Group / Clinical Governance Sub-Committee. It is planned for review and approval by Executive Team for 16 April '24; and then onto Quality Committee. This action has been extended to the end of April and is marked 'red flag' as
5	Review approach to ligature risk management training (through the introduction of effective self-harm and suicide prevention training).	July '24	GW	Control	STORM (Effective self-harm and suicide prevention) training rolling out which will have a greater focus on neuro diverse services users and be an extended training package. Training is available and being tracked, with continued promotion. Further work being taken forward to update safety plans and fit to leave plans.
6	Implementation of the Suicide Prevention Framework (as aligned to the Quality of Care Strategy	Dec '26	GW	Control	Next steps following approval of the framework (action 1) is to work with our Lived Experience Ambassadors and our communities to take forward actions.
CRR34 2	Business case to be developed to create sustainable training capacity (trainers).	April '24	PT	Control	*Note: action transferred from CRR34* In progress.

CRR45: Mandatory Training

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

Initial Risk Score	*Current Risk Score*	*Target Score*	
C4 x L5= 20	*C4 x L3 = 12*	*C4 x L2 = 8*	**Note:** Previously reported completed actions 1, 2 and 3 have been emoved from the report. **Note:** Compliance with mandatory training trust-wide has met its recovery plan and therefore risk score reduced (driven by likelihood of staff to having the required training. Likelihood reduced to a 3, in recognition that there remains a risk to sustained compliance as we transition TASI training back to an annual update for staff and we provide training for new staff both substantive and bank (new actions).

Executive Responsible Office: Executive Director People and Culture Director Lead: Paul Taylor Board Committee: PECC	**Controls Assurance**		
Key Controls	**Level 1 (Management)**	**Level 2 (Oversight)**	**Level 3 (Independent)**
Training Team	Established – current resource 8.5WTE TASI trainers increased		12 month TASI accreditation from BILD
Induction and Training Policy	Policy and Procedure in Place		
Training Tracker	Management Check	Accountability. F&PC and PECC, SMT and TB	
Training Recovery Plan	Team switching staff incrementally to an amber rating giving 3 months to complete training Recovery plan on TASI	Training venues Executive team approval to incremental approach to annual updates Task and Finish Group Communications strategy Executive team oversight on STORM training update and compliance	BILD
Flexible workers	Equal priority on mandatory training		
Training Venues	Training room identified at The Lodge		

	Actions (to modify risks)	**By When**	**By Who**	**Gap**	**Update**
4	New Action: Monitor transition of TASI training back to yearly update arrangements and that all new starters have successfully completed the full suite of mandatory training.	Mar '25	PT	Assurance	Monitoring through Accountability Framework meetings. Transition complete back to annual update, current TASI compliance is 91% Progress with new starters to complete suite of mandatory training, inlcuding additional training added, compulsory booking and communications strategy.
5	Provide TASI training to bank who have joined EPUT temproary workforce.	Sept '24	PT	Control	All bank staff compulsory booked to attend by the end of May '24. Any 'did not attends' will be picked up in arranged training prior to target date of Sept '24

CRR77: Medical Devices

Risk Description: If EPUT does not fund resources and the deep dive to address the clinical rationale/ pathway for medical devices, then unsafe, non-serviced, non-calibrated and inappropriate devices remain in use, resulting in a failure to achieve our safety first, safety always strategy, and reputational damage

Initial Risk Score	*Current Risk Score*	*Target Score*	
C4 x L3 = 12	*C4 x L4 = 16*	*C4 x L2 = 8*	**Note:** Previous reported completed actions 1, 2, and 6-8 have been removed from the report. **Note:** A reassessment of the risk is underway to assess the impact of the improved asset register function and service records with potential to reduce the risk score.

