

# Quality Report 2016/17



## **Part 1: Statement on quality from our Acting Chief Executive**

I am pleased to present our Quality Report for the financial year 2016/17. The report provides the opportunity for our Board to look back over the year, reflect on some of our key achievements, and to think about our goals for the coming year. This is an annual report on the quality of care provided by the Trust, and in it we note our formal regulatory requirements as well as examples that have made our organisation proud.

I would like to start this report by saying thank-you to all our staff, for their commitment, professionalism and expertise. These are difficult times in the NHS and our Trust is not exempt from these difficulties. Recruiting staff is ever more challenging and demand for our services continues to rise. In spite of this, you will see that our performance in core indicators continues to be robust.

Whilst it might be that our visit from the Care Quality Commission (CQC) in June 2016 could dominate this report, it is important to note that none of our quality practice or quality improvement planning has been done solely as a result of the CQC inspection. We have focused on these improvements as we shared the CQC's ambition for us to provide the best quality care for the population that we serve. I can only say how impressed I was that in every contact witnessed by the CQC, they reflected the caring nature of our staff and their commitment to treating people with dignity and respect. I was not surprised by this, but it is always heartening when others also recognise it.

The domains of Safe, Effective and Responsive were assessed as 'requires improvement' by the CQC in June 2016. Since then, much work has been undertaken to improve these areas and we continue to work on improving the consistency of the quality around how we learn from incidents, care planning, how we assess and record mental capacity, and how easy it is for people to access some of our services.

Over the course of the year there has been a definite improvement in the quality of our services; something that was clear from our own internal audit processes and recognised by our regulatory bodies during subsequent visits, with three services areas being positively regraded. It is a testament to the hard work of our staff that our warning notices were lifted in March 2017.

In March 2016, the Trust and its regulators agreed a Governance Improvement Action Plan (GIAP). The plan outlines clear recommendations for the Trust to deliver, in response to the recommendations made by all previous external reports.

The plan centred around a number of key themes: Human Resources and associated functions, people and culture, clinical governance, corporate governance, strengthening the role of the Council of Governors, roles and responsibilities of Board members, whistleblowing and ensuring that a fit and proper person review is undertaken for all directors.

Throughout the year the Trust has demonstrated progress and compliance with this plan and provided regular updates to NHS Improvement (NHSI) in this respect. This resulted in NHS Improvement issuing a certificate of compliance with our NHS Foundation Trust licence in May 2017.

The Trust is a key partner in the Derbyshire Sustainability and Transformation Plan (STP), and I am pleased that senior staff and leaders have engaged in and contributed to this process, as part of the overall aim of organisations working together to improve the health and wellbeing of the people of Derbyshire.

Our next step, recognising the specific challenges that lie ahead, is the shift from a focus on monitoring and compliance around the quality of what we deliver, to embedding these changes into our services, making sure they become part of everyday practice. I am confident in the ability of our staff in achieving this.

I confirm that to the best of my knowledge, the information contained in this document is accurate. Grant Thornton will audit this report in accordance with relevant audit standards.



Ifti Majid  
Acting Chief Executive  
25 May 2017

## **Independent Practitioner's Limited Assurance Report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust on the Quality Report**

We have been engaged by the Council of Governors of Derbyshire Healthcare NHS Foundation Trust to perform an independent limited assurance engagement in respect of Derbyshire Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2017 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and additional supporting guidance in the 'Detailed requirements for quality reports for foundation trusts 2016/17' (the 'Criteria').

### **Scope and subject matter**

The indicators for the year ended 31 March 2017 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital; and
- minimising delayed transfer of care.

We refer to these national priority indicators collectively as the 'Indicators'.

### **Respective responsibilities of the directors and Practitioner**

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2016 to 25 May 2017;
- papers relating to quality reported to the Board over the period 1 April 2016 25 May 2017;
- feedback from Commissioners dated 29/04/2017;
- feedback from Governors dated 04/05/2017;
- feedback from local Healthwatch organisations dated 19/04/2017 and 30/04/2017;
- feedback from Overview and Scrutiny Committee dated 29/04/2017;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12/04/2017;
- the national patient survey dated 04/01/2017;
- the national staff survey dated 31/01/2016;
- the Care Quality Commission inspection report dated 29/06/2016; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 27/04/2017.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Derbyshire Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting Derbyshire Healthcare NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2017, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Derbyshire Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) – ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000’). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators;
- making enquiries of management;
- limited testing, on a selective basis, of the data used to calculate the indicators tested back to supporting documentation;
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

### **Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators which have been determined locally by Derbyshire Healthcare NHS Foundation Trust.

Our audit work on the financial statements of Derbyshire Healthcare NHS Foundation Trust is carried out in accordance with our statutory obligations and is subject to separate terms and conditions. This engagement will not be treated as having any effect on our separate duties and responsibilities as Derbyshire Healthcare NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Derbyshire Healthcare NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Derbyshire Healthcare NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Derbyshire Healthcare NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Derbyshire Healthcare NHS Foundation Trust] and Derbyshire Healthcare NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

## **Conclusion**

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2017:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the NHS foundation trust annual reporting manual 2016/17 and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports for foundation trusts 2016/17'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2016/17' and supporting guidance.

## **Grant Thornton UK LLP**

Grant Thornton UK LLP  
Chartered Accountants  
The Colmore Building  
20 Colmore Circus  
BIRMINGHAM  
West Midlands  
B4 6AT

25 May 2017

## Part 2:

### Priorities for improvement and statements of assurance from the board

#### 2.1 Priorities for improvement in 2017/18

The report is required to start with a description of the areas for improvement in the quality of relevant health services that the Trust intends to provide or sub-contract in 2017/18.

Quality priority and why this has been set nationally	The measure	How it will be monitored and reported
<p><b>Well led</b></p> <p><b>Trust wide</b></p> <p>1 a) <b>NHS Staff Health and Wellbeing</b> – through a number of health related behaviour modifications</p> <p><b>1a Staff survey – HR and teams</b></p> <p><b>1b Sugary snacks and food led by Estates</b></p> <p><b>1c Flu vaccinations</b></p> <p>Staff wellbeing is a particular priority, as the vehicle through which all quality care is subsequently delivered. This provides clear expectations of how we approach both the physical and the mental health of our staff.</p>	<p><b>Achieving 5% improvement in two of the three NHS annual staff survey questions</b> on health and wellbeing, musculoskeletal (MSK) problems and stress.</p> <p>Year 1 (2017/18) The 5% improvement should be achieved over a period of two years, with the baseline survey being the 2015 staff survey.</p> <p>Year 2 (2018/19) The 5% improvement should be achieved over a period of two years, with the baseline survey being the 2016 staff survey.</p> <ol style="list-style-type: none"> <li>Question 9a: Does your organisation take positive action on health and wellbeing? Providers will be expected to achieve an improvement of 5% points in the answer “yes, definitely” compared to baseline staff survey results or achieve 45% of staff surveyed answering “yes, definitely”.</li> <li>Question 9b: In the last 12 months have you experienced MSK as a result of work activities? Providers will be expected to achieve an improvement of 5% points in the answer “no” compared to baseline staff survey results or achieve 85% of staff surveyed answering “no”.</li> <li>Question 9c: During the last 12 months have you felt unwell as a result of work related stress? Providers will be expected to achieve an improvement of 5% points in the answer “no” compared to baseline staff survey results or achieve 75% of staff surveyed answering “no”.</li> </ol>	<p>This is led by the staff wellbeing service</p> <p>Each senior leadership team and each integrated Quality Leadership Team (QLT) and senior operations team group will:</p> <ol style="list-style-type: none"> <li>Review its staff survey feedback for this area</li> <li>Write an improvement plan in partnership with wellbeing leads and make active progress in this area</li> <li>Achieve the Commissioning for Quality and Innovation agreement (CQUIN) for the area and contribute to the Trust achieving 100% in this area overall.</li> </ol>

	<p><b>1b The banning of price promotions on sugary drinks and foods high in fat, sugar or salt.</b></p> <p><b>1c Improving the uptake of flu vaccinations for frontline clinical staff.</b></p> <p>Year 1 – Achieving an uptake of flu vaccinations by frontline clinical staff of 70%.</p> <p>Year 2 – Achieving an uptake of flu vaccinations by frontline clinical staff of 75%.</p>	<p>Estates led, reduce and cease all offers as per guidance in any facility in a trust setting.</p> <p>HR led- Staff wellbeing service. Flu campaign.</p> <p>Positive leadership and communication by the infection control team and the senior leadership team.</p>
<p><b>Effective</b></p> <p><b>Adult Mental Health</b></p> <p><b>b) Improving physical healthcare to reduce premature mortality in people with serious mental illness (SMI)</b> Assessment and early interventions offered on lifestyle factors for people admitted with SMI.</p> <p>There is clear recognition that people experiencing SMI face reduced life expectancy of 15 to 20 years. This offers a clear approach as to how we can work in partnership with primary care colleagues to both monitor the physical health of this population, and also to ensure that they have access to relevant physical health intervention if physical health problems are identified or seen to be at high risk of developing.</p>	<p><b>Cardio metabolic assessment and treatment for patients with psychoses</b></p> <p>For 2017/18 To demonstrate cardio metabolic assessment and treatment for patients with psychoses in the following areas:</p> <ul style="list-style-type: none"> <li>a) Inpatient wards</li> <li>b) All community based mental health services for people with mental illness (patients on the care programme approach (CPA), excluding early intervention in psychosis (EIP services)</li> <li>c) EIP services.</li> </ul> <p>And in addition, for 2018/19:</p> <p>To demonstrate positive outcomes in relation to body mass index (BMI) and smoking cessation for patients in early intervention in psychosis (EIP) services.</p> <p><b>For 2017/18:</b> The number of patients in the defined audit sample who have both:</p> <ul style="list-style-type: none"> <li>i. <b>A completed assessment</b> for each of the cardiometabolic parameters with results documented in the patient’s electronic care record held by the secondary care provider.</li> <li>ii. <b>A record of interventions</b> offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool.</li> </ul>	<p>This is led by the Physical health care committee</p> <p>Each senior leadership team Each integrated QLT and senior operations team group will support this CQUIN.</p> <ul style="list-style-type: none"> <li>• Contributing to the detailed CQUIN plan</li> <li>• Monitoring performance</li> <li>• Taking action to raise and rectify clinical performance issues</li> <li>• Achieve the CQUIN at 100% performance for all sub sections</li> </ul> <p><b>For 2018/19:</b></p> <p>For inpatient wards and community mental health services same as for 2017/18.</p> <p>For early intervention in psychosis services, same as for 2017/18 plus:</p> <ul style="list-style-type: none"> <li>• EIP BMI outcome indicator</li> </ul> <p><b>Inpatients</b> The sample must be limited to patients who have been admitted to the ward for at least seven days. Inpatients with an admission of less than seven days are excluded.</p>



	<p><b>Indicator 3b Collaboration with primary care clinicians</b></p> <p>The number of patients in the audit sample for whom the mental health provider has provided to the GP*</p> <p>An up-to-date copy of the patient's care plan/CPA review letter or a discharge summary which sets out details of all of the following:</p> <ol style="list-style-type: none"> <li>i. NHS number</li> <li>ii. All primary and secondary mental and physical health diagnoses</li> <li>iii. Medications prescribed and recommendations (including duration and/or review, ongoing monitoring requirements, advice on starting, discontinuing or changing medication).</li> <li>iv. Ongoing monitoring and/or treatment needs for cardio-metabolic risk factors identified, as per the Lester Tool.</li> <li>v. Care plan or discharge plan.</li> </ol>	<p><b>Patients on CPA in all community based mental health services</b></p> <p>The sample must be limited to patients who have been on the team caseload for a minimum of 12 months.</p> <p>For 2017/ 18:</p> <p>Patients within the defined audit sample who are subject to the CPA, and who have been under the care of the mental health provider for at least 12 months at the time of the defined audit period.</p> <p>*To take place within the following time periods:</p> <ul style="list-style-type: none"> <li>• Within 48 hours for patients discharged as inpatients</li> <li>• Within two weeks for patients on CPA.</li> </ul>
<p><b>Safe</b></p> <p><b>Adult Mental Health – liaison, Neighbourhoods and key services working in partnership</b></p> <p><b>c) Improving services for people with mental health needs who present to A&amp;E</b> Ensuring that people presenting at A&amp;E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&amp;E in line with improvement in capacity in our community services and the continued positive work of our effective mental health liaison teams</p>	<p><b>Mental health and acute hospital providers, working together</b> and, likely also with other partners (primary care, police, ambulance, substance misuse, social care, voluntary sector), to ensure that people presenting at A&amp;E with primary or secondary mental health and/or underlying psychosocial needs have these needs met more effectively through an improved, integrated service offer, with the result that attendances at A&amp;E are reduced.</p> <p>For 2017/18:</p> <ol style="list-style-type: none"> <li>1. Reduce by 20% the number of attendances to A&amp;E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable.</li> </ol> <p>For 2018/19:</p> <ol style="list-style-type: none"> <li>1. Sustain the reduction in year one of attendances to A&amp;E for those within the selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions.</li> </ol>	<p>Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN.</p> <p>Define a selected cohort of frequent attenders. Define an improvement plan and deliver on this plan.</p> <p><b>Year 1:</b></p> <ol style="list-style-type: none"> <li>1. Identify the people who attended each A&amp;E most frequently during 2016/17 (this is likely to be people who would usually attend A&amp;E 10-15 times or more)</li> <li>2. It is expected that cohorts will include at least 10-15 people per hospital site</li> </ol>

	<p>2. Reduce total number of attendances to A&amp;E by 10% for all people with primary mental health needs.</p>	
<p><b>Responsive</b></p> <p><b>CAMHS and Adult Mental Health</b></p> <p>d) <b>Transitions out of Children and Young People’s Mental Health Services (CAMHS)</b></p> <p>To improve the experience and outcomes for young people as they transition out of (CAMHS)</p>	<p>This CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of CAMHS.</p> <p>This CQUIN is constructed to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN:</p> <ol style="list-style-type: none"> <li>1. <b>Casenote audit</b> in order to assess the extent of Joint Agency Transition Planning; and</li> <li>2. <b>Survey of young people’s transition experiences</b> ahead of the point of transition (Pre-Transition / Discharge Readiness); and</li> <li>3. <b>Survey of young people’s transition experiences after the point of transition</b> (Post-Transition Experience).</li> </ol>	<p>Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN:</p> <ul style="list-style-type: none"> <li>• A specific jointly developed plan between CAMHS and Neighbourhoods</li> <li>• A joint lead</li> <li>• Joint reporting</li> <li>• Achieve the CQUIN for your area and contribute to the Trust achieving 100% in this area overall</li> </ul>
<p><b>Effective</b></p> <p><b>Adult Mental Health – 18+ in-patient services</b></p> <p>e) <b>Preventing ill health by risky behaviours – alcohol and tobacco</b> To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco. This aligns well with the earlier ‘improving physical healthcare’ CQUIN.</p>	<p><b>The burden of excessive alcohol consumption</b></p> <p>In England, 25% of the adult population (33% of men and 16% of women) consume alcohol at levels above the UK Chief Medical Officer’s lower-risk guideline and increase their risk of alcohol-related ill health. <sup>1</sup> Alcohol misuse contributes (wholly or partially) to 60 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cardiovascular conditions, liver disease, cancers, depression and accidental injuries. <sup>2</sup> There are nearly 22,500 alcohol-attributable deaths per year. <sup>3</sup> Out of c3.7m admissions <sup>4</sup>, c333,000 were admissions where an alcohol-related disease, injury or condition was the primary diagnosis or there was an alcohol-related external cause. These alcohol-related admissions are 32% higher than in 2004/05. <sup>5</sup></p>	<p>Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN.</p> <ol style="list-style-type: none"> <li>1. Assess smoking status and offer smoking cessation.</li> <li>2. Review automated / electronic patient records for compliance and submit reports</li> <li>3. Staff training and performance in offering brief advice/ and an offer of smoking cessation intervention</li> <li>4. Number of unique, adult patients who are admitted and screened for alcohol consumption and results are recorded in patient’s record</li> </ol>

<sup>1</sup> <http://digital.nhs.uk/catalogue/PUB16076>

<sup>2</sup> <http://www.hscic.gov.uk/catalogue/PUB13218/HSE2012-Ch6-Alc-cons.pdf>

<sup>3</sup> Public Health England (2016), Local Alcohol Profiles for England. Available at: <http://fingertips.phe.org.uk/profile/local-alcohol-profiles>

<sup>4</sup> Admissions to acute, acute & community and acute specialist providers in 2014/15, excluding maternity and below 18s, based on HES data

<sup>5</sup> Statistics on Alcohol, England, 2016 (NHS Digital, 2016)

	<p>The activity will include:</p> <ul style="list-style-type: none"> <li>• <b>Tobacco screening</b> on admission</li> <li>• <b>Tobacco brief advice – smoking cessation</b></li> <li>• <b>Tobacco referral and medication offer</b></li> <li>• <b>Alcohol screening</b></li> <li>• <b>Alcohol brief advice or referral</b></li> </ul>	<p>5. Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral</p>
<p><b>Safe</b></p> <p><b>G) Deliver specific NON CQUIN requirements</b></p> <p><b>Sign up to safety</b></p> <p><b>Effective</b></p> <p><b>NICE guidelines</b></p> <p><b>Caring</b></p> <p><b>Autism</b> All staff to have access to and undertake <b>autism awareness training</b></p>	<p>The Trust has signed up to the <b>national patient safety campaign ‘Sign up to Safety’</b>. Provider will sign up to any national safety campaigns within an agreed timescale.</p> <p><b>Sign up to Safety Campaign</b> – Provider has committed to five pledges and produced a Safety Improvement Plan</p> <p><b>NICE Clinical Guidelines</b> The provider can demonstrate their position with regard to <b>implementation of all guidance with appropriate implementation plans</b> and can demonstrate that risk assessments have been undertaken on any areas of non-compliance.</p> <p>Provision of autism awareness training package available to all staff. <b>Aspiring to achieve 50% of all staff</b> undertaken training by the end of 2017/18 to increase to 75% of all staff by 2018/19.</p> <p>Quarterly updates on progress against aspirational training figures as a percentage of total staff numbers to be presented</p> <p>Provision of <b>role specific training packages</b> to be made available to <b>relevant staff groups</b>. <b>Aspiring to achieve 15% of front line staff</b> undertaken training by the end of 2017/18 to increase to 25% by the end of 2018/19.</p>	<p>This will be led by the Deputy Director of Nursing and Quality Governance and the Lead Professional for Patient Safety</p> <p>The five pledges will be the quality priorities and an integrated QLT plan</p> <p>Integrated QLTs overseeing the work of their Clinical Reference Groups providing a monthly report</p> <p>Education to lead education provision</p> <p>Education commissioning</p> <p>Education reporting, monthly and quarterly performance reports</p> <p>Integrated QLT teams overseeing the work of their CRGS providing a monthly report</p>

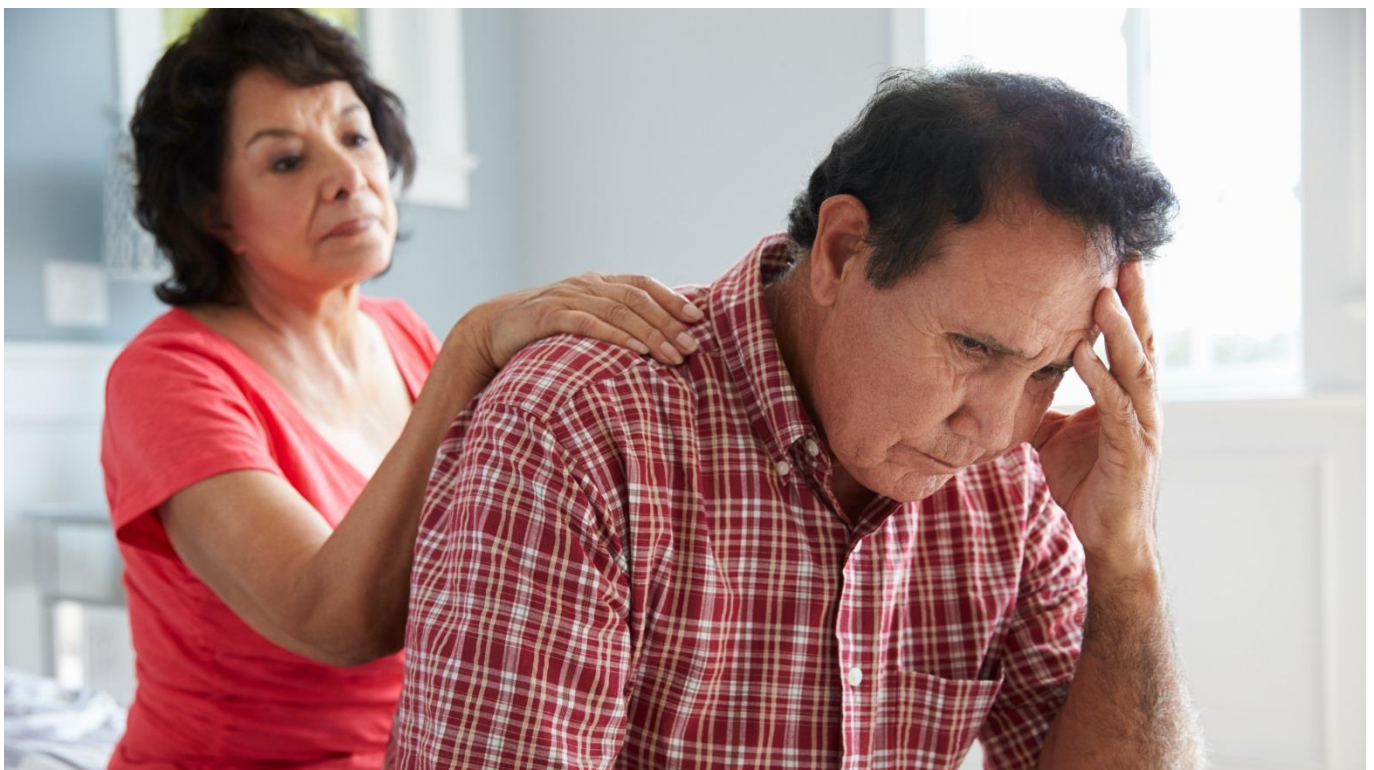
Our priorities for improvement from the 2016/17 Quality Report, and our progress against these:

# Our quality priorities

Derbyshire Healthcare has defined its quality priorities, and these are connected to the needs of the local population and also reflect national priorities.

## Our quality priorities for 2016/17 are:

- Improving the *physical healthcare* of our service receivers
- *Positive and safe* - minimising and reducing restrictive practices
- *Preventing suicide* - through patient safety planning
- Becoming a *person-centred and recovery-focused* organisation
- Embedding *Think! Family*
- Developing and maintaining *personalised care planning*
- Improving the *health and wellbeing of staff* (nationally defined ie flu jab uptake)
- Minimising clinical variation in the assessment and recording of *capacity and consent*
- *Developing clinical leadership* through our Quality Leadership Team (QLT) structures.



