

Derbyshire Healthcare



NHS Foundation Trust



# Quality Report 2015/16



**Better  
together**

## **PART ONE**

### **STATEMENT BY OUR ACTING CHIEF EXECUTIVE**

I am pleased to present our Quality Report for the financial year 2015/16. The report provides the opportunity for our Board to look back over the year, reflect on some of our key achievements, and to think about our goals for the next financial year. This Quality Report is an annual report on the quality of care delivered in the services we provide. This year in our Quality Report we note our formal regulatory requirements as well as examples that have made our organisation proud. Our Board is committed to continuous, evidence-based quality improvement. We will continue to focus on the quality of our services and on developing our staff to meet the challenges in our health sector as well as meeting the needs of our population. We are proud of the progress our staff have made to achieve our quality priorities this financial year. This Quality Report demonstrates our sustained commitment and focus on patient care.

This year we have asked our teams to embed the clinical regulations as outlined by the Care Quality Commission (CQC) into their everyday work. We have reviewed all services through our quality visit programme under the domains of our clinical regulator. The clinical regulator has key lines of enquiry and under one of these domains of 'safe services' we have made very good progress; we are continuing to improve not just the mental health of our service receivers but we are increasingly focusing on their physical health. We are committed to improving the detection and recording of physical health tests to ensure we quickly detect any signs which may indicate a detrimental effect on a person's physical health.

Our Safeguarding Unit and Children's Services have led the development of our Think! Family approaches to care and we were delighted with the areas of good practice noted in the system's safeguarding inspection in 2015. All clinical staff are currently completing safety planning training, which is a new person-centred approach to risk assessment introduced in 2015 and supports our service receivers to stay safe through a partnership approach.

We want to give staff the space to motivate and encourage each other to improve their own health and wellbeing by becoming fitter and healthier, and through sharing personal experiences of how they have managed to lose weight, reduce alcohol intake or quit smoking. In early 2016 'Inspire' was established. This digital platform provides staff with a place to go to feel supported and motivated to make changes to their health. Staff health and well-being is one of our national quality priorities for 2016/17 as agreed with our commissioners.

We have extended our smoke-free commitments by becoming a smoke-free Trust, resulting in cleaner and healthy environments for everyone involved with the Trust. This is so important in reducing the mortality gap we see for people with substance misuse, mental ill health and those who have a learning disability. We keep our clinical areas clean and free from infection through our excellent cleaning standards and we have seen another solid year of performance in this domain.

The effectiveness of our health visiting services was recognised by the award of Unicef's 'Baby Friendly Initiative (Stage 3)' which is an excellent achievement. The standards have been designed to support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby. For 2016/17 we have chosen to prioritise Think! Family in order to fully embed learning in family-inclusive practice in all our services. We will build upon the strong foundations we have developed in substance misuse services and the newly designed Safeguarding Board Committee will lead the clinical strategies in this area.

The responsiveness of our services is an area of sustained challenge and as an organisation we need to ensure service receivers do not have to wait for an assessment or treatment. We have made strong progress in waiting times in our CAMHS services; we now need to model some of the learning in this area to other sections of our under-18 services and into our adult mental health provision. We were pleased when in July 2015 we received the report from Healthwatch

Derbyshire on their review of our Child and Adolescent services. A summary of their findings is set out in this report. We continue to work positively with Healthwatch Derby and Healthwatch Derbyshire and I would like to take this opportunity to thank them for their valuable work in providing us with intelligence and expert advice, which enables our organisation to improve the quality of our services.

Over the last 12 months all Board members, and some of our commissioners and governors, have taken part in quality visits. This programme provides the opportunity for us to hear first-hand from our staff about some of their challenges and to hear from services receivers, their carers and families about their experience of our services. Section 3 of this report sets out some examples of how they appreciated and recognised our caring staff. The Delivering Excellence Team Awards were held in December at the Trust's Centre for Research & Development, and recognised the outstanding work of our staff and the named teams who were shortlisted for the Patient Safety award, Patient Experience award, Effectiveness award and coveted Team of the Year award.

From July 2015 we have had some significant changes in our Board leadership following the outcome of the high profile employment tribunal of our former Director of Workforce and Organisational Development; this tribunal noted significant issues with aspects of our corporate governance systems. In addition further concerns were raised with our regulators that were in part linked to the employment tribunal outcome.

