

# Quality Report

2013/14



# 2 Quality Report

## PART ONE

### Statement by the Chief Executive

Welcome to the Quality Report for Derbyshire Healthcare NHS Foundation Trust.

Quality is the single most important factor that governs the services we provide. Keeping people safe and providing high quality healthcare is the cornerstone of what we do as a Trust and we are committed to providing excellent quality services, with people at the centre of them.

I am delighted to present this Quality Report, which demonstrates many of the Trust's achievements in striving for quality over the last year. The report demonstrates progress against the quality priorities we set last year, and presents a new set of quality priorities for 2014/15, as agreed with our partners and stakeholders.

Last year our quality priority measures were focused on achieving improvements to patient experience, effectiveness and patient safety. I am pleased to report that the Trust has made considerable progress against each of these quality priorities over the last year. Given their importance, many of these priorities will also remain in place for the forthcoming year, to ensure we continue to make further progress and developments in these key areas. Further details on our progress against last year's quality priorities can be found in this report.

We have also added additional local priorities for the forthcoming year, which reflect some of the intentions we have developed through our quality work during 2013/14.

Our overall ambition for the forthcoming year is to increase people's positive experiences of our services and to implement a true recovery model, where people report that they not only shape and influence, but also lead their care. This will develop a new relationship and culture in our Trust, where health professionals recommend care pathways and options for individuals to weigh up and decide upon the best route for themselves, making an informed choice about how to best meet their own individual needs.

We want to offer a collaborative way of working with families and individuals, as a partnership team, rather than the service dictating the care offer or treatment route. We aspire to make significant headway on embedding a recovery approach throughout every aspect of our care in all services that we provide. This will be challenging and will require new working practices and service redesign to get it right. In order to achieve this we will set clear expectations of our staff, in full partnership with our service users, using an education-based approach.



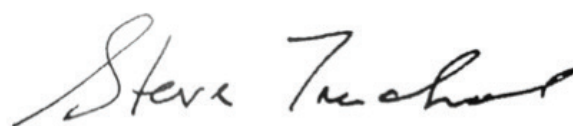
We will also retain a focus on the quality and safety of our care. Our ambition is to make our inpatient environments as safe as possible, for both service users and staff. We will be introducing the nationally researched 'Safewards' model of care, which will include work to make sure all our staff working on our wards have the passion, skills and confidence to reduce harm and improve patient safety.

We will be developing, refining and renewing our focus on clinician and patient reported outcome measures. We will use nationally identified outcomes and patient reported experience measures to assess the impact of what we do, and how experiences of our service users have improved as a result of our care. We need to continue our excellent work and strive to use this information both clinically and at a wider organisational level to share best practice and identify any potential areas that require further analysis, action or support.

We are committed to the families living in our communities and to seeing the individuals we support in the wider context of their role within a family unit. Our work in 2014/15 will look at how well we think about the impact of ill health on the whole family. We will share best practice and innovative ways of working from within our children's services with other parts of our organisation including substance misuse, learning disabilities and adult and older people's services.

I would like to take this opportunity to thank everyone who has worked with the Trust over the year to make improvements to the quality of our services and also to those who have helped shape our priorities for the forthcoming year. This includes our service users and their carers, our staff and our partners across the communities we serve and our partners and commissioners for their input, support, feedback and challenge, which has been greatly appreciated.

**I confirm that to the best of my knowledge, the information contained in this document is accurate. It will be audited by Grant Thornton, in accordance with Monitor's audit guidelines.**



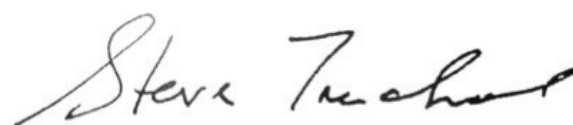
**Steve Trenchard**

Chief Executive

1 April 2014

**Statement of accuracy**

I confirm that to the best of my knowledge the information contained in this document is accurate.



**Steve Trenchard**

Chief Executive

# Introduction

## Our approach to quality healthcare

Derbyshire Healthcare NHS Foundation Trust is fully compliant with the conditions of registration with the Care Quality Commission (CQC). Our most recent visit, which took place in September 2013, resulted in a positive outcome, with no further actions required.

A new CQC inspection regime has been introduced for mental health and community providers and during 2014/15 we will learn from the pilots of this new regime to provide assurance of our ongoing compliance through our solid structure and processes of quality governance. An implementation plan sets out our plans to ensure our staff are well prepared for the new inspections and can harness the opportunity to showcase the high standards of care we provide.

The Trust Board derives assurance on the quality of its services through the use of a wide range of methods. The Board uses Monitor's Quality Framework to appraise the quality arrangements in place and commissions auditors to carry out routine reviews of the quality of our governance. Informal methods have also been developed such as inviting regular patient testimonies at Board meetings, and a minimum of one Board member has participated in each of over 90 quality visits. This provides real-time assurance of the quality of our service delivery through the voice of our staff, patients, carers and their families.

We have worked hard to ensure the environments in which we care for our service users are clean and welcoming. This year we demonstrated strong performance in the Trust's first Patient Led Assessment of the Care Environment (PLACE) inspection - which replaced PEAT (Patient Environment Action Team) – and will endeavour to continue this performance throughout 2014/15.

We welcomed the establishment of Healthwatch Derby and Healthwatch Derbyshire in April 2013. Healthwatch was set up by the Government in order to give local people a say in how local health and social care services are designed and delivered.. Healthwatch carry out enter and view visits to hospitals to talk to patients about their experience of

the care provided. The Trust has worked in partnership with both organisations since their formation. In 2014 the Trust commenced a consultation on 'Think Healthy' with Healthwatch Derby which will provide independent patient feedback.

Our Trust Board received an annual report in February 2014, on our progress one year on since the publication of the Francis Report, the inquiry into the Mid Staffordshire NHS Foundation Trust. Our work this year has focused on the main recommendations relevant to us; the impact and quality of our services. How these issues are experienced is the driving theme of this Quality Report and our future work.

## Our governor working group for quality

During 2013/14 the Governors working group for quality have met frequently and been very involved in shaping the quality improvements achieved this year. The group has a programme of work going forward which includes participating in the quality visit programme as part of the quality visiting teams, helping to determine our response to key publications by the government and our regulators such as 'Closing the Gap: priorities for essential change in mental health' (published February 2014) and representing the local people who they represent.

## Quality visit programme

**The quality visit programme commenced in April 2010 and has operated for four seasons. The programme commences in October each year through to July. Results from the visits are moderated to ensure consistency of scoring across all the quality visit teams. The quality visits finish each year with an annual review. The ideas and comments from the review shape the programme for the following year. At the end of season four the key highlights were:**

- Season four has received outstanding feedback.
- At the end of season four the number of platinum teams has increased to a total of 30 with 24 teams achieving three golds in a row at the end of season four.
- The number of gold teams has increased.

- Teams recognize the value of the board to ward, the importance of showcasing best practice and embedding quality as our organizing principle.
- We have extended our fourth place to a wider range of commissioners, GP's and members of other trusts. This has received excellent feedback.
- The programme has received interest from other trusts and organisations.
- In season four we have seen an increase in the number of patients and carers involved in visits.
- Teams have used a range of formats to showcase their work i.e. use of technology
- Governors continue to play a key role in the visits.
- The theme for season five will be 'How teams contribute to the trust vision'

## Quality improvement priorities 2014/15

In our Quality Report of 2012/13 we agreed the following five priorities for 2013/14:

- To improve patient involvement in care planning
- To extend our use of the Friends and Family test
- To establish a research and development centre
- To improve the physical healthcare of patients
- To ensure our patients are cared for in a clean environment.

Our Quality Report described where we were starting our work and what we expected to do over the next 12 months. The following table sets out our progress and looks forward to the forthcoming 2014/15 financial year, when we will continue to build and improve further on these areas of work.

## Looking back at our quality priorities 2013/14: what we achieved

### Patient experience

**We said we would improve the involvement of our patients in their care plan and to ensure that it reflects their needs, strengths and aspirations.**

<b>Why we chose this as a priority?</b>	The Trust is committed to service users and carers being at the centre of decisions made about their lives. Our aim is for all our service users to be fully and actively involved in their care and to have positive experiences of the care they receive.
<b>What did we aim to do?</b>	Our ambition in 2013/14 was to improve the number of patients who reported to have been involved in their care planning. In the 2012/13 national community survey we scored 7.2 points out of 10. Whilst this was in line with other specialist mental health trusts, we aimed to improve our results to 7.5 in the 2013/14 community survey.
<b>How well did we do?</b>	The results showed that we scored 7.6 out of a possible 10. This exceeded our aim for 2013/14 in regard to improving service user involvement in care planning.
<b>How did we compare to other mental health trusts?</b>	The range for other mental health trusts was between 6.3 and 7.8. This reflects that our score was at the high end of performance for this element of care planning.
<b>What do we aim to do next?</b>	As part of our drive to be 'brilliant at the basics' we will be working to ensure we are doing the core things right and deploying them well to ensure and assure experience and safety. We will continue to focus on care planning as one of our key priorities for 2014/15 and will place a particular emphasis on the areas of care planning where we performed the least well. For example, there has been a decrease in service users' understanding of what is in their care plan, and whether the care plan effectively sets out an individual's goals. In 2014/15 we will implement a new Core Care Standards and Minimum Standards for Healthcare Records Audit Tool which has been devised and tested in 2013/14. It is anticipated that learning from the results of these audits will further improve the quality of care we provide. This will be a key ongoing area of work, covering all experiences that individuals, families, parents and key named carers will experience.