Quality priority	Our progress against this priority during 2016/17																				
<p><b>SAFE SERVICES</b> This is a national CQUIN. Our priority is <b>to improve the physical healthcare care</b> of our service receivers through checking various aspects of their physical health</p>	<p>We selected this because of the public health data that demonstrated the need to improve physical healthcare for all. Our carers and service involvement groups had informed us this was a priority for them to have an improved holistic model of care at our Quality Committee and were frustrated with health providers working in silos.</p> <p>We were required to conduct an audit of 100 sets of case notes of patients known to the organisation for at least 100 days, currently being seen and on the CPA framework. This audit was conducted in Quarter 2 of 2016, with a further audit planned for end of year results. The available results are as below:</p> <table border="1" data-bbox="533 607 1398 1200"> <thead> <tr> <th data-bbox="533 607 1193 719">Case notes audit</th> <th data-bbox="1193 607 1398 719">Total % of sample met standard (total sample = 100)</th> </tr> </thead> <tbody> <tr> <td data-bbox="533 719 1193 786">Medication prescribed, incl. monitoring arrangements</td> <td data-bbox="1193 719 1398 786">95%</td> </tr> <tr> <td data-bbox="533 786 1193 819">Mental health diagnosis included</td> <td data-bbox="1193 786 1398 819">100%</td> </tr> <tr> <td data-bbox="533 819 1193 853">Physical health diagnosis included</td> <td data-bbox="1193 819 1398 853">67%</td> </tr> <tr> <td data-bbox="533 853 1193 887">SMI register details included</td> <td data-bbox="1193 853 1398 887">48%</td> </tr> <tr> <td data-bbox="533 887 1193 920">Cardiometabolic risk factors identified</td> <td data-bbox="1193 887 1398 920">54%</td> </tr> <tr> <td data-bbox="533 920 1193 954">Cardiometabolic risk factors addressed in plan</td> <td data-bbox="1193 920 1398 954">74%</td> </tr> <tr> <td data-bbox="533 954 1193 1021">Care plan or discharge plan present? (letter acceptable)</td> <td data-bbox="1193 954 1398 1021">95%</td> </tr> <tr> <td data-bbox="533 1021 1193 1088">Evidence care plan / discharge plan sent to GP?</td> <td data-bbox="1193 1021 1398 1088">94%</td> </tr> <tr> <td data-bbox="533 1088 1193 1200">Total compliant with all standards (where letters / notes convey details of all health issues and plans to treat and monitor)</td> <td data-bbox="1193 1088 1398 1200">53%</td> </tr> </tbody> </table> <p>Recommendations from the audit were as follows:</p> <ul style="list-style-type: none"> <li>• Feedback results of audit to clinical teams</li> <li>• Continue to raise awareness of LESTER cardiometabolic risk factors in clinical care</li> <li>• Continue to embed the training programme to increase clinicians knowledge of physical health issues and common conditions (part of 2016/17 CQUIN requirements)</li> <li>• Re-audit against standards, considering triangulation of information requested from primary care.</li> </ul> <p>Our Substance Misuse teams are trialling a portable device for taking electrocardiograms (ECGs) in the clinic or home setting, with early indications of this being a useful and clinically reliable device. We look forward to the full evaluation to see if this would work well in other clinical settings.</p> <p><b>Delirium training in care homes</b> Delirium has been recognised as a growing issue for older adults, particularly people with dementia and significantly in care homes. The Trust has been working with key partners to address the issue of delirium – developing shared pathways of care and contributing to training initiatives. Between February and April 2017, we have been able to access funding to deliver delirium training in care homes across Derbyshire, and we hope that this will continue until June 2017. The training is targeted at all care homes</p>	Case notes audit	Total % of sample met standard (total sample = 100)	Medication prescribed, incl. monitoring arrangements	95%	Mental health diagnosis included	100%	Physical health diagnosis included	67%	SMI register details included	48%	Cardiometabolic risk factors identified	54%	Cardiometabolic risk factors addressed in plan	74%	Care plan or discharge plan present? (letter acceptable)	95%	Evidence care plan / discharge plan sent to GP?	94%	Total compliant with all standards (where letters / notes convey details of all health issues and plans to treat and monitor)	53%
Case notes audit	Total % of sample met standard (total sample = 100)																				
Medication prescribed, incl. monitoring arrangements	95%																				
Mental health diagnosis included	100%																				
Physical health diagnosis included	67%																				
SMI register details included	48%																				
Cardiometabolic risk factors identified	54%																				
Cardiometabolic risk factors addressed in plan	74%																				
Care plan or discharge plan present? (letter acceptable)	95%																				
Evidence care plan / discharge plan sent to GP?	94%																				
Total compliant with all standards (where letters / notes convey details of all health issues and plans to treat and monitor)	53%																				

	and is flexible in mode of delivery to suit the staff group – in some cases registered staff but in many cases non-registered staff, and staff who provide ancillary services. The training has so far been delivered as far north as New Mills and as far south as Swadlincote.															
<p><b>SAFE SERVICES</b> This is a local CQUIN. Our priority is to minimise <b>the risks of suicide</b> through the implementation of the <b>safety plan</b> approach. The approach is based on formulating a plan which is personalised and agreed with the service receiver on how to keep them safe</p>	<p>Clinical risk assessments using the FACE risk tool were often based upon numbers rather than a qualitative person-centred and co-produced assessment of clinical risk and approach to how it is managed. One of our Consultant Psychiatrist colleagues, Dr Bethan Davies, suggested and designed a new model and our Serious Incident Group supported her idea. Current training performance at end of March is as below:</p> <table border="1" data-bbox="533 504 1398 651"> <thead> <tr> <th></th> <th>Period</th> <th>Plan</th> <th>Actual</th> </tr> </thead> <tbody> <tr> <td>% of staff compliant with Clinical Safety Planning e-learning</td> <td>Month</td> <td>95%</td> <td>93.97%</td> </tr> </tbody> </table>		Period	Plan	Actual	% of staff compliant with Clinical Safety Planning e-learning	Month	95%	93.97%							
	Period	Plan	Actual													
% of staff compliant with Clinical Safety Planning e-learning	Month	95%	93.97%													
<p><b>SAFE SERVICES</b> Our <b>implementation of the Code of Practice</b> and embedding contemporary mental health practice and specialist service CQUIN: Implementing our <b>Positive and Safe Strategy</b> to minimise and reduce restrictive practices</p>	<p>We selected this because of the national and particularly local lobbying by voluntary sector groups specifically Derbyshire Voice and Mental Health Action Group to reduce the use of restraint and seclusion in our services and the need to improve our practices.</p> <p>We have a partnership with Independent Advocacy to offer debrief to all of our patients after any episode of seclusion. This is a recommended action from the NICE Guideline NG10. Our Seclusion Group continues to meet to drive forward progress in this area. This is a co-managed group with service receivers and staff.</p>															
<p><b>Quality priority</b></p>	<p><b>Why we have chosen this as a priority</b></p>															
<p><b>EFFECTIVE SERVICES</b> This is a local CQUIN: <b>To embed our Think! Family</b> principles across the Trust. Think! Family is about thinking about the wider family in everything we do, and co-ordinating the support they receive across all services</p> <p>Think! Family</p>	<p>Our Trust has a long-term commitment to improve our practice following a serious incident in the Substance Misuse service, which resulted in a Serious Case Review. In addition, the Trust received feedback from North Derbyshire and South Derbyshire Carers' Forums that we were not always family inclusive in our practices, and that we could do more.</p> <p>Think! Family training – this has been extended until May 2017. A new training package has been developed including the 'Think! Family' principles, in line with new research, and is being delivered alongside the original 'Think! Family' training. Training is commissioned one day per week currently, and our performance up to 31 March is as below:</p> <table border="1" data-bbox="480 1619 1449 2000"> <thead> <tr> <th>Training Name</th> <th>Target Group</th> <th>Compliant</th> <th>Non Compliant</th> <th>Compliant %</th> </tr> </thead> <tbody> <tr> <td>C Safeguarding Children Level 1 3 yearly</td> <td>544</td> <td>500</td> <td>44</td> <td>91.91%</td> </tr> <tr> <td>C Safeguarding Children Level 1 once only</td> <td>1809</td> <td>1751</td> <td>58</td> <td>96.79%</td> </tr> </tbody> </table>	Training Name	Target Group	Compliant	Non Compliant	Compliant %	C Safeguarding Children Level 1 3 yearly	544	500	44	91.91%	C Safeguarding Children Level 1 once only	1809	1751	58	96.79%
Training Name	Target Group	Compliant	Non Compliant	Compliant %												
C Safeguarding Children Level 1 3 yearly	544	500	44	91.91%												
C Safeguarding Children Level 1 once only	1809	1751	58	96.79%												

R Safeguarding - Children Level 2 3 yearly	400	356	44	89.00%
R Safeguarding - Children Level 2 once only	1527	1453	74	95.15%
R Safeguarding - Children Level 3 3 yearly	1316	1037	279	78.80%
R Safeguarding - Children Level 3 annual	343	290	53	84.55%
R Safeguarding - Children Level 4 annual	11	6	5	54.55%
R Safeguarding - Think Family Once Only	1742	1409	333	80.88%

**Think! Family outcomes:**

Since the Think! Family CQUIN has been in place there has been significant change in culture and practice within the organisation. This enhanced consideration of children and families is evidenced in team self-assessment questionnaires that were completed at the beginning of the CQUIN and again in August 2016, with a doubling of respondents from 52 to 106. The safeguarding children team have also had a considerable increased amount of advice calls from the adult teams regarding safeguarding children issues, which highlights that teams are considering the whole family more routinely. We have in the past highlighted examples of good practice via the Trust's internal staff newsletter, to share throughout the Trust .

Our safeguarding inspection also found that the Substance Misuse services had fully embedded Think! Family principles and evidenced that this had been maintained through 2016.

**Innovations or new models:**

- A referral pathway is now in place between adult substance misuse and children's services in the city – children's services are now notified if a parent / carer accesses the adult service and they have children between the ages of 0-19
- New family and carers strategy
- Family members and carers are involved on clinical interview panels to select the right calibre of family focused staff
- Family and carers offers, such as 'Carers & Cakes', and the lived experience of our Family Liaison Team who have supported 148 families this year.

<p><b>EFFECTIVE SERVICES</b></p> <p>This is a quality priority and specialist service CQUIN: To become a <b>person centred and recovery-focused organisation</b>. The guiding principle is the belief that it is possible for someone to regain a meaningful life, despite mental illness</p>	<p>Our staff have been working over a number of years on person centred and recovery focused care, as we had received feedback from our regulators in Mental Health Act visits in 2015 that we were sometimes inconsistent with regards to this</p> <p>The CQC recognised our performance in this area and how the occupational therapy service demonstrated a strong commitment to quality improvement through the development of community partnerships. These included those with Chesterfield Football Club: the “Spireites Active for Life” courses; the local neighbourhood networks such as Killamarsh, Bolsover and Cross Hands and Cycle Derby; and a new initiative called “Growth”, which involved using a piece of disused land by a social enterprise involving the whole community. These projects allowed patients to develop support networks within their local communities.</p> <p>For additional information around this, please see the ‘Effective’ section of Part 3 of this document.</p> <p><b>Other examples include:</b></p> <p>Within the CAMHS service, partnership work between a volunteer recovery champion and the rehabilitation occupational therapy service to develop a community based <b>Recovery College</b> was an equal partnership, which the volunteer described as a combination of experts by profession and experts by experience. This delivered courses based around education, health, and wellbeing.</p> <p>At <b>Audrey House</b>, all staff including the cooks, domestic staff, and the manager were involved in supporting patients in their rehabilitation, which made this a holistic and engaging environment.</p> <p>The <b>Children and Young People’s Neurodevelopmental Team</b> improved services for neurodevelopmental issues including Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Disorder (ASD).</p> <p><b>The Cygnet Programme</b> in the children, young people and families’ service, a complex health and paediatric therapy service.</p>
<p><b>EFFECTIVE SERVICES</b></p> <p>This is a quality priority for us in 2016/17: Developing and maintaining personalised care planning</p>	<p>We established in our patient experience complaints that care and treatment and care planning were occasionally of concern, and we had received feedback from our regulators in Mental Health Act visits in 2015 that we were inconsistent in this area. It was also flagged in different areas during the June 2016 CQC inspection.</p> <p>Performance</p> <p>Cherry Tree Close was an area which had received feedback from its patients to improve personalised care planning. The team rose to the challenge and received positive feedback from their patients and the health regulator that this had improved.</p> <p>Care planning has been a focus throughout the organisation since the CQC inspection, and subsequent audits have shown an improving trend.</p>
<p><b>EFFECTIVE SERVICES</b></p> <p>This is a quality priority for 2016/17. Our aim is to ensure that clinical variation in the</p>	<p>Enhancing the quality of service user involved care planning in Mental Health Services (EQUIP) work around care planning (a research based approach) and PARIS changes (the electronic patient record) of the new care plan solution has helped to minimise clinical variation in the assessment and recording of <b>capacity and consent</b>.</p>



<p><b>assessment and recording of capacity and consent is minimised</b></p>	<p><b>Performance</b></p> <p>We did not fully put in place an effective plan to improve our clinical practice in in this area, prior to our June CQC inspection. Although internal audit and the Trust had identified the challenges in this clinical practice area, the improvement work had not been sufficient or effective in time to improve our inconsistent practice. The moves from paper records to PARIS also negatively impacted on our consistent assessment and record keeping. This was shared with the CQC prior to inspection and was a focus of their time with us.</p> <p>We continue to improve our practice in this area and our clinical record keeping. The impact of our clinical advisory videos has been positive and we will continue to improve our practices in the SystmOne and PARIS electronic patient records.</p>
<p><b>WELL-LED SERVICES</b> Our aim is <b>to develop clinical leadership</b> through our Quality Leadership Team (QLT) structures</p>	<p>Our Trust had a traditional model of Clinical Reference Groups, which were inconsistent in their focus and often considered areas of interest rather than a full quality governance model.</p> <p>The staff in these structures were given time to develop and grow and move from an advisory role to a modern quality monitoring model. It was evident and noted by independent auditors in our ‘well led’ inspection that the Quality Committee was taking a more operational role in the Trust’s service detail and performance, rather than setting strategy and assurance. It was evident that the clinical tactical and clinical operational level required further development. This theme was also found in the June 2016 CQC inspection.</p> <p>We did not put in place an effective plan to fully improve clinical leadership and progress had been slower than we had envisaged. In 2017 we are making significant headway with our clinical and operational integrated QLTs becoming fully operational and are now performing. We have some further business as usual improvements in one section of our services, but we are seeing significant work of these teams in our in-reach meetings.</p> <p><b>Innovations or new models</b></p> <p>In our well-led inspection it was recommended that we put in place a subcommittee to the Quality Committee, to drive clinical performance. The Trust Management Team has been operational since January 2107 and is now fulfilling that requirement.</p>
<p><b>CARING SERVICES</b> This is a new national CQUIN about staff well-being <b>The aim is to improve the health and wellbeing of NHS Staff</b></p>	<p>Examples of how we have approached this include the Trust’s introduction of the ‘Works Perks’ staff platform, to promote physical health opportunities in partnership with Derby Teaching Hospital and Chesterfield Royal Hospital and we have ongoing negotiations about partnership working around this with Derbyshire Community Health Services NHS Foundation Trust. Discounts have been agreed with County Council gyms, a ‘Bike to work’ scheme has been promoted, we now have rapid access to physiotherapy assessment, staff have continued to access the Employee Assistance Programme for mental health support, and mindfulness courses have been running for staff.</p> <p>With regard to healthy eating, all full sugar drinks and sweet flavoured waters are now banned in the Trust’s coffee shops and vending machines. In the coffee shops and the restaurant, all chocolate located next to tills has been removed and replaced with healthier options. The Catering Department does not sell large size products nor does the Trust have promotional offers. In vending machines, healthy options are available including fruit salads and healthy snacks. There are still further</p>

	improvements to be made to ensure staff working night shifts have access to healthy eating options.
--	---

## 2.2 Statements of assurance from the board

This section is a series of statements from the Board for which the format and information required is set out in regulations and therefore it is set out verbatim.

During 2016/17 Derbyshire Healthcare NHS Foundation Trust provided and/or sub contracted four relevant health services. The Trust provided NHS services to children, young people and families, people with learning disabilities, people experiencing mental health problems, and people with substance misuse problems.
---

Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.
---

The income generated by the relevant health services reviewed in 2016/17 represents 91% of the total income generated from the provision of relevant health services by Derbyshire Healthcare NHS Foundation Trust for 2016/17
--

## Clinical Audits and National Confidential Enquiries

### Participation in clinical audits and national confidential enquiries

During 2016/17 four national clinical audits and one national confidential enquiry covered relevant health services that Derbyshire Healthcare NHS Foundation Trust provides.
---

During that period Derbyshire Healthcare Foundation Trust participated in four (100%) national clinical audits, and 100% of national confidential enquiries which it was eligible to participate in.
--

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust was eligible to participate in during 2016/2017 are as follows:
--

#### *National clinical audits*

1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 1g & 3d: Prescribing high-dose and combined anti-psychotics
2. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 7e: Monitoring of patients prescribed lithium
3. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 11c: Prescribing anti-psychotic medication for people with Dementia
4. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 16a: Rapid tranquillisation

#### *National confidential enquiries:*

1. National confidential inquiry into suicide and homicide by people with mental illness.

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in during 2016/2017 are as follows:
---

### National clinical audits

1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 1g & 3d: Prescribing high-dose and combined anti-psychotics
2. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 7e: Monitoring of patients prescribed lithium
3. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 11c: Prescribing anti-psychotic medication for people with Dementia
4. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 16a: Rapid tranquillisation

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2016/2017, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Title	Cases required	Cases submitted	%
1g & 3d: Prescribing high-dose and combined anti-psychotics	130	130	100
7e: Monitoring of patients prescribed lithium	188	188	100
11c: Prescribing anti-psychotic medication for people with Dementia	251	251	100
16a: Rapid tranquillisation	16	16	100
National confidential inquiry into suicide and homicide by people with mental illness	8	8	100

The reports of three national clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust in 2016/17, and the Trust intends to take the following actions to improve the quality of healthcare provided.

#### Early Interventions in Psychosis Audit 2015/16

Early Intervention in Psychosis (EIP) services are specialist community services providing care and treatment to people who are experiencing their first episode of psychosis, and for those who are at high risk of developing psychosis. The EIP audit helped to establish the extent to which these services comply with a framework of NICE standards of care, NICE quality standard for psychosis and schizophrenia in adults (QS80), which put particular emphasis on early access, physical health, family intervention and supported employment programmes.

The results of the audit provided a national overview of the EIP services' quality of care in England relative to those standards. In addition, the audit enabled the Trust to identify our strengths as well as the areas of improvement. As result of this audit the Trust's established Clinical Reference Group for EIP is overseeing actions to increase compliance to standards through improved access to Cognitive Behavioural Therapy (CBT), family interventions and physical health monitoring.

#### POMH-UK Topic 14b: Prescribing for Substance Misuse: alcohol detoxification

This national audit-based quality improvement programme aims to improve prescribing practice for alcohol detoxification conducted in acute adult psychiatric inpatient settings. The practice standards

audited were derived from the NICE clinical guidelines on alcohol-use disorders (CG100, 2010 and CG115, 2011). The Trust's Drugs and Therapeutics Committee has overseen the actions to be taken to improve practice. Actions have focused around history taking and documentation of information regarding alcohol history during the initial assessment; results for the range of blood investigations related to the detection of the potential complications of alcohol; as well as a breath alcohol measure being documented. Wernicke's encephalopathy, a recognised complication of alcohol withdrawal, can lead to permanent brain damage (Korsakoff syndrome) if untreated. Documented evidence of screening for all three signs and symptoms of Wernicke's encephalopathy is essential; and improving the documentation of screening is also essential in ensuring clinically significant signs and symptoms are not missed. This national audit has facilitated renewed focus on awareness raising and improvements locally in this important area of practice.

#### **POMH-UK Topic 15a: Prescribing Sodium Valproate in Bipolar Disorder**

This national audit-based quality improvement programme aims to improve prescribing practice in the use of valproate in bipolar disorder. The practice standards were derived from NICE Clinical Guidance 185, September 2014. Improvement actions agreed by the Trust's Drugs and Therapeutics Committee focused on liaison with the Clinical Commissioning Group Medicines Safety Officer to discuss views on valproate prescribing for incorporation into a planned local re-audit. In order to gain assurance and evidence of our valproate prescribing practice a larger sample size covering inpatient beds in both the North and the South of Derbyshire was then undertaken. This local re-audit has now been completed and further actions are being implemented to improve the quality of prescribing practice in both inpatient and community care.

#### **The reports of 20 local clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust in 2016/2017 and as a result, the Trust intends to take actions to improve the quality of healthcare.**

The actions we intend to take to improve the quality of healthcare provided result from the following clinical audits reviewed in 2016/17:

##### **Nutrition risk screening re-audit**

Following this audit, an action plan is being implemented focused on improving care for our patients by ensuring that anyone admitted to an inpatient ward receives the following:

- A nutritional risk screen, completed using a validated tool such as the Malnutrition Universal Screening Tool (MUST)
- Screening is repeated as appropriate
- Nutrition support is offered to anyone identified as at medium or high risk of malnutrition.

Changes implemented have included a programme of staff training on nutrition risk screening and the inclusion of the validated screening tool within admission packs to ensure these developments are implemented into routine practice.

The re-audit was also to ensure that the screening is repeated as appropriate (low risk – repeat screening monthly, medium risk – repeat screening between weekly to monthly using clinical judgement, and high risk – repeat screening weekly) and that nutrition support should be offered to all service receivers identified as at medium or high risk of malnutrition e.g. care plan developed, referral to dietitian.

Following this audit, the action plan being implemented is focused on improving care for our patients by ensuring that:

- Training is ongoing at ward level, to support staff completing nutritional risk screening using the MUST tool on the PARIS electronic care record

- Nutrition and hydration teaching sessions delivered to inpatient nursing staff are to be updated to incorporate completing nutritional risk screens electronically
- The Nutrition and Dietetics team work with the PARIS team to improve electronic nutritional screening including visual layout, additional support for staff, electronic alert system to prompt named nurse to repeat screening
- The Physical Care Committee will seek assurance around the use of the MUST tool at the Kedleston Unit
- The Trust will continue to review the choice of approved nutritional risk screening tools for use in a mental health setting that will identify other nutritional risk factors e.g. obesity, cardiovascular disease and anti-psychotic medication in addition to malnutrition, as there is no nationally used nutritional screening tool validated for use within a mental health setting. The Nutrition and Dietetics Team at Derbyshire Healthcare NHS Foundation Trust have begun to work on a draft tool, which requires a validation study.

### **Confidence of Junior Doctors carrying out Seclusion Reviews**

This audit reviewed whether the Trust seclusion guidance (2016) and that of the Department of Health (Positive and Proactive Care) seclusion guidance are being adhered to.

As a result, areas for improvement were identified including development of an Electronic Patient Record seclusion review proforma. Overall training around seclusion is to be revisited, with inclusion of a range of teaching methods in order to cater for a group with varied preferred learning styles. Training is to be repeated in all doctor induction teaching, i.e. in August and February for core trainees, and August, December and April for the General Practitioner Vocational Training Scheme and Foundation trainees. A brief survey is to be conducted at the end of the training course asking respondents to rate confidence and understanding of their role. The survey is to be repeated by the Junior Doctor cohort after the completed cycle of training.

### **Documentation of capacity and consent for patients subject to Community Treatment Orders (CTO) under the Mental Health Act (1983)**

This audit looked at compliance levels in relation to the documentation of whether the registered carer discussions with a patient are appropriately documented, whether the registered carer explained the treatment options, whether the CTO forms were correctly completed and filed and if changes were recorded.

Improvements in practice have been achieved through working on implementing a system that can promptly notify community Consultant Psychiatrists that patients are being discharged on a CTO, so that a review appointment can be arranged as a matter of priority. Findings of the audit have been disseminated to consultants to influence changes in practice and to clarify the specific criteria for robust documentation of capacity and consent to treatment. This also includes the use of a template, similar to that used on wards, to support this. The Trust's Mental Health Act Committee have also agreed to merge the forms being used for documentation of capacity and consent to treatment for patients, subject to either Section 58 (consent to treatment) of the Mental Health Act or CTOs.

### **Local re-audit of POMH-UK Topic 9: Anti-psychotic prescribing in people with a learning disability**

This local re-audit was undertaken to establish whether progress and implementations from the original audit had improved compliance levels. The previous audit cycles focused on estimating the prevalence of the prescribing of anti-psychotics, anti-depressants and mood stabilisers in people with a learning disability, who were under the care of mental health services. This provided the Trust with a description of psychotropic drug prescribing in this population beyond anti-psychotic medication (e.g. anti-depressant or anti-anxiety medication), giving the Trust a better assessment of the quality of medication review in this population.

An action plan addressed poor compliance with best practice in such prescribing by suggesting the development of a standardised clinical letter template with headings and prompts to support comprehensive entries in care records, by Learning Disability Psychiatrists.

All 20 reports reviewed of local clinical audits in order to improve the quality of healthcare, are listed below:

1. Nutritional Risk Screening Re-Audit
2. POMH-UK Topic 15a Local Re-Audit – Prescribing Sodium Valproate on Inpatient Wards
3. On-call Response Time Re-Audit
4. Re-audit of Discharge Documentation from Outpatients Department
5. Families’ Knowledge of and Contribution towards their Safeguarding Plan
6. Crisis Team Discharge Summaries
7. Confidence of Junior Doctors carrying out Seclusion Reviews
8. Adherence to Guidelines for STI Screening in CSA Examinations
9. Is the physical well-being of patients with an eating disorder assessed adequately in line with current guidelines?
10. Section 17 Leave Documentation Re-audit
11. Timing of GP Letters for Self-harm Assessment in Liaison Team (South)
12. Audit of Assessments of Capacity to Consent to Anti-psychotic Treatment in Dementia
13. Patient Awareness of Smoke free Trust Status
14. Documentation of Capacity and Consent for CTO Patients
15. AKI (Acute Kidney Injury) in Old Age Psychiatry: are we identifying high risk inpatients?
16. Self-harm in Older Adults in DHCFT; Liaison North
17. Physical Health Handover on Discharge in Patients Newly Commenced on Anti-psychotic Medication
18. FACE Risk and Care Plan
19. Management and Discharge of Opiate Related Admissions to Royal Derby Hospital
20. Local Re-audit of POMH-UK Topic 9: Anti-psychotic Prescribing in People with a Learning Disability.

## **Participation in clinical research**

The number of patients receiving relevant health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee is 1,550 (data accurate at 31 March 2017).

