Derbyshire Healthcare
NHS Foundation Trust

Quality Account 2021/22

April 2022

DHCFT @derbyshcft
www.derbyshirehealthcareft.nhs.uk

Making a positive difference

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Statements of Assurance

Statement on Quality from the Chief Executive

I am pleased to present our Quality Account for the financial year 2021/22. The report is the opportunity for the Trust's Board of Directors to look back and offer a view on the quality of the healthcare that has been provided over the past year and identify areas we would like to improve. By reflecting on our key achievements, we can focus on priorities for our communities and services in the coming year.

As we continue to respond to the ongoing COVID-19 pandemic, it is important to take the time to express how grateful the Board of Directors are for the compassion, flexibility and people focused care our staff have shown through such a difficult and challenging year. The provision of psychological care, preventative safety measures and solid standards of practices have been maintained. Colleagues across our services have continued to work above and beyond our expectations and compliance with infection prevention control measures both in work and in personal lives has contributed to the Trust's phenomenal performance in battling COVID-19, while remaining compassionate and keeping our people at the centre of everything we do. This has been demonstrated by the low numbers of outbreaks and positive cases within our care settings and the flexibility colleagues have shown in supporting other services where necessary. On behalf of the Board and senior leadership team, I express my thanks and appreciation to all Trust colleagues.

As we reflect on the challenges of the pandemic, it is important for us to also highlight the positive developments and achievements that we have made during such a restrictive time. We have continued to develop our services in line with the requirements of the NHS Long Term Plan – for example we have successfully commenced the phased roll out of the Community Mental Health Framework, with pilot projects going live in the High Peak and Derby City, paving the way for a transformation across the county that truly focusses on local people in local communities

In Derbyshire this recovery focused model is called Living Well. Great care and recovery continue to remain at the front of our transformation work, including areas such as crisis prevention where we have worked with our voluntary and community colleagues to develop alternatives to hospital admissions.

The commissioning of Autism based services and the ongoing expansion of our Community Forensic Services provides a well needed support structure to significantly enhance services to support people with vulnerable needs as close to home as possible. Alongside these service-based developments we have also taken opportunities to positively influence our clinical practice through multi-agency discharge events (MADE), which have shown a reduction in bed occupancy in the last year. This comes at a time where activity has increased across all our services and during COVID restrictions this has resulted in some of our waiting lists growing.

However, with challenging times comes innovation and the expansion of trauma informed approaches in supporting people to prevent crisis. Outstanding practice has been seen in services such as our CAMHS teams, who have reduced their waiting lists despite increased demand. All services have in place robust measures to manage any waiting lists in a risk focussed way. It is important that we also recognise the risks during such a challenging year

for all, and alongside rising demand we have seen workforce pressures partly due to COVID and other absences but also due to shortages in the supply of certain roles.

With great care still at the forefront of everything we do, the last year has brought about exciting improvements and plans to provide new acute hospital settings that offer patients single en-suite rooms. Planning permission has now been granted for the development of two new acute mental health facilities which will vastly improve the privacy and dignity we can offer to patients while they are in our care. These developments are designed on the voices from our people who use our services and their feedback on the impact of out of area placement and the lived experiences of dormitory accommodation. These developments support the Trust's focus on providing care settings that are safe, caring, responsive, effective and well led, while supporting developments that recognise the needs of all our diverse communities, developing our approaches to preventing closed cultures and the least restrictive environments for care.

By the end of the financial year, we recognised how much the environment and care setting has changed and through learning lessons we have begun to manage COVID-19 as everyday practice and continue to move forward with the NHS Long Term Plan. We focus on developing our system-based working within PLACE and Provider Collaboratives and due to this changing environment comes a review of the Trust Strategy and its strategic objectives.

Looking forward we will focus on developing and monitoring quality and operational performance, making innovation-based changes, not as an individual organisation but as a system. We will complete the implementation of our new electronic patient record (SystmOne), Shared Care Records, continue with the expansion of the Community Mental Health Framework and introduce, crisis care developments including for children and young people. We aim to secure funding to develop a new Psychiatric Intensive Care Unit and look forward to wider transformation including the new Integrated Care System Governance.

Despite the fluctuation in COVID-19 restrictions through the year, we have continued to improve our outcomes for people, we have continued to focus on our staff and patient experience, and we strive to provide the very best care and experiences for all we have contact with in the coming year.

Once again, the Board and I would like to offer our sincere gratitude to all our colleagues, who over the last two years have lived and committed to our Trust vision and values to the full.

Ifti Majid
Chief Executive

Statement from the Executive Director of Nursing and Patient Experience

This year has been a year of collaboration and innovation. Derbyshire Healthcare services have continued to work in partnership with wider partners to consider the needs of people who use our services.

We have listened to the lived experience voice heavily this year through our patient experience team, EQUAL Patient and Carers forum and through social media, this has been key to how we respond, adapt, and learn.

Last year we wanted to take forward the learning from our community survey and we have actively taken steps to improve how we listen to feedback and use that systematically in designing or developing our services. Key aspects are the impact of changing how we offer appointments and our ability to adapt to offer a selection of face-to-face and digital clinical appointments. Our feedback is complex with different voices wanting more access to digital support and others who prefer face-to-face. We will continue to navigate this journey, use the very best evidence on access, restoring our services inclusively and ensuring we offer a responsive service.

I have read many stories of individuals' experiences of care in our DEED nominations from those who use our services on the lived experience of care. Please see this section in our Quality Account. It is a heartening read to see our people and the difference that they make.

Our clinical professional leadership has been present in our organisation and our system.

Some highlights:

- Our leadership in the system through our Health Protection Unit which has been designed and developed this year.
- Our Psychologists and Psychological therapies staff continued support of colleagues on health and social care who have been psychologically unwell.
- Our exemplary leadership from our pharmacy team in adapting to so many changes.
- Our leadership in stepping in to support other services in our region that have struggled.
- This significant strain and pressure our teams have absorbed and how they continued to provide services on tap to support. such as Childrens services innovations and Trust wider helplines.

I am very proud to lead this organisation with my executive colleagues because of the people in our organisation and the people who are employed, volunteer, and support our community through their commitment, adaptability, and innovations in 2021/22.

Carolyn Green
Executive Director of Nursing and Patient Experience

Statement from the Medical Director

In 2021 I reflected on what I considered to be the essential requirement to achieve the highest standards in healthcare. I thought these were:

A clear sense of mission

Throughout the COVID-19 pandemic the Trust has been united as never before with every member of staff determined to battle through unprecedented difficulties to deliver the best care possible whilst planning the next stage of service recovery and development. This required deep reserves of determination and organisational ability which were evidenced at every level. It made me proud to be part of this organisation.

An integrated approach

Each part of our Trust understood that their decisions and actions would have an effect on other parts of our service and vice versa. The traditional boundaries were replaced by those determined by patient experience, effectiveness and safety which became the prime drivers.

We are increasingly working within the Derbyshire system to develop new ways of working and I was particularly pleased to be able to work with colleagues in other organisations to help patients with intellectual disability and complex needs. The challenge in coming years will be to manage the interplay between performance/quality of care/finances in the system anticipating that all elements will be in play at once. The risks will be considerable but the potential enormous.

Adequate resources for the job

Our workforce have become more multi-professional and integrated with an emphasis on teamworking to enhance effectiveness and compensate for shortages that arise in different professional groups/teams for time to time. This is particularly so in the CAMHS medical workforce and there will be focussed work on developing attractive job descriptions to aid recruitment and retention working with trusts across the East Midlands.

There has been welcome investment in services for those with autism and expansion of our community forensic teams.

There is planned investment in estate for mental health services the like of which has not been seen in Derbyshire for 50 years.

Avoidance of harm

A quality improvement approach has been taken to minimise exposure to treatment or interventions that may potentially harm patients physically and psychologically e.g. restrictive practices.

The medicines management strategy is focussed on therapeutic benefit and delivering treatments as safely as possible.

The emotional regulation pathway continues to develop accepting the ethos that it is often wiser to mitigate high risk clinical situations in the community than to attempt to contain risks in hospital if they are likely to escalate there without any predictable satisfactory resolution.

A compassionate and ‘Just Culture’

There has been a focus on diversity (a fact) and inclusion (an act). Care is person centred increasing the emphasis on facilitating mental capacity and informed choice. Personal responsibility, recovery and resilience are encouraged where possible and safe refuge and wrap around care offered when needed.

We mirror the same approach for staff support and management encouraging realistic

expectations to be discussed in an open, respectful way.

A learning culture

The pandemic has shown us the value of research, innovation and development. The Trust has played an important part in this both locally and nationally.

We have introduced the Patient Safety Incident Response Framework (PSIRF) based on 'Just Culture' principles.

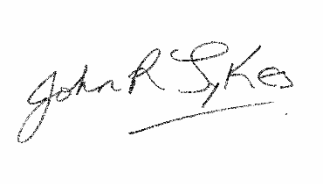
We have refined our approach to education and training following a needs-based approach.

SMART outcomes

We have completed Getting it Right First-Time reviews and introduced the multiagency discharge events (MADE). The 5 eyes approach has been applied to help those with intellectual disability who may be inappropriately placed.

Major historic events such as pandemics or wars are often paradoxically the locomotives of change and I think we may be seeing this now. Things will never be the same again, but I know that the employees of Derbyshire Healthcare will do everything they can to make them better.

I would like to take this opportunity to thank you for your wholehearted commitment and support.



Dr John Sykes
Medical Director

Statement from the Chair – Governors' Role in Trust Accountability

Governors have an important role in making an NHS foundation trust publicly accountable for the services it provides. They bring valuable perspectives and contributions to its activities.

Governors have two key duties:

- To hold the Non-Executive Directors to account for the performance of the Board
- To represent the interest and the views of the Trust membership and the public.

Governors are required by law to represent the interests of both members of the NHS foundation trust and of the public. To support governors in this statutory duty, a governor engagement log has been developed to enable governors to log concerns and feedback from Trust members and the public about issues relating to the Trust. The information helps governors to identify common themes/issues relating to the Trust to raise with Non-Executive Directors and on which to hold them to account.

During 2021/22 governors escalated several items from their engagement activities to the Council of Governors (CoG) seeking assurance from Non-Executive Directors relating to:

- The capacity in A&E through the Mental Health Liaison teams to support people with deteriorating mental health as a result of COVID-19, and in particular older adults and those with longer term conditions such as Bipolar Disorder, who may have had other access to support in the community which they have not been able to access.
- The current status on psychiatrist recruitment and retention to the Trust's psychiatric services; and in particular, an update on vacancies and whether these have been filled by permanent staff, locums or remain vacant.
- The wait lists for children and young people services including CAMHS (Children and Adolescent Mental Health Services). Are the waiting list initiatives improving waiting times and what is the average wait time now for our services?
- Governors sought assurance that the issues raised concerning the Trust in a carers story shared with the Trust Public Board have been addressed; and if not addressed what plans are in place to address the issues.
- Are patients given appropriate communication if an appointment is cancelled? Are parents of young people being included in communications to enable them to support their child?
- Have staff received additional support during the pandemic and, also, if they have long COVID? Is additional support being provided by Occupational Health and wellbeing support staff?
- Have the issues raised by the staff networks been addressed e.g. getting appropriate support, training, time to fulfil the Chair and Vice-Chair roles, supervision, communication with the Trust.

Non-Executive Directors present responses to questions escalated to the CoG and governor's feedback to individuals/groups who raised issues. The questions and responses are attached to the Council of Governors meeting minutes which are published on the Trust website in the public domain.

Selina Ullah,
Trust Chair and Chair of the Council of Governors

Part 1: About Our Trust

Derbyshire Healthcare NHS Foundation Trust (DHCFT) provides a wide range of care provisions across Mental Health, Neurodevelopmental, Children's and Older Adult Services across the city of Derby and Derbyshire County.

Our Services

Derbyshire Healthcare NHS Foundation Trust Provides a range of clinical services that are structured within the following divisions:

- Acute Mental Health and Assessment Services
- Community Mental Health Services for Adults of Working age
- Forensic and Mental Health Rehabilitation Services
- Mental Health Services for Older People
- Specialist Care Services
- Children's Division - Children and Young People's Services – Health and Children and Young people Services – Mental Health
- Neurodevelopmental Services

Acute Mental Health and Assessment Services for Adults of Working Age

The services in this division include the Radbourne Unit in Derby, the Hartington Unit in Chesterfield, and urgent assessment and home treatment services that include the triage, Crisis and Liaison teams. Recently this service has also introduced the 24 hour 7 days a week Support Helpline Service. Teams continue to work towards the Royal College of Psychiatry AIMs standards as well as preparing and engaging in work to create two new hospitals, a high dependency unit and Psychiatric Intensive Care Unit.

Community Mental Health Services for Adults of Working Age

Community Mental Health services are provided across Derby city and the county for people with mental health needs that require specialist mental health interventions and care.

Forensic and Mental Health Rehabilitation Services

The Forensic service line includes the Criminal Justice and Liaison team, Placement Review team, Community Forensic team and the Kedleston low secure inpatient unit. Our rehabilitation inpatient services are within Audrey House and Cherry Tree Close. Furthermore, the division has recently launched the Community Treatment Requirements Pathway for Learning Disability. A close collaboration with IMPACT has supported pathway development and inpatient services continue to be members of the Quality Network for Forensic Mental Health Services which includes peer reviews, all have been positive in the last 12 months.

A recent pilot into community rehabilitation services is also underway, in reaching into acute inpatient unit and supporting flow

Mental Health Services for Older People

The Trust provides inpatient services for people suffering with dementia on the Cubley Court wards and an inpatient service for people experiencing functional illness on Tissington Ward. This division also provides intensive care through the Dementia Rapid Response Teams (DRRT).

Specialist Care Services - Derby and Derbyshire Recovery Partnership Consortiums

These provide substance misuse services to meet the health and harm reduction needs of those in Derby and Derbyshire with a drug and/or alcohol problem. The teams offer different

levels of support from brief advice and harm reduction to intensive structured 1-to-1 and group work. Derby and Derbyshire Partnerships also manages all substance misuse substitute prescribing for drug or alcohol treatment across Derbyshire.

Other Specialist Care Services

Other services include the, eating disorder services for adults, physiotherapy, dietetics and talking therapy mental health services.

Children and Young People's Services - Health Visiting (0 to 5 Years)

The way we provided our 0 to 19 service changed during the COVID-19 pandemic, so as to align our compliance to national infection prevention and control guidance. Some of our key visit schedules changed and the new ways of working include telephone assessments. Parents and children with concerns can also contact us through ChatHealth, which is a secure and confidential text messaging service. It allows easy access to healthcare professionals for advice and support. The text messaging service is powered by the ChatHealth system, used by several NHS Trusts across the country.

Children's Mental Health Services (CAMHS) - Derby and Southern Derbyshire

We support children, young people, and their families/carers, in Derby City and South Derbyshire. Our services have been rated 'outstanding' by the Care Quality Commission (CQC).

Neurodevelopmental Services

This is a recently created division that provides services through the autistic spectrum disorder (ASD) assessment service, learning disability services and further development is underway for Autism spectrum disorder crisis and treatment services.

Our Vision and Values

The Trust Vision is:

To make a positive difference in people's lives by improving health and wellbeing

Our Values

Our vision is underpinned by four key values, which were developed in partnership with our patients, carers, colleagues, and wider partners:

- **People first** – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care
- **Respect** – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment
- **Honesty** – We are open and transparent in all we do
- **Do your best** – We work closely with our partners to achieve the best possible outcomes for people

Part 2: Priorities for Improvement
About the Quality Account

Annually, NHS healthcare providers are expected to provide an account about the quality of the services provided to the populations served. The Quality Account work programme, throughout the year engages partner organisations, commissioners, service users, carers, and staff in an open and transparent way to collate feedback about the services provided, looking back at the previous year's quality priorities, celebrating achievements, acknowledging, challenging, adopting learning and setting priorities for the new financial year. Also, this Quality Account will provide the required statutory narrative about the quality-of-service delivery as laid out in the Health Act 2009 and the Health and Social Care Act 2012.

The Quality Account is expected to reflect the statutory requirements and the Trust's review of its quality priorities for the past 12 months and the agreed priorities for the coming year.

Quality Account Governance Arrangements

The Executive Director of Nursing & Patient Experience and the Medical Director have overall oversight and responsibility and the Deputy Director of Nursing and Quality Governance is responsible for the production of the annual Quality Account.

Throughout the year, the divisional Heads of Nursing are engaged in working with clinical and operational staff and service users. Forums such as the Patient Experience Committee (PEC), Healthwatch, and the Patient and Carers EQUAL Forum review progress on our key quality priorities. Progress on the quality priorities is reported to the Quality and Safeguarding Committee on a quarterly basis.

Priorities for Improvement and Statements of Assurance from the Board

Our Quality Priorities for Improvement 2021/22

The Quality Account starts with the Quality Priorities that have been identified as key areas of focus for 2021/22, which the Trust intends to provide or sub-contract.

The Quality Priorities for 2021/22 were as follows:

1. Learning lessons from our COVID-19 experiences and planning for the future
2. Focusing upon and improving sexual safety and reducing sexual violence programme
3. Focusing upon the reducing violence and restrictive practice workstream

These are also embedded with the Trust Strategy, as a way of integration into core business and all Trust Quality Priorities are reported to the Quality and Safeguarding Committee.

Our Progress on the Quality Priorities for Improvement 2021/22

Priorities	Quality Priorities 2021-2022
1. Learning lessons from our COVID-19 experiences and planning for the future	• Quick implementation of the Incident Management Team and Subgroups to provide a pyramid of governance through the COVID-19 pandemic • Frequent and regular Trust wide and Service specific engagement events for Trust executives to identify lessons to be learnt and action plan change • Altered approach to lockdown restrictions including continued face-to-face contact within the 2021/22 lockdown. • Implementation of the Health Protection Unit, creating an environment and team to offer vaccines, support and advise in relation to the COVID-19 pandemic • Engagement of patients, carers, and service users through the EQUAL forum • Taking a whole person and wellbeing approach to the pandemic
2. Focusing upon and improving sexual safety and reducing sexual violence programme	• Pilot set up in relation to improving sexual safety and reducing sexual harm across inpatient acute wards • East Midlands Alliance partnership and collaboration commencement. • DHCFT identified as a key partner for the East Midlands Community of Practice • Work underway to align definitions of sexual safety incidents to allow for future benchmarking across organisations • Training resources shared across East Midlands' Trusts for united approach • Service user leaflet created • Improved Sexual Safety Policy in development • Working alongside third sector and statutory partners to ensure colleagues equipped with confidence and skills • Early detection and responsive safeguarding team if any allegations of this nature occur.
3. Focusing upon the reducing violence and restrictive practice workstream	• Implementation of Reducing Restrictive Dashboard for 'at a glance' data management • Development of Closed Culture Pathways with the Trust Freedom to Speak Up Guardian • Implementation of Body Worn Cameras with a reducing restrictive practice approach • Implementation of Safety Pods • East Midlands Alliance partnership and collaboration commencement. • Working on future planning through engagement with future new build units and specialist units such as Psychiatric Intensive Care Units and High Dependency Units • Improved service user and expert engagement through the EQUAL forum and Positive and Safe Group • Implementation of improved training and support through projects such as the Band 5-6 Competency Framework • Review and improvement of Patient Supporting Observation processes including ongoing developments to Handheld Devises and Technology

Our Quality Priorities for Improvement 2022/23

As the NHS begins to step away from the command-and-control structures implemented due to the COVID-19 pandemic we look forward to our next Quality Priorities. As national restrictions reduce, we look to increase face-to-face contact, re-establish previously reduced services and ensure continued quality improvement, striving for great care.

Our 2022/23 Quality Priorities for Improvement are as follows:

- Sexual Safety will be continued:

- Pilot areas continued
- Increased training
- Community of Practice (CoP) aligning definitions of sexual safety
- Aligned benchmarking
- Improving confidence and skills

- Implementation of a Trauma Sensitive Services Strategy

- The Trust's Psychological team is working within divisions to improve Trauma Informed approaches:
    - Set up a working group
    - Engagement with Psychology department to lead professional group to author the strategy and design with clinical professional colleagues on improvement plan.
    - Key Performance Indicators to be identified connected to the newly revised Trust strategy

    a) Including the management of waiting lists
    b) Environments in which service users experience
    c) Support available to staff as part of their roles and post incident

- Implementation of the new Mental Health Legislation, including the Mental Health Act (MHA) and Liberty Protection Safeguards (LPS)

- Trust's working expectation is that LPS will come into being within the next 12 months
    - The Trust is presently concentrating on improving the standard of capacity assessments prior to admission and discharge
        - Aiming to improve patient care and involvement of patients.
    - Has established an internal steering group to navigate the minefield of implementation once we have the draft code and regulations
        - We have begun scoping out the potential numbers affected by this and looking at workforce requirements to undertake the assessments required under the new regime.
- MHA there is no date at present for implementation
    - The aim is to look to continue with care in the community and putting patient at centre of their care and choices.
        - The MHA updates will introduce the ability for patients to choose their nearest relative
        - And will put on a more formal footing individualised care plans/preference.
        - With these changes, the Trust and new legislation aims to increase the amount of time spent working with families and patients in order to

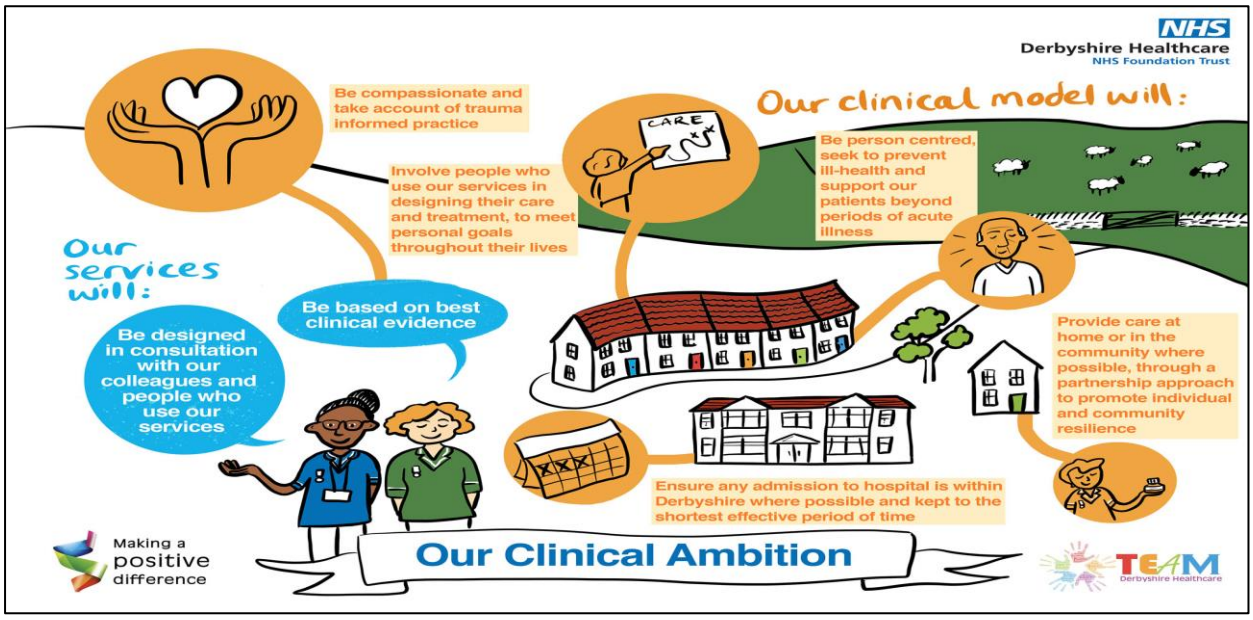
put them at the centre of their care and to ensure the service user/patient is in charge of their own care.

- Implementation and delivery of all named CQUINs or contractual targets
    - After a break in CQUIN targets, 2022/23sees their return and the Trust aims for 100% compliance and completion.

Through the improvements made in Quality Improvement processes through the Quality Priorities from 2019 to 2021, the 2022/23 priorities will be taken through relevant governance processes, a working group and the Quality and Safeguarding Committee to ensure a core business approach.

Our Clinical Ambition

Our clinical ambition remains in place in our new strategy. The continued focus of care closer to home, and trauma informed practice is still at the very heart of our future.



Our Engagement with Service Users, Carers, Families and Participants

Service User Engagement

We extend our heartfelt thanks to service users and carers. The last year has been challenging for our carers and participants. The Trust continued to engage with carers throughout the year. The monthly Carers Engagement meeting has been retained throughout the year, allowing us to listen to Carers' concerns and act on them as appropriate. We maintained and improved our links with Voluntary, Community and Social Enterprise (VCSE) organisations to ensure all were up to date on support offers. We worked in a coordinated way across the Health and Social Care system to support and promote Carers Rights Day using social media and posters to promote local events.

We have resumed Triangle of Care Carer Awareness Training after it was suspended in the early days of the pandemic and we continue to be committed to our Triangle of Care membership. We are a two-star organisation and have worked to maintain our standards throughout the pandemic.

The EQUAL Forum

Our EQUAL forum has continued to meet within its monthly working group and quarterly forum, even during tighter restrictions linked to COVID-19 in the last 12 months. The forum has focused on improving processes for the complaints procedure, supporting new build development, improving discharge process and engagement with the Living Well Project. With the EQUAL forum becoming well established, there has been an ability to create and improve surrounding subgroups and forums, improving the expert and participant voice and impact on DHCFT progression moving forward.

Collaborative Work with the Voluntary Sector and Community MH Trusts

Partnership working with community partners has always been central to a recovery focussed approach in mental health, essential for services to be able to embed a person-centred CHIME framework (Connectedness, Hope, Identity, Meaning in life and Empowerment). With restrictions reducing over the past 12 months in relation to the pandemic and face-to-face contact increasing, and the developments within the community mental health framework and Living Well projects there have been positive opportunities for more collaborative working with VCSE (Voluntary, Community and Social Enterprise).

The collaborative work with VCSE and community mental health teams (adults and older adults) has focussed on partnerships at several different levels:

- Embedding 'recovery and peer support services' (P3, Rethink, Federation of Mental Health and Richmond Fellowship within our CMHTs). These services now attend team meetings and referral pathways have become more collaborative and streamlined. Teams have looked at how services can work together from the beginning of a service user's journey, throughout recovery and towards enabling supported discharge. This joint working has also enabled the development of new peer support groups and volunteer opportunities within the community
- Partnership working with Derbyshire Voluntary Sector Mental Health Forums (North and South) - Closer collaborative working and support have enabled more joined up thinking and connections with voluntary groups for mental health services
- Community Voluntary Services (CVS) and Social Prescribers - Connecting local CMHTs to locality-based CVS has enabled local connections to the wider community to offer to support people's needs at grass roots level. Social Prescribers are a new workforce within Derbyshire that are working closely with CMHTs to link people into local opportunities to support wellbeing
- Locality Health Partnership Mental Health sub-groups. Each locality in Derbyshire County is developing a locality mental health sub-group to encourage partners within a geographical area to work together to improve mental health. We are part of these sub-groups
- New joint opportunities - Improved collaborative working has enabled support to larger funding bids

Patient Care Activities and Service User Engagement

This year the Trust has continued to provide its core services and has also supported community public health initiatives which include:

- Working as partners with Joined Up Care Derbyshire (JUCD) to create two prototype sites for an improved community mental health offer
- Our older adult services have used digital technology in an innovative way to provide 24-hour care providers with support online without increasing their risk by visiting them during the pandemic

- The inpatient rehabilitation services have developed and are piloting an outreach model of care to support people in the community, post discharge from rehabilitation inpatient services
- Our 'emotion regulation' pathway of care has been launched and developed across our adult services
- Our individual placement support service has been developed further across our adult and older adult services
- We have strengthened our community-based partnership working with the voluntary, community and social enterprise sector

The Trust engages service users in projects such as the dormitory eradication programme and the 'living library', which is a lived experience recording project and service users and carers are frequently invited to attend Board and share their experiences. The 'patient stories' allow the Board to receive first-hand experiences of service provisions and help to highlight any areas for quality improvement. Furthermore, the Board Stories allow for change to occur, that is led by the experiences of our service users, carers and participants. A review of the learning from Board stories has been undertaken in February 2021 to review the impact of the learning on the organisation from all stories. This year, the Trust reviewed one Board story and the learning from one person who had been an inpatient and her and her GP's experiences of navigating services for PMDD. Premenstrual dysphoric disorder (PMDD) is a very severe form of premenstrual syndrome (PMS). It causes a range of emotional and physical symptoms every month during the week or two before your period and the life changing impact this has had on women.