Executive Responsible Office: Executive Nurse
Director Lead: Angela Wade
Board Committee: Quality Committee

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

	Actions (to modify risks)	**By When**	**By Who**	**Gap**	**Update**
1a	Implement the solutions from the outcomes of the deep dive	Extended Aug '24	NA	Control	Management actions concluding. Remaining action associated with actions detailed below.
4	Medical Device Management training ensuring staff know that they have a responsibility to ensure pieces of kit are calibrated	Extended Sept '24	NA	Control	Ongoing and part of the training
5	Introduce point of care testing quality assurance process to avoid use of equipment that is not calibrated or serviced	Extended Aug '24	NA	Control	Exploring working in partnership with MSEFT for the provision for quality assurance programme. In process of procuring new devices to support the programme.
9	**New Action:** Tender contract for medical devices programme.	Sept '24	NA	Control	Tender for contract will commence April '24, with timeline for completion Sep '24. The current contract runs to the 31 Dec '24.
10	**New Action**: To enhance the Medical Devices Policy with detail of risk assessment for equipment marked as 'end of life' to support continued use in a clinical area.	Jun '24	AB	Control	In progress with the Medical Devices Safety Officer.

CRR81: Ligature

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

Initial Risk Score	*Current Risk Score*	*Target Score*	
C4 x L3 = 12	*C4 x L3= 12*	*C4 x L2 = 8*	**Note:** Previous reported completed actions 1, 2, 3, 5 and 6 have been removed for the report. **Note:** Risk assessment has been reviewed and risk reduced on the basis of the incident profile (approved by the Ligature Risk Reduction Group chaired by the Executive Chief Operating Officer).

Executive Responsible Office: Executive Director Operations
Director Lead: Nicola Jones / Moriam Adekunle
Board Committee: Quality Committee

Key Controls	Controls Assurance		
	Level 1 (Management)	**Level 2 (Oversight)**	**Level 3 (Independent)**
Estates Ligature/ Patient Safety Co-ordinator H&S Team and Compliance Team LRRG / EERG Ligature Project Group	Teams established LRRG in place	LRRG reports Escalations via Accountability framework	BDO Audit November 2022 (Patient Safety) Design: Substantial; Effectiveness: Moderate
Ligature Policy and Procedure including environmental Standards	Ligature wallet audits / ligature inspections. Policy review and approval March 2023	Annual Report	BDO Audit November 2022 (Patient Safety) Design: Substantial; Effectiveness: Moderate
Ligature Training (target 85%) and Tidal training	TIDAL training. OLM prevention of suicide by ligature training – August 2023 – 88% compliance	Reporting to LRRG	
Trend Analysis	Benchmark 42 per 1000 bed days. EPUT Trend analysis April 21 – March 23 remain on average slightly above benchmark. Ligature analysis 2022-23 Report	Reporting to LRRG and BSOG	
Reduced ligature environment	Range of innovations in place including DTAs and Oxevision. Estates safety/ligature annual	Annual ligature inspection for all MH wards	
Learning from incidents and safety alerts via Lessons Team/ ECOL/ 5 key messages	Enhanced learning within annual reporting utilising deep dive data		Actions completed from the CQC Brief Guide
Local Area Ligature Network and Awareness and ownership of ligature reduction work	Network Established		
Support for staff	Support package developed – debriefing facilitated by Nursing in Charge/ Ward Manager/ Matron/ Service Manager/ Clinical Lead/ Consultant (or other member of Senior Medical Team)	Here for You – signposting for individual follow up Input from Psychological Services Patient Safety Team facilitates 'cold' debrief in the form of after action review for staff support	

	Actions (to modify risks)	By When	By Who	Gap	Update
4	Further roll out of environmental improvements	Mar '24	MM	Control	Action continues to be on track for delivery with regular ligature/patient safety environment improvements reported.