**Some of the notable National Institute for Health Research (NIHR) portfolio studies we have hosted in 2016/2017 include:**

**ATLAS** – A pragmatic randomised double-blind trial of Anti-psychotic Treatment of very Late-onset Schizophrenia-like psychosis

**EQUIP** – Enhancing the Quality of User Involved Care Planning in Mental health Services. Clinical Cluster Randomised Controlled Trial & Process Evaluation

**BDR** – Brains for Dementia Tissue Bank

**REACT** – An online randomised controlled trial to evaluate the clinical & cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit

**MGI** – Molecular Genetic Studies of Bipolar Disorder & Mood Related Episode

**MADE** – Minocycline in Alzheimer's Disease Efficacy Trial

**ADR** – Molecular Genetics of Adverse Drug Reactions

**DPIM** – DNA Polymorphisms in Mental Health

**PPIP** – Prevalence of Pathogenic Antibodies in Psychosis

**IDEAL** – Improving the Experience of Dementia & Enhancing Life: Living Well with Dementia

**LonDowns** – The London Down's Syndrome Consortium: An Integrated Study of Cognition & Risk for Alzheimer's Disease in Down's Syndrome

**CODES** – Cognitive behavioural therapy vs standardised medical care for adults with Dissociative non-Epileptic Seizures: A multicentre randomised controlled trial

**TRANSFORM** – Trial of Rapid-Acting Intranasal Esketamine for Treatment-Resistant Major Depressive Disorder

**SUSTAIN** – Safety & Sustainance of Esketamine Treatment Response With Repeated Doses at intervals Determined by Symptoms Severity

**MARQUE** – A Naturalistic Two-year Study of Agitation & Quality of life in Care Homes

**EOAD Genetics** – Detecting Susceptibility Genes for late-Onset Alzheimer's Disease

**SPRING** – Defining the Disturbance in Cortical Glutamate & GABA Function in Psychosis, its Origins & Consequences

**MATCH** – People with Autism Detained within Hospitals: Defining the Population, Understanding Aetiology and Improving Care Pathways

**REMISSIO** – a 52-Week, Open label, prospective, multicentre, International Study of a Transition to the Paliperidone Palmitate 3-Month Formulation in patients with Schizophrenia Previously Stabilised on the Paliperidone Palmitate 1-Month Formulation

**PRAISED** – Promoting Activity, Independence & Stability in Early Dementia

**INVEST** – Psychosocial Therapy to Benefit Patients with Parkinson's-related Dementia: A feasibility & Exploratory Pilot Study

**4MT** – Predictors of Progression from Mild Cognitive Impairment to Dementia

**4MT** – the 4 mountains Test of Spatial Memory for Diagnosis of Early Alzheimers Disease: an Evaluation of Diagnostic Specificity

**HOPE** – How Being Obligated, Prepared & Willing Influences Family Carer Wellbeing

Autism Spectrum Cohort – Learning about the Lives of Adults on the Autism Spectrum & their Relatives

**N-CAT** – National Survey of Child Anxiety & Treatment Access

**DECIDE** – Dementia Carers Instrument Development

## **LOAD – Late Onset Alzheimers Disease**

### **Additional information related to research and clinical audit activity at the Trust's Centre for Research & Development**

The Research & Development (R&D) Centre includes three centres of excellence, Compassion, Dementia and Self-harm & Suicide Prevention; the Clinical Research Team responsible for our national portfolio research; Clinical Audit; and Library and Knowledge Services. The centres reflect the three chosen areas of scientific interest for the Trust. The Clinical Research Team host a range of high quality national and international clinical and commercial clinical research studies that are held on the NIHR Portfolio.

In 2016, our Centre for Research & Development programme of work to make research core business was shortlisted for the 2016 Health Service Journal Award on Clinical Research Impact category sponsored by the National Institute of Health Research.

#### **The Clinical Research Team**

The team consists of research nurses, clinical researchers and a clinical research assistant. The team assesses the feasibility of research studies that are contained within the NIHR portfolio. They collaborate with the relevant clinical service areas in the Trust to assess where we are able to make a meaningful contribution to the science.

When a study is assessed as feasible, the team works closely with the Clinical Research Network (CRN) to facilitate the relevant governance procedures that enable the Trust to open as a research site and begin to recruit participants to the study. The team have established robust working relationships with the clinical areas to raise awareness of studies within teams and facilitate recruitment. We have a team of dedicated senior clinicians throughout the organisation with the necessary skills, expertise and dedication to fulfil the role of local 'Principle Investigator'.

In addition to close established relationships with clinical areas and teams, the research team have forged effective working partnerships with outside agencies. These include voluntary groups and charities including Making Space, the Alzheimer's Society and the Hardy Group. Quality research necessitates the collection of high quality data from human subjects and the team ensure the focus is on the person at the centre of the research participant at all times. The team believe that engaging in clinical research can form a meaningful part of a person's journey through the recovery process and that personal choice is paramount. We have recently recruited a service receiver into a Research Ambassador role to champion participation in clinical research from a participant's perspective. People who use our clinical services have been supported by the team to contribute to research studies that have led to scientific papers published throughout the year. For example, service receivers in Derbyshire have contributed blood samples and assessment data to help understand the prevalence of pathogenic antibodies in psychosis, in a national study published in a recent Lancet article. Participation of our service receivers in a national clinical trial has helped understand the efficacy and tolerability of amisulpride in very late onset schizophrenia like psychosis. These amongst other such studies, provide an evidence base to help clinicians shape and improve future practice. Over 30 such NIHR portfolio studies are currently running within the team.

The team regularly attend the 'Living Well Programme' to provide up to date evidence based discussion groups with people recently diagnosed with dementia. This intervention supports both the person and their carer to understand current research evidence around their condition and make an informed choice as to whether they would like to get involved in future. The team have also contributed to the panel of professionals at the public 'Dementia Question and Answer' events to provide research based information and support at these events. In 2016-17 our participation in the HOPE national research study was set up in response to an identified need following our attendance at a question and answer (Q&A) session at the Hindu temple at the end of the previous financial year. This study is designed to understand the needs of future dementia carers, including South Asian carers, with a view to developing



culturally sensitive support materials via a team at Bradford University. The Research and Development (R&D) team is supporting a further Trust Black, Asian and Minority Ethnic (BAME) event in Derby during Dementia Awareness Week 2017.

The R&D team support the programme of Trust Schwartz Rounds, which resume in April 2017. The Rounds are a monthly meeting designed to support our employees with the emotional impact of caring. They provide a safe space to process the often difficult emotions that our work can often evoke. The Rounds are growing nationally in response to a growing evidence base, which we have again contributed to. One of our research nurses is now an experienced Schwartz Rounds Clinical Lead and has mentored five other Trusts around the country to introduce Schwartz Rounds.

### **Centre for Dementia**

- Extension of Improving the experience of Dementia and Enhancing Active Life (IDEAL) study has seen continued engagement of patients with dementia (PWD) in studies of psychosocial coping
- We are recruiting to the HOPE study to examine psychosocial coping within a Black & Minority Ethnic context
- Dr Simon Thacker continues to provide oversight to the VOICE study run by Nottingham University – using conversational analysis to improve communication between healthcare professionals and people with dementia. He has been working with Professor Liz Stokoe from Loughborough University on this project who is bringing expertise from areas such as the training of detectives in the investigation of abuse / assault
- 4MT study is investigating the use of a novel cognitive test to detect early stage dementia
- Dr Simon Thacker has been invited to join a Delphi panel to develop a guideline on falls prevention in dementia. This work will help forge our links with the Institute for Aging at Newcastle University
- Derby has been a highly successful recruiter to the PRAISED study – a pilot controlled trial run between our Trust and Nottingham Healthcare investigating a novel falls prevention programme in early dementia
- Derby was 6th highest recruiter in the UK to the MADE study – minocycline in dementia trial. Recruiting now ceased but our patients remain under follow up
- Dr Simon Thacker continues to lecture in the field of delirium to local GPs, Derbyshire Community Health Services NHS Foundation Trust and the Royal Derby Hospital.

In summary, our dementia research is spanning early to moderately severe dementia, psychosocial to pharmacological aspects and physical to psychological themes. We are competing with major players in the field in terms of recruitment whilst gaining a reputation as a cooperative organisation who can deliver.

### **Centre for Self-harm and Suicide Prevention Research Activity 2016/17**

We work to embed a culture that values research and development as a core skill, leading to research implementation into practice, evaluation of change programmes and innovations, together with a culture of increased activities to share and disseminate learning in order to make an impact on wider communities. We have strong, well established links into a wide array of our Trust's clinical services (e.g. Liaison teams, Crisis teams, CAMHS teams, substance misuse teams) and have set up research networks to reach across the Trust, which supports the following:

- Enables evidence based practices
- Relevant research findings and service developments from international sources are regularly shared with the Liaison and CAMHS Liaison teams e.g. emails containing key findings and clinical implications, research display board containing latest relevant research
- Created and coordinate the East Midlands Self-harm and Suicide Research Network (EM-SRN) to facilitate the sharing of evidence, experience and support
- Support and inform the development of suicide awareness training (and its evaluation) e.g. mandatory training for all Derby Teaching Hospital nursing staff and all Derbyshire Healthcare clinical staff.

### Need based research:

We support and drive the identification of local need and the implementation of service changes and innovations. For example:

- Liaison and CAMHS Liaison team clinicians are continuously supported to get as involved as they wish in research studies. Many service relevant innovative ideas come from within the teams and we support them to make changes happen e.g. Mind the Gap study.
- Other Trust staff projects supported this year include: Section 136 follow up study, peer delivered self-harm support, drug related deaths, smoking cessation and ageless psychiatry
- We also support Trust staff to develop their critical thinking and research skills. For example, this year we have supported clinical colleagues under medical or higher degrees, peer review articles, literature searches, ethical applications.

### Examples of Evaluation of practices and services:

- Working with the Patient Safety team and Mortality group to improve the recording and interpretation of suspected suicide deaths
- Support clinical teams to record and capture their clinical and activity data in a reliable and consistent way so that it can be used contemporaneously to inform ongoing service evaluations and developments, as well as reliably report on Key Performance Indicators to Clinical Commissioning Groups
- Services supported during this year include: Liaison teams, Eating Disorder Service, Psychotherapy Services.

### Strong partnership working

We have a strong international reputation for self-harm and suicide prevention research. We routinely collaborate with national leaders in the field e.g. Public Health England, Royal College of Psychiatrists, University of Oxford, University of Manchester, University of Nottingham. We routinely attend the All-Party Parliamentary Group on suicide in Westminster and are on the steering group for the National Suicide Prevention Alliance.

### Examples of active service evaluation and research projects in 2016/17

- Multicentre Study of Self-harm in England <http://cebmh.warne.ox.ac.uk/csr/mcm/>
- Manchester Risk Assessment Study
- Follow-Up Study of Patients previously detained under Section 136 of the Mental Health Act
- Service receiver's experiences of mental health support and care within the Royal Derby Hospital
- Neuro-developmental disorder prevalence within substance misuse population
- Healthcare professionals' experiences of engaging service receivers in smoking cessation.

A proportion of Derbyshire Healthcare NHS Foundation Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between Derbyshire Healthcare NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the CQUIN payment framework.

Further details of the agreed goals for 2016/17 and for the following 12-month period are available electronically at [weblink currently being explored].

The monetary total for income in 2016/17 conditional on achieving quality improvement and innovation goals	£2,648,944
The monetary total for the associated payment in 2015/16	£2,612,598

The Trust registered with the CQC in 2010 to provide the following regulated activities:

- The treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act
- Diagnostic and screening procedures.

The Trust provides services from four registered locations; Kingsway Hospital, the Radbourne Unit and London Road Hospital in Derby and the Hartington Unit in Chesterfield.

The Trust received its planned, announced inspection of services in June 2016 and received an overall rating of requires improvement. The CQC took enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2016/17. This was a warning notice Section 29a, which was lifted within the year (see below for an indicator of this warning notice). Derbyshire Healthcare NHS Foundation Trust has no conditions on registration

Seriousness of the breach	Recommended initial civil enforcement action
Extreme	Urgent cancellation Urgent suspension Urgent imposition, variation or removal of conditions
High	Cancellation Suspension More significant conditions (impose, vary or remove)
Medium	Conditions (impose, vary or remove) S29 Warning Notice
Low	Requirement Notice

Derbyshire Healthcare NHS Foundation Trust has not participated in special reviews or investigations by the CQC during 2016/17.

Derbyshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2016 in taking such action against that required from a January 2016 targeted inspection in partnership with NHS Improvement. This was in relation to the Governance Improvement Action Plan. This activity related to a targeted inspection from the 2015/16 financial year.

Derbyshire Healthcare NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics, which are included in the latest published data

The percentage of records in the published data [from April 2016 to February 2017]: which included the patient's valid NHS number was:

- 99.8% for admitted patient care
- 100.0% for outpatient care

And the percentage of records which included the patient's valid General Medical Practice Code was:

- 100.0% for admitted patient care
- 100.0% for out-patient care.

Derbyshire Healthcare NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 98% and was graded Green, Satisfactory.

Derbyshire Healthcare NHS Foundation Trust will be taking the following actions to improve data quality:

We strive to achieve high quality, consistent information via increased integration between systems, both internal and external, and will include use of the summary care record as a source. We run continued campaigns to ensure awareness of the importance of ensuring our data is accurate, benchmarking other Trusts and learning from exemplars.

Further details:

- Integration between our electronic patient record systems so that demographics for service receivers are synchronised and up to date
- Integration with external organisations and enhanced use of secure electronic processes (e.g., automating test results)
- Enhanced use of the National SPINE and update of our electronic patient record systems
- Integration of Children's Universal services into a single unit to remove duplication and demographic data not being synchronised
- Integration of alcohol services alongside the Drug Recovery Programme (DRP) in Derbyshire County, requiring a migration of new services to share the same electronic patient record system and provide consistent approach to data quality and referrals between teams
- Continued and improved use of existing data quality and performance management exception reporting
- Improved records and supervision audit functionality supporting minimum standards and Accessible Information Standard
- Continued and improved use of external data quality reports and benchmarking to maintain high standards
- Improve Information Governance mandatory and yearly training results and remove barriers to this aspiration.

Derbyshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission. However, DHCFT underwent the annual clinical coding audit as part of the V14 IG Toolkit and attained the highest Level 3 score.

## 2.3 Reporting against core indicators

### Seven day follow-up – quality priority chosen by the Council of Governors for 2017/18

This is included as an indicator in response to concerns that the highest risk of suicide for a person discharged from psychiatric inpatient care is within the first seven days. The Trust considers that this data is as described for the following reasons: It calculates the seven-day follow up indicator based on the national guidance/descriptors:

Numerator: Number of patients on the care programme approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care.

Denominator: Total number of patients on CPA discharged from psychiatric inpatient care.

The Trust intends to take the following actions to improve this percentage, and so the quality of its services, by continuing to work to maintain our performance and ensure that all patients discharged from our inpatient care on CPA are followed up within seven days.

Indicator	End of 2015/2016	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
The percentage of patients on CPA who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period.	96.98%	96.48% (against a target of 95%)	96.2% (as at qtr3 for nationally published data)	100% and 73.3% (as at qtr3 for nationally published data)

[www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity](http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity)

### Crisis gatekeeping

Crisis gatekeeping ensures that all community based options are explored to support the person at home before a hospital admission is agreed. Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the Crisis Gatekeeping indicator based on the national guidance/descriptors:

Numerator: Number of admissions to acute wards that were 'gate kept' by the Crisis Resolution and Home Treatment teams.

Denominator: Total number of admissions to acute wards.

Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by continuous monitoring to maintain the high performance against this indicator. Additional Service Line Management resource has also been added on a temporary basis, to further support teams that undertake this gatekeeping. Monitoring will also be particularly important, bearing in mind well publicised bed pressures for mental health nationally.

	End of 2015/16	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	100%	98.87% (against a target of 95%)	98.3% (as at qtr3 for nationally published data)	100% and 88.3% (as at qtr3 for nationally published data)

[www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity](http://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity)

## 28-day re-admission rates (aged 16 and over)

Whilst we try to ensure hospital admissions are not longer than required, if a person is discharged too quickly, or if plans are not robustly put in place or resources are not available to support that person after discharge, this can increase the risk of readmission within a 28 day period. Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the readmission rates based on the national guidance / descriptors:

Numerator: Number of re-admissions to a Trust hospital ward within 28 days from their previous discharge from hospital.

Denominator: Total number of finished continuous inpatient spells within the period.

Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continuing to monitor and develop pathways of care.

It is clear that the percentage of people re-admitted within 28 days is falling, and this is a helpful marker on which to build future progress. One area that might challenge our progress on this is our current waiting times for a care coordinator in our Neighbourhood Teams, and therefore the waiting time for a person to access a comprehensive package of after-care. All neighbourhood teams are working together to find best ways forward within commissioned resources.

Indicator	End of 2015/2016	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
28 day re-admission rates for patients aged 16 and over	9.85%	8.25% (as at 08/05/17)	Not available	Not available

## Community Mental Health Survey

The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period was 7.5, which is deemed to be 'about the same as other Trusts'.

**The table below compares the Trust with the community mental health survey rating of other Trusts, together with a comparison of our respective CQC ratings:**

Trust	Survey rating – overall experience of all aspects	CQC overall rating
Nottinghamshire Healthcare NHS Foundation Trust	7.2	Good
Derbyshire Healthcare NHS Foundation Trust	7.0	Requires improvement
East London NHS Foundation Trust	6.9	Outstanding
Leicestershire Partnership NHS Trust	6.9	Requires improvement
Lincolnshire Partnership NHS Trust	6.7	Requires improvement
West London Healthcare NHS Trust	6.3	Requires improvement

## Patient safety incidents and the percentage that resulted in severe harm or death

The Trust considers that this data is as described for the following reason: it is taken directly from the Health and Social Care Information Centre.

Derbyshire Healthcare NHS Foundation Trust data for the number and rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Patient Safety Incidents reported by Derbyshire Healthcare NHS Foundation Trust to the National Reporting and Learning System (NRLS) between 1 October 2015 and 31 March 2016		Median rate		
Patient Safety Incidents per 1,000 bed days	1,543 incident reported during this period = reporting rate of 31.32 incidents per 1,000 bed days	Median rate for the 56 organisations in the cluster is:  37.54 incidents per 1,000 bed days (organisations that report more incidents generally have a better and more effective safety culture)		
Degree of harm of the patient safety incidents reported to the NRLS between 1 October 2015 and 31 March 2016.				
Degree of harm indicated as a percentage of the total number of incidents reported.				
None	Low	Moderate	Severe	Death
67.9% (1048)	23.4% (361)	4.8% (74)	2.3% (36)	1.6% (24)

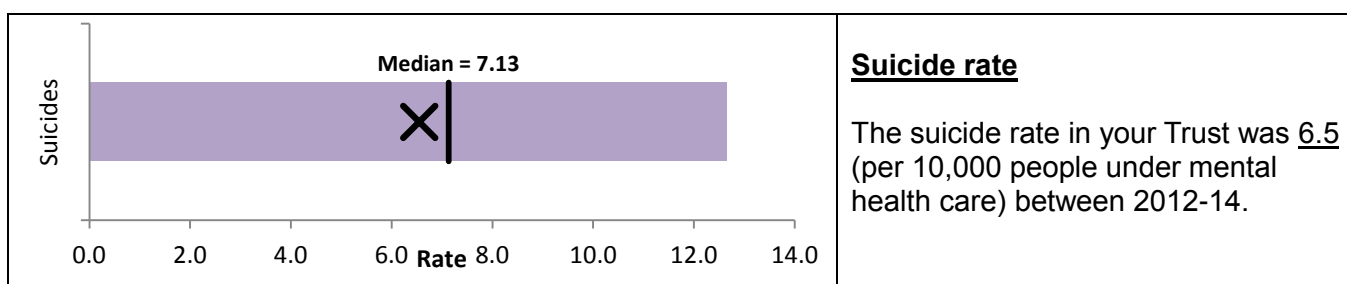
We have reported our national benchmarks in suicide, sudden death and homicide rates.

The scorecard consists of six indicators: suicide rate, homicide rate, rate of sudden unexplained death (SUD), patients under the CPA, staff turnover and National Confidential Inquiry into Suicide and Homicide (NCISH) questionnaire response rate.

Our National Confidential Inquiry into Suicide and Homicide by People with Mental Illness scorecard remains below average for suicide rates. We have now also gone below average for homicide rates, although we were slightly above average on the last scorecard (0.3 with a median of 0.25).

We are again an outlier for SUD. Our previous scorecard showed the median is 1.83 (per 10,000 hospital admissions), We scored 6.9. We believe this number to be relatively small, from reviewing the National Confidential Inquiry 20 years on (annual report) into Suicide and Homicide by People with Mental Illness report which was published in October 2016. During 2004-2014, there were 328 SUD cases in England and Wales, an average of 30 per year. There was an overall fall in the reported annual number of SUDs over the study period.

However, due to a change in data provider, numbers since 2007 are not comparable with previous data.



There has been no overall change since 2007, the average number being 23 per year, though our figures in 2013 and 2014 are showing a fall.

There are numerous definitions for unexplained deaths

- Unexplained death following on from a rapid onset of symptoms, and that the cause of death could not be certified with confidence by a doctor familiar with the patient
- The length of time in definitions ranges, from a few hours from good health to death, to 24 hours
- Unexplained death is defined after a full post-mortem, including toxicology and histology the death remains unexplained.

We currently have no unexplained deaths. We have deaths which are yet to be explained where we are awaiting cause of death, and two which have gone for further examination of toxicology.

We do not have a category on Datix for recording Sudden Unexplained Deaths, but we do have a category for unexpected deaths.

As reported in previous Serious Incident reports on receiving the previous year's scorecard, we requested our data for SUD's from the Confidential Inquiry, but due to confidentiality they were unable to share information.

The figures give the range of results for mental health providers across England, based on the most recent available figures: 2012-2014 for suicides, homicides and SUDs, 2015-16 for people on the CPA, 31 October 2015 – 31 October 2016 for non-medical staff turnover and 2012-16 for trust questionnaire response rates. 'X' marks the position of our trust. Rates have been rounded to the nearest 1 decimal place and percentages to whole percentage numbers.

**This information does not change our quality priorities, which aim to:**

- Continue to improve patient safety planning for suicide and wider clinical safety planning
- Continue to focus on physical healthcare and the mortality gap
- Concentrate service improvements on clinical interventions such as annual health checks, side effect knowledge and medicines optimisation, the Green Light Toolkit and the minimising of diagnostic overshadowing and key risks in learning disability, substance misuse, the employing of registered general nurses (RGNs), embedding our smoke free environment, and exploring patient activation opportunities in health and well-being in nursing and occupational health driven activities to promote both symptom and social recovery.

**The Trust has taken the following actions in relation to patient safety:**

- Development through a multi-disciplinary and service receiver approach of a person-centred



safety plan, to replace current risk assessments. This will mean service receivers will have one safety plan which will remain 'live' and be used across all teams involved in their care

- Embedding of Duty of Candour; the Family Liaison team continue to work and support families and service receivers, and are presenting at a national NHSI event in April 2017



- Development of new terms of reference for our Mortality Committee, in response to the recommendations from the Mazars/Southern Health report and our own CQC report. Alongside the Mortality Committee, a technician is being recruited to facilitate the collection of data
- The Patient Safety team have become actively involved in the East Midlands Mental Health Network, and are sharing our learning and good practice at quarterly events
- We continue to work towards improving this score, and so improve the quality of services, by ensuring we have an effective safety culture, which shares learning from incidents throughout the Trust.

Next year we plan to implement 'Sign up to Safety', a national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.

In addition, in response to expectations of 'Learning, candour and accountability: A review of the way NHS trusts review and investigate deaths of patients in England', published by the CQC in December 2016, we will be responding to new expectations around how we adapt our governance arrangements and processes to accommodate the review and reporting of deaths, including those that are assessed as having been more likely than not to have been caused by problems in care, as well as sharing and acting upon the learning derived from this process.

From April 2017, we will collect and publish, on a quarterly basis, specified information on deaths, including those that are assessed as more likely than not to be due to problems in care, and evidence of learning and action that is happening as a consequence of this information. This data will be summarised in the Trust's 2018 Quality Account.

### Friends and Family Test

The Friends and Family Test asks people if they would recommend the services they have used to others who are close to them if they were also in need of similar care and treatment. It offers a range of responses to choose from, and when combined with supplementary follow-up questions, provides a mechanism to highlight both good and poor patient experience. The results of the Friends and Family Test are published each month by NHS England.

When someone is discharged from any of our services, staff are encouraged to ask them the following question: "How likely are you to recommend our service to friends and family if they needed similar care or treatment?" People will be invited to respond by choosing one of the options, ranging from "extremely likely" to "extremely unlikely". They will also have the opportunity to explain why they have given their answer.

