

Quality Report

2014/15



Quality Report

Part 1

Statement by the Chief Executive

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

Quality is what we are all about and as I visit the different services our Trust provides I see first-hand the pride felt by colleagues in the quality of care being delivered on our wards and in our teams. ”



This document includes information on how we have performed against the priorities we set out in last year's report and identifies those areas of work we will make our priority going forward. The document provides us with the opportunity to demonstrate some excellent examples of good quality care at the same time as recognising we have other areas where we want to improve further. We have, where possible, benchmarked our outcomes against those of other community and mental health providers and compared our performance with previous years.

During 2014/15, we have not received an inspection from the Care Quality Commission. This may be in part due to our low level risk rating at this time. We have continued to undertake quality visits to all wards and teams annually. The purpose of these visits is to be confident of a clear link from the Board to ward and for this programme to assist as one small part in being assured of the quality of care being provided to the people of Derbyshire. I would like to take the opportunity to thank our governors and commissioners for their valuable contribution to the quality visit programme.

We continue to work with our service receivers, their families and their carers to hear their feedback on what they think of our services. In the autumn of 2014, we were delighted to open our doors to Healthwatch Derby. They were able to spend time with some of our crisis teams and visited ward areas, school nursing and health visiting teams. A summary of their findings is included in this document.

I would like to take this opportunity to thank everyone who has worked collaboratively 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 commissioners for their input, support, feedback, scrutiny 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
22 May 2015

Statement of accuracy

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

Steve Trenchard

Chief Executive

Independent auditors' limited assurance report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust on the Quality Report

We have been engaged by the Board of Directors and Council of Governors of Derbyshire Healthcare NHS Foundation Trust to perform an independent limited assurance engagement in respect of Derbyshire Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2015 (the 'Quality Report') and certain performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2015 subject to limited assurance consist of the national priority indicators as mandated by Monitor:

- 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital
- Admissions to inpatient services that had access to crisis resolution home treatment teams.

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

Respective responsibilities of the directors and auditor

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual' issued by Monitor.

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

- The Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual'
- The Quality Report is not consistent in all material respects with the sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2014/15', and
- The indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual' and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2014/15.'

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS Foundation Trust Annual Reporting Manual', and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the period 1 April 2014 to 29 April 2015
- Papers relating to quality reported to the board over the period 1 April 2014 to 29 April 2015
- Feedback from Commissioners, dated 30/04/2015
- Feedback from Governors, dated 19/05/2015
- Feedback from local Healthwatch organisations, dated 30/04/2015
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/04/2015
- The national patient survey, dated 18/09/2014
- The national staff survey, dated 24/02/2015
- Care Quality Commission Intelligent Monitoring Report, dated 04/03/2015
- The Head of Internal Audit's annual opinion over the Trust's control environment, dated 28/04/2015 and
- Feedback from the Health and Well Being Board, dated 07/05/2015.

We did not test the consistency of the Quality Account with feedback from the Overview and Scrutiny Committee involved in the sign off of the Quality Account as the draft Quality Account was sent to them for comment, in accordance with the timetable specified in the Regulations, but no response has been received at the time the quality accounts were signed. We have considered the consistency with the other specified documents and are satisfied that there is no material risk of misstatement arising from this omission.

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

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

This report, including the conclusion, has been prepared solely for the Council of Governors of Derbyshire Healthcare NHS Foundation Trust as a body and the Board of Directors of the Trust as a body, to assist the Board of Directors and Council of Governors in reporting Derbyshire Healthcare NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2015, to enable the Board of Directors and Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Board of Directors as a body, the Council of Governors as a body and Derbyshire Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

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

- Evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- Making enquiries of management
- Analytical procedures
- Limited testing, on a selective basis, of the data used to calculate the indicator back to supporting documentation
- Comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual' to the categories reported in the quality report and
- Reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature,

timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations

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

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

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

Conclusion

Based on the results of our procedures, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2015:

- The Quality Report is not prepared in all material respects in line with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual';
- The Quality Report is not consistent in all material respects with the sources specified above; and
- The indicators in the Quality Report subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual.'

Grant Thornton UK LLP

Colmore Plaza, 20 Colmore Circus, Birmingham B4 6AT
22 May 2015

Section 1

1.1 Key achievements in 2014/15

Some of our key achievements in 2014/15 that have contributed to the high quality of care we continue to deliver are as follows:

- On 13 August the Trust received the final report from our annual NHS Protect Quality Inspection which took place on 9 July 2014. The two areas focused on were 'inform and involve', and 'hold to account'. The Trust was pleased to receive the final report which awarded us a green rating for both of these areas. 11 elements were reviewed and we achieved a rating of green for all of the 11 elements.
- We received very positive Patient Led Assessments of the Care Environment (PLACE) results, with all categories scoring above the national average. Well done for the second year running to our estates and facilities staff.
- We received an excellent result from our Markers of Good Practice assessment with the majority areas scoring green, bar one partial improvement area in cleaning toys in the domain of safety, for outreach Health Visitor clinics in non-Trust buildings. This is the safeguarding children's external assurance inspection. The self-assessment Section 11 audit tool is designed to help organisations assess where they need to improve their safeguarding arrangements, or standards, and to ensure the work they undertake with children and young people up to the age of 18.
- On 5 September 2014 the Trust was cited in the HSJ Top 100 best employers in the NHS. To compile the list, Best Companies Group used NHS staff survey findings to analyse each organisation across seven core areas, which included corporate culture and communications; leadership and planning; and role satisfaction.
- We worked with community partners led by Hardwick Clinical Commissioning Group, with police, local authority and partner agencies to sign up to a crisis concordat. This is a multi-agency plan to ensure people in crisis get the right care when they most need it. Derbyshire was confirmed as 'green' (fully compliant) on its crisis care concordat submission and action plan. We were congratulated by Norman Lamb, the then Minister of State for Care and Support. Of particular note were the Derbyshire plans to provide mental health first aid training in the community sector and the focus on housing and accommodation for people serious long term mental health conditions.

- We have discharged our duties under the National Quality Board guidance published in November 2013 on safer staffing. We produce a monthly report which is scrutinised by our Board which looks at actual versus planned staff, shift by shift; where capacity falls below what we require to deliver high quality services, an explanation is provided as to why this has occurred. We have live reporting from our inpatient areas on our staffing levels, which we update on the Trust internet page three times per day. We are taking a proactive approach to the nursing and allied health professional vacancies we have in some areas. On 24 February 2015, our Director of Nursing and Patient Experience attended a national conference at the O2 arena in London entitled 'The Future of Mental Health Nursing' to meet hundreds of newly qualifying student nurses with a Trust stand and resources available describing our Trust. This has been coupled with in-reach recruitment events into universities in the Midlands to promote working in the Trust. We have also engaged a recruitment consultant to undertake online promotion of our Trust directly linked to our employment opportunities.
- We completed clinical and professional leadership reviews including refreshing our Nursing Strategy and we hope to develop our allied health leadership work in early 2015. We have proposed our Positive and Safe Strategy, building upon a number of years' work, to create an open culture to minimise and substantially reduce restrictive practices in our Trust, which we are adjusting following staff feedback.
- The Derbyshire Association of Family Therapy hosted its conference 'Working Systemically with People with Learning Disabilities' at the University of Derby and had its largest meeting with over 100 people attending. This is an important collaboration with the university and a unique model whereby NHS Trust staff work into the university to deliver a highly respected course.
- In May 2014 Derby City and Derby County Health and Wellbeing Boards both agreed for a Derbyshire-wide commissioning group to be established to commission joined-up and integrated children's services.
- In January 2015 we hosted a national suicide prevention conference. This is part of our work to improve our clinical practice in suicide prevention and engage the wider health community in this work.
- We have signed up to 'hello my name is' initiative. This national campaign, founded by Dr Kate Granger,

encourages and reminds healthcare staff of the importance of introductions, compassion and person-centred care in all aspects the delivery of care.

1.2 How we did in 2014/15

In our Quality Report for the financial year 2014/15, we said we would:

Priority 1

Continue our work to improve the physical healthcare of our patients.

Priority 2

Develop our work to reduce suicides wherever possible, so that individuals and their families and friends do not have to experience this tragic and distressing outcome.

Priority 3

Safely reduce the use of restrictive practices, including seclusion, on our acute inpatient wards through our work on the national programme of 'Force Free Futures'.

Priority 4

Develop, refine and renew our focus on clinician and patient reported outcome measures.

Priority 5

Hear the voice of our patients and implement the national Friends and Family Test.

Priority 6

Build on our work to ensure all services Think! Family – that is, take a whole-family approach to providing care.

Priority 7

Implement a true recovery model, where health professionals recommend care pathways and options for individuals to weigh up and decide upon the best route for them, making an informed choice about how to best meet their individual needs.

Progress in 2014 /15 to achieve our priorities

It would be impossible to set out the detail of all we have done to achieve these priorities in this financial year. However in the next section we have set out a brief summary of some of the key work we have undertaken. We have included examples of how these priorities have shaped our thinking and how our operational services have implemented them, resulting in improvements for our patients.

Priority 1

Our work to improve the physical healthcare of our patients in 2014/15

We chose this as a priority for 2014/15 to bring our focus on the strong link between our good physical health and our mental health and wellbeing.

“ People with poor physical health are at higher risk of experiencing mental health problems and people with poor mental health are more likely to have poor physical health. ”

(NHS England Parity of Esteem Programme, 2014).

Data relating to the quality of our care was reviewed and compared with national data from the Royal College of Psychiatrists' National Audit of Schizophrenia. In 2014 the results indicated that, although feedback from patients on their experience of care was positive, monitoring and interventions for physical health risk factors and problems was still below what should be provided.

Our results indicated poor monitoring of body mass index (BMI), glucose control lipids and blood pressure. Intervention for elevated BMI, blood pressure and alcohol consumption was poor also. Based on these results, this indicator will remain a priority for 2015/16 and will be monitored and measured by our Quality Committee, who will receive updates on the action plan agreed as a result of the audit. Members on the Physical Healthcare Committee will lead this work.

● 4 years and under (Derbyshire Healthcare)

● 5 years and over (Derbyshire Healthcare)

● 4 years and under (National average)

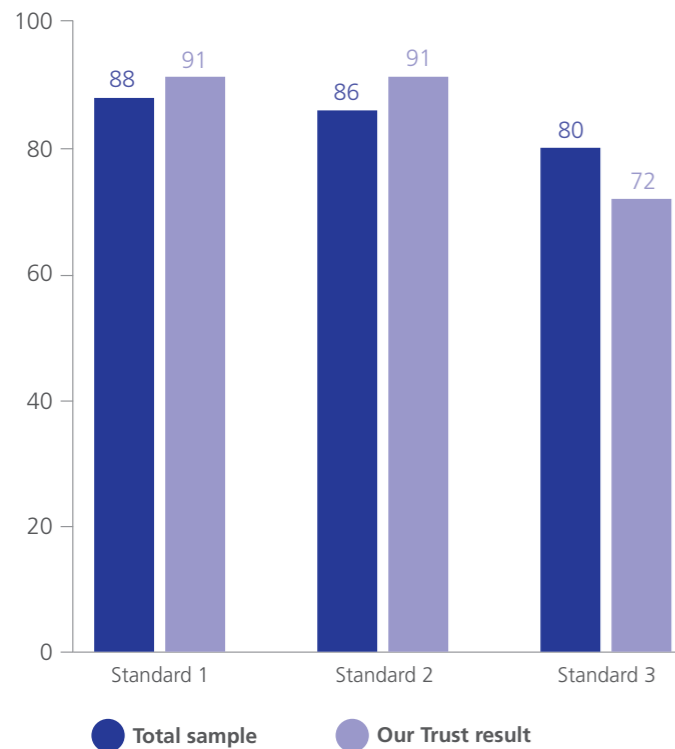
● 5 years and over (National average)