In December 2015 we received the outcome of an independent review into the events leading up to the employment tribunal as well as formal feedback from both Deloitte and the Care Quality Commission on their well led review, which was then formally reported during February 2016. We will learn from these unprecedented events and challenges and ensure that staff in our organisation that have faced difficult periods are supported in their roles. On behalf of the Board I would like to reaffirm to our communities and to our staff our commitment to ensure that that our governance systems are strengthened and improved. All reports were made public and discussed at both the Council of Governors and the Board of Directors.

Following the outcome of the investigations, Monitor announced they were taking enforcement action against the Trust for breaching our provider licence. In addition, following their well led visit we received two requirement notices from the Care Quality Commission in regard to specific named areas. In response to these actions, and all the recommendations from the various reports, we have implemented a governance improvement action plan. The plan focuses on how we will improve the effectiveness of the Board, develop a new organisational strategy, revise the model and structure of the HR team, refresh our values and improve relationships with the Council of Governors.

This quality report demonstrates our sustained commitment and focus on patient care through what has been a difficult year for our staff and those who use, or care for someone who uses our services. My thanks go to our staff at all levels in the organisation for the dedication, motivation and skill that has made this possible.

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



A handwritten signature in blue ink, appearing to read 'Ifti Majid'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Ifti Majid  
Acting Chief Executive  
1 April 2016

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

We have been engaged by the Council of Governors of Derbyshire Healthcare NHS Foundation Trust to perform an independent limited assurance engagement in respect of Derbyshire Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2016 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in Annex 2 to Chapter 7 of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' (the 'Criteria').

### **Scope and subject matter**

The indicators for the year ended 31 March 2016 subject to the limited assurance engagement consist of those national priority indicators as mandated by Monitor:

- admissions to inpatient services that had access to crisis resolution home treatment teams; and
- minimising delayed transfer of care.

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

### **Respective responsibilities of the Council of Governors and Practitioner**

The Council of Governors are responsible for the content and the preparation of the Quality Report covering the relevant indicators and in accordance with the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16' issued by Monitor and 'Detailed guidance for external assurance on quality reports 2015/16'.

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

- the Quality Report is not prepared in all material respects in line with the Criteria;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2015/16'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'.

We read the Quality Report and consider whether it addresses the content requirements of the NHS Foundation Trust Annual Reporting Manual 2015/16, and consider the implications for our report if we become aware of any material omissions.

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

- Board minutes for the period 1 April 2015 to 24 May 2016;
- Papers relating to quality reported to the Board over the period 1 April 2015 to 24 May 2016;
- Feedback from Commissioners dated 06/05/2016;
- Feedback from Governors dated 11/05/2016;
- Feedback from local Healthwatch organisations dated 29/04/2016 and 06/05/2016;
- Feedback from local authorities dated 12/04/2016 and 12/05/2016;
- The Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12/05/2016;

- The national patient survey dated 21/10/2015;
- The national staff survey dated 22/03/2016;
- Care Quality Commission quality and risk profiles dated 01/04/2015 to 31/03/2016; and
- The Head of Internal Audit's annual opinion over the Trust's control environment dated 2 May 2016.

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

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

We have complied with the independence and other ethical requirements of the Code of Ethics for Professional Accountants issued by the International Ethics Standards Board for Accountants, which is founded on the fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Derbyshire Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting Derbyshire Healthcare NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2016, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Derbyshire Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

### **Assurance work performed**

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

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management
- analytical procedures
- limited testing, on a selective basis, of the data used to calculate the indicators back to supporting documentation
- comparing the content requirements of the 'NHS Foundation Trust Annual Reporting Manual 2015/16' to the categories reported in the Quality Report; and
- reading the documents.

The procedures performed in a limited assurance engagement vary in nature and timing from, and are less in extent than for, a reasonable assurance engagement and consequently, the level of assurance obtained in a limited assurance engagement is substantially lower than the assurance that would have been obtained had a reasonable assurance engagement been performed.

## **Limitations**

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

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS Foundation Trust Annual Reporting Manual 2015/16'.

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

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

## **Conclusion**

Based on the work described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2016:

- the Quality Report is not prepared in all material respects in line with the Criteria;
- the Quality Report is not consistent in all material respects with the sources specified in Monitor's 'Detailed guidance for external assurance on quality reports 2015/16'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS Foundation Trust Annual Reporting Manual 2015/16' and supporting guidance and the six dimensions of data quality set out in the 'Detailed guidance for external assurance on quality reports 2015/16'.