## Celebrating our work with carers

**We work closely with carers and carer organisations to develop and improve the way in which we work with carers and families. The Trust facilitates a 4E's Stakeholder Committee (Equality, Engagement, Experience, and Enablement) chaired by the Chief Executive. This alliance is a community of external stakeholders and partners with a mission to connect and work together to genuinely make a real difference to the quality of life and experiences of people who need our help and support. There is also a Carers Group which informs and guides us about the needs of carers, and which regularly attends the North Derbyshire Mental Health Carers Forum. During Carers Week in June, we celebrated the important role of carers through events in Derby and Chesterfield. Trust representatives, carers and our partner organisations came together to celebrate the work of carers around the Trust, Making Space provided a 'singing for the brain' session for family members with dementia in Derby, and Toby Perkins MP opened our Chesterfield carers event.**

During the year we launched our Carers Handbook and Carers Information Pack, to make it easier for carers to access respite, emotional support, carers' services, peer support, groups, and an assessment of their needs. We signed up to the national 'Triangle of Care: Carers Included' membership scheme. As part of this we launched our Carers Champions network, with champions in all our inpatient services and many community teams and we will also be inspiring them to consider our organisational approach to Think Family and support us in our endeavours. We are undertaking a self-assessment of how we support carers, and working on plans to make improvements where needed.

Building on the success of the celebration of carers, the team have used innovation funding to hold three 'Carers and Cake: Reaching out to Carers' events in Buxton, Ilkeston, and Normanton in Derby, to reach out to local carers who may not access any other support. Partners from social care and the Citizens Advice Bureau, Derbyshire Carers Association, Think! Carer, Making Space, Healthwatch Derby, the Alzheimer's Society, Rethink, and Talking Mental Health Derbyshire all attended and offered valuable support and advice. Staff and colleagues from our primary care partners also joined us.

The Trust's Core Care Standards website, which won a national award for its information for carers and service users, has been developed further, with a section for service users about urgent help they can access, such as food banks. In keeping with recovery focused cultures, we are emphasising more of a focus on safety rather than risks, changing our risk standard to 'Keeping yourself and others safe', and developing our safeguarding section further.

The Infolink resource directory continues to be used and valued by staff, service users, families and partner organisations, and is being updated and revised to include a wider range of diverse groups.



## Ensuring equal quality

We said we would improve the Ensuring equal quality for diverse people through accessible services and quality assurance is another way that the Trust can improve patient involvement. We hosted our fourth live Equality Impact Assessment day, by opening our dementia care wards at Cubley and Tissington to our community stakeholders and partners. The focus of the day was to ensure the unit meets the needs of diverse patients, their carers, and families and to address any potential myths, barriers, and make any reasonable adjustments. Participants were asked a word association question before and after the event ('when you think of a dementia care ward, what's the first word that comes to mind?') and it's clear that impressions of staff, the environment and the person-centred care have improved among participants, with a shift in perception from 'confusing', 'scary' and 'institutional' to 'caring'. The unit was presented with verified CredAbility status from Disability Syndicate/ Nimbus for the work the unit has done in making the service accessible to disabled people.

## Patient experience

We said we would extend the golden question (nationally called the Friends and Family Test) to a wider range of services.

<b>Why we chose this as a priority?</b>	Hearing the voice of our patients is very important to us. We call this indicator the golden question as it asks one simple question: "How likely is it that you would recommend this service to friends and family?" In 2013/14 we extended the question to all older adult inpatients from wards 1 and 2, over 65s on Pleasley ward, Health Visitor clinics, inpatient and community perinatal services, planned discharges from Substance Misuse services, and a recovery team.
<b>What did we aim to do?</b>	We aimed to increase our score to +65 for positive feedback, and to use the results to celebrate our successes and use all feedback to promote improvements.
<b>How well did we do?</b>	Our score for 2013/14 is +68. We have also trialled the question in our Health Visitor clinics and the results have been very positive with a score of +70.
<b>How did we compare to other mental health trusts?</b>	We are not able to benchmark our scores against other mental health trusts as this quality improvement was not mandatory in 2013/14. However from April 2014 all mental health trusts are required to implement the Friends and Family Test.
<b>What do we aim to do next?</b>	In line with the new national requirements we will continue to focus on this as a priority in 2014/15 for all services we provide. The extension of the Friends and Family Test to staff will ensure staff have the opportunity to give their views about the organisation at least once a year.
<b>How this priority will be monitored and reported in 2014/15?</b>	This will remain as one of our priorities for 2014/15. Reports will be provided to the Quality Committee, the Board of Directors and to commissioners.  The responsible officer for this priority is the Executive Director of Nursing and Patient Experience, as the Board of Directors' Lead for Quality.

## Our health visiting staff celebrates their success

When our children's services were asked to test if the Friends and Family Test could be used to gain feedback from parents attending their clinics, they embraced the opportunity. In all it was introduced in 26 clinics in Derby City. The Health Visiting service is very proud of all the positive feedback it received and plans for 2014/15 include introducing the Friends and Family Test into paediatrics, school nursing and child therapies.



### Health Visiting service - Friends and Family Test results 2013/14:

How likely are you to recommend our service to friends and family if they needed similar care or treatment?			Response Percent	Response Total
1	1- Extremely likely	<div style="width: 71.58%;"></div>	71.58%	481
2	2- Likely	<div style="width: 26.64%;"></div>	26.64%	179
3	3- Neither likely nor unlikely	<div style="width: 1.34%;"></div>	1.34%	9
4	4- Unlikely	<div style="width: 0.15%;"></div>	0.15%	1
5	5- Extremely unlikely	<div style="width: 0.00%;"></div>	0.00%	0
6	6- Don't know	<div style="width: 0.30%;"></div>	0.30%	2
			<b>answered</b>	<b>672</b>
			<b>skipped</b>	<b>53</b>

### What parents said we did well when they attended the health visitor clinics in Derby City.

- ✓ There are so many toys for children and they welcome us. The interpreter service is excellent.
- ✓ Everything!
- ✓ Nice atmosphere – supportive staff. Really nice staff.
- ✓ Great support, all my questions were answered.
- ✓ Advice there when needed.
- ✓ Good professional manner and very caring for the child's well-being.
- ✓ Everything that my baby needs to be weighed. They explained me everything nicely.
- ✓ Happy with the team. When I needed help they came to my house for support.
- ✓ Quick – not a long wait.
- ✓ Very good staff. Nice environment.
- ✓ You are very prompt.
- ✓ All what I see in this clinic is good in the place for playing and more.

### Children's Therapy Services, 'you said, we did' input to 'Hemi-hearts' group

Parents of a group of children with Cerebral Palsy- hemiplegia set up a charity for children with hemiplegia and asked the Occupational Therapy and Physiotherapy team to support the group. The children come from all over our area and have individual therapy programmes and therapists, but the group provides an additional social element and peer support for families and these are very much valued. The parents also value the professional advice given.

### Child and Adolescent Mental Health Services successful service user participation programme

The service now has participation groups for young people and parents within Child and Adolescent Mental Health Services. They are now routinely part of all staff recruitment panels, service development forums, routine outcomes review forums and they support the embedding of the key principles around improving access to psychological therapies (IAPT). There has also been the development of a recovery-focused app that improves access to services. Through the development of service user participation, a service user had developed a mobile app that empowers young people and improves access to services.



## We said we would establish a research and development centre (see detailed report in section 2)

<b>Why we chose this as a priority?</b>	Our ambition is to achieve a national reputation for driving research into practice to enhance quality, improve patient outcomes and improve the experience of those who use our services.
<b>What did we aim to do?</b>	In 2013/14 we wanted to establish two centres of excellence.
<b>How well did we do?</b>	The research centre opened in April 2013 with a Centre for Compassion, followed by Centre for Dementia in August 2013. We also continued to build on our established reputation in our research and collaborations on Self-harm and Suicide Prevention. We delivered compassion awareness training to staff in our Learning Disability Services, and to Southern Derbyshire Clinical Commissioning Group and to Amber Trust. We also held an international compassion conference in 2013.
<b>How did we compare to other mental health trusts?</b>	See section 2 of this report
<b>What do we aim to do next?</b>	We aspire to consolidate our initial centres and review our centres of excellence up to 2015. Our Medical Director, as the executive lead, is overseeing this important work and is championing our research portfolio, working with his team on new ideas and innovations. The Research and Development strategy is being refined and in early 2014 will be released for consultation. We aim to embed a culture of research, clinical audit and evaluation as a core activity which routinely implements the outcomes into practice and increases opportunities for participation.

## How Child and Adolescent Services (CAMHS) are making improvements in effectiveness

### Providing the right approach at the right level at the right time by the right person in the right place and using evidence-based pathways of care

Child and Adolescent Mental Health Services have introduced a Choice and Partnership Approach which is an evidence-based organisational model aiming to keep the family central throughout a child's journey through treatment. (York and Lamb 2012).

In addition having the right pathway improves patient outcomes by 15% (Department of Health, 2013). Therefore this service has re-designed the approach and developed specific care pathways that operate seamlessly for the families who are using Specialist Child and Adolescent Mental Health Services.

## Good practice and effectiveness: improving access to psychological therapies for children and young people

### Parenting

As part of the on-going service re-designs, there are now two Parenting Therapists who have completed advanced training, and a third in training. The National Institute of Clinical Evidence (NICE) (2006), recommends parenting interventions for parents of children experiencing conduct and oppositional behaviours and ADHD. There is also evidence of it being beneficial for conditions such as Autism Spectrum Disorder and Anxiety.

## New service for children on the edge of care (Multi-Systemic Therapy Team)

The Southern Derbyshire Multi-Systemic Team was launched in May 2013. The Team offers an intensive service for families of children aged between 11 and 17 living in Southern Derbyshire.

Multi-systemic Therapy (MST) is a community evidence-based model directed at older children, teenagers and their families. The approach is targeted at those families in which the young person is at risk of coming into care or custody and will aim to prevent family breakdown, reduce offending and improve educational outcomes.

A formal MST Programme implementation review was undertaken on 1 December 2013 led by Tom Bowerman, MST UK Lead Consultant. The Derbyshire Healthcare NHS Foundation Trust has been commended for achieving 39 of the required and recommended MST Programme practices.