National Audit of Schizophrenia 2014 results

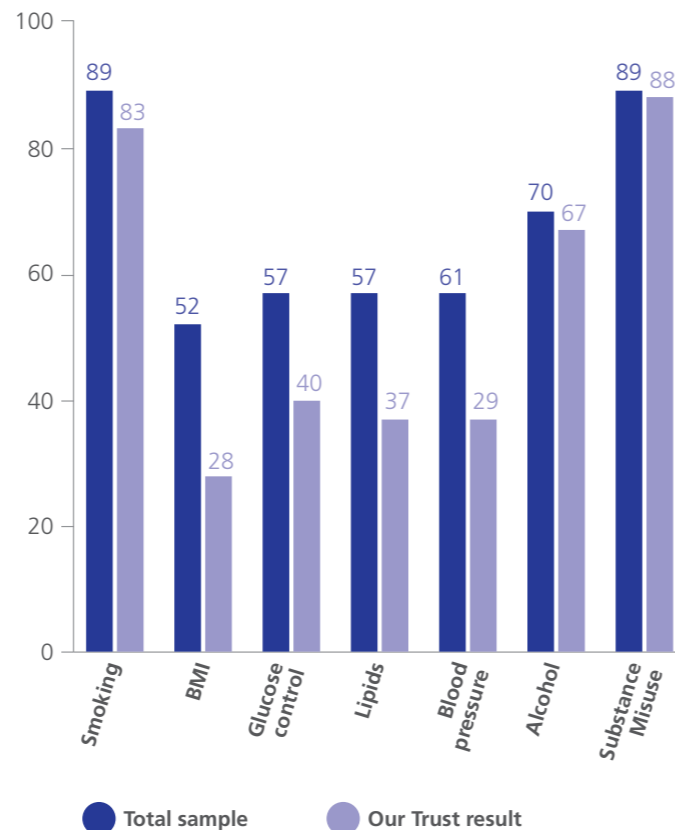
What our patients and carers told us

As part of the audit, NHS trusts were required to send out 200 patient surveys. We had 68 surveys returned by patients and 30 returned by carers on behalf of patients. Patients reported higher levels of satisfaction than the national average from the sample, 3% higher on satisfaction and 5% higher in terms of positive outcomes as a result of our help. Carers however were less satisfied. We plan to work with our carers in 2015/2016 to understand how we can ensure they have the right support and information.

Our results by standard



Standard 1	Proportion of service receivers reporting that they were satisfied with the care they received over the last 12 months.
Standard 2	Proportion of service receivers reporting that services had helped them to achieve good mental health in the last year.
Standard 3	Proportion of carers reporting satisfaction with the support and information they have been provided within the last 12 months.



Standard 4	results of our monitoring of physical health risk factors The audit of practice required 100 sets of notes to be reviewed for each standard. We returned 99 results.
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Actions to improve the physical healthcare of our patients include:

- In 2014 we completed work on our inpatient wards to build on the evidence base provided by the Lester UK Cardio Metabolic Risk factor model, which provides a framework to identify likely physical risk and tailor interventions to address those risks. This work will be continued in 2015/16 and it is anticipated that it will help us improve the monitoring of the risk factors as it becomes custom and practice on all our inpatient wards.
- Members of the Physical Healthcare Committee are involved in a project to enable our services, particularly our community services, to be able to record and

interpret ECGs (electrocardiographs). This would be from commencement of a prescription and we would support the transition to physical healthcare monitoring to our primary care colleagues, so that our patients can have equal access to services in their community to monitor their health. Being able to take these important diagnostic/screening procedures is a key requirement of a number of evidence-based best practice standards, namely in this context around the initiation and monitoring of anti-psychotic medication in line with NICE guidance on the treatment of psychosis and schizophrenia (clinical guideline 178 2014).

- Our Board of Directors has agreed to adhere to the NICE Guidance on Smoking Cessation in Secondary Care (NICE CG48 2013), and the planning work for this is beginning. Advanced smoking cessation training will be delivered specifically for mental health clinical staff, considering the specific treatment needs of those receiving treatment for mental illness or substance misuse, so they have evidence-informed knowledge of contra-indications with mental health medicines. Service receiver-designed education on what helps and what is myth in this work is key to our aspirations to become smoke free. Training for clinical staff in the form of e-learning has been secured and is available.
- Other work in 2015/16 will focus on physical healthcare skills of nursing staff, both in inpatient wards and community settings. A list of required key practical skills has been developed by the Physical Healthcare Committee, which has been supported by the Nursing Leadership Group, and the committee will now make recommendations about how this is delivered, engaging with the Training Board on delivery.

Working in partnership to improve the health of people with learning disabilities

Our Learning Disability (LD) Strategic Health Facilitation Team has been involved in a number of initiatives this year, all to improve health outcomes for people with learning disabilities. They have recruited a number of volunteers with learning disabilities to support 'health action plan' checks in care homes. The model of training for the volunteers is being adapted by Derbyshire Healthwatch to use as part of their 'enter and view' checks.

The LD Strategic Health Facilitation Team has created a cancer screening pathway alongside GP and public health colleagues, which has been used by GP practices in the Hardwick CCG area. In addition to supporting the local area commissioners/Derbyshire GPs with physical health checks for adults with learning disabilities, the team have organised training for local opticians and delivered workshops at conferences arranged by NHS England. They have raised the profile of healthy living and obesity issues for people with learning disabilities and this has resulted in both Derby City and Derbyshire County Councils making specific plans for people with learning disabilities as part of their commissioning of healthy lifestyle services. In addition, the team has been instrumental in recruiting physical health champions from within the Trust, and has been central to the delivery of the Royal Society of Public Health (RSPH) course to a number of staff within LD and mental health services. The team has played a major role on behalf of Hardwick CCG and our local authorities in gathering data for the Learning Disability Self-Assessment Framework.

Priority 2

Suicide prevention

We chose this as a priority in 2014/15 and will continue to do so in 2015/16, showing our continued commitment to reduce, wherever possible, this tragic and distressing cause of mortality for individuals and their families and friends. Data is reviewed on serious incidents monthly by the Quality Committee.

We have completed a programme of work in 2014/15 which culminated on 30 January 2015, when the Trust held a national conference on suicide prevention. This was well attended by people from various organisations nationally including; public health, service receivers, State of Mind and other NHS trusts. **The aim of the conference was to:**

- Inspire, motivate and enthuse clinical staff in suicide prevention work
- Demonstrate how the principles are applicable to day-to-day clinical practice
- Launch the Connecting with People risk assessment training for our clinical staff following its successful pilot
- Engage the wider Derbyshire health and social care community in suicide prevention work.

The event had keynote speakers who are nationally recognised specialists in approaches to suicide prevention. Other speakers included staff from the Mersey Care NHS Trust which is implementing a 'zero tolerance to suicide' based on the Detroit model for suicide prevention. The event demonstrated that the Trust's Preventing Suicide Strategy Group chaired by Dr Allan Johnston (Consultant Psychiatrist) and Catherine Ingram (Chief Executive Officer, Derbyshire Voice) is working with national leaders and other trusts to pioneer innovative approaches to suicide prevention, including collaborative working with service receivers, positive risk taking and safety planning.

Following the conference, the Trust has worked with Derbyshire County's Health and Wellbeing Board to re-establish the Derbyshire-wide suicide prevention group which is composed of public health representatives in partnership with key providers and community partners.

We also have a suicide prevention strategy working group. The working group has a membership reflective of clinical, operational and strategic membership with key representatives from the service receiver organisation,

Derbyshire Voice. The work of the group over the next 12 months will focus on the development of the capabilities and competencies of our workforce, through training working in partnership with our quality leadership teams. Emphasis has been placed on meeting the needs of the local population and gaining robust and effective feedback through patient experience. This will ensure that any training developed meets the needs of the population that we serve.

As part of our quality agreements with commissioners, our work on suicide prevention remains a priority, with a different emphasis this year into patient safety planning and a Trust-wide roll out of this approach led by our Medical Director. Progress is monitored by the Quality Assurance Group, which is our quality forum with commissioners, and by our Quality Committee and Board of Directors.

Priority 3

Positive and proactive care

Our Trust made this a quality priority in 2014, prior to the release of the Department of Health's positive and proactive care guidance in April 2014. **We chose this as a priority because:**

“ Alongside national policy, feedback from our patients is the biggest driver for our changes in the Trust, to ensure that we are acting upon what people say and developing our services in line with patient wishes. ”

Carolyn Green, Director of Nursing and Patient Experience, 'Positive and Proactive Care: Reducing the Need for Restrictive Intervention in our Trust', February 2015

Members of the Trust's Positive and Proactive Care Strategy Group, made up of clinical staff and staff who specialise in risk and assurance, training, and moving and handling, produced a strategy entitled 'Positive and proactive care: reducing the need for restrictive intervention in our Trust'. The work, being led by the Director of Nursing and Patient Experience, Carolyn Green, aims to minimize the need for staff to restrain people who are in our care. We aim to work with our staff, and our partners in the community including Derbyshire Voice, Mental Health Action Group, clinical commissioners, social care and police. The strategy sets out our two-year plan to reduce the need for restrictive intervention in our Trust.

Some feedback from our staff who have commented on the draft strategy:

“I found it very compassionate and comprehensive. I wonder whether having wards constantly locked would be part of this policy? I know that when it happens patients find this very restrictive and disempowering.”

“I wanted to highlight the work we are doing in the Trust signing up to the reverse commissioning pilot. This work is linked to ensuring equitable and appropriate interventions, treatments and outcomes for BME service receivers... can we link this work?”

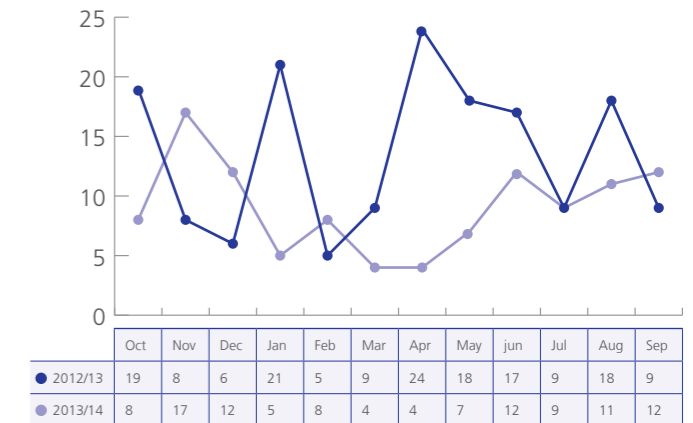
“On the whole it looks good, could it be less instructive and more inclusive?”

“Can we please remember restrictive practices is also about chemical restraint too?”

All comments, including those above, are being incorporated into the revisions of our work and our ongoing progress in our Trust quality priority.

Data reviewed as part of this work includes the number of seclusions, incidents of restraint and in a prone position (lying face down on the floor), in particular, which can sometimes be associated with patient safety concerns. Our Mental Health Act Committee annual report compares the number of seclusions over the two years as follows:

Seclusion incidents per month

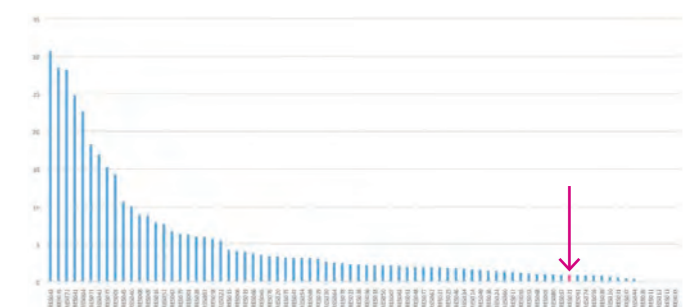


	2012/13	2013/14
Mean	13.6	9.1
Median	13	8.5

Overall seclusion incidents are reducing; September 2012 to September 2013 saw 163 seclusion incidents. In comparison, September 2013 to September 2014 saw 109 seclusion incidents.

National benchmarking available on restraint indicates that our Trust is a low user of this practice. Derbyshire Healthcare NHS Foundation Trust is marked in red (RESO21), nine bars along from the end.

Incidents of Restraint per 10 beds (August 2014)



(This information has been provided by the NHS Benchmarking Network December 2014).

The Quality Committee will monitor and measure progress to achieve the outcomes set out in the strategy. Progress will be included in the monthly quality position statement to the Trust Board and regular reports will be provided to the Quality Committee.