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24 May 2016

**PART TWO  
OUR QUALITY PRIORITIES AND BOARD STATEMENTS**

**2.1 OUR QUALITIES FOR IMPROVEMENT IN 2016/17**

Our quality priorities for 2016/17 are:

Quality priority	Why we have chosen this as a priority	How it will be monitored and reported
<p><b>SAFE SERVICES</b> This is a national Commissioning for Quality and Innovation agreement (CQUIN). Our priority is to <b>improve the physical healthcare care</b> of our service receivers through checking various aspects of their physical health</p>	<p>We have chosen this as a priority for the third year in succession. In section 3 we show our progress to date. Based on the results of our national inpatient survey, and from learning from serious incidents, we will continue to work to improve the quality of our care of the physical health of our service receivers</p>	<p>Our physical healthcare committee will monitor progress and a report will be presented to the Quality Committee six monthly. Service users with a serious mental illness (SMI) have comprehensive cardio metabolic risk assessments; the necessary treatments and the results are recorded and shared with the patient and treating clinical teams. We will report regularly to our commissioners at the Quality Assurance Group on our progress</p>
<p><b>SAFE SERVICES</b> This is a local Commissioning for Quality and Innovation agreement (CQUIN). Our priority is to minimise <b>the risks of suicide</b> through the implementation of the safety plan approach. The approach is based on formulating a plan which is personalised and agreed with the service receiver on how to keep them safe</p>	<p>We have chosen this as a priority as a key element in our plans is to improve patient safety. The Trust has a Research Centre for the Prevention of Self Harm and Suicide recognised as an important contributor to the regional and national agenda in this field. The safety plan approach will help develop clinical practice and service user autonomy</p>	<p>Our Medical Director has overall lead for this work and our Quality Committee will continue to monitor and receive progress reports on our safety planning roll out throughout 2016/17 and will include audits of compliance</p>
<p><b>SAFE SERVICES</b> Our <b>implementation of the Code of practice</b> and embedding contemporary mental health practice and specialist service CQUIN: Implementing our Positive and Safe Strategy to minimise and reduce restrictive practices</p>	<p>We have chosen this as a priority to create an open culture to minimise and substantially reduce restrictive practices in our Trust. We have a positive and safe strategy in place which sets out the direction of travel for our Trust and our proposed way forward on many issues under a collective heading of the Positive and Safe agenda</p>	<p>Regular update reports will be presented to the Quality Committee which measures our progress against our defined work plan</p>

Quality priority	Why we have chosen this as a priority	How it will be monitored and reported
<p><b>EFFECTIVE SERVICES</b> This is a local CQUIN: <b>To embed our Think! Family</b> principles across the Trust. Think! Family is about thinking about the wider family in everything we do, and co-ordinating the support they receive across all services</p>	<p>We have chosen this as a priority to embed learning in all our services from serious case reviews and serious incidents where Think! Family has emerged as a theme. In 2015 we established a Board-level committee, which includes executive leadership, whose responsibility is to monitor and receive reports on Think! Family. This new model introduces strategy setting and Board assurance level rather than an operational focus alone</p>	<p>Regular reports will be presented to our Safeguarding Children and Adults Committee whose role is to monitor progress against our work plan, to set the strategic direction for Think! Family and develop new models of family inclusive practice and a 'safeguarding families' approach in the Trust</p>
<p><b>EFFECTIVE SERVICES</b> This is a quality priority and specialist service CQUIN: To become a <b>person centred and recovery-focused organisation</b>. The guiding principle is the belief that it is possible for someone to regain a meaningful life, despite mental illness</p>	<p>We have chosen this as a priority in line with the development of our neighbourhood models of care. Our work in 2016/17 will include: recovery education as one of our specialist CQUINs, establishing peer education work in our medical education provision, developing community resilience and implementing person-centred and wellbeing approaches in our campus and neighbourhood settings. We will endeavour to embed patient reported outcome measures, building on the success we have achieved in CAMHS</p>	<p>Regular update reports will be presented to the Quality Committee on our development of recovery education and use of outcome measures and our clinical performance in this area</p>
<p><b>EFFECTIVE SERVICES</b> This is a quality priority for us in 2016/17. Developing and maintaining <b>personalised care planning</b></p>	<p>We have chosen this as a priority in line with the development of our campus neighbourhood models of care. Our work in 2016/17 will include efforts to improve our performance in care planning in our practice, in our Care Quality Commission inspections and in our patient survey results</p>	<p>Regular update reports will be presented to the Quality Committee. At completion of the roll-out of full electronic patient record, care planning will be measured in our integrated performance dashboards</p>
<p><b>EFFECTIVE SERVICES</b> This is a quality priority for 2016/17. Our aim is to ensure that clinical variation in the</p>	<p>We have chosen this as a priority in line with the development of our campus neighbourhood models of care. Our work in 2016/17 will include</p>	<p>Regular update reports will be presented to the Quality Committee. At roll-out of full patient record this measure will be included in our</p>