Whilst it is observed that we have a slight deterioration in our overall percentage this year compared to last, what is encouraging is the amount of responses we are now receiving, an increase of 39% even with the absence of the September data. The greater the number of responses will offer us greater assurance around our learning with regards to the perception of our services.

Patient Friends and Family Survey Results	Extremely Likely or Likely	Neither, Unlikely or Extremely Unlikely	Total Number of Surveys Completed	Extremely Likely or Likely Compliance
Apr-16	107	13	120	89%
May-16	166	22	188	88%
Jun-16	188	16	204	92%
Jul-16	106	11	117	91%

Aug-16	104	10	114	91%
Sep-16	System failure – no data			
Oct-16	73	28	101	72%
Nov-16	138	30	168	82%
Dec-16	121	9	130	93%
Jan-17	80	27	107	75%
Feb-17	84	30	114	74%
Mar-17	95	17	112	85%
<b>Total 16/17</b>	<b>1262</b>	<b>213</b>	<b>1475</b>	<b>86.56%</b>
<b>Total 15/16 for comparison</b>	<b>856</b>	<b>98</b>	<b>954</b>	<b>89.73%</b>



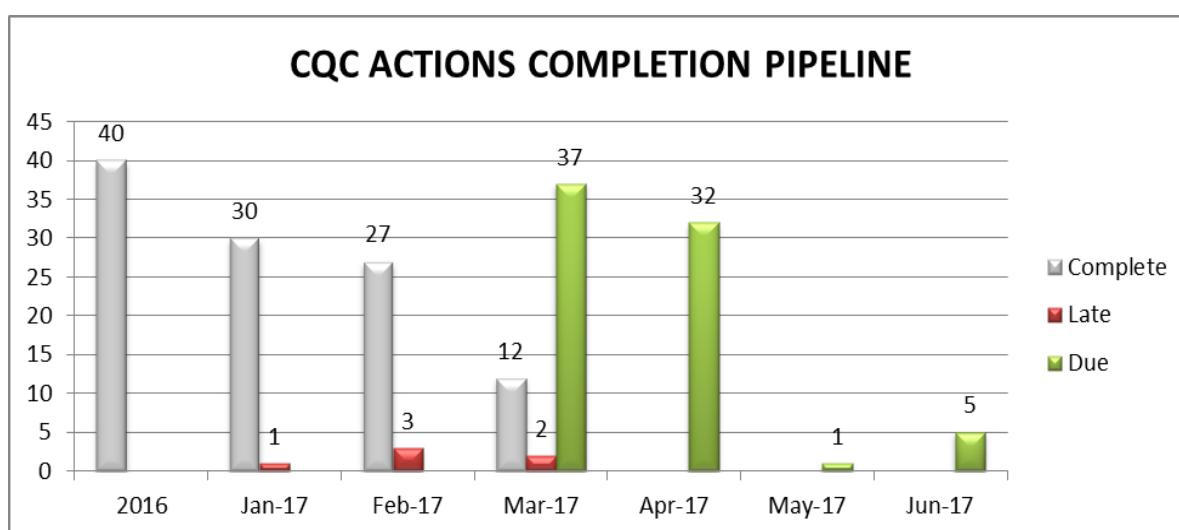
## Part 3: Other information

This section looks back over the last 12 months and reports on the quality of care that we have provided. Whilst this view is heavily informed by the findings of the CQC, it is also informed by what we learn from our internal governance processes. In line with the CQC key lines of enquiry, it will be structured around the following view of our services:

1. Are they safe?
2. Are they effective?
3. Are they caring?
4. Are they responsive to people's needs?
5. Are they well led?

Our Quality Committee has led the oversight of the assurance systems of improving our practice and our current performance is as shown below. We have developed effective quality governance processes and systems to drive performance at pace. The data below is sourced from our CQC portal data management system, where we track and upload evidence to provide assurance.

	Current Action Status			
Portal Review	At Risk of Not Delivering	Concerns	In Progress and on Target	Completed
<b>October 2016</b>	<b>0</b>	<b>34</b>	<b>136</b>	<b>20</b>
<b>December 2016</b>	<b>0</b>	<b>22</b>	<b>128</b>	<b>40</b>
<b>January 2017</b>	<b>0</b>	<b>24</b>	<b>96</b>	<b>70</b>
<b>February 2017</b>	<b>0</b>	<b>12</b>	<b>81</b>	<b>97</b>
Comparison To Previous Month (% of all actions)	The Same	6% Decrease	8% Decrease	14% Increase



We will continue to deliver our CQC improvement plans, and we look forward to our next comprehensive inspection to evidence our approach to continuous improvement in our clinical standards and patient care.

## Safe services

### Safeguarding children

On 5 July 2016, we received this feedback following a 'Markers of Good Practice' quality site visit. This included CCG Commissioners / Designated Professionals, Public Health Commissioners and the Derby Safeguarding Children Board Independent Chair.

Their feedback included how they were impressed and assured with the evidence that the Trust's Safeguarding Children Service provided to demonstrate that our organisation is compliant with the required safeguarding children arrangements as highlighted in the self-assessment tool. As Commissioners they also described how they were very satisfied that the team were able to answer questions to some of the points that the visitors required additional information on.

Safeguarding Children Training within Children's Teams has also received a particular focus, as shown below:

	June 2016	January 2017
Level 1	54%	93.96%
Level 2	49%	96.17%
Level 3	27%	91.20%

Child safeguarding supervision has also shown similar improvements:

	June 2016	January 2017
Compliance	37.3%	76.2%

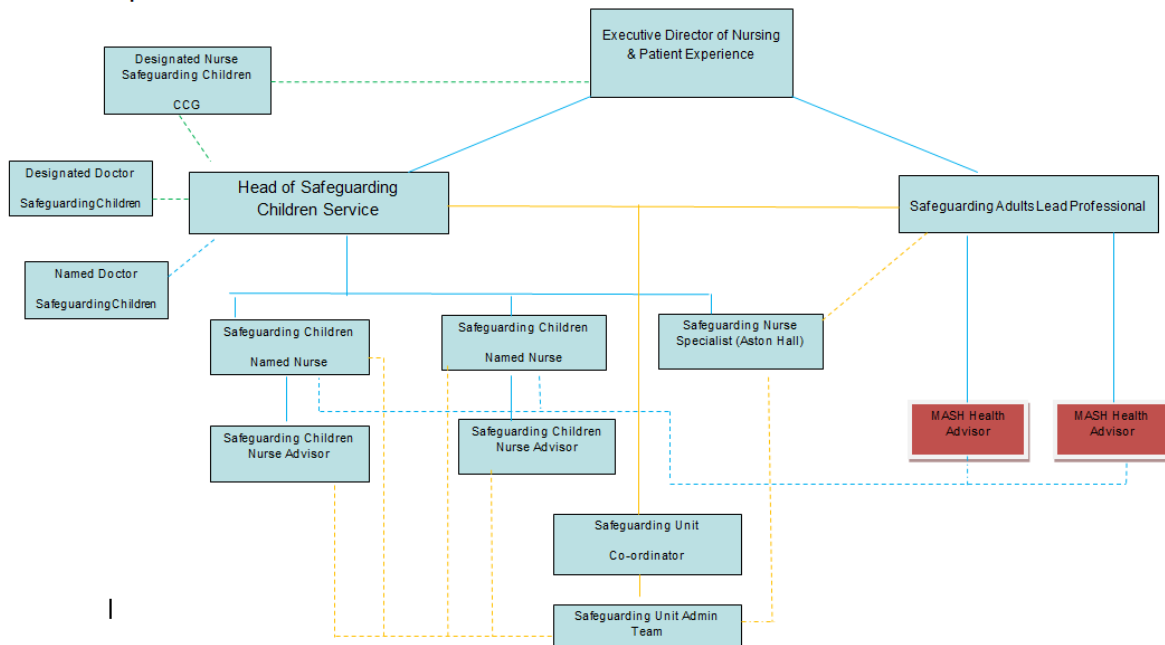
Our Trust wide training performance at the end of March was as follows:

Training Name	Target Group	Compliant	Non Compliant	Compliant %
Safeguarding Adults Level 1 3 Yearly	619	558	61	90.15%
Safeguarding Adults Level 1+2 2 yearly	1730	1438	292	83.12%
Safeguarding - PREVENT Awareness Training 3 yearly	802	274	528	34.16%
Safeguarding - WRAP 3 Training 3 yearly	1540	1173	367	76.17%
Safeguarding Adults Level 3 2 Yearly	151	34	117	22.52%

### Multi-agency safeguarding hub (MASH)

Derby City partners in the local authority and police have invested in a Safeguarding Childrens and Adults hub in the Council House in the centre of Derby. This MASH development in Derby City is service development and investment provided by Southern Derbyshire CCG for a six month pilot, of two additional Band 7 workers in the team and this will substantially change the Safeguarding service and how it operates and will provide additional resource to the team. An outline of the revised structure following this investment is outlined overleaf.

**Proposed Structure 2016-2017**



By November 2016, MASH had gone live and the two Band 7 Safeguarding Nurse Advisors quickly set up and managed safeguarding children, adults and family enquiries. The early feedback from this model has been very positive from the Derby City local authority partners and the Area Designated Nurse, and it has been noted as a model of interagency good practice by the Derby City Safeguarding Children’s Board. We hope to see the pilot extended and mainstreamed in 2017/18 by our supportive health commissioner in the city, Southern Derbyshire, who have been very positive in investing in this service.



### **Minimising the risks of suicide**

This is a local CQUIN . Our priority is to minimise the risks of suicide through the implementation of the safety plan approach. The approach is based on formulating a plan which is personalised and agreed with the service receiver on how to keep them safe.

Training to support the roll out of the Safety Plan has been ongoing throughout the year, with the majority of staff now trained. What we have found is that in spite of the training, most staff have continued to use the FACE risk assessment. The licence for the FACE assessment expires on 31 March 2017, this being a decision made in partnership with operational colleagues.

What we are also aware of is that some staff are finding the Safety Plan a challenging tool to use. As part of the roll out plan, in partnership with colleagues in the Communications department, we are developing a variety of ways for staff to offer feedback and ideas as easily as possible for the initial three month period. This is to ensure we capture their feedback and can amend the tool from our learning, to ensure our commitment to being a continuously learning organisation.

A key aspect that we are keen to retain is the co-productive nature of the tool, how it facilitates working in partnership with the person using our services to assess and enabling effective co management of their risks. A copy of the first two pages of the tool are as follows, to give an indicator of the focus and structure:

# SAFETY ASSESSMENT SUMMARY

**Alerts - None**

WE ASK SERVICE USERS AND MENTAL HEALTH STAFF TO COMPLETE THIS FORM TOGETHER TO HELP US MAKE A SHARED PLAN TO TAKE CARE OF THE SAFETY OF THE PERSON OF THOSE AROUND HIM/HER. IF YOU ALREADY HAVE A PLAN AROUND STAYING WELL, IT MAY BE HELPFUL TO SHARE THIS AS PART OF THE ASSESSMENT

First Name:

Surname:

DOB:

NHS Number:

Care Coordinator:

Responsible Clinician:

**We do not want to ask people to complete unnecessary paperwork. Colleagues working in areas of the Trust not directly concerned with mental health may tick this box if there are and have been no safety issues and they feel the rest of this form is not necessary. Please however write about how this decision has been made and what assessments have been carried out.**

**What helps you / this person to stay safe**

**What makes you / this person feel unsafe** (triggers and context to situations which have been unsafe)

**What unsafe events have happened in the past** (Specify context and triggers)

- To self -
- To others -
- From others –
- In relation to children or vulnerable people
- Other significant events –

**Severity of past incidents – High/Medium/Low/Don't Know**

*Supporting Evidence: (e.g. Structured Risk Form, Narrative Risk Form or other risk assessment tool/letter)*

**What unsafe events have happened recently** ( Specify time frame, context and triggers)

- To self -
- To others -
- From others -
- In relation to children or vulnerable people
- Other significant events or concerns –

**Level of current concern – High/Medium/Low**

Planned date of next review: \_\_\_\_\_ By: \_\_\_\_\_

**Safety Plan** (keeping yourself and others safe)

- What are you doing to keep safe
- Who have you got around you to help you stay safe and how do they help?
- What do you need mental health services to do to help you keep safe
- Who will you or others contact if you need help to stay safe: *(include contact details and work hours)*
- What response do you need from mental health services when you are not safe
- How quickly we need to respond if you tell us you are not safe
- Other

Agreed plan for today:

Agreed with patient on: (Date) \_\_\_\_\_ Signed: \_\_\_\_\_ Copy Given: Y/N

**Service receiver's views**

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

**Carer's views**

Date: \_\_\_\_\_ [Signed]

**Additional safety assessment or plan by staff** (if needed)

Copy of Safety Assessment given to: (e.g. patient, carer, other agencies)

Print: \_\_\_\_\_ Signed: \_\_\_\_\_

Designation: \_\_\_\_\_ Date: \_\_\_\_\_



## How we safely implement the Code of Practice

Our implementation of the Code of Practice and embedding contemporary mental health practice and specialist service was a quality priority for 2016/17 and a CQUIN: 'Implementing our Positive and Safe Strategy to minimise and reduce restrictive practices'.

The Trust has been working locally driving the strategy implementation through the Positive and Safe Steering Group. An action plan was developed in response to the strategy to assure against the priorities' identified.

The Positive and Safe Steering Group continues to provide steer, action and drive of the sub-groups delivering the key objectives of the Positive and Safe Strategy. Progress has been made since this time. However, there have been challenges to delivering the strategy, particularly in regards to the following:

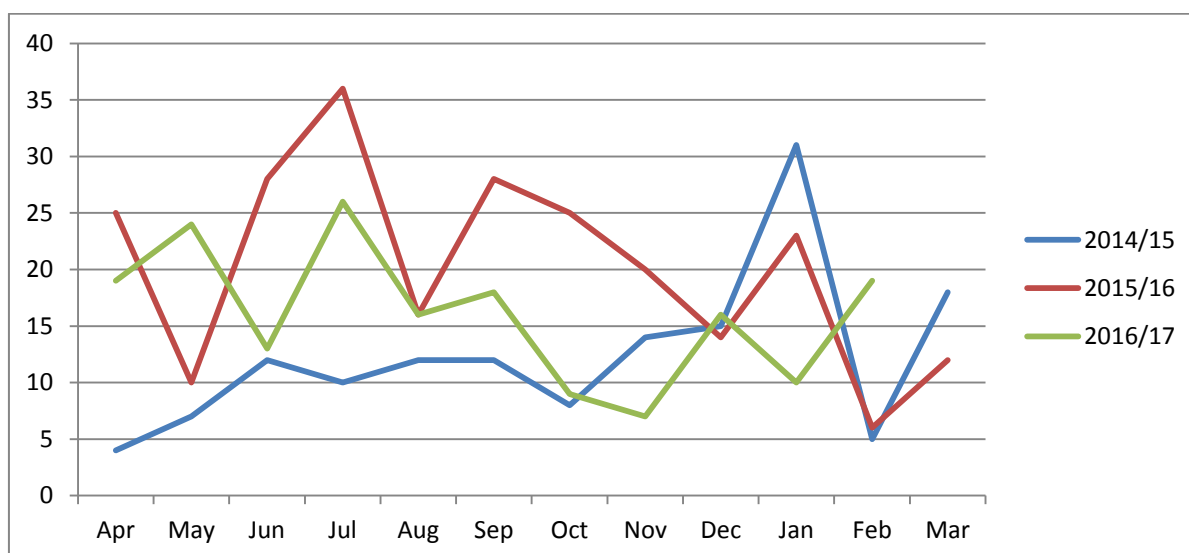
- Compliance and adherence to the revised Seclusion and Long-Term Segregation Policy
- Compliance and application to the Drugs Management of Violence and Aggression Policy, and National Institute for Health and Care Excellence (NICE) Guidance NG10
- Pace in completion of Prevention Management of Violence and Aggression (PMVA) training review
- Understanding and application of the Mental Capacity Act.

These areas of challenge do demonstrate risk issues in relation to the Board Assurance Framework (BAF) Principle risk 1a: 'Failure to deliver quality standards as required by our regulators which may lead to harm of our service users'.

There are action plans in place to identify and address these challenges.

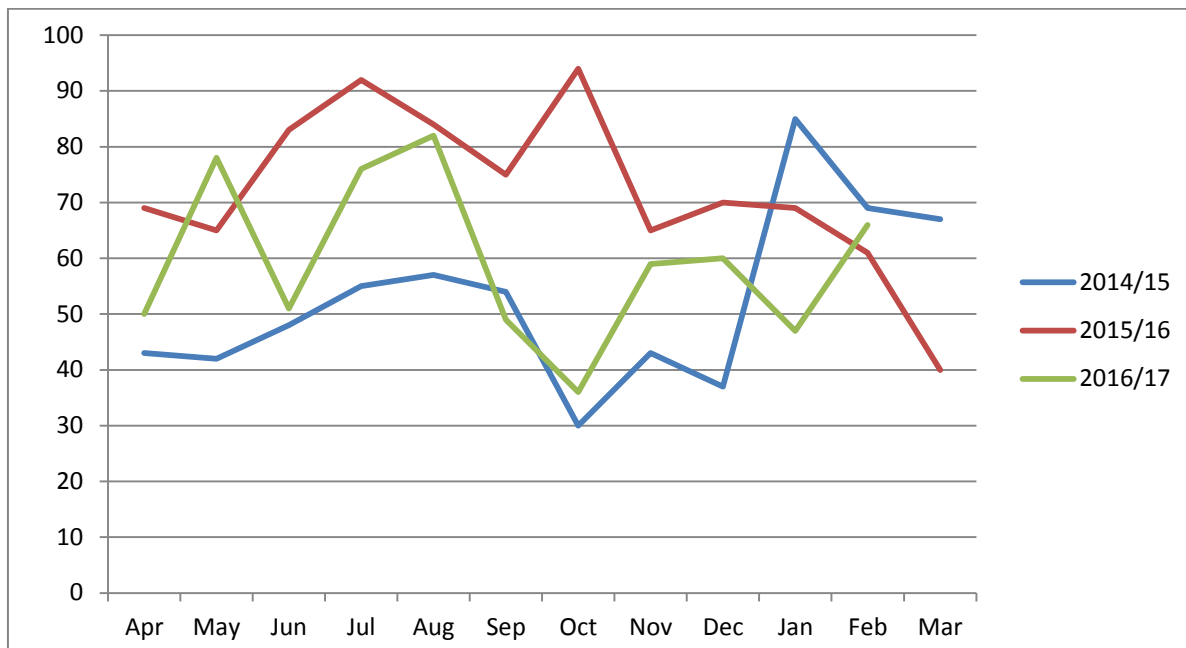
Progress against the action plan has been made in a number of areas including Safewards, a revised training programme focusing on proactive and preventative strategies, policy reviews and compliance and an audit cycle of compliance for person centred care planning, implementation of the Mental Capacity Act and physical health care. Improvement methodologies have been adopted.

### Number of incidents between 2014/15 and 2016/17 where patients were subject to the restrictive intervention of seclusion:



Whilst there is clear variation in each line, and particular peaks might be influenced by the care of specific individuals, the overall trend is one of reduced use of seclusion in our acute psychiatric wards.

**Number of incidents between 2014/15 and 2016/17 where patients were physically restrained by Trust staff:**



Again, whilst there is clear variation in each line, and particular peaks might be influenced by the care of specific individuals, the overall trend is one of reduced use of physical restraint in our acute psychiatric wards.

**Prone restraint**

Face-down restraint, or prone restraint, is when someone is pinned on a surface and is physically prevented from moving out of this position. There are concerns that face down, or prone restraint can result in dangerous compression of the chest and airways and put the person being restrained at risk (Department of Health 2014).

The tables below summarise information on patients that were held in a prone position by members of staff following an incident:

**Number of incidents over the year:**

	2016					2017					Total	
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb		Mar
<b>Total</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>12</b>	<b>13</b>	<b>11</b>	<b>11</b>	<b>8</b>	<b>10</b>	<b>13</b>	<b>17</b>	<b>100</b>

## Documented reasons why prone restraint was used:

	2016								2017			Grand Total
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	
Abuse/Aggression (Actual or Alleged) – Patient to Staff			1	8	6		5	4	7	8	4	43
Disruptive Behaviour			1	1	6	8	3	1	2	1	10	33
Abscension	1	1		1	1	1	3	1		1		10
Abuse/Aggression (Actual or Alleged) – Patient to Patient				1		1		2	1		1	6
OTHER – See 'Description' Section										2	1	3
Self-harm			1	1								2
Abuse/Aggression (Actual or Alleged) – Other Party to Staff											1	1
Abuse/Aggression (Actual or Alleged) – Patient to Other Party										1		1
Alcohol Use						1						1
<b>Grand Total</b>	<b>1</b>	<b>1</b>	<b>3</b>	<b>12</b>	<b>13</b>	<b>11</b>	<b>11</b>	<b>8</b>	<b>10</b>	<b>13</b>	<b>17</b>	<b>100</b>

For analysing trends it is best to look at data from August 2016 onwards, as that was when the field “Which position during C&R – Tertiary restraint intervention was the patient held: prone/supine” was added to the Datix incident reporting system. A search has been undertaken of incidents prior to this where the word ‘prone’ was used and results were updated in line with this, but as you can see the data this is not as complete prior to August so needs to be approached with caution in how it is interpreted. This also means that comparison to data last year is also not helpful. However, we now have a benchmark against which to measure future performance.

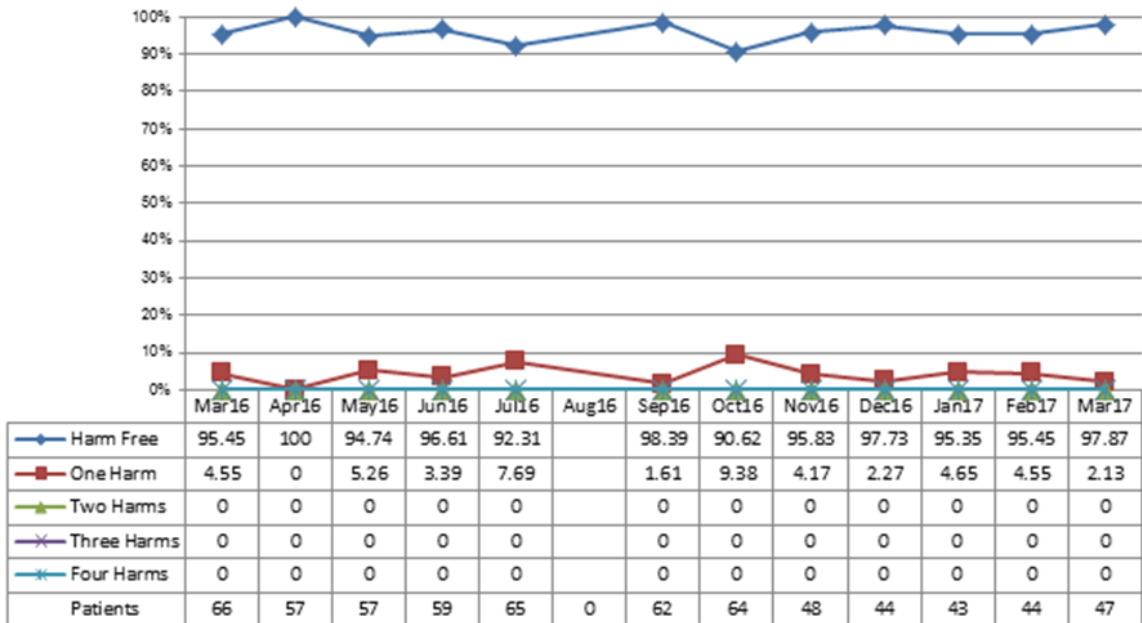
We continue to improve our staff knowledge and practice in this area and in February 2017, a paper was developed by Dr John Sykes, the Trust’s Medical Director, and Richard Morrow, one of the Trust’s Heads of Nursing, to clarify the distinction for staff between seclusion and long-term segregation.

### Safety Thermometer

The graph demonstrates the results for the Safety Thermometer – a clinical, point prevalence check across selected wards in our services to check on patient safety standards. We collect this data on our older people’s wards. It is a national tool, used to check key standards of pressure ulcers, urinary tract infection (UTI) – including catheter related UTI, falls and venous thromboembolism (VTE) risk assessment and prophylaxis. Nationally, the standard to be ‘harm free’ is to be in excess of 95% which the graph demonstrates that we largely are. We have and continue to develop our clinical practice around VTE risk assessment and prevention, and continue to work to reduce the incidence of pressure ulcers by effective and timely risk assessment.