Trust hosts national nursing workshop on improving acute care

The Trust's Centre for Research & Development in Derby hosted a national nursing workshop on 17 June 2014 called 'Supportive Observations', with guest speaker Len Bowers, Professor of Psychiatric Nursing at Kings College London. The workshop was organised by the Mental Health and Learning Disability Nurse Directors' and Leads' Forum, and focused on acute care and the Safewards initiative.



Professor Len Bowers (second from left) attended a national nursing conference at the Centre for Research & Development in June 2014 to speak about Safewards

Len Bowers said afterwards: "It's always heartening to come to a new place and see a new collection of people and find out that they're really committed to improving their practice and making things better and safer for patients. It was also exciting and humbling to find out that my team's research is being used by nurses across the country – we wouldn't get to know that without events such as these."

Priority 4 Improving outcomes for our patients

We continue to work on monitoring and improving outcomes as identified as a 2014/15 clinical priority. We continue to choose this as a priority as evidence that we are making a difference for our patients. We review data from the information collected through the National Tariff Payment System (formerly Payment by Results) approach to help in planning the future of Trust services.

The focus for 2015/16 will be to establish additional care pathways across Trust services and make the information accessible to service receivers, carers and

other stakeholders. **Two examples of how services are progressing are set out below:**

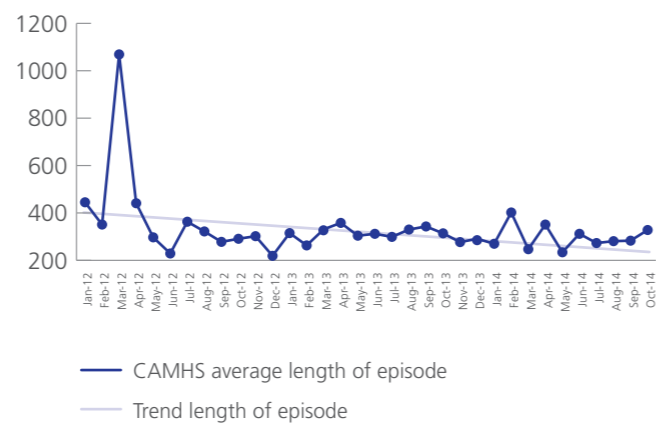
- Child and Adolescent Mental Health Services (CAMHS) – reduced length of time in treatment
- In CAMHS, our staff are using clinician reported outcome measures to inform improvements in practice, leading to reduced length of time in treatment.

The principles have been achieved by:

- Listening to the service receiver through their self-directed goals and the use of patient reported outcome measures
- Shared decision making with the service receiver when planning their care
- Everyone working together
- Getting the planning of care right.

Indications are that this approach leads to reductions in length of stay in service:

CAMHS average length of episode (includes March 2012 outlier)



Learning disabilities – service satisfaction surveys

Psychologists in our learning disabilities service have produced a patient-reported outcome measure (PROM) and patient-reported experience measure (PREM) to obtain service satisfaction data from service receivers.

User-friendly graphics were developed and checked with a focus group of people with learning disabilities, whose ideas were incorporated into the finished measures. Psychologists have successfully been using the measures and analysis of 94 questionnaires showed 79% felt better after interventions, with 100% reporting that they would come and see a psychologist again if needed.

Priority 5

The Friends and Family Test

Since April 2013 the national Friends and Family Test (FFT) has been rolled out across acute trusts, accident and emergency departments and maternity services. In January 2015 the test was extended to GPs, and community and mental health trusts. The FFT question asks people if they would recommend the services they have used and offers a range of responses and the opportunity for free-text comments. It provides a mechanism to highlight both good and poor patient experience.

In response to the comments provided by the Friends and Family Test, services respond through a 'you said, we did' mechanism. An example is set out below:

You said:

- More activity, perhaps dance or movement?
- Staff were caring, approachable, listened and professional
- The staff were available
- The food was lovely
- Friendly atmosphere

We did:

Ward 33 are piloting a 16 week dance movement psychotherapy course which is receiving very positive feedback from the patients. This will be evaluated once the pilot is complete

The 'Friends and Family Test' is just one way in which we hear from the people who use our services. In early 2015, we introduced 'your feedback cards'; these set out how people can provide us with feedback, including signposting to Healthwatch Derby and Healthwatch Derbyshire, our own website, the Friends and Family Test and NHS Choices.



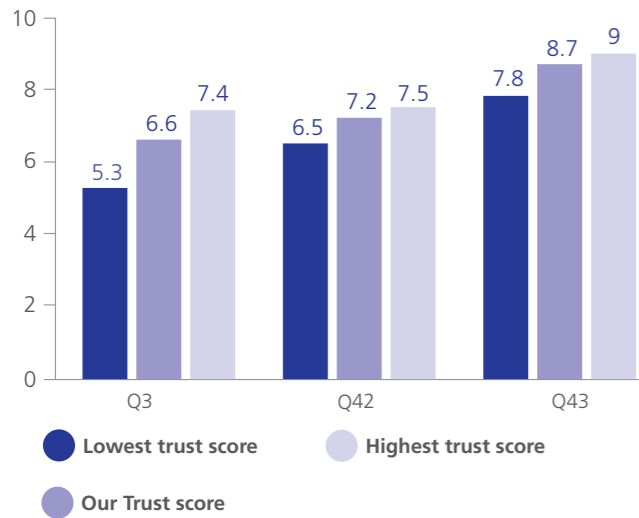
Each year, trusts that deliver mental health services are required to undertake the national community patient survey. This survey enables us to compare what people think about the care and treatment provided by our Trust with the views of care and treatment provided by the 56 other trusts that have been involved in the survey.

In 2014, the survey questionnaire was changed to reflect changes in practice and service delivery and therefore the results are not comparable to previous years. 279 people responded to the survey.

Mental Health Community Mental Health Survey: Our results in 2014

Our overall score

The report shows how our Trust scored for each question compared to other Trusts. The score is out of 10, with 10 representing the best possible score.



Q3	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?
Q42	Overall care
Q43	Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

Section scores

A 'section score' is also provided as part of the survey data, with each question being grouped according to the section in the questionnaire. We scored in the 'amber' banding for each section, which equates to an average set of scores when compared to other trusts.

Section	Lowest trust score achieved	Our Trust score	Highest trust score achieved
Your health and social care workers	7.3	7.9	8.4
Organising your care	8.2	8.7	9.0
Planning your care	6.5	7.3	7.8
Reviewing your care	6.8	7.5	8.2
Changes in who you see	5.1	6.4	7.8
Crisis care	5.4	6.6	7.3
Treatments	6.7	7.2	7.9

The Patient Experience Group will be reviewing all feedback received from national and local surveys and will report to the Quality Committee on the changes made as a result of the learning from this survey, to continually drive forward our clinical and patient experience in these areas.

Priority 6

Building on our work to ensure all services Think! Family

We chose this as a priority in 2014/15 to ensure our services are co-ordinated and focused on the whole family and to make sure Think! Family principles are a reality in day-to-day practice. **The data we reviewed was based on an electronic baseline self-assessment questionnaire which was piloted in in three areas:**

- Bolsover and Clay Cross Recovery and Pathfinder Service
- Chesterfield and High Peak Crisis Team
- Peartree Child and Family Team.

In total, 64 questionnaires were issued with a return of 49 (76.5% response rate).

The initial review of the completed questionnaires demonstrates an encouraging picture of staff's understanding of the Think! Family principles. It is apparent that staff are starting to 'think family' by applying these principles to their practice. Work has started on introducing the principles within practice over the last couple of years and evidently the culture is changing.

Our children's services, including the safeguarding children service, have successfully integrated themselves within the organisation, and this has helped the 'Think Family' approach to become embedded within the organisation too. A robust infrastructure has to be in place for the current 'Think Family' quality improvement agreement with our commissioners to be successful.

The four main areas of focus are:

- Training
- Supervision
- Assessment
- Information sharing.



Think! Family training is now an on-going rolling programme for all clinical staff. Teams will continue to demonstrate and share examples of best practice across the organisation and plans are in place to roll out the electronic baseline self-assessment questionnaire to the rest of the areas of the Trust in March 2015.

From April 2015, the establishment of a new board-level committee to monitor and gain assurance on safeguarding children, safeguarding adults and safeguarding families was proposed by the Quality Committee and agreed by our Trust Board of Directors. This committee will monitor and measure progress against this priority and will report to the Board, as well as setting the strategic direction for our organisation. This will include a renewed emphasis on carers, family inclusive practice and will include external partners including Healthwatch to advise and drive forward the important area of our services.



Priority 7

Implementing a true recovery model

The recovery approach is gradually being woven into our work throughout the Trust. The original national strategy to implement this approach amongst mental Health Trusts came from ImROC (Implementing Recovery through Organisational Change).

The first principle of recovery practice is that we have true co-production. Co-production means utilising the skills of people who use our services to inform practice and service development; this ensures we are moulding our services to reflect what people using the services need.

This includes roles for:

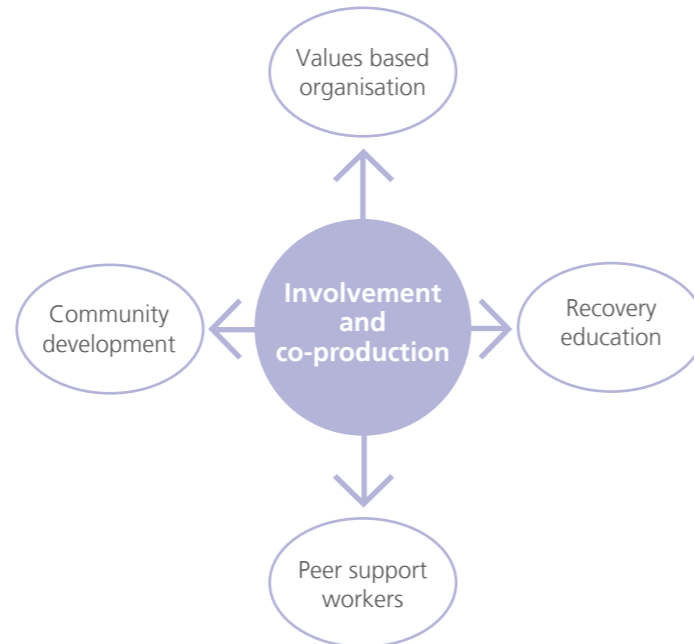
- People working as part of service development teams
- People working into services as part of the delivery team
- People working as peer support tutors in recovery education.

But more subtle changes which are embedded into services are just as important, and include:

- The use of recovery care planning routinely
- The use of self-directed goals for personal as well as clinical symptom recovery
- The routine use of recovery clinician-reported outcome measures in partnership and sharing equal importance with patient reported outcome measures on personal recovery goals.

The full development of clinical practices promote a balance of power, shared patient safety planning and shared decision making in the majority of care decisions.

Elements of recovery



Recovery practice will remain a quality priority for us in 2015/16 when we will concentrate on ensuring that our staff work within these recovery principles and our service receivers feedback that they are experiencing care that focuses upon their journey and their recovery.

As an organisation, we have a long journey to travel in terms of recovery orientated practice and this includes the expansion of the peer recovery workforce. We remain committed to this journey with our local communities.

Recovery education is and will continue to develop in each neighbourhood. It is intended that much of the recovery education prospectus will be populated by community resources, acknowledging that the neighbourhood itself is where there is most resilience and resource, whether that be personal or within communities.

Community development is essential and is very much about integration. Derbyshire Healthcare is part of the health and social care community and indeed should be responding to what people need from their teams and how that fits with other organisations and parts of the community. Not every question has a 'service' answer; many solutions are found by individuals and communities. This will involve our neighbourhood management teams and clinicians becoming increasingly community focused to be able to understand the assets the community has to offer, to signpost individuals and carers to non-NHS community education and befriending services to provide a more well-rounded support option (personal recovery) rather than a purely NHS care offer (clinical recovery). This would be a more holistic mental health and wellbeing plan and draw upon the assets of the community.

Progress will be monitored, measured and reported to the Quality Committee.

International mental health leaders hail Trust's "fantastic" commitment to compassionate care

Mental health leaders from Australia, Canada and Ireland carried out a day-long visit to the Trust's Kingsway site on 10 June 2014 as part of an exchange organised through the International Initiative for Mental Health Leadership (IIMHL). They spent the day learning about the Trust's approach to recovery and the use of compassionate-focused therapy, and the attempts of Derbyshire Healthcare staff to live the Trust values – such as by incorporating them into the recruitment process for new staff. One of the delegates called the day "amazing."