## Governance of therapies and treatments

The Trust's Register of Approved Therapies/Treatments was formally adopted in 2010/11, as part of a protocol designed to ensure sound governance of therapeutic practice in the Trust through a rigorous assurance framework. The protocol provides processes and procedures for managing the Register, including mechanisms for determining approval and review of all therapies and treatments placed on the Register. Each therapy or treatment listed on the Register has a clear description of the therapy/treatment, a summary of the evidence for effectiveness, mechanisms for outcome monitoring or agreed outcome measures, and details for how practice and supervision of the practice should be maintained, including training and competency standards.

## Effectiveness of our memory assessment services

Derbyshire Healthcare NHS Foundation Trust has been piloting the Memory Assessment Service since February 2011. Nationally, referral rates have increased fourfold since 2010 and referral rates across Derbyshire have doubled in the past year.

The Memory Assessment Service is an evidence-based service and diagnosis is achieved following the NICE Clinical Guidelines. The initial pilot in 2011 offered 13 new patient appointment slots per week; this year the service assessed over 1,500 new patients and current referrals rates suggest the service will assess upwards of 2,200 new patients in the coming year.

## Effectiveness

### We said we would improve our patients' physical healthcare

<b>Why we chose this as a priority?</b>	We chose this as a priority as it clearly brings out the important link between good physical and mental health.
<b>What did we aim to do?</b>	Working with our Recovery mental health teams and rehabilitation services we aimed to improve the assessment and care planning of physical health problems and improve staff skills around health promotion. This work began in 2012/13 in the county, and in 2013/14 we extended the work of the programme into Derby city. We are also a pilot with the national Rethink improvement programme and are focusing on the physical health needs of people experiencing psychosis.
<b>How well did we do?</b>	<p>We are proud to report that we achieved the standards set by our commissioners for improving the assessment and care planning of physical health. We also focused on reducing obesity and prevention of weight gain in people with severe mental illness.</p> <p>We are continuing to improve joint working with GPs around supporting our patients to access their annual physical health check in primary care. We have established a network of health and wellbeing champions in clinical teams.</p> <p>We have completed packages of work to raise our patients' awareness of health issues and offered support to help them have healthier lifestyles. Working with our community health partners, we continue to raise mental health awareness and are encouraging partnership working so people can more easily access lifestyle services.</p>
<b>What do we aim to do next?</b>	<p>Recognising that there were some things that we did not do as well during the year, we will continue to improve the physical healthcare of patients, where required, as a priority. In 2014/15 we will:</p> <ul style="list-style-type: none"> <li>• Work with our partners in primary care across Derbyshire County</li> <li>• Identify patient champions to help promote health</li> <li>• Improve partnership working with the wider health community to tackle health inequalities, enabling a recovery approach. Health and wellbeing will be embedded into the core of the Recovery Colleges/network as they develop</li> <li>• Complete focused work on smoking cessation and prevention of weight gain with our service users experiencing severe mental illness, drawing upon existing and emerging evidence on what does and doesn't work</li> <li>• We need to find innovative solutions that inspire self-care, and enable increased access to all health services, regular health checks and a collaborative approach across pathways to meet the challenge of 'Closing the Gap' – in order to meet the objective that more people will have good physical health.</li> </ul>
<b>How this priority will be monitored and reported in 2014/15?</b>	This will remain as one of our priorities for 2014/15. Reports will be provided to the Quality Committee, the Board of Directors and to commissioners. The responsible officer for this priority is the Executive Director of Nursing and Patient Experience, as the Board of Directors' Lead for Quality.

## How our work to improve the physical healthcare of our patients is making a difference

Patients have recognised the excellent work our staff do to help make their physical health better whilst in our care, across all the services we offer. Comments have included:

“ I was encouraged to continue favourite hobbies, drawing, being outside in fresh air - in the garden ”

Older People's ward

“ I feel the gym scheme has really been beneficial to my recovery in a physical and mental health way ”

Mother and Baby unit

In the Occupational Therapy and Recreation Centre at the Hartington Unit, all patients are offered healthy lifestyle advice as part of their Occupational Therapy assessments and interventions. Specific health promotion activities include gym instruction and support, which includes tailored exercise programmes for mood and mental wellbeing. Partnership working with the healthy lifestyle hub in the community enables exercise to be built into recovery pathways for patients who have been discharged. Chair-based exercise is offered three times a week. Gardening as an activity is offered in season and the foods that have been grown are used in cooking. Cooking skills address balanced meals and healthier options, and the staff team offer ideas to service users on the unit, about improving their physical health whilst staying on the unit.

## Physical literacy project: creating quicker and timelier access to therapy services

The Physical Literacy tool supports education partners to identify and implement initial core stability work with children at Year 2 who have co-ordination difficulties. After an eight to 10 week programme, if progress is not as expected, education colleagues can refer children directly to therapy services.

This work has led to the establishment of Physical Literacy Partnership groups in the city and the county as well as further work with Early Years services and the development of an 'Every Child a Mover' strategy in the county.

## Patient safety

**We said that we would ensure our patients are cared for in a clean environment, which is free from the risk of infection and harm**

<b>Why we chose this as a priority?</b>	The safety of our patients and staff will always be paramount to the Trust.
<b>What did we aim to do?</b>	We aimed to ensure all our environments were clean and free from infection.
<b>How well did we do?</b>	<p>We are very proud of the high standards we continue to achieve and the comparatively low rates of infection we see. There have been no ward closures as a result of norovirus-type illnesses in the period from April 2013 to February 2014. Individual suspected cases have been well managed on wards with minimal clinical impact and no evidence of cross infection. Surveillance of healthcare-associated infections (HCAI alert organisms) has shown no cases of MRSA bacteraemia between April 2013 and February 2014 (none were reported in 2012/13) and zero cases of Clostridium difficile in the same time period (one was reported in 2012/13).</p> <p>Cleaning scores, measured against the national standards of cleanliness, have continued to meet the nationally defined 'excellent' standard in clinical areas across the year.</p> <p>Patient Led Assessment of the Care Environment (PLACE) inspections replaced PEAT for the first time, with continued strong performance.</p>
<b>What do we aim to do next?</b>	We aim to continue to achieve these high standards of safety and cleanliness in our environments.

## **How our facilities staff took time to consider the Francis Report and its recommendations**

The Francis Report was published at a time when our organisation launched a new set of Trust values, applicable to all staff across the Trust. The values resonated with many of the outcomes of Francis, with an emphasis on developing a culture of compassion within the workplace, to better equip ourselves to deliver improved and more compassionate care. We wanted to ensure that the recommendations of the Francis Report were shared with and owned by all facilities staff, in a way that demonstrated not only the impact of the team on supporting clinical staff to deliver safe, effective and compassionate services, but also each individual's own role within the patient's journey. The staff were provided with an overview of the findings and then each member of the team looked at how they could contribute to these recommendations - to ensure that clinical staff were supported to meet their requirements and that our patients had a positive experience.

In our Trust the Clinical Cabinet (a set of multi-professional leaders) will continue this work to drive forward the key learning from a Trust perspective. This will also include our Governors, who through the Governors' Quality working group will monitor the Trust's actions to date to ensure we are listening to service users' experiences and using feedback meaningfully.

## **How we are improving access in Child and Adolescent Mental Health Services**

Child and Adolescent Mental Health Services (CAMHS) have developed self-referral systems to improve access to Specialist CAMHS –the current programme includes drop-in clinics at Connexions in Derby City for young people aged 14 to 18. CAMHS Liaison Service was created from existing resources to assess young people attending the Royal Derby Hospital following episodes of self-harm. It works closely with the Royal Derby Hospital staff on Puffin Ward, the medical assessment unit, ward 101 and the Royal Derby Safeguarding Team.

## **Concerns, compliments and complaints**

### **What we achieved this year**

The Patient Experience team is the central point of contact for people to provide feedback and raise concerns about the services provided by the Trust. The team is located within the Nursing and Patient Experience directorate and is based at the Trust Headquarters; staff have direct contact with the Chief Executive and Executive Directors and liaise regularly with Senior Managers. Our aim is to provide a swift response to concerns or queries that are raised and to ensure a thorough investigation takes place when required, with complainants receiving comprehensive written responses that describe any actions taken.

Face to face meetings are routinely offered when people express concerns, as well as at the start and/or end of the formal investigation process. If we are unable to resolve complaints satisfactorily, people are advised of their right to contact the Health Service Ombudsman who can investigate complaints on their behalf.

Learning from the feedback we receive is essential; this is shared with staff through the Trust 'Practice Matters' publication. During the year we have included pieces on medication and information about side effects, on identifying the named nurse and on improving communication with families and carers.

Patient Experience training has been provided for clinical staff, incorporating elements of compassion training. The feedback has been very positive and staff have commented that they will be more mindful of their interactions with service users and carers having completed the training.

Of the completed investigations so far this year, we reduced the mean average for complaints investigations from 49 days to 44 days.

**So far we have recorded over 800 compliments this year.**

## **What we did not achieve this year**

A significant reduction in the number of extensions to the investigation timeframes.

## **How we will go the extra mile in 2014/15**

We will work hard to significantly reduce the average time that it takes to handle complaints and to lessen the number of deadlines that are extended.

We will ensure that complainants are kept up to date with the progress of their investigations.

We will ensure that the complainant feels that their views have been heard throughout the process.

We will theme the actions taken as a result of the investigations and produce action plans for the key themes to ensure we target and improve on key areas.

## **How we have and will continue to monitor and report**

Reporting of concerns, complaints and compliments will be by 'main subject' and then by 'theme'. All responses to complaints are reviewed and signed off by the Chief Executive.

The Trust currently uses a manual system of data collection for concerns and compliments at a local level. In 2014/15 the Trust will commence using an electronic system which will allow for local data capture at source, and will allow for a more thorough data interrogation and more detailed reports.

## **Our focus on quality through our own internal priority areas and Commissioning for Quality and Innovation (CQUIN) agreements**

We work in partnership with our commissioners, drawing upon the national guidance and local priorities, to set these new quality and innovation standards around what is important to the NHS and our local communities.