## Harm Free: patients with Harm Free Care

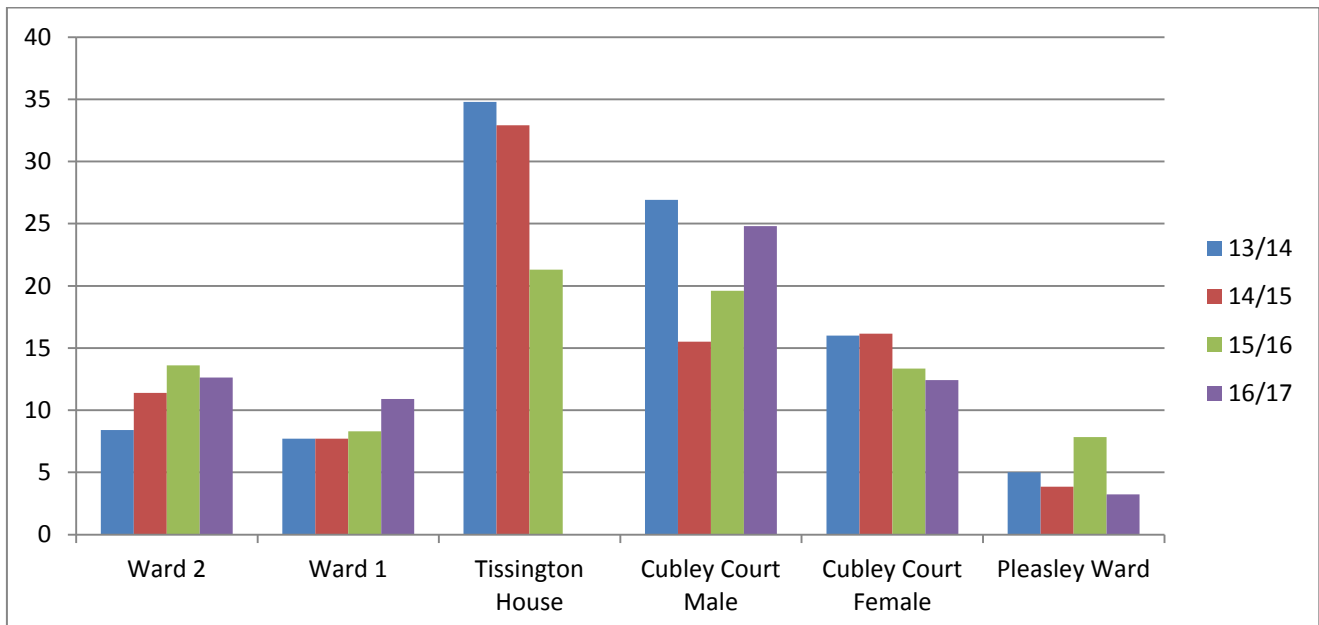
DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST, All Wards, All Settings, All Services,



## Falls

The local picture:

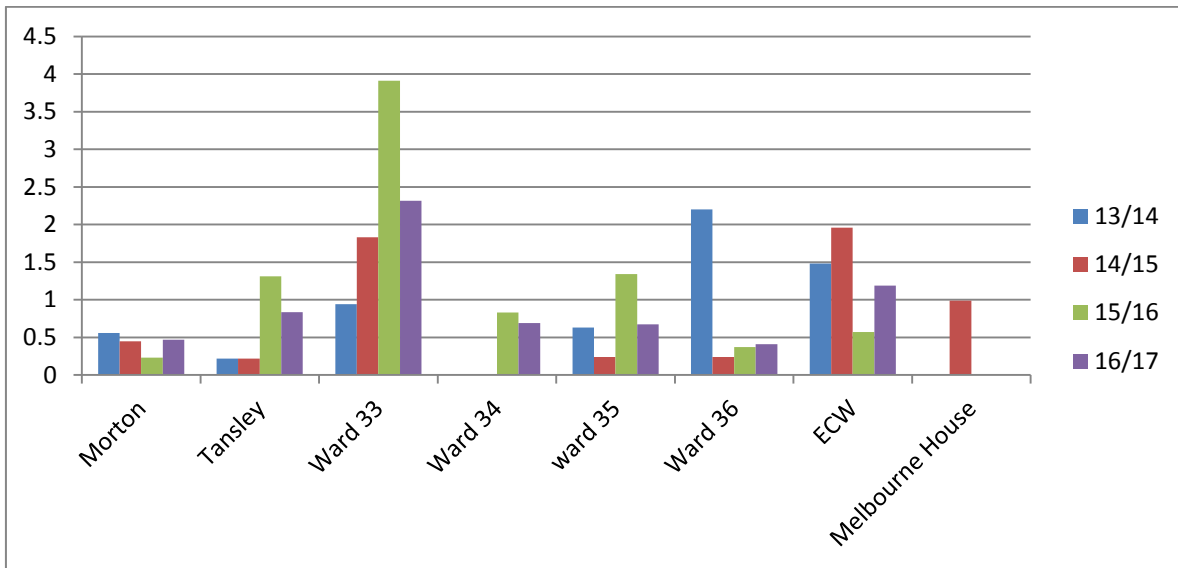
**Incidents per 1,000 occupied bed days by financial year – older adult in-patient areas (generally patients over 65)**



Where there has been an increase / spike in the number of reported falls this has been identified as being due to one specific patient within the environment who has experienced a high number of falls during their admission. In most cases the number of falls has reduced over the course of the admission due to improved management of the known risks and development of treatment plan relating to their

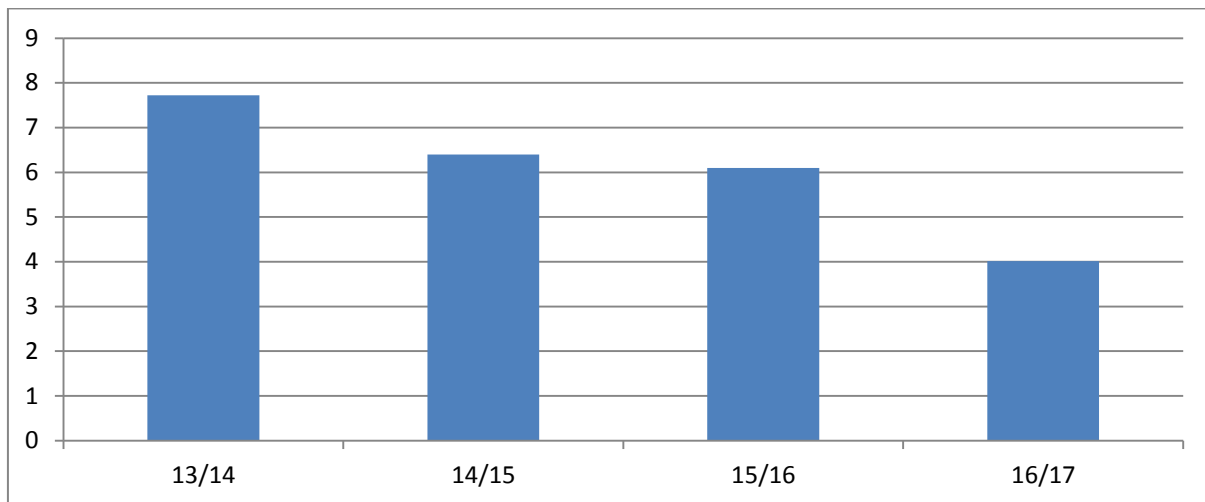
mental ill-health. Please note, Tissington House is not currently used as an in-patient area, hence the absence of data for this year.

**Incidents per 1,000 occupied bed days by financial year – acute mental health in-patient areas (generally patients under 65):**



(Please note the relatively small numbers as indicated by the vertical column. Wide variation might look initially concerning, but is less so when put into context as per number of incidents per 1,000 bed days.)

**Number of falls in in-patient areas per 1,000 occupied bed days, Trust wide:**



Year	2013/14	2014/15	2015/16	2016/17
Falls per 1,000 OBD	7.72	6.4	6.1	4.02

Total number of reported falls	2013/14	2014/15	2015/16	2016/17
<b>In-patient areas</b>	666	574	499	383
<b>All service areas</b>	707	598	523	412

In order to establish where the Trust fits in the national picture it is important to have an overview of other, similar, organisations. Information from the National Patient Safety Agency (NPSA) gives a picture of reported falls per 1,000 bed days from regularly reporting mental health units. The information available shows a range of reported falls from almost eight per 1,000 occupied bed days, to less than one, with an average rate of 2.1 falls per 1,000 bed days. This would represent 135 falls per year in a 200 bed mental health unit. However, this needs to be considered with caution as only 16 mental health services reported every month. It also needs to be acknowledged that mental health units can be very different from each other: i.e. some provide care only for working age adults at lower risk of experiencing falls; others specialise in the care of older people with mental health needs.

No published data currently available in relation to overall rate of falls for mental health units was located, but rates of falls within settings providing mental healthcare for older people are believed to be from 13 to 25 falls per 1,000 bed days. (NPSA 2010). Overall, the Trust is showing a downward trend of number of falls reported per occupied bed day whilst maintaining a positive culture to reporting such incidents. Within the Trust in-patient areas for older people, the number of reported falls per 1,000 occupied bed days has reduced over the three years from 2013 – 2016 from 12.5 to 12.34 this is just below the figure estimated by NPSA (13 – 25).

### **Mental Health Crisis Report from Healthwatch Derbyshire**

Between May and July 2016, Healthwatch Derbyshire (the independent voice for people who are accessing local health and social care services) undertook a review of the experience for people when accessing health and social care services before, during and after a mental health crisis. A total of 40 participants took part in focus groups, 20 in North Derbyshire and 20 in South Derbyshire. A total of 19 participants were male, 21 were female. A total of 37 responses were collected.

Healthwatch Derbyshire defined the concept of Mental Health Crisis according to the organisation Mind (Mental Health Charity), as when you feel your mental health is at breaking point. For example, people might be experiencing:

- Suicidal feelings or self-harming behaviour
- Extreme anxiety or panic attacks
- Psychotic episodes (such as delusions, hallucinations, paranoia or hearing voices)
- Hypomania or mania
- Other behaviour that feels out of control, and is likely to endanger yourself or others.

### **The Summary of Healthwatch Derbyshire’s findings are as follows:**

Positive themes that have emerged from the findings that are or are potentially linked to the work of the Trust relate to:

- Telephone support lines appear to be valued and provide support for some participants
- Support groups appear to be valued and provide support for some participants
- The value and difference made by easy contact systems and positive relationships with community psychiatric nurses (CPNs).

Negative themes that have emerged from the findings that are or are potentially linked to the work of the Trust relate to:

- Being passed around between services pre-crisis, and a lack of coordination. No sense of ownership from professionals to deal with the emerging situation
- Access to, availability of and continuity with CPNs
- Waits / delays in being seen in A&E
- Knowing where to go and what to do when needing support and action pre and post crisis
- Lack of identification and recognition of the mental health needs that an individual has, or perceives that they have
- Occasional use of prison cells for people in mental health crisis
- Distress caused by supervised toileting/showering in acute inpatient units
- No relationship with named nurse in acute inpatient units, so of limited/no value
- Lack of activities in acute inpatient units
- Lack of awareness of physical health needs when in acute inpatient units
- Lack of time with staff when in acute inpatient units
- Little awareness of or value placed on advocacy.

## **Effective services**

### **Quality Priority – Improving Physical health care**

In June 2016, we reported how our Learning Disabilities (LD) Strategic Health Facilitation team was awarded £154,746 by NHS England after showing how it would work with GPs in Derbyshire and Nottinghamshire to enable them to promote the NHS bowel, breast and cervical screening programmes amongst their learning disabled patients.

### **Improving the physical healthcare of people experiencing severe mental ill-health**

The Physical Care Committee (PCC) reports directly to the Quality Committee, with delegated authority of work related to physical healthcare. It oversees policy development and approval, aspects of training, audit and learning from untoward incidents, NICE guidance scrutiny and implementation and service developments. Reports to the committee include falls – risk assessment and overview, and also resuscitation.

The Physical Care of Inpatients Policy has been reviewed and approved by the Committee – it details the clinical standards required of admission to a ward, admission examination standards and on-going care, and also details communication on discharge. Work has included an ‘admission clerking proforma’ which was developed, and refined following an audit of its use and effectiveness. This work has now been included on the electronic patient record (PARIS) to ensure information is captured in a timely and systematic way, and is able to be extracted for audit purposes. The Hartington Unit is now working to be fully recording on PARIS including the use of this proforma, with Radbourne recording this soon as they go live as the final section of the Trust to move to full electronic patient records.

Improving the physical healthcare of people experiencing severe mental ill-health is a national CQUIN. Our priority is to improve the physical healthcare care of people using our services through assessing and offering appropriate interventions around key aspects of their physical health.

The work to improve the position of physical care is ongoing and is a quality priority for the organisation. However, this aspect of care remains challenging as there are many partner organisations involved in the delivery of annual health checks in primary care, as well as our responsibilities in wellbeing, lifestyle support, medication management and the clinical standards involved in the initiation and monitoring of anti-psychotic medications. Work has centred on communication with GPs – ensuring that we request and receive information on the annual health checks, we record and act on concerns and we ensure that lifestyle and health promotion feature in care plans.

We are also involved in a large national audit as part of the CQUIN to assess how well the LESTER metabolic parameters are embedded into practice; this tool being widely agreed as the best practice framework to shape the screening and response for harm. The audit is ongoing and early indications show development work is required. We have worked with colleagues in information management to ensure our electronic record is designed to capture this information and that we can now report performance to help drive the improvements required. A staff e-learning package has been implemented to increase our clinicians' knowledge around the risk factors associated with physical health in psychosis.

In addition to this, there are other aspects which help support the physical health requirements – for example staff training in pressure ulcer prevention, acute kidney injury, nutrition and hydration. We are also involved in a pilot project in North Derbyshire to provide support to reconcile GP SMI registers with Practice Nurses and then offer them education on the importance and relevance of the annual health checks, along with some assessment and communication skills. This has been well received with early indications of a positive impact.





Other associated policies and standards are in place around key requirements, often linked to NICE guidance or best practice evidence. Examples of these are pressure ulcer prevention risk assessment (Waterlow Risk Assessment Tool), Malnutrition Universal Screening Tool (MUST), falls risk assessment – all of which are carried out on admission to an inpatient setting, then at intervals as clinically indicated.

An addition, this year is a policy and risk assessment tool to identify risk of VTE – the formation of blood clots in the vein, based on NICE guidance recommendations, with some adaptation to mental health settings with a longer length of stay. Staff have received training in the fitting of anti-embolism stockings where needed. A methodology of capturing compliance data with screening has been developed from the electronic record. In 2017/18 we will be adding some of our key quality indicators to the Quality Dashboard, this will include VTE.

### Assessment and recording of capacity

This was a quality priority for 2016/17. Our aim was to ensure that clinical variation in the assessment and recording of capacity and consent was minimised.

This is very much ongoing work for the Trust. The consistent recording of consent to treatment was raised throughout our initial CQC visit, and much work has been done to ensure we have a shared understanding of how we assess and record capacity. Several areas were found to have improved during follow-up CQC visits, but we also found that progress has been hard to sustain. Dr Ed Komocki has been appointed as the capacity lead for the organisation, and he is working in partnership with colleagues to continue to move this forward. Overall, this is an improving area of clinical practice but there remains work to do to fully embed this in practice.

	Period	Plan	Actual	Variance	Trend
% of patients with a recorded capacity assessment as at March 2017	Month	100%	91.62%		
	Quarter	100%	91%		

### England Athletics

During 2016 the Trust supported some collaborative work with England Athletics in the High Peak and Dales Neighbourhood and Early Intervention in Psychosis North.

Our Occupational Therapists worked in partnership with a lead who is a Mental Health Ambassador from Athletics. Contact was made with the Trust to work collaboratively with patients, staff, families and carers, engaging in two fun runs for Mental Health week (8-14 October 2016) as part of the national drive. Our Trust has signed up as their partners with this and by advertising, encourages people to join



the events. Our teams embraced this as an opportunity to place onto the wellbeing agenda for our service receivers, carers and staff.

### **Associate clinical director shortlisted for national ‘psychiatrist of the year’ award**

We were delighted to announce that Dr Simon Thacker, a consultant psychiatrist serving the communities of Derby City and Derbyshire, was shortlisted for a prestigious national ‘psychiatrist of the year’ award in recognition of his efforts to reach out and support more people experiencing mental ill health.

Dr Thacker, an associate clinical director at Derbyshire Healthcare, has been shortlisted by the Royal College of Psychiatrists at their RCPsych Awards 2016 for his role in helping to set up a 24-hour mental health liaison team based within the Royal Derby Hospital and for his efforts to raise awareness of delirium, a state of mental confusion that particularly affects older people when they suffer an injury or become unwell.



### **Psychiatric Liaison Accreditation Network (PLAN)**

The mental health liaison team described above was also successful in PLAN accreditation. PLAN works with services to assure and improve the quality of psychiatric liaison in hospital settings. This is a very positive achievement. In addition to them maintaining a busy clinical service they have achieved consistent performance in rapid assessment within one hour in the services. The South Liaison team also won an award in the Acute Trust that they work in partnership with this year.

### **Becoming a person-centred and recovery-focused organisation**

This is a quality priority and specialist service CQUIN: to become a person centred and recovery-focused organisation. The guiding principle is the belief that it is possible for someone to regain a meaningful life, despite mental ill-health. Examples to support this include:

- Recovery education as one of our specialist CQUINs
- Peer education work in our medical education provision
- Community resilience and implementing person-centred and wellbeing approaches in our campus and neighbourhood settings
- Patient reported outcome measures, building on the success we have achieved in CAMHS.

### **Progress within the community teams**

As our Neighbourhoods and Campus care develop we have tried to ensure a recovery-orientated model of care in line with national standards. As a Trust we cover a large geographical area, so a central Recovery College model was not a practical option. We recognise the importance of collaboration with our local community partners to achieve a more socially inclusive approach, enabling recovery pathways that are individually needs led, and so we have incorporated the principles of recovery education into a collaborative framework of the “Derbyshire Recovery and Wellbeing Model”. This approach is based on the concept of the “Bolsover Recovery Model” which is an evidence based approach, has a governance assurance framework within it and policy to support, and is starting to be embedded into campus and neighbourhoods.

### **Courses and groups planned within a spectrum of opportunities:**

**Getting Well:** These groups/courses are facilitated by Trust mental health clinicians. They are evidence based mental health interventions that include therapeutic techniques, activities and coping skills to help people to understand and begin to manage their mental health. Examples include the Recovery Through Activity course and the Coping With Distress course. These courses are clinically and patient outcome measured.

**Keeping Well:** These groups/courses are run jointly in partnership with Trust clinicians and other community partners. They are evidence based, co-produced, co-facilitated and aim to help people to self-manage their mental wellbeing. Examples include: 'Spireites Active for Life' (a healthy lifestyle course run in partnership with a local football club), and Active Mindfulness (mindfulness course run in partnership with Bolsover District Council). These courses are clinically and patient outcome measured.

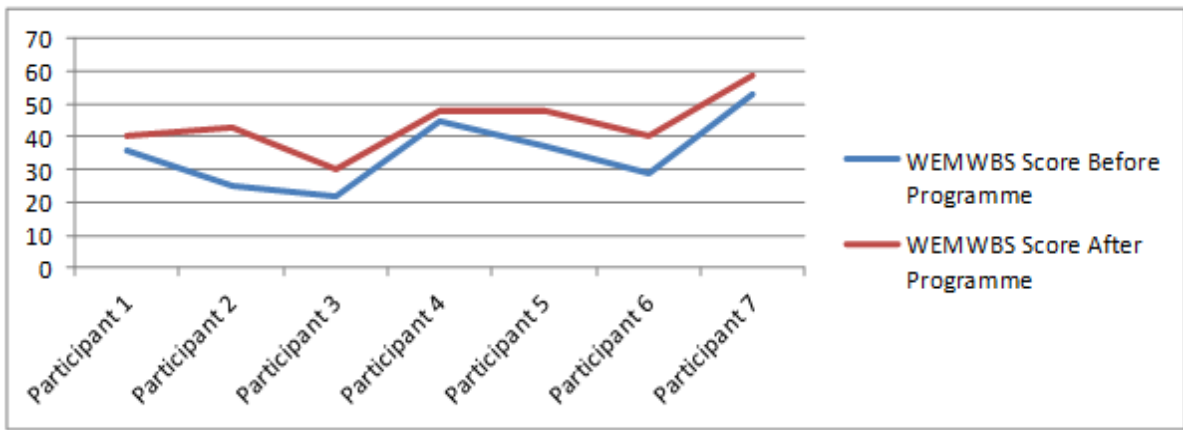
**Staying Well:** These groups/courses are facilitated within the community and aim to improve health and wellbeing. These are run externally to our services, but we have established supported pathways to these opportunities. This section also includes self-help groups and externally commissioned day services.

Recovery Clinics and Wellbeing Services are being developed in Neighbourhoods to offer alternative approaches to support people on from mainstream services. Therapeutic groups and courses are being developed to offer people alternative approaches in line with recovery education and self-management principles. Information on Recovery Plus group work and courses is available in the developing webpage: [www.corecarestandards.co.uk/recovery-centre/groups-and-activities-to-support-you](http://www.corecarestandards.co.uk/recovery-centre/groups-and-activities-to-support-you)

Community partnerships are key to social inclusion and we are increasing our collaborative work with a wide range of community partners including: Derby Football Club, Chesterfield Football Club, Community Education, Derby and Chesterfield Colleges, District Council Leisure and Recreation, the Department for Work and Pensions, Job Centres, Public Health colleagues, Social Care, Derby Museum, Rethink and the Derbyshire Federation for Mental Health.

Neighbourhood	Courses, groups and opportunities
Derby City	<b>Getting well:</b> Recovery Education, specialist Dialectical Behavioural Therapy group, Mr Grundy's Group, horticulture group <b>Keeping Well:</b> Nature in photography, Gym partners group with Derby College, Derby Museum partnership group
Killamarsh and North Chesterfield	<b>Getting Well:</b> coping with emotions, five ways to well- being group, recovery clinic, walking for health <b>Keeping Well:</b> The growth project – developed in collaboration with community partners The Art group that is led by peer supporters
Chesterfield	<b>Getting Well:</b> Skills to Recovery courses, vocational courses, recovery clinics <b>Keeping Well:</b> Spireites Active for Life (partnership project with Chesterfield Football Club & Public Health)
Bolsover	<b>Getting Well:</b> Skills to Recovery course <b>Keeping Well:</b> Active Confidence and Active Mindfulness (partnership with Bolsover council), Equine therapy (partnership with Riding school)
Amber Valley	<b>Getting Well:</b> Weekly coffee morning ,Recovery focused clinic, <b>Keeping Well:</b> Recovery and wellbeing programme (in development)
Erewash	<b>Getting well:</b> Recovery and Wellbeing service, healthier lifestyle course, <b>Keeping Well:</b> Mental Health Innovation project, walking for health
High Peak & North Dales	<b>Getting Well:</b> Recovery education courses, <b>Keeping Well:</b> Brightside Community Education courses (partnership with adult education), recovery and wellbeing workshops (partnership with Federation), AIM (Active In Mind) partnership with athletics associations

All the courses that we facilitate are outcome measured using standardised tools: WEMWBS (The Warwick-Edinburgh Mental Well-Being Scale), OSA (Occupational Self-Assessment), plus we gather feedback on participants' experiences, personal stories and achievements. We now have licences to use PAM (Patient Activation Measures) and we will be using these with people in all the Recovery Education courses and Recovery and Wellbeing workshops from April 2017 onwards. Please see overleaf for an example from Chesterfield Spireites Active for Life course, of how the WEMWBS scores have been used to track change and improvement before and after attending the course:



### **Vocation and return to education or employment**

We have a draft Vocational Strategy that sets out to define our commitment to the importance of supporting people back into meaningful activity or employment as part of their Recovery. We co-chair Employment and Mental Health Forums (North and South) with colleagues from the Department for Work and Pensions and Social Care. These are partnership forums where services learn from each other and share good practice. We have recently been successful in securing funding to work with Working Links (an organisation dedicated to getting the long-term unemployed back to work and helping them stay there) on an employment project that in-reaches to each neighbourhood team. This will be starting in May 2017.

### **Recovery Education as one of our specialist CQUINs**

The Kedleston Unit are developing Recovery Education within the service. They are working with patients to identify interests and redesign the more traditional activity programme to be based on Recovery Education principles. They have a trained Peer Supporter working with the team to co-design courses. A steering group is leading developments and the first new co-produced course will be:

#### **Music and mood** – with learning outcomes including

- Learning how music affects your mood
- How mood influences your choice of music
- How to use music as a coping strategy
- How to listen without affecting others.

#### **Future potential courses for development include:**

- Access to education
- Anxiety
- Assertiveness
- Confidence
- Diagnoses and their individuality
- Food and Mood
- Preparation to work
- Sleep hygiene

In the longer term, it is hoped that some courses could be facilitated away from the unit to facilitate interaction with larger and more diverse groups. We will be considering how to keep patients without leave included in this. Options include:

- 'Pop-up' sessions for small groups / individuals on the ward
- Pre-recorded pod-casts
- Use of Skype or similar platforms for a virtual presence.