To demonstrate the importance of participant engagement (experts, carers and families), the Trust in 2021 has taken the time to create a Participant Recognition, Remuneration and Reward policy. This policy has highlighted the expectation from the Trust to always ensure anyone engaging in the Trust to develop and support services should always be Recognised, and either Rewarded or Remunerated. This has been positively received by the EQUAL forum and Carers group and boosted engagement and appreciated by participants.

Well-Led Requirements for Quality

Trust Registration with the Care Quality Commission (CQC)

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

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

The Trust provides services from three registered locations: Kingsway Hospital, the Radbourne Unit in Derby and the Hartington Unit in Chesterfield, as well as our centrally registered extensive community services.

Leadership and Quality Governance

Arrangements in Place to Govern Service Quality

The Quality and Safeguarding Committee continues to be the principal Committee for Quality governance for the Trust. In each meeting, a level of assurance is received and recorded and any issues to be escalated to Board are summarised and recorded by the Chair.

The Mental Health Act Committee continues to be a core Committee for quality governance of legislation for the Trust. In each meeting, a level of assurance is received and recorded and any issues to be escalated to Board are summarised and recorded by the Chair.

The Board regularly reviews performance and effectiveness and have oversight of any risks. At each Board meeting the Board Assurance Framework (BAF), Performance Dashboards and Board Committee summary reports are scrutinised and key risks to service delivery, quality of care or staff wellbeing, for example, are discussed in detail and actions to mitigate any risks are agreed. The steps to mitigate any risks are monitored by the Board Committees, who in turn provide the Board with assurance.

When the pandemic became apparent, an Incident Management Team was established and continues to provide a supportive and oversight structure to the Trust which includes governance oversight via various work cells. As the pandemic and restrictions turn to "business as usual" the Incident Management Team has begun to stand down and reduce, moving away from a command-and-control emergency planning approach.

Quality Compliance and Governance

Throughout 2021/22, the Trust has continued to focus on quality compliance and quality governance, whilst managing the challenges of the pandemic.

To support the functioning of the Trust during the pandemic, all services developed Standard Operating Procedures (SOPs) around key areas. An example of this is iPads for digital visiting for inpatient areas which supported prioritising people for home visits in our community services, how we manage working with people who are COVID-19 positive and how we support people to stay safe during the pandemic. These procedures have been regularly reviewed and updated in line with changes in national guidance. Governance oversight and sign off was provided by the Ethics and Clinical Governance Cell of the Incident Management Team.

Inpatient services for working age adults have continued to work to Accreditation in Inpatient Mental Health Standards (AIMS). The standards for the Acute services are unlikely to be fully met due to the limitations of the current estate. However, they still work towards the remaining standards. The AIMS standards for rehabilitation services were refreshed in December 2020, so our inpatient rehabilitation services will be working towards those as appropriate.

Our inpatient perinatal services remain accredited with the Royal College of Psychiatrists College Centre for Quality Improvements.

The application for central funding for the eradication of our dormitory provisions has now been accepted and planning permission granted for two new hospitals. This is an exciting opportunity to develop a state-of-the-art hospital that supports high quality inpatient care. This project has been co-produced and involved carers and experts throughout to ensure the best results possible.

We have also started to develop our new Psychiatric Intensive Care Unit (PICU) which is being financed from the Trust's capital plan with support from Derby and Derbyshire Clinical Commissioning Group. This will allow us to provide local PICU care whereas currently anyone requiring PICU care is transferred out of area. This supports our commitment to the NHS Long Term Plan and bringing care closer to home.

The Trust has participated in a number of national benchmarking activities including Learning Disability services, Child and Adolescent Mental Health services, and Working Age and Older Adult Mental Health services.

Quality Governance and Assurance Overview

The Trust has developed a suite of dashboard quality governance systems that enables monthly reports to be analysed at divisional level by the operational and clinical leads. The Board receives assurance from the Quality and Safeguarding Committee that provides oversight to the Trust Quality Strategy and the priorities workstreams.

The Trust is under segment 2 of the NHS England/Improvement Oversight Framework. This mechanism is designed to support NHS providers to attain and maintain the care Quality rating of 'Good' or 'Outstanding'.

Disclosures Relating to Quality Governance

There is clear consistency between the Annual Governance Statement, the Board Statement, the outcomes of our regulatory inspections and the Trust's current overall rating of 'Good'. The Trust continues to have a number of services with significant capacity and demand pressures as a result of our population and community needs. This is particularly evident in children's and mental health services. These pressures are additionally influenced by the Trust continuing to have some historical key commissioning gaps.

Arrangements for Monitoring Improvements in Quality

Improvements in quality are monitored in several ways, through regulatory inspection, partnership working and oversight with the Clinical Commissioning Group, continued audit and sustained work from previous CQUINs.

The Trust has participated in national audits as well as its own internal audit plan. Some of the internal audit activity was impacted by the pandemic but is currently being restored.

Clinical Quality Review Group meetings with the CCG were formally stood down for much of 2020/21 but have now been recommenced in preparation for the 2022/23 financial year. However, key individuals from both organisations met monthly to review progress on quality improvements and provide assurance.

STAFF

Workforce Engagement and Staff Welfare

Over the last year, live engagement events have been held regularly with colleagues across the Trust led by the Chief Executive and supported by other Executive Board members. These have allowed colleagues to meet with members of the Board and senior divisional leaders to talk about how care is being delivered, provide feedback to the leadership team and raise any concerns they may have.

Staff Engagement

Throughout 2021/22, the Trust has actively engaged with staff through the Staff Forum and by using 'live engagement events' (on Microsoft Teams). These are completely open arenas giving staff direct access to the executive team and senior leaders. Staff are encouraged to share any concerns, good and bad practice, areas for improvement and any initiatives they feel could improve quality of care, service delivery or working conditions/work-life balance.

Throughout the pandemic, the Trust has constantly communicated with staff keeping them updated on subjects such as COVID-19 infection and prevention control, personal protective equipment (PPE) provisions and guidelines, the COVID-19 vaccination programme, lateral flow testing re-deployment opportunities and support, plus the national guidance and

changes in legislation. Staff have praised the Trust for its inclusive and proactive approach to the communications and for the support provided regarding staff wellbeing and opportunities for flexible working as evidenced in the staff surveys.

The Trust recognised the pressures that staff were under during the pandemic and how the intensified working conditions impacted on staff wellbeing. Staff shared their thoughts and concerns through the engagement events and the Trust immediately responded with support in ways such as:

- **Resolve Staff Support Service** - An on-site counselling service which offers free, 1-1, completely confidential talking therapies to support colleagues with challenges, both at work and at home

- **Thrive App** - National Institute for Health and Care Excellence (NICE) accredited app that contains cognitive-behavioural therapy (CBT) programmes, meditation, and breathing and relaxation exercises

- **Wobble Rooms** - Rooms at each base designed to give colleagues a safe space to have a moment, refresh, and re-charge during a busy shift

Staff Experience and Staff Survey

The Different Ways in Which Staff Can Speak Up if They Have Concerns Over Quality of Care, Patient Safety or Bullying and Harassment Within the Trust

The Freedom to Speak Up Guardian at DHCFT is one of the routes for speaking up within the Trust. Other options are also available, and these include speaking up directly to line managers, senior managers, clinical leads and to senior leaders including the Chief Executive, the Non-Executive Lead for Speaking Up, to unions / staff-side representatives, People Services and the forums and networks available to staff, students, preceptors or junior doctors, and also through incident reporting tools.

The FTSUG has also created a network of FTSU champions across the Trust who listen and signpost workers to the FTSUG for further support.

The staff intranet, Focus, also includes access to a reporting portal which allows staff to raise their concerns – They can also speak up anonymously if they wish to do so.

There is a Freedom to Speak Up Policy which includes information for staff on speaking up and escalation routes. It also covers external bodies to speak up to and provides guidance on what detriment is and how to report it.

How Feedback is Given to Those Who Speak Up

The FTSUG ensures that feedback is provided to those who have spoken up and also records when the feedback was provided and what it was. This is done by keeping in touch with workers who have spoken up and with leaders who have had concerns escalated to them, to gain an insight into what support and outcomes have been offered. For some workers, this might simply involve a discussion with their manager, whilst for others it might involve a more formal process involving an investigation or employee relations process, to effectively provide outcomes, learning and development.

The FTSUG does not carry out investigations and is unlikely to have sight of an investigatory report, but they will ensure that those who have spoken up have had some closure in relation to the speaking up element of the process.

The FTSUG reports speaking up themes and learning and development from these themes to the Trust Board on a six-monthly basis. The FTSUG also makes a six-monthly report to the Audit and Risk Committee and contributes to the People and Culture Committee dashboard, to enable oversight of common themes and how feedback has been acted on in terms of learning and improvement.

How We Ensure Staff Who Speak Up Do Not Suffer Detriment

The FTSUG records whether a worker believes they are suffering or have suffered detriment for speaking up. Detriment is taken seriously and is reported directly to the Executive Lead for Speaking Up to enable responsive action to be taken. The Executive Lead for Speaking Up, the Trust's Chief Executive is committed to making sure that barriers to speaking up are removed; and that where detriment is experienced this is addressed and explored, and appropriate and relevant lessons are learned.

The FTSUG actively promotes the role across the Trust through speaking to a range of workers and through communications bulletins. In this way, the FTSUG is able to address the issue of detriment and to ensure that workers understand that those who speak up should not suffer reprisals for doing so.

Concerns with Regards to Quality of Care, Patient Safety or Bullying and Harassment

If the FTSUG receives a concern around patient safety and quality this is immediately escalated to the Director of Nursing and Patient Experience. If the worker's concern is around bullying and harassment then, with their consent, this is shared with their line manager and/or appropriate senior leader - It may also be shared directly with Employee Relations. The FTSUG Guardian also works to triangulate data around patient safety so that a broader picture of FTSU culture, barriers to speaking up, potential patient safety risks and opportunities to learn and improve can be built on.

Where workers have a specific concern around bullying and harassment, they can approach the FTSUG, their line manager, senior leaders, unions/staff-side representatives, and the People Services Employee Relations Team for advice and support. Staff are directed to the Dignity at Work policy and the Trust's Bullying and Harassment booklet. They could also discuss concerns with our Resolve Staff Support service or our Employee Assistance Line in confidence.

The FTSUG also reports directly to the National Guardian's Office (NGO) on numbers of workers speaking up around patient safety and quality and bullying and harassment to support the national picture of concerns raised across all NHS Trusts and Foundation Trusts in England.

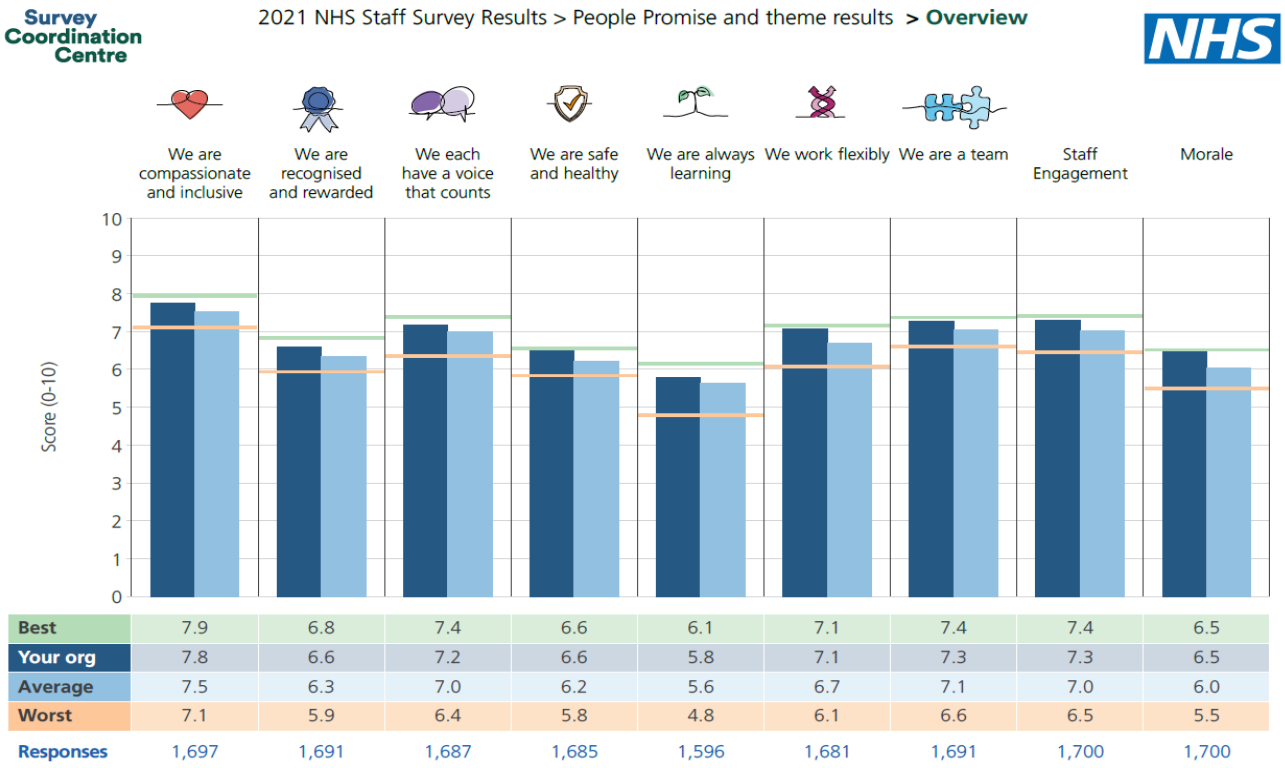
Closed Culture Review

With improvements in accessibility to Freedom to Speak Up, also comes a focused approach to identifying, reviewing, and improving Closed Cultures. In 2019 the CQC published their Closed Culture Review and within this identified some key areas of awareness that related to Closed Cultures and the direct impact this has on Clinical Care, Practice and the Patient and Carer Experience. Which if left unmanaged, can lead to abuse. Derbyshire Healthcare NHS Foundation Trust has created a working group to create working guidance and standard operating procedures for Closed Culture Processes. This is being done in line with the Trust Freedom to Speak Up Guardian, psychology colleagues and as a result a regular staff survey has been created along with face-to-face and other ways for staff to raise concerns within their area. Furthermore, a process is in place for reviewing

quality dashboard data to identify areas of concern that may be linked to closed cultures. Allowing for leadership teams to act and improve at the earliest opportunity.

Staff Survey

The 2021 Staff Survey presented a response rate of 62% (10% above the median) and a total of 1,703 questionnaires completed. Results have demonstrated above average in all areas and Derbyshire Healthcare is proud to be best in staff feeling Safe and Healthy, Flexibility and Morale.



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.8	6.6	7.2	6.6	5.8	7.1	7.3	7.3	6.5
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	1,697	1,691	1,687	1,685	1,596	1,681	1,691	1,700	1,700

Rewarding Outstanding Practice – Staff Deed Awards

Mental Health Liaison Team South, Royal Derby Hospital

*****Service User Nomination*****

'Before I met the team, I was very worried about how they would help. Both were very patient and have had a positive impact on me immediately, with helping me reduce my negative thoughts and offering me hope that I will get better; it was also good to see Dr RA and have him assess me along with A and S as I know my anxiety does give me physical feelings and that they are a part of my mental health. I am very grateful to the team (MHLT) at the Royal Derby and look forward to a different future."

Care Transition Nurse and Healthcare Assistant, Bed Management Team, Hartington Unit

"They worked on a case to help bring a patient in to an inpatient bed. They recognised that the individual's mental health was worsening. Transport was not available until the following day. They demonstrated true selflessness and took it upon themselves to bring the patient safely in to hospital."

The Communications Team, Kingsway Hospital

"The Comms team has gone above and beyond in helping me, as a new NHS employee, with standardising a report that I needed to compile for the first time and was unaware of the best approach and best practice around design, fonts, etc. I contacted them at very short notice asking their assistance and guidance with the report having to go through governance for publication. They were absolutely amazing and very helpful, and really understanding. Their attitude was so comforting and did not make me feel uncomfortable or guilty about asking them for help. They also sent me very invaluable advice and pointers on how to do this in future. The team made me feel, as a new member of staff, that I am well supported, confident to ask for help and really contributed to my sense of belonging to the team and the organisation. Thank you. This will stay with me for years and years to come."

Community Paediatricians and Secretaries, Ronnie Mackeith Centre, Royal Derby Hospital

"I am proud to work with such a fantastic team who have all pulled together so admirably in what has been a really sad and challenging time recently. You have all looked after each other and it just shows how a great team of people can work really well together even in the most difficult of times. You are all amazing."

Staff Awards

The Delivering Excellence Everyday awards (DEEDs) continued throughout 2021/22 and there were many nominations for staff and volunteers received over the year.

The strongest theme across the year's DEED nominations and awards was the adaptability and resilience of staff demonstrated in their response to the pandemic.

Trust System Development and Transformation

During 2021 Derbyshire Healthcare NHS Foundation Trust has worked towards a strategic development of community services and systems in order to prevent ill health. In doing so the Trust aims to improve service accessibility at the point of entry, the ongoing flow and quality of care and documentation during and continued recovery and skill building at the point of discharge.

Derbyshire Healthcare is proud to play a leading role within the development of the Mental Health and Learning Disability Integrated Delivery Board. This provides a valuable opportunity to coordinate and lead partnerships and relationships outside the Trust to improve care for patients at all points of their care and truly take on the Joined Up Cared Derbyshire Visions and Values.

With Transformation and Development comes the ability to create a care setting where people are the true leaders of their care. The future changes to the Mental Health Act and identified quality standards for the upcoming year support this approach and Derbyshire Healthcare is dedicated to ensuring this is done through getting the basics right, quality improvement and sustainability.

SystmOne and Shared Care Record

2021/22 saw the ongoing roll out of services across the Trust onto SystmOne from our previous electronic patient record, PARIS EPR. Learning Disability Services (now Neurodevelopmental Services) and Children's Assessment Mental Health Services went live in December 2020 and Older Persons Mental Health inpatient and community services went live in June 2021. Despite two postponements due to the impact of COVID-19, the final phase of the transformation completed in May 2022.

Those services currently working on SystmOne, which also include Substance Misuse and Children's Services, can communicate directly with General Practices and clinicians are able to access patients' summary care records from their records. This has improved the ability for clinicians in the Trust to get a good overview of peoples' physical health conditions supporting agreeing treatment and care plans across services.

The Derbyshire health and care system are working together to create a single care record, to be able to be accessed by professionals from across the health and care sector. This will bring local authority records and information, as well as records from our large local hospitals and community health providers together and enable clinicians to access summary care records from across organisations. Once DHCFT has fully implemented the move of our records onto SystmOne, then DHCFT clinicians will be able to benefit from this wider access to information about patients and other clinicians will benefit from being able to access DHCFT information in the care and treatment of people.

Community Mental Health Framework

The last year saw the continuing design, prototyping and testing of a new model of delivery of community mental health services in line with the requirements of the NHS Long-term Plan for Mental Health. The Living Well project prototyped a new service in the High Peak locality, working between primary and secondary care services, looking at how people can

be supported in a different way with a greater focus on the social and environmental causes of mental ill health and linking in with the wider voluntary and community sector. This 12-week intervention has now been brought into the wider transformation of community mental health services, acting as a third tier of a new five-tier approach to care and support (traditional Community Mental Health Teams would have been positioned at tier 4).

This integrated model, which brings existing mental health services and voluntary and community services providers into an expanded and wider local multi-disciplinary team was co-designed and co-produced with local communities and stakeholder organisations in the High Peak and Derby City. The long-term plan (LTP) for Mental Health has brought additional investment into this new model of delivery and the new service in the High Peak and Derby City is expected to go live in the early weeks of 2022/23. Chesterfield, Derbyshire Dales and North East Derbyshire/Bolsover will undertake their transformation processes and receive the additional investment that goes with it in 2022/23, with the rest of the county going live in 2023/24.

Crisis developments including Children and Young People

Other system wide transformation programmes continued throughout 2021/22, including the further development and Crisis services across Children and Young People (CYP) and working age adult services. 2021 saw the establishment of our first “Safe Haven” in Derby for people in crisis to access as an alternative to attending A&E. The service, provided by the Richmond Fellowship is supported by Crisis and Home Treatment Teams (CRHTT) and the 24/7 Mental Health, Learning Disability and Autism Helpline. The helpline has now been operational for two years since being set up in response to the first wave of the pandemic and is now provided in partnership with P3 who employ the initial call handlers and peer advisors.

CYP Crisis Services are in the process of being established across the county by DHCFT and CRHTT using the first year of two years of investments to enable more children and young people to be supported in their own homes and communities and avoiding admissions. Other services to support young people in crisis in day facilities in the community are also in development. DHCFT and Chesterfield Royal Hospital (CRH) have worked together and coordinated action on recruitment into the teams to avoid destabilising existing services.

Introduction of CHAT Health

CHATHealth is a secure and confidential text messaging service for parents and young people across Derby City as part of our 0-19 service offer. It allows people to easily get in touch with a healthcare professional for advice and support. Those making contact do not have to give a name if they do not want to but are still able to send a message to get advice or to chat with a healthcare professional about any worries. We have implemented CHATHealth to improve access to health visitors and school nurses, with the aim of addressing some of the health inequalities relating to young males and diverse groups within our communities accessing our primary care services. As CHATHealth is open to the public and the person does not need to be under any DHCFT services, texts from the public are sent relating to physical and mental health, parental / infant health as well as other topics. We can then signpost people to the right information or provide a follow up via a 1-1

appointment if needed. This provides a positive approach to accessibility and bridging the gap of inequalities.

Organisation/Service	Launch Date	Number of Service Users (000's)	Number of Conversations Opened	Number of Conversations Opened (per 000 SU's)	Number of Messages Received
Leicestershire Partnership NHS Trust	Mar-2014	197	819	4.16	3522
Derbyshire Healthcare NHS Foundation Trust	Jul-2020	58	202	3.48	822
South Warwickshire NHS Foundation Trust	May-2016	76	156	2.05	597
Cambridgeshire Community Services NHS Trust	May-2015	472	851	1.8	3647
Nottingham City Care Partnership	Apr-2020	64	111	1.73	573
Devon County Council	Apr-2018	135	230	1.7	584
Sussex Community NHS Trust	Apr-2016	52	57	1.1	149
Midlands Partnership NHS Foundation Trust	Sep-2021	243	166	0.68	648
Nottinghamshire Healthcare NHS Foundation Trust	Jul-2016	171	100	0.58	636
Bolton NHS Foundation Trust	Sep-2019	73	23	0.32	92

Embedding of the Mental Health helpline

The Mental Health Helpline continues to be very active and well regarded. The introduction of the helpline during the pandemic has supported the increase in patient acuity and activity. The Mental Health Helpline provides an additional tool for people to access alongside clinical care teams over the 24-hour, 7 day a week period and provides access to a variety of professionals. This service has supported people into services as well as reduce the waiting time people face in discussing their concerns and in turn prevent crisis occurring. Furthermore, for those already in our care, it has provided another service for them to access out of hours when their care team may not be available.

Total calls answered by crisis line *Number of Phone Calls Recorded in Period*												
	Apr, 2021	May, 2021	Jun, 2021	Jul, 2021	Aug, 2021	Sep, 2021	Oct, 2021	Nov, 2021	Dec, 2021	Jan, 2022	Feb, 2022	Mar, 2022
Total calls answered by crisis line	2,276	2,607	2,379	2,432	2,912	2,789	2,710	2,719	2,968	2,908	2,711	2,226

New build Hospitals and Psychiatric Intensive Care Unit

Rapid progress was made in 2021/22 to continue the work to design and build new inpatient facilities to enable the eradication of dormitory-style accommodation in the county. The first outline business cases for the new acute units builds at Kingsway Hospital Derby, the CRH site in Chesterfield, the new PICU build, also at the Kingsway Hospital site and the refurbishment of the Radbourne Unit were all agreed by DHCFT and the wider ICS. Planning permission for the new builds was approved in February 2022 and the development cases now proceed to Full Business Case stage.

Throughout the process a co-production approach has been taken, engaging carers and service users to influence all aspects of the build. The programme remains on time to have completed the new builds by the end of March 2024 and have the services operational in the Spring of 2024.

New ICB and ICS Governance and Transformation

The local health and care system responded to the Integration White Paper, NHS England Guidance and the new Health and Care Bill as it progressed through Parliament in continuing to develop our Integrated Care System, Joined Up Care Derbyshire, to be ready to establish an Integrated Care Board, Integrated Care Partnership, Place Boards, and a Provider Collaborative. DHCFT Chief Executive Officer Ifti Majid continued to act as Accountable Officer for the JUCD Mental Health, Learning Disability, Autism and Children's Board, with the SROs for both the Mental Health and Learning Disability programmes being DHCFT Executives: Gareth Harry and Ade Adunlade, respectively. In addition, Ifti Majid is the lead CEO for the emerging Derbyshire Provider Collaborative. As the ICB and ICS continue to develop so does the effectiveness of the Joined-Up Care Derbyshire approach.

Physical Healthcare, COVID-19 Response and Health Promotion

Infection Prevention and Control

The Trust continues to provide a consistent high level of performance against infection control standards and related management activities. Numbers of reported cases of COVID-19 has remained low throughout the pandemic and there has been a limited number of outbreaks compared to other mental health organisations. It is believed this is a result of a combination of measures taken at the start of and during the pandemic. As a result, there has been very little service disruption for inpatient settings. Furthermore, Teams have worked with NHSE and PHE to ensure that learning and challenge, and scrutiny can be provided and assured against. This has resulted in a positive approach to learning lessons and communication.

COVID-19 Vaccination Programme Engagements

The Trust has continued to deliver the COVID-19 vaccine for both patients and NHS staff and partners on the Kingsway Hospital campus, with the further introduction of roaming vaccination programs, further improving uptake. Working innovatively with Joined Up Care Derbyshire Partners and Service Users, the Trust has reached out and offered support, information and has adapted processes to allow all who want a vaccine to receive it. This reasonably adjusted service has received significant levels of compliments from people and carers who use our services. This includes the use of technology such as QR codes to help our people gain access to proactive and preventative vaccination.

The Kingsway Hospital COVID-19 vaccination hub has provided weekly outreach to the inpatient wards through the Trust's main sites and outreach to the independent mental health sector. These clinical standards and to have constant flow of clinical information to know the vaccination status of all inpatients, and proactive offers of vaccination to all inpatients has been pivotal in our effective clinical management of the pandemic.

In addition, the introduction and connectivity with services to ensure rapid access to antivirals and new treatments in 2022.

Staff support and utilising a 'People First' policy and an individual BAME risk assessment, live engagement events were offered for staff to attend, address key topics, and highlight any queries.

Serious Mental Illness (SMI) Patient Innovations

Through the introduction and expansion of DHCFTs OneEPR transformation project, an opportunity has arisen to improve SMI access to annual physical health assessment and care. Providing an opportunity to target a patient group, who we understand through evidence have a higher rate of physical health risk. As the Community Mental Health Framework expands, so does to opportunity for joint working alongside Primary Care Services to improve SMI group quality of life. This is a continued focus of quality improvement going forward.

Health Protection Unit

In order to mobilise and implement the COVID-19 vaccination program, outreach to our SMI cohort and future-plan our vaccine programs, the Health Protection Unit has been created. This team has led and supported COVID-19 outbreaks, managed and improved internal Track and Trace processes and have been a point of continuous advice for patients and staff since implementation. This service has been embraced by our organisation and feedback on the team's responsiveness and support has been invaluable to the organisation.

Investment in Alcohol services

Derby City through its Public Health commissioners have secure additional investment in the services to support early help for increased alcohol use over the pandemic. This additional level of clinical investment is much needed in our city where consumption is a significantly elevated risk. The harms associated with alcohol on health outcomes are well known. This investment in 2021/22 will support many individuals to gain support as well as support our primary care colleagues in managing demand.

Collaboration in Learning Disability services

Derbyshire Community Health services and our organisation announced our collaborative working and support of county wide Neurodevelopmental services this year. We would offer

special thanks to the Learning Disability Leadership team who have been seconded to support bedded care clinical services and wider community services who have experienced significant staffing turbulence in 2021. Our clinical team in Learning Disability services have been exemplary in their service and their contribution to service stabilisation. Colleagues in our organisation have released staff to be seconded to stabilise the service, to the colleagues and their managers who agreed this emergency release, we are grateful. Our executive team extend our personal thank you to them for their intervention to ensure patient safety in another organisation.