CRR81 (Continued)

Actions (to modify risks)	By When	By Who	Gap	Update

7	Implement new environmental standards with new way of recording maintenance breaches only on 3i	Jul-24	SP	Control	Ligature policy including new environmental standards and inspection SOP has been updated with new process. Consultation held with H&S and Estates Teams. Policy approved at Ligature Risk Reduction Group in March 2024 and going through Health Safety and Security Committee, prior to presentation at Policy Oversight and Ratification Group for approval. Next steps go live to pilot new process and tools in April-June and evaluate in July 2024
8	Roll out new ligature training	Jul-24	Project Group	Control	Training team taking forward roll out of new training programme to commence in May 2024

CRR92: Addressing Inequalities

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

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Previous reported completed actions 1, 2 and 3 have been removed from the Board report.
C5 x L4 = 20	*C4 x L3 = 12*	*C3 x L2 = 6*	

Executive Responsible Office: Executive Director People and Culture
Director Lead: Lorraine Hammond
Board Committee: PECC

Controls Assurance

Key Controls	Level 1 (Management)	Level 2 (Oversight)	Level 3 (Independent)
Employee Experience Team including Director	Established and 6 Employee Experience Managers in post. Working with VAPR and safety teams		
Equality and Inclusion Policies	Policy and Procedures in place	Governance - Equality & Inclusion Sub-Committee and reporting to PECC	
Range of equality networks and staff engagement methods	Networks Established Executive Sponsors		
Training (inc. RISE Programme)	Workshops on micro-incivilities completed RISE Programme in place	RISE (3 cohorts completed with positive staff feedback)	
WRES and WDES	WRES and WDES plans in place Executive Sponsorship of plans		
EDI Culture	Ongoing programme in place to Nov 24 Supporting staff affected by discriminatory behaviour, abuse and bullying		
Behaviours Framework	Behaviour Framework in place		
EDI Framework RAG system	Framework developed		

	Actions (to modify risks)	By When	By Who	Gap	Update
4	Improve the environment of psychological and physical safety for staff. Address racial abuse and sexual safety at EPUT.	Mar '25	LH	Control	Sexual safety phone line now operational 24 hours a day, seven days a week. Managers have also been reminded of their role in supporting staff who have reported any issues of this nature and on call directors are enrolled into Level 2 Safeguarding Training. We are working with staff to co-design a road map on how the Trust should respond to all incidents of violence and abuse. In addition we are working with Peer Support Workers and patients to gain an understanding as to why violence and abuse may occur on wards and what can be done to reduce incidents.
5	Implement the EDI framework as part of NHS England EDI plan (including new Leadership Behaviour Toolkit)	Extended Dec '25 To align with NHS England EDI Improvement Plan	LH	Control	Executive EDI objectives have been set and will be agreed through Remuneration and Nominations Committee at the end of March '24 in preparation of submission. The Leadership Behaviour Toolkit has been developed and is being socialised.
6	***New Action*** : Update the Equality Inclusion and Human Rights Policy (Reference CP24)	May '24	LH	Control	Draft (in new Trust template) is ready for consultation through the Equality and Inclusion Group and on track to meet timeline. Updates reflect national guidance.

CRR93: Continuous Learning

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

Initial Risk Score	*Current Risk Score*	*Target Score*	**Note:** Previous reported completed actions1, 3-5 have been removed from the report.
C5 x L3 = 15	*C5 x L3 = 15*	*C5 x L2 = 10*	

Executive Responsible Office: Executive Nurse
Director Lead: Moriam Adekunle
Board Committee: Quality Committee

Key Controls	Level 1 (Management)	Level 2 (Oversight)	Level 3 (Independent)
Patient Safety Incident Management Team (PSIM)	Established (some vacancies) Deputy Director in post	Governance Structure in place Training in place	
Quality and Safety Champions Network	84 People registered (June '23)		
Learning Collaborative Partnership and Learning Oversight Committee	Forums in place	ESOG and QC Reporting	Pan Essex CQRG
Adverse Incident Policy incl. PSIRF SOP and People and Culture Policies	Policy and Procedures in place		
Culture of Learning Project	Culture of Learning Programme live	ESOG and QC reporting	IA - Learning from the Independent Inquiry (Mar '23) Design Moderate and Effectiveness Moderate
Themes allocation to clinical / assurance / transformation groups			
Learning information sharing	Communications Plan Lesson Newsletter Internal Safety Alerts Champions Network		HSE (2021) CQC (2021, 2022) findings
Patient Safety Dashboard	Dashboard Live (Feb '23) Triage and early warning tool Power BI		