### **Community resilience and implementing person-centred and wellbeing approaches in our Campus and Neighbourhood settings**

## **Community Resilience**

Within Erewash Neighbourhood Team we are part of the Vanguard “Wellbeing Erewash” Community and Personal Resilience Project. This project has two main workstreams:

- i. personal resilience, included work on developing person centred approaches, Personal Health Budgets, Patient Activation Measures and Wellbeing Planning
- ii. Community resilience: strengthening the voluntary sector, community development forum.

In North Derbyshire, we are working very closely with Public Health on a number of projects. Several of these are being used as part of a national pilot looking at “social return on health investment” using the Housing Association’s Charitable Tool (HACT) tool (from an organisation committed to innovation in housing). The projects involved in this are: Spireites Active for Life, Active Confidence and the Green Barrows GROWTH Project.

South Derbyshire and Bolsover neighbourhood teams are members of the Community Health and Wellbeing forums for each locality. This enables partners within the areas to work together to address the health needs of the local population.

### **Implementing person-centred and wellbeing approaches in our Campus and Neighbourhood settings**

As part of the work following the CQC visit, all teams have been developing clinical skills and approaches in person-centred and wellbeing approaches. Audits have demonstrated increasing numbers of person-centred care plans and Wellness Recovery Action Plans (WRAP) within all teams. In Campus, patients are now offered WRAP workshops and supported to write their own Wellness Plans.

We have very recently started work on a project to co-develop a “person-centred coaching” workshop that will be co-facilitated and delivered into teams, the objectives being to coach clinical staff to take a person-centred approach to care.

### **Use of NICE Guidelines to inform transitions development**

The trust are part of the East Midlands Clinical Network and are reviewing our progress against local and national benchmarks. The local transitions policy is being written in accordance with National Institute for Health & Care Excellence guidance, Special Educational Need Guidance (2015) and the Mental Health Code of Practice (2015).

The overarching principles are:

1. Involve young people and their carer’s in service design, delivery and evaluation related to transition
2. Ensure transition support is developmentally appropriate
3. Ensure transition support is strengths-based and identifies the support available to the young person
4. Uses person-centred approaches
5. Health and social care service managers in children's and adults' services work together in an integrated way to ensure a smooth and gradual transition for young people
6. Service managers in both adults' and children's services, across health, social care and education, proactively identify and plan for young people in their locality with transition support needs
7. Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information sharing and confidentiality policies.

The overall work including the policy update is due for completion by September 2017 and is being monitored through the Clinical Operational Assurance Team (COAT) meeting, which as its name suggests provides integrated clinical and operational assurance to the Executive Leadership Team and the Quality Committee. Ongoing monitoring against NICE standards will be shared with the Clinical reference Groups and overseen by the COAT.

## **The Psychiatry Teaching Unit in Derby; a co-produced approach to medical education**

This team works with medical students from the University of Nottingham when they undertake their psychiatry placement with the Trust, and work with around 120 students each academic year. They are a multi disciplinary team comprising Clinical Teaching Fellows, Medical Tutors (consultant psychiatrists), Nurse Educators, Development Workers and an administrator. Their aim is to support students, who are often apprehensive when they first approach psychiatry, to attain the level required to be able to work at the level of a safe Foundation Doctor (FY1) in psychiatry in the five week period that they are with us.

The team passionately believe in the power of lived experience in helping to mould students into patient centred practitioners of the future. As such, as well as providing excellent formal teaching, both in the classroom and in clinical settings (which we cannot do without the support of colleagues on both the wards and in the community), the team, driven by Nurse Educator, have facilitated the creation of an 'Expert Patient Programme' which enriches the student's learning experience. The programme, developed over the last nine years, is now supported by two Development Workers who were both recruited, in part, because of their lived experience of mental ill health.

In the last year, more than 40 service receivers have collaborated with the team's clinicians – writing e-learning materials and lecture notes, delivering teaching sessions and facilitating experiential learning through 'Expert Patient' sessions. Moreover, each week's topic areas are introduced in a seminar that is led by a person with lived experience of that set of symptoms and facilitated by the Development Workers. Although not a clinical teaching session, the students are better able to understand the impact of a set of symptoms or a diagnosis on day to day life.

In the 'Expert Patient' sessions, service receivers are supported to allow a medical student to take a full psychiatric history, mental state examination and safety assessment from them. The process is watched by a clinician who provides feedback on the technical side of the interview. The service receiver is empowered and supported to provide feedback on the experiential side of the interview – how did the process make me feel, did I feel that you were listening to me, that you valued me as a person etc. The Expert Patients are trained in assessing and giving feedback. The process enables them to contribute meaningfully to the shaping of future doctors. Furthermore, the process helps to break down the power imbalance between clinician and service receiver.

The team works in partnership with other teams within the Trust to ensure that students get the most relevant up to date information across their placement. For example, we work alongside the Strategic Health Facilitators that work in the Learning Disability Teams to ensure that students get the best information available to learning disability services. We are privileged that some of the teaching that this team provides is also delivered by people who live with a learning disability. We are proud of the opportunities that we provide to students.

**Regional Recognition:** This work was recognised in the 2017 Health Education East Midlands Excellence in Education Awards, where the team won the award for 'Best public and patient participation in education'.

## **Caring services**

### **Quality Priority – Improving personalised care planning and person centred care**

Developing and maintaining personalised care planning was a quality priority for the Trust in 2016/17. During the CQC visit in June 2016 and subsequent visits, examples of personalised care planning were clearly identified. However, inconsistency around this was also evident. Subsequent audits have shown improvements, but again progress is a challenge to sustain. This remains a clinical focus for the organisation.

However, the Trust's approach to across-Trust quality circle bid writing, with new and novice bid writers, were successful in achieving the NHS England bid on Patient Activation. This bid enables improvements to clinical practice that without external investment would not be achieved.

This model was promoted by recent research in this area, that there was new and emerging evidence that individuals receiving care and their care givers, need to move past engagement to a new progressive model of care to be activated as an expert and informed person making choices in their care. This model would be an evidenced based rating scale for clinical practice to activate individuals in decision making and if early research outcomes are fully replicated could be a key pillar of improved individual and family patient experience clinical effectiveness, and the management of clinical demand. Four representatives attended the training event on the 14 June 2016, as a train the trainer model to develop this approach in the Trust. Our interim Assistant Director of Clinical Professional Practice is leading this work, we have signed our license agreement with Isignia and we are moving forward with project roll out.

### 'How to get help' card for families and carers (SBARD tool)

The introduction of 'How to get help' card for families and carers is an exciting development for the Trust. We are grateful to the East Midlands Academic Health Science Network Patient Safety Collaborative for their support and provision of funding which enabled this initiative to be launched last year.

The purpose of the card is as below:

#### Asking for help

*When you're ringing for help, it's sometimes difficult to get your message across, so try using the **SBARD** framework:*

- **Situation:** *Who is calling and why? Be clear about the situation.*
- **Background:** *How has this come about? What's the history?*
- **Assessment:** *What are the problems that you and the person you're calling identify?*
- **Recommendation:** *What do both you and the person you're calling feel would help?*
- **Decision:** *What has been agreed, and who will do what?*

A year on has seen the 'How to get help' card (SBARD) sent directly to approx. 2000 mental health carers with the April 2016 edition of the 'Who Cares?' newsletter.

The card has also been shared with both of the local mental health Carers' Forums, partners and stakeholders, taken to public events and showcased throughout the county (including recruitment fairs for staff).

The quick reference guide has been included with other literature available to families and carers including the carers' handbook and contact cards which are also given out to carers. Integrating the SBARD onto other leaflets will continue as and when they are renewed. An accessible version of the postcard continues to be developed and is available in paper copy and online.

How to get help card for Families and Carers Card has been included in:

- The Carers and Families Handbook (over 10,000 now printed)
- The Carers and Families Contact Card (over 10,000 now printed)

Moving forward it is hoped that SBARD will strengthen relationships between staff and families and carers. Families and carers will feel listened to, supported and have a clear understanding about what is going to happen following the information that they have provided. The benefit of clear, concise information will also support staff to offer better care for their patients.

**How to get help for families and carers**

When you're worried about the person you're looking after, it can sometimes be difficult making people understand what's wrong and why you're concerned. The SBARD structure helps you to organise your thoughts before you call so that you can get the help you need. Things to remember would include:

- Think about who might be able to help, and who you could contact - have you got a copy of a care plan, a contact card, or an Infolink Resource Directory?
- Make sure you take the person's name that you speak to, and a contact number
- Talk about the options - there may be solutions that you've not considered.

If you've got the consent of the person to be involved in their care, please contact their main worker. If not, please call our Family Liaison Team on 0800 027 2128 or email [family.liaison@derbyshcft.nhs.uk](mailto:family.liaison@derbyshcft.nhs.uk)

Overleaf is a place to make notes, but these are the main things to think about:

Situation:	Who is calling and why? Be clear about the situation.
Background:	How has this come about? What's the history?
Assessment:	What are the problems that you and the person you're calling identify?
Recommendation:	What do both you and the person you're calling feel would help?
Decision:	What has been agreed, and who will do what?

[@derbyshcft](https://twitter.com/derbyshcft) [f DHCFT](https://www.facebook.com/DHCFT) [www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)

The 'How to get help' card for families and carers is on the Core Care Standards section of the Trust's website page for Families and Carers – see: [www.corecarestandards.co.uk/core-care-standards/families-and-carers](http://www.corecarestandards.co.uk/core-care-standards/families-and-carers). It is also included on the Families and Carers page of the Recovery and Wellbeing Centre – see: [www.corecarestandards.co.uk/recovery-centre/carers-and-families](http://www.corecarestandards.co.uk/recovery-centre/carers-and-families)

### **Carer support**

Carers week commenced on 6 June 2016. Carers Week asked 2,000 people how caring affected their lives [www.carersweek.org/get-involved](http://www.carersweek.org/get-involved) #CarersWeek. Feedback was displayed in the Trust to promote Family and Carers Inclusive Practice, as well our ongoing commitment to Think! Family through its associated training, publications, posters and the use of our Family Liaison Team and SBARD for Families and Carers, publicising and being responsive to the needs of carers.

Later in the year the Trust sponsored North Derbyshire carers events with Hardwick CCG and supported staff attendance at them. Carolyn Green, Director of Nursing and Patient Experience has attended the Derby City and South Derbyshire Mental Health Carers Forum to listen to the views of carers, to promote the use of the Family and Carers handbook and the Family and Carer's SBARD. The majority of feedback was about access to services, concerns with regards to the Trust's position on its move to a smoke free environment, and the impact of council funding reductions on their well-attended and highly regarded forum.

### **Triangle of Care – Think! Family and Family inclusive practice, a Trust quality priority**

Embedding Think! Family principles across the Trust was a quality priority for 2015/16 and a local CQUIN. Think! Family is about thinking about the wider family in everything we do, and coordinating the support they receive across all services.

In addition, on the 29 of July 2016 clinical staff hosted the Triangle of Care Midlands Regional Group. This was chaired by Ruth Hannan, Policy and Development Manager (Mental Health) from the Carers Trust. There was representation from Mental Health Trusts including:

- Nottinghamshire Healthcare NHS Foundation Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- 2gether NHS Foundation Trust
- Coventry and Warwickshire Partnership NHS Trust
- Dudley and Walsall Mental Health Partnerships NHS Trust.

This was the six monthly progress update meeting from providers who are participants within the Triangle of Care Membership Scheme.

The event included updates from the providers, and we recently presented the SBARD approach for Families and Carers. This tool allows carers to be able to raise questions they wish to ask, in particular at times of crisis. At the event the team representing the Trust received positive and supportive feedback on the tool. Since then 2gether NHS Foundation Trust has presented the tool to carers and their own Trust and has sought the Trust's agreement to adopt the tool for use across their services.

Since the last regional group, we reported back that we had undertaken a successful event in the North of the County with carers with regards to "Looking after yourself", where advice on healthy eating, blood pressure monitoring, etc. had taken place. The event was well received by carers and staff. We had also undertaken an update event for our Carer Leads.

Ruth Hannan from the Carers Trust acknowledged the work that has been completed by the Trust and had no ongoing concerns with regards to ownership at a Senior Organisational Level and confirmed that progress had been made by the Trust.

## National Recognition

### The Care Coordination Association Awards 2016:

#### ***Innovation to Support Service Development***

HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: How to get help – SBARD

#### ***Improving Quality and/or Service User Outcomes***

AWARD: Derbyshire Healthcare NHS Foundation Trust submitted by Lesley Fitzpatrick: The South Derbyshire Liaison Team

HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: 'Your Care' initiative

#### ***Embracing Service User/ Carer Involvement***

HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: Derbyshire Recovery and Wellbeing Centre

#### ***Everyday Hero Award***

HIGHLY COMMENDED: Kate Heardman, Derbyshire Healthcare NHS Foundation Trust: nominated by Monica Hutson

### The Health Service Journal Award 2016

In 2016, the research team in the Trust were shortlisted for the '**Clinical Research Impact**' category. This award celebrates NHS organisations' dedication to furthering clinical research, ensuring that any advances quickly reach practice and improve patient care.

The title of the team's application for the award was "Making Research Core Business" and in October 2016, alongside other shortlisted organisations, three members of the research team presented to a judging panel three reasons why Derbyshire Healthcare should win. Their focus was:

- 1. Ambition in a time of austerity**
- 2. Doing things differently**
- 3. Making a big and sustainable impact**

There is a clear national directive to make research core business and offer all patients research opportunities. However, research is often seen as non-essential in times of financial hardship. The thriving clinical research environment present at Derbyshire Healthcare is growing organically from a drive to do better.

### Volunteer update

As at 7 March 2017, the Trust has 130 volunteers in process, with 61 currently active. 78% of our volunteer population have lived experience of mental health issues or have used Trust services. Many of our volunteers have roles where they are directly enhancing the experience of service receivers, supporting our in-patient and neighbourhood teams by co-facilitating activity groups, providing a 'meet and greet' service, providing chaplaincy support, breast feeding support and peer support across adult mental health, learning disabilities and specialist services.

We currently have 14 active mental health Peer Support volunteers across the county in services including: the Radbourne and Hartington in-patient units, Neighbourhood community teams, Cherry Tree Close, The Beeches, and peer volunteer roles within Occupational Therapy and Recreational Services. Peer volunteers use their lived experience to co-produce and co-facilitate groups and evaluate services.

Feedback from people using our services has included:

*"The best thing about being at the Hartington was being shown round by a volunteer and knowing that she had been in my shoes."*



We also offer a limited number of volunteer internships for people who are finding it difficult to obtain paid work. This is currently available to those within mental health services. It is recognised that this group are particularly underrepresented nationally within the paid workforce. Four people have completed at least one 12-week placement and accessed the associated support, of which three have gone on to obtain paid employment. Internal placements have been provided in areas including: Information Technology, Educational Support Team, Patient Experience and Legal Services.



## **Responsive services**

### **Crisis response**

The Mental Health Action Group is an independent service receiver led organisation.

In July 2016 they published their newsletter, in which they highlighted concerns about out-of-hours support for people experiencing a crisis at the evening or weekend:

*“Group members expressed their serious concern about the gaps in crisis care which many people can still drop into. Healthwatch Derbyshire confirmed that they are picking up some high quality feedback from service receivers about their experiences of crisis support. We hope this will be used by commissioners and service providers to instigate improvements where needed and to continue funding those services that are valued.”*

In response, we continue to review our crisis provision with commissioners going forward. We have also shared comments received from Mental Health Action Group on the lived experience of accessing the crisis team out of hours with relevant services. This was coupled with a review of our Crisis services by Healthwatch Derbyshire, which has resulted in a number of positive improvements and service improvement action plans that are being led by our Consultant Nurse for Crisis.

### **The Nursing Associate role**

It has been agreed that the Nursing Associate role will be implemented in the Trust as a test pilot scheme. Health Education England (HEE) announced on 11 October 2016 that a partnership between healthcare providers and higher education organisations had been successful in its bid to become a ‘test-site’ for putting the new role of Nursing Associate through its paces.

This means that Chesterfield Royal Hospital, Derbyshire Community Health Services NHS Foundation Trust, Derbyshire Healthcare and Derby Teaching Hospitals, working with the University of Derby, will

lead the way in implementing the new education programme as part of a national pilot for this pioneering route into a nursing career. In the first instance, 36 students will be recruited to the training programme across the four organisations – five will be recruited from our Trust. The education and training programme for the role enables them to work within the nursing team at a level which fits between other healthcare support workers and fully qualified nurses. The focus of the role will be to provide hands-on compassionate patient care.

These first students are part of a national cohort of 1,000 who started their two-year Nursing Associate programme in December 2016. This is an exciting opportunity to build on our partnership with the University of Derby. The Trust recruited staff to all posts, and early feedback in the Neighbourhood and Renablement services is that they are a very welcome asset to the service. The Trust has prioritised this work to develop new community roles both in bridging the gap with physical health care clinics and in social and well-being approaches to recovery. This will assist with our ongoing pressure in our community mental health services.

### **The Dementia Rapid Response Team**

The development of this community team has been associated with a reduction in bed occupancy and the opportunity for us to rationalise our estate requirements for older age mental health. It is hoped that this will also liberate some medical colleague time for input on the wards to those who are the most acutely unwell. The service has received very positive feedback from individuals, families and care homes. Its team members have also been recommended for DEED awards by families, our internal recognition scheme.

### **Complaint Audit – Healthwatch Derby**

This year two reviews have been undertaken. A 2014/15 complaints survey was shared with the Trust in early 2016 and then revisited by Healthwatch Derby at the end of 2016 (within this financial year). It was a request for all complainants to respond to a Healthwatch Derby survey on how the Trust handled complaints.

This was followed by a meeting with some of the key individuals with the Assistant Director of Clinical Professional Practice to listen to the difficulties that were being encountered, then a follow up meeting by the Director of Nursing & Patient Experience with Healthwatch Derby and a smaller meeting of complainants to feedback on what they wished to see improved in the Trust. These suggested improvements included the timeliness of the responses to complaints, adjustments to the style of complaints letters, changes to the content, and to offer support to review clinical notes to understand jargon.

### **Other surveys from Healthwatch Derby and Healthwatch Derbyshire**

Healthwatch Derby completed a review of Childrens services including some of the Trust's services and gave feedback to the organisation on the positive areas and areas to improve.

Healthwatch Derbyshire have completed a review of CAMHS, Substance Misuse Services and the Crisis Teams.

All reports have detailed responses on how the Trust thanked the Healthwatch teams for their positive and improvement feedback and how the Trust will put the feedback into practice,

In addition, the Trust has received regular reports from Healthwatch Derby and Healthwatch Derbyshire on feedback from the community, and we would like to thank them for their continued commitment and partnership working with the Trust.

### **Investigation Facilitators – Responsiveness of complaints and serious incidents**

We appointed to these two posts on Friday 24 March, and anticipate that they will significantly contribute to improvements in the timeliness and consistency of serious incidents and complaint reports, together with releasing some capacity for clinical staff who are currently undertaking these reports.

## **Neighbourhood Teams waiting time for a care coordinator**

Within the Neighbourhood teams, the Service Managers and Service Line Managers met with the Deputy Director of Operations, General Manager for Neighbourhood Services and Deputy Director of Nursing & Quality Governance in February. There was clear and open discussion, together with a positive attitude to working together to move this forward.

We discussed in particular the current waiting lists for a care co-ordinator within the Neighbourhood teams, the impact of this on other parts of the service, recruitment and retention, and the potential 'creep' of tolerance within teams around issues such as criteria for being offered care under the CPA, Service Managers having a caseload, and consistency between the teams as to the threshold for acceptance of people referred.

As an initial plan, the General Manager is leading on a piece of work to gain greater clarity around waiting list size to keep a current and accurate picture of those on the waiting list in all teams, what other support those on the waiting list might be accessing. Future meetings are planned with the managers to support them in moving forward with this, within their commissioned resources.

## **Well-led services**

The Trust's internal quality visits programme continued in 2016 and commissioners and governors were involved in a significant number of visits. The visits were moderated in October, and quality improvements made by teams were recognised at the Trust's annual award event held in December this year (see later in this report for the winners). Some early findings and best practice included:

### **Quality visits best practice examples showcased:**

- Good work on pathway development and improved working relationship with the wards and training opportunities for ward staff. (ECT visit on 21 April 2016).
- The health visiting team have adapted 'The Solihull Support Programme' where staff have been trained to deliver the Solihull Parenting Programme. The team have also driven a dental health initiative which support children and families to improve oral hygiene – the team secured £1000 funding to support this project. (Health Visiting visit on 13 May 2016)
- A new approach to care planning and development of personalised care plans in a new format which was completed jointly with patients, professionals and carers / family which reflected the Triangle of Care model. (Cherry Tree Close visit 20 May 2016).
- Accessible information practices to ensuring that people who use the services have the information in the most appropriate format. Examples included: care plans, social stories, and keeping safe plans. (Amber Valley CTLD 4 May 2016).
- Perinatal services showed how they are bringing in peer volunteers, including dads, to share their journey, together with engagement with others and wider families for such events. This significant involvement of partners is having a positive impact on mothers and their babies. The service also demonstrated low numbers of incidents due to staff spending lots of time with patients and therefore able to anticipate and pre-empt issues. The service was also planning to gather patient experience outcome measures, using the same tool that is used across the East Midlands (visit to perinatal services 14 June 2016).
- Erewash Community Learning Disabilities team showed their process for recruiting a new Speech and Language Therapist. This was an excellent example of meaningful engagement, where the people involved had shaped both recruitment and appointment of therapists. Given the complex nature of the interventions and communication challenges faced by the people accessing the service, the commitment to improving engagement in recruitment demonstrated simple sophistication at its best. (Erewash Community Learning Disabilities Team 21 June 2016).

## Examples of some the issues raised during Quality Visits

Teams discussed the following:

- Some challenges they have experienced with the PARIS electronic patient record system, but remained locally solution focused. It was evident that they were problem solving as a team by being engaged through the Clinical Reference Group and utilising the support of the PARIS and Information Management Team as and when necessary.
- Not being up to full complement and recognising that the service is still evolving. The team often have competing demands such as many clinics and various meeting requests i.e. early help assessment, safeguarding, review meetings.
- The challenges of caseloads and the increasing demand.
- The challenges around waiting times and waiting lists. Although the team are following policy and have strategies in place for safe waiting, it was commented that their capacity is impacted on by retracting Local Authority funding and an increasing expectation that the team will complete Continuing Healthcare checklists and health assessments.
- The transformation in some neighbourhood teams and the challenges of bringing teams under one roof. The panel appreciated the recent merge of the Community Mental Health Teams into Neighbourhoods but still felt that there was more work to be done around working together as one team.

One clinical team challenged the outcome of their Quality Visit through the appeal process. The Learning Disability Health Facilitators service challenged how their award was down-graded due to concerns around supervision and appraisal rates. This data was revisited and the challenge that the data did not take into account new starters was upheld. The team were subsequently up-graded to a Gold Award.

### Staff Health and Wellbeing CQUIN – Flu vaccinations for staff

This year, work to improve the position of our staff influenza vaccination uptake has been undertaken, with support from clinical, operational and workforce and organisational development colleagues. Previous uptake has been low, and this year we supported our usual clinics for staff to 'drop in' with a peer vaccinator programme, which was largely developed to support inpatient ward staff who have more problems with attendance and release. This year's programme saw Registered Nurses being trained to administer flu vaccinations to colleagues in the workplace, adding to opportunity and flexibility. The programme has been successful and well received by staff and will be continued and expanded next year. The final uptake was 38.4%, an increase of 16% on the previous year.



## Quality Leadership

The Quality Leadership Teams continue to evolve, and are now incorporating operational issues with wider attendance from an integrated group. The Trust recognises that these groups will require on-going attention to support their development. It is clear that both Campus and Neighbourhood areas are under intense pressure and this is not assisting the growth of these specific clinical reference groups. The Associate Clinical Director recognises the need to understand quality governance and develop quality improvement that connects with the voice of the clinical team and is working to enhance communication as these specific groups continue to evolve.

There is clear commitment from the Director of Nursing and Patient Experience and the Medical Director to attend the Quality Leadership Team meetings or offer alternative support in any manner, to support their continued development

**Below are invitations to staff to be part of our equality and diversity work:**

**'Have your say' workforce event, 30 March: grade the Trust on its efforts to promote equality and diversity and help build the staff networks of the future**

Want to make a difference in building a diverse and inclusive environment for everyone?

On 30 March 2016, at the Centre for Research & Development in Derby, we'll be holding the annual Equality Delivery System (EDS2) workforce grading event. The main purpose of EDS2 is to help local NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010.



This event is the chance for staff to say how well the Trust is doing in terms of consistency and equality of opportunity around areas like recruitment, pay, training and development, flexible working, and keeping staff safe from abuse, harassment, bullying and violence.