Angling 4 Health – using activity to support personal recovery

This is a recovery initiative to promote service receivers' participation in angling as a therapeutic activity, which is socially inclusive and beneficial in maintaining good mental health and relapse prevention. The national Angling Trust has recognised our work in this area. We are now working in partnership with our local fishing club the Earl of Harrington Angling Club.



Andy Holbrook and Leon – the Angling 4 Health project

Looking forward: our key priorities in 2015/16

Towards the end of 2014/15 we refreshed our quality strategy and framework. This enabled us to review our priorities for 2015/16. It was agreed that we would continue to build on our work from 2014/15 on the seven key priorities set out at the beginning of this section.

We have chosen these as priorities because we want to strengthen the work we completed in 2014/15, and bring stability as the transformation programme is implemented during 2015/16.

Our priorities for 2015/16 are therefore:

- Suicide prevention through patient safety planning
- Think! Family
- Physical healthcare
- Positive and safe including Safewards
- Recovery principles.

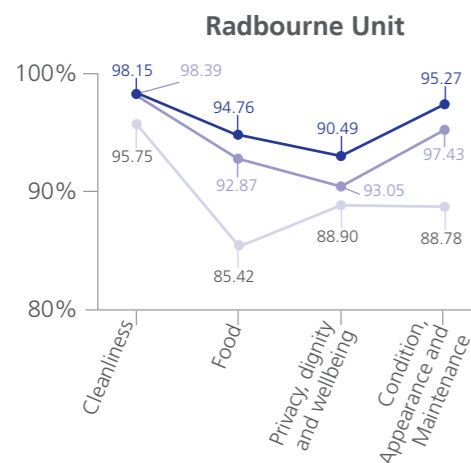
In addition, care planning remains a priority until we are confident we have got this right. Some joint working with the A&E department at Royal Derby Hospital is planned as part of our quality and innovation agreements with commissioners.

All priorities will be monitored by our Quality Committee and led by the Trust's Medical Director and Executive Director of Nursing and Patient Experience.

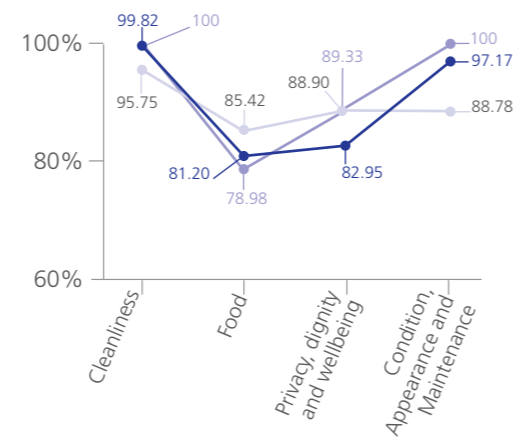
Working with our partners

Our service receivers, families and carers

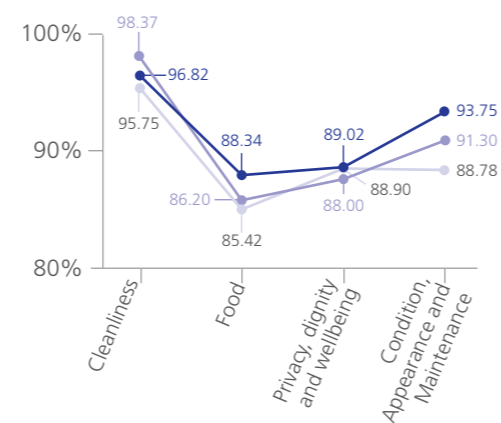
In 2013, Patient-Led Assessment of the Care Environment (PLACE) inspections replaced Patient Environment Action Team (PEAT) inspections. The new inspections are carried out by domestics, senior nurses, staff from our Estates department and service receiver representatives from Derbyshire Voice. The results this year showed continued strong performance across the Trust's inpatient sites:



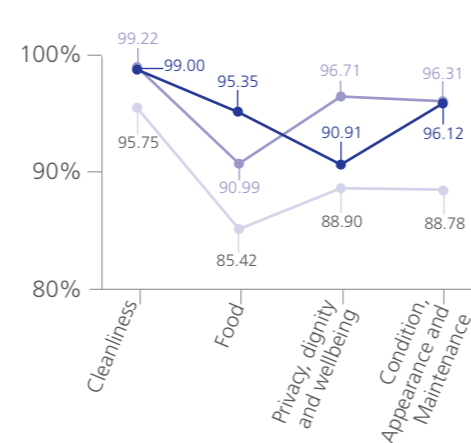
Wards 1 and 2, London Road Community Hospital, Derby



Hartington Unit



Kingsway Site



● 2014 ● 2013
● National average 2013

Working with carers and the Triangle of Care

Our membership of the national 'Triangle of Care: Carers Included' scheme has helped us to set and monitor standards for our work with carers. Our mental health inpatient and crisis services have all completed a self-assessment against 39 standards, and are working to improve their identification of and support for carers.



The six key standards of the Triangle of Care state that:

1. Carers and the essential role they play are identified at first contact or as soon as possible thereafter
2. Staff are 'carer aware' and trained in carer engagement strategies
3. Policy and practice protocols re: confidentiality and sharing information, are in place
4. Defined post(s) responsible for carers are in place
5. A carer introduction to the service and staff is available, with a relevant range of information across the care pathway
6. A range of carer support services is available.

During the year we produced a carers and families contact card and an updated carers and families handbook. We were awarded a 'highly commended' rating for our innovative work on information sharing and confidentiality. Families and carers sometimes say that they don't have the information they need to be able to help because staff can't share important information. The booklet Sharing Information with Families and Carers includes a 'self-carbonated' advance decision that families and people who receive our services can use to agree together about what information can and should be shared, both routinely and in an emergency.

Our innovative 'carers and cake' events were developed further with support from our commissioners, by having local events that give carers respite and link them to support agencies. These have been held by our acute mental health teams at the Radbourne and Hartington Units, and by our Outlook learning disabilities service led by our carers champions, in Chester Green with Derbyshire Carers Association, in Long Eaton with the Derby City and South Derbyshire Mental Health Carers Forum and in Chesterfield with the North Derbyshire Mental Health Carers Forum. Areas where we need to do more work include staff training in carer awareness.

Our 4Es Carers Group includes representatives of carer groups, staff, and partner agencies, and has developed a carer's journey through services. In December the group gave its annual report to the main 4Es stakeholder alliance, which included a powerful dramatization by carers and staff of an episode in a carer's life. This highlighted the need for good communication with families and carers, and was filmed so that it can be used in future staff training to continue to promote our families and carers as a key component of care.

We now have 'carers champions' in all mental health inpatient services and recovery teams, who continue to develop the network and have begun to make links with local carers groups and forums. They now have a clear role description and we have held two development sessions to support them, bringing in carers and partners to work with us. Our Radbourne Unit carers support group goes from strength to strength; a group is beginning at the Hartington Unit, and our older people's services run groups as well as an excellent series of events to support the carers of people with cognitive problems.



Carers and cake events provide respite support and signposting to wider services.

Our Core Care Standards audit showed that:

77%	of people we support had family or carers	92%	of whom we recorded their role and involvement
94%	of family/carers had information about who to contact	57%	of family/carers had information about what to do out of hours
53%	of carers felt there were appropriate agencies they could contact	67%	of family/carers were involved in planning care
9%	of service receivers refused to have family/carers involved		

Involving our patients in care planning

One of our key priorities in 2013/14 was to continue our work to improve service receiver involvement in care planning. Discussing the issues with service receivers, carers and staff, we identified the need for a simple flexible option to support involvement in care planning. To enable staff to involve patients more closely and effectively, we developed an innovative approach to care planning, using self-carbonated care plans in pads.

Although they have many positives, IT systems have tended to make service receiver engagement in care planning more challenging, with the in-built delay in typing up and sharing care plans. The ‘self-carbonated’ care plans allow staff to work on a plan together with the service receiver, agreeing the wording of the plan, and sharing a copy immediately. However, this has had mixed success in full adoption in service areas. We will therefore continue to refine and develop our plans in the forthcoming year. We look forward to designing our pathways in our electronic patient records and finding new and innovative ways of using advanced technology as a communication aid, to establish effective shared care planning approaches.

The Trust was awarded a ‘highly commended’ rating for the plans in the annual Care Co-ordination Association (formerly the CPA Association) awards for the category ‘innovative systems to support an effective care process (IT or non IT)’. We have also been working to introduce a more effective Think! Family approach to how we record and share information about children.

Our annual Core Care Standards and Care Programme Approach Audit, across all our services, showed that:

91.5%	of people using our services had a current care plan	90%	of which included actions to promote recovery or wellbeing
		70%	included actions to promote a healthy lifestyle
89%	of care plans had involved the person (or their family)	95%	showed a person-centred approach
75%	of people were clearly recorded as being given a copy of their care plan	95%	of care plans took the person’s diversity into account in providing care
91%	of people (or their families) who could be, were involved in reviews of care	95%	of care plans had a clear record of safety issues and risks.

This positive report would need to be counterbalanced by our community and inpatient survey which states that although we have improved in care planning, we still have a long way to go and sustained improvement to meet our aspiration to be above the national average for our clinical performance of our patients both knowing their care plan and being core to its design.

Our focus on informing and empowering people was recognised nationally with two national awards for the Core Care Standards app ‘My CCS’. It won in the category ‘excellence in providing information about the care process for service receivers and carers’, while the My Plan feature on the Core Care Standards App won in the category ‘excellence in the care process’. My Plan is available as part of the app, and enables people to develop their own recovery plan for staying well and managing their illness, including contacts for when they need more help. In addition, our Infolink resource directory has been reviewed, updated and expanded.

We have also expanded the information on care planning on our Core Care Standards website and added accessible information for people with a learning disability, as we now have a licence to use widget symbols more widely. We have added information to our ‘need help’ section, including extensive information on help with finance, food banks, social care, winter fuel, safety and other issues.

Your service, your say’

‘Your service, your say’ is an opportunity to support and enable service receivers to have their say and give feedback about the treatment and care they receive at the Hartington Unit.

Here are some examples of the feedback received through the scheme, and how we responded:

You said: “The hub needs new table tennis equipment.”

We did: New bats, net and balls were purchased.

You said: “There is nowhere for drink to be put down in the courtyard.”

We did: Purchased and fitted benches and tables.

You said: “I would like to use the gym more often.”

We did: Opened the gym for all service receivers to access.

East Midlands Academic Health Science Network (EMAHSN)

We continue to work with the EMAHSN Patient Safety Collaborative and they have submitted this statement to be included in our quality account demonstrating our joint working.

Quality Account statement (2015)

EMAHSN (East Midlands Academic Health Science Network) has established a local East Midlands Patient Safety Collaborative (EMPSC) whose role is to offer staff, service receivers, carers and patients the opportunity to work together to tackle specific patient safety problems, improve the safety of systems of care, build patient safety improvement capability and focus on actions that make the biggest difference using evidence-based improvement methodologies.

The Trust is committed to working with the EMPSC and has pledged to contribute to the following emergent safety priorities:

- Discharge, transfers and transitions
- Suicide, delirium and restraint
- The deteriorating patient
- The older person: focussing on what ‘good safety’ looks like in the care home setting.

In addition we pledge to support the core priorities identified below:

- Developing a safety culture/leadership
- Measurement for improvement
- Capability building.

Working with Healthwatch

We continue to work with Healthwatch Derby and Healthwatch Derbyshire. Healthwatch Derby was given access to our services in the autumn of 2014, to see how we support people with mental health problems, people with learning disabilities and Derby’s children and families. Healthwatch Derby staff were given the opportunity to observe Trust teams first-hand, shadowing the mental health Crisis Resolution and Home Treatment team over a 12-hour shift as well as the school nursing and health visiting teams. They also conducted two ‘enter and view’ sessions at the Radbourne Unit and on Wards 1 and 2 at London Road Community Hospital, to assess the care of adults and older adults experiencing acute mental distress and to collect the views of service receivers and carers receiving support from each service.