	Actions (to modify risks)	By When	By Who	Gap	Update
2	Develop and implement EPUT Safety and Lessons Management System (ESLMS)	Extended April '24	MA	Control	ESLMS in place in the live environment from December 2023. We are testing ESLMS with local teams as part of our implementation plan. This is to ensure that it is embedded and aligned to care unit clinical governance structures feeding into local quality and safety meetings.
6	Develop QI methodology	Mar '24	MA	Control	The future model for embedding QI has been reviewed and approved by the Executive Team in March '24 which resources the programme going forward. This has been achieved through a mixture of redeployed staffing resource, and training / development funding. QI approach will be apllied to our priority areas withing the Quality of Care Strategy with our Deputy Directors of Quality and Safety taking lead roles on these programmes of improvement. The LifeQI Platform will continue to be available for local teams to document and track local quality improvement projects.
7	Ongoing awareness campaign to continue to increase the number of Quality and Safety Champions and embed the network	Complete	MA	Control	Requirement of Quality and Safety Champions remains an ongoing activity and the numbers are steadily increasing (recruitment and awareness supported through induction and other communication channels). We are working to ensure the champions are embedded and supported across all Care Units. These roles will further support the Trust Quality of Care Strategy. We are continuing to recruit and have to date 89 champions in place (slightly short of our 100 ambition for the end of March '24). Action closed on the basis of recruiting and increasing the numbers will continue year on year.

CRR96: Loggists

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

Initial Risk Score C4 x L4 = 16	*Current Risk Score* C4 x L4 = 16	*Target Score* C4 x L1 = 4	**Note:** Previous reported completed actions 1-2 have been removed from the report.

Executive Responsible Office: Executive Director Major Projects Director Lead: Nicola Jones , Director of Risk and Compliance Leads: Amanda Webb Board Committee: Quality Committee	**Controls Assurance**

Key Controls	Level 1 (Management)	Level 2 (Oversight)	Level 3 (Independent)
Pool of trained loggists, including EPRR Team and Executive Directors PAs	All EPRR incidents have been logged to date	Command structure	EPRR Core Standards Return and EPRR Annual Report 2022/23 notes number of EPRR events in 2022/23 and that appropriate response was stood up successfully.
Loggist Training	Available from NHS EoE and from in-house provision		
Major Incident Policy	Major Incident Policy in place		

	Actions (to modify risks)	By When	By Who	Gap	Update
3	Deliver Loggist training as per training needs analysis for new entrants on the Loggist register	Mar '24	NJ	Control	Two loggist courses have been provided with third arranged for 27 March '24. Current number of fully trained loggists = 14.

CRR98: Pharmacy Resource

Risk Description: If EPUT is unable to fill new and pre-existing positions within Pharmacy Services, then it may not be able to deliver a comprehensive Pharmacy Service to Trust patients, resulting in delayed treatment, poor clinical outcomes and possible patient harm.