Also at the event, staff will be able to shape the Trust's staff networks for the future, and suggest the staff networks that we need in order to give a voice to those with different [REGARDS](#) characteristics

**BME Staff Network annual conference this Friday: free strategic coaching session**

**Event:** BME Network Annual Conference

**Date:** Friday 17 March 2016

**Time:** 10am to 4pm

**Venue:** Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital site, Derby DE22 3LZ

The Trust is running a strategic coaching session facilitated by an experienced external BME coach [Rasheed Ogunlaru](#) (pictured right).



The Trust is providing this session to...

- Be a development opportunity – to provide coaching that recognises the needs and lived experience of our BME staff
- Engage with BME staff to help us understand the barriers and perceptions and solutions to address the differences in experience, access and outcomes, and help shape the culture of our organisation (as part of the Work Race Equality Standard action plan and staff survey action plan)

- Help shape the BME Network – the purpose and direction of the network.

There is no obligation to join the BME Network.

Senior managers have been asked to encourage and nominate two representatives from their service area to attend. We would particularly welcome more bookings from the following service areas:

- Finance
- Learning Disabilities
- Information Management and Technology
- Psychological Therapies
- Universal Children Services and Child Therapy & Complex Needs.

### **Local improvement plan**

The Trust has a very low rate of NHS litigation claims when benchmarked against other services. The Trust this year prioritised focusing upon the named quality priorities and the roll out of Electronic Patient records in the organisation. The quality priorities and non CQUIN requirements for 2017/18 are to develop a new Quality Improvement Strategy, that clinical leadership teams will define their own improvements based upon clinical data and will use this to be the foundation of the Sign up to Safety improvement plan.

### **How we discharge our CQC Regulation 20 for Duty of Candour**

The Family Liaison Team (consisting of two staff) commenced in post in March 2015. The aim of the Family Liaison Team is to offer direct support to patients and their families following incidents, alongside supporting staff to fulfil their Duty of Candour and offer assurances to the Trust that this has been completed.

### **Assurance**

The Medical Director has overarching responsibility for ensuring the Trust fulfils its Duty of Candour requirements. A narrative on how we deliver our Duty of Candour, in relation to Serious Untoward Incidents, is included in the monthly Serious Incident (SI) Report which is reviewed by the Quality Committee and Trust Board.

### **Role of Family Liaison**

Family Liaison offers direct support to families following a serious incident or the death of a loved one. This is alongside any support offered by clinical teams and staff investigating the incident. The work of the family liaison team extends under the principles of Being Open. They also support staff undertaking serious incident investigations to engage with the family, and ensure that families and patients are included wherever possible in reviews and their questions and concerns are addressed.

### **Family Liaison Process**

Incidents graded moderate or above are reviewed by the Family Liaison Team to assess whether Duty of Candour is applicable. Further information is gathered and support from clinical staff with specialist knowledge is sought at this stage if required. The Electronic Patient Record is reviewed and the clinical team is contacted to ascertain contact details for the family and the level of family involvement in the patients' care. This process is carried out where it is a serious incident or death and where the incident meets the standards for Duty of Candour or Being Open. Support would also be offered to the family if the incident is an expected death from natural causes. Initial contact is made with the family by letter or telephone. This is judged on an individual case basis. The purpose of the initial contact is to offer condolences or apologies on behalf of the Trust, and if there is to be an investigation inform them of the next steps. Family Liaison would ascertain the family's wishes and keep them informed of the progress of the investigation and ensure that they are offered feedback.

### **Additional Support offered by Family Liaison:**

- Support families who wish to make a complaint during an investigation
- Training for staff regarding engaging with the family, Being Open and Duty of Candour

- Support investigators to meet with the family
- Attend Coroners Court to support the family.

### **Involvement in Serious Incident Process**

A representative from Family Liaison sits within the Serious Incident group and is involved in the review of all Serious Incidents. Where there is direct involvement, any concerns / comments the family has are fed directly into the group. This is supported by the Lead for Patient Safety when the Family Liaison and Investigation Facilitator are absent.

### **Duty of Candour and Being Open**

Occasionally it may be unclear in the first instance whether Duty of Candour or Being Open is applicable. In these circumstances, we would still work with families in a compassionate and empathetic way to offer apologies and condolences in a meaningful way.

### **Auditing our approach to Duty of Candour and Being Open**

In 2016, we planned to ask our internal auditors to review the Duty of Candour and Being Open policy following its first 12 months of operation. The review asked questions such as:

- Is the service providing and discharging its duty of candour?
- Is the Trust policy being implemented and can the auditors give independent assurance that the systems are in place and are being effectively used?
- Is there any learning or adjustments to the system that can be recommended from any national learning?

This area of practice was extensively explored in the CQC June 2016 comprehensive action plan. All Trust services bar one team were reported to be fully implementing Duty of Candour. The Children's and Young People Service had to address staff training in this area – this was completed in 2017.

The CQC report included the following text:

*“The trust employed a family liaison co-ordinator and a family liaison facilitator, specifically to analyse serious incidents and complaints in order to ensure families’ concerns are heard and they are fully supported during the process. A narrative on how the trust deliver their obligations with regards to Duty of Candour, in relation to serious untoward incidents, was included in the monthly Serious Incident Report which is reviewed by the Quality Committee and Trust Board. An additional reporting system contained an additional field to record actions taken in response to the trust’s duty of candour, requirements and an auditable trail of all reviews of incidents, involvement of families and letters sent to families in line with “Being Open” and duty of candour requirements and regulations.*

*Staff were open and transparent and explained to patients when things went wrong. We saw an example of this regarding a confidential letter sent to the wrong address in the forensic service. Patients in the learning disability service told us that they were informed and given feedback about things that had gone wrong. In the long stay service an incident occurred where a patient on the self-medication protocol had been on weekend leave and staff failed to notice that medication had not been taken. Staff informed his family as soon as they realised the incident had occurred. A new protocol was put in place for checking medication after leave for all patients rather than on the ad hoc basis they had used previously.”*

Due to the external assurance received from this, other additional internal audit work was prioritised.

### **Never events**

We did not have any ‘never events’ in 2016/17.

## Our most recent staff survey

<b>Key Finding 21: Percentage of staff believing that the organisation provides equal opportunities for career progression (the higher the score the better)</b>			
<b>Trust Score 2016</b>	<b>Trust Score 2015</b>	<b>National 2016 average for combined MH/LD and community Trusts</b>	<b>Best 2016 score for combined MH/LD and community Trusts</b>
75%	84%	88%	91%

<b>Key Finding 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (the lower the score the better)</b>			
<b>Trust Score 2016</b>	<b>Trust Score 2015</b>	<b>National 2016 average for combined MH/LD and community Trusts</b>	<b>Best 2016 score for combined MH/LD and community Trusts</b>
22%	22%	21%	15%

The five Key Findings for which the Trust compares least favourably with other combined mental health / learning disability and community trusts in England are in the table below. It is suggested within this year's survey that these areas might be seen as a starting point for local action to improve as an employer.

<b>Key Finding (KF)</b>	<b>Trust Score 2016</b>	<b>National 2016 average for combined MH/LD and community Trusts</b>
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents (the higher the score the better). This is also highlighted as a deteriorating finding since the 2015 survey.	3.52	3.77
KF1. Staff recommendation of the organisation as a place to work or receive treatment (the higher the score the better)	3.42	3.71
KF31. Staff confidence and security in reporting unsafe clinical practice (the higher the score the better)	3.49	3.71
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (the higher the score the better). This is also highlighted as a deteriorating finding since the 2015 survey.	75%	88%
KF32. Effective use of patient / service receiver feedback	3.42	3.68



## Largest Local Changes since the 2015 Survey

This page highlights the Key Finding that has improved in the Trust since the 2015 survey:

Indicator	Trust Score 2016	Trust Score 2015
KF18. Percentage of staff attending work in the last three months despite feeling unwell because they felt pressure from their manager, colleagues or themselves ( <i>the lower the score the better</i> )	56%	64%

### CQC Rating as at June 2016

The result of our 2016 inspection was that the CQC rated our organisation as requiring improvement. The Trust was pleased that in the report the inspectors “found the staff to be consistently caring and they treated patients with kindness, dignity and respect. The feedback received from both patients and carers regarding the quality of care was positive and demonstrated a staff group who have the patients’ best interests continually in mind.” However, being awarded ‘requires improvement’ for the domains of effective, safe and responsive sent us a message that work needed to be done. Of additional concern was the ‘inadequate’ rating around well led, which from the point of view of the inspectors led to variance in the quality and the safety of our services. Also, two clinical areas (the forensic wards and wards for older people with mental health problems) were rated as ‘inadequate’.

Ratings for individual areas have been upgraded in response to subsequent announced and unannounced visits.

Overall rating for services at this Provider	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Inadequate 

As a Trust we were disappointed for our staff and our community on the results of the inspection.

We will continually strive to improve until we can reach the very best clinical and corporate governance standards we can. Our Trust strategy has an aim to achieve a minimum of a good rating for all services and we will focus in 2017/18 on that aim both for our community and our staff.

## Our clinical service reports

These are the end of year results for the comprehensive inspection in June and service revisited and regraded in visits in Decemeber (2016) and January (2017).



Last rated  
29 September 2016

Derbyshire Healthcare NHS Foundation Trust



	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community health services for children, young people and families	Requires improvement	Good	Outstanding	Requires improvement	Requires improvement	Requires improvement
Community mental health services for people with learning disabilities or autism	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community-based mental health services for older people	Good	Good	Good	Requires improvement	Good	Good
Forensic inpatient/secure wards	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Long stay/rehabilitation mental health wards for working age adults	Good	Requires improvement	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Specialist community mental health services for children and young people	Good	Good	Outstanding	Outstanding	Good	Outstanding
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Some high level actions were progressed on receipt of the comprehensive report and immediate feedback on areas of improvement already in progress or completed included:

1. The Safeguarding Committee reviewed Safeguarding level 3 training and evidence. Additional training days were commissioned by the Children's Service and have been provided and the end of year performance has been detailed in the performance section.
2. A review of all CQC actions was undertaken by the Capital Investment group and existing resources re-allocated to meet the findings of the comprehensive review. The installation of all air conditioning units has already occurred and the additional aspects are now in full planning stage. This includes the re-development of a newly designed clinic room at the Kedleston Unit, refurbishment of the kitchen and the activity daily living kitchen being re-provided, rather than the initial plan to close a bedroom. The planned relocation of Audrey House, due to both heating and physical environmental concerns went ahead in October. This fully mitigates the concerns raised in the Audrey House CQC comprehensive report.
3. Safeguarding knowledge and responses to security and safety of property, an action plan to consider as a trust how the organisation is able to learn from losses and can put in place systems and structures to analyse clusters of issues, has been put in place to enable the Safeguarding Adults Lead Professional and Safeguarding Named Doctor to reflect and identify potential clusters of incidents. All information related to this issue has been shared with the Safeguarding Adults manager for the Clinical Commissioning Group, Local Authority and other bodies.
4. The Equalities Act and our EDS2 submissions have an action plan and significant work led by our Human Resources team under the scrutiny and leadership of the Director of Human Resources.
5. The Mental Health Act team have been revisiting all Community Treatment Orders and rights that have been issued, ensuring all rights forms are correctly completed and filed. A compliance report with full assurance on the rights of individuals is in final stages of report writing and completion and will be provided to the Mental Health Act Committee.
6. Safeguarding Adults Named Doctor appointed. A safeguarding adults Safeguarding Analysis and Assessment Framework (SAAF) review was submitted at the agreed extension period and was confirmed as good. Two Band 7 posts as a six month proof of concept were invested in by Southern Derbyshire Multi-Agency Safeguarding Hub (MASH) to support the safeguarding adults and children agenda. They have been put in place following concerns by Southern Derbyshires Safeguarding Adults manager around capacity in the Trust's safeguarding team to respond.
7. The older adults service has redesigned a clinical post to be dedicated to older adult in-patient areas and will lead on clinical compliance issues specifically with regard to personalised care planning for mental health conditions in in-patient areas, the knowledge acquisition and clinical practice improvement of staff in applying the Mental Capacity Act in all decision making and in Best Interest decisions.
8. Clinical Skills Tutor posts were recruited to for clinical staff to work across the seven day per week period to improve staff knowledge on the Mental Capacity Act, personalised care planning and embedding 'I' statements, physical health checks in the use of rapid tranquilisation and the Positive and Safe Strategy, and ensuring that knowledge of seclusion and segregation is embedded.

At the Trust Quality summitt in September 2016, we provided additional information and assurance and Board level commitment to learn from the Well led inadequate rating, and ensure that all areas raised with the organsation were fully discharged. We hope that our partners and regulators can confirm our commitment and level of pace to ensure that all aspects of proactive improvement and goverance are rectified.

We would like to thank our partners, commissioners, regulators and Healthwatch Derby for attending our Quality summit at the invitation of the CQC, and making commitments at the summit to support the Trust in its endeavours to succeed.

In addition, some of our services were re-inspected and we have received positive regrading reports from the CQC at the time of report writing.



## Performance against the indicators which are being reported as part of NHS Improvement's oversight for the year

Care programme approach (CPA) patients receiving follow-up contact within seven days of discharge.

Performance already reported in Part 2, so not required to repeat in Part 3.

Patients who have had a review of their care plan in the last 12 months – Local Quality Priority chosen by the Council of Governors for 2017/18:

Care programme approach (CPA) patients having formal review within 12 months	Actual	Target
	96.24%	95%

Admissions to inpatient services had access to crisis resolution / home treatment teams [gate kept admissions].

Performance already reported in Part 2, so not required to repeat in Part 3.

Meeting commitment to serve new psychosis cases by early intervention teams

	Actual	Target
Early Intervention new caseloads	139.1%	95%

Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral:

	Number	Actual	Target
EIP RTT Within 14 Days – Complete	244	74.59%	50.00%
EIP RTT Within 14 Days – Incomplete	240	62.50%	50.00%

Improving access to psychological therapies (IAPT):

- people with common mental health conditions referred to the IAPT programme will be treated within six weeks of referral
- people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral.

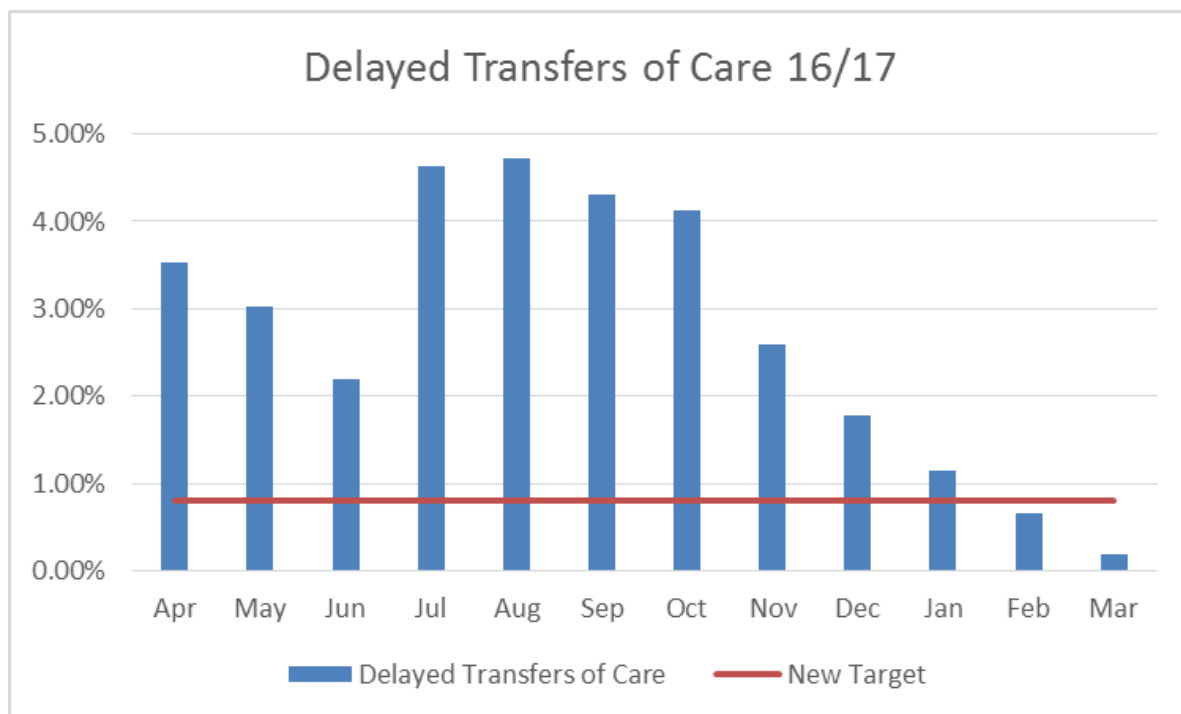
	Actual	Target
IAPT – referral to treatment within 18 weeks	99.65%	95%
IAPT – referral to treatment within six weeks	89.81%	75%

## Delayed Transfers of Care (DTOC) – quality priority chosen by the Council of Governors for 2017/18

The Delayed Transfer of Care target in 2016/17 was set as 7.5%, against which we performed well at 2.82%.

NHS Improvement undertook a baseline measure in the summer and reset the Trust DTOC at less than the Trust’s running performance. Compared to other mental health organisations this is a very low target for DTOC.

To provide a baseline against which to report future progress, the situation as at 8 May 2017 with regards to DTOC is as below:



The new Trust target has been set by NHS England is 0.8%.

### Out-patient letters

In response to feedback from Governors with regards to the 2015/16 Quality Report: “In future reports we would like to see improvements in the performance on outpatient letters”. As at year to date:

	Number	%	Target
Outpatient letters sent in 10 working days	35,522	87.28%	90.00%
Outpatient letters sent in 15 working days	35,522	93.88%	95.00%

It is reported that the 10 day typing target has been breached primarily due to two consultants leaving the Trust for new positions.

<b>DHCFT Trust Performance Dashboard YTD (08/05/2017)</b>	<b>No.</b>	<b>%</b>	<b>Target</b>
<b>- NHS I Targets - Single Oversight Framework</b>			
- CPA 7 Day Follow Up	816	96.94%	95.00%
- Data Completeness: Identifiers	288453	99.34%	95.00%
- Data Completeness: Priority Metrics	91131	65.51%	85.00%
- Crisis GateKeeping	875	98.87%	95.00%
- IAPT Referral to Treatment within 18 weeks	7122	99.65%	95.00%
- IAPT Referral to Treatment within 6 weeks	7122	89.81%	75.00%
- EIP RTT Within 14 Days - Complete	244	74.59%	50.00%
- EIP RTT Within 14 Days - Incomplete	240	62.50%	50.00%
- Patients Open to Trust In Employment	40257	8.16%	N/A
- Patients Open to Trust In Settled Accommodation	40257	51.70%	N/A
- Under 16 Admissions To Adult Inpatient Facilities	0	N/A	0
- IAPT People Completing Treatment Who Move To Recovery	6735	53.70%	50.00%
<i>Physical Health - Cardio-Metabolic - Inpatient</i>	<i>Currently monitored by audits</i>		
<i>Physical Health - Cardio-Metabolic - EI</i>	<i>Currently monitored by audits</i>		
<i>Physical Health - Cardio-Metabolic - on CPA (Community)</i>	<i>Currently monitored by audits</i>		
<b>- Locally Agreed</b>			
- CPA Settled Accommodation	35609	96.28%	90.00%
- CPA Employment Status	35609	96.97%	90.00%
- Data Completeness: Identifiers	288453	99.34%	99.00%
- Data Completeness: Outcomes	35609	94.50%	90.00%
- Patients Clustered not Breaching Today	183564	79.75%	80.00%
- Patients Clustered Regardless of Review Dates	192882	95.17%	96.00%
- 7 Day Follow Up – All Inpatients	1361	95.74%	95.00%
- Ethnicity Coding	288453	93.19%	90.00%
- NHS Number	63716	99.99%	99.00%
- CPA Review in last 12 Months (on CPA > 12 Months)	2739	96.24%	95.00%
- Community Care Data - Activity Information Completeness	1247970	94.27%	50.00%
- Community Care Data - RTT Information Completeness	1247970	92.31%	50.00%
- Community Care Data - Referral Information Completeness	1247970	78.88%	50.00%
- Early Interventions New Caseloads	192	139.10%	95.00%
- Clostridium Difficile Incidents	0	N/A	7
- 18 Week RTT Greater Than 52 weeks	0	N/A	0
<b>- Schedule 6 Contract</b>			
- Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks)	57364	6.87%	5.00%
- Consultant Outpatient Appointments DNAs	40203	15.56%	15.00%
- Under 18 Admissions To Adult Inpatient Facilities	0	N/A	0
- Outpatient Letters Sent in 10 Working Days	35522	86.97%	90.00%
- Outpatient Letters Sent in 15 Working Days	35522	93.45%	95.00%
- Inpatient 28 Day Readmissions	1528	8.25%	10.00%
- MRSA - Blood Stream Infection	0	N/A	0
- Mixed Sex Accommodation Breaches	0	N/A	0
- Discharge Fax Sent in 2 Working Days	1354	98.82%	98.00%
- Delayed Transfers of Care	5066	2.82%	0.80%
- 18 Week RTT Less Than 18 Weeks - Incomplete	4065	95.92%	92.00%
<b>- Fixed Submitted Returns</b>			
18 Week RTT Greater Than 52 weeks	0	N/A	0
18 Week RTT Less Than 18 weeks - Incomplete	5295	94.37%	92.00%
Mixed Sex Accommodation Breaches	0	N/A	0
Completion of IAPT Data Outcomes	7136	95.94%	90.00%
Ethnicity Coding	287160	92.04%	90.00%
NHS Number	64160	99.99%	99.00%
CPA 7 Day Follow Up	939	96.49%	95.00%



## The 2016 Delivering Excellence Awards

Following a series of internal quality visits, a judging panel shortlisted teams for the Trust’s Delivering Excellence Team Awards 2016. A judging panel consisting of Ifti Majid (Acting Chief Executive), Maura Teager (Non-Executive Director), Kelly Sims (Staff Governor), Sarah Butt (Assistant Director Clinical Practice and Nursing) and a representative of someone in receipt of our services gathered earlier this month to consider this year’s Delivering Excellence Awards nominations. The winners were announced on 15 December 2016 at a ceremony held in-house at the Centre for Research and Development, Kingsway Hospital in Derby.

And the results were... **Compassion in practice award**

Winner:

- Bridget Teehan, Nursing Assistant – Kedleston Unit, Kingsway Site

Runners up:

- Anthony Newman, Nursing Assistant – Kedleston Unit, Kingsway Site
- Jan Brown, Occupational Therapist/Case Manager – Early Intervention Service, St James House, Derby



**Compassion in Practice: non-executive director Margaret Gildea, nursing assistant Bridget Teehan and acting chief executive Ifti Majid**

Bridget was nominated by two separate service receivers at the Kedleston Unit. One described her as “very caring and understanding” while the other said: “She has always got a bright smile, and is always open and down to earth, and caring and compassionate, and is always prepared to listen. On account of this, she knows how to brighten up your day.”

Maura Teager, one of our non-executive directors and a member of the judging panel, also said: “I am delighted that Bridget’s skills, warmth and compassion have been recognised by this award, clearly she is valued by patients, carers and staff and is a leader in the true sense of the word by living the values that we all aspire to.

“When you are in a vulnerable and difficult place, no matter who you are, the way people respond to you makes all the difference and it can seem like they have sprinkled you with their own bit gold dust during a difficult and emotional time. What a wonderful role model Bridget is!”



## Inclusion award

Winner:

- **Chris Cowans, Substance Misuse Project Worker – Erewash House, Ilkeston**

Runners up:

- Lisa Heeley, Paediatric Therapy Assistant Practitioner – The Lighthouse, Derby
- The Psychiatric Teaching Unit – Radbourne Unit, Derby

Chris has shown great motivation and hard work in developing the service receiver involvement at Derbyshire Substance Misuse Service's Erewash House in Ilkeston. Chris has introduced new activities for service receivers such as boxercise and wash-arts, and has started up a café run by service receivers themselves.

Chris was nominated by Katie Hunt, who says of his involvement of service receivers: "This is something that Chris is clearly passionate about and is evident in the success of what he has developed in the service. This work has appeared to develop the relationship and atmosphere between service users and staff and appears to have had a great impact of the morale in the Ilkeston Office. It is something that the other offices in Derbyshire are using as inspiration to develop the activities they offer."

## Innovation award

Winner:

- **Wendy Stevenson, Memory Assessment Service Nurse – Memory Assessment Service, St Andrews House, Derby**

Runners up:

- Janet Taylor, Paediatric Occupational Therapist – The Lighthouse, Derby
- Serena Thorley, Nursing Assistant – Morton Ward, Hartington Unit, Chesterfield

Wendy turned the idea of 'twiddle muffs' into a reality. These are knitted cuffs that sit on the arm of patients with advanced dementia. The muffs are now used across the Trust's older people's services to prevent service receivers from picking at their skin or pulling their cannula out, for example.