Collaboration in the East Midlands Alliance

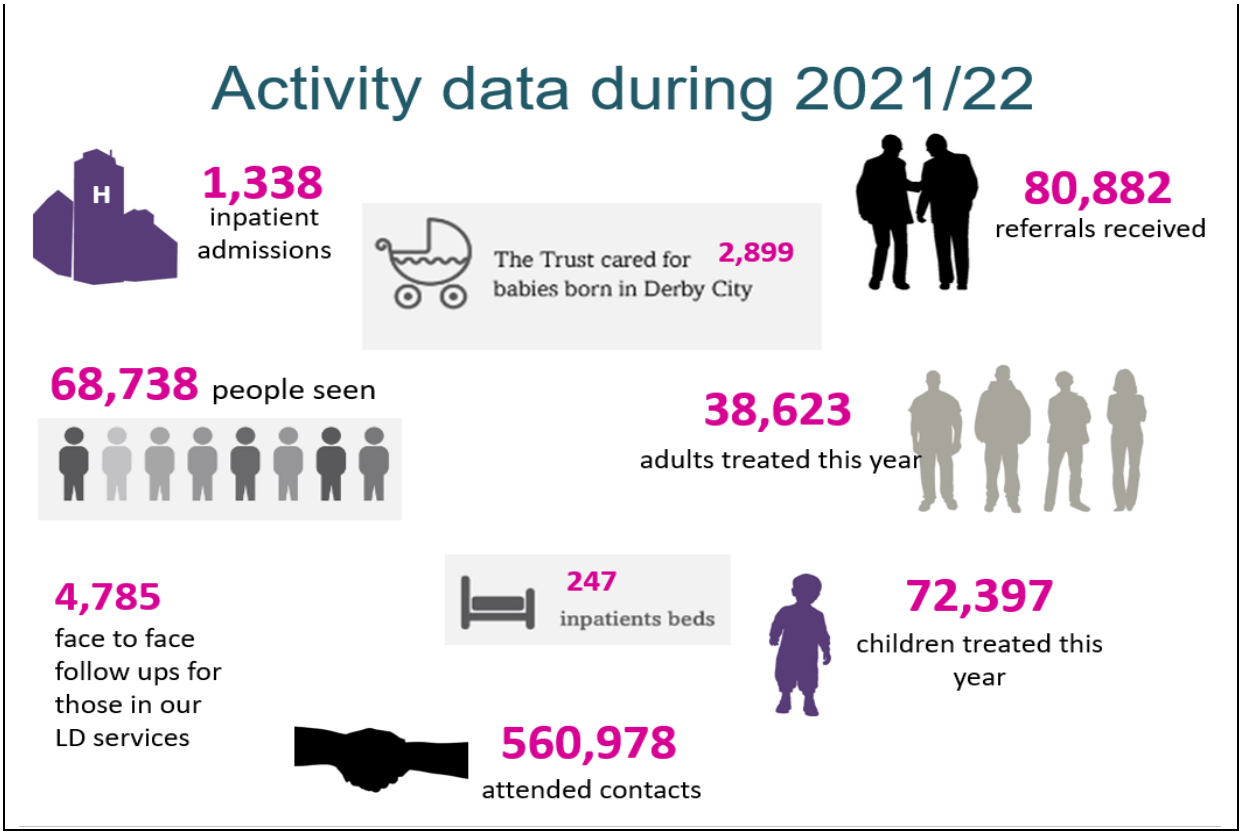
St Andrews Healthcare as a partner has had a period of clinical instability. We would offer special thanks to the Safeguarding and Forensic Operational leadership team who have been seconded or supported bedded care clinical services and who have experienced significant staffing turbulence in 2021. This includes support in the pandemic and in quality improvement of essential standards

Quality Performance Against the Indicators Which are Being Reported as Part of NHS Improvement's Oversight for the Year

Our Activity Data 2021/22

With regard to patient communication, the Trust has systems and processes in place to ensure that:

- A standard letter is sent to all patients on prolonged pathways reiterating advice related to engagement with healthcare services, symptom changes and support needs and providing a single point of contact to both secondary and primary care teams
- Where communication issues are known, this standard letter is available in an easy read format and in any applicable language
- An Electronic Patient Survey has been piloted through 2021 and has highlighted improvements in communication for service users, allowing for concerns, compliments, and complaints to be picked up by clinicians more easily and effectively.



Derbyshire Healthcare NHS Foundation Trust Performance Dashboard

	May, 2022			
	No.	%	Target	
- NHS I Targets - Oversight Framework				
- 3 Day Follow Up – All Inpatients	13	100.00%	80.0%	
- Data Quality Maturity Index (DQMI)	1,321,607	97.73%	95.0%	
- IAPT Referral to Treatment within 18 weeks	46	100.00%	95.0%	
- IAPT Referral to Treatment within 6 weeks	46	89.13%	75.0%	
- EIP RTT Within 14 Days - Complete	2	100.00%	60.0%	
- EIP RTT Within 14 Days - Incomplete	16	56.25%	60.0%	
- Patients Open to Trust In Employment	16,385	14.42%	N/A	
- Patients Open to Trust In Settled Accommodation	16,385	55.68%	N/A	
- Under 16 Admissions To Adult Inpatient Facilities	0	N/A	0	
- IAPT People Completing Treatment Who Move To Recovery	46	43.48%	50.0%	
Physical Health - Cardio-Metabolic - Inpatient				
Physical Health - Cardio-Metabolic - EI				
Physical Health - Cardio-Metabolic - on CPA (Community)				
- Out of Area - Number of Patients Non PICU	6	N/A	N/A	
- Out of Area - Number of Patients PICU	13	N/A	N/A	
- Out of Area - Average Per Day Non PICU	0.74	N/A	N/A	
- Out of Area - Average Per Day PICU	2.10	N/A	N/A	
- Locally Agreed				
- CPA Settled Accommodation	1,658	75.93%	90.0%	
- CPA Employment Status	1,440	72.01%	90.0%	

- Patients Clustered not Breaching Today	11,111	48.96%	80.0%	
- Patients Clustered Regardless of Review Dates	13,786	80.60%	96.0%	
- CPA 3 Day Follow Up	8	100.00%	80.0%	
- Ethnicity Coding	24,070	93.18%	90.0%	
- NHS Number	6,102	99.97%	99.0%	
- CPA Review in last 12 Months (on CPA > 12 Months)	1,658	92.28%	95.0%	
- Clostridium Difficile Incidents	0	N/A	N/A	
- 18 Week RTT Greater Than 52 weeks	0	N/A	0	
- Schedule 6 Contract				
- Consultant Outpatient Appointments Trust Cancellations	498	9.04%	5.0%	
- Consultant Outpatient Appointments DNAs	275	14.18%	15.0%	
- Under 18 Admissions To Adult Inpatient Facilities	1	N/A	0	
- Outpatient Letters Sent in 7 Days	28	100.00%	90.0%	
- Inpatient 28 Day Readmissions	15	0.00%	10.0%	
- MRSA - Blood Stream Infection	0	N/A	N/A	
- Mixed Sex Accommodation Breaches	0	N/A	0	
- Discharge Email Sent in 24 Hours	15	93.33%	90.0%	
- Delayed Transfers of Care	251	0.00%	3.5%	
ADULT CARE ACUTE	158	0.00%	3.5%	
FORENSIC & MH REHAB	35	0.00%	3.5%	
OLDER PEOPLES CARE	52	0.00%	3.5%	
SPECIALIST CARE SERVICES	6	0.00%	3.5%	
- 18 Week RTT Less Than 18 Weeks - Incomplete	1,388	53.82%	92.0%	

Waiting Lists and Service Development

CAMHS

2021/22 has been challenging, with referrals back to pre-pandemic levels, and an increase in acuity of presentation. We continually monitor our services against NHS Benchmarking information to ensure we are continually assessing our performance. We have continued to work creatively and with partner organisations. We are pleased to now have investment to commence the mobilisation of our 24/7 CAMHS Crisis team and additional funding to create a day support provision as an adjunct to the crisis offer. We are in the process of recruiting to these new, exciting services and undertaking significant building works to create a safe and supportive space for the day provision.

We have seen an increase in waiting times whilst working in a constrained way due to COVID-19 restrictions and the impact on our workforce. We have undertaken a targeted waiting list initiative, with good results, but the ongoing challenges of capacity remain.

Complex Health & Paediatric Therapy

Services have contributed to overall wellbeing of children and young people. Of particular note, are Specialist Nursing – Special Schools, who have maintained the specialist input for a very vulnerable group to remain in school throughout the pandemic response and supporting young people with complex physical needs with mobility and seating requirements via Occupational Therapy and Physiotherapy. Community Paediatrics and

Neurodevelopmental Nursing teams have continued to provide an assessment service and are seeing a sustained return to pre-pandemic activity levels.

0-19 Universal Child Health

School Nursing services have maintained a presence and have supported CYP through a disrupted academic year by virtual means. The service is also currently engaged in a redesign to return to the public health nursing principles and being adaptable and proactive to specific population needs. We look forward to being able to share more locally focussed outcomes.

Health Visiting continue to provide support through face-to-face and telephone contacts. A modification during the pandemic was to provide some face-to-face reviews in a clinic setting by appointment which has worked well, and we aim to maintain a blended model.

Waiting Lists

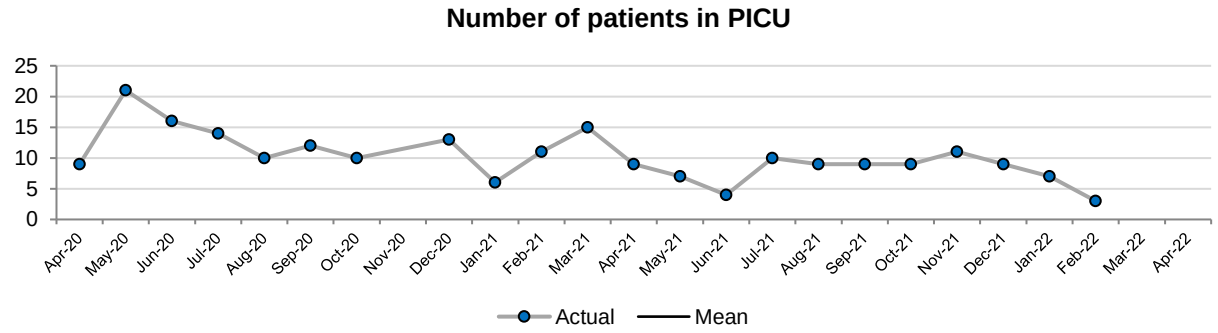
With the increase in face-to-face contact post-pandemic has come a surge in referrals into all areas of mental health services. This has created some challenge to teams and the need for new ways to manage waiting lists. As waiting lists and acuity has increased, so has the approach and teams have begun to work towards Trauma Informed approaches to their waiting lists. Examples of this are within the psychology department who have set up regular contact for all those waiting for assessment or treatment. Furthermore, some of our services have reduced their waiting lists despite the increase in demand such as our CAMH Services and other services who are actively working through the individuals who need the clinical services with pace.

Patients Placed Out of Area - Adult Acute Inpatients

Through the introduction of Multi-Agency Discharge Events (MADE) there has been a drop in inpatient occupancy rates over the past 12 months. With this drop in occupancy comes a reduction in the use of out of area beds, improving DHCFT's approach to the "close to Home" ??. For those patients who still need to be nursed out of area, DHCFT has largely placed them in Kegworth, a short distance from Central Derby.

Patients Placed Out of Area - Psychiatric Intensive Care Units (PICU)

Derbyshire Healthcare NHS Foundation Trust continues to have no PICU provision, which results in any patient needing a PICU bed being placed out of area. In 2021, DHCFT has received planning permission and outline funding to build its own PICU setting. The use of out of area PICU is closely monitored by the Clinical Commissioning Group and NHSE/I.



Customer Satisfaction Scores Broken Down by Protected Characteristics

To measure customer satisfaction, the Trust promotes the Friends and Family Test and respondents are asked to provide their ethnicity, age and gender.

Trust National and Local Clinical Audits Programmes (Continuous Data Collection)

Trust National Clinical Audits Programmes (Continuous Data Collection)

National Audits that DHCFT Participated In		Cases Submitted/Cases Required
1	POMH-UK 1h and 3e: Prescribing high dose and combined antipsychotics on adult psychiatric wards	Data collection due to begin in March 2022
2	POMH-UK Topic 9d: Antipsychotic prescribing in people with a Learning Disability	168 / 168 – 100%
3	POMH-UK Topic 14c: Prescribing for substance misuse: Alcohol detoxification in adult mental health inpatient services	17 / 17 – 100%
4	POMH-UK Topic 17b: Use of depot / LA antipsychotic injections for relapse prevention	199 / 199 – 100%
5	POMH-UK Topic 18b: Use of Clozapine	54 / 54 – 100%
6	POMH-UK Topic 19a: Prescribing for depression in adult mental health services	63 / 63 – 100%
7	POMH-UK Topic 19b: Prescribing for depression in adult mental health services	90 / 90 – 100%
8	POMH-UK Topic 20a: Improving the quality of valproate prescribing in adult mental health services	281 / 281 – 100%
9	National Clinical Audit of Psychosis (NCAP) spotlight audit	59 / 59 – 100%
10	National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP): Service user survey and Case note audit and contextual data questionnaire - phase 3 audits	Contextual 2 / 2 – 100% Case note 193 / 193 – 100%
11	National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP): Case note audit - phase 4 audits	Contextual 2 / 2 – 100% Case note 187 / 187 – 100%
12	Falls and Fragility Fracture Audit Programme: National audit of inpatient falls (NAIF)	TBC – Data collection underway
13	NAD (National Audit of Dementia) - Spotlight audit in community-based memory assessment services	Contextual 1 / 1 – 100% Case note 52 / 52 – 100% Patient / Carer feedback 7 / 50 – 14%

Trust Local Clinical Audits Programmes (Continuous Data Collection)

Local Audits that DHCFT Participated In		Cases Submitted/Cases Required
1	Physical health monitoring of patients on antipsychotics on acute wards: A retrospective audit	117 / 117 – 100%

2	Sharing of information between Midwife and Health Visitor where there are parents with mental health needs	152 / 152 – 100%
3	Patients with complex needs are allocated a Care Coordinator; Cases discussed at MDMs / Clinical Case discussion include analysis and action; and are documented within EPR	TBC – data collection underway
4	Section 17 leave documentation re-audit	54 / 60 – 90%
5	Capacity assessments for Nursing	TBC – Data collection underway
6	Campus Clinical notes audit	TBC – Data collection underway
7	NICE Quality Standard 86 - Falls in older people re-audit	43 / 43 – 100%
8	Older Peoples Community Clinical notes re-audit	66 / 99 – 100%
9	Re-audit of Assessment of Capacity to Consent to Antipsychotic Treatment in Dementia Patients	42 / 42 – 100%
10	Do referrals to Adult Social Care consider the impact of this on children within the family (Think Family)?	TBC – Data collection underway
11	Medicine's reconciliation according to HTAS (Home Treatment Accreditation Scheme) standards	30 / 30 – 100%
12	High dose antipsychotic (HDAT) uses in Forensic & Rehabilitation Wards	12 / 192 – 6.25%
13	Therapeutic activity within inpatient mental health services re-audit	TBC – Audit on hold
14	An audit on records with regards to practitioners who ask the domestic violence question in visits and how they analyse and compile action plans within the records	75 / 75 - 100%
15	Audit of adherence to clinical guidelines for prescribing antipsychotics for behavioural and psychological symptoms in dementia (BPSD) for patients under the Dementia Rapid Response Team	54 / 54 – 100%
16	Physical health monitoring of patients on clozapine	35 / 35 – 100%
17	Clinical audit of section 58 mental health act – updated plan for 2019/20 seventh re-audit	50 / 50 – 100%
18	All staff are fully aware of their role and responsibility if they are part of a core group	TBC – Data collection underway
19	Valproate Audit	TBC – Data collection underway
20	Prescription of Benzodiazepines at Discharge from Adult Inpatient Psychiatric Unit	TBC – Data collection underway
21	Physical Health Monitoring of Patients in an Open-Door Rehabilitation Unit	TBC – Data collection underway
22	Audit of Transition Process - CAMHS to Adult Services re-audit	19 / 90 – 21%
23	Re-audit on documentation of capacity and consent to treatment with psychotropic medication within 28 days of initiation of CTO (Compulsory Treatment Order)	TBC – Data collection underway
24	Q-Risk and Lester monitoring on 1 day across a mental health unit (Hartington unit)	56 / 56 – 100%
25	Documentation of self-harm history for inpatient admissions at the Hartington Unit	TBC – Data collection underway

Research in Derbyshire Healthcare NHS Foundation Trust in 2020/21

The number of patients receiving relevant health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2021/22 that were recruited during that period to participate in research approved by a Research Ethics Committee: 1,298.

We are grateful to everyone who supported research during another challenging year. In 2021/22 we continued to be affected by the ongoing impacts of COVID-19. We found ourselves once again supporting clinical service delivery through redeployment of research staff whilst managing the recovery, restoration, and growth of our research programme. Whilst COVID-19 research remained a high priority, it was a year to refocus on the wider programme of health and care research.

Some of the National Institute of Health Research (NIHR) clinical research we hosted this year included:

- **SIREN: (The Impact of Detectible Anti SARS-Cov2 Antibody on the Incidence of COVID-19 In Healthcare Workers)** This study has continued Nationally and here at DHCFT over this last financial year. This is the world's biggest real-world study into COVID-19 antibodies and has informed national policy, answering the big questions as they come up, such as can re-infection occur, do antibodies offer protection, how effective are the vaccines and how long does it take them to work and what more can we find out? These discoveries would not be possible without the work and effort by so many people; including the 100 members of staff from DHCFT who are seen every fortnight by our research team and who give up their time in the interest of science.

- **CO-PACT: (Experience based investigation and Co-design of approaches to Prevent and reduce Mental Health Act Use)** The Mental Health Act allows professionals to admit people to hospital against their will. People from black and minority ethnic communities are more likely to get care this way. This can be distressing, reduces trust, and is costly. The government's review of these laws recommended more research to understand the rise in use of compulsory care. The review asked for the views of service users, carers and mental health staff.

  This research asks people about their experiences of compulsory admission to hospital, using a creative process involving photography to capture their experiences. It has been well received by our service users and staff making us one of the highest recruiting trusts in the UK and providing a great opportunity for staff and service users to express their feelings around this difficult element of mental health care within the workshops.

- **Pathfinder: (Problem Adaptation Therapy for Individuals with Mild to Moderate Dementia and Depression)** Depression is very common in people with Alzheimer's disease and other dementias. Unfortunately, antidepressant drugs do not have clear effectiveness in these patients, and it appears that the most commonly available psychological therapies such as cognitive behavioural therapy or CBT are also not consistently useful. This study aims to investigate whether an adapted form of problem-solving therapy called Problem Adaptation Therapy (PATH), which has been reported to be helpful in the very early stages of dementia, can be successfully applied in an NHS setting and with patients who are representative of those seen with dementia and depression in the NHS. Here at DHCFT we have recruited 14 individuals and their carers/significant others to this project with our own research clinicians providing the therapy sessions and it has been incredibly well received. Research provides this

population group, who often express feelings of hopelessness, with hope and the opportunity to contribute to finding new solutions for the future.

- **AQUEDUCT: (Achieving Quality and Effectiveness in Dementia Using Crisis Teams)** Here at DHCFT our North Dementia Rapid Response Team were picked, with the support of the research team, to use a best practice model to evaluate the service that they provide. Due to the nature of the population seen by this team (those in crisis), this is quite a challenging project to involve service users and their carer's in, but their involvement is essential and with a collaborative approach we are successfully making it work, potentially helping to understand further best practice in dementia crisis management and inform future standards of care. This research programme should also improve the quality of life for people with dementia and carers.

- **Suicide postvention study: (Identifying the impact of a colleague's suicide on NHS staff, and their support needs, to inform postvention guidance)** The rate of suicide among staff who work in the NHS is above the national average, particularly among female nurses, female doctors and male paramedics. We know that NHS staff may suffer from poor emotional and psychological health particularly in recent times, but little is known about how NHS staff are affected when a colleague dies from suicide. We have had a number of staff from DHCFT, all of whom have been affected by the death of a colleague in this way, participate in this project so far, and have received some positive feedback. Participants are offered an hour's follow up session with a therapist afterwards if they need it or feel this would be helpful.

Other research, evaluations, and reviews we have undertaken include:

- **The Multicentre Study of Self-harm in England (MCM)** which is a long-term project (commenced in 2008, with data from 2000 onwards) funded by the Department of Health and Social care, researching the trends, causes, clinical management and outcomes of self-harm presentations to hospital. Studies this year have focused upon self-harm in relation to homelessness, ethnic background of young people, children under 12 years of age and self-cutting.

  In addition to the usual monitoring activity, the project team commenced real-time monitoring to explore the influence of COVID-19 on trends in self-harm presentations and as a precipitating factor for self-harm. This provided timely and unique insight on the impact of the pandemic to the Department of Health and Social Care and healthcare providers. There have been three publications in high end journals to date.

- **Suicide Prevention - Review of Self-harm Support within Derbyshire,** which is in partnership with Derbyshire County Council, we secured funding via NHS England's Suicide Prevention Wave 3 Funding stream, to undertake a comprehensive review of the formal and informal support available for people who self-harm in Derby & Derbyshire. The project forms part of a wider programme of suicide prevention work within Derbyshire.

  A survey of 103 statutory and non-statutory organisations was conducted to explore:
  ⇨ Organisations providing support e.g., type, nature of support, access, target population

- ⇨ Self-harm support specifics e.g., workforce knowledge & skills, policies, what works well/not so well, gaps
- ⇨ Impact of COVID-19 pandemic

A set of philosophical principles were developed from the study findings which have been approved by the Derbyshire Suicide Prevention Forum as the recommended basis for all suicide prevention and self-harm support within Derbyshire. A further project is being developed to support the adoption of these philosophical principles throughout Derbyshire.

- **Service Embedded Research** through roles jointly managed by research and clinical services have continued to flourish. The number of clinical services in the Trust that now have embedded researcher roles has increased, and now includes Liaison Psychiatry (two roles), Crisis Resolution and Home Treatment, Criminal Justice and Liaison Diversion, Kedleston Unit, Neurodevelopmental (new) and Perinatal services.

  Key activities during 2021/22 include comprehensive evaluation of referral pathways, service accessibility, antenatal clinics, safe and well plans, distress tolerance clinics, the healthy lifestyles project and the development of evidence-based outcome measures. The embedded researchers have all played an important role in the OnEPR programme, ensuring the best quality routine data recording and reporting for the services they work with and across their divisions.

  Outcomes have included improved referral pathways in terms of outcome and experience for service users, better informed service development plans, greater compliance with national clinical standards and excellence e.g. CRISIS team and fidelity model, increase in non-researcher led evaluation activities (through upskilling), as well as numerous dissemination activities, such as national conference presentations.

  One project regarding automated patient feedback surveys continues to have wide ranging impact, having originated within one of the clinical services and now being developed collaboratively by several of the embedded researchers for use in services across the Trust. The project aims to make it easier for patients to provide feedback and for teams to collate and utilise the feedback in a timely manner.

Our Knowledge and Library Services continued to enable evidence-based decision making in 2021/22.

- **Knowledge and Library Services Quality Improvement Outcomes Framework (QIOF)** is a tool to manage and deliver high quality, high performing services that develop and improve to meet the changing needs of NHS organisations and staff. A baseline self-assessment against the six standards of the outcome's framework has been completed and submitted in September 2021 to Health Education England and a report is expected in April 2022.

- **Evidence searches and impact.** In 2021/22, 83 literature searches have been conducted. The biggest reason was for patient care, followed by service development, then personal or professional development. All recipients are sent an impact survey to

complete, 10 of these have been completed. The biggest impacts according to these results are, more informed decision making; improved the quality of patient care and contributed to personal or professional development.

- **A snapshot of library usage (April 2021 - February 2022)**
  - 875 document delivery requests
  - 1,439 registered users of the library
  - 177 new users
  - 513 staff with Open Athens accounts
  - 1830 book loans
  - 133 staff trained on evidence sources or searching.

Safer Staffing and Conditions of Service for NHS Doctors and Dentists in Training

Rota Gaps and the Plan for Improvement to Reduce These Gaps

During the past year Derbyshire Healthcare NHS Foundation Trust has continued to put in place processes to reduce gaps in rotas. However, absences due to the COVID-19 pandemic have continued to contribute to increased rota gaps this year. Actions to reduce this have included the following:

1. High quality training to attract trainees. Our training department have risen to the challenge of continuing educational events remotely rather than face-to-face which has brought some unexpected benefits including access to more distant external speakers
2. Active involvement of our Guardian of Safe Working with regular feedback from trainees on their work patterns
3. Regular engagement events with trainees on their experience in the Trust, for example, in our acute inpatient settings ensuring that any concerns and ideas for improvement are recognised and acted upon
4. Trying to fill all gaps as best we can, engaging the trainees in collaborative solutions and encouraging locums to join the East Midlands or North Humberside training scheme
5. Liaising with both schemes regarding what we see as the best structure to aid recruitment and retention. We are engaging with regional workforce planners on this
6. To continue to engage with trainees and to encourage them to understand the purpose and process of exception reporting when this is a valid option

These measures will be closely monitored as the NHS and the Trust emerges from the level 4 NHS incident to ensure that they are appropriately embedded.

Rota Gaps Over the Reporting Period

Time Period	Rota Gaps
April 2021	39
May 2021	15
June 2021	22
July 2021	43
August 2021	15
September 2021	17

October 2021	28
November 2021	31
December 2021	43
January 2022	25
February 2022	21
March 2022	22

Furthermore, medical colleagues have continued to contribute to multi-disciplinary working and have taken specific leadership in projects such as:

1. Physical Healthcare for patients with Serious Mental Illness demonstrating improvements.
2. Medical involvement in the MADE process and the recognition that medical leadership will be crucial in driving flow.
3. Uptake of the hybrid model of outpatient clinics with a mix of face-to-face, video and telephone assessments.

Nursing and Quality Governance

Patient Safety

The COVID-19 pandemic has provided a stark reminder about the importance ensuring the safety of people working in frontline health and social care services as a key component of patient safety initiatives. The Trust adhered to national infection prevention and control guidance and successfully managed all COVID-19 outbreaks in our services. The pandemic demonstrated how health workers' safety impacts on patient safety. The Trust continues to ensure that there is continuous improvement in regard to the quality of incident investigations and Trust-wide learning. The Trust is compliant with the national requirements set by NHS England/Improvement in regard to collecting patient safety data and its use in improving patient safety.

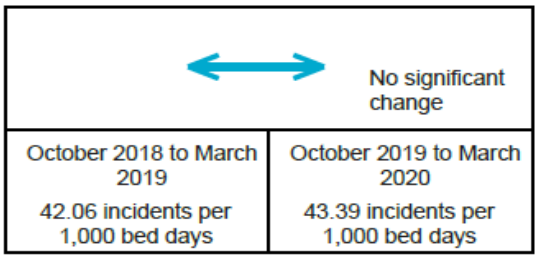
Incidents Reported to NRLS for the Period 01 April 2021 – 31 March 2022

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Self-harm	232	236	297	232	997
Medication	206	244	184	226	860
Slips, Trips and Falls	72	92	102	114	380
Absconsion	98	93	85	53	329
Abuse/Aggression (Actual or Alleged) - Patient to Patient	72	76	86	90	324
Access, Appointment, Admission, Transfer, Discharge	76	67	55	52	250
Data security & missing records	52	49	41	21	163
Accident	19	21	27	13	80
Alcohol Use	12	17	17	9	55
MH / MC Act process	7	16	14	14	51
Drug Use (Illicit)	14	16	14	7	51

Ongoing care review / monitoring	10	18	15	4	47
COVID-19 case	4	2	15	21	42
Staffing levels	2	16	12	11	41
Environment / Infrastructure / Facilities issue on Trust premise (incl. team base)	10	12	11	8	41
Medical equipment/device issue	9	8	13	5	35
Equipment issue (Non-medical device)	10	11	5	7	33
Medical issue	7	8	5	7	27
Other - see 'Description' field for details	10	6	5	4	25
Death	10	6	4	2	22
Infection Control	7	6	1	1	15
Abuse/Aggression (Actual or Alleged) - DHCFT Staff to Patient	4	8	1	1	14
Abuse/Aggression (Actual or Alleged) - Other Party to Patient	1	3	3	4	11
Pressure Ulcer (PU) or Moisture Associated Skin Damage (MASD)	3	0	4	0	7
Fire	1	1	2	1	5
Homicide	0	1	1	2	4
Manual Handling	1	2	0	1	4
ECT Treatment	2	0	0	1	3
Patient injury caused by physical restraint	0	0	1	1	2
COVID-19 vaccination	1	0	1	0	2
Total	952	1035	1021	912	3920

The information submitted to the national reporting and learning service (NRLS) is used for the purpose of data trends analysis and triangulation of key themes for learning purposes and improving organisational reporting culture.