We have also included an additional Trust internal requirement and an emerging Department of Health priority, as this work in reducing restrictive practice is important to our organisation.



# Looking forward: our key priorities in 2014/15

## Our existing key priorities in 2014/15

There are two priorities from 2013/14 which we will extend into the forthcoming year, in order to make further improvements in these key areas. These are:

1. Changing the Golden Question to incorporate the phased expansion of the Friends and Family Test
2. The physical healthcare of our patients.

Safety	Patient Experience	Effectiveness
<ul style="list-style-type: none"> <li>Physical Health Care</li> </ul>	<ul style="list-style-type: none"> <li>Family and Friends Test</li> </ul>	

## New priorities for 2014/15 can be grouped under three key themes and include:

Safety	Patient Experience	Effectiveness
<ul style="list-style-type: none"> <li>Preventing suicide</li> <li>Force Free Futures - to safely reduce the use of restrictive practices, including seclusion, on our acute inpatient wards</li> </ul>	<ul style="list-style-type: none"> <li>Think! Family</li> <li>A recovery focused organisation</li> </ul>	<ul style="list-style-type: none"> <li>Clinical outcomes</li> </ul>

## Safety:

### Preventing suicide

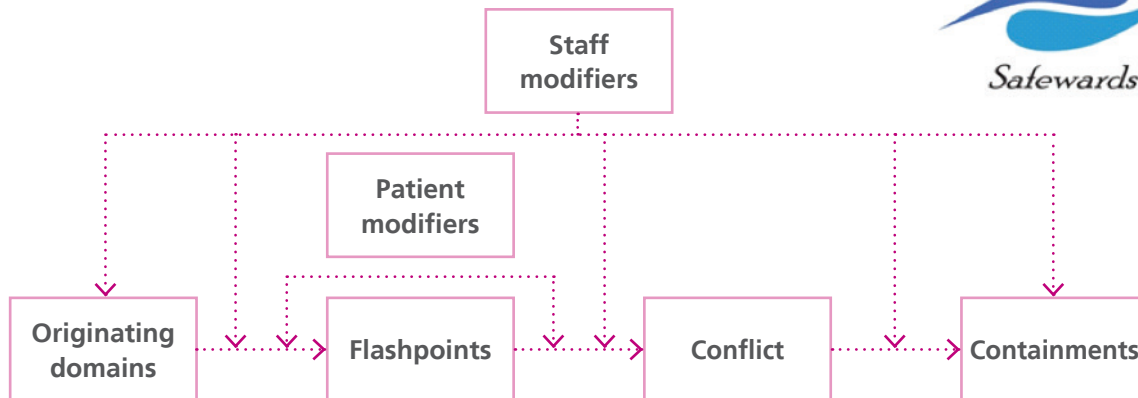
We have chosen this as a priority, showing our continued commitment to reduce wherever possible this tragic and distressing outcome for individuals and their families and friends. In 2014/15 we will measure our practice across all services, to include the following areas; training, supervision, recording and communication. National best practice and learning lessons from our own experiences will be shared with other parts of our organisation and year-on-year improvements will be agreed in partnership with our commissioners.

There will be comprehensive work over two years looking at suicide and learning from serious incidents. With our partners who provide care across Derbyshire, we will be developing innovative approaches to the prevention of suicide, using input from service users and carers – as experts by experience – to inform the design of our training. We will continue our engagement in the Derbyshire-wide multi-agency suicide prevention strategy and use the skills and knowledge of national leads in this area of work to further enhance our learning and embed this into all aspects of our practice.

### Force Free Futures and reducing the use of restrictive practices, including seclusion on our acute wards

We have chosen this as a priority for 2014/15 as 'Force Free Futures' is nationally endorsed and an effective way to reduce conflict and containment in inpatient settings. The model will be known from March 2014 as "Positive and Safe" and is a two-year Department of Health programme to end the use of outdated and damaging restraint and restrictions in health care services. This internal quality priority has a number of components; we will implement the Safe Wards Project – a model based on years of research by national nursing leader, Professor Len Bowers. Safe Wards looks at different approaches that can be applied to reduce potential harmful events happening to patients as a result for example of self-harm, aggression, seclusion and absconding. Staff are trained in interventions which have been researched and are proven to make a difference to the outcomes for patients.

## Safe wards model simple form



'Closing the Gap' (February 2014) committed the Government to "radically reduce the use of all restrictive practices and take action to end the use of high risk restraint, including face down restraint and holding people on the floor". 'Positive and safe' is the NHS strategy for achieving and delivering this. This work nationally and in our Trust will be working on the changes and developments in leadership, culture and professional practice of all members of our teams, both in the inpatient setting and in the community, to achieve this.

## Patient experience:

### Think! Family

We have chosen this as a priority, showing our continued commitment to helping families to flourish by providing the best possible family focused services. Think! Family practice makes sure that all services we provide are as coordinated as possible. When this is done well it results in better outcomes for children, young people and families. As a provider of mental health and children's services, we are well placed to build upon our systemic approach and the thinking of our teams. We will draw upon other unique and innovative models of integrated working such as the Kaleidoscope service model in Lewisham in South London, and we will also inspire our teams to have truly innovative family inclusive practice in everything that they do.

**In 2014/15 we will measure our practice across all services, including the following areas:**

- Training,
- Supervision,
- Recording and
- Communication.

Best practice within our children's services will be shared with other parts of our organisation and year-on-year improvements will be agreed in partnership with our commissions.



## A recovery-focused organisation

Our priority is to continue to promote recovery and learn from other inspiring recovery-oriented organisations. This internal quality priority has a number of components and, as a member of Implementing Recovery through Organisational Change (ImROC), we will embed this approach through every level of the organisation. We hope to develop educational resources to support other Derbyshire organisations (subject to securing additional resources) in working effectively with those with a lived experience of mental distress, in our capacity as the largest provider of specialist mental health and community services in Derbyshire. We will draw upon our Child Health CAMHS resources to ensure the voice of the child and family is heard in this work.

## Effectiveness:

### Clinical outcomes

We have chosen this as a priority for 2014/15 as we are committed to taking nationally prepared outcomes and reflecting them at a local level. Clinical outcomes measure changes in health and quality of life as a result of our care, and that knowledge is incredibly important to our clinicians.

We are taking a multi-year approach to Commissioning for Quality and Innovation (CQUIN) planning with our commissioners to make sure we provide the right types of care to each person using our services. During 2014/15 and 2015/16 we will continue to lead the local Derbyshire development of the clinical outcomes linked to the National Tariff Payment System (NTPS) for mental health services, whilst engaging nationally to influence future design.

We will be further developing our approach to quality and outcome measures, both clinician- and patient-reported, to develop and refine them to assure our Board that our values and priorities are being met.

All priorities will be reported to the Quality Committee, the Board of Directors and to our local commissioners. The responsible officer for this priority is the Executive Director of Nursing and Patient Experience, as the Board's lead for Quality.

## How we measure against other healthcare providers

### Improving outcomes for children and young people

The Child Adolescent Mental Health Service (CAMHS) is part of the current five year National Improving Access to Psychological Therapies pilot (CAMHS IAPT) which is a significant service transformation project. Its aim is to improve outcomes for children and young people, providing of a range of treatments based on best evidence that is outcome-focussed and client-informed whilst ensuring a culture of continuous service improvement and quality. The Trust is the only provider service in the East and West Midlands (other provider services being concentrated in the South, and the North East and North West of the country). The routine outcome measures and combined Children and Young People IAPT programme has reduced the patient's length of stay in service by 12%, a figure which will continue to improve.

### Results of the community patient survey 2013

The 2013 survey of people who use community mental health services involved 58 NHS trusts in England. (including combined mental health and social care trusts, Foundation Trusts and community healthcare social enterprises that provide mental health services). The table below sets out Derbyshire Healthcare Foundation Trust's score against a number of questions in each section, compared to the highest and lowest score attained. This information enables us to benchmark the quality of our services against other trusts.

Indicator	Trust score 2013 (out of 10)	Benchmark lowest to highest Trust score
Health and Social Care Workers	8.7	8.0 to 9.0
Medications	7.4	5.6 to 7.9
Talking Therapies	7.8	7.3 to 8.6
Care Co-ordinator	7.8	7.3 to 8.6
Care Plan	6.6	6.0 to 7.3
Care Review	7.0	6.4 to 8.0
Crisis Care	5.9	5.3 to 7.7
Day to Day living	5.4	4.0 to 6.2
Overall rating for quality of care	6.8	6.2 to 7.4



## 2013 inpatient survey comparison

This survey is conducted voluntarily by Derbyshire Healthcare NHS Foundation Trust (DCHFT) in addition to the Community Survey conducted and published by the CQC annually. As the inpatient survey is voluntary, not all Trusts continue to conduct it and consequently the number of responses that we can benchmark against our own is lower than for the Community Survey.

### Results for the overall experience of care

Overall, how would you rate the care you received during your recent stay in hospital?

	Survey 2012	Survey 2013	All Trusts	Better/ Worse than 2012.
<b>Excellent</b>	21%	27%	21%	+6%
<b>Very Good</b>	32%	23%	28%	
<b>Good</b>	17%	23%	21%	
<b>Fair</b>	17%	18%	17%	
<b>Poor</b>	12%	8%	13%	

Of the 45 questions analysed in this report, 28 (62%) have improved results compared to the 2012 Inpatient Survey, 5 (11%) have worse results, 5 (11%) have remained static to within 1%, and 7 (16%) are not indicative of improved or worsened results.