The collaborative ‘Think Healthy’ review also saw staff from both organisations promoting a questionnaire, and organising and attending face-to-face public feedback events including a trilingual workshop at the Indian Community Centre run in Punjabi, Hindi and Urdu.

In total 1,070 items of individual feedback were collected.

Now, the two organisations will continue to build on the close working relationship developed during the period of the review and work together to ensure that services are constantly changing and improving to meet people’s needs. The Trust is launching a revised Patient Experience Committee that will act on the recommendations in the Think Healthy review and report back to Healthwatch Derby on its progress.

The report on the Think Healthy review included the following findings:

- Of those who responded to the Think Healthy survey, 70% rated the services they had accessed as fair to very good, 72% rated safety and care at the Trust as fair to very good and 70% rated the Trust’s effectiveness of care as fair to very good.
- The Trust’s Crisis Resolution and Home Treatment team, which intervenes to support people experiencing acute mental distress, “deals with each patient with empathy, dignity, sensitivity and support” – however because the team operates with handwritten notes “there is a delay in getting information back to base”; there is also feedback from individuals that there was a “long

waiting time for counselling referrals" for patients.

- The Trust's health visitors "have a good rapport with mothers and babies they are supporting," "good provision of facilities" and the ability to "speak a variety of languages" – however some consultations "see the mother standing while the health visitor completes assessments and checks," while improvements could be made in terms of efficiency as "all notes taken are paper based."
- The Trust's school nurses "have a good rapport with children they are assessing, and good use of engaging and informative assessment formats."
- General feedback at the workshops indicated that people using the Trust services felt safe within the Trust, had positive patient experiences and benefited from good facilities – however there was also negative feedback about the use of out-of-area beds ("can be restrictive for carers and family members"), the need for "better cohesion between services" and "continuity of care", the need to travel to access services ("hinders and affects patient experience") and the "negative perceptions of the Trust" and of mental health in general.
- There was also some feedback that the Trust could do better in terms of breaking down "language barriers", while there is in some cases more work needed to expand and respond to feedback about a "lack of culturally appropriate services."

In addition we are building upon our foundations of this work to develop new innovative ways of working to meet the needs of our community which include adapting surveys to ask about the patient experience, particularly of service receivers who have been detained under a section of the Mental Health Act or who have experienced a restrictive practice. We are also working in partnership with Healthwatch Derby to represent the voice of the family and the child for our new board level Safeguarding Committee, where we are designing our new approaches



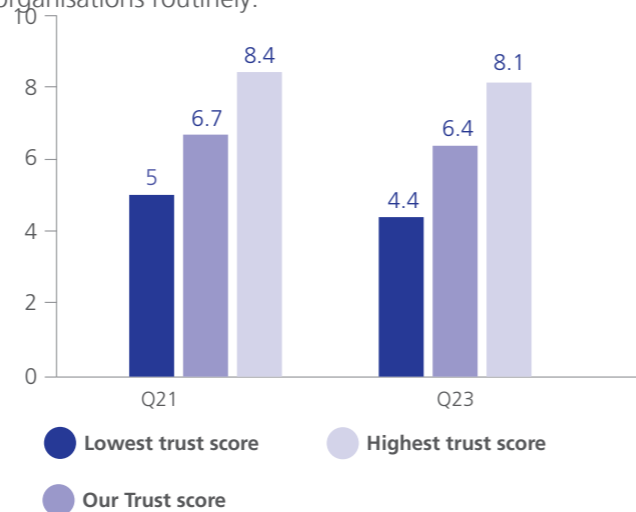
Healthwatch Derby undertook a series of workshops to collect the views of patients and carers using the Trust's services.

and developments in family inclusive practice.

Help in a crisis

In 2014/15, we have worked with our partners at Hardwick Clinical Commissioning Group, the police, social care, local authorities and other agencies to sign up to the Crisis Concordat. This is a local agreement which sets out how we work together to make sure people in a mental health crisis get the help they need. Our plans demonstrate our commitment to our shared community approach to service design and delivery.

Our community patient survey results of 2014 includes questions asking patients for their views on getting help in a crisis. The score for the two questions is out of 10. We still have more work to do to ensure that everyone in our care knows how and who to contact in an emergency. Our recovery work is key to this issue, we will invest more time and emphasis on writing relapse signature plans, so individuals and those around them know what an individual's signs are, how to access help and that we communicate this to key partner organisations routinely.



Q21	Do you know who to contact out of office hours if you have a crisis?
Q23	When you tried to contact them, did you get the help you needed?

Section 2

Statements of assurance from the Board

2.1 Review of services

During 2014/15, 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.
- ✓ Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in four service locations of our NHS services.
- ✓ The income generated by the relevant health services reviewed in 2014/15 represents 91% of the total income generated from the provision of relevant health services by Derbyshire Healthcare NHS Foundation Trust for 2014/15. 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 – four clinical audits and one confidential enquiry relevant to our services

During 2014/15, four national clinical audits and one national confidential enquiry covered relevant health services that Derbyshire Healthcare NHS Foundation Trust provides.

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

During 2014/15 Derbyshire Healthcare NHS Foundation Trust participated in four (100%) national clinical audits and 100% of national confidential enquiries of the national clinical audits and 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 2014/2015 are as follows:

National clinical audits

1. Mental health commissioning for quality and innovation (CQUIN) 2014/2015 national audit: improving physical healthcare indicator 1
2. POMH-UK (Prescribing Observatory for Mental Health-UK): Topic 14a: Prescribing for substance misuse: alcohol detoxification
3. POMH-UK: Topic 9c: Antipsychotic prescribing in people with a learning disability
4. POMH-UK: Topic 12b: Prescribing for people with personality disorder.

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 2014/15 are as follows:

National clinical audits:

1. Mental health commissioning for quality and innovation (CQUIN) 2014/15 national audit: improving physical healthcare indicator 1
2. POMH-UK (Prescribing Observatory for Mental Health-UK): Topic 14a: Prescribing for substance misuse: alcohol detoxification
3. POMH-UK: Topic 12b: Prescribing for people with personality disorder
4. POMH-UK: Topic 9c: Antipsychotic prescribing in people with a learning disability.

National confidential enquiries

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

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2014/15, 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	%
Mental health CQUIN 2014/15: improving physical healthcare indicator 1	100	97	97%
Topic 14a: Prescribing for substance misuse: alcohol detoxification	21	21	100%
Topic 12b: Prescribing for people with personality disorder	42	42	100%
Topic 9c: Antipsychotic prescribing in people with a learning disability	147	147	100%
National confidential inquiry into suicide and homicide by people with mental illness	9	9	100%

Review of five national reports resulting in improvements in quality of healthcare

The reports of five national clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust in 2014/2015 and it intends to take actions to improve the quality of healthcare provided including the following:

National Audit of Schizophrenia (NAS)

This audit included an audit of practice as well as a service receiver and carer survey. **As a result of our participation in this second round of the National Audit of Schizophrenia and the review of the report, our practice will be further improved in:**

- Monitoring of physical health risk factors and particularly monitoring of BMI, glucose control, lipids and blood pressure

- Intervention for physical health problems for elevated BMI, blood pressure and alcohol consumption
- Availability and uptake of psychological therapies.

Actions that will be taken to achieve improvements in practice and therefore to improve the quality of care for patients will include:

- Gaining agreement across primary care with regard to shared care responsibility for monitoring the physical health needs of our patients
- Improving the monitoring of patients physical health risk factors by enabling teams to embed the LESTER tool for physical health monitoring, which is an intervention framework for people experiencing psychosis and schizophrenia
- Ensuring access to basic equipment for monitoring physical health risk factors
- Improving access to psychological therapies
- Providing training for staff to deliver psychological interventions through places on a forthcoming cognitive behavioural therapy (CBT) programme at the University of Derby.

Topic 4b: Prescribing anti-dementia drugs

As a result of our participation in this audit and review of the report, we have identified the areas for action to improve the quality of care provided to our service receivers. The audit results suggested that there is a low dementia presentation rate amongst ethnic minorities. This has led us to take action to increase dementia awareness amongst GPs, encouraging them to be more pro-active in seeking out these service receivers, as well as amongst Black and Minority Ethnic (BME) groups such as through faith leaders. We also held a Trust Bollywood event using the medium of movies to generate discussions around the dementia themes raised by a Bollywood film.

Nationally there was marked variation in the prevalence of anti-dementia drug prescribing across the 54 participating mental health trusts, so we are taking action locally to understand our decision process behind those cases where anti-Alzheimer drugs (AAD) were not prescribed to increase improvements in appropriate prescribing. We are investigating other actions in memory clinics to record discussion of service receiver/carers views around the prescribing of AADs and also recording of medication reviews routinely taking place, in order to ensure that appropriate blood tests and blood pressure,

pulse and electrocardiogram (ECG) checks are being performed in all cases before prescribing AAD. This is being aided by a locally developed checklist.

Topic 10c: Use of antipsychotic medication in children and adolescents

We have been participating in this national POMH-UK quality improvement programme which is addressing the use of antipsychotic medication in children and adolescents. The audit standards for this programme relate to the assessment of the benefits and side effects of antipsychotic treatment, which are relevant to all service receivers irrespective of diagnosis.

As a result of our participation in this audit we are implementing actions to continually improve our practice. We will ensure there is an explicit rationale for prescribing antipsychotic medication for children and adolescents. Pre-screening tests/measures will be documented before starting someone on antipsychotic treatment: these tests will cover weight/BMI, blood pressure, pulse, blood glucose/HbA1c and blood lipids. A review of therapeutic response and side-effects of antipsychotic medication will be documented at least once every six months – this review will include tests and measures of weight/BMI, blood pressure, glucose/HbA1c, lipids and assessment for the presence of extrapyramidal side effects.

To maintain compliance to the required standards, the clinical teams are implementing refined processes supported by newly developed local guidelines to achieve improved outcomes through the recording of all antipsychotic prescribing and reviews in children and adolescents. The introduction of these processes and guidelines will help ensure that all our patients are treated safely and effectively.

Topic 14a: Prescribing for substance misuse: alcohol detoxification

The Topic 14a baseline report which has been reviewed presents data on prescribing practice for alcohol detoxification conducted in acute psychiatric inpatient settings. The audit included service receivers who had been admitted to an acute adult or intensive care psychiatric ward in the past year (prior to March 2014) and who had undergone alcohol detoxification whilst an inpatient. This national audit of the management of alcohol withdrawal for mental health inpatients examines all aspects of clinical assessment and management against NICE guidelines and quality standards, with

a view to implementing a nationally driven locally implemented quality improvement programme.

Our clinical teams have reflected on their performance data and generated action plans to implement improvements in this important area of practice. The quality of care we provide will be improved through reinforcing the application of our detoxification protocol. Feedback on performance to clinicians and particularly junior doctors is an important action to increase awareness, especially regarding completion of the drug and alcohol section of written documentation. To sustain awareness amongst each new intake of doctors, the junior doctor handbook and induction programmes are being updated. Other more specific actions are being taken to remind clinicians to undertake relevant blood tests, use of prophylaxis and monitoring for the physical signs and symptoms of complications. As intended by POMH-UK, this first national audit of alcohol withdrawal will provide a benchmark against which a continuous quality improvement programme can be developed nationally.

Topic 12b: Prescribing for people with personality disorder

We have participated in this audit and our clinicians have reviewed the report and are finalising the actions to be taken to change practice, where needed, and improve the quality of care provided. The audit reviewed against standards of reasons for prescribing antipsychotic medication be documented and a written crisis plan be in place which is accessible in the clinical records and which has been developed to incorporate the service receiver's views in the plan. Treatment targets audited included antipsychotic drugs not being prescribed for more than four consecutive weeks in the absence of a co-morbid psychotic illness; Z-hypnotics or Benzodiazepines not being prescribed for more than four consecutive weeks; and where medication is prescribed for more than four consecutive weeks, these being reviewed to take into account a) therapeutic response and b) possible adverse effects, and also c) be documented in the clinical records. Our final action plan will address the shortfalls identified so that improvements are demonstrated in subsequent audits.

Review of 16 local reports resulted in the following improvements

The reports of 16 local clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust provider in 2014/15 and as a result, it intends to take actions to improve the quality of healthcare.