<p><b>assessment and recording of capacity</b> and consent is minimised</p>	<p>efforts to improve our performance in this area in our full patient record roll-out and in our practice in our Care Quality Commission inspections. We have appointed a Mental Capacity Act technician who has commenced in post and is designing and refining operating standards</p>	<p>integrated performance dashboards with increasing trajectories for improvement</p>
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Quality priority	Why we have chosen this as a priority	How it will be monitored and reported
<p><b>WELL LED SERVICES</b> Our aim is <b>to develop clinical leadership</b> through our Quality Leadership Team (QLT) structures</p>	<p>We have chosen this as a priority in line with the development of our clinical voice in the workforce. We have made some headway this year, but we require more investment and coaching of the Quality Leadership Teams and some newly appointed staff to fully develop this key clinical governance system</p>	<p>Regular update reports will be presented to the Quality Committee, and a new in-reach model of Board members providing coaching sessions to Quality Leadership Teams and sub groups to support them in their key endeavours. A new Quality Governance Group will be established in 2016 to monitor performance of the QLTs</p>
<p><b>CARING SERVICES</b> This is a new national CQUIN about staff well-being <b>The aim is to improve the health and wellbeing of NHS Staff</b></p>	<p><b>This is a new CQUIN</b> <b>Goal:</b> Improve the support available to NHS Staff to help promote their health and wellbeing in order for them to remain healthy and well. <b>Rationale:</b> Estimates from Public Health England put the cost to the NHS of staff absence due to poor health at £2.4bn a year – around £1 in every £40 of the total budget. Evidence from the staff survey and elsewhere shows that improving staff health and wellbeing will lead to higher staff engagement, better staff retention and better clinical outcomes for patients</p>	<p>Regular reports will be presented to the People and Culture Committee. We have developed staff engagement settings as part of other developments and we will focus on this key area as well as the requirements of the national CQUIN</p>

## 2.2 BOARD STATEMENTS

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

### 2.2.1. Review of services

“During 2015/16 Derbyshire Healthcare NHS Foundation Trust provided NHS services to children, young people and families, people with learning disabilities, people experiencing mental health problems, and people with substance misuse problems. The Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these NHS services.”

“The income generated by the NHS services reviewed in 2015/16 represents 92% per cent of the total income generated from the provision of NHS services by the Derbyshire Healthcare NHS Foundation Trust for 2015/16. “

### 2.2.2. Participation in clinical audits and national confidential enquiries

“During 2015/2016, five national clinical audits and one national confidential enquiry covered relevant Health Services that the Derbyshire Healthcare Foundation Trust provides.”

“During 2015/2016 Derbyshire Healthcare Foundation Trust participated in five (100%) national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries, which it was eligible to participate in.”

“The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust was eligible to participate in during 2015/2016 are as follows:”

#### *National clinical audits*

1. Mental Health Commissioning for quality and innovation (CQUIN) 2015/2016 National Audit: Improving Physical Healthcare
2. Royal College of Psychiatrists' Centre for Quality Improvement (CCQI) Early Interventions in Psychosis Audit 2015/2016
3. *POMH-UK* (Prescribing Observatory for Mental Health-UK Topic 13b: Prescribing for ADHD in children, adolescents and adults
4. *POMH-UK* (Prescribing Observatory for Mental Health-UK): Topic 14b: Prescribing for substance misuse: alcohol detoxification
5. *POMH-UK* (Prescribing Observatory for Mental Health-UK Topic 15a: Prescribing for bipolar disorder

#### *National confidential enquiries:*

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

“The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in during 2015/2016 are as follows:”

*National clinical audits*

“The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2015/2016, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.”