### Two examples of significant improved results

Were you given enough privacy when discussing your condition or treatment with the hospital staff? Percentage stating "Yes, always"

Survey 2012	Survey 2013	All Trusts	Better/ Worse than 2012
66%	70%	56%	+4%

Did the nurses listen carefully to you? Percentage stating "Yes, always"

Survey 2012	Survey 2013	All Trusts	Better/ Worse than 2012
40%	52%	45%	+12%

### Two examples where improvements are required

During your most recent stay, were there enough activities available for you to do during evenings and/or weekends? Percentage stating "Yes, all of the time"

Survey 2012	Survey 2013	All Trusts	Better/ Worse than 2012.
14%	12%	13%	-2%

During your most recent stay, did you have any medical tests about your physical health? Percentage stating "Yes"

Survey 2012	Survey 2013	All Trusts	Better/ Worse than 2012
89%	87%	84%	-2%

Physical healthcare is an identified priority for 2014/15 and work has commenced to extend the availability of activities at weekends and evenings.

# PART TWO

## 2.1 Review of services

During 2013/14 Derbyshire Healthcare NHS Foundation Trust provided four NHS services from four locations, as registered with the Care Quality Commission. These are:

- Hospital and community based mental health and wellbeing services
- Community learning disability services
- Substance misuse services
- Children and young people's services.

The Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to us on the quality of care in all four service locations of our NHS services.

The income generated by the NHS services reviewed in 2013/14 represents 92% of the total income generated from the provision of NHS services by the Derbyshire Healthcare NHS Foundation Trust for 2013/14. The data reviewed covered the three dimensions of quality (see part 3 of the report).

## 2.2 Participation in clinical audits and national confidential enquiries

**Nationally – Six clinical audits and one confidential enquiry relevant to our services**

During 2013/14, six national clinical audits and one national confidential enquiry covered NHS services that Derbyshire Healthcare NHS Foundation Trust provides.

**Nationally - Six (100%) clinical audits and 100% confidential enquiries undertaken**

During 2013/14, Derbyshire Healthcare NHS Foundation Trust participated in six (100%) national clinical audits and 100% 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 2013/14 are as follows:

### National clinical audits

1. National audit of schizophrenia
2. POMH-UK. The national Prescribing Observatory for Mental Health (POMH-UK) Topic 4b - Prescribing anti-dementia drugs
3. POMH-UK. Topic 7d - Monitoring of patients prescribed lithium
4. POMH-UK. Topic 10c - Use of antipsychotic medication in CAMHS
5. POMH-UK. Topic 13a - Prescribing for ADHD Attention deficit hyperactivity disorder (ADHD)
6. POMH-UK. Topic 14a - Prescribing for substance misuse: alcohol detoxification (data collection to be completed in 2014/15).

### 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 2013/14 are as follows:

### National clinical audits National Audit of Schizophrenia

1. POMH-UK. Topic 4b - Prescribing anti-dementia drugs
2. POMH-UK. Topic 7d - Monitoring of patients prescribed lithium
3. POMH-UK. Topic 10c - Use of antipsychotic medication in CAMHS
4. POMH-UK. Topic 13a - Prescribing for ADHD
5. POMH-UK. Topic 14a - Prescribing for substance misuse: alcohol detoxification (data collection to be completed in 2014/15).

## 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, and for which data collection was completed during 2013/14, 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	%
<b>National audit of schizophrenia</b>	80	98	123%
• <b>Audit of practice</b>			
• <b>Service user survey</b>	44	44	100%
• <b>Carer survey</b>	30	30	100%
<b>POMH-UK. Topic 4b - Prescribing anti-dementia drugs</b>	186	186	100%
<b>POMH-UK. Topic 7d - Monitoring of patients prescribed lithium</b>	77	77	100%
<b>POMH-UK. Topic 10c - Use of antipsychotic medication in CAMHS</b>	40	40	100%
<b>POMH-UK. Topic 13a - Prescribing for ADHD</b>	121	121	100%
<b>National confidential inquiry into suicide and homicide by people with mental illness</b>	6	6	100%

**Review of three national reports resulted in the following improvements**

**The reports of three national clinical audits were reviewed by the provider in 2013/14 and Derbyshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided including the following:**

## National audit of psychological therapies

This second round of the national audit has demonstrated some improvements in service quality against agreed standards of care. Following the review of the reports, actions to be taken will consider national recommendations for the sustainability of accessible, effective, safe and acceptable services for psychological therapies. Our action plan will include the improvement of the quality of services provided through improved communications, resulting from better quality patient information, the provision of training for staff in psychological therapies, and a reduction in 18 week waiting times.

### POMH-UK topic 7d Monitoring of patients prescribed lithium

As a result of our participation in this audit and the review of the report, our practice will be further improved to provide service users with patient information leaflets which include a section where clinicians can personalise the recording of investigations and information that has been discussed with the patient. There will also be an ongoing emphasis on processes to remind medical staff of documentation standards for recording discussions with patients about potential side-effects/toxicity. This will include relevant supervision and awareness-raising of junior doctors to ensure that relevant standards are understood and followed by all.

### POMH-UK audit topic 13a Prescribing for ADHD in children, young people and adults

This audit covered a wide span of our services, including adult mental health, child and adolescent mental health and community paediatrics, and provides assurance on compliance to National Institute for Health and Care Excellence (NICE) guidelines. Following the review of the audit report, the intended actions to improve our prescribing practice and treatment services will include the development and use of standard documentation by relevant services covering the initiation and maintenance of drug treatment for ADHD, which is based on NICE standards. In addition, consistent application and recording of relevant standardised rating scales will be established in all services to ensure routine recording of outcomes and review of ADHD treatment at least annually.

**The reports of 15 local clinical audits were reviewed by the provider in 2013/14 and Derbyshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided including the following:**

**Review of three national reports resulted in the following improvements**

**The reports of 15 local clinical audits were reviewed by the provider in 2013/14 and Derbyshire Healthcare NHS Foundation Trust intends to take actions to improve the quality of healthcare provided including:**

**Prescribing for people with a personality disorder - local audit based on POMH-UK topic 12a**

No drug treatments are currently licensed for personality disorder (PD) and very few studies have been conducted to examine the risks and benefits of drug treatment for most types of PD, except for borderline PD. This audit reviewed our prescribing practice based on the national POMH-UK audit standards and, as a result of this review of our practice, improvement actions are being undertaken. These actions include improving our medical staff knowledge and awareness of management of patients with personality disorder, through appropriate training and education. The aim is to consistently meet the standards to improve written crisis plans in clinical letters which have taken the patient's views into consideration, as well as continuing to document the clinician's reasons for prescribing antipsychotic medication in clinical records.

**Improving annual physical health assessments through partnership working with primary care (Care Programme Approach (CPA) patients)**

This was a further re-audit of a commissioner contract CQUIN requirement. This re-audit demonstrated that high levels of compliance were continuing to be achieved in all quality standards measured and patients are receiving improved physical health assessments and care. This year this included support for improved cancer screening

attendances where relevant, through partnership working with primary care. As part of the development processing of co-working, individual CCGs and GP practices continue to be supported as part of the 'Healthy body healthy mind' programme, in conjunction with local Recovery teams.

**Improving services for newly diagnosed dementia patients**

This was specified again this year as part of our commissioner contract quality schedule requirement. The previous audit provided assurance that the teams were already complying well with the specified quality standards and this second re-audit continued to provide assurance that these standards are being maintained. In addition, the recent audit demonstrates a high level of involvement from patients and positive patient experience.

**Core Care Standards audit**

This annual audit is undertaken to identify how well we are meeting our Core Care Standards, which apply to everyone using the services of the Trust. It also gives assurance about compliance with Care Programme Approach (CPA) requirements. The results were mostly a great improvement on the previous year's compliance and continuous improvement is maintained through relevant actions. This year this focuses on clear communication to patients of medication arrangements; care plans documenting emergency contact number, caring responsibilities, employment and physical health problems (where identified as a need and desired by the service user), information and support for carers; and awareness raising that where care reviews are held, service users can involve friends, relatives or advocates.

This audit received the Care Programme Approach Association Good Practice Award for the category 'Excellence in Monitoring and Evaluating the Care Process'.

## Audits of hearing loss

Regular audits of hearing loss continue to be carried out within our paediatric services. The three audits completed were: diagnosis and late diagnosis of significant hearing loss, aetiological investigations offered to and appointments accepted by families of children with significant permanent hearing loss, and waiting times for medical appointments for children diagnosed with significant permanent hearing loss. These audits demonstrate that we are continuing to achieve high levels of compliance in all quality standards measured.

## Quality of community paediatric clinic letters: Re-audit using the Sheffield Assessment Instrument for Letters (SAIL)

This audit, undertaken in paediatric services, demonstrated that we are not only meeting but also improving upon these quality standards (up to 96% in 2013 from 83% in 2009). The audit methodology used a validated audit tool and is a collaborative approach with GP participation in the audit. The audit also confirmed that paediatricians are complying with Department of Health guidance relating to copying letters to patients and carers.

## Audit of PRN (Pro Re Nata - the latin for 'as needed') protocols in residential settings (Learning Disabilities)

This audit provided assurance that our patients with a learning disability (LD) who live in residential homes, and are on PRN (as needed) medications for challenging behaviours, have a written personalised protocol (care plan) for using these medications, and that PRN medication is being used only as part of a number of strategies to manage these behaviours. As this audit reviews practice in social care residential home settings, improvement actions planned are being developed in collaboration with commissioners and social care.

## Audit of Deprivation of Liberty Safeguards (DoLS) procedure in an older people's dementia ward setting

DoLS safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty (DoL) appears to be unavoidable in a person's best interests. This audit was carried out to assess compliance with DoLS procedures which include a referral for assessment for DoLS and the DoL authorised, or urgent authorisation put in place while assessment is pending, or decision otherwise justified in the record. As a result of this audit, documentation for a 'best interest decision checklist' is being produced and implemented to support capacity assessment and associated best interest judgements for patients with dementia on inpatient wards. Capacity to consent to admission and treatment will be reviewed by medical/nursing staff at the point of admission and/or at multidisciplinary meetings, whenever clinically indicated for all inpatients on dementia wards.