Initial Risk Score	*Current Risk Score*	*Target Score*	
C4 x L4 = 16	*C4 x L4 = 16*	*C4 x L2 = 8*	

Executive Responsible Office: Executive Nurse Director Lead: Tendayi Musundire Leads: Tendayi Musundire Board Committee: Quality Committee	**Controls Assurance**		
Key Controls	**Level 1 (Management)**	**Level 2 (Oversight)**	**Level 3 (Independent)**
Pharmacy Team	Vacancy Factor high New posts to support new registrants	Executive Team - provided additional funding for pharmacy resources.	Collaboration with HEE and HEIs to develop a sustainable pipeline of staff CQC (July 2023) Must Do Action
Use of band and agency staff	Support from ICB secondment of pharmacist part-time		
Support from Patient Experience Team			
Rolling recruitment programme	£300k additional substantive staffing agreed - implementation in progress to fill posts	Performance reporting	
Business Continuity Plan	Using Datix Dashboard for pharmacy related incidents and monitored by pharmacy		

	Actions (to modify risks)	**By When**	**By Who**	**Gap**	**Update**
1	Continue with recruitment campaign	Ongoing	HS	Control	Recruitment campaign remains ongoing and continuing to see recruitment with clear pipeline running throughout 2024 (with offers made, noting some dependent on exam success / GPhC registration, on track to achieve reduction from 17% to an 8% vacancy by Aug '24. Current vacancies 13.2 wte. Business continuity plan for Pharmacy has been scaled back with a review of the risk score. A further review of the business continuity plan will be undertaken in Feb '24 following new straters in Jan '24.

CRR99 Safeguarding Referrals

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

Initial Risk Score	*Current Risk Score*	*Target Score*	
C4 x L4 = 16	*C4 x L3 = 12*	*C4 x L2 = 8*	**Note:** Previous reported completed actions 1, 2 and 5 have been removed from the report. **Note:** We are maintaining oversight of the increase in workload through the safeguarding business meetings, escalated to the MHA and Safeguarding Sub-Committee. There is an external oversight group that provides additional oversight and control through a range of expert stakeholders.

Executive Responsible Office: Executive Nurse
Director Lead: Tendayi Musundire
Leads: Tendayi Musundire
Board Committee: Quality Committee

Controls Assurance

Key Controls	Level 1 (Management)	Level 2 (Oversight)	Level 3 (Independent)
Trust Safeguarding Team	Gap: Vacancies within Safeguarding Team	Local system to monitor child safeguarding case involvement	Safeguarding Partnership Boards
Safeguarding Policies and Procedures	Policy and Procedure in place		CQC Inspection
Prioritisation for oversight of S17, S47, MAPPA and MARAC attendance at appointments and involvement in reports, as well as attendance at statutory meetings on behalf of doctors.	Prioritisation and monitoring in place		
Safeguarding Training	Training in place ad monitored	Accountability Framework Metric Performance Reporting	
Caseload Management	Team Managers monitor caseloads and circulate monthly caseload reports to Operational Teams	Safeguarding Reports	
Datix Reporting	Datix amendments for sign off and categories		
Southend Unitary Reporting Authority Open Referrals Closed	Completed 19 May '23		

	Actions (to modify risks)	By When	By Who	Gap	Update
3	Incorporate safeguarding forms into patient records	Sept '23 Extend to April '24	TM	Control	We continue with the work of embedding the Safeguarding Forms into patient record systems, Paris and Mobius by the end of March '24. Incorporation of SETSAF Forms on Paris now live (26 Feb '24) and awaiting final sign off for Mobius Forms.
4	Explore options to establish Associate Safeguarding Practitioners to assist Care Co-Ordinators to facilitate safeguarding (adult patients)	Mar '24	TM	Control	Recruitment into all clinical posts is complete to establishment within the Safeguarding Team. Business support team structure review has been completed and being costed, with any additional resource requirements being factored into business planning 2024/25 - note codependency on review by the new Estalish Control Panel.