The actions we intend to take to improve the quality of healthcare provided include:

• Management of patients with dual diagnosis

Department of Health guidance on 'psychosis with coexisting substance misuse' suggests that supporting someone with mental health illness and substance misuse problems, alcohol and/or drugs, is one of the biggest challenges facing frontline mental health services. This guidance also highlights that service receivers with dual diagnoses are at a higher risk of relapse, readmission to hospital and/or suicide. This audit was undertaken to provide information on the care of dual diagnosis service receivers within our recovery teams, with a focus on the assessment and management process. As a result of the audit, actions are being undertaken to improve these processes and deliver improvements in multi-disciplinary assessments that include physical healthcare requirements for people with mental health and substance misuse. Actions are also being taken to improve the recording of relevant information in healthcare records, as well as to improve the involvement of service receivers in their care plans. Actions are also being taken to explore opportunities for improved information sharing between different professions and agencies involved to improve the care of dual diagnosis service receivers.

• Use of the ACE-III in the Derby City Older People's Community Mental Health Team

The Addenbrooke's Cognitive Examination - III (ACE) is one of the most popular and commonly used cognitive tests used in the assessment of dementia and of other neurological disorders. It provides a sensitive, reliable, secure and easy to administer clinical tool for teams to assess cognition as part of the process of assessing for dementia. As such it is widely used to screen for cognitive problems by our older people's community teams and in our memory clinics.

As an updated version of ACE-III has been implemented, this audit was undertaken to assess the accuracy of scoring achieved by those using this relatively new version. Our clinical psychologists who

undertook this audit have developed a handy prompt sheet for our clinicians to help them administer and score the ACE-III accurately. As a result of this audit this helpful prompt will be rolled out to all our services where this assessment tool is used, which is likely to result in improved quality of assessments.

• Seclusion-post incident review involving nurses and service receiver receivers

This was an important Trust priority audit, undertaken as an area identified by our service receiver representatives to ensure that processes are followed consistently. The audit project was undertaken collaboratively with involvement from our service receiver representatives, who were actively involved in the content analysis of the audit. The results of this audit have informed the overall work of a wider working group aiming to improve restrictive practices and how our service receivers experience this component of our care.

The action plan for improvements following the audit has included the development of ward admission packs, to be available to service receivers admitted to our inpatient units and their carers. This will provide information on the use of restraint and post-incident debriefing, including information on the specific rights of service receivers. The Trust policy has been updated to include good practice guidance for post-incident discussions, the need for documentary evidence of a patient-centred approach within any discussion or debrief following a seclusion incident, and the role of senior nurses or their deputies to ensure that a post-incident discussion or debrief is conducted with service receivers.

• Benzodiazepine prescribing by psychiatrists on discharge from hospital

The published evidence suggests that benzodiazepines are psychologically and physically addictive so it is important that service receivers are not prescribed this medication for longer than absolutely essential. Therefore a Trust-wide clinical audit of benzodiazepine prescribing was completed to ensure ongoing quality of care is provided to our service receivers.

A key criterion of the audit was that a service receiver's GP should be advised regarding benzodiazepines being stopped. The results of this audit showed that our practice in advising GPs had improved significantly as a result of the introduction of an approved template for discharge summaries following a previous audit. Benzodiazepine prescribing standards have also been

reinforced in the teaching sessions for junior doctors. In addition, further improvements are being explored when prescribing is high-dose, long-term or within a complex context, and around whether the outpatient prescriber could take responsibility for the review rather than making the request to the GP.

• Non-pharmacological intervention prior to prescribing PRN (Pro Re Nata - the Latin for 'as needed') antipsychotic/benzodiazepine medication to service receivers diagnosed with dementia

People with dementia often experience behavioral and psychological symptoms of dementia such as aggression, agitation, loss of inhibitions and psychosis (delusions and hallucinations). These distressing symptoms can often be prevented or managed without medication. However, people with dementia can sometimes be prescribed antipsychotic drugs as a first resort and nationally the evidence suggests that around two thirds of these may be inappropriate.

This audit was commissioned to ensure that the potential clinical risk of harm to patients from inappropriate prescriptions is prevented. The audit reviewed the use of non-pharmacological interventions prior to prescribing PRN antipsychotic/benzodiazepine medication to patients diagnosed with dementia. As a result, a new person-centred care planning approach is being developed in collaboration with a partner organisation involved in the delivery of care. A re-audit will be undertaken to ensure appropriate prescribing is improved and sustained for service receiver under our care.

• North Derbyshire Dales community mental health multi-disciplinary team meetings – how productive are they?

The provision of services by a multi-disciplinary team (MDT) represents one of the quality indicators commonly used in the evaluation and comparison of mental health services, especially for community level services dedicated to people with complex needs. This audit was undertaken by one of our community teams to assess and identify areas for improving the team's productivity and effectiveness. Following the audit, improvement actions are being taken to develop efficient recording processes for decisions and actions agreed, and to plan and organise meetings in advance, to ensure effectiveness during meetings. Joint team ownership and responsibility is being tested through a rolling chair for the meetings, enabling

all members to take the lead on a rotating basis. In addition, improvements are being made to ensure effective working with inpatient wards with community psychiatric nurse attendance at ward rounds; this helps to facilitate transfer-of-care arrangements between inpatient and community services for service receivers.

• Appropriateness of referrals to SCoDAS (Social Communication Disorder Assessment Service) clinic

This re-audit reviewed service receivers (under eight years of age) seen for a diagnostic assessment for autism in the SCoDAS clinic. The audit showed some referrals were being made to SCoDAS because of a lack of confidence in diagnosing Autism Spectrum Disorder. As a result, action is being taken to provide training and development as well as sharing of good practice with referring clinicians. In addition, the feasibility and usefulness of a drop-in liaison meeting to discuss cases is being considered. As a result of these audits, it is hoped that there will be a reduction in inappropriate referrals and improvements in the appropriateness and quality of referrals to the clinic; this would reduce waiting times and enable timely diagnoses for service receivers who are referred to the service.

Other local clinical audit reports reviewed in 2014/15, which have either resulted in improvement actions being taken or planned to be taken to ensure that our service receivers benefit from continuous quality improvement of care and services provided, include:

- Management of acutely disturbed service receivers (previously known as rapid tranquilisation)
- Adult ADHD (attention deficit hyperactivity disorder) clinic in Chesterfield
- Lost cohort (due for follow up)
- Triangulated DNA (did not attend) audit; views of parents and doctors
- Physical health monitoring
- Inpatient multi-disciplinary meetings – risk assessments and reviews
- Quality of community paediatricians' clinic letters using Royal College of Paediatrics and Child Health-approved SAIL tool (Sheffield Assessment Instrument for Letters)
- PRN (Pro Re Nata - the Latin for 'as needed') protocols in residential settings
- Monitoring of patients prescribed lithium (local audit to supplement a national audit).

2.3 Participation in clinical research

1,140 service receivers who were receiving relevant NHS health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust were recruited to participate in research approved by a research ethics committee during 2014/15.

Some of the National Institute of Health Research (NIHR) portfolio studies we have hosted in 2014/15 include:

- **Evaluation of Memory Assessment Services (MAS): Main Study (Phase II) - London School of Hygiene & Tropical Medicine**

25 of our patients with suspected dementia (whether definitively diagnosed with dementia or not) attending MAS for a first appointment, along with 25 of their lay carers, were invited to participate in this study. The study is an evaluation of MAS and aims to determine the impact of MAS on the health-related quality of life (HRQL) of people with dementia and their carers. Participants will be invited to complete HRQL questionnaires at baseline (when they attend their first appointment) and at the six-month follow up.

There is an increasing challenge to meet the needs of people with dementia. The government is committed to ensuring that auditing the outcome of care takes into account the views of patients and, where relevant, their lay carers. This is a Department of Health-funded study to determine the effectiveness and cost-utility of MAS, the association with service receiver characteristics, and the cost-effectiveness of different types of MAS.

In this study the chief investigator aims to recruit about 2,000 people with dementia and their lay carers from 80 clinics around the country.

- **Minocycline in Alzheimer's Disease Efficacy (MADE) trial – King's College London and South London & Maudsley NHS Foundation Trust**

Alzheimer's Disease is a major public health issue and the imperative to discover and develop treatments that can stop or at least delay disease progression is clear. There is a substantial body of evidence to indicate that minocycline may be neuro-protective. Neurodegenerative diseases such as Alzheimer's Disease (AD). MADE is a multi-centre, randomised, controlled trial in very mild AD, which primarily aims to determine whether minocycline is superior to a

placebo in affecting the disease course, over a two-year period, as measured by reduced rate of decline in cognition (Standardised Mini-Mental State Examination (SMMSE)) and function (Bristol Activities of Daily Living Scale (BADLS)). 10 of our service receivers have already consented to take part in this trial.

- **Improving the experience of dementia and enhancing active life: living well with dementia (the IDEAL study) – Bangor University**

The IDEAL study is a UK-wide study which started in January 2014. Over the first two years the study will recruit up to 1,500 people who have experienced changes in their memory or other thinking abilities, or in how they manage with day-to-day activities. They will be recruited from multiple sites across the country. 50 out of a planned 100 people with dementia are already participating in this study from our Trust. The findings of this study will provide an understanding of what helps people to live well with dementia and of the needs of those who are not managing to live well. In so doing, the research will help identify better and more effective ways of delivering care and support for people with dementia and primary (usually family) carers. These findings will allow the provision of vital information for people who are newly diagnosed with dementia, and their families, to help them to plan their lives. The research will also provide insights and evidence to support the development of dementia-friendly communities, identifying areas where even quite small changes at community level may significantly improve people's daily lives.

- **Predictive accuracy and clinical acceptability of risk scales for repeat self-harm – Manchester University**

Suicide is a major public health, economic and clinical problem. The risk of suicide is elevated in people who have self-harmed. People who self-harm are also at increased risk of repeating the behaviour and are considered a key target group in order to reduce suicide rates in the UK. Risk scales are often a core component of clinical assessments following self-harm. The primary objective of this study is to determine how well different risk assessment scales, administered following self-harm, predict repeat episodes within six months. The secondary objective is to investigate clinicians' and service receivers' views on the use of these scales in routine practice. 97 of our patients have already participated in this study and

contributed to this important area of investigation. Eligible participants were individuals aged 18 years or over who are referred for specialist mental health assessment following an episode of self-harm. The initial list of centres participating in the study includes Manchester, Bristol, Oxford, Brighton and Derby.

- **Depression in adolescents and young adults who repeatedly self-harm (e-DASH) – East Midlands Collaboration for Leadership in Applied Health Research and Care**

This study seeks to test whether a video or telephone-based remotely-delivered problem solving cognitive behaviour therapy (plus treatment as usual) is acceptable, clinically effective and cost effective compared to treatment as usual for adolescents and young adults with depression who repeatedly self-harm. Recruitment is taking place from mental health liaison teams at emergency departments of patients who are assessed by mental health services following an episode of self-harm. The intervention being tested is a problem-solving cognitive behaviour therapy (PS CBT) delivered remotely by video calling or telephone by a CBT therapist. The duration is around 10 sessions over approximately 12 weeks, plus treatment as usual, compared to a control group receiving treatment as usual only.

- **Lamotrigine and Borderline Personality Disorder: Investigating Long Term Effectiveness [LABILE] – Imperial College London**

People with Borderline Personality Disorder (BPD) experience high levels of emotional distress and often experience other problems including negative feelings about themselves and rapid changes in mood. There are currently no medicines licensed for the treatment of this disorder. The objectives of this study are:

- To test whether adding lamotrigine, a mood stabiliser, to the usual care for adults with BPD improves mental health over a 52-week period, in comparison to a placebo control
- To examine whether the addition of lamotrigine to usual care for adults with BPD improves social functioning and quality of life, reduces the incidence of suicidal behaviour, and lowers the amount of antipsychotic and other psychotropic medication that people are prescribed, in comparison to a placebo control

- To compare the incidence of side effects among those prescribed lamotrigine, in addition to usual care for adults with BPD, in comparison to a placebo control
- To examine the cost, cost-utility and cost-effectiveness of adding lamotrigine to usual care for adults with BPD, in comparison to a placebo control.

To date six participants from our Trust have consented to take part in this study.

