



06 February 2026[MERGEFIELD "Postcode"]

Essex Partnership University NHS Foundation Trust
For the attention of Paul Scott
Trust Head Office
The Lodge
Lodge Approach
Wickford
Essex
SS11 7XX

FAO Victoria Green
Care Quality Commission
Citygate Gallowgate
Newcastle upon Tyne NE1 4PA

Via email: [I/S] and
[I/S]

Dear Victoria Green,

Re: Warning Notice received 05 February 2026 (Reference: [I/S])

In response to the healthcare being delivered on Ardleigh Ward, the Trust has taken the concerns raised by the Care Quality Commission seriously and provides the following as a summary of immediate actions taken and to provide a copy of our rapid response improvement action plan as requested.

The Trust had already identified some concerns at Ardleigh ward through our internal Governance systems. Our initial response as a trust was to complete a quality review led by the Director of Nursing and Director of Patient Experience. This included engagement sessions with staff, patients and partners. Out of the quality review a quality improvement plan was developed and is currently being implemented. This plan has been updated following CQC feedback throughout the inspection process (please see attachment 1). This plan will be further refreshed following your concerns to ensure immediate changes outlined below are fully embedded and sustained.

The Trust has developed a rapid response action plan against each of the items listed within the warning notice (please see attachment 2).

We have taken the decision to close the Health Based Place of Safety (HBPoS) at Ardleigh Ward and close to new admissions. Reopening the HBPoS and to new admissions will be reviewed weekly and risk assessed with Trust partner. Decisions will be made through the safer staffing sit rep process. This decision has been taken to provide additional staffing on the ward while improvements are being embedded.

1) Responding to incidents

You must provide a detailed action plan (with supporting evidence) which details how concerns raised about responding to incidents will be addressed.

The ward manages safer staffing through robust rostering and twice daily sit reps with senior/ exec oversight. The immediate actions outlined below will feedback into the safer staffing process while improvements are being made.

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The Care Unit Senior Leadership has undertaken an enhanced review of safer staffing numbers to ensure appropriate levels and skills (to ensure staff are available to response

safely to incidents) with focus over next 7 days while improvements are being implemented. (see roster attachment 3)

Escalations have been made to system partners to support complex/system delays

A review of the effectiveness of the dedicated unit response team, who are responsible for responding to incidents, is being undertaken. This has included immediate expanding of the team and work is being undertaken to develop robust local SOPs.

Please accept my apologies for the delay in sharing the patient risk management plan requested (see attachment 4) and the observation allocations (this has been included in the data uploaded to the CQC portal on 05.02.26)

Other actions planned over next 14 days include:

- Weekend onsite matron and on-call manager will be providing additional support over the weekend and will be completing a safety walkaround which will include a wellbeing check with staff
- The Trust Compliance Team will be providing onsite clinical support to the new ward manager over the next 14 days and to gain assurance of improvement progress
- The Practice Nurse Educator (PNE) at the Lakes to be based on Ardsleigh
- We will hold an unplanned incident response drill on 06.02.26 and build unplanned drills into future assurances processes

2) Enhanced observations

You must provide a detailed action plan (with supporting evidence) which shows how you will support staff and ensure that observations are not in excess of two hours consecutively.

The new leadership team on the ward (ward manager and matron) are ensuring engagement and observations are being undertaken in line with policy (see attachment 5). They are scrutinising allocations and monitoring practice and have enhanced escalation processes when practice is not in line with policy. The new leadership team are also having a focus with staff on ensuring breaks are taken.

As outlined above staffing numbers have been increased with closure of HBPOs and the ward will utilise activity coordinators to support at times of high levels of observations

Other actions planned over next 14 days include:

- Regional DoN planning to visit the ward in February
- The PNE will be providing additional training and coaching for the NIC role and responsibilities re allocation and management of a shift
- The PNE will support the 4 new registrants that are due to start

3) Environmental concerns

You must provide a detailed action plan (with supporting evidence) which details the concerns raised have been addressed and what is being put in place to prevent further risks occurring again.

A safety huddle is being led by care unit leadership team with focus on environmental management. This will include resharing the Trust safety alert re plastic bags with the ward staff (see attachment 6)

We are seeking immediate feedback with regards to environment, from patients through the daily community meetings/mutual help meetings. These are an opportunity to listen and here the feedback and take appropriate action.

The On-Call Manager and Weekend Matrons will highlight environmental concerns as part of safety walkarounds outlined above

Other actions planned over next 14 days include:

- GEMBA walkabout to be undertaken with focus on environment with Care Unit Leadership Team/ Matron
- Additional senior support for the new ward manager and matron to coach on quality and safety inc environmental safety management has been identified. This will include supporting delivery of the Matrons Charter

4) Recording of incidents

We require you to provide us with what actions, systems and policies you have put in place (with supporting evidence) to ensure the robust and timely recording of all incidents, including how appropriate action will be taken with applicable timescales.

The Trust has taken action to include discussion of this concern at the ward safety huddle booked for 06.02.26.

The Trust has an Adverse Incident Policy (see attachment 7) in place and staff are trained at induction to ensure they are familiar with the Trust policy and the Datix incident system.

All incidents are reviewed at ward level each day and reviewed weekly at the care unit incident review group. Where gaps are identified these are addressed with the local team. Ardsleigh has consistently been the highest reported over the last 6 months.

Other actions planned over next 14 days include:

- Senior Datix Manager to work with PNE and attend the ward to highlight incident reporting and learning and navigating the system.
- Enhancing discussion at safety huddles to explore incident reporting culture and the senior clinical team will increase security of ward reporting culture including cross checking incidents reporting at handover and on EPR with incidents reported on datix. Where gaps are picked up these will be feedback to staff safety huddles

5) Staff handovers

How you will ensure there are effective systems in place to ensure all handovers are thorough and comprehensive including systems and governance around this.

On 5th February 2026 the ward have been asked to implement a change in handover process utilising a new electronic system. The new system automatically pulls information from the electronic patient record, this removes the reliance on individual members of staff memory and reduces the risk of something being missed

Senior leadership are attending a sample of staff handovers over the next 7 days to observe processes and new system embedding and listen to staff experience. The Trust has a handover guideline (see attachment 8)

We will continue to have weekly oversight through the Local Care Unit sit rep meeting, which feeds into the CQC oversight meeting and Executive Team, to obtain assurance that changes are sustained and progress continues.

Please do come back to us should you require any further information following your review.

Yours sincerely

[I/S]

[I/S]

[I/S]

Paul Scott
Chief Executive

Ann Sheridan
Executive Chief Nursing

Dr Kallur Suresh
Chief Medical Director