Figure 2: Your reporting rate per 1,000 bed days, October 2018 to March 2019 compared to October 2019 to March 2020



Actions for your organisation

- Investigate the reasons for any significant change in reporting using your more detailed local incident data.
- Is this a general change, or are certain types of incidents being reported more or less frequently?

Note: NHS England have not yet published the latest 2021/22 report
The recommendations from NRLS for 2021/21 as indicated above shows no significant change in the reporting culture of the Trust.

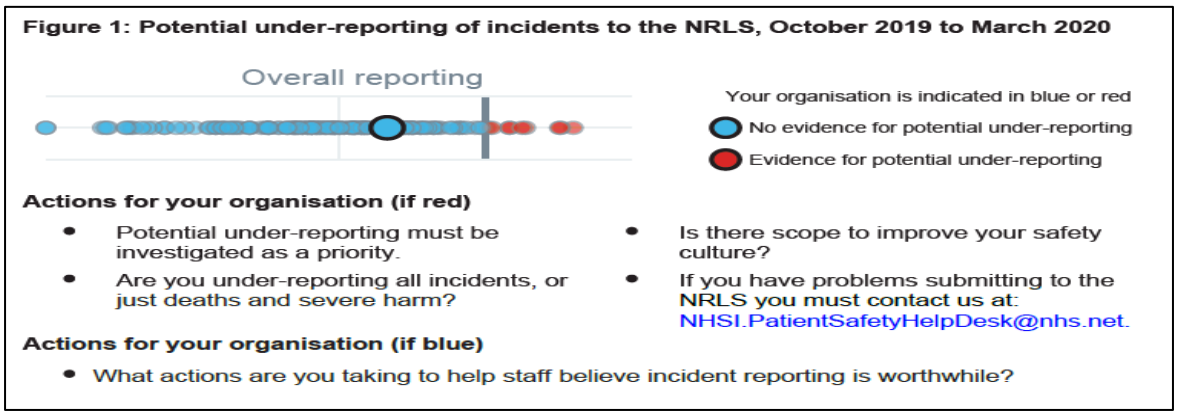
Total Number of Incidents Resulting in Severe Harm/Death (Reported to NRLS)

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Major Injury/Harm	4	7	3	8	22

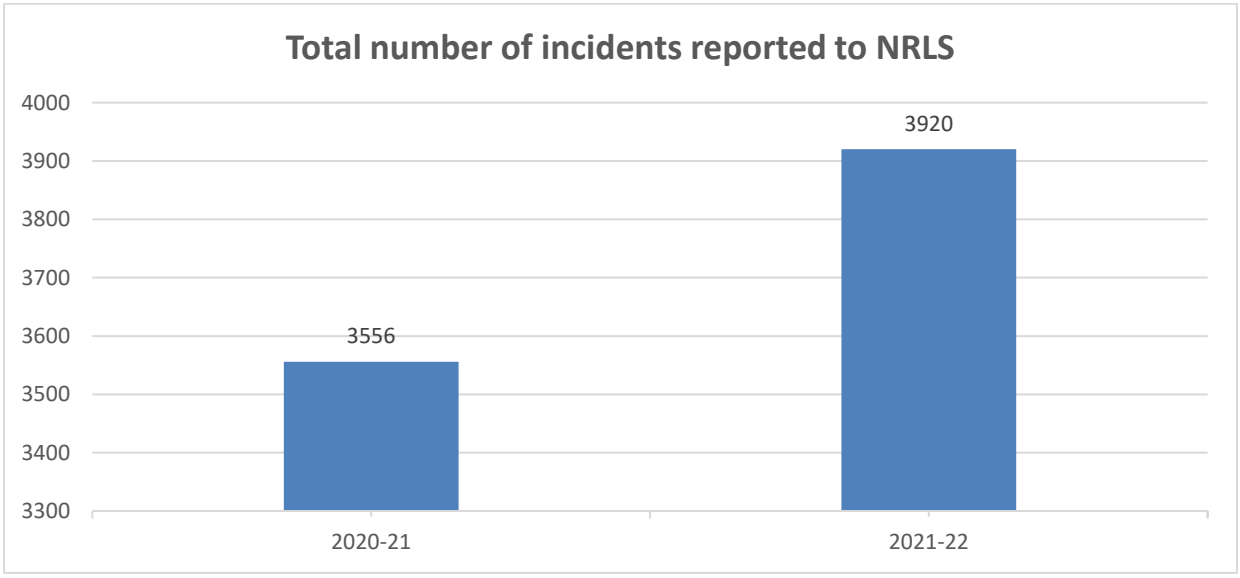
Death	10	7	5	4	26
Total	14	14	8	12	48

Due to the pandemic, NRLS revised their reporting schedule which means some of the reports for 2021/22 will be published in September 2022.

The 2020/21 potential under reporting analysis report indicate that there was no evidence of under reporting of incidents to NRLS. The next report is expected in September 2022.



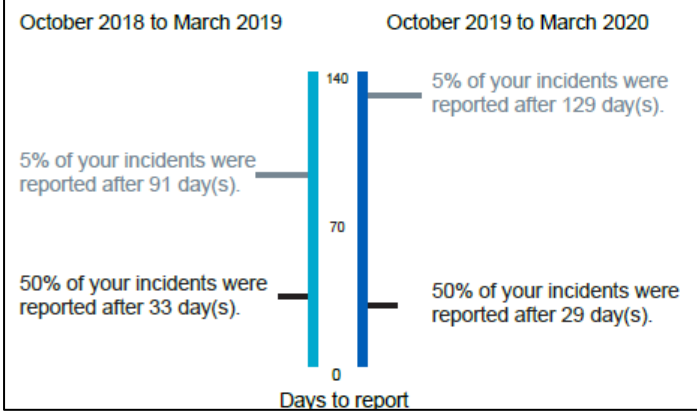
NRLS has indicated a reduction in the number of incidents reported in the first quarter of 2021/22 compared to the same period in the last two years, this period corresponds to when the NHS was at a key stage of responding to the COVID-19 pandemic.



The most recent Trust specific report was issued by the NRLS in September 2021 and covered the period to 01 April 2020 to 31 March 2021. No more recent detailed reports are available. Previously these Trust specific reports were published on a six-monthly basis, however, this is changing, and the next report will be issued in September 2022.

Has the timeliness of your incident reporting improved?

Figure 3: Is your reporting becoming more timely? October 2018 to March 2019 compared to October 2019 to March 2020



Actions for your organisation

- On average 50% of your reports were submitted 29 day(s) after the reported incident date. Please ensure incidents are reported as quickly as possible and at least every month.
- Your organisation has submitted incidents in 6 of the 6 months from October 2019 to March 2020.

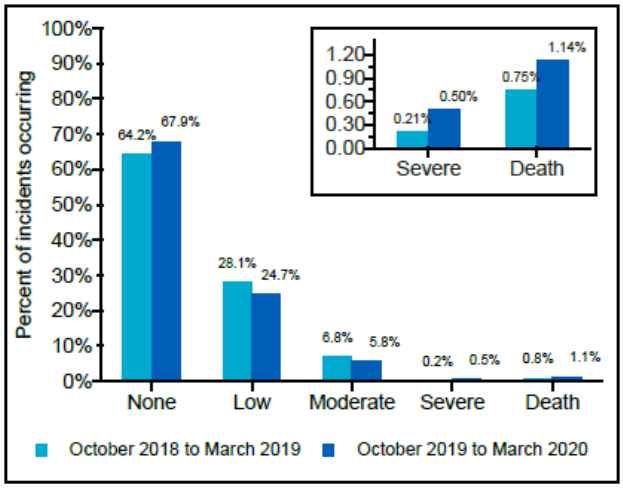
Note: NHS England have not yet published the latest 2021/22 report.

Timeliness in reporting of incidents has remained stable (all incidents are reviewed by the Risk Management Team to ensure data quality checks have been completed prior to being uploaded to the NRLS portal).

Are you improving the accuracy with which you report degree of harm?

NRLS definitions on degree of harm are available online. We give feedback on every incident your organisation appears to have incorrectly reported as a death or severe harm via the reporting portal.

Figure 4: Are you accurately reporting degree of harm? October 2018 to March 2019 compared to October 2019 to March 2020



Degree of harm, October 2019 to March 2020

None	Low	Moderate	Severe	Death
1,364	496	116	10	23

Actions for your organisation

- Is your death and severe harm reporting capturing all relevant Serious Incidents and Learning from Deaths reviews?
- Are you confident that all 'no harm' incidents caused no patient harm?
- Are you confident that all patients involved in incidents reported as causing 'moderate harm' made a full recovery?
- Does your death and severe harm reporting exclude incidents that do not meet the NRLS definitions?
- If incidents have been reported with the wrong degree of harm, please refer to the relevant guidance below.

Note: NHS England have not yet published the latest 2021/22 report.

There has been an increase in the reporting of incidents resulting in severe harm and death. This is reported and monitored through the Trust's quality dashboards.

The Trust has reported 7 incidents onto the Strategic Executive Information System (STEIS) reporting system from 01 April 2021 to 31 March 2022. It should be noted that as of 01 December 2021, the Trust initiated the early adoption of the new Patient Safety Incident Response Framework (PSIRF) which replaced the Serious Incident Framework 2015. Only incidents which met the local priorities were reported on STEIS after this date. This is the reason for a drop of 47 incidents reported in the previous financial year to the current 7 reported.

Month	Number of Incidents Reported on to STEIS
April	1
May	4
June	0
July	0
August	1
September	2
October	0
November	0
December	0
January	0
February	1
March	7

The highest categories of incidents reported externally to the Clinical Commissioning Group were apparent/actual/suspected self-inflicted harm. In response to COVID-19 emergency measures NHSE, Commissioners and the Trust temporarily paused all internal incident investigations with an expectation that trusts would make efforts to continue where possible. This had a substantial impact on the number of overdue investigations.

A comprehensive plan was initiated for recommencement of the service in relation to the management and investigation of incidents. This plan took a stepped approach and prioritised according to need, profile and family engagement:

- Three investigation facilitators have been recruited to aid in reducing the number of overdue investigations
- Further recruitment is ongoing
- A vacancy for an administrator remains active and to date no applications have been received at the end of the financial year there remain 30 overdue STEIS reportable investigations

The Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework from December 2020 replaced the existing Serious Incident Framework. This framework has a broader scope and will move away from reactive and hard to define thresholds for investigation towards a more proactive approach to learning from incidents.

The framework transfers the emphasis from the quantity of investigations to a smaller number of higher qualities, more proportionate responses to patient safety incidents as a whole, enabling better development and implementation of improvements. The quality of an investigation will now take priority, with the selection of incidents for safety investigation

based on the opportunity for learning. There are clear expectations for those affected by incidents and standards are set for informing, engaging and supporting families and investigations and a greater emphasis on a 'just culture' for staff involved.

Since the commencement of the PSIRF framework, there are now 39 staff fully trained and functioning in practice. There are plans for a further 100 staff to be trained at different levels. Allowing for several staff to complete reviews and others completing full investigations, aiming to speed up the investigation process and responding to families faster.

Mortality Data

Our Chief Executive has overall responsibility for the implementation of the Learning from Deaths Policy and our Medical Director is the responsible Executive Patient Safety Director, taking responsibility for the learning from deaths agenda.

Learning from Deaths – Process

The Trust employs a Mortality Technician who is responsible for extracting the data from the NHS Spine on a daily basis (Monday to Friday), regarding deaths of patients who are currently open to services or have been open to services within the last six months. From this, a Trust mortality database is populated. Each case is assessed by the Mortality Technician using the 'red flags' for incident reporting and mortality review, to determine if the death should be reported as an untoward incident or should be subject to scrutiny by the Mortality Review Group. Furthermore, a new process has been created and implemented by the Royal College of Psychiatrists and the Trust implemented this in 2021/22.

Family Liaison Work

In the majority of cases the Family Liaison Team initiates contact with the family to offer either family support and to ascertain if the family would like to engage in the review or feedback on the outcome, dependent on family wishes.

Investigation processes

- All investigations commissioned through the serious incident process are instructed within the terms of reference to consider this point, as well as the involvement of other external providers such as General Practitioners
- As with family involvement, the Trust is now moving towards feedback to external providers when involved in the review process. In cases where a death meets external reporting requirements, a full report will be submitted to commissioners and all additional enquiries addressed
- All reviews are given Duty of Candour consideration and actively seek to identify issues early on in the process. All serious incident investigations are reviewed via either the Operational Serious Incident Group or the Executive Serious Incident Group

The Trust has received notification of 2242 deaths of patients since 01 April 2020 to 31 March 2021:

Month	Number of Deaths Recorded
April	320
May	182
June	151
July	132

August	158
September	129
October	174
November	203
December	177
January	281
February	201
March	134

Deaths identified as 'red flag' in terms of mortality are reviewed using The Royal College of Psychiatrists, Care Review Tool for mortality reviews which are completed by medical and mental health nursing colleagues.

Information for these reviews is taken from the electronic patient record. Over the period 2021/2022, case note reviews have concluded at point of writing, and some relate to deaths within this reporting period. During case note reviews, recommendations may be made which could include referral into the Serious Incident Process.

On review through the Serious Incident process an investigation may be commissioned. When an investigation is commissioned under this process the review team is independent to the team concerned/involved in the patient's care.

Thematic Review into Community COVID-19 Deaths 2021-2022

As has been presented within the media, NHSE/I and PHE statistics, there have been many deaths globally linked to the COVID-19 virus. Within the UK, the number of deaths relating to COVID-19 was at 164,282. It is sensible to thus review the number of deaths linked to the Trust, thematically reviewing if there are any links, patterns, or lessons to be learned within this. This overview outlines the number of community patient based COVID-19 deaths that have been identified as receiving care from the Trust.

Demographic and Data

	2020							2021				2022			
	Mar	Apr	May	Jun	Aug	Nov	Dec	Jan	Feb	Nov	Dec	Jan	Feb	Mar	Total
Erewash OA CMHT		9	2			6	1	4	2						24
Derby City OA CMHT		8	1	1				9	4						23
Amber Valley OA CMHT								7	1						8
South & Dales OA CMHT		4	1					1							6
Bols & CC OA CMHT		2	1					1	2						6
Derbyshire Recovery Partnership (Drug Service)			1					1				1			3
Chesterfield C OA CMHT		2					1								3
HP & N Dales OA CMHT		1						1							2

Talking Mental Health Derbyshire	1		1												2
Killmsh & N C Adult CMHT	1							1							2
Derby City C Adult CMHT		1						1							2
Cubley Male Kway		2													2
Trust wide CLDT OT							1				1				2
LD PSGY								1							1
Trustwide CLDT Physio												1			1
Derby City - Drug & Alcohol Recovery Service (Phoenix Futures)									1						1
Trust wide CLDT SALT		1													1
Bols & CC Adult CMHT							1								1
Tissington Ward								1							1
Memory Assessment Service					1										1
Derby City B Adult CMHT										1					1
Derbyshire Recovery Partnership (Single Point Entry / Counselling Service (DAAS))													1		1
HP & N Dales Adult CMHT								1							1
Derbyshire Recovery Partnership (Alcohol Service)								1							1
Eating Disorder Service		1													1
Derby City - Drug & Alcohol Recovery Service (Aquarius)						1									1
DRRT HP & N Dales														1	1
DRRT Chesterfld & NED & B												1			1
Total	**2**	**31**	**7**	**1**	**1**	**7**	**4**	**30**	**10**	**1**	**1**	**3**	**1**	**1**	**100**

	2020							2021				2022			
	Mar	Apr	May	Jun	Aug	Nov	Dec	Jan	Feb	Nov	Dec	Jan	Feb	Mar	Total
Female	1	17	3	1		4	3	14	6		1				50
Male	1	14	4		1	3	1	16	4	1		3	1	1	50
Total	**2**	**31**	**7**	**1**	**1**	**7**	**4**	**30**	**10**	**1**	**1**	**3**	**1**	**1**	**100**

	2020							2021				2022			
	Mar	Apr	May	Jun	Aug	Nov	Dec	Jan	Feb	Nov	Dec	Jan	Feb	Mar	Total
White - British	2	23	7		1	7	4	24	10		1	3		1	83

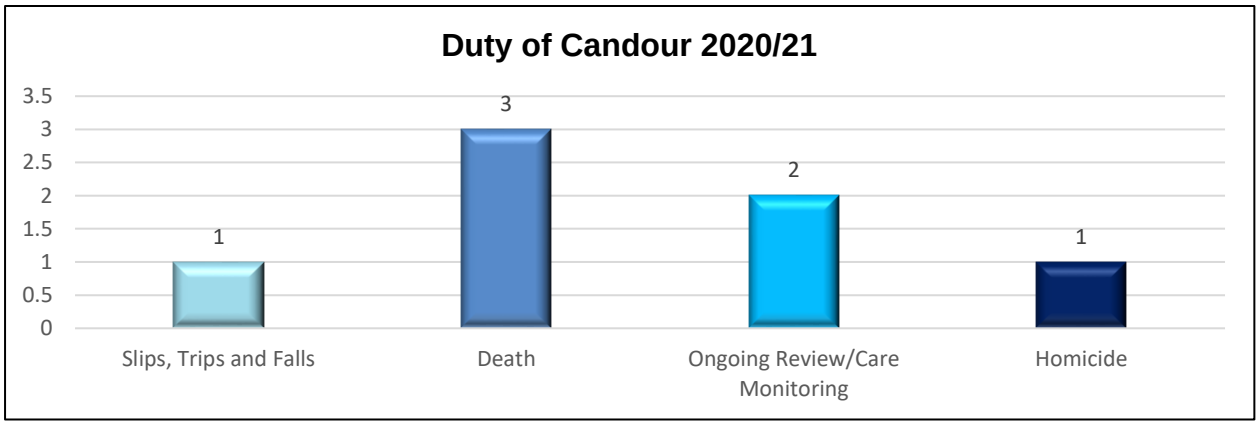
Not stated		3		1				1					1		6
White - other		3						2							5
Pakistani		2								1					3
Black Caribbean								1							1
Other Asian								1							1
Other ethnicity								1							1
Total	**2**	**31**	**7**	**1**	**1**	**7**	**4**	**30**	**10**	**1**	**1**	**3**	**1**	**1**	**100**

Initial demographic data shows that within the care of DHCFT, there does not appear to be any links to geographical location, team, or mental health condition/grouping.

Within the group of patients identified within the data, 88 out of 100 deaths were categorised as White-British or White-Other. Outside of this, there was one Other-Asian, two Pakistani and one Black Caribbean categorisation. Within this there appears to be a 50/50 split in relation to genders with 50 female deaths and 50 male deaths.

Duty of Candour

There has been a total of 7 incidents assessed to meet the thresholds as defined in Regulation 20 for Duty of Candour. The increase from the previous year links to changes to the guidance around Duty of Candour, including the inclusion of COVID-19 transmission within an inpatient setting.



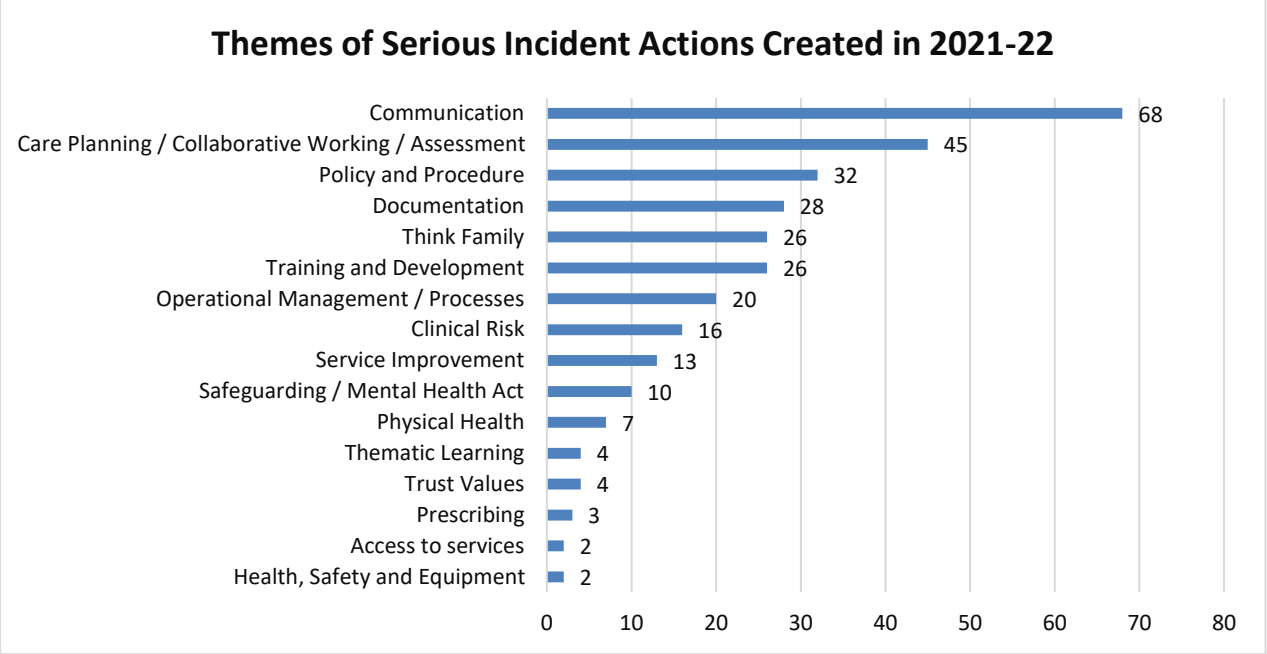
Coroner Regulations 28 Conclusions - Prevention of Future Death Reports

Though the Trust was involved in several inquests, as indicated below, no regulation 28 orders were issued by Her Majesty's Coroner. The Trust continues to embed learning lesson's themes from inquests in the weekly Serious Incident Executive Group chaired by the Medical Director.

Learning from Serious Incidents

Thematic analysis of investigation reports and mortality reviews are carried out by the mortality review group. Learning is cascaded across the divisions via the clinical and operational forums and the respective clinical reference groups as part of the annual quality priorities workstream.

Examples of Learning from Serious Incidents and Mortality


Themes of Serious Incident Actions Created in 2021-22
Communication
Care Planning / Collaborative Working / Assessment
Policy and Procedure
Documentation
Think Family
Training and Development
Operational Management / Processes
Clinical Risk
Service Improvement
Safeguarding / Mental Health Act
Physical Health
Thematic Learning
Trust Values
Prescribing
Access to services
Health, Safety and Equipment
68
45
32
28
26
26
20
16
13
10
7
4
4
3
2
2
0
10
20
30
40
50
60
70
80

Acute Inpatient Care

The pandemic presented many challenges for our adult acute services. Not least on how we provided care in a COVID secure way. Keeping our most clinically vulnerable service users safe, whilst also maintaining our ability to admit people who need some extra care from us. Standard operating procedures were developed that covered all aspects of care, including how people are admitted to our units, how we facilitate visiting in as safe a way as possible, how we utilise our estate to maximise space and safety.

There have been times when visiting hasn't been allowed due to government guidance. When this has been the case, we have provided iPads to facilitate 'virtual visiting'. Compassionate visiting has always been facilitated as required. Community meetings have continued within our inpatient services which has allowed us to listen and respond to concerns and ideas including the initiation of a 'You said, We Did' process to provide two-way communication.

Due to social distancing rules, our inpatient group work was impacted. However, our Occupational Therapists and recreational staff have been providing input directly on to the wards with more tailored individual activities. We will review the effectiveness and acceptance of this approach to ascertain if it is something we should embed as part of our learning from COVID.

- We have worked hard on reducing our length of stay for people within our adult acute services. This has involved closer working with community teams in planning for discharge very early into a person's admission and arranging the required support in the community to facilitate this
- We have introduced clinical leads on our wards to provide further clinical leadership and support the quality of care provided
- Work has continued to reduce restrictive practice and improve the quality of information given to doctors when called to the ward for an urgent review
- We have implemented a Band 5 to 6 professional development programme to support staff development and build on other retention initiatives. There are currently a number of staff working through this programme

Length of stay will continue to be a focus during the coming year and will remain so as we work towards zero inappropriate out of area admissions.

We have had CQC Mental Health Act visits to our services. At the time of report-writing we have not received our final feedback. We have had early feedback from individuals and carers on how supported they have felt by colleagues in our inpatient settings.

Positive and Safe - Reducing the Use of Seclusion and Restraint

The Mental Health Act Code of Practice (2015) and NICE guideline for violence and aggression: short-term management in mental health, health and community settings (NG10, 2015) both called for a reduction in the use of prone restraint. It is also highlighted in NICE guideline NG10 that Trusts should:

- Work in partnership with service users and their carers
- Adopt approaches to care that respect service users' independence, choice and human rights
- Increase social inclusion by decreasing exclusionary practices, such as the use of seclusion and the Mental Health Act 1983

The Positive and Safe Steering Group

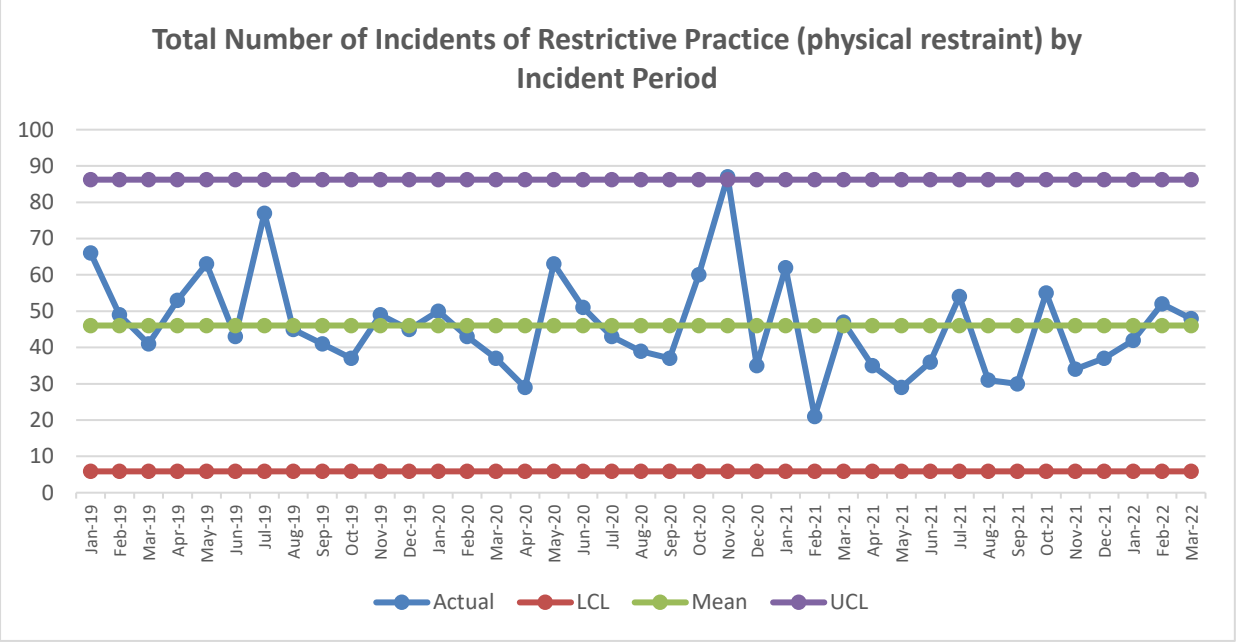
The Positive and Safe Steering Group continues to meet. However, there have been challenges in the involvement of service users due to the current pandemic. A sub-group has also been developed within the acute inpatient settings and forensic settings based on improving local practice and engaging clinicians in development of strategy, practice, policies, procedures, projects and NICE guidelines.

This group is known as the Reducing Restrictive Practice Working Group and is focused on involving clinicians and Experts by Experience in the development of clinical practice to reducing restrictive practices such as seclusion and prone restraint. Expert by Experience representatives have continued to be present, even during the pandemic, albeit with some limitations. Along with the Clinical Reference Group and Complex Risk Panel, improved structures around governance have been created to inform our level of assurance.

Person centred care is an explicit theme across all modules and the training also looks at the cultural aspects of ward life. The Trust is also signed up to national working groups such as the 'Restraint Reduction Network' and the 'East Midlands Alliance' to continue to improve practice and learn from neighbouring Trusts and private providers**.**

The use of prone restraint continues to be reviewed and there is evidence of reductions. Evidence shows that the two main factors associated with prone restraint are intra-muscular injection administration and seclusion exit processes in an emergency.