<b>Title</b>	<b>Cases required</b>	<b>Cases submitted</b>	<b>%</b>
Mental Health CQUIN 2015/16: Improving Physical Healthcare	100	100	100%
Early Interventions in Psychosis Audit 2015/16	100	42	42%
13b: Prescribing for ADHD in children, adolescents and adults	N/A	95	N/A
14b: Prescribing for substance misuse: alcohol detoxification	N/A	16	N/A
15a: Prescribing for bipolar disorder	N/A	19	N/A
National confidential inquiry into suicide and homicide by people with mental illness	29	29	100%

“The reports of three national clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust in 2015/2016 and it intends to take actions to improve the quality of healthcare provided including the following:”

### **Topic 9c: Antipsychotic prescribing in people with a learning disability**

This national audit-based quality improvement programme aimed to help mental health services improve prescribing practice in anti-psychotic medication use in people with a learning disability.

As a result of our participation in this audit and review of the report, an action plan is being implemented to improve the quality of care provided to our patients. Changes made will ensure improved patient involvement so that all antipsychotic prescribing will be made, wherever possible, with the individual's personal preference through the use of easy read choice sheets and medication side effect spider diagrams - both of which have been included as standard within clinic packs. Changes in clinical documentation including the development of standard clinic letters will also improve the review and recording of the required standards for assessment of extra-pyramidal side-effects and monitoring of side effects as specified in NICE guidelines for recording weight, blood pressure, blood glucose, and lipid profile in clinical notes and/or out-patient letter (or that they have been requested through primary care).

### **Topic 12b: Prescribing for people with personality disorder**

Following review of the report for this national quality improvement programme, actions are being developed for implementation in order to continue to improve prescribing practice for people with a personality disorder.

Our results showed that we are complying well compared with the national results, to the standards on written crisis plans in clinical records and patient involvement in the development of the crisis plan. An area for improvement is on documentation in clinical records of the clinician's reasons for prescribing antipsychotic medication. In order to support clinicians to improve prescribing practice, a key action will be to set up feedback processes that help clinicians to achieve treatment targets for not prescribing anti-psychotic drugs, Z-hypnotics and benzodiazepines for more than four consecutive weeks (unless clinically indicated). Reviews will be undertaken and documented where medication is prescribed for more than four consecutive weeks. The recommended change intervention leaflet titled 'Prescribing for people with borderline personality disorder (PD)' (POMH-UK, 2012) contains a list of practical practice points compiled by expert advisors and is being used to feedback to clinicians.

### **Topic 13b: Prescribing for ADHD in children, adolescents and adults**

We participated in this re-audit of prescribing practice for ADHD in children, adolescents and adults which measured compliance with specific NICE recommended standards for initiating and maintaining drug treatment.

The results showed that on a national and local level there have been marked improvements in the recording of heart rate, blood pressure, weight and height on centile and growth charts, but areas for improvement remained, particularly for longer-term monitoring.

For Community Paediatric services and Child and Adolescent Mental Health Services (CAMHS), improved compliance is evident. However there is a continued need for improvements in particular areas relating to cardiovascular risk and substance misuse recording, and compliance for monitoring over the past year as part of maintenance treatment. For adult Mental Health services, the audit sub-sample is small, but there is a continued need for improvements generally in all standards.

As a result, we will implement an action plan to address the areas for further improvements in order to achieve increasing compliance with these practice standards. Changes we will implement will include the implementation of standardised rating scales to support the review of all patients at least annually, and reminder sheets to improve physical health and side effects monitoring. We will

also consider the recording of severity classification as some key NICE recommendations depend on whether ADHD is mild, moderate or severe.

“The reports of 33 local clinical audits were reviewed by the Derbyshire Healthcare NHS Foundation Trust provider in 2015/2016 and as a result, it intends to take actions to improve the quality of healthcare”.

The actions we intend to take to improve the quality of healthcare provided result from the following clinical audits reviewed in 2015/16:

### **Nutrition risk**

Following this audit, the action plan being implemented is around improving care for our patients by ensuring that anyone admitted to an inpatient ward has a nutritional risk screen completed using the validated tool - Malnutrition Universal Screening Tool; that screening is repeated as appropriate; and that nutrition support is offered to anyone identified as at medium or high risk of malnutrition. Changes implemented have included a programme of staff training on nutrition risk screening and the inclusion of the validated screening tool within admission packs to ensure this is implemented into routine practice.