Risk Movement

March 2024

EPUT

Risk Movement

Strategic Risk Movement – two year period (March 22 – March 24)

Risk ID	Initial Score	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	July 23	Au 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	ID
SR1 Safety	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	15↓	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	SR1
SR2 People	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR2
SR3 Infrastructure	15	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	SR3
SR4 Demand	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR4
SR5 Inquiry	20	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	20	20	20	20	20	20	20	20	SR5
SR6 Cyber	12	15↑	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	SR6
SR7 Capital	20							New	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR7
SR8 Resources	15							New	15↔	15↔	15↔	15↔	15↔	15↔	15↔	20↑	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	SR8
SR9 Digital	20																							New	20↔	15	SR9

Risk Movement

Corporate Risk Movement and Milestones – two year period (Mar 22– March 24)

Risk ID	Initial Score	Mar 22	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	July 23	Aug 23	Sept 23	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Risk ID
CRR11	16	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	CRR11
CRR34	9	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	9↔	9↔	9↔	9↔	9↔	9↔	9↔	9↔	Close		CRR34
CRR45	12	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	CRR45
CRR77	16	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	CRR77
CRR81	12	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	12↓	CRR81
CRR92	20	12↓	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	12↔	CRR92
CRR93	15	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	15↔	CRR93
CRR94	16	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	CRR94
CRR95	20							15	15↔	15↔	15↔	15↔	12↓	12↓	Close													CRR95
CRR96	16										New	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	CRR96
CRR98	20											New	20	20	20	20	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	20↔	CRR98
CRR99	16										New	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	16↔	12↓	12↔	12↔	12↔	12↔	CRR99

9. STRATEGIC INITIATIVES

9.1 SOCIAL IMPACT CHARTER

Decision Item | Nigel Leonard | 5 minutes

REFERENCES

Only PDFs are attached

EPUT Social Impact Charter Mar 24 FINAL.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	Social Impact Charter					
Executive/ Non-Executive Lead:	Nigel Leonard, Executive Director of Major Programmes					
Report Author(s):	Anna Bokobza, Director of Strategy					
Report discussed previously at:	Social Impact Leadership Group Executive Committee 9 January 2024 People, Equality & Culture Committee 3 February 2024					
Level of Assurance:	**Level 1**	**X**	**Level 2**		**Level 3**	

Risk Assessment of Report			
Summary of risks highlighted in this report			
Which of the Strategic risk(s) does this report relates to:	SR1 Safety		
	SR2 People (workforce)		X
	SR3 Finance and Resources Infrastructure		X
	SR4 Demand/ Capacity		X
	SR5 Lampard Inquiry		
	SR6 Cyber Attack		
	SR7 Capital		
	SR8 Use of Resources		X
	SR9 Digital		
Does this report mitigate the Strategic risk(s)?	No		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/a		
Describe what measures will you use to monitor mitigation of the risk	N/a		
Are you requesting approval of financial / other resources within the paper?	No		
If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance	N/A	N/A
	Estates	N/A	N/A
	Other	N/A	N/A

Purpose of the Report		
This report provides the Board with a proposal to approve EPUT's new Social Impact Charter for publication.	**Approval**	X
	Discussion	
	Information	

Recommendations/Action Required
The Board is asked to: 1 Consider and approve the Social Impact Charter. 2 Request any further information or action.

Summary of Key Issues
Following the approval of EPUT's Social Impact Strategy by the Board in September 2023, the Social Impact Leadership Group has co-produced a Social Impact Charter which sets out EPUT's commitments to delivering positive social impact through its actions as an employer, a purchaser, a land owner and civic partner. The commitments have been structured to align as far as possible with the Anchor Charters that have been signed or are in development through our main Integrated Care Partnerships. In publishing a Social Impact Charter EPUT will serve to: • Align the actions of different corporate and operational teams across the Trust behind a common mission • Deliver and align our strategy work in this area • Keep Social Impact on the Executive and Board agenda • Make a positive public statement of EPUT's ongoing commitment to Social Impact and the delivery of Strategic Objective 4: We will help our communities thrive. Following approval of the content, it is proposed that a shorter version of the Charter is produced for publication on the Trust website/media channels alongside some examples of impactful initiatives that EPUT is already delivering. The People, Equality and Culture Committee will receive an update on delivery of the Social Impact programme at its meeting on 1 July.