The training team have looked at both these issues and developed training to provide alternative strategies.



A range of approaches including the following has also been put into place to reduce restrictive practice:

- The revised Positive and Safe Supporting Training Programme continues to run, although was on hold in the very early days of the pandemic in line with national guidance
- Seclusion simulation training

- Alternate injection site training and resources
- Safety pods
- De-escalation techniques including the use of body worn cameras

The use of prone restraint has been reviewed and there is evidence of reductions in the use of prone restraint within the SPC chart below. The spike in quarter 1 2020/21 relates to the increase in acuity mentioned earlier.

Changes in Practice Over Time

	2016-17	2017-18	2018-19	2019-2020	2020-21	2021-22
Chemical restraint	252	269	291	202	261	207
Clinical holding						24
Long term segregation						1
Personal search	0	0	10	73	55	62
Physical restraint	558	584	564	583	574	462
Seclusion	190	230	279	215	223	238
Ward doors locked	44	33	60	375	341	1435
Total	1044	1116	1204	1448	1454	2429

The pandemic had an impact on people's mental health, this led to a cohort of people being admitted to our inpatient wards with an increased level of acuity, although the final data is not available at the time of writing it is possible there will be a small increase in chemical restraint since last year, however, there is still a long-term trend of reduction. During the pandemic ward doors were kept locked for longer periods of time to manage safety and infection prevention and control. This is a practice we will continually review and monitor, to ensure this is used proportionally.

Patient Safety Summary

The last 12 months has presented a significant shift in restrictive practice across our inpatient wards and has shown changing trends in restrictive practice during a challenging year. This is a significant change in our practice.

A robust audit structure is in place and this has given us a clear basis of data from which we are able to continually develop. This data has allowed us to compare clinical practice at the point in which key changes and drivers are made and new procedures are introduced, along with changing training practice where needs are present. The increased availability of data has also brought about the ability to critically analyse incidents. This has also led to the ability to implement new best practice initiatives and quality improvement projects such as the pilot and the introduction of body worn cameras and safety pods to reduce levels of violence to healthcare staff as a result of significant levels of incidents.

Safeguarding

Safeguarding, both children and vulnerable adults remains the highest of priorities for the Trust. The Trust is meeting its legal and statutory performance and governance requirements in a consistent and reliable manner.

The Trust has had a successful year and continues to fully discharge its statutory safeguarding duties, The Trust officers have discharged the duties as set in legislation and requirements outlined by the Health Regulator and the Care Quality Commission (CQC) have independently scrutinised and assessed.

The year began with significant intensity and challenges as the COVID-19 pandemic took hold and, in common with our multi-agency partners, DHCFT Safeguarding Unit implemented its Business Continuity Plan, and this has continued to be applied during unprecedented times throughout the reporting year.

The Trust safeguarding team continues to work in partnership with statutory and voluntary partners across Derbyshire and bordering localities to discharge its responsibilities in relation to safeguarding children and adults at risk - We have had a busy 12 months characterised by high levels of activity, increased complexity of calls for advice and referrals and many areas of development, which we use to inform our learning and to form our organisational development and growth.

During the year the Trust reviewed its internal governance structure and aligned Committees across the Organisation. Safeguarding Children and Adults Operational Groups report on a quarterly basis to the Quality and Safeguarding Committee which reports directly to the Trust Board. -

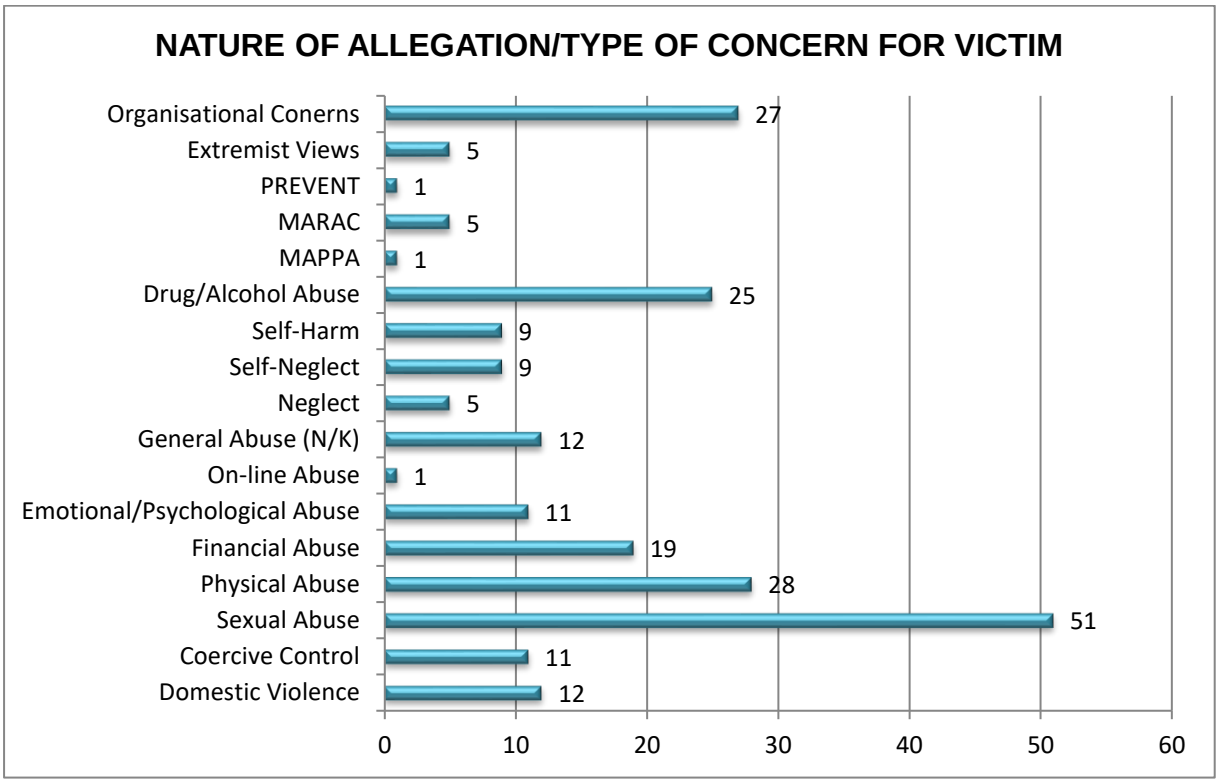
DHCFT is committed to partnership working to discharge its statutory duties with Derby City & Derbyshire Safeguarding Children Partnership and Adult Boards. There is Trust representation and attendance at all subgroup and multi-agency meetings. Effective safeguarding relies on strong partnerships within the Trust and with other agencies and the Safeguarding Boards in a culture of consistent, respectful cooperation.

The Safeguarding Unit prepare a monthly report that is issued to all Clinical Operational Assurance Team (COAT) meetings for the Trust which includes Specialist, Childrens, Neighbourhood, Forensic and Campus Divisions. The leads provide organisational scrutiny, guidance and learning and includes points for action for the Divisions representatives as well as points for information. Both Safeguarding Operational Groups can escalate matters that require executive or committee consideration / inclusion in the Trust Risk Register but, equally, can escalate good news stories, lessons learned to share across the Organisation.

Analysis of the main features within the safeguarding children work is identified by a dashboard which shows:

- Supervision figures show compliance remains stable.
- Increase in S47s and strategy meetings which contributes to the pressure on the resources of the Safeguarding Children Nursing Team.

- MARAC cases and children impacted by Domestic Abuse continue to be at a consistently high level.
- Channel Referrals show a significant increase in Q2, this was partly attributable to a specific piece of work. These patterns are indicative of continued improved knowledge of this agenda and the collaboration and joint working with clinical teams on vulnerability assessments and subsequent action plans.



The safeguarding adult's dashboard has become established over the past year and, whilst, ambitious in some of the data it seeks to capture that may not currently be achievable, it reflects the expected performance requirements of commissioners and some aspirational targets for data in the future.

Over time this data will have further analysis and will be continually developed so benchmarking with other Organisation can be explored to further consider trends and patterns to enable the Trust to plan and predict levels of care needed. We have continued to meet our statutory and public protection duties throughout the pandemic and this also reflects the key strategic priorities of the Derby and Derbyshire Safeguarding Adult Boards, Prevention: Making Safeguarding Personal and Quality Assurance.

Safeguarding Training activity:

Compliance report for Safeguarding Adults as of 31st March 2021:

Training Name	Target Group	Compliant	Non-Compliant	Compliant %
Safeguarding - Adults Level 1 3 Yearly	665	598	67	89.92%
Safeguarding - Adults Level 1+2 3 yearly	1918	1510	408	78.73%
Safeguarding - PREVENTing Radicalisation - Level 1 3 yearly	667	565	102	84.71%
Safeguarding - PREVENTing Radicalisation/WRAP Level 3 3 yearly	1937	1503	434	77.59%
Safeguarding - Adults Level 3 3 Yearly	127	100	27	78.74%

The year has seen the on-going delivery of face-to-face sessions for all levels of safeguarding training. E-Learning is currently available for Levels 1 and 2 learners for Safeguarding Adults, MCA and DoLs. Due to the pandemic, the Trust Board cancelled all Safeguarding training in January and recommenced on 22nd February 2021

Consequently, some staff were out of compliance for either Levels 1, 2 or 3 Safeguarding Adults. Targeted action took place to improve the Data throughout the reporting period to improve compliance.

Compliance data for Safeguarding Children Training as of 31/03/2021

Training Name	Target Group	Compliant	Non-Compliant	Compliant %
C Safeguarding Children Level 1 Annual	601	407	194	67.72%
C Safeguarding Children Level 1 once only	1985	1929	56	97.18%
R Safeguarding - Children Level 2 3 yearly	495	428	67	86.46%
R Safeguarding - Children Level 2 once only	1459	1417	42	97.12%

R Safeguarding - Children Level 3 3 yearly	1111	778	333	70.03%
R Safeguarding - Children Level 3 Annual	346	272	74	78.61%
R Safeguarding - Children Level 4 Annual	8	8	0	100.00%

This last year has seen a change in the training programme due to the COVID-19 pandemic, with all face-to-face training being cancelled since 23/03/20. Level 1 and 2 training has been via E-Learning since this date and continues to be delivered in this way.

Level 3 training was suspended from 23/03/20 till 21/07/20 and again 11/01/21 till 21/02/21 due to redeployment of the trainer and IMT decisions regarding the COVID-19 pandemic to ensure a safe service due to reduce the impact of infection which had been noted in regional learning as a significant risk factor.

Level 3 training outside of these dates has been via Microsoft Teams.

The executive leadership team have provided evidence of this decision to the Trust Board and Quality and Safeguarding committee and the impact of the suspended training and additional training dates are being made available for staff to access to mitigate the equal risks of safer staffing and competence. This risk-based decision was made transparently and was proportionate to the level of risk in the organisation.

Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The CCG discharges its duties through the Section 11 audit.

The DHCFT Safeguarding Children Team submitted their **Section 11 self-assessment** on the 19th March 2021. The information and evidence were provided from Trust staff at a period of high pressure due to COVID-19 pandemic.

The Markers of Good Practice is a self-assessment tool for Children in Care within Derby City. For 2020-21 it was agreed by DDCCG that the Children in Care Team submit the action plan developed in 2020 with updated evidence over the year 2020-21 rather than the full Markers of Good Practice Assurance Tool due to the COVID-19 Pandemic.

For 2020-21 the Clinical Commissioning Group have been assured that the Children in Care service provision is overall at a good standard and the Health provider is working in partnership in all areas that have been identified as requiring further progression or improvement.

Safeguarding Adults Assurance Framework (SAAF)

The Safeguarding Adults Team had a virtual visit by the CCG Safeguarding Adult Leads on 16th February 2021.

Areas discussed included the impact of COVID-19, changes to practice, operational and referral themes, and trends. The leads concluded that the Trust continues to work effectively to protect patients from abusive behaviour and practice.

Safeguarding has certainly been met with some areas of challenge over the reporting year:

Due to the 'Stay Home', 'protect the NHS', 'Save Lives' Campaign, the safeguarding team early on anticipated that there would be a potential increase in Domestic Abuse, Child Sexual Exploitation, Emotional Abuse, Physical Abuse and Neglect, specifically with respect to children, young people and vulnerable adults. The Safeguarding team recognised that Society/professionals needed to be more vigilant, to see, hear and report concerns, be curious in all situations, ask for advice and support from statutory agencies were necessary. This was our message to the employees of the Trust, both in their personal and professional lives. The safeguarding team highlighted these risks at every opportunity and presented a few safeguarding bulletins with this message. The bulletins were circulated as part of the daily bulletins that the risk management team and communications teams issued.

Members of the safeguarding team completed training and provided support for the COVID-19 vaccination hub, whilst this was a challenge during a high-risk period for safeguarding the team were commended for their contribution.

Due to the pandemic contingency models were put in place to enable activity and support for staff to continue, meetings, advice and supervision quickly changed to micro soft teams to ensure easy access for staff.

Safeguarding Department's Prioritised Activities:

- Membership of safeguarding partnership meetings.
- Specialist advice to the Trust.
- Full MASH activity
- Section 47 Strategy Discussions:
- Adult Strategy Discussions
- Safeguarding Children Advice Duty Rota
- On Call Consultant Community Paediatrician 24/7 Rota
- Child Protection Medicals – Non-Accidental Injury
- Domestic Violence Triage
- Safeguarding Adult Advice
- MAPPA/MARAC/PREVENT/CHANNEL
- Court advice/Court support for Care Proceedings
- Safeguarding Children Supervision

A closer alignment and amalgamation of our Safeguarding Service Teams has been designed and continue to work collaboratively and creatively where safeguarding concerns are across families with complex needs. There have been some very complex cases where the cross working of the sub sections of our teams has achieved better outcomes. The Named Nurse for Safeguarding Children job description has been updated to incorporate the new responsibilities and training requirements and is now in the process of consultation and implementation.

In November 2020 a multi-agency task and finish group was established in response to a cluster of admissions of older men to a local inpatient mental health services where their declining mental health, due to dementia, had contributed to an escalation of behavioural changes and a raised level of violence within their most intimate relationships.

The phenomenon of domestic abuse in the intimate relationships of older people has been in evidence for many years and, whilst there is a general lack of research-based evidence by comparison with other fields of safeguarding interest and activity. However, it is by no means less severe in impact.

Due to the Trust implementing a cascade model of Safeguarding Children Supervision, supervisors were changing intermittently which highlighted the need to ensure all supervisors were trained to the highest standard and updated accordingly. Specialist training was commissioned to key members of the Trust who had a supervisory responsibility to improve the quality and experience of supervision.

In addition, the Safeguarding Team commissioned resilience training from an external source which received excellent evaluation, therefore was recommended to other teams and front-line staff. This was taken up by various teams especially within the Childrens Division and was received extremely well by all.

We continue to analyse the calls for advice into the Unit. For children Domestic Violence, Parenting Skills and Neglect continue to be the top 5 themes. We have seen an increase in Emotional Abuse and Child's Mental Health which has now put them into the themed analysis which has changed the profile compared to last year's, removing Physical Injury/Abuse and Sexual Abuse/Exploitation.

Top 5 Advice Themes:

	2020/21	2019/20
1	Domestic Violence	Physical Injury/Abuse
2	Parenting Skills/Capacity/Basic Care	Neglect
3	Neglect	Domestic Violence
4	Emotional Abuse	Sexual Abuse/Exploitation
5	Child's Mental Health	Parenting Skills/Capacity/Basic Care

For Adults sexual abuse has the most common type of concern but in the last year this has been surpassed by physical abuse. Domestic violence and drug/alcohol abuse also remain as some of the most common concerns.

The table below shows this year's top five identified areas of concern and how the statistics compare with previous years. Although 'General Abuse' was one of the categories most logged

this hasn't been included in the table as many of the cases didn't specify a type of abuse, so to include this category could possibly skew the analysis.

	No. of Concerns Raised			
Type of Concern	**2018/19**	**2019/20**	**2020/21**	**Comparison to Last Year**
Physical Abuse	35	28	70	60% increase in last year
Sexual Abuse	54	51	58	12% increase in last year
Domestic Violence	9	12	46	74% increase in last year
Emotional/Psychological Abuse	26	11	33	66% increase in last year
Drug/Alcohol Abuse	14	25	34	26% increase in last year

In 2020/21 there have also been some significant increases in requests for advice on the following:

- Extremist views – Doubled compared to the previous year
- Self-harm – Doubled compared to the previous year
- Neglect – Three times more concerns than the previous year
- Online abuse – Five times more concerns than the previous year

MARAC, MAPPA and PREVENT cases on which advice was sought have also increased:

DHCFT SAFEGUARDING PRIORITIES for the reporting year:

Sexual Safety: In anticipation of next year's quality priorities including sexual safety, work has begun around strengthening our culture of sexual safety. This work has focused on Trust inpatient services and is guided by CQC Sexual Safety on Mental Health Wards published in 2018.

Predicting demand and work around referrals:

In light of the unprecedented impact of the COVID-19 pandemic, consideration was needed of the levels of current and future demand for services across Derby and Derbyshire to ensure that the Partnership helped and protected vulnerable children and their families at the right time and in the right way in the future .The Safeguarding Children – Effective Demand Management Group was developed and chaired by the Chair of the Safeguarding Children Partnership, developing a partnership approach to identifying and responding to changes in future demand for safeguarding services for children and families in Derby and Derbyshire.

Derby Derbyshire Safeguarding Children Partnership Quality Assurance Priorities which will also be included within the Trust priorities: Safety of babies: Neglect: Child Sexual Abuse: Domestic abuse: Escalation: Think Family: Quality of assessment: Management Oversight and Supervision: Agency Contribution to Strategy Meetings: Early Help:

DRIVE pilot DHCFT along with other Derbyshire agencies are supporting the DRIVE pilot. Planning began in November 2020 with a Task finish group to set up the project which included stakeholders from the Trust with other statutory and non-statutory agencies. The Trust are fully engaged.

VARM: Since 2013 the VARM (Vulnerable Adult Risk Meeting) process has been used in Derbyshire to support adults who have mental capacity and who are at risk of serious harm or death through self-neglect, risk taking behaviours or refusal to engage with service providers. VARM does not operate in Derby City where risk strategy meetings are advised for those not meeting Safeguarding criteria.

The MASH during the COVID-19 Pandemic

The normal working environment of the MASH was significantly impacted due to the COVID-19 outbreak. The core principles of bringing agencies together for timely information sharing and safeguarding was disrupted by agencies working from home or different bases to protect staff. Consequently, Derby City MASH has had to evolve and adapt to ensure the service has continued to work effectively and continue to safeguard Children, Adults and families in Derby City. The impact was minimised by each partner activating their Business Continuity Plans and ensuring staff members had remote access to IT equipment, electronic patient records and meetings were held via telephone conference calls, Microsoft teams etc.

MASH Adult, approximately 3600 referrals were received for Information Exchange during the year via an Information Exchange Form (IEF); this is around a 60% increase from last year. Over 1350 other health colleagues, mostly GPs were liaised with during this year.

134 strategy meetings were attended by MASH Health; when MASH Health couldn't attend research, information was submitted, and any actions followed up by the Safeguarding unit.

MASH Children, there were 372 section 47 referrals to MASH and of these, 367 Strategy Meetings were held. This is a very slight increase on the previous year (approx. 7 % increase). Further analysis of these figures identifies a 17% increase in Strategy discussions relating to physical abuse, these figures did increase in the second half of this period and may have been due to more children returning to Educational settings.

Within Strategy Meetings, 2140 individuals were discussed: for both adults and children. This is a 21% increase on figures for the previous year. These were either victims, perpetrators or family members in the home or others involved in the safeguarding.

There has been many Child Safeguarding Practice Reviews (CSPR) being worked upon during 2020/21.

The Trust has been actively involved in 5 Adult Homicide / Domestic Homicide Reviews this year and 2 Safeguarding Adult Reviews.

Learning from Learning from CSPR, SARs and Homicide Reviews are shared with the workforce via the Safeguarding Adults Link Worker Network, safeguarding children operational group, learning documents being cascaded, Trust Clinical and Operational Assurance Teams (COATS), in safeguarding supervision and in learning and development activities.

Audits

Safeguarding audits are currently working on the following audits on behalf of the Trust:

- Safeguarding Review of Section 37/41 (MHA) in the Community (re-audit)
  A safeguarding review of all Section 37/41 patients currently in the community was requested in 2017 following a number of serious incidents in the community. This is a re-audit as part of the audit cycle, it is being led by the Forensic and Rehabilitation Division leadership with support from the safeguarding team.
- Proactive Approach to Threshold Implementation July 2020
  Purpose of the audit to seek support and commitment to improving the effective use and implementation of the Partnership Threshold arrangements, revised and reissued in November 2020. Despite wide circulation of and training of the Thresholds document within agencies, there remained a high percentage of contacts and referrals from agencies which, after consideration and investigation by the staff at Starting Point (Derbyshire) and MASH (Derby City), are classed as 'No Further Action' (NFA)/'Threshold Not Met' (TNM) respectively. Both local authorities continued to audit the decision-making on receipt of contacts and referrals and scrutinised the application of thresholds internally. The DDSCP will review evidence of their assurance through the work of the Quality Assurance Group. DHCFT and other partners were asked to undertake a dip-sample of 5 referrals made by your agency that have resulted in No Further Action or Threshold Not Met. This was undertaken and returned. Considerable work with staff has been undertaken within training, supervision and advice giving, in order to improve the situation. Messages have been circulated and good referral guidance has been used within training.
- Use of Online Referral Form to Children's Social Care May 2020
  Purpose of the was to establish how health staff were finding the use of the online referral form to Derby City Children's Social Care.
  Method was analysis was completed asking 30 staff from across DHCFT including the 0 to 19 Integrated Family Health Service, Specialist Health Services, CAMHS and Adult Mental Health teams.
  Questions asked, was it easy to find? was it easy to use? did you receive an email receipt? Where did you find the referral form? Who was the referral made by?
  The online referral form appears to have been well received by DHCFT staff.
  A recommendation was made the addition of an option to save and be able to return to later to complete the form as it can be lengthy to complete if there are several family members to include and to consider how feedback is given to the referrer as not all cases were made aware of the outcome.
- Re-audit of s47 Strategy Requests/Discussions – May 2020
  Purpose of the audit was to re-audit following a previous audit in November 2019 Section 47 (s47) strategy discussions between DHCFT Safeguarding Health Team and Children's Social Care. This was following a request for 6 cases to be made available for CQC showing examples of s47 strategy discussions.

Method, analysis was completed using a sample size of 30 cases from the 0 to 19 Integrated Family Health Service.
Questions asked were, was the request completed on the Information exchange form. Was the health research used? Were the details correct on the IEF? Was the strategy discussion recorded? Was the discussion held within the timeline?
The recommendations were to follow up the findings with the Head of Service for Childrens Social Care.
If s47 requests arrive and are found to be for other services, children in care or the child has moved out of area, then Named Nurses should record in the EPR that the information has been received and acted upon.

New Safeguarding initiatives and Objectives for 2022/23 have been designed and are in the implementation phase.

Medicines Safety

Integrated Pharmacy and Medicines Optimisation (IPMO)

This is a programme mandated for all STP/ICSs to provide system-level direction and leadership for the use of medicines and the development and utilisation of the pharmacy workforce. In Derbyshire we have divided our IPMO agenda between four implementation groups:

- Making effective interventions
- Medicines quality and safety
- Medicines value
- Pharmacy workforce

The implementation groups report to an IPMO board within Joined-Up Care Derbyshire. Upwards accountability is being determined.

During recent months each implementation group has been determining its short, medium and long-term plans. Initial templates were submitted to the regional pharmacy team (Midlands) and we received positive feedback. Those initial plans are now being formulated into clearer narrative strategy documents that will provide a clear vision to the ICS and a structure against which to report progress and escalate concerns.

Each of the four implementation groups has representatives from our pharmacy team. The Chief Pharmacist as a member of the IPMO board and is also joint Senior Responsible Officer for the pharmacy workforce implementation group.

We are currently refining our strategies and strategic intent, incorporating two recent publications of importance:

- Building strong integrated care systems everywhere: ICS implementation guidance on effective clinical and care professional leadership (NHSE and NHSI, September 2021)
- Good for you, good for us, good for everybody: A plan to reduce overprescribing to make patient care better and safer, support the NHS, and reduce carbon emissions

COVID-19 Vaccinations and Winter Wellness

In addition to the regular clinical, operational and governance activities of the pharmacy team we have also been active in supporting the planning and delivery of:

- COVID-19 vaccines, including:
    - Support for Trust-wide communication to colleagues
    - the assurance processes required for our hospital hub to handle Pfizer vaccine in order to offer booster doses to staff and to patients of the Trust. This includes meeting the unique logistical challenges presented by this product.
    - Around 1400 doses of Pfizer vaccine have been administered to staff and patients by Trust services so far, in addition to Astra Zeneca vaccine doses administered in early 2021.

- Influenza vaccines, including:
    - Support for Trust-wide communication to colleagues
    - Adaptation of the national Written Instruction required to peer-vaccinate staff, legal clarification of the scope to vaccinate staff of other organisations and logistical planning for vaccine receipt and safe storage & distribution.
- Repeating the vitamin D offer to Trust colleagues, including the physical packing and labelling of the supplements. Around 1000 staff were provided with a 12-month supply of a daily supplement.

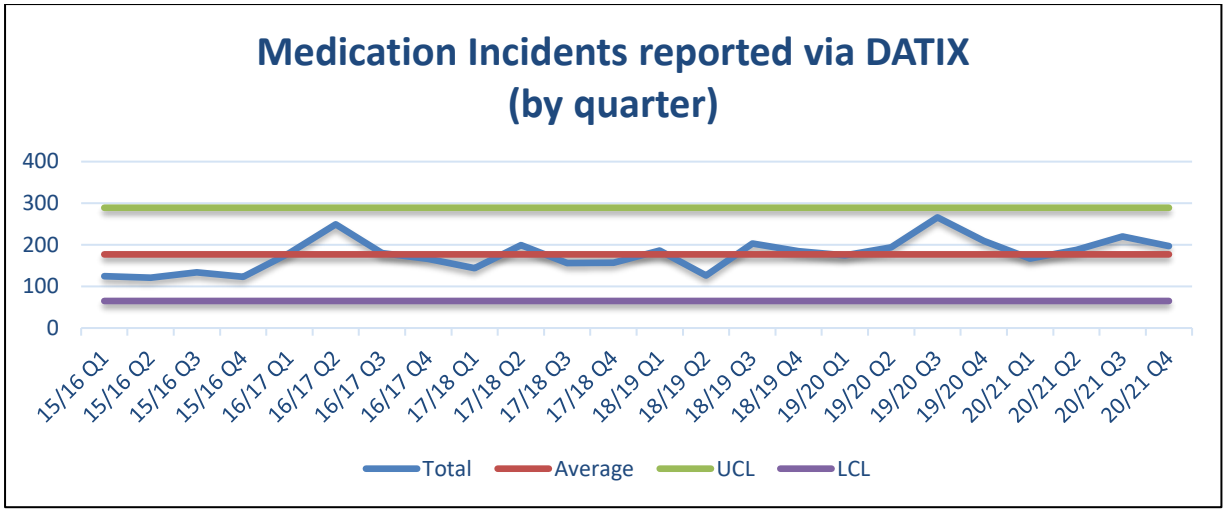
Medicines-specific assurance relating to these programmes continues to be a matter for the Medicines Management Committee to oversee alongside the pharmacy team.

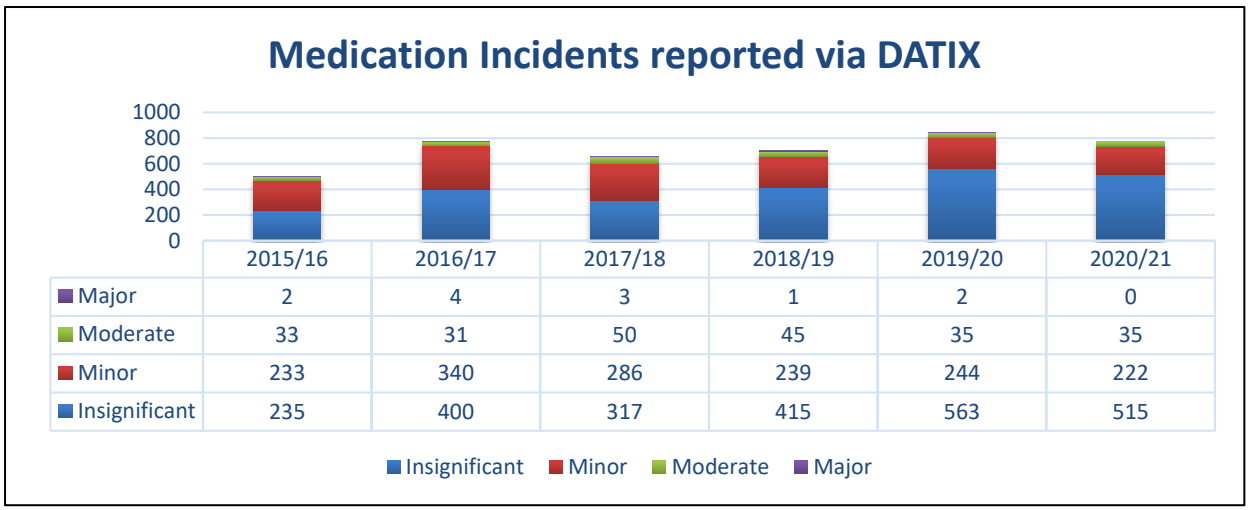
Wider Engagement and Recognition

The Deputy Chief Pharmacist (Clinical Services) presented our work in developing a clinical pharmacy role within CMHTs to the annual conference of the College of Mental Health Pharmacy in October. This was well received and won an award for best oral presentation.