## Other local clinical audit reports reviewed in 2013/14 which have either resulted in improvement actions being taken or planned to be taken to ensure that our patients benefit from continuous quality improvement of care and services provided include:

- Audit of physical examination of patients on inpatient wards
- Absent Without Leave (AWOL) audit
- Infection control audits
- Audit of the usage and effectiveness of the significant events sheet
- PbR clustering red rules compliance and validation audit
- Audit of medical record keeping on inpatient wards
- Health and safety audits.

## 2.3 Participation in clinical research

**The number of patients receiving NHS health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 1,545**

Some of the National Institute of Health Research (NIHR) portfolio studies we have hosted in 2013/14 include:

### Anxiety Symptoms Prevention Investigation (ASPI) - University of Sussex

Our patients have had the opportunity to participate in this research, which aims to cast some light on the reasons why so many children of anxious parents go on to develop anxiety disorders themselves and to also explore ways of preventing this. Children of anxious parents are up to seven times more likely to have an anxiety disorder than other children, and, although genes play a part, it is thought that parents' actions might also be very important. The research has three main parts: first, to try to find out whether anxious parents do things that might inadvertently make their children more anxious. Secondly, to see if some of these behaviours in parents can be changed or not. Finally, all of this knowledge will be put together to produce a brief training package for anxious parents. It is hoped that this training will help parents to reduce the risk of transmitting their anxiety to their children. In order to test the package, a number of anxious parents will be asked to try it out and give feedback which should allow a decision on whether it is worth carrying out a larger trial of the training package, and if so, this will help effective planning of it.

### Enhanced Relapse Prevention (ERP) online - Lancaster University

Individuals with bipolar disorder (BD) typically experience periods of extreme high and low mood (mania and depression). BD is treated with medication, yet many people continue to experience relapses. Enhanced Relapse Prevention (ERP) is a psychological approach developed and found to be effective in reducing relapse and improving functioning in BD. Limited NHS resources restrict the availability of face to face ERP. This study will translate ERP into an interactive web resource (ERPonline), which has the potential to increase accessibility. Patients receiving services within our Trust have had the opportunity to take part in this study. The main purpose of this study is to assess the feasibility and acceptability of ERPonline. Individuals with BD who have had three relapses in their lifetime, with one falling in the past two years, are invited to take part. Half will use ERPonline for 12 months alongside current treatment, and their outcome compared with the other half, who will receive current treatment only. Some participants who have used ERPonline will be invited to an interview to provide feedback on whether ERPonline is an acceptable intervention they want to use. Friends or health professionals of participants, who have chosen to be involved in the intervention as a way of understanding their experiences of this process, may also be invited to interview.

## Molecular Genetics of Adverse Drug Reactions (ADRs) - University of Liverpool

Adverse drug reactions are a common cause of drug related morbidity and may account for about 6.5% of all hospital admissions. A meta-analysis of studies performed in the USA has shown that ADRs may be the fourth most common cause of death. ADRs are also a significant impediment to drug development, and a significant cause of drug withdrawal. Some of our patients are participating in this research study, the purpose of which is to (a) identify patients with different types of adverse drug reactions; (b) using DNA obtained from blood or urine samples from participants, identify genetic factors which predispose to adverse reactions. The net effect of the research will be the development of genetic tests which can help in predicting individual susceptibility to adverse reactions, and thereby prevent these through testing before drug intake.

## DNA Polymorphisms in Mental Illness (DPIM) – University College London

People with bipolar affective disorder and schizophrenia have had the opportunity to participate in this study, to help in the development of a better understanding of the genetics behind these disorders. This research and others like it have already begun to pave the way for new treatments and preventative strategies. These may be more personalised and also associated with fewer or absent side effects. It is strongly believed that learning more about genetics will begin to make a practical difference for creating new treatments for people with bipolar disorder and schizophrenia.

## 2.4 Information on the use of the CQUIN (Commissioning for Quality and Innovation) framework

A proportion of Derbyshire Healthcare NHS Foundation Trust's income in 2013/14 was conditional upon 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 Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2013/14 and for the following 12 month period are available electronically at:

[www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/\\_openTKFile.php?id=3275](http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275)

**Derbyshire Healthcare NHS Foundation Trust's income in 2013/14, conditional upon achieving quality improvement and innovation goals was £2,632,893. A monetary total received for the associated payment in 2012/13 was £2,473,422.**

## 2.5. Information relating to registration with the Care Quality Commission and periodic/special reviews.

Derbyshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and is registered with the CQC with no conditions attached to registration.

The Care Quality Commission has not taken enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2013/14.

Derbyshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

On 11 September 2013, the Care Quality Commission inspection team carried out an unannounced inspection to check whether Trust HQ had taken action to meet the following essential standards:

### **Outcome 4 (Regulation 9): Care and welfare of people who use services**

### **Outcome 21 (Regulation 20): Records.**

During this inspection the Care Quality Commission followed up on the action plan submitted on 21 March 2013. They visited Cherry Tree Close and Derbyshire Low Intensity Drug Service and found that we had put into place all the actions stated in our action plan. We are fully compliant with the conditions of our registration with the Care Quality Commission. In September 2013 the follow-up to our annual visit resulted in no further actions and a positive outcome.

In 2014/15 we will learn from the pilots of the new inspection regime and provide assurance of our ongoing compliance through our solid structure and processes of quality governance. An implementation plan sets out our plans to ensure staff are well prepared for the new inspections and harness the opportunity to showcase the high standards of care we provide.

The Board derives assurance on the quality of its services using a wide range of methods. This includes use of Monitor's Quality Framework to appraise the quality arrangements in place, and the commissioning of auditors to carry out routine reviews of the quality of our governance. Informal methods have also been developed such as inviting regular patient testimonies at Board meetings and a minimum of one Board member has participated in each of over 90 quality visits. This provides real-time assurance of the quality of our service delivery through the voice of our staff, patients, carers and their families.

## 2.6 Information on the quality of data

Derbyshire Healthcare NHS Foundation Trust submitted records during 2013/14 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 which included the patient's valid NHS number was:**

- 99.9% for admitted patient care (based on April 2013 – February 2014 published dashboard)
- 99.9% for outpatient care (based on April 2013 February 2014 published dashboard).

### **The percentage of records in the published data which included the patients' valid General Practitioner registration code was:**

- 99.9% for admitted patient care (based on April 2013 -February 2014 published dashboard)
- 100% for outpatient care (based on April- 2013 February2014 published dashboard).



## 2.7 Information governance toolkit attainment levels

Derbyshire Healthcare NHS Foundation Trust's Information Governance Assessment Report overall score for 2013/14 was 96% and was graded 'Green – Satisfactory'

Derbyshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

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

## 2.8 Reports against a core set of indicators

### 2.8.1. Implementation of a data quality policy

**The Trust's data quality policy will continue to be implemented:**

- To ensure that there is a shared understanding of the value of high quality data on improving service delivery and quality and outcomes of care;
- To ensure that the focus of improving data quality is on preventing errors being made wherever possible;
- To ensure that regular validation, feedback and monitoring processes are in place to identify, investigate and correct data errors when they occur.

### 2.8.2 Seven-day follow up

**The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: We calculate the seven-day follow up indicator based on the national guidance / descriptors:**

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

Denominator: Total number of patients on CPA discharged from psychiatric inpatient care (QA)

The Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this, and so improve the quality of its services.

- We strive to continue to ensure that the high performance is maintained and that all patients are followed up.

Indicator	End of 12/13	End of 13/14	National average	Highest and lowest scores
<b>The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period</b>	99.39%	97.94%	97.6%	100% 92.5%

### 2.8.3. Crisis gatekeeping

**The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: We calculate the Crisis Gatekeeping indicator based on the national guidance / descriptors:**

Numerator: Number of admissions to acute wards that were gate kept by the CRHT teams (QA)

Denominator: Total number of admissions to acute wards (QA)

The Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so improve the quality of its services, by continuous monitoring to maintain the high performance against this indicator.

Indicator	End of 12/13	End of 13/14	National average	Highest and lowest scores
<b>The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.</b>	98.88%	97.59%	98.4%	100% 90.7%

#### 2.8.4. 28 day re-admission rates (aged 16 and over)

**The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: We calculate the re-admission 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.

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

Indicator	End of 12/13	End of 13/14	National average	Highest and lowest scores
<b>28 day re-admission rates for patients 16 and over</b>	4.99%	7.69%	12.32%	15.56% 8.35%

#### 2.8.5. Staff recommending the Trust as a place to work or receive treatment:

Our staff survey results for 2012 and 2013 have demonstrated notable progress in a number of key areas. We are particularly proud to share the results that reflect how staff perceive the Trust as a place to receive care. In 2013, 71% of respondents felt that patient care was our top priority – this in an increase in 6% from 2012, when we were already above the national average in response to this question.

The vast majority of our staff also said they would be happy for their friends or relatives to receive care from us, which is clearly an excellent reflection of the quality of care and values we hold as an organisation. Our score in this area was higher than the responses received to the same question last year and is also higher than the national average.

Similarly a higher number of people than average said they would recommend us as a place to work and that we always act on concerns raised by our service users.

The Trust has a good foundation, as evidenced by the 2013 staff survey results, and has also been identified by the Involvement and Participation Association (IPA) as a centre of good practice with regard to staff engagement.

The Trust will continue to develop a highly engaged, compassionate and skilled workforce, focused on recovery. Our leaders will be empowered with the best tools to ensure the best delivery of patient care. In line with our values, our people development and organisation transformational work will always ensure that our people are at the centre of all changes. This will be to maximise their expertise, strengthen their engagement and ensure they are co-producing and leading the change process. Our three key areas of emphasis are:

- Create a compassionate culture across the organisation - firstly by identifying the characteristics of such a culture as this will assist in understanding success
- To design a framework that supports decision making closer to direct patient care and creates autonomous teams
- To design a process that enables all of our workforce to carry out a values-based assessment over the next three years.