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

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

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

Service impact/health improvement gains			
Financial implications: **Capital £** **Revenue £** **Non Recurrent £**			
Governance implications			
Impact on patient safety/quality			
Impact on equality and diversity			
Equality Impact Assessment (EIA) Completed	**NO**	**If YES, EIA Score**	

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading
Social Impact Charter v6 - FINAL

Lead
 **Nigel Leonard** **Executive Director** **Major Projects**

Essex Partnership University NHS Foundation Trust – Social Impact Charter

EPUT can and should "go further" than providing safe, high quality physical and mental healthcare by adopting principles of equity and ambitiously pursuing its objective to help our communities thrive. As the only statutory organisation operating across Greater Essex (and beyond), EPUT is ideally positioned to convene partners and co-ordinate social impactful activity.

EPUT Social Impact Strategy, September 2023

EPUT is embracing its role in positively impacting the wider determinants of health. Our Social Impact Charter sets out the ways in which all parts of our organisation aim to have a positive impact on our local communities, leveraging EPUT's role as a local employer, purchaser, land and asset owner, partner to the Voluntary and Community Sector and in the way that we affect our local communities and the environment in which they live. EPUT's Social Impact programme is designed to build on and around the successes already delivered or planned by the networks across the Integrated Care Systems in which EPUT provides services. EPUT aspires to make its social impact interventions sustainably funded over time.

As an employer, EPUT will aim to:

- Be a key driver of strategic efforts in Essex to reduce health inequalities and improve wellbeing by helping individuals who experience barriers to work, including those coping with mental and physical illness to achieve good quality, sustainable employment
- Contribute to the continued raising of awareness and good practice within local employers with regards to the employment of people with mental health conditions, working with partners across Essex and the wider region
- Continue adapting its business processes to promote fair and inclusive employment at scale. This will contribute to individuals in our local communities having the best possible opportunity to successfully gain employment and access to high quality, fairly paid work.

As purchasers, EPUT will aim to:

- Think globally but act locally where possible
- Always consider how what we buy generates positive secondary societal impacts e.g. through utilising local supply chains, supporting local employment opportunities and driving innovation and value for money, reducing travel time and carbon footprint for goods and suppliers
- Consider social and environmental factors during procurement processes, building social and environmental requirements into contracts wherever possible
- Agree social value requirements internally as relevant to each contract e.g. tackling economic inequality, climate change, equal opportunity and wellbeing
- Monitor the benefits realised from contractual requirements by suppliers, where capacity allows.

As a landowner, EPUT will aim to:

- Use its estate for the maximum benefit of the populations

- Put infrastructure in place to enable greener travel solutions for staff and those that visit our sites
- Reduce the impact of its operations on the environment and the communities it serves by:
    - For emissions the Trust control directly we will aim for a 80% reduction between 2028 and 2032 and net zero by 2040
    - For emissions the Trust influences we will aim for an 80% reduction between 2036 and 2039, with net zero being achieved by 2045
    - Decarbonise its portfolio of properties on or before 2045.

As a good civic partner, EPUT will aim to:

- Meet voluntary and community sector (VCSE) partners and communities where they are and partner with them to build resilience and learn from local experts
- Learn from strategic partnerships with VCSEs operating in areas aligned to EPUT's Social Impact priorities
- Recognise and address barriers to VCSE equal partnership and sustainability through shared and defined outcomes, co-operative solutions and advocacy
- Support the development of VCSE organisations locally to deliver what our communities need through an exchange of expert knowledge and technical skill
- Promote meaningful co-production and listen to lived experience in equal partnership
- Deepen and broaden its relationships with academic partners with a view to delivering joint research and innovation that bring investment into the local area and our communities.