Our development of an enlarged pharmacy team from 2018 to the current time, along with lessons learned and future-plans has been presented by the Chief Pharmacist to NHSEI-organised meetings of system transformation leads and mental health trust chief pharmacists. This has also been well received as systems and trusts consider how best to make use of national investment in pharmacist roles within community mental health services.

Number of Medication Incidents





Clinical Effectiveness

1. Community Transformation and Staying Well

Within Community Mental Health Teams for Working Age work has been underway within the past 12 months to establish the Community Mental Health Framework, Living Well Project and other projects around effectiveness and great care. The work focuses on improved access to services, great care in services and Living Well after services. As can be seen within the data below across Community Mental Health Teams there, apart from one anomaly, is a less than 20% re-referral rate back into teams from discharge.

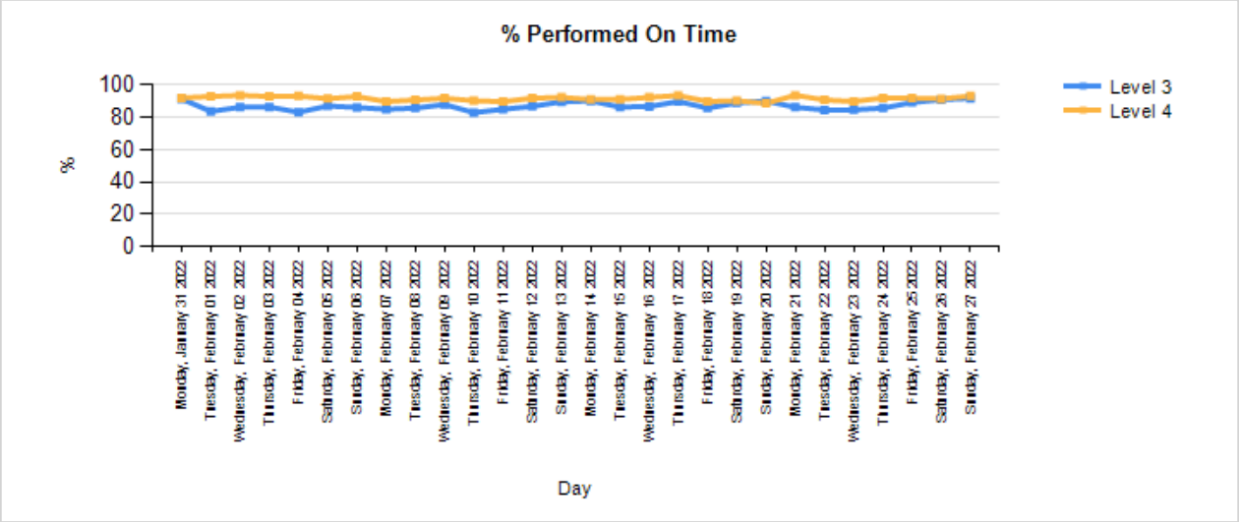
Although, this result is positive, work continues to improve further, and as the Community Mental Health Framework continues to develop and expand, alongside the Living Well Project, further reductions are expected.

Team Discharged From	Service	Total Re-referrals to SPOA Within 12 Months of Discharge Date	Total Discharges By Team In Last 12 Months	Percentage of re-referrals versus discharges in last 12 months per team
CHESTERFIELD C ADULT CMHT	AO	6	31	19%
DERBY CITY ADULT CMHT B	AO	1	7	14%
HP & N DALES ADULT CMHT	AO	1	1	100%
KILLMSH & NC ADULT CMHT	AO	2	13	15%
AMBER VALLEY ADULT CMHT	COMMUNITY	66	534	12%
BOLS & CC ADULT CMHT	COMMUNITY	96	716	13%
CHESTERFIELD C ADULT CMHT	COMMUNITY	85	755	11%
DERBY CITY ADULT CMHT B	COMMUNITY	68	460	15%
DERBY CITY ADULT CMHT C	COMMUNITY	64	459	14%
EREWASH ADULT CMHT	COMMUNITY	60	516	12%
HP & N DALES ADULT CMHT	COMMUNITY	113	776	15%
KILLMSH & NC ADULT CMHT	COMMUNITY	67	801	8%
SOUTH & DALES ADULT CMHT	COMMUNITY	45	400	11%
AMBER VALLEY ADULT CMHT	ERP	2	36	6%
BOLS & CC ADULT CMHT	ERP	4	38	11%
CHESTERFIELD C ADULT CMHT	ERP	3	31	10%
DERBY CITY ADULT CMHT B	ERP	8	48	17%
DERBY CITY ADULT CMHT C	ERP	3	53	6%
EREWASH ADULT CMHT	ERP	4	30	13%
HP & N DALES ADULT CMHT	ERP	3	62	5%
AMBER VALLEY ADULT CMHT	OT	2	33	6%
BOLS & CC ADULT CMHT	OT	6	160	4%
CHESTERFIELD C ADULT CMHT	OT	5	159	3%
DERBY CITY ADULT CMHT B	OT	2	76	3%
DERBY CITY ADULT CMHT C	OT	2	84	2%
EREWASH ADULT CMHT	OT	6	81	7%
HP & N DALES ADULT CMHT	OT	4	103	4%
KILLMSH & NC ADULT CMHT	OT	3	116	3%
SOUTH & DALES ADULT CMHT	OT	2	64	3%
AMBER VALLEY ADULT CMHT	OUTPATIENTS	66	503	13%
BOLS & CC ADULT CMHT	OUTPATIENTS	22	383	6%
CHESTERFIELD C ADULT CMHT	OUTPATIENTS	33	337	10%
DERBY CITY ADULT CMHT B	OUTPATIENTS	70	579	12%
DERBY CITY ADULT CMHT C	OUTPATIENTS	49	584	8%
EREWASH ADULT CMHT	OUTPATIENTS	52	390	13%
HP & N DALES ADULT CMHT	OUTPATIENTS	28	219	13%
KILLMSH & NC ADULT CMHT	OUTPATIENTS	10	180	6%
SOUTH & DALES ADULT CMHT	OUTPATIENTS	50	438	11%

2. Use of Technology for Clinical Effectiveness

Derbyshire Healthcare NHS Foundation Trust has implemented effective “Hand-Held Devices” for the clinical performance and recording of both Patient Supportive Observations and the National Early Warning Score 2. With all inpatient clinical staff receiving their own laptop and Handheld Device, they have the opportunity to complete key and safety-based assessments in a way of their choice. With the Handheld Devices in place, staff with minimal need for training are able to assess clinical risk and need quickly, effectively and safely. Furthermore, with the introduction of technology also comes the ability to set up and access governance and assurance structures at the click of a button. This allows for staff, team managers, and external leaders to have access to clinical performance at the click of a button at any time. Ensuring a high level of assurance and ability to quickly action improvement, without the need manual audits.

Metric Type	Obs Level	Period Start	Period End	Required	On Time	% On Time
Performance	Level 3	31/01/2022	27/02/2022	147762	128524	86.98%
	Level 4	31/01/2022	27/02/2022	95130	86969	91.42%
Recording	Level 3	31/01/2022	27/02/2022	139783	133862	95.76%
	Level 4	31/01/2022	27/02/2022	94501	86164	91.18%



3. Clinical Education and Development

In 2019 work commenced within Derbyshire Healthcare NHS Foundation Trust to review and evaluate the current staffing and skill mix within acute inpatient settings.

Within this, it identified a higher percentage use of bank and agency, due to fluctuating vacancy rates, variable sickness rates and the excellent recruitment of newly qualified in each area, requiring additional oversight and support to enable these new colleagues to flourish in their new roles. In some areas this represented up to a 40% vacancy rate with approximately a 20% preceptee rate at the same time. Clinical leadership and intervention were therefore paramount in line with our Trust strategy of People first.

These patterns appeared to closely link to the findings within the CQC Closed Culture Review that highlighted patient safety being reliant on:

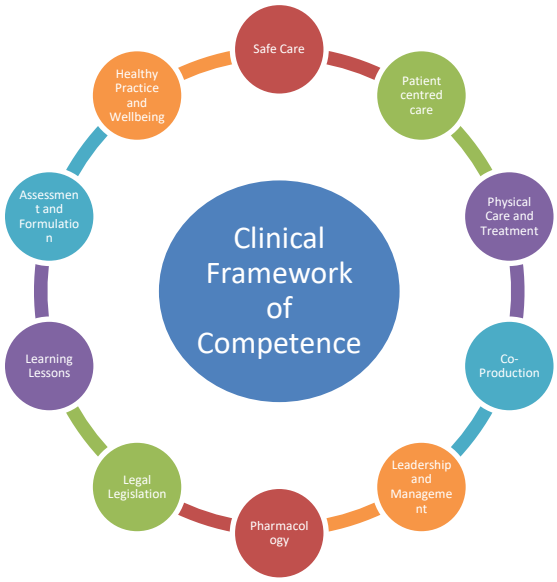
- The right staff – Ensuring staff are relevant and specific training and there are appropriate numbers of trained and skilled staff
- The right culture – Ensuring that managers create a culture of respect for human rights, person-centred care and least restrictive practice
- The right model of care – Ensuring people are receiving care in an appropriate place and time.

As a result the Band 5-6 Competency Framework was created to target these challenges and to take proactive workfroce improvement plans to manage this risk picture. A key cultural development was to actively reduce the risk of Closed Cultures forming within Derbyshire Healthcare NHS Foundation Trust.

In implementing the Band 5-6 Competency Framework Derbyshire Healthcare NHS Foundation Trust aims to:

- Improve clinical standards
- Improve staff confidence and competence
- Improve recruitment by more Nurses wanting to join Acute nursing from their qualifying period
- Improve recruitment by more Nurses wanting to join Acute later in their career and have access to a developmental programme
- Improve recruitment by making Acute Nursing a longer-term career option
- Improve processes around continued learning, including Professional Development Group
- Creation of a Clinical Development Pathway as a career option
- Improving the availability of training and practice skill processes
- Reduce numbers of Moderate and above incidents
- Reduce the use of restrictive practice at service level

In completing the Band 5-6 Competency Framework, clinicians will have a process in which they can follow and if able to demonstrate their ability to work at a higher level, will be moved into a band 6 clinical role. This will be called a Senior Staff Nurse and will work alongside current band 6 roles which are more operationally focused. This creates a clear distinction in career pathways for staff as they will be able to choose from a clinical or operational route, depending on their preference. Feedback emerging so far is positive and we look forward to reporting the impact of this improvement programme.



4. OxyHealth Roll Out

The digital monitoring service (Oxevision) is a contact-free vision-based patient physical healthcare monitoring platform that helps ward teams get clinical insights (i.e. risk factors, early warning signs) to plan patient care and intervene proactively to improve safety in inpatient services.

It uses an optical sensor (camera + infrared illumination in a clinical unit unit) to monitor the pulse rate, breathing rate and movement of a patient in their bedroom, providing warnings, alerts, vital signs observations and activity reports to clinical staff. This is a nursing and care support tool. Recent concerns raised by service users in other Trusts in relation to the function of the Oxevision technology has recently been scrutinised. As a result, Derbyshire Healthcare has reviewed all patient information and have updated to ensure a high level of transparency.

Furthermore, the function and cameras are discussed locally within inpatient ward meetings along with in 1:1 contact.

This project is directly supportive of the Trust's strategies & objectives, including:

- Prevent and reduce patient safety risks, and improve quality of care for patients
- To maximise the effectiveness of service models and patient pathways
- Embrace new ideas to deliver technology-enabled, clinically.
- Seek out new technology to improve healthcare delivery

Outcome category	Desired outcome
1. Improved patient safety	• Reduction in incidents, including but not limited to self-harm (ligatures), violence and aggression, assaults, falls • Faster response time to incidents and potential reduction in harm • Learning from near misses and incidents
2. Improved physical health monitoring	• Improved adherence to physical health monitoring, for example post-rapid tranquilisation • Earlier detection of physical health deterioration
3. Improved patient care	• More information to support clinical decision making, including to support engagement with the patient • Improved observation level mix through supporting the risk management to ensure the least restrictive practice
4. Improved patient, carer experience	• Improved patient and carer experience related to sense of wellbeing, safety, privacy and sleep/disturbance • Improved supporting information to enable clinical assessment and decisions to be more person centred and data informed.
5. Improved staff experience	• Reassurance/peace of mind that patients are safe • Greater confidence in managing patient risk • Improved sense of feeling safe
6. Increased time to deliver direct care	• Effective risk management to support clinical decision making in relation to patient safety leads to fewer or shorter enhanced observations where appropriate • Supplementing efficient and observation rounds at night, learning from serious untoward incidents. • Greater clarity regarding the needs of individuals based upon clear supporting clinical data. • Better use of staff time due to fewer incidents

Clinical teams expressed the desire to implement Oxevision across service types to improve clinical outcomes and support clinical staff to have access to digital technology that aids safe monitoring of physical healthcare when people in our care refuse physical health checks in a seclusion room due to psychological ill health. The safe management of patients at night who at elevated risk of physical healthcare deterioration. The early signs are that this system has been implemented safely and further evidence of impact will be reviewed in the next quality account.

Patient Experience

The Patient Experience Strategy was published in 2020 and has been reviewed by the Quality & Safeguarding Committee in 2021/22. Significant progress continues and areas of improvement include:

- The EQUAL developments including feedback through ‘Bright Ideas’ leading to investments in ward-based activity
- Texting and feedback service
- Pathway specific tools such as Helpline
- The community mental health survey
- Up-take and impact of Family and Friends Test

Community Mental Health Survey and Electronic Patient Survey

To ensure that we understand the experiences and satisfaction of people who receive care and treatment in our community mental health services, we take part in the annual national Mental Health Community Service User Survey. The community survey is compulsory for all mental health Trusts and is conducted by external providers on behalf of the CQC. The Trust commissions an organisation called Quality Health, who undertake surveys on behalf of the majority of Trusts in England. In 2021 the Trust has also decided to opt into the Mental Health Inpatient Service User Survey. Although this is not a contractual obligation, it was felt this would be a good opportunity to gain feedback on our inpatient services to further develop them.

These national surveys are used to find out about the experience of service users receiving care and treatment from all healthcare organisations and Mental Healthcare providers. Our results were published in November 2021.

Responses were received from 374 people who received community mental health services from our Trust. There was a decrease in sample size in comparison to last year by 20. Questions are grouped under headings with a score and comparison given for the overall heading and then individually for sub-headings. All the headings (blue sections) can be found in the table below, together with some of the sub-section scores (white sections); the complete table can be found on the CQC website.

Key:

Better: The Trust is better for that particular question compared to most other Trusts that took part in the survey

About the same: The Trust is performing about the same for that particular question as most other Trusts that took part in the survey

Worse: The Trust did not perform as well for that particular question compared to most other Trusts that took part in the survey

For all sections, the Trust is performing about the same as most other Trusts that took part in the survey, however, scores higher in three questions. For five individual score, the Trust is scoring worse than most other Trusts.

Top & Bottom Five Questions

This section of the report summarises your organisation's highest and lowest scoring results for the current year across the entire survey.

	Top 5 Questions	Score
12.	Do you know how to contact this person if you have a concern about your care?	97.4%
13.	How well does this person organise the care and services you need?	85.7%
26.	In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	80.9%
37.	Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	80.9%
18.	Did you feel that decisions were made together by you and the person you saw during this discussion?	80.6%

	Bottom 5 Questions	Score
38.	Aside from in this questionnaire, in the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	13.1%
34.	In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	31.9%
33.	In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	39.4%
32.	In the last 12 months, did NHS mental health services support you with your physical health needs?	41.5%
3.	In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	55.1%

Your Care and Treatment

The scores in this section have largely remained the same from the previous years. This section focuses on people using our service feeling that they have had the right amount of contact. With the challenges of the COVID-19 pandemic, face-to-face contact has been reduced until recently. As a result of this, it is positive for the results to remain similar to the previous year.

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
3. In the last 12 months, do you feel you have seen NHS mental health services often enough for your needs?	47.6%	55.1%	62.7%	65.3%	344	55.1%	
4. In the last 12 months, were care and services available when you needed them?	57.9%	64.4%	71.4%	76.2%	323	67.8%	
5. Were you informed how the care and treatment you were receiving would change due to the coronavirus pandemic?	52.7%	62.3%	68.2%	72.5%	308	65.9%	

Your Health and Social Care Workers

The score for this section has remained the same since last year. Questions in this section ask about having enough time with the person leading their care, that person having enough of an understanding of their needs and their treatment history**.**

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
7. Were you given enough time to discuss your needs and treatment?	62.9%	68.1%	74.8%	79.3%	337	71.2%	
8. Did the person or people you saw understand how your mental health needs affect other areas of your life?	59.3%	65.9%	71.9%	75.9%	332	65.9%	
9. Did the person or people you saw appear to be aware of your treatment history?	58.5%	66.6%	72.3%	78.3%	326	68.7%	

Organising Your Care

The score for this section has increased since last year. This section explores if a person knows who oversees organising their care, how well they do that and do they know how to contact them.

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
10. Have you been told who is in charge of organising your care and services?	61.7%	68.1%	76.9%	91.0%	281	69.7%	
12. Do you know how to contact this person if you have a concern about your care?	93.9%	95.5%	97.9%	99.0%	190	97.4%	
13. How well does this person organise the care and services you need?	77.9%	80.6%	84.9%	88.1%	196	85.7%	

Planning Your Care

Overall, this section has remained the same since last year. This section asks about someone's engagement in planning their own care. This is an area that the Trust is focused on improving within the upcoming year, linked to the changes in CPA, move to SystmOne and developments within the community Mental Health Framework and Living Well Project.

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
14. Have you agreed with someone from NHS mental health services what care you will receive?	51.0%	56.5%	62.9%	70.5%	347	58.3%	
15. Were you involved as much as you wanted to be in agreeing what care you will receive?	66.6%	70.6%	74.5%	80.1%	257	71.3%	
16. Does this agreement on what care you will receive take into account your needs in other areas of your life?	59.6%	64.2%	69.7%	72.0%	250	66.1%	

Reviewing Your Care

This section has had a decrease overall. This drop in direct contact with an NHS member of staff is directly linked to the COVID-19 pandemic. As face-to-face contact begins to increase and return to normal this is expected to improve.

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
17. In the last 12 months, have you had a specific meeting with someone from NHS mental health services to discuss how your care is working?	58.5%	63.4%	72.2%	76.0%	337	59.2%	
18. Did you feel that decisions were made together by you and the person you saw during this discussion?	70.7%	74.8%	81.1%	84.0%	193	80.6%	

Crisis Care

This section has reduced in score since last year for would you know who to contact however, has improved for receiving the help needed. With the introduction and further roll out of the Mental Health Helpline, there has been increased accessibility to services however, with this comes irregularity in the people who service users have contact with. The Helpline does, however, provide a wide range of Multi-Disciplinary workers and so widens the availability of the appropriate support for the service user.

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
19. Would you know who to contact out of office hours within the NHS if you have a crisis?	60.2%	68.4%	79.0%	86.7%	302	65.6%	
20. Thinking about the last time you tried to contact this person or team, did you get the help needed?	51.1%	61.8%	69.5%	74.4%	145	71.0%	

Medicines

This section has improved since last year. It explores if people have been involved in decision making regarding their medicines, have they had side effects explained and have they had their medicines reviewed**.**

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
22. Has the purpose of your medicines ever been discussed with you?	72.6%	75.4%	80.2%	82.9%	294	79.0%	
23. Have the possible side effects of your medicines ever been discussed with you?	51.8%	55.3%	61.2%	67.6%	291	60.4%	
26. In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?	66.7%	71.8%	79.4%	86.0%	240	80.9%	

NHS Therapies

This section has generally remained About the Same as other Trusts; this section asks questions about being involved in decisions about which therapy to access and explanations of the therapy**.**

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
28. Were these NHS talking therapies explained to you in a way you could understand?	73.6%	77.7%	83.0%	89.5%	84	80.3%	
29. Were you involved as much as you wanted to be in deciding what NHS talking therapies to use?	59.2%	65.5%	72.7%	85.4%	81	71.1%	

Support and Wellbeing

This section explores people's feelings regarding how well supported they are with their physical health and employment**.** This has generally declined within the last year and presents as the area with the most negative feedback. Developments within the Trust to improve the offer of training or employment is underway as the Trust works alongside IMROC and HEE to support service users into education in preparedness for employment.

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
32. In the last 12 months, did NHS mental health services support you with your physical health needs?	35.8%	42.1%	51.9%	58.3%	170	41.5%	🔴
33. In the last 12 months, did NHS mental health services give you any help or advice with finding support for financial advice or benefits?	26.7%	36.7%	43.8%	49.4%	171	39.4%	🟡
34. In the last 12 months, did NHS mental health services give you any help or advice with finding support for finding or keeping work (paid or voluntary)?	22.9%	34.5%	44.6%	54.5%	72	31.9%	🔴
35. Have NHS mental health services involved a member of your family or someone else close to you as much as you would like?	54.2%	61.0%	68.5%	74.6%	239	63.0%	🟡

Overall Experience

This section has largely remained the same however, presents a drop in relation to service user and carer feedback. The implementation of the electron patient survey as well as further developments into face-to-face feedback are expected to improve this section through the year.

	Lowest Scoring Trust	Lowest 20% Threshold	Highest 80% Threshold	Highest Scoring Trust	This Trust 2021		
					Number of Respondents	Score	RAG Rating
36. Overall experience?(Scale score from 0-10. 0 = "I had a very poor experience", 10 = "I had a very good experience").	59.7%	66.6%	71.2%	74.8%	341	68.5%	
37. Overall, in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?	76.8%	80.7%	85.2%	88.7%	354	80.9%	
38. In the last 12 months, have you been asked by NHS mental health services to give your views on the quality of your care?	12.3%	14.7%	23.3%	32.1%	300	13.1%	

Compliments, Complaints and Concerns

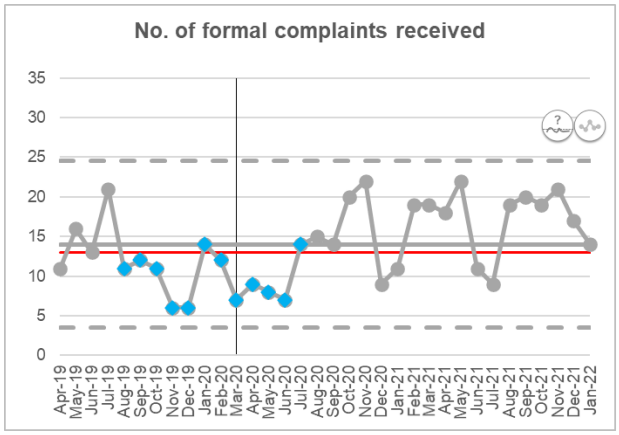
The Trust's Patient Experience Team is the central point of contact for people to provide feedback and raise concerns about the services provided by the Trust. The team sits within the Nursing and Patient Experience directorate. The team's aim is to provide a swift response to concerns or queries raised and to ensure a thorough investigation takes place when required, with complainants receiving comprehensive written responses including being informed of any actions taken.

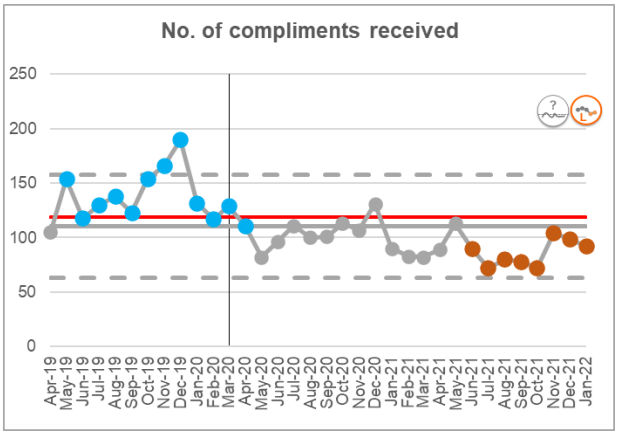
2021-2022 has been a challenging year due to the COVID-19 pandemic with pressure experienced by all teams across the Trust. The Patient Experience Team worked with operational teams and people contacting their service to ensure that the best outcomes have been achieved in the timely manner. Our progress throughout the year is monitored, and reported on, in quarterly reports to the Patient Experience Committee and Quality Committee.

Comparison of Contacts Through the Year

	2019-20	2020-21	2021-22
Complaints	140	167	175
Compliments	1659	1207	893
Concerns	581	482	443
Enquiries	59	743	1171
Total	**2439**	**2599**	**2682**

Complaints are issues that need investigating and require a formal written response from the Trust. Investigations are coordinated through the Patient Experience Team. Concerns can be resolved locally and require a less formal response. This can be through the Patient Experience Team or directly by staff at ward or team, level within our services. The number of recorded enquiries has risen significantly during 2020/21, a high number were related to the COVID-19 pandemic, including vaccinations and other issues not managed by our Trust.





Parliamentary and Health Service Ombudsman

During the year, the Trust discussed five cases with the Parliamentary and Health Service Ombudsman. In four of the cases no further action was required. One required further response however, this was deal with and resolved at the time.

Comparison of Concerns, Complaints and Compliments by Top Issues Raised

The most common form of concern raised in 2021-2022 was in relation to the availability of services /activities/therapies, which was the same issue highlighted in 2019-20. During 2021-22, this reflected the closure/changes to services during the COVID-19 pandemic.
Issues regarding care planning were the most common reason for making a complaint in 2019/20 and in 2020/21 and in 2021/22.

Top 3 issues raised in Concerns	
2019-20	260
Availability of Services / Activities / Therapies	110
Care planning	88
Appointments (e.g. delays and cancellations)	62
2020-21	245
Availability of Services / Activities / Therapies	104
Care planning	87
Other	54
2021-22	266
Availability of Services / Activities / Therapies	108
Care planning	107
Other	51
Total	**771**

Top 3 issues raised in Complaints	
2019-20	70
Care planning	33
Abruptness / Rudeness / Unprofessionalism	19
Information provided	18
2020-21	133
Care planning	70
Abruptness / Rudeness / Unprofessionalism	39

Availability of Services / Activities / Therapies	24
2021-22	164
Care planning	84
Availability of Services / Activities / Therapies	41
Abruptness / Rudeness / Unprofessionalism	39
Total	**367**

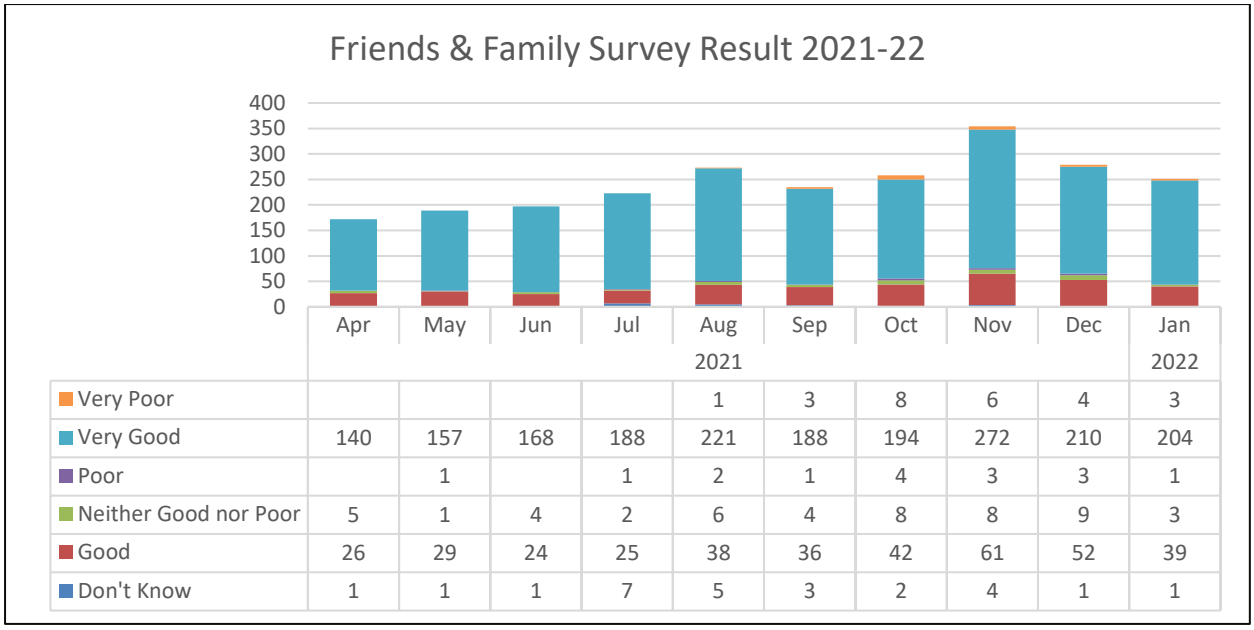
Compliments

Themes from the 4179 compliments received reflect people's gratitude for the care provided and appreciation of the support and help given, with the highest identified point being general gratitude. There has been a drop in compliments from 2019 to 2022 however, in further evaluation this appears to be linked to the reduced number of face-to-face contacts during the COVID-19 pandemic. A large proportion of compliments are received face-to-face and so moving to electronic technology for appointments resulted in a decline in feedback. An electronic patient survey has been created and is in the process of roll out across the Trust to tackle this alongside the move toward face-to-face contact being stood back up.