### **On-call response time**

This audit reviewed out of hours response times of on-call doctors covering older adult wards at the Kingsway Site. It also reviewed the requirement for escalation by nursing staff to a consultant psychiatrist if there is delayed or non-response by the on-call doctor within the expected timeframe of 20 minutes. As a result, changes have been implemented which include interim arrangements for on-call doctors to carry both a bleep and mobile phone to maximise ‘contact-ability’ and to also notify switchboard of their location when off-site due to unreliable bleep and mobile reception at certain sites. Ward managers for old age psychiatry wards were also required to discuss the results of the audit in ward meetings and reiterate the policy of escalation to on-call consultants when necessary. With the interim measures in place, other more permanent solutions are being explored for future implementation.

### **Consent to treatment: Section 58 of Mental Health Act (T2/T3 forms)**

A second cycle of re-audit was completed on compliance with the process of consent to treatment under section 58 of the Mental Health Act (MHA) 2007. As a result of the audits and actions taken, significant improvements in practice have been demonstrated. For example, higher levels of compliance are being achieved in the documentation of responsible clinician discussion with patients – such as the recording of patient’s capacity, and their consent or refusal to treatment. Improvements are also being achieved in the documentation of responsible clinician explanation of treatment options such as benefits, side effects, alternatives and consequences of no treatments. Improvements in completion of T2 and T3 forms have also been achieved with particularly good compliance in the review of forms when there has been a change in treatment or responsible clinician.

Improvements in practice have been achieved through implementation of a Section 58 flow-chart providing a prompt, attached to the front of the reminder letters sent to responsible clinicians by the Trust’s MHA Office when Section 58 needs to be considered. Some doctors have taken on the role of ‘MHA supporters’ to remind others of their responsibilities when this process is initiated for their patients and to encourage them to complete all the appropriate documentation. Whilst these changes have proved effective and continue to be embedded along with awareness raising

amongst relevant staff, in order to improve and achieve further compliance additional actions are planned. These include the potential of electronic alerts on PARIS and review of existing MHA paper forms which can act simultaneously as prompts and records of the requirements of the process.

### **ECT (Electro-Convulsive Therapy) audit - assessment and preparation by ward doctor**

This audit was undertaken to identify our level of compliance to ECT Accreditation Service (ECTAS) standards and the Trust ECT care pathway. The audit demonstrated the team were achieving high levels of compliance in most standards. The areas for improvement included completing and recording of post-treatment mental state assessments and monitoring clinical response using a validated depression rating scale after treatment. Changes implemented to improve practice have included the adoption of the Montreal Cognitive Assessment (MoCA) tool for use and these are routinely being included in ECT folders along with the Montgomery–Åsberg Depression Rating Scale (MADRS). Improvements in post-treatment assessments are being achieved through training and induction processes for responsible doctors and also exploration of electronic flagging to highlight patients for review after ECT treatments in order to ensure their MADRS and MOCA assessments are recorded.

### **Safeguarding: contribution of adult services to the child safeguarding systems and services for potentially vulnerable children and families**

This audit was completed to ascertain whether recommendations from a serious case review (BDS10) were being put into practice. The focus was to review how comprehensive the recording of child details are in adult services when an adult has been identified as having access to, or responsibility for, children. If a risk is identified, has the information been shared with the relevant services, advice sought as appropriate and action taken? The audit identified some areas for improvement and a comprehensive plan of changes are being implemented to increase awareness and support compliance with the relevant policies and expected standards. “Think! Family” training is included as mandatory training for relevant staff in order to promote a family-focused approach to practice. Recording tools are being reviewed to facilitate recording of family details and to prompt recording of children’s details during admission to services and at subsequent reviews. This includes the revision of Multi-Disciplinary Meeting recording tools so that they are more family-centred. The involvement of family services and the appropriate sharing of information with them is also being emphasised through training and supervision for staff.

All 33 reports of local clinical audits which have been reviewed in order to improve the quality of healthcare are listed below:

1. Misuse of substances: CG51 CG52 NICE guidance
2. Infection control standards: community bases
3. Infection control standards: child health clinics (CHCs)
4. Assessment, care planning and transfer of discharge of patients under the Derby Crisis Resolution Home Treatment team (CRHT)
5. Continued compliance with MRSA screening policy 2013
6. ECT audit - assessment and preparation by ward doctor
7. Resuscitation audit: Derbyshire Early Warning System (DEWS)
8. On-call response time
9. Resuscitation audit: (DNAR)
10. Nutrition risk re-audit
11. Sharing of information between midwife and health visitor where there are parents with mental health needs
12. Parenting assessment of father/father figure