**We will continue to encourage as many staff as possible to take part in the 2014 national NHS Staff Survey later this year.**

Indicator	Trust score 2013	Trust score 2012	All MH Trusts average	All MH Trusts best score
Staff recommending the Trust as a place to work or receive treatment	3.68	3.62	3.55	4.04

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

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reason: it is taken directly from the National Reporting and Learning System.

Patient Safety Incidents reported by Derbyshire Healthcare NHS Foundation Trust to the National Reporting and Learning System (NRLS) between 1 April 2013 and 30 September 2013		Median rate
Patient Safety Incidents per 1,000 bed days	1,459 26 incidents were reported during this period = reporting rate of 26.37 incidents per 1,000 bed days	The median reporting rate for the 55 mental health organisations was 26.37 incidents per 1,000 bed days

Degree of harm indicated as a percentage of the total number of incidents reported				
None	Low	Moderate	Severe	Death
60.9% (888)	33.3% (471)	4.5%(66)	0.5%(7)	1.9% (27)

Patient Safety Incidents reported by Derbyshire Healthcare NHS Foundation Trust to the National Reporting and Learning System (NRLS) between 1 October 2012 and 31 March 2013		Median rate
Patient Safety Incidents per 1,000 bed days	1,286 incident reported during this period = reporting rate of 22.72 incidents per 1,000 bed days	The median reporting rate for the 55 mental health organisations was 38 incidents per 1,000 bed days.

Degree of harm indicated as a percentage of the total number of incidents reported				
None	Low	Moderate	Severe	Death
64.46% (829)	25.6% (374)	29%(65)	0.5%(5)	1.0% (13)

The Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so improve the quality of its services, by ensuring it has an effective safety culture.

### Effective clinical risk management

Senior clinical and managerial staff continue to rigorously monitor the safety of services and work to improve the systems supporting clinical risk management. The Trust aims to provide a recovery-oriented service that balances safety awareness with patients' rights to have care provided in the least restrictive manner.

### 2.8.7. Community patient survey results 2013

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reason: it is taken directly from the National Community Mental Health Patient Survey of 2012.

The Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this score, and so improve the quality of its services: by ensuring it continues to listen to patient feedback and puts actions in place to improve those areas where the Trust has not received positive scores.

Indicator	Trust score 2012 (out of 10)	Trust score 2013 (out of 10)	Highest and lowest Trust score
Patient experience of contact with a Health or Social Care Worker during the reporting period	8.4	8.7	9.0 to 8.0



# PART 3

## Performance

### 3.1 Priorities set out in Quality Report 2012/13

This section provides information on achievements on the priorities agreed and set out in the Quality Report 2012/13.

Please see part one of this report for further details.

### 3.2 Progress against selected quality indicators in 2013/14

The Trust in its Ward to Board approach agreed a number of indicators at the beginning of the year as being common to all services. Performance against these indicators is monitored and reported monthly to the Board of Directors.

Trust Performance Dashboard	Target	End of year March 2013	End of March 2014
Monitor Targets			
OPA 7 Day Follow up	95.0%	99.39%	97.94%
CPA review in last 12 months	95.0%	98.56%	96.52%
Delayed Transfers of Care	6.8%	0.50%	1.39%
Data Completeness Identifiers	99.0%	99.53%	99.42%
Data Completeness Outcomes	90.0%	97.62%	97.77%
Crisis Gatekeeping	95.0%	99.04%	97.59%
Early Interventions New Caseloads	95.0%	108.00%	121.20%
NHS Outcomes Framework			
CPA HoNOS Assessment in last 12 months	90.0%	92.49%	93.17%
CPA in Paid Employment	8.0%	11.34%	11.95%
CPA Employment Status	90.0%	99.95%	99.85%
CPA Settled Accommodation	90.0%	99.98%	99.85%
Under 18 Admissions To Adult Inpatient Facilities	0.0	4.0	4.0
Date Completeness Identifiers	99.9%	99.53%	99.42%
mixed Sec Accommodation Breaches	0.0	0.0	0.0
Data Completeness Outcomes	90.0%	97.62	97.77%
Locally Agreed			
Consultant Outpatient Appointments Trust Cancellations	4.0%	3.21%	3.10%
Consultant Outpatient Appointments DNAs	15.0%	14.64%	14.21%
CPA 7 Day Follow Up (all Inpatients)	95.0%	98.75%	97.57%
Discharge Letters Sent in 5 Working Days	90.0%	54.79%	35.44%
Discharge Letters Sent in 10 Working Days	100.0%	80.99%	66.80%
Outpatient Letters Sent in 10 Working Days	90.0%	71.11%	61.68%
Outpatient Letters Sent in 15 Working Days	100.0%	86.59%	78.77%
Schedule 4 Contract			
CPA Review in last 12 Months	90.0%	92.31%	90.48%
Patients Clustered not Breaching Today	99.0%	85.44%	89.70%
Patient Clustered Regardless of Review Dates	100.0%	56.34%	98.24%
Discharge Fax Send in 5 Working Days	90.0%	N/A	100.0%
Discharge Fax Send in 10 Working Days	100.0%	N/A	100.00%
Complex Needs: Assertive Outreach Clinician Caseload	12.0	10.30	10.95
Delayed Transfers of Care	6.8%	0.26%	0.64%
Delayed Transfers of Care - Rehab	6.8%	0.00%	0.50%
Deputy Care Co-ordinator Assignment	90.0%	*98.6%	97.90%
18 week RTT Less Than 18 weeks - Incomplete	92.0%	95.99%	95.57%
18 week RTT Less Than 18 weeks - Non-Admitted	95.0%	96.30%	97.98%
Early Interventions New Caseloads	126.0	148.0	161.0
C. Difficile New Cases (In-Patient)	<10	2	0
MRSA New Cases (in-patient)	<5	0	0
Schedule 6 Contract			
CPA Settled Accommodation	N/A	94.68%	92.76%
Average Community Team Waiting Time (Weeks)	N/A	5.01	4.87
Inpatient 28 Day Readmissions	10.0%	4.99%	7.36%
Crisis Home Treatments	N/A	1,650	1,610
Assertive Outreach Caseload	N/A	254	253



## Comments on performance

General performance of the Trust during 2013/14 has continued to be good with 34 of the 41 indicators exceeding the target level. A Data Quality Strategy based on active monitoring and exception reporting supports the Trust in maintaining these levels. There are however seven areas (four of which concern letters) where the Trust is focused on improving our performance. These are specifically examined below;

### Under 18 admissions:

All four admissions were appropriately reported and investigated. All were found to have been necessary, appropriate interventions to maintain the safety of the service users.

### Letters:

Implementation of the primary care-approved faxed discharge letter continues to be successful, with 100% faxes being sent to the GP within five working days, providing the GPs with the key discharge information they need in a timely manner.

Digital dictation implementation continues. Some issues have slowed progress, including emailing of letters and development of standardised letter formats, but the trajectory since the launch of digital dictation is continuing to rise.

### Payment by Results clustering:

The trust is performing favourably when compared with the national picture. The latest NHS Benchmarking Network report states that around 80% of mental health inpatients were clustered. In comparison, at the end of March the position was that 98.24% of our inpatients were clustered. The Associate Clinical Directors continue to review clustering through one to one meetings with individual consultants.

## 3.3 Performance against key national indicators set by our regulators

As a Foundation trust we are required to comply with our terms of authorisation as set out in Monitor's Compliance Framework annually. Below is our progress against the indicators set out in the compliance framework for 2013/14 (Appendix B) and the Department of Health's Operating Framework. The Care Quality Commission does not set any quality indicators, however the Trust is required to comply with the standards of safety and quality under the Health and Social Care Act and regulations act. This information supports the Trust's ongoing status of being fully registered as a provider without any conditions.

Target or Indicator	Target	2013/14	Achieved/ not achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate, non-admitted patients	95.00%	97.98%	Achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways	92.00%	95.57%	Achieved
Care Programme Approach (CPA) patients receiving follow up contact within 7 days of discharge	95.00%	97.94%	Achieved
Care Programme Approach (CPA) patients having formal review within 12 months	95.00%	96.52%	Achieved
Admissions to inpatient services had access to crisis resolution/home treatment teams	95.00%	97.59%	Achieved
Meeting commitment to serve new psychosis cases by early interventions teams	95.00%	142.70%	Achieved
Clostridium Difficile-meeting the C.Diff objective	7	0	Achieved
Minimising MH delayed transfers of care	≤7.5%	1.39%	Achieved
Data completeness, MH: identifiers	97.00%	99.42%	Achieved
Data completeness, MH: outcomes for patients on CPA	50.00%	97.77%	Achieved
Community care data completeness - referral to treatment information completeness	50.00%	92.31%	Achieved
Community care data completeness - referral information completeness	50.00%	72.33%	Achieved
Community care data completeness - activity information completeness	50.00%	83.40%	Achieved

Progress this year has been strong with many indicators exceeding the target set. The targets are challenging and the staff in operational services are to be commended on their commitment and hard work to ensure these targets have been met throughout the year.

## Benchmarking our performance against other trusts nationally

The Trust is committed to working with patients to reduce their length of stay. As soon as someone is admitted, we start the process of considering when they might be discharged. This is reflected in our average delayed transfers of care, which stands at just 1.39%. The latest data published by NHS England places the Trust as the 12th best performing mental health trust in the country for the number of delayed days in the reporting period (with a figure of 149 days; nationally performance ranges from 31 to 1471 days, with a national average of 498 days).

[www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2013-14](http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/delayed-transfers-of-care-data-2013-14)

The Trust is committed to ensuring our patients receive timely support following discharge from our wards. The latest national data published by NHS England places us as joint 14th best performing Trust in England for seven-day follow-up (with a percentage of 98.5%; nationally performance ranges from 93.3% to 100% with a national average of 97.4%). [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)

The Trust is committed to ensuring care is provided in the appropriate setting. One of the ways we do this is through the crisis teams, who 'gatekeep' potential admissions. The latest national data published by NHS England places us as joint 15th worst performing Trust in England (with a percentage of 97.7%; nationally performance ranges from 90% to 100%, with a national average of 98.3%). We will work to improve this position over the course of 2014/15. [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)



Older People's Nurses

## Measuring the quality of our data

Information Governance ensures necessary safeguards for, and appropriate use of, patient and personal information. The Trust takes the Information Governance very seriously and ensures that it complies as fully as possible with the standards set by the Health and Social Care Information Centre. Each year the Information Governance toolkit allows Trusts to compare their compliance level to other like Trusts. In 2013/14 Derbyshire Healthcare was 96% compliant. This places the Trust top of like Trusts for the second consecutive year. In comparison, the average compliance level of like organisations in 2013/14 was 79%.