	2019-2020	2020-21	2021-22
Care	1033	669	539
Compassion	718	494	398
Empathy	517	338	290
Environment	305	145	125
Facilities	255	121	101
General gratitude	1060	873	633
Information/Advice	665	372	317
Kindness	846	558	472
Listening	699	444	367
Responsiveness	619	449	320
Support/Help	1036	799	585
Other - see description	82	70	32
Total	7835	5332	4179

Friends and Family Test

The Friends and Family Test asks people, if they would recommend the services, they have used to others who are close to them if they were also in need of similar care and treatment. It offers a range of responses to choose from, and when combined with supplementary follow-up questions, provides an indicator of good and poor patient experience. The results of the Friends and Family Test are published each month by NHS England, and we have also incorporated the expectation of feedback where possible from the Friends and Family test into the revised quality visit model.

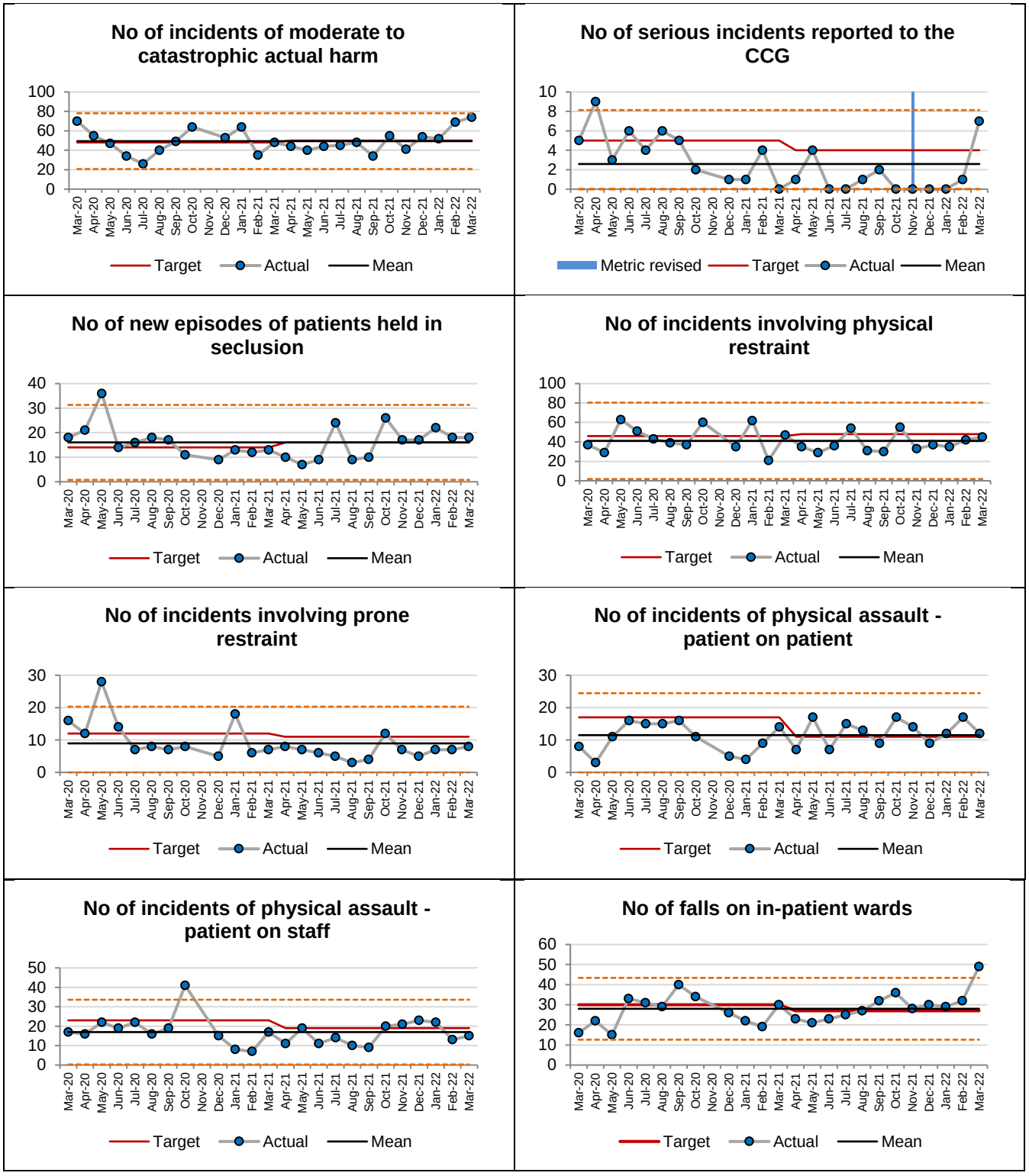


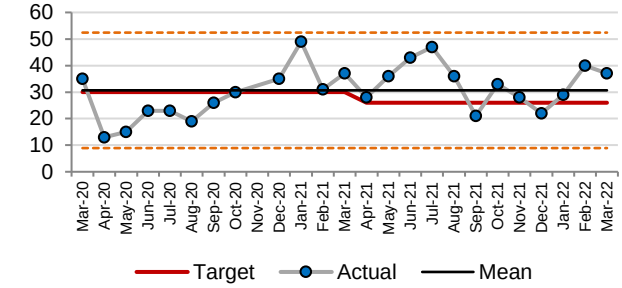
	Apr	May	Jun	Jul	Aug 2021	Sep	Oct	Nov	Dec	Jan 2022
Very Poor					1	3	8	6	4	3
Very Good	140	157	168	188	221	188	194	272	210	204
Poor		1		1	2	1	4	3	3	1
Neither Good nor Poor	5	1	4	2	6	4	8	8	9	3
Good	26	29	24	25	38	36	42	61	52	39
Don't Know	1	1	1	7	5	3	2	4	1	1

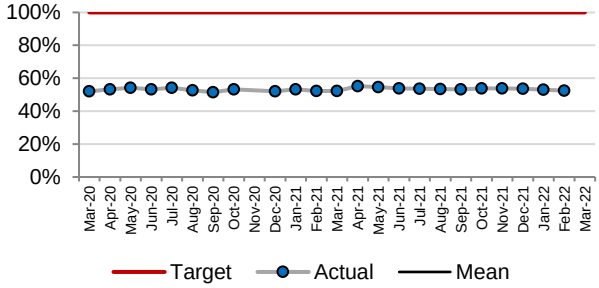
During the year, work to increase the Friends and Family Test feedback was put on hold due to the COVID-19 pandemic but re-started again during 2021-22 through the development and ongoing rollout of the electronic patient survey platform. This aims to provide another level of feedback options for service users and carers to allow for more oversight of services, allowing our EQUAL forum and Clinical Operation Assruance Teams to review regular data and improve services through our Quality Improvement Strategy.

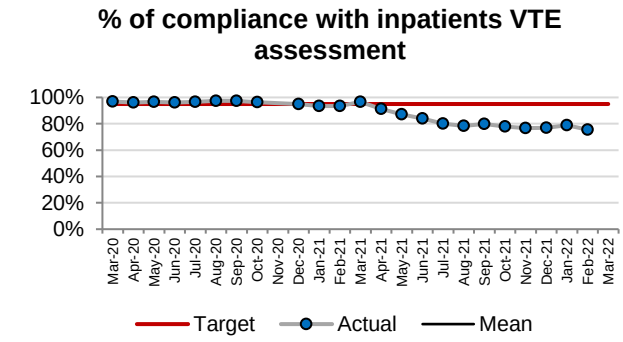
Part 3 - Quality Dashboard and CQC

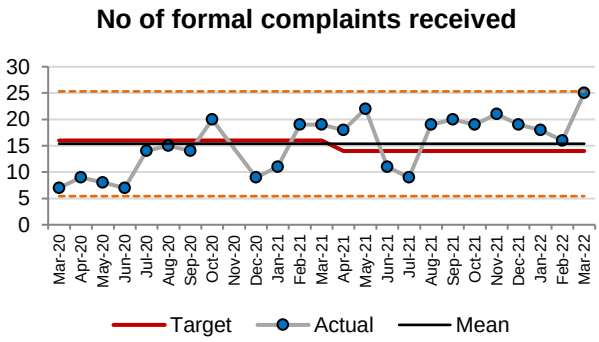
Quality Dashboard

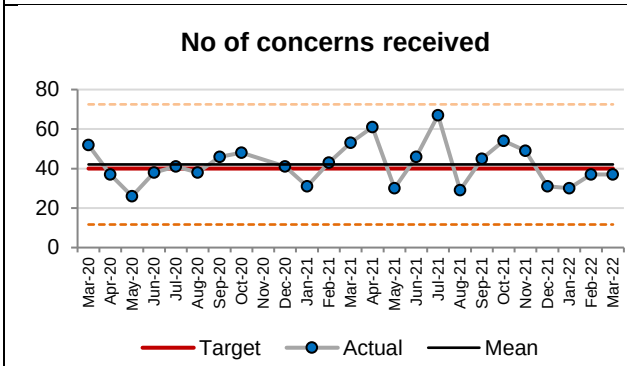


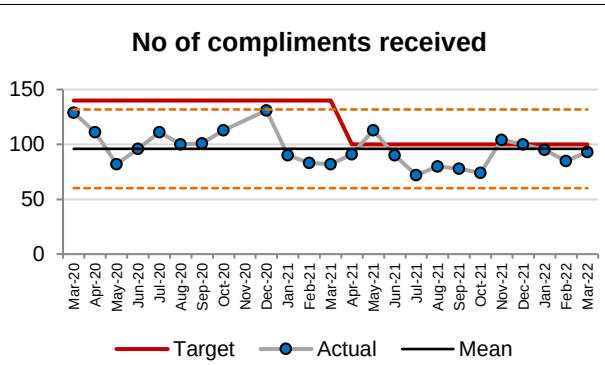

No of incidents of absconsion
60
50
40
30
20
10
0
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean

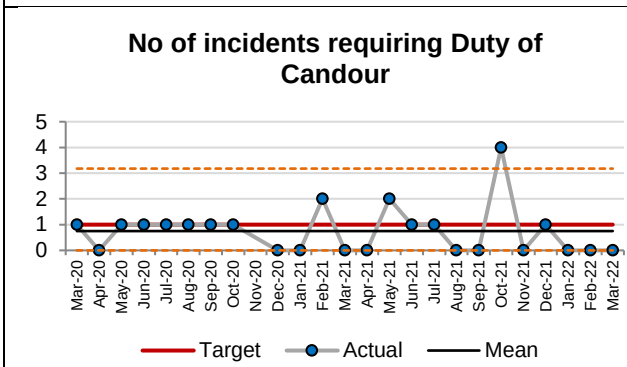

% of patients with a Safety Plan
100%
80%
60%
40%
20%
0%
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean

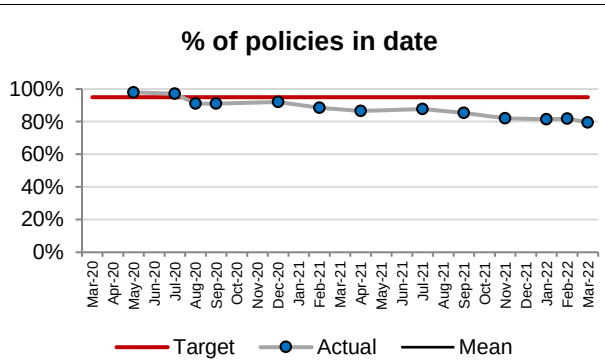

% of compliance with inpatients VTE assessment
100%
80%
60%
40%
20%
0%
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean


No of formal complaints received
30
25
20
15
10
5
0
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean

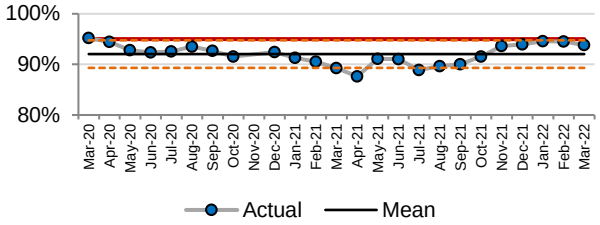

No of concerns received
80
60
40
20
0
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean


No of compliments received
150
100
50
0
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean

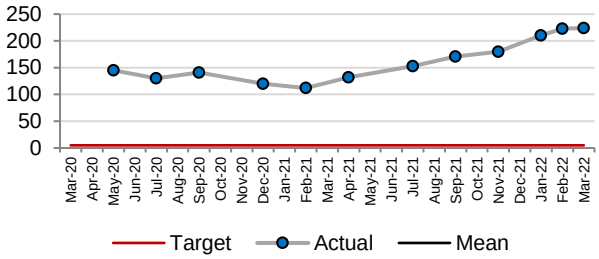

No of incidents requiring Duty of Candour
5
4
3
2
1
0
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean


% of policies in date
100%
80%
60%
40%
20%
0%
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean

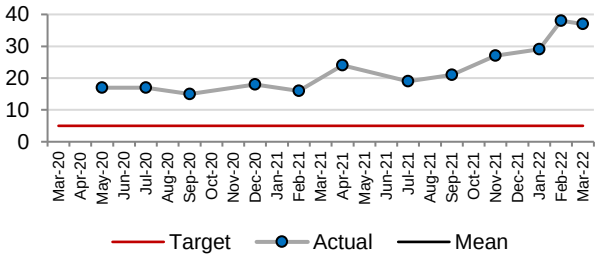
% of patients who have had their care plan reviewed and have been on CPA > 12months



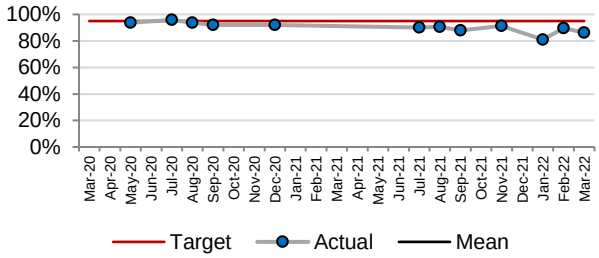
No of outstanding actions following serious incident investigations



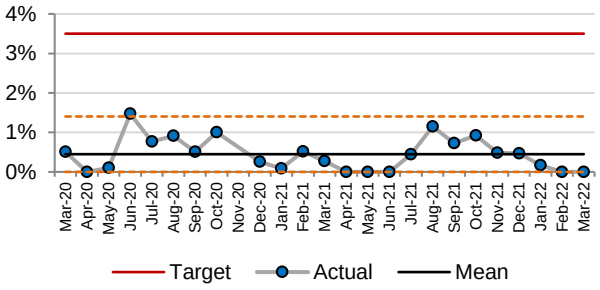
No of outstanding actions following complaint investigations



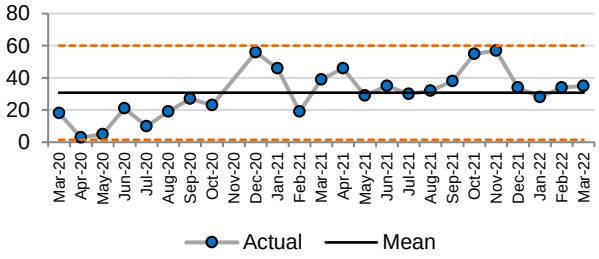
% of risk assessments (as recorded on Datix) in date of review



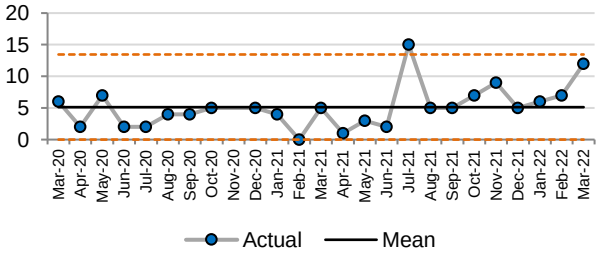
Delayed Transfers of Care (%)



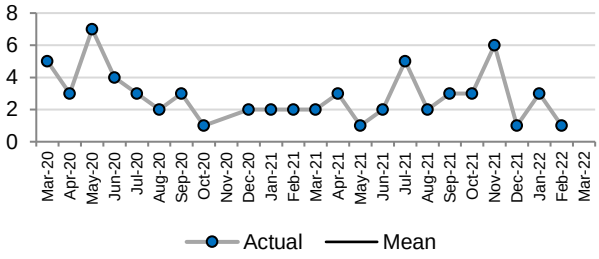
Inpatients: No of incidents of self harm - ligature

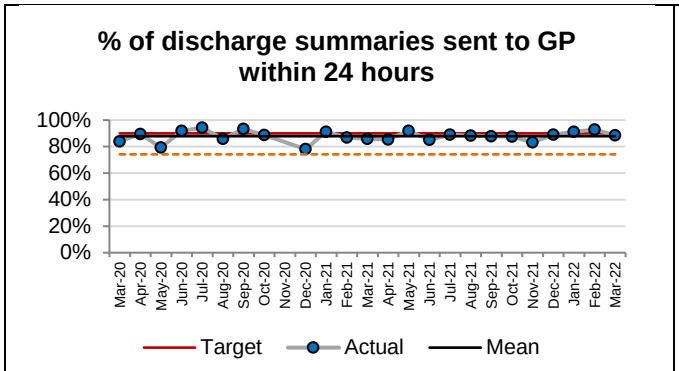


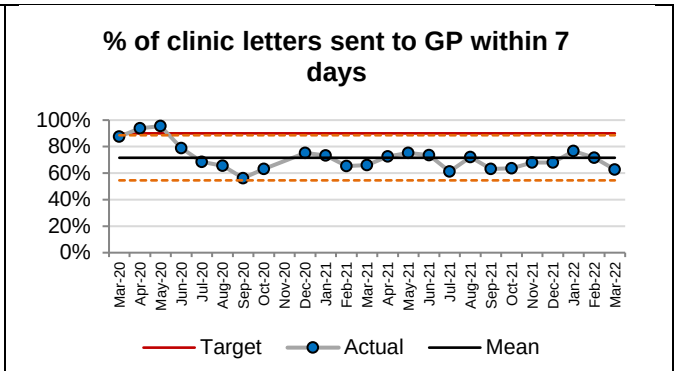
Inpatients: No of staffling level incidents

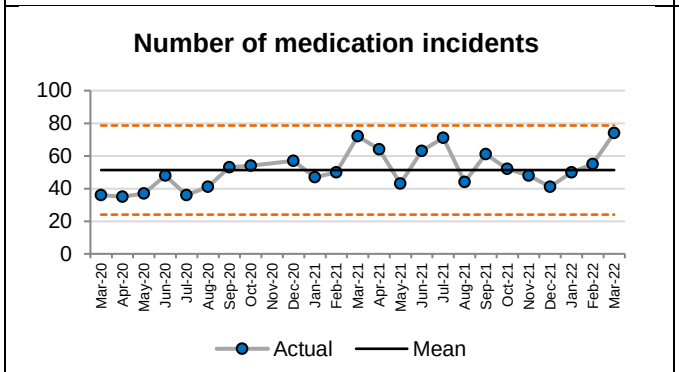


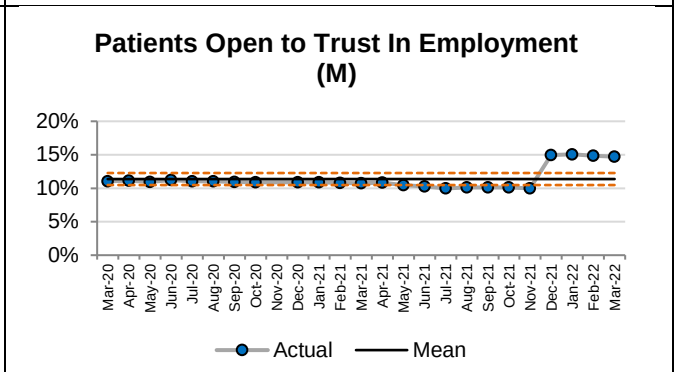
Number of patients entering seclusion prior to moving to PICU

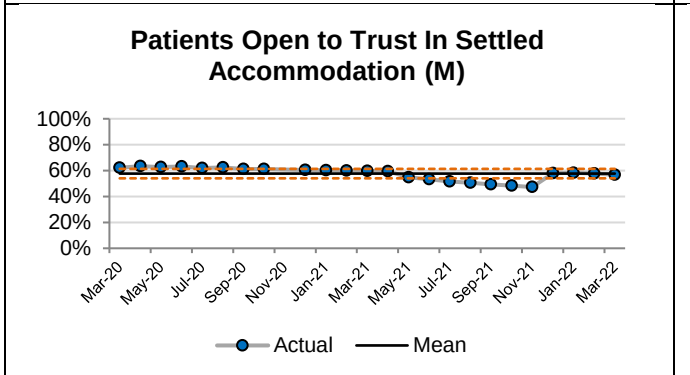


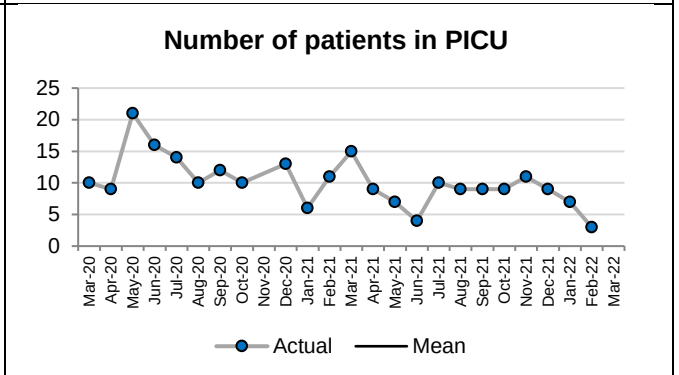

% of discharge summaries sent to GP within 24 hours
100%
80%
60%
40%
20%
0%
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean

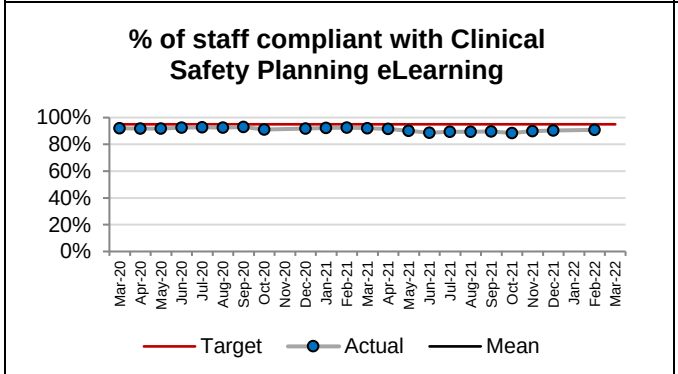

% of clinic letters sent to GP within 7 days
100%
80%
60%
40%
20%
0%
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean

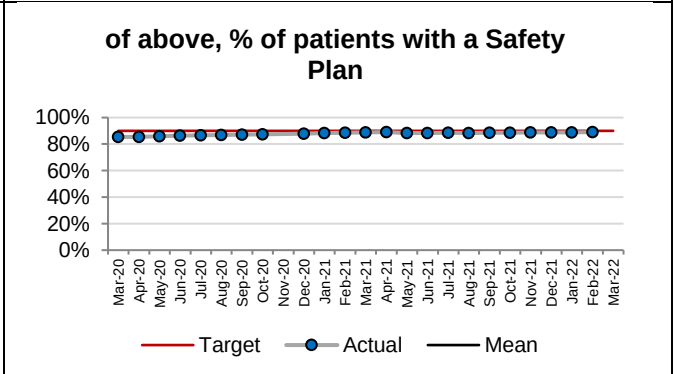

Number of medication incidents
100
80
60
40
20
0
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Actual
Mean


Patients Open to Trust In Employment (M)
20%
15%
10%
5%
0%
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Actual
Mean

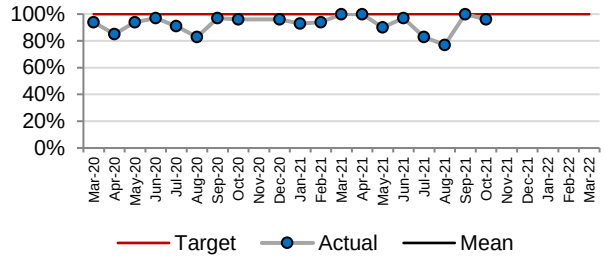

Patients Open to Trust In Settled Accommodation (M)
100%
80%
60%
40%
20%
0%
Mar-20 May-20 Jul-20 Sep-20 Nov-20 Jan-21 Mar-21 May-21 Jul-21 Sep-21 Nov-21 Jan-22 Mar-22
Actual
Mean


Number of patients in PICU
25
20
15
10
5
0
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Actual
Mean

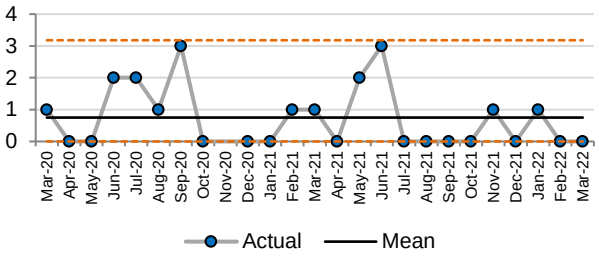

% of staff compliant with Clinical Safety Planning eLearning
100%
80%
60%
40%
20%
0%
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean


of above, % of patients with a Safety Plan
100%
80%
60%
40%
20%
0%
Mar-20 Apr-20 May-20 Jun-20 Jul-20 Aug-20 Sep-20 Oct-20 Nov-20 Dec-20 Jan-21 Feb-21 Mar-21 Apr-21 May-21 Jun-21 Jul-21 Aug-21 Sep-21 Oct-21 Nov-21 Dec-21 Jan-22 Feb-22 Mar-22
Target
Actual
Mean

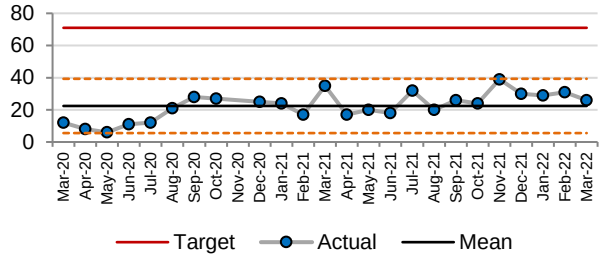
% of compliance on healthcare check in 136 suite offered



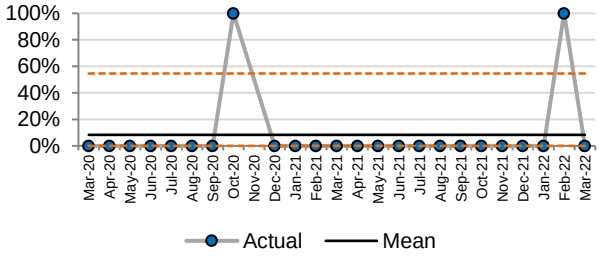
Inpatients: No of incidents of sexual assault - patient on patient



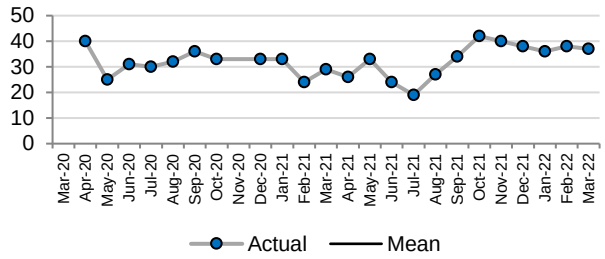
Inpatients: No of incidents of self harm



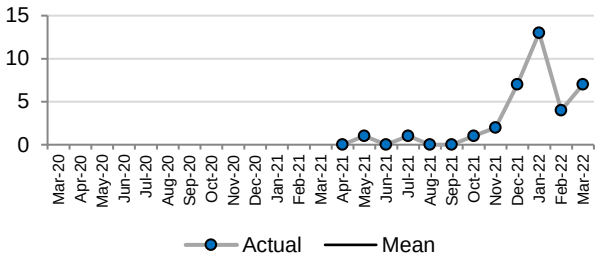
Inpatients: No of incidents of suspected suicides



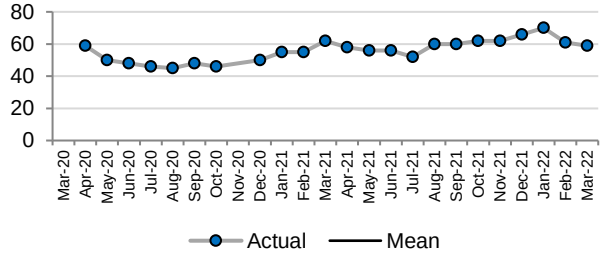
Inpatients (Older Peoples): Average LoS by Ward



Inpatients: Covid-19 positive result after hospital admission



Inpatients (Adults): No of LoS by 100+ Days



CQC Inspection Rating

The current CQC ratings for the Trust are shown below:

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

In the last three years, the DHCFT has received a full Trust-wide inspection, a Well-Led review and two separate inspections of acute wards for adults of working age and psychiatric intensive care, one at the Radbourne Unit and one at the Hartington Unit.