13. Mental capacity assessment – inpatients
14. Consent to treatment: Section 58 of Mental Health Act (T2/T3 forms)
15. Documentation audit - Liaison team (South)
16. Failure to bring/attend audit in CAMHS following a serious case review (SCR)
17. Eating disorders in CAMHS
18. Quality and effectiveness of safeguarding children supervision and advice
19. Patient transfer to recovery
20. Deprivation of Liberty Safeguards (DoLs) procedure in an older persons' dementia ward setting
21. Diagnostic criteria of ICD10
22. Professional involvement in S117 aftercare meetings for inpatients who have been detained under Section 3 of the Mental Health Act
23. Communication of Section 136 outcomes
24. Audit of IP clerking proforma
25. Pre-diagnostic investigations for suspected dementia patients
26. Psychiatrists' access to electronic laboratory results
27. Oral health of in-patients in low secure unit
28. Medical record keeping in outpatients
29. Contribution of adult services to the child safeguarding systems and services for potentially vulnerable children and families
30. Crisis team, north Derbyshire: audit on admission standards
31. Persistent cohort in community paediatric clinics between 2010 to 2013
32. Medical record keeping - medical case notes older adult psychiatry: standard of clinical entries
33. Audit of referrals for Multi-Agency Public Protection Arrangements (MAPPA)

### 2.2.3. Participation in clinical research

This section is based on information received up till 30 March 2016.

“The number of patients receiving relevant NHS health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2015/2016 that were recruited during that period to participate in research approved by a research ethics committee was 1,180.”

Some of the National Institute of Health Research (NIHR) portfolio studies we have hosted in 2015/2016 include:

Number	Project title
01	The use of guided self-help in Anorexia Nervosa
02	Randomised controlled trial of the clinical and cost effectiveness of NICE recommended problem solving cognitive behaviour therapy delivered remotely versus treatment as usual in adolescents and young adults with depression who repeatedly self-harm (e-DASH – Depression And Self Harm)
03	The London Down Syndrome Consortium (LonDownS): an integrated study of cognition and risk for Alzheimer's Disease in Down Syndrome
04	Minocycline in Alzheimer's Disease Efficacy (MADE) trial
05	CBT vs Standardised Medical Care to treat Dissociative Seizures (CODES)
06	Improving the experience of dementia and enhancing active life: living well with dementia (the IDEAL study)
07	Enhancing The Quality Of User Involved Care Planning In Mental Health Services (Equip): Clinical Cluster Randomised Controlled Trial And Process Evaluation
08	Managing Agitation and Raising Quality of Life in dementia (MARQUE) - A naturalistic two-year cohort study of agitation and quality of life in care homes
09	Evaluation of the Schwartz Centre Rounds

10	An online randomised controlled trial to evaluate the clinical and cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit (REACT)
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## 2.2.4 Use of the CQUIN payment framework

“A proportion of Derbyshire Healthcare NHS Foundation Trust income – £2,612,598 in 2015/16 and £2,607,902 in 2014/15 – was conditional on achieving quality improvement and innovation goals agreed between Derbyshire Healthcare NHS Foundation Trust and Hardwick Clinical Commissioning Group which they entered into a contract, agreement or arrangement with for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2015/16 and for the following 12 month period are reported in the annual report and section 3 of this report.”

## 2.2.5. What others say about Derbyshire Healthcare NHS Foundation Trust?

### Statements from the Care Quality Commission (CQC)

“Derbyshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is with conditions. Derbyshire Healthcare NHS Foundation Trust has the following conditions on registration.”

We provide services from four registered locations:

- Kingsway Hospital
- Radbourne Unit
- London Road Hospital in Derby
- Hartington Unit in Chesterfield.

“Derbyshire Healthcare NHS Foundation Trust has participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2015/16: governance and well led.”

The Care Quality Commission carried out an announced visit to our Trust from 6-8 January 2016 and a further follow up unannounced visit on 12 January 2016 following concerns that were raised by whistleblowers and an employment tribunal involving the Trust that took place in April 2015. The focused inspection looked specifically at the following:-

- The Trust’s vision, values and strategy
- Recruitment and performance management processes
- The roles and accountabilities in relation to board governance (including quality governance)
- Board activity and if it effectively engaged patients, staff, governors and other key stakeholders on quality, operational and financial performance.