## Inspirational leader award

Winner:

- **Elizabeth Banahan, Team Manager – YPSS/CAMHS Eating Disorders Service, Temple House, Derby**

Runners up:

- Deborah Hargreaves, Team Manager – LD Assessment Treatment & Support Service, St Andrews House, Derby
- Dr Matthew Vinecombe, Clinical Psychologist – Temple House, Derby



**Inclusion Award: non-executive director Julia Tabreham, substance misuse project worker Chris Cowans and acting chief executive Ifti Majid**



**Innovation Award - executive director of finance Claire Wright, team administrator Maria Barrell on behalf of Wendy Stevenson and acting chief executive Ifti Majid**



**Inspirational Leader Award: 2015's inspirational leader Claire Biernacki, team manager Elizabeth Banahan and acting chief executive Ifti Majid**

On Elizabeth's award, the judging panel said: "We were very touched by the number of staff in her team that nominated Liz. It was clear that her support and inward focus on the team has been very positive and the team feel very supported and nurtured in this environment. We would like to thank Liz for her approach to her staff members and we look forward to Liz contributing to the wider CAMHS systems transformations throughout the year to build upon this very positive staff team experience and use this in the wider systems developments and integrated approaches to children to enable CAMHS developments to flourish.

"We would like to thank Liz for such impressive feedback from her immediate staff team"

## Partnership award

Winner:

- **Louise Herron, Occupational Therapist – Chesterfield Central Neighbourhood Team, 42 St Mary's Gate, Chesterfield**
- Runners up: Derby Children's Health Facebook team – Children's Services, Cardinal Square, Derby
- Jumpz – Early Intervention Service, St James House, Derby



**Partnership Award: director of nursing and patient experience Carolyn Green, occupational therapist Louise Herron and acting chief executive Ifti Majid**

Louise is working in partnership with Chesterfield Football Club on 'Spireites Active for Life', helping individuals with a severe mental health problem to learn about the benefits of a healthy and active lifestyle and support healthier lifestyle changes.

Karen Wheeler, who nominated Louise, said in her nomination: "Louise has developed the courses to be totally inclusive, working with service users to enable them to achieve their goals in the setting of the Chesterfield FC stadium.

"Her positivity and motivational way of working encourages people to take positive risks and succeed in their own recovery journeys.

Chesterfield FC Community Trust supported the nomination and said: "Our partnership is integral to the course success. The experience and expertise that Louise offers us during the session is essential. Louise is able to lead on the theory section of the course and her knowledge, personality and understanding of the participants' needs, ensure that each week the group leave having gained important knowledge for improving their lifestyle, wellbeing and ultimately, mental health."

## Rising star award

Winner:

- **Joanne Wombwell, Team Manager and Dementia Lead – Bolsover & Clay Cross Neighbourhood Service, The Old Vicarage, Bolsover**

Runners up:

- Andrew Johnson, Lead Nurse – Chesterfield Crisis Resolution and Home Treatment Team, Hartington Unit, Chesterfield
- Kerry Knox, Registered Nurse – Ward 2, London Road Community Hospital, Derby



**Rising Star Award: director of corporate affairs Samantha Harrison, team manager Joanne Wombwell and acting chief executive Ifti Majid**

Joanne was nominated by two colleagues – a member of her team and her line manager. Both recognised how hard Joanne had worked during the transition to neighbourhood working. In addition Linda Beresford, who is a member of Joanne’s team, praised Joanne for the way she goes above and beyond in supporting staff, writing: “she provides support not only through listening and advice but also by covering duty when we are short staffed. She will go out on urgent visits, to people of all ages, and has shown that she wants to increase her own knowledge base. Joanne will volunteer to cover within the team on routine work if people are off ill.”

Julia Lowes, who manages Joanne, said: “In the time I have been managing Joanne I have enjoyed witnessing the vitality and humour she brings to the management team and have watched her grow some of the finer qualities that will set her up to become a manager of the future in the Trust. She approaches her work with great enthusiasm and cannot help but show her passion towards making services for people with dementia as good as they possibly can be. Joanne has become a great asset to my team and I believe that she is well deserving of recognition for all the hard work she does.”

### Unsung hero award

Winner:

- **Mary Martin, Nursing Assistant – Audrey House, Derby**

Runners up:

- Martin Shaw, Domestic – St Andrews House, Derby
- Muriel Wesson, Coffee Shop Manager – Ashbourne Centre Coffee Shop, Kingsway Site, Derby

Over her 30 year career with the Trust Mary has gone above and beyond to ensure patients are supported and encouraged in all aspects of daily living. She regularly facilitates trips out for service receivers, in which she invites former patients to promote social inclusion.

Sara Johnson nominated Mary. She added: “Mary goes the extra mile on all levels; she even continues to support patients post discharge. One example of her outreach work: a patient who was discharged some time ago built an excellent therapeutic relationship with Mary and she continued to support him with having a shave when he visits the unit. Every team should have a Mary Martin, I value everything she does – as do the patients.”

### Volunteer award

Winner:

- **Helen Poli, Peer Support Worker – Hartington Unit, Chesterfield**

Runners up:

- Ian Judson, Peer Support Worker – Killamarsh & North Chesterfield Neighbourhood Service, Killamarsh Clinic
- Marc Riley, Volunteer – Portering Service, Kingsway Site, Derby

Helen is constantly identifying new ways for service receivers to engage in the meaningful activities taking place at the unit’s Hub, thereby increasing their opportunity for social inclusion. She understands how it feels to be a patient on the ward and strives to use her lived experience to give others hope as part of their recovery journey.



**Unsung Hero Award: acting chief operating Mark Powell, nursing assistant Mary Martin and acting chief executive Ifti Majid**



**Volunteer Award: lead governor John Morrissey, peer support worker Helen Poli and acting chief executive Ifti Majid**

Clare Farnsworth, who nominated Helen, said: “Helen is extremely passionate about the job. Her character and presence in the hub lifts everyone's mood as she always has a smile and a positive attitude. Helen attended the quality visit for Recreation and Occupational Therapy. Her contribution to this was invaluable and the feedback from the panel was very positive. One of their comments was; 'I find it so personally touching how much Helen's passion shines through'. We hope that we as a team and the Trust can continue to give back to Helen as much as she has to us, as she is so deserving and would be an asset within many different services.”

### 40 Years' Long Service Award

Also being celebrated at the ceremony were Trust staff who have reached the milestone of 40 years' service over the past 12 months:

- **Jayne Martin, Community Support Worker** – Killamarsh & North Chesterfield Neighbourhood Team, Killamarsh Clinic
- **Lesley Newton-Griffiths, Registered Nurse** – School Health Team, Derby

### Response to specific feedback from draft one of this report

#### Feedback from the Governors

What areas or subjects do you feel we should include more information on? *“Threats to service delivery; spare capacity; changing nature of society and the impact that has on services”.*

The Governors clearly recognise the current challenges to our service. Current threats to service delivery, some aligned with changes in society, include consistent increases in demand for mental health services at the same time as reduced resources nationally, and national challenges in recruiting mental health staff.

There are also specific changes that are affecting the Trust and colleagues from all agencies, in particular the use of New Psychoactive Substances (NPS), that are seen as being linked with significant increase in acuity of mental health problems and difficult behaviours. With regards to spare capacity, initiatives such as the Dementia Rapid Response Team are freeing up some potential capacity in our in-patient areas for older adults, and how to best respond to this is being explored. However, the more consistent theme across the Trust is one of demand being greater than current capacity.

#### Feedback from the CCG – Safe Staffing Levels

The Trust, in line with mental health services nationally, is facing challenges around recruiting to registered nurse and medical posts, and is also facing the challenges of an aging workforce and the number of skilled and experienced staff who will be retiring within the next three years. Wards and teams manage this day to day with a focus on safety and maintaining the quality of care.

- Engaging with student nurses much earlier in their training, offering employment to them on condition of successful completion of their course
- Senior members of staff have interviewed doctors in India, 15 candidates were interviewed and 13 have been offered Speciality Doctor roles, with a plan to support their development to become a Consultant Psychiatrist. We are also hoping to develop a mutually beneficial relationship with an Indian medical school, to offer future experiences and employment



40 Years' Long Service Award: acting chief executive Ifti Majid, community support worker Jayne Martin and non-executive director Caroline Maley



40 Years' Long Service Award: acting chief executive Ifti Majid, registered nurse Lesley Newton-Griffiths and non-executive director Caroline Maley

- Expanding student placements to engage a potential future workforce
- Trust staff attended a recruitment fair in Dublin in March, and as a result are developing a database of potential future staff from Ireland. There is also a trip planned to a recruitment event in Glasgow.
- Recruitment colleagues are establishing links with nurse education providers nation-wide, with a plan to replicate this for medical education providers
- Recruitment fairs have been very well attended, with an interchanging focus between nursing and general health staff recruitment
- The Trust is developing a recruitment plan for both nursing and medical colleagues
- Rotational posts are being explored for newly qualified nurses, to ensure that we are as appealing as we can be as an employer
- Issues around retention are being carefully examined, with a specific focus around the provision of supervision, and also how we engage clinical staff.
- People who are soon to retire who have recently retired are contacted with the offer of a Retire / Return plan, to seek to retain their expertise.
- Alternative roles are being explored to review how we can best meet the needs of our populations, including:
  - Nursing Apprenticeships
  - Non-medical Approved Clinicians
  - Advanced Clinical Practitioners

The Trust is also considering and piloting alternative skill mix for inpatient areas. Current plans and programmes include:

- Recruitment of Occupational Therapists to work within shift numbers in adult acute inpatient wards
- Recruitment of pharmacy technicians to support the medicines management and medicines assurance function within adult and older adult services
- The recruitment of Registered General nurses to older adult acute mental health inpatient services
- Introducing the nursing associate posts as part of the east midlands regional pilot
- The creation of flow coordinators for adult acute inpatient services to support efficiency flow and demand
- The recruitment of Clinical Skills Tutor posts for mental capacity and reducing restrictive interventions, to support practice in inpatient settings.

### **Feedback from the CCG – the current and future work with Primary Care**

The Trust has tendered for the Recovery Partnership initiative in Derbyshire county, which is a revised model of care alongside partners, including the voluntary sector, to support the recovery of people experiencing problems with substance misuse and alcohol problems. This will be outwardly facing, working with families and carers, and we look forward to reporting on the outcomes next year.

The Trust has contributed actively to the Sustainability and Transformation Plan (STP), to help explore what is in the best interest of the population as we go forwards. Next year we will continue to engage in the Accountable Care System Developments, where we will be looking at working with local GP practices to explore the development of clinical ‘hubs’.

## **Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees**

As part of the process for developing this document, we are required to share the initial draft with a range of third parties and publish their responses. Below are the comments we received:

### **Draft Derby Healthcare NHS Foundation Trust Quality Report 2016 - 2017**

#### **STATEMENT FROM DERBY CITY COUNCIL'S PROTECTING VULNERABLE ADULTS OVERVIEW AND SCRUTINY BOARD**

The Protecting Vulnerable Adults Board is pleased to receive the Derbyshire Healthcare NHS Foundation Trust Quality Report 2016-2017. The Board recognises the pressures the Trust is facing during difficult times and is pleased to see that the Report shows a commitment to continual improvement and a continued ambition to achieve a good rating across all elements of its services. The Board welcomes the priorities for improvement for 2017-2018, in particular the transition for young people out of Children and Young People's Mental Health Services into Adult Mental Health Services.

Members will consider the content of this report in developing a work programme for the coming year. The Board will aim to monitor service delivery outcomes and progress of targets, and assist the Trust by providing a balanced and independent level of challenge, feedback and support as appropriate.

The Board would like to take this opportunity to commend the Trust on the production of an honest and ambitious Quality Report which reflects on the quality of its services and identifies key areas for improvement.

*Councillor Jangir Khan*

*Chair of Derby City Council's Protecting Vulnerable Adults Board*

Healthwatch Derby  
The Council House  
Corporation Street  
Derby  
DE1 2FS



Telephone: 01332 643989  
Email: Samragi.Madden@healthwatchderby.co.uk

Ms Carolyn Green  
Director of Nursing  
Derbyshire Healthcare NHS Foundation Trust  
Trust HQ  
Kingsway, Derby  
DE22 3LZ

19<sup>th</sup> April 2017

Dear Carolyn

Re Quality Report 2016/2017

On behalf of Healthwatch Derby, I would like to present our formal response to Derbyshire Healthcare NHS Foundation Trust's Quality Report 2016/2017.

It is hard to put it in any other way, but the last twelve months has been a challenging one for the Trust, but am very pleased to see the progress that is being made. This is visible in changes of policies, and also a more open and accepting outlook towards patient feedback. It is also visible in the improvement in CQC inspection related outcomes. We were pleased to have been involved in the CQC Quality Summit where we raised issues highlighted to us by patients and carers. The issues we picked up were reflected in the CQC report, and am very pleased to say many of the issues have been worked upon by many colleagues within the Trust. Issues such as the need to improve inter departmental communications, value patient opinion and soft intelligence, the need to be more inclusive and involve carers more etc have all been highlighted by us, and have been worked upon through various good practise initiatives.

In the last year we have continued to work very closely with the Trust regularly providing local intelligence, sharing our reports, providing alerts and case studies etc. Hardwick CCG's commissioned Complaints Audit into the Trust's Complaint's Policies was successfully completed. This was a difficult piece of work, and by its nature revealed some areas requiring improvement.

We started a dialogue with colleagues at the Trust, which saw us also involving patients and carers directly at outcome meetings. It is credit to the Trust that they attended these meetings and spoke to aggrieved patients and carers directly, addressing and where possible making changes to further improve patient experiences.

We felt strongly about patients being led down sometimes not just by the service, but also by their experiences in trying to voice opinions about it. Our views were

Company Registration Number: 8233546  
Registered Office: The Council House, Corporation Street, Derby DE1 2FS

presented to the Trust's internal Quality Committee, and were taken on board by senior internal decision making forums.

We are delighted the patient experiences we were able to highlight has resulted in finite and what we hope will be long lasting improvements. Policies around the complaints process have been reviewed and amended, and more importantly the Trust has recruited more staff to further strengthen its capacity to respond to complaints in a timely manner. We are very proud this is a direct result of our joint work in this very sensitive and difficult area.

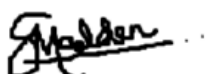
One part of our work with the Trust which does not get much public attention is our continued commitment to highlight any urgent risks or serious negative feedback through our established escalation processes - and how the Trust responds and reacts to these alerts. We are very pleased that throughout last year whenever we have raised urgent alerts, these have been received and have been responded to immediately (sometimes on Bank Holidays or even through Annual Leave). A patient's safety and wellbeing should never be compromised just because the office is shut - and this basic ethos of a caring and responsive service has been demonstrated on numerous occasions. We are proud that our service continues to pick up vital 'soft intelligence' that helps feed into policy improvements.

We are also pleased to see the Trust renew its commitment to work on Equalities, and the hosting of another successful EDS Grading event. Having a good patient experience forum like the 4Es is another big positive. It is important for the Trust to allow stakeholders to provide external scrutiny, and we were very pleased to see how positively stakeholder challenges were received and incorporated. This ensures the final grading will be a honest and will ensure improvements continue across the board.

We are hopeful that as the Trust comes out of a difficult period, it does so with renewed vigour, humility, and a clear understanding of which improvements are making the most positive impact for patients. We hope to see the process of continuous service improvement become an embedded feature in the way the Trust operates. We will continue to act as a critical friend and help in this very worthwhile task of bringing patient voices to the forefront of the Trust's priorities and decision making. This is extremely important now as the Trust faces a potential merger and there is an opportunity to reshape services.

We look forward to another year of strong partnership work, and our joint efforts to hear from patients, and to improve services for all. If you have any enquiries about this response or require any further information please do not hesitate to contact me directly.

Yours Sincerely



Samragi Madden  
Quality Assurance & Compliance Officer  
Healthwatch Derby



Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents when using health and social care services. We then use these experiences to help inform how local services are provided.

We gather experiences through a small team of Engagement Officers, supported by volunteers. We undertake both general engagement to hear about a variety of experiences and themed engagement to explore a particular topic in more detail. As stated in the Quality Report, Healthwatch Derbyshire has undertaken several patient experience reports during this period, including Substance Misuse Services and Mental Health Crisis. These reports have received responses from the Trust, with a range of actions pledged. These reports are published on the Healthwatch Derbyshire website.

In terms of general feedback, this is sent to organisations regularly throughout the year to give an independent account of what is working well, and what could be improved. Organisations are encouraged by Healthwatch Derbyshire to respond to these comments so that we know when any changes have been made, and so that responses can be passed back to the person who spoke to Healthwatch. Work will begin with all providers to streamline this process in 2017/18 to make sure that feedback is as useful as possible for the Trust, and responses are as meaningful as possible for individuals.

We have read the Quality Report for 2016/17 prepared by the Trust with interest, and have considered if and how the content reflects some of the topics which have emerged in the feedback that Healthwatch Derbyshire has collected during the year. The most common theme that patients, family and carers have talked to Healthwatch Derbyshire about is difficulty accessing services. Many people went on to speak favourably about the quality of services provided and the attitude of staff once a service is received, but felt that waiting times and referral processes meant that it was often difficult to get to the right person in the right service at the right time. Healthwatch Derbyshire welcomes work done to monitor this and to make improvements in this regard. For example, we welcome the introduction of the 'How to get help card for families and carers' detailed in the Quality Report. This will be a useful tool to help improve communication and relationships between staff and families and carers, and will give a clear understanding of what will happen next.

## Comments from NHS Hardwick Clinical Commissioning Group

NHS Hardwick City Clinical Commissioning Group (CCG) is the lead commissioner for Derbyshire Healthcare NHS Foundation Trust on behalf of a number of commissioners and in this role the CCG is responsible for monitoring the quality and performance of services at Derbyshire Healthcare NHS Foundation Trust throughout the year. We welcome the opportunity to provide the narrative on the Quality Account for 2016/17 on behalf of all local Commissioning Groups in Derbyshire. We have reviewed the account and would like to offer the following comment:

**We note that** Derbyshire Healthcare Foundation NHS Foundation Trust has worked constructively with commissioners and other partners throughout the year to provide assurance of a wide range of indicators relating to quality, safety and performance. As healthcare commissioners we are dedicated to commissioning high quality services from our providers and are encouraged that the Trust are focused on patient safety, patient experience and clinical effectiveness. Working constructively with commissioners, responding to commissioning intentions to develop integrated care pathways to support the reduction of health inequalities and improving the health of the local community.

During 2016/17 the trust continued to work on improving and embedding the consistency of the quality around learning from incidents, care planning, assessing and recording mental capacity. Key pieces of work include the implementation of the safety plan approach to minimise the risk of suicide, a research based approach (EQUIP) to care planning and clinical leadership development through the introduction of a Quality Leadership Team (QLT) structure. However, there is a lack of assurance to understand how the trust will address the low compliance for level 3 & 4 safeguarding training (Think Family) and the Care Programme Approach (CPA) framework audit.

Whilst recognising the high quality of care provided by the staff within the Trust there has been significant levels of scrutiny since the CQC inspection in June 2016 and the rating of 'requires improvement'. This has taken considerable commitment and pace from the Trust to ensure that all aspects of governance and improvements are rectified. We note that the Trusts strategy is aimed at learning from the inadequate rating for 'Well-led' and achieving a rating of 'good' for all services going into 2017/18. Following a series of follow up visits by CQC, a number of individual areas have been upgraded.

The trust participated in a number of national and local clinical audits in 2016/17 including the Nutrition risk screening re-audit and Confidence of Junior Doctors carrying out Seclusion Reviews. Although the Trust reviewed 'zero' national clinical audit reports in 2016/17 they have reported that in the forthcoming year they will be reviewing the outcomes from two of the national reports with the intent to improve the quality of healthcare provided. In addition the outcomes from 20 local clinical

audits were reviewed and the Trust intends to take actions to improve the quality of healthcare.

Overall the Trust continues to report positively against a number of core indicators including seven day follow-up, crisis gatekeeping, twenty eight day re-admission rates and homicide rates (per 10,000 people under mental health care). Commissioners support the Trusts plan in 2017/18 implement 'Sign up To Safety' to achieve their patient safety aspirations. Continual clinical development over the past 12 months is reflected within the outcomes reported in the 'Safety Thermometer' tool. The trust is to be congratulated on the achieving 'zero' cases of MRSA and C. Difficile throughout 2016/17. However, there should be acknowledgment of some of the areas requiring improvement, such the Crisis Team and crisis response/delays.

Throughout 2016/17 the Trust has faced considerable pressure to maintain safe staffing levels within inpatient and community services. The trust has taken a number of measures to maintain and increase the number of registered nurses including overseas recruitment and pilot site for the Nursing Associate role. Although sporadically referred to within the report, the Quality Account would benefit from a dedicated section to outline the specific pressure points and the actions undertaken to address these.

Commissioners noted that a number of key strategic areas and work streams were missing from the Quality Account. These included areas such as Veterans Health and sustainability and transformation partnerships (STPs). There should be more narrative relating to the current and future work with Primary Care, which would highlight the links and pressures relating to areas such as Out of Hours and Substance Misuse services.

We believe that we have a highly positive relationship with the Trust, and we look forward to further developing this in the pursuit of high quality mental health services for the people of Derbyshire. We will continue to work with the Trust in the monitoring of progress against the priorities outlined in this Account.

## **Governors' Response to Quality Report 2016/17**

### **Question 1**

*We have identified our priorities for 2016/17 in part two of the quality report. Have we got the priorities right as the ones that have the biggest impact in driving up quality within the Trust?*

Yes, we have carefully considered all known factors and believe the priorities chosen will have greatest impact on quality for both service users and staff at the Trust.

### **Question 2**

*Are there any other things do you think we should measure to demonstrate quality improvements in 2016/17?*

Personal stories from service users regarding the change the service has made to their lives. Details of the research and development awards made to the Trust, and the implications to service delivery. As the public become more aware of the need for better mental healthcare for children, it is noteworthy that our CAMHS service has been shown as 'Outstanding' in the CQC inspection. Our staff are forward-thinking and innovative and are well-placed to spearhead national developments in this area.

It is likely that one way or another service provision will increasingly encompass more partnership working. Statistical monitoring will remain essential but will not be straightforward as these changes occur. Our Research and Development Centre will be well placed to help during and after implementation of the 'joined-up' care model.

### **Question 3**

*What do you think of the overall content of the report?*

The report is a formal document, and is a useful reflective yardstick to measure ongoing progress and continued high standards. It reflects the Good and Outstanding work of Derbyshire Healthcare across the wide field in which it operates, but it is also candid in its appraisal of areas for development. We are confident that our expanded quality team is well placed to improve services provided and move us towards our aspiration of a comprehensively excellent service.

### **Question 4**

*What areas or subjects do you feel we should include more information on?*

Threats to service delivery; spare capacity; changing nature of society and the impact that has on services.

### **Question 5**

*Do you have any other comments regarding the content of the Quality Report.*

As in the report for 2015/16 we note that despite the complexity of our services it is clear and well written. The CQC inspection report in June 2016 was thorough. We were delighted at the responsiveness shown by staff in tackling the areas that were highlighted and which was recognised in subsequent inspections. We are aware that there some of our operations do not seem to be not strictly covered by this report: areas which are closer to Social Care and Policing than typical NHS services.

Different ways of working are being explored and we are confident that our staff will always work with compassion and dedication. We are aware that behind much that is in this report is the adaptability and hard-won knowledge of our Board and, in our opinion, any changes that may be made should ensure that these specialist skills should be appreciated, nurtured and, if necessary, grafted into any new body.

**John Morrissey**

**Lead Governor, Derbyshire Healthcare NHS Trust**

## Annex 2: Statement of directors' responsibilities for the Quality Report

The Directors are required under the Health Act 2009 and the National Health Service Quality Accounts Regulations to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2016/17;
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2016 to May 2017
  - Papers relating to quality reported to the board over the period April 2016 to May 2017
  - Feedback from commissioners dated 29/04/2017
  - Feedback from governors dated 04/05/2017
  - Feedback from local Healthwatch organisations dated 19/04/2017 and 30/04/2017
  - Feedback from Overview and Scrutiny Committee dated 29/04/2017
  - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12/04/2017
  - The [latest] national patient survey 04/01/2017
  - The [latest] national staff survey 07/03/2017
  - The Head of Internal Audit's annual opinion of the trust's control environment dated 27/04/2017
  - CQC inspection report dated 29/09/2016.
- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- The performance information reported in the Quality Report is reliable and accurate;
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)).

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the Board.



Caroline Maley, Acting Chair  
25/5/17



Ifti Majid, Acting Chief Executive  
25/5/17

Derbyshire Healthcare NHS Foundation Trust  
Trust HQ, Ashbourne Centre,  
Kingsway Hospital, Derby DE22 3LZ

 **@derbyshcft**  
 **DHCFT**

[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)