Significant improvements have been seen in the last three years, both in the number of recommendations and actions the Trust has received, as a result of the inspections, but also in the ratings applied by the CQC.

The overall rating for the Trust has increased from ‘requires improvement’ in 2018/19 to ‘good’ – This was achieved in 2019/20 and maintained in 2020/21 and 2021/22.

Part 4 - Quality Report

Escalated items to Council of Governors 2021/22 with responses in full

Question One:

How are the NEDs assured about the capacity in A&E, through the Mental Health Liaison teams, to support people with deteriorating mental health as a result of COVID-19, and in particular older adults and those with longer term conditions such as Bipolar Disorder, who may have had other access to support in the community which they have not been able to access.

Response

We have two core 24 complaint mental health liaison teams. Core 24 is the national recommended configuration or make up of liaison teams. Activity is strong and teams remain in place. Our emergency response is supplemented by the mental health helpline, which as a 24-hour support system is an additional layer of support to people in our care who are impacted by COVID-19 and the pressures of the lockdown and the wider loss experienced in our communities. Our liaison teams in the north and south continue to have practitioners who specialise in older adults. Where additional care is needed our older adults team remain at full strength.

Our benchmarking of clinical activity remains strong. There is strong evidence of face-to-face, virtual and telephone support. Our activity of staying in contact is in the top 10% in the country.

However, we are very aware that third sector, social care and trust groups are paused or delayed, and this will have an impact on our people. The Trust teams have maintained several groups with a virtual offer, but this may not be a suitable alternative offer or a person's preference.

Overall an individual in our care is more likely to struggle through the pandemic and the changes to services will be experienced very differently across the spectrum of people we serve. Our clinical team are very mindful of this. We are not seeing a significant deterioration in relapse rates, more natural reactions to restriction and loneliness.

We are continuing at this time with our mixed offer of service and we will start to meet people in our care gradually. For some this will be meeting in a garden or a short walk in April, meeting in small cluster groups in May in less than groups of six outside for walking or horticultural groups and a gradual phased change to how we are working.

The national roadmap is a conservative path and incremental steps to more social/therapeutic contact. The Trust's steps will mirror this model.

Question Two:

Governors seek assurance on the current status on psychiatrist recruitment and retention to the Trust's psychiatric services; and in particular an update on vacancies and whether these have been filled by permanent staff, locums or remain vacant.

Response

During the period 1 March 2019 to 31 August 2021 there has been 17 medical leavers and during this same period there has been 15 new medical starters. Generally, the Trust has been successful in replacing consultants who retire, despite a recognised national shortage. It is often more difficult to recruit speciality doctors. The greatest success the Trust has had in replacing Consultants is by higher trainees from within the Trust moving up on completion of their training and reflects the fact that this is a good Trust to work in and generally people want to stay.

There are currently 11 vacancies for consultants and speciality doctors and one coming vacant in September due to retirement. Nine of these roles are covered by agency workers and recruitment is ongoing with posts advertised. The Trust has been successful in recruiting during August to specialty doctor vacancies on Ward 33 with the doctor starting on 27 August and Ward 34 and the doctor will start on 1 November. Whilst we can seek to recruit speciality doctors from overseas (albeit this is time consuming and expensive) it is not possible to recruit Consultants in the same way as they do not meet the UK training requirements to enter the grade.

On top of the vacancies identified above there are five new posts identified due to new funding becoming available. Recruitment has started to fill these posts. One of our existing higher trainees has already expressed interest in one of these roles.

Question three:

In September 2021 it was reported in Derbyshire Live that the wait lists for children and young people services including CAMHS (Children and Adolescent Mental Health Services) were four months and that the Trust was planning a waiting list blitz in September. How are the Non-Executive Directors assured that the Trust is reducing the wait lists and are they assured that the waiting list initiatives, like the blitz in September, will improve waiting times and what is the average wait time now for our services, in particular, regarding young people services and CAMHS?

Response

Background

The number of children on the waiting list for Child and Adolescent Mental Health Services (CAMHS) peaked in March 2020 at approximately 500 with a subsequent peak in the waiting time in June 2020 at nearly 25 weeks average. A number of measures were put in place by the Trust and despite the effect of the COVID-19 pandemic etc the number waiting was reduced to below 400 in September 2021 with an average waiting time of less than 15 weeks.

Obviously, all the numbers described must be put in the context of an ongoing (and to some extent unpredictable) COVID-19 situation, and well documented national shortages of staff, especially in certain skills areas.

Last 12 months

There has been an increase in Children and Young People (CYP) requiring hospital care for COVID-19 related illnesses; and Respiratory Syncopial Virus (Childrens Respiratory Virus, RSV) cases continue to present at UHDB. This was in addition to an increase of CYP on the acute wards waiting for Tier 4 beds (partly because there are reduced Tier 4 beds due to COVID-19).

CAMHS have worked hard to support UHDB in the care of CYP in their care as well as prioritise work with a targeted 70 cases in the community who are at risk of attending UHDB with self-harm/suicide related behaviours or eating disorders. To achieve this CAMHS have maintained all critical/essential services and continue to prioritise these, often at the cost of increased wait times for routine assessments. CAMHS staff across the service have been working extremely hard and increased the number of contacts from pre-pandemic activity consistently by 50%. As a service we have continued to meet these demands in the context of other factors such as:

- Challenges in recruiting workforce which includes nursing and medics, seeking opportunities to recruit and retain

- Impact of working remotely during the pandemic and how the service can optimise clinical activity
- Increase in safeguarding work
- Increase in complexity of presentations
- Impact on parents/family resilience as a result of the pandemic

Current Exercise

It was felt that a focused activity could significantly improve the number of young people on the waiting list and the average waiting time to be seen.

All families were contacted by the Waiting List coordinator to discuss if an assessment was still needed; at this point some families were closed to CAMHS, and the rest were booked into either face-to-face assessments, or virtual assessments, dependant on the family's preference; at a time that suited them.

The team have, with the support of the wider service, offered assessments in pairs to young people and their families.

In the three weeks from 27 September, 222 assessments have been offered (50% of the overall number waiting). Over the same period, the service would normally have conducted 60 initial assessments.

From the 222, 181 young people have now been seen for an initial assessment.

Of those seen, 67 have been closed to CAMHS and have been signposted to appropriate services such as Build Sound Minds, First Steps etc.

The remaining 114 have been offered a variety of interventions.

As a result of the above, we can now confirm that there are 266 young people on the external wait list. This is the lowest number of young people waiting since 2017.

As we targeted the longest waits, we expect the maximum wait time to be approximately 25 weeks at this current time.

Community Paediatrics

The waiting times and size of the waiting list are rising, due to increased demand and referrals, particularly around referrals for Autism assessments. We have 939 children waiting for initial appointments, a rise from 877 in April 2021, with an average wait time of 15 weeks, and the longest wait of 36 weeks. We work closely with commissioners on this and are recruiting to a vacant post which is a full time Consultant. We also have a fixed term Speciality Doctor who has just commenced for 12 months who will support the Neurodevelopmental team. We receive more than 300 referrals per month to this service. We are in dialogue with Commissioners about capacity and ways of working to make some permanent additions in capacity.

Community Paediatric Therapy

The teams are working hard to provide a service and provide some additional support to young people post operatively (who were delayed due to the pandemic). We have bid for some funding from winter pressures to try and alleviate pressure in these teams – one post in each team. Average waiting time for specialist Physiotherapy is 13 weeks and Occupational Therapy is 18 weeks.

Specialist Nursing

Our teams continue to provide specialist nursing interventions in relation to neurodevelopmental conditions, specialist continence, Looked After Children and Children with Learning Disabilities.

Average wait times:

- Continence – six weeks
- Specialist Learning Disability nursing – eight weeks
- Neurodevelopmental nursing – Thirteen weeks.

Question four:

Governors seek assurance that the issues raised concerning the Trust in Roy's story shared with the Trust Public Board on 2 November; and with the Governance Committee on 8 December have been addressed; and if not addressed what plans are in place to address the issues.

Response

The Trust Board and Executive Team are very grateful for Roy sharing his experience at Trust Board and Joined Up Care Derbyshire to consider how we learn from individual's experiences. The lived experience of mental health problems, co-existing alcohol issues and the impact of financial pressures are well established risk factors. This year we welcome continued focus to reduce waiting times and improve access, investment in alcohol services to reach individuals and their families at the earliest opportunity. We are working with Roy on his wishes and how he would like to use his story in an educational video for community mental health practitioners through our new practice Educator role. This is also learning in addition to our patient experience response that we worked with Roy on prior to sharing his story at the Trust Board.

Question five:

Governors seek assurance that patients are given appropriate communication if an appointment is cancelled. Concerns have been raised by members and the public that some cancellations are only communicated to patients at the last minute and can have an emotional impact on the patient. Concern has also been raised that parents of young people are not being included in communications to enable them to support their child.

Response

Governors seek assurance that patients are given appropriate communication if an appointment is cancelled.

This financial year around 8% of psychiatric outpatient appointments have been cancelled by the Trust per month, around 12% have been cancelled by patients and around 12% of patients did not attend their appointment (DNA). The main reasons for cancellations are when patients need to be seen more urgently, or because of consultant illness.

When an appointment is cancelled by the Trust and the patient had previously been notified about the appointment, the patient will be contacted by telephone if short notice, or by letter if the appointment is a few weeks into the future, to advise them that unfortunately their appointment has been cancelled and that another appointment will be arranged.

Concerns have been raised by members and the public that some cancellations are only communicated to patients at the last minute and can have an emotional impact on the patient.

Unfortunately, last minute cancellations are unavoidable on occasions when consultants or other professionals are taken ill and no cover is available. This year there have been around 43,000 outpatient appointments so far, of which around 640 have had to be cancelled owing to consultant sickness. When this happens the medical secretary or clinic administrator will ring the patients concerned to let them know that unfortunately their appointment has had to be cancelled and that another appointment will be arranged. Data relating to cancellations is monitored through the clinical divisions and reported through to Trust Board, including plans to keep cancellations to a minimum.

Concern has also been raised that parents of young people are not being included in communications to enable them to support their child.

Parents are informed by letter if the cancellation isn't short-notice and by telephone if the cancellation is within a few days.

Occasionally a child or young person may not want their parents involved or communicated with. In circumstances when this arises, the child or young person's capacity is assessed to determine appropriateness.

Question six:

Governors seek assurance on what additional support staff have access to during the pandemic and also if they have long COVID? Is additional support being provided by Occupational Health and wellbeing support staff?

(Margaret Gildea to deliver the response. Response provided by Jaki Lowe.)

Response

A range of additional wellbeing support was put in place for staff during the pandemic, this included bookable coaching calls with a member of the Staff Wellbeing Team, access to Peer Support Groups, Wobble Rooms & Spaces, Traumatic Incident Support, access to a 24/7 Counselling Helpline and numerous Bespoke Training Sessions offered to staff.

Most recently we have been able to offer staff the chance to attend a 'Winter Wellbeing Check In' – an opportunity to check in on their wellbeing with a member of the Wellbeing Team and receive support and signposting as required.

We continue to offer all the above wellbeing support, alongside other support available such as access to counselling (via Resolve), access to the Thrive Wellbeing App and access to a National Fitness Platform for NHS Staff.

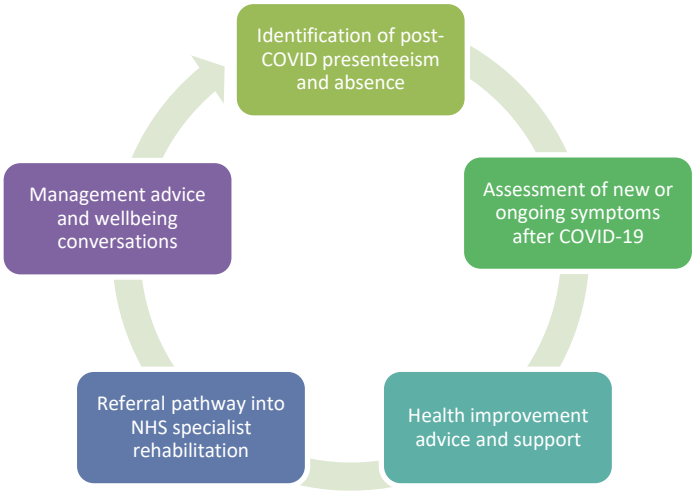
There is a current need and focus for staff around their financial wellbeing and we have had sessions provided by Marches Energy Charity to offer money saving advice and we continue with our Financial Wellbeing Peer Support Group. We will be launching a Financial Wellbeing Package in March which will include our offer from Salary Finance (previously Neyber.)

We also continue to receive requests for Bespoke Team Support. This can be for teams who have experienced a difficult incident, for teams who are feeling exhausted and for those teams where morale is low. We have been responding to requests for team support either by coaching team leads or providing team sessions which are delivered by the Wellbeing Team or if appropriate by the team at Resolve Counselling Service.

Our Staff Wellbeing Champions meet every month to report back how things are feeling in their areas of work, share ideas and request help. The Champions will play a vital part of our COVID-19 recovery and we are in the process of recruiting and inducting more to the network.

For individual support on Long COVID, Occupational Health have a range of services according to individual symptoms and experience, on receiving a referral an appropriate package is put in place.

As a system we have successfully bid for funding to support a Long COVID programme which has enabled research which will inform the further service development. This includes specific work on virus presentation and pathway for BME staff and the support that needs to be in place.



The roll out of the health and wellbeing conversation is critical to capture dynamically and as symptoms and situations change, the plans which will be put in place.

Question seven:

Governors discussed the issues that staff networks are experiencing and sought assurance that the issues are being addressed including getting appropriate support, training, time to fulfil the Chair and Vice-Chair roles, supervision, communication with the Trust.

Response

We have had resource issues which are now resolved, and we have some practical plans and funding to support the networks and Co-Chairs.

Part 5: Our Quality Priorities and Annual Workplan for 2022/23

Our Trust executive have met and reviewed our performance through the year and reviewed the external context and we have selected key aspects of focus in this year's strategy. We have taken into account feedback from stakeholders and our staff and EQUAL forum in this decision.

Strategic Quality and Performance Priorities Setting for 2022/23
The Trust will align its strategic quality priorities with the national priorities set out in March guidance from NHS England/Improvement and we are pleased to say that as a Trust, as part of our services restoration workplan, we had already implemented most of the key adjustments suggested in the guidance.

Strategic Quality Priorities	Priorities: 2022-2023
A. Implementation of a Trauma Sensitive Strategy	• Set up of working group • Engagement with Psychology department to lead professional group to author the strategy and design with clinical professional colleagues on improvement plan. • Key Performance Indicators to be identified connected to the newly revised Trust strategy
B. Implementation of the new Mental Health Legislation, including the Mental Health Act (MHA) and Liberty Protection Safeguards (LPS)	• Review of new legislation and impact on practice • Governance structure to be set up for reviewing changes and ensuring transformational changes are proactively managed
C. Implementation and delivery of all named CQUINs or contractual targets	• CQUINs established and individual areas prepared • CQUINs achieved for each contractual quarter • Reporting and Assurance in place • Engagement with CCG and subsequent commissioning bodies.
D. Sexual safety Continued	• Additional training to be implemented and rolled out that promoted safe and empowerment of people in our care in this practice. • Further review of incidents and outcomes to be managed safely • Co-production to continue and learning from safeguarding process. • Engagement with the third sector for further training and improved outcomes for patients

Appendix 1 – Statement from Commissioners, Local Healthwatch organisations and overview and Scrutiny Committee

Feedback from Derby and Derbyshire Clinical Commissioners Group

General Comments

The Derby and Derbyshire Clinical Commissioning Group (DDCCG) welcome the opportunity to provide a statement in response to the 2021/22 Quality Account (QA) from Derbyshire Healthcare NHS Foundation Trust (DHCFT). DDCCG has worked closely with the Trust throughout the year to gain assurances that commissioned services delivered were safe, effective, and personalised to service users. The data presented has been reviewed and is in line with information provided and reviewed through the quality monitoring mechanisms.

The NHS will remember 2021/22 as the year it rolled out the COVID-19 vaccination and began restoration of services to pre-pandemic levels. Throughout last year DHCFT, as a key partner supported the system response to the pandemic. The Trust put into practice its resilience plans and processes to support and mitigate the impact of the pandemic and to maintain frontline services for service users in need.

Measuring and Improving Performance

Despite the operational pressures throughout the year, DDCCG noted the progress and achievement of their quality priorities set out last year. There are clear examples with relevant evidence to support statements of implementation and we recognise that in 2022/23 the Trust will focus on their continual development and integration into practice. The QA clearly evidences where the Trust will target its resources to deliver service improvements in the next twelve months.

Commissioners agree that the QA provides an overview of the Trust's Strategy, vision, values, and work. These are now embedded within the Trust Strategy, as a way of integrating them more firmly into core business. Within the Trust Strategy there were three key priorities for 2021/22:

1. Learning lessons from our COVID-19 experiences and planning for the future.
2. Focusing upon and improving sexual safety and reducing sexual violence programme.
3. Focusing upon the reducing violence and restrictive practice workstream.

Commissioners supported these priorities and thanked DHCFT for their flexible and pragmatic approach to embedding these into clinical practice. The QA reflects the hard work that has taken place to achieve these priorities. As recognised in the QA, work will continue in 2022/23 to improve the sexual safety of all service users.

The Trust has collaborated closely with Commissioners in their implementation and quality assurance mechanisms.

Patient Safety

The QA assures Commissioners that as a national pilot area the Trust successfully implemented the Patient Safety Incident Reporting Framework (PSIRF) and applied learning from incidents.

The last twelve months has focused on reducing incidents of restrictive practice and learning from deaths. The quality assurance and audit for these areas is effective and compliant with national and local requirements.

The national and local challenge to recruitment of healthcare staff against a background of increased demand is reflected within the QA and throughout the year the Trust have implemented a range of alternative employment methods to fill vacancies. The QA notes the difficulties in recruitment of speciality doctors and incentives, including offering 'attractive' recruitment and training packages. It would have been useful to have further details to help understand how recruitment will be increased.

Patient Experience

The Patient Experience Strategy was reviewed by the Trust Quality & Safeguarding Committee in 2021/22. Commissioners note that progress continues, and areas of improvement include:

- The EQUAL developments including feedback through 'Bright Ideas' leading to investments in ward-based activity.
- Texting and feedback service.
- Pathway specific tools such as Helpline.
- The community mental health survey.
- Up-take and impact of Family and Friends Test.

Commissioners will monitor further improvement in these areas over 2022/23 and will support the Trust in this ongoing work.

It is noted that acute inpatient care was affected by the pandemic and restoration is ongoing of therapy (individual and group) services and visits by friends and family to service users.

Care Quality Commissioner (CQC)

In the last three years DHCFT has undergone a full Trust-wide inspection, a well-led review and two separate inspections of acute wards for adults of working age, one at the Radbourne Unit and one at the Hartington Unit. All visits highlighted areas of 'Outstanding' or 'Good' practice and services that 'Require improvement'.

Currently, CQC rate the Trust as 'Good' which is a positive continuation from 2019/20. Commissioners are eager for DHCFT maintain this rating and will work with the Trust to develop services that 'require improvement' such as:

- Community based mental health services for adults of working age.
- Acute wards for adults of working age and psychiatric intensive care units.

Commissioners note that two service areas were rated 'Outstanding'

- Community health services for children, young people and families.
- Specialist community mental health services for children and young people.

Commissioners feel that it would have been useful to include an update in relation to the implementation of the recommendations/actions which were raised following the inspections. Due to the on-going pandemic a number of actions were paused but have since recommenced.

Quality Priorities for 2022/23

In addition to restoration and recovery of services, the Trust has identified four key priorities for 2022/23.

1. Sexual Safety will be continued.

2. Implementation of a Trauma Sensitive Services Strategy.
3. Implementation of the new Mental Health Legislation, including the Mental Health Act (MHA) and Liberty Protection Safeguards (LPS).
4. Implementation and delivery of all named CQUINs or contractual targets.

Commissioners recognise the importance the Trust attaches to each of these priorities. The reintroduction of CQUINs offers both parties the opportunity to develop key service lines that benefit the service user safety and experience.

Notable Achievements

Commissioners wish to thank DHCFT for their system response to the national vaccination programme and the system working going into the Integrated Care System (ICS).

The Trust led the way in vaccinating its complex service user cohort and staff and supported our Independent Hospitals with their patients. Their sustained efforts protected the health of many challenging service users and ensured front line services continued to operate.

DHCFT has been a key partner in the development of the Integrated Care System in Derbyshire with a number of Senior Executives taking leading roles, such as DHCFT Chief Executive Officer (Ifti Majid) as the Chair for the Joined-Up Care Derbyshire (JUCD) Mental Health, Learning Disability, Autism and Children's Board. As the ICB and ICS continue to develop so does the effectiveness of DHCFT contribution to JUCD.

Looking Ahead

This Quality Account (2021/22) statement provides assurance to members of the public that the Clinical Commissioning Group is committed to ensuring it assesses and provides a high quality of care across its commissioned services. Within this statement DDCCG recognise and thank DHCFT for working positively and collaboratively with commissioners and key stakeholders to ensure our service users receive a high quality of care at the right time and in the right care setting.

Commissioners welcome the investment and forthcoming development of the new Psychiatric Intensive Care Unit (PICU) which is being financed from the Trust capital plan. This will allow Derbyshire to provide a local PICU facility within the county. This supports the system commitment to the ‘Long Term Plan’ and bringing care closer to home.

As we move towards a Derbyshire Integrated Care Board and System, Commissioners look forward to working with the Trust to build system collaborative services that facilitate the four priorities highlighted in this Quality Account.

Brigid Stacey
Chief Nursing Officer
On behalf of Derby and Derbyshire Clinical Commissioning Group
27th April 2022

Response to recruitment challenges

Derbyshire Healthcare NHS Foundation Trust would like to thank the Derby and Derbyshire Clinical Commissioning group for their comments, support and engagement within the Quality Account. There is a national shortage of psychiatrists resulting in several vacancies in the Trust. This is mirrored in neighbouring Trusts leading to a very competitive recruitment market and escalating costs for both locum and substantive appointments. The Trust has joined the East Midlands Collaborative to try and combat spiralling costs with a regional agreement not to use recruitment and retention premia. While this is positive in terms of recruitment of doctors who wish to remain in the East Midlands, there are some risks in areas where neighbouring Trusts are not in the collaborative and therefore offering financial inducements that we cannot. We are working with our Consultants to develop attractive Job Descriptions that will aid retention of our current staff as well as recruitment of new staff. We continue to focus on providing high quality training to attract trainees back to our substantive posts in the future. We continue to recruit appropriately trained overseas doctors where possible and are applying for a GMC sponsorship licence to increase the breadth of overseas appointments we can make. In addition, as part of the East Midlands CAMHS collaborative, we are assessing opportunities around a joint recruitment strategy for all trusts in the region.

Response to CQC Actions

Derbyshire Healthcare NHS Foundation Trust had their last full Care Quality Commission visit in 2020. Prior to this there was a CQC visit in 2019 which has 8 outstanding actions. From the 2020 visit 3 actions were identified. This results in 11 outstanding actions in total. The theme is full recovery of mandatory training. In 2021/22 the Trust received no additional concerns or actions from the CQC. A Trust CQC lead is in post who is working alongside Heads of Nursing and Area Service Mangers to complete outstanding actions at the earliest opportunity while ensuring quality and effectiveness is not lost. The pandemic and training restrictions have made a significant impact on recovery rates. Compliance would have been achieved if restrictions on training applied internally for COVID-19 safety. The Trust is left with instability in compliance, which the executive team are focusing upon recovery.

Feedback from local Healthwatch

Healthwatch Derby recognises that COVID-19 has placed a greater burden than normal on the Trust to deliver quality services over the last 2 years. However, they have not only continued to provide necessary services, they have shown a continued willingness to listen to what their service users are saying and have tried to improve where they can. We will continue to work in partnership to help provide that conduit between the Patient and the Trust to enable greater understanding and further improvements.

Response to Consultation Feedback Trust Governors

The view is that overall, the Quality Account is very balanced, gives clear reasoning and definition, with good clarification of what work is taking place and why. The narrative is supported by the evidence, and the content of the report triangulates with other documents that have been received by the Council of Governors, or that governors are aware have been reviewed by Trust Board.

The Quality Account reflects the Trust's continued response to the ongoing COVID-19 pandemic and the effects this has had on the services that the Trust provides, for example waiting lists increasing in some services.

Waiting Lists, in particular, was an issue that stood out for the public governors as this is probably the most frequently commented aspect of feedback that they receive from the community. The governors noted the sections on Child and Adolescent Mental Health Services (CAMHS) and Community Paediatrics waiting times and considered them to be a transparent representation of the challenges being faced by these services. Governors were already aware of the initiatives that have been put in place to reduce waiting times but wished to state that, as a Council of Governors, they remain concerned about our communities being able to access the care that they need in a timely manner.

Governors were pleased that the investment in the recently established Neurodevelopmental service includes the autistic spectrum disorder assessment service.

The essential value of partnership working when planning and providing healthcare in Derby and Derbyshire was recognised. Governors were pleased to see that different sections reflect collaborative working including Joined Up Care Derbyshire and working with our community partners.

For next year's Quality Account governors suggested including the following for clarity:

- A fuller section on specialist services for children
- More information on how CAMHS have improved since the Care Quality Commission's inspection in 2020.

Appendix 2 - Statement of Directors' Responsibilities for the Quality Account

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.

NHS Improvement has issued guidance to NHS Foundation Trust Boards on the form and content of annual quality accounts (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the Quality Account.

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust annual reporting manual 2021/22 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:

  Board minutes and papers for the period April 2021 to March 2022
  Papers relating to quality reported to the Board over the period April 2021 to March 2022
  Feedback from Commissioners dated 27th April 2022
  Feedback from local Healthwatch organisations dated 5th April 2022
  The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated (To be confirmed on publication)
  The national staff survey 2021/22

  Note:
  The Head of Internal Audit's annual opinion of the Trust's control environment and Feedback from Governors on the Quality Account is not required this year

The Quality Account presents a balanced picture of the NHS foundation Trust's performance over the period covered: 2021/22.

The performance information reported in the Quality Account is reliable and accurate.

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, 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 Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

The Quality Account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality accounts regulations) as well as the standards to support data quality for the preparation of the Quality Account.

By Order of the Board:

Selina Ullah,
Trust Chair and Chair of the Council of Governor
25th May 2022

Ifti Majid
Chief Executive
25the May 2022

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Making a positive difference