Organisations that deliver positive and sustained social impact do this with intentionality. To be successful, EPUT therefore commits to adopting the key features of success:

- **Public board acknowledgment**
- **Commitment to action**
- **Make explicit link between social determinants of health and core operational functions**
- **Being explicit about benefits and outcomes**
- **Public advocacy through ongoing, visible leadership**

10. OTHER

10.1 USE OF CORPORATE SEAL

Information Item | Paul Scott | 1 minutes

REFERENCES

Only PDFs are attached

Use of Corporate Seal FINAL.pdf

SUMMARY REPORT	BOARD OF DIRECTORS PART 1	27 March 2024

Report Title:	Use of Corporate Seal					
Executive/ Non-Executive Lead:	Paul Scott, Chief Executive					
Report Author(s):	Angela Laverick, PA To Chair, Chief Executive and NEDs					
Report discussed previously at:	N/A					
Level of Assurance:	**Level 1**	**X**	**Level 2**		**Level 3**	

Risk Assessment of Report			
Summary of risks highlighted in this report	N/A		
Which of the Strategic risk(s) does this report relates to:	SR1 Safety		
	SR2 People (workforce)		
	SR3 Finance and Resources Infrastructure		
	SR4 Demand/ Capacity		
	SR5 Lampard Inquiry		
	SR6 Cyber Attack		
	SR7 Capital		
	SR8 Use of Resources		X
	SR9 Digital		
Does this report mitigate the Strategic risk(s)?	No		
Are you recommending a new risk for the EPUT Strategic or Corporate Risk Register? *Note: Strategic risks are underpinned by a Strategy and are longer-term*	No		
If Yes, describe the risk to EPUT's organisational objectives and highlight if this is an escalation from another EPUT risk register.	N/A		
Describe what measures will you use to monitor mitigation of the risk	N/A		
Are you requesting approval of financial / other resources within the paper?	No		
If Yes, confirm that you have had sign off from the relevant functions (e.g. Finance, Estates etc.) and the Executive Director with SRO function accountability.	Area	Who	When
	Executive Director		
	Finance		
	Estates		
	Other		

Purpose of the Report		
This report provides a summary of when the corporate seal has been used.	**Approval**	
	Discussion	
	Information	X

Recommendations/Action Required

The Board of Directors is asked to:

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

Summary of Key Issues

The EPUT Corporate Seal has been used on the following occasions:

- 24 October 2023 - Lease Agreement RCS Lettings LTD, Tylers House, Southend.
- 24 October 2023 - Lease Renewal 3 years Oakley Court, Luton
- 05 March 2024 - Appointment of Fire Safety Engineer for Forensic and Low Secure Services at Runwell Hospital / Brockfield House

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

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

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

Acronyms/Terms Used in the Report			

Supporting Reports/ Appendices /or further reading

Lead

Paul Scott
Chief Executive

Meeting cover sheet/ Feb 24/ v.10

10.2 CORRESPONDENCE CIRCULATED TO THE BOARD MEMBERS SINCE THE LAST MEETING

Information Item | Sheila Salmon | 1 minute

10.3 NEW RISKS IDENTIFIED THAT REQUIRE ADDING TO THE RISK REGISTER OR ANY ITEMS THAT NEED REMOVING

Discussion Item ALL 1 minute

10.4 REFLECTION ON EQUALITIES AS A RESULT OF DECISIONS AND DISCUSSION

Discussion Item ALL 1 minute

10.5 CONFIRMATION THAT ALL BOARD MEMBERS REMAINED PRESENT DURING THE MEETING AND HEARD ALL DISCUSSION (S.O REQUIREMENT)

Information Item | ALL | 1 minute

11. ANY OTHER BUSINESS

Discussion Item 1 minutes

12. QUESTION THE DIRECTOR SESSION

Discussion Item 10 minutes

13. DATE AND TIME OF NEXT MEETING

Information Item 1 minute

Wednesday 5 June 2024 at 10.00 in Training room 1 at The Lodge