Derbyshire Healthcare understands that accurate information is fundamental to high quality care. We constantly strive to ensure all the information we hold is as accurate as possible. As part of our quality assurance approach, we compare the quality of our data to that of other health organisations. The table below shows that our information submitted to NHS England in the Commissioning Data Set has better data quality than the national average in the majority of the key fields.

Inpatients (APC)	National Average	Derbyshire Healthcare NHS Foundation Trust (RXM)
NHS Number	99.1	99.9 ●
Patient Pathway	59.9	100.0 ●
Treatment Function	99.7	100.0 ●
Main Specialty	99.9	100.0 ●
Reg GP Practice	99.9	99.9 ●
Postcode	99.9	100.0 ●
Org of Residence	97.8	99.9 ●
Commissioner	99.1	99.9 ●
Primary Diagnosis	98.6	99.9 ●
Primary Procedure	99.8	100.0 ●
Ethnic Category	97.9	99.4 ●
Site of Treatment	96.9	100.0 ●
Health Resource Groups <sup>4</sup>	98.3	100.0 ●

Outpatients (OP)	National Average	Derbyshire Healthcare NHS Foundation Trust (RXM)
NHS Number	99.3	99.9 ●
Patient Pathway	49.6	100.0 ●
Treatment Function	99.7	100.0 ●
Main Specialty	99.8	100.0 ●
Reg GP Practice	99.9	100.0 ●
Postcode	99.8	100.0 ●
Org of Residence	97.4	100.0 ●
Commissioner	98.3	100.0 ●
First Attendance	99.7	100.0 ●
Attendance Indicator	99.6	100.0 ●
Referral Source	98.3	100.0 ●
Referral Rec'd Date	96.2	100.0 ●
Attendance Outcome	98.7	100.0 ●
Priority Type	97.3	100.0 ●
OP Primary Procedure	98.3	100.0 ●
Ethnic Category	92.8	95.4 ●
Site of Treatment	97.9	100.0 ●
Health Resource Groups <sup>4</sup>	99.0	100.0 ●

**Key:**

- Above or Equal to National Average
- Below National Average

**Never events**

There have been no never events in the Trust during 2013/14.

**Changes made to this report as a result of our consultation process and feedback from our partner agencies.**

As a result of our consultation and comments received from our partner agencies the final publication includes information on the wider children's services we provide, benchmarking on our performance and data quality, some information about our partnership working with Healthwatch and some minor amendments. We would like to thank everyone that has contributed and taken the time to send us their comments. We will be using all the feedback to help shape our report for 2014/15.

Annex Statements from Commissioners, Local Healthwatch Organisations, Health and Wellbeing Boards and Overview and Scrutiny Committees.

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

**Hardwick Clinical Commissioning Group offered the following statement about the initial draft of our Quality Account:**

The Derbyshire Healthcare NHS Foundation Trust (the Trust) Quality Account 2013/14 broadly reflects the information received by Hardwick Health Clinical Commissioning Group (the CCG), the co-ordinating commissioner, through its contract and quality monitoring arrangements.

## Measuring and improving performance

The CCG continues to monitor the performance of the Quality Schedules contained in the Contract with the Trust.

We are pleased to see the progress against the priorities set last year especially in relation to service user experience of the Health Visiting services and improving patient's physical healthcare needs.

In addition we note the work the trust has done in response to the Francis Inquiry especially in relation to the wider trust team's contribution to the findings of the inquiry.

The CCG notes the quality improvement areas for 2014/15 and welcomes the focus on suicide prevention and the Think Family approach both which have been areas that the CCG and the Trust feel that further improvements can be made.

The CCG particularly welcomes the expansion of the Centre for Research and Development and the focus that it will have, through the Centres for Excellence on compassion, suicide, dementia and recovery. We fully support this initiative and look forward to the improvements in service user care that it will bring in the future.

The CCG has been involved in the Quality Visit Programme and is impressed with the board to ward interface and the improvement made as illustrated in the Quality Account.

### Additional comments

We would ask the Trust to consider in the next quality account the following:

- To provide where possible benchmarking data to show the public how performance compares with other providers of similar services.
- Ensuring that quality account is able to tell the quality story for the full portfolio of services and that future quality priorities reflect the range of services offered by the Trust.

## Derbyshire County Council's Improvement and Scrutiny – Health Committee:

Derbyshire County Council's Improvement and Scrutiny – Health Committee responded that they had received the Quality Report and have arranged a Health Scrutiny Stakeholder event on 9 June 2014 where partner agencies will discuss the Committee's responsibilities and health providers' obligations to the Committee in undertaking its role.

## Derby City Council's Overview and Scrutiny Committee

Derby City Council confirmed that the Quality Report was presented to the Adults and Public Board on Monday 28 April and they noted it.

## Healthwatch Derby offered the following statement about the initial draft of our Quality Report:

Since its establishment in April 2013 Healthwatch Derby has been successfully working with Derbyshire Healthcare NHS Foundation Trust. We have an information sharing protocol in place and are currently working with the trust on a consultation on 'Think Healthy'. We welcomed the quality report and have provided the trust with our comments which they have responded to. We look forward to continuing our work with the trust in 2014/15.

## Public Health Derby City offered the following statement about the initial draft of our Quality Report.

We are pleased to receive the Derbyshire Healthcare Foundation Trust Quality Report for 2013/14. Due to the tight timescales this year the Health and Wellbeing Board will not make a formal comment. We welcome the opportunity to be involved in the consultation process for 2014/15 and have discussed with the trust our plans to include this in our agenda as early as possible in 2015 when our governance arrangements for public health will be firmly established.



Healthwatch Derbyshire offered the following statement about the initial draft of our Quality Report:

Healthwatch Derbyshire  
Suite 14, Riverside Business Centre  
Foundry Lane, Milford, BELPER  
Derbyshire, DE56 0RN  
Tel 01773 880786  
enquiries@healthwatchderbyshire.co.uk  
www.healthwatchderbyshire.co.uk



29 April 2014

Carolyn Green  
Executive Director of Nursing & Patient Experience  
Derbyshire Healthcare NHS Foundation Trust  
Bramble House  
Kingsway Site  
Derby  
DE24 3LZ

Dear Carolyn

#### RESPONSE TO QUALITY ACCOUNT

Healthwatch Derbyshire (HWD) came into operation on the 1<sup>st</sup> April 2013 and was very much in its infancy when asked to submit a response to last year's Quality Account for Derbyshire Healthcare NHS Foundation Trust. However, having now been operating for 12 months as the consumer champion for health and social care services, HWD is now in a much better position to strengthen the collective voice of patients and the public in Derbyshire, and ensure that voice is used to help influence and improve the delivery and design of local services.

HWD is responding to this Quality Account largely in relation to the 'Patient Experience' priority as this is where our evidence is based.

HWD is pleased to have a seat on the Equalities, Engagement, Experience and Enablement Stakeholder Committee (4Es). This gives HWD the opportunity to put forward the voice of service receivers, carers and the public from information we have gathered through relevant independent focussed engagement activities.

This representation will be further strengthened once the imminent HWD Information Sharing Protocol has been agreed and signed by the Trust. This will grant access, on a monthly basis, to all relevant intelligence, both concerns and compliments, gathered by HWD. This data is a valuable source of independently collated patient feedback and is designed to complement the Trust's own internal patient experience reporting mechanisms. By learning from patient feedback will help with the identifying of priorities and effecting improvement in service delivery.

Additionally, the Trust will respond back to HWD as to how they have used this information to improve patient experience. This, in turn, will be fed back to the service receivers, carers and the public through HWD's own communication routes, thereby demonstrating a reciprocal and consequential process in the exchange of information.

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## Annex: Statement of directors' responsibilities in respect of 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:

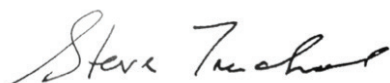
- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2013/14;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2013 to June 2014
  - Papers relating to Quality reported to the Board over the period April 2013 to June 2014
  - Feedback from the commissioners dated 24/04/2014
  - Feedback from governors dated 11/03/2014
  - Feedback from Local Healthwatch organisations dated 29/04/2014
- The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 28/05/2014;
- The [latest] national patient survey 17/09/2013
- The [latest] national staff survey 25/02/2014
- The Head of Internal Audit's annual opinion over the trust's control environment dated 29/04/2014
- CQC quality and risk profiles dated 01/04/13 to 31/03/14.
- 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



**Mark Todd, Chairman, 28 May 2014**



**Steve Trenchard, Chief Executive, 28 May 2014**

## Statement of Accounting Officer's responsibilities

### Statement of the Chief Executive's responsibilities as the accounting officer of Derbyshire Healthcare NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the accounting officer of the NHS Foundation Trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by Monitor.

Under the NHS Act 2006, Monitor has directed Derbyshire Healthcare NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Derbyshire Healthcare NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

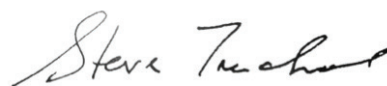
In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- Observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- Make judgements and estimates on a reasonable basis;
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements;
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance; and
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed



**Steve Trenchard, Chief Executive**

Derbyshire Healthcare NHS Foundation Trust  
Trust HQ, Bramble House, Kingsway Site, Derby,  
Derbyshire DE22 3LZ

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

tel. 01332 623700

 @derbyshcft