- **Remote monitoring of Attention Deficit Hyperactivity Disorder (ADHD) symptoms using mobile phone technology - University of Nottingham**

This study is being undertaken to explore barriers and facilitators to using mobile phone technology with children, adolescents and adults receiving care for ADHD under child and adolescent mental health services, paediatric services or adult mental health services. Eligible participants on this study include NHS staff, parents of children with a diagnosis of ADHD, children and young people aged 12 to 15 with a diagnosis of ADHD, and adults aged 16 and over with a diagnosis of ADHD.

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 2014/15 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 2014/15 and for the following 12-month period are available electronically on the Trust website.

Derbyshire Healthcare NHS Foundation Trust's income in 2014/15, conditional upon achieving quality improvement and innovation goals was £2,607,902. A monetary total received for the associated payment in 2013/14 was £2,632,893.

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

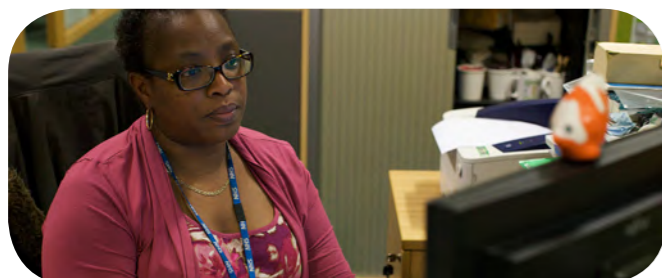
Derbyshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and is registered with the CQC with no conditions attached to registration.

- ✓ The Care Quality Commission has not taken enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2014/15.
- ✓ Derbyshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations during the reporting period.
- ✓ Derbyshire Healthcare NHS Foundation Trust's last inspection was on 11 September 2013. An inspection is due during 2015/16.

2.6 Information on the quality of data

Derbyshire Healthcare NHS Foundation Trust submitted records during 2014/15 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 service receiver care (based on April 2014 – December 2014 published dashboard)
 - 100% for outpatient care (based on April 2014 – December 2014 published dashboard).
- The percentage of records in the published data which included the service receivers' valid general practitioner (GP) registration code was:
 - 100% for admitted service receiver care (based on April 2014 – December 2014 published dashboard)
 - 100% for outpatient care (based on April 2014 – December 2014 published dashboard).



2.7 Information Governance Toolkit attainment levels

Derbyshire Healthcare NHS Foundation Trust's Information Governance Assessment Report overall score for 2014/15 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: see 2.7.1 below.

2.7.1 Implementation of a data quality policy

The Trust's Data Quality Policy will continue to be implemented, with the following aims:

- 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 Reports against a core set of indicators

2.8.1 Seven-Day Follow Up

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

Numerator: Number of service receivers on the Care Programme Approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care (QA).

Denominator: Total number of service receivers on CPA discharged from psychiatric inpatient care (QA).

Derbyshire Healthcare NHS Foundation Trust intends to take the following action to improve this, and so improve the quality of its services by continuing to work to maintain our performance and ensure that all service receiver care is followed up.

Indicator	End of 2013/14	End of 2014/15	National average	Highest and lowest scores
Percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period	97.94%	96.96%	97.2%	100% 93.1%

2.8.2 Crisis gatekeeping

Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: it calculates the crisis gatekeeping indicator based on the national guidance/descriptors:

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

Denominator: Total number of admissions to acute wards.

Derbyshire Healthcare NHS Foundation Trust 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 2013/14	End of 2014/15	National average	Highest and lowest scores
Percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	97.59%	100%	98.1%	100% 59.5%

2.8.3 28 day re-admission rates (aged 16 and over)

Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: it calculates 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.

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

- Monitoring and reporting pathways of care.

Indicator	End of 2013/14	End of 2014/15	National average	Highest and lowest scores
28 day re-admission rates for patients aged 16 and over	7.36%	7.92%	Not available	Not available

2.8.4 Staff recommending the Trust as a place to work or receive treatment

Our staff survey results for 2014 have seen a consolidation in how staff perceive the Trust as a place to receive care. In 2014, 68% of respondents felt that service receiver care was our top priority – although this shows a 3% reduction from 2013, it remains 3% better than the national average in response to this question.

The 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 lower than the responses received to the same question last year and is now in line with the national average.

Similarly, a slightly 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 receivers.

The Trust has continued to emphasise with staff how to raise concerns and promote an open culture where staff can raise concerns. Some progress has been made, and we have had some positive feedback, but more progress needs to be made as this is a key indicator of a healthy organisation. Our concerns in this area were evidenced by the 2013 staff survey results. However the Trust has been identified by the Health Service Journal as being in the top 100 places to work in the NHS. As an organisation we will continue with perseverance and effort in this area of organisational development.

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 service receiver 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.

As with all trusts, there are areas where improvements can be made. One of the areas where perhaps we have the most to do is the question around staff raising concerns. Only 64% of staff said they would "feel secure in raising concerns against unsafe clinical practice". Given that one of our values is about putting patients first, we need to understand how we can give staff more confidence so that they can 'speak up' without feeling anxious or fearful about what happens.

We will build on the new Raising Concerns at Work policy and make sure our Trust is open and receptive to those who ask questions about whether our clinical practice could be better.

Bullying and harassment is another area where there is continued concern. 32% of staff said they had experienced harassment, bullying or abuse from patients, relatives or public in the last 12 months; while 23% said they had experienced harassment, bullying or abuse from colleagues in the last 12 months. These figures are higher than the number of cases formally reported within the Trust, and they have not fallen since last year's survey and are slightly higher than the national average.

Over the forthcoming year we will run staff focus groups and listening events and try to promote and understand how we can keep staff safe and how we can build a culture amongst our workforce that is compassionate and caring, to each other as well as to those we care for. We will continue to work with staff side in these endeavours, until we have a culture that staff can routinely talk about problems, needs, pressures worries, solutions, innovations and aspects of their care that they are also very proud to showcase.

We will continue to encourage as many staff as possible to take part in the 2015 national NHS Staff Survey later this year.

Indicator	Trust score 2014	Trust score 2013	All mental health trusts average	All mental health trusts best score
Staff recommending the Trust as a place to work or receive treatment	3.60	3.68	3.57	4.15

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

The Trust considers that this data is as described for the following reason: it is taken directly from the 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 2014 and 30 September 2014.		Median rate
Patient safety incidents per 1,000 bed days	1,244 incidents reported during this period = reporting rate of 22.16 incidents per 1,000 bed days	Median rate for the 56 organisations in the cluster is: 32.82 incidents per 1,000 bed days (organisations that report more incidents generally have a better and more effective safety culture).

Degree of harm of the patient safety incidents reported to the NRLS between 1 April 2014 and 30 September 2014:

Degree of harm indicated as a percentage of the total number of incidents reported.				
None	Low	Moderate	Severe	Death
63.8% (794)	28.3% (352)	5.2% (65)	1.3% (16)	1.4% (17)

The Trust has taken the following actions:

- Design of the patient safety planning model
- Suicide prevention training for high risk areas and a defined training plan going forward
- The design of an SBARD (Situation – Background - Assessment - Recommendation - Decision) communication tool for information sharing with Police, and a new model for sharing information with families and carers
- Development and listening events for the neighbourhood and campus transformation model, to listen to our staff and communities about what they want to be different

- Our patient falls protocols and learning reviews from actual or near miss falls as well as our proactive assurance process for reviewing our inpatient setting ligature risks with the coupling of skills from Health and Safety and heads of nursing
- Having our pharmacist reviewing our clinical incidents involving medicines use; this has been a key asset in reflecting on and learning from our prescribing and administration processes
- Our biggest patient safety improvement project this year is our safe transition to a new electronic patient record system with full care pathway records; roll out is being driven by clinicians, patient safety and improvement in 2015/16.

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 service receivers' rights to have care provided in the least restrictive manner.

2.8.6 Community patient survey results 2014

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 2014.

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 service receiver feedback
- By putting actions in place to improve those areas where Derbyshire Healthcare NHS Foundation Trust has not received positive scores, as reported to the Quality Committee.

Indicator	Trust score 2013 (out of 10)	Trust score 2014 (out of 10)	Highest and lowest Trust score
Patient experience of contact with a health or social care worker during the reporting period	8.7	7.9	8.4 7.3



Section 3

Performance

3.1 Priorities set out in Quality Report 2013/14

This section provides information on achievements on the priorities agreed and set out in the Quality Report 2013/14. Please see part one of this report for further details.

3.2 Progress against selected quality indicators in 2014/15

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 2014	End of year March 2015
Monitor targets			
CPA 7 day follow up	95.0%	97.94%	97.30%
CPA review in last 12 months	95.0%	96.52%	95.77%
Delayed transfers of care	7.5%	1.39%	1.45%
Data completeness: identifiers	97.0%	99.42%	98.98%
Data completeness: outcomes	50.0%	97.77%	93.55%
Community care data - activity information completeness	50.0%	86.74%	89.93%
Community care data - RTT information completeness	50.0%	92.31%	92.31%
Community care data - referral information completeness	50.0%	74.10%	72.11%
18 Week RTT less than 18 weeks - non-admitted	95.0%	97.98%	96.13%
18 Week RTT less than 18 weeks - incomplete	92.0%	95.57%	95.77%
Early interventions new caseloads	95.0%	121.20%	100.00%
C. Difficile new cases (inpatient)	<7	0	0
Crisis gatekeeping	95.0%	97.59%	100.00%
Locally agreed			
CPA honos assessment in last 12 months	90.0%	93.17%	79.19%
CPA settled accommodation	90.0%	99.85%	99.37%
CPA employment status	90.0%	99.85%	99.55%
Data completeness: identifiers	99.0%	99.42%	98.98%
Data completeness: outcomes	90.0%	97.77%	93.55%
Patients clustered not breaching today	99.0%	89.70%	82.94%
Patients clustered regardless of review dates	100.0%	98.24%	95.46%
7 Day follow up (all inpatients)	95.0%	97.57%	96.62%
Schedule 4 contract			
Consultant outpatient appointments trust cancellations (within 6 weeks)	5.0%	3.10%	5.44%
Consultant outpatient appointments DNAs	15.0%	14.21%	16.61%
Under 18 admissions to adult inpatient facilities	0	4	1
Outpatient letters sent in 10 working days	90.0%	61.68%	68.97%
Outpatient letters sent in 15 working days	100.0%	78.77%	83.36%
Average community team waiting time (weeks)	N/A	4.87	6.17
Inpatient 28 day readmissions	10.0%	7.36%	7.75%
Crisis home treatments	N/A	1,610	1,418
CPA review in last 12 months	90.0%	90.48%	95.77%
Assertive outreach caseload	N/A	253	266
Mixed sex accommodation breaches	0	0	0
MRSA new cases (inpatient)	0	0	0
Discharge fax sent in 2 working days	98.0%	99.76%	97.45%
Schedule 6 contract			
CPA settled accommodation	N/A	92.76%	90.93%

Comments on performance

Generally performance by the Trust during 2014/15 has continued to be good, with 25 of the 35 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 10 areas where the Trust is focused on improving our performance.

In October 2014 the Trust moved from CareNotes to a new electronic patient record system called Paris. The new system is very different from the old system in terms of its use and functionality. This transition has inevitably impacted on performance in a number of areas as it will take time for staff to get used to operating the new system and, as the system is developed over time, to improve its functionality. An improvement plan is in place and is closely monitored and escalated to the Board and is routinely discussed with commissioners at contracts meetings.

HoNOS assessment and patients clustered

Whereas in CareNotes a cluster review document was pre-populated with the previous HoNOS (Health of the Nation Outcome Scales) scores, including the historical scores which would not change, in Paris the clinicians had to complete a new cluster from scratch for each patient at every review, which impacts into the limited clinic time available. This continued to have a significant negative impact over several months. In March 2015 an improvement was made to Paris so that it now pre-populates the cluster review document. This should start to have a positive impact on clustering and HoNOS assessments over the coming months into the next financial year.

Data completeness: identifiers

At a directorate level, this target has been achieved by the urgent and planned care division, but not by specialist services. The reason for this is that, owing to the client group and environment in which people are seen by the Criminal Justice Liaison (CJL) and Street Triage teams in Specialist Services, it is very difficult to collect all the required data. For example, the CJL team see people in police cells, on a one-off basis, for only 15 to 20 minutes. The team will try to collect the data, however this can

be very difficult as the mental state of the person is often aggressive or volatile. The Trust is looking into the possibility of linking to the NHS Summary Care Record in order to extract the data from GP records to improve the data completeness of these key teams.

Consultant outpatient Trust cancellations (within six weeks)

The Trust was under the target threshold for the first six months of the year, prior to the move to the Paris system. However since October, performance has been consistently over the target threshold. An audit undertaken in December identified that although it was necessary to cancel some appointments owing to consultant sickness, the vast majority of cancellations did not inconvenience patients and were a mixture of data migration issues and staff still learning a new system (specifically the appointment management process on Paris). The Trust continues to tightly control actual cancellations via a formal approval process. A further audit was planned in March 2015 to ascertain whether there are any staff still not using Paris correctly, to identify training needs, develop confidence and competence in our administrative workforce.

Consultant outpatient appointment 'did not attends' (DNAs)

A text message reminder functionality was added to the Paris system in February 2015. Over the coming months the Trust will be collecting mobile phone numbers from our service receivers and seeking consent to send text message reminders. Appointment reminders will then be sent to all consenting service receivers in an attempt to reduce DNAs. We have had emerging success with some personal reminder telephone calls in children's services and at the Hartington Unit outpatient team. We have received positive feedback from those using our service that a reminder call was helpful, supportive and had a positive human touch, compared to some less personal reminder systems in other care services. The Trust will be using choice and engagement to promote personal reminder services to continually improve effectiveness and efficiency. One service receiver experience reported at a 2015 quality visit panel that it was nice to receive some human contact and made her feel cared for.

Under 18 admissions to adult inpatient facilities

The Trust performance in this area remains strong.

One young person was admitted for one night and nursed in a side room on a one-to-one basis. This was part of a proactive safeguarding plan, reviewed by experienced CAMHS staff to prevent a less appropriate non-NHS environment being used in an emergency. This crisis response was managed effectively and in line with safeguarding children's procedures and with the active involvement of parents and social care. In an emergency situation NHS England was unable to immediately find a suitable specialist placement and this plan was appropriately activated in line with Trust procedures.

Outpatient letters

Over the last year, the Trust has implemented the use of digital dictation in order to speed up communication with GPs. It has taken time to roll out education for all consultants and medical secretaries. There have also been technical issues experienced with software and equipment. However, overall there has been a significant improvement, particularly towards the end of the year, which we endeavour to maintain and continue in an upward trajectory in 2015/16.

Discharge faxes

For eight months of the year, discharge faxes were on target. Where we experienced some delay, reasons given included:

- Awaiting pharmacy checking of medication
- Inadequate cover arrangements, particularly over holiday periods
- No ward administration, intermittent junior doctor cover, and high clinical activity
- Communication issues.

Action has been taken by individual ward managers to address these issues, to put in place practical workarounds and minimise the potential of these issues being sustained going forward.

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 Risk and Assurance Framework annually. Below is our

progress against the indicators set out in the framework for 2014/15 (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	2014/15	Achieved / Not achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate, non-admitted patients	95.00%	96.13%	Achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways	92.00%	95.77%	Achieved
Care Programme Approach (CPA) patients receiving follow up contact within 7 days of discharge	95.00%	97.30%	Achieved
Care Programme Approach (CPA) patients having formal review within 12 months	95.00%	95.77%	Achieved
Admissions to inpatient services had access to crisis resolution / home treatment teams	95.00%	100.00%	Achieved
Meeting commitment to serve new psychosis cases by early intervention teams	95.00%	100.00%	Achieved
Clostridium Difficile -meeting the C.Diff objective	7	0	Achieved
Minimising MH delayed transfers of care	≤7.5%	1.45%	Achieved
Data completeness, MH: identifiers	97.00%	98.98%	Achieved
Data completeness, MH: outcomes for patients on CPA	50.00%	93.55%	Achieved
Community care data completeness - referral to treatment information completeness	50.00%	92.31%	Achieved
Community care data completeness - referral information completeness	50.00%	72.11%	Achieved
Community care data completeness - activity information completeness	50.00%	89.93%	Achieved

Never events

'Never events' are serious incidents that are wholly preventable as guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers.

There have been no 'never events' in the Trust during 2014/15. We note the issue of a revised list of never events at year end which we will embed in 2015/16.

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:

Response to Derbyshire Healthcare NHS Foundation Trust Quality Account 2014/15 from Hardwick CCG

Thank you for inviting us to comment on the Derbyshire Healthcare NHS Foundation Trust's Quality Account for 2014/15. Hardwick Clinical Commissioning Group (HCCG) welcomes the opportunity to provide the narrative on behalf of all local Commissioning Groups in Derbyshire. We have reviewed the account and would like to offer the following comment:

The Commissioners have reviewed the report and we believe that the information published in this Quality Account that is also provided as part of the contractual agreement is accurate. We have continued to work collaboratively and positively with the Trust, building on successes in previous years, and we continue to support the Trusts seven priorities for quality improvement.

We commend the Trust on their continued work in improving outcomes and communicating with service receivers, carers and the public through service satisfaction surveys and the 'Think Family' principles.

The Trust continue to maintain above national standards amongst their peers, achieving 'green' ratings from the NHS Protect Quality Inspection, Patient Led Assessments of the Care Environment (PLACE), Markers of Good Practice assessments and cited amongst the HSJ Top employers in the NHS.

There are well established mechanisms to review and monitor performance, governance arrangements and standards of quality including bi-monthly quality and contract review meetings, on-going dialogue as issues and visits to services as required for further assurance of the quality of services provided to patients.

We note that the Trust has identified a number of areas which require further work and will be carried across into 2015/16. Improvements in physical healthcare monitoring and carer satisfaction will remain a priority and monitored through the Quality Committee.

Suicide prevention and the continued reduction wherever possible remains a key commitment for the Trust and commissioners. During 2014/15 the Trust started a programme of work, which included hosting a national conference on suicide prevention.

The NHS Staff survey has shown that whilst overall satisfaction remains above national average, the overall results as an organisation have reduced in a number of key indicators. The key concern for the Trust is to understand why the proportion of staff who felt that they could raise concerns was so low.

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

Derbyshire County Council's Improvement and Scrutiny Committee:

The draft report was sent to the committee on 1 April 2015 and members were given the opportunity to comment. No comments were received.

Derby City Council's Overview and Scrutiny Committee:

The draft report was sent to the committee on 1 April 2015; no comments were received.

Derby City Health and Wellbeing Board offered the following statement about the initial draft of our quality report:

On behalf of the Derby City Health and Well Being Board Derby City Public Health acknowledges the progress that has been made within each of the quality improvement priorities during the period 2014/15.

We commend the Trust's on-going commitment to work collaboratively with patients, their families and their carers as is demonstrated through the implementation of a true recovery model and the development of a number of innovative ways to support effective shared care planning.

We welcome the development of the 'You Said, We Did' mechanism for providing feedback in response to the Friends and Family Test, it demonstrates that the views of patients, their families and their carers are central to the development and delivery of services.

We look forward to seeing those priorities identified for 2015/16 come to fruition.

Healthwatch Derby City offered the following statement about the initial draft of our quality report:

On behalf of Healthwatch Derby, I would like to present our formal response to Derbyshire Healthcare NHS Foundation Trust's Quality Report 2014/2015. I would like to congratulate the Trust on a very positive year, and we take note of all your key achievements. At Healthwatch Derby we are proud of our partnership work with the Trust, and are delighted to see 'Think Healthy' feature as part of the Quality Report. A few observations about the report from us:

1. More needs to be done on the poor monitoring of BMI, glucose control lipids, blood pressure, intervention for elevated BMI, alcohol consumption. Apart from monitoring performance in this area, we would encourage the Trust to be more proactive and think of initiatives to ensure progress.
2. The Trust mentions 68 patient surveys, part of the 200 surveys NHS Trust audit target. I would encourage the Trust to think about the 116 Think Healthy surveys we have received, 31 of which were in an Easy Read format. These surveys are important as they were wholly independent and provided insight and information about Trust services.
3. Feedback from the Trust's Positive and Proactive Care Strategy Group – this section lists some staff feedback and one comment mentions the strategy could be 'less instructive and more inclusive'. Strategic documents need to be more user friendly so that patients and carers who do not have a healthcare background are able to understand and challenge them without having to seek further help.
4. We are pleased the Trust recognises FFT is not the only way of getting feedback. It is also noteworthy that some of the services run by the Trust may be extremely personal to people, and they may not wish to even consider recommending the service to friends or family and may feel inhibited when answering FFT format

questions. Our recommendation would be to use a combination of different methods to gain insight into what patients and carers truly feel about services accessed.

5. Re: Carers Champions – we are also pleased to add the work of the Service Receivers & Carers Group is a good forum for carers to be directly in reviewing strategy and policies of the Trust. This group's formation follows one of our key recommendations for inclusion.
6. One significant area of improvement we highlighted in Think Healthy was ensuring staff feel more involved, supported and listened to. This is reflected in your staff survey with 64% saying they feel secure raising concerns. Our recommendation would be to run focus groups and workshops – and perhaps get a third party like your local Healthwatch to help facilitate this. Staff are going to be less hesitant talking to us directly than to yourselves. It is also an area of partnership work we would happily develop and deliver to you.

The above are some key observations from the Quality Report, and we are pleased to advise you that this year we received the full 30 day consultation period to respond. We look forward to another year of continued successful partnership, with work already underway to support our 'Little Voices' project looking at patient experiences of pregnancy, maternity, and young people's services run by the Trust and other providers. If you would like any further information about this response or wish to have a further discussion please do not hesitate to contact me directly.

Yours sincerely

Samragi Madden

Quality Assurance & Compliance Officer,
Healthwatch Derby.

Healthwatch Derbyshire offered the following statement about the initial draft of our quality report:

Healthwatch Derbyshire collects real people's experiences of health and social care services, as told by patients, their families and carers. These experiences, as reported to Healthwatch, will form the basis of this response.

Healthwatch Derbyshire has passed this patient feedback to the Trust during the reporting period in the form of comments. A total of 36 comments have been received about the services provided by the Trust, with a range of positive, negative and mixed sentiments. These comments are regarding a whole range of Trust services and present a variety of themes.

The Trust has fed back to Healthwatch comprehensive responses which demonstrate actions and learning within the organisation based on these comments and experiences. The Trust has also responded quickly to any comments requiring more immediate action, making contact with patients in line with consent received to deal with the concerns raised.

Most recently the Trust has provided feedback indicating a specific change in line with the content of a comment given, which is a useful demonstration of the Trust's capacity to listen to and learn from patient feedback. This feedback is also fed back to the specific individuals who spoke to Healthwatch Derbyshire, and so inspires confidence in Healthwatch Derbyshire, the Trust, and the value of 'speaking up'.

Healthwatch Derbyshire looks forward to working with the Trust in 2015-2016 along similar lines.

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 2014/2015;
- 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 2014 to June 2015
 - Papers relating to quality reported to the Board over the period April 2014 to June 2015
 - Feedback from the commissioners dated 30/04/2015
 - Feedback from governors dated 10/03/15
 - Feedback from local Healthwatch organisations dated 30.04.15 and 07/05/15.
 - Feedback from overview and scrutiny committees dated (no comments received)
 - The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 30/04/15.
 - The [latest] national patient survey (18/09/14)
 - The [latest] national staff survey (24/02/2015)
 - The Head of Internal Audit's annual opinion over the Trust's control environment dated 28/04/2015
 - CQC intelligent monitoring reports (4 March 2015).
- 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) as well as the standards

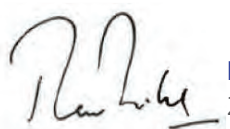




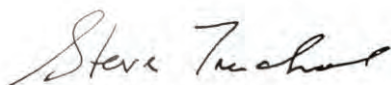
to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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, 22 May 2015



22 May 2015

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.

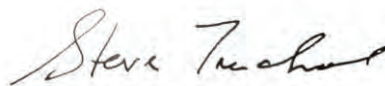
Under the NHS Act 2006, Monitor has directed Derbyshire Healthcare NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state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



Steve Trenchard, Chief Executive, 22 May 2015

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

www.derbyshirehealthcareft.nhs.uk

tel. 01332 623700

 @derbyshcft