The Care Quality Commission worked collaboratively with Deloitte and Monitor during the inspection.

Previous to this focussed inspection in 2015/16 we had received three inspections following our registration and were found to be compliant with the standards reviewed. As part of the Care Quality Commission routine comprehensive inspection programme of the NHS, we will have an announced inspection of the core services we provide week commencing 6 June 2016.

“Derbyshire Healthcare NHS Foundation Trust intends to take the following action to address the conclusions or requirements reported by the CQC.”

The report published in February 2016 requested the following actions:

**The actions we must take: (taken directly from report from Care Quality Commission published 2016)**

- The Trust must ensure HR policies and procedures are followed and monitored for all staff
- The Trust must ensure that a fit and proper person review is undertaken for all directors in light of the findings of the employment tribunal

**Actions we should take to improve: taken directly from report from Care Quality Commission)**

- The Trust should ensure that all board members and the council of governors undertake a robust development plan
- The chairman should ensure that a unitary board culture is achieved by focusing on positive working relationships between board members and the council of governors
- The Trust should ensure that the outcome of this focussed inspection impacts directly upon the organisational strategy
- The Trust should monitor the adherence to the grievance, disciplinary, whistle-blowing policies and the current backlog of cases concluded
- The Trust should ensure that training passports for directors reflect development required for their corporate roles
- The Trust should introduce and effectively monitor 360 degree feedback all senior managers and directors
- The Trust should ensure that recruitment processes for all staff are transparent, open and adhere to relevant trust policies
- The Trust should continue to proactively recruit staff to fill operational vacancies
- The Trust should continue to make improvements in staff engagement and communication.

We received two requirement notices as a result of these findings in respect of Regulation 17 HSCA (RA) Regulations 2014 (Good governance) and Regulation 5 HSCA (RA) Regulations 2014 (Fit and proper persons: Directors). We received an enforcement notice in response to these concerns from our regulator Monitor.

“Derbyshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2016 in taking such action.”

We have incorporated this wider feedback from the Care Quality Commission into our governance action plan for delivery. Many of the actions outlined in the governance improvement action plan have already started to develop. Actions include initiatives to improve the effectiveness of our Board, to address strategy, models and structure within the HR team, to refresh our values, improve relationships with the Council of Governors and to provide greater clarity in performance management processes during this period of transition.

## **2.2.6 Statement on relevance of data quality and our actions to improve your data quality**

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

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

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

### 2.2.7. NHS Number and General Medical Practice Code validity

“Derbyshire Healthcare NHS Foundation Trust submitted records during 2015/2016 to the secondary uses service for inclusion in the hospital episode statistics, which are included in the latest published data.”

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.9% for admitted patient care (based on April 2015 – February 2016 published dashboard draft figure)
- 100% for outpatient care (based on April 2015 – February 2016 published dashboard draft figure).

The percentage of records in the published data which included the patients' valid general practitioner (GP) registration code was:

- 98.5% for admitted patient care (based on April 2015 – February 2016 published dashboard draft figure)
- 99.2% for outpatient care (based on April 2015 – February 2016 published dashboard draft figure).

### 2.2.8 Information Governance Toolkit attainment levels

“Derbyshire Healthcare NHS Foundation Trust's Information Governance Assessment Report overall score for 2015/2016 was **97%** and was graded '**Green – Satisfactory.**'”

### 2.2.9. Clinical coding error rate

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

### 2.2.10 Core set of indicators

The following indicators have been included in line with the requirements of the regulations.

#### 2.2.10.1 Seven-day follow up

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

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

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

The Derbyshire Healthcare NHS Foundation Trust intends to take the following action to improve this, and so improve the quality of its services by:

Continuing to work to maintain our performance and ensure that all patients discharged from our inpatient care on CPA are followed up within seven days.

Indicator	End of 2014/2015	End of 2015/2016	National average	Highest and lowest scores
The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric in-patient care during the reporting period	97.49%	96.98% (as at 19/04/16)	96.9% (as at 19/04/16)	100% and 90.9% (as at 19/04/16)

### 2.2.10.2 Crisis gatekeeping

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

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

Denominator: Total number of admissions to acute wards.

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

- By continuous monitoring to maintain the high performance against this indicator.

Indicator	End of 2014/2015	End of 2015/2016	National average	Highest and lowest scores
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	100%	100% (as at 19/04/16)	96.9% (as at 19/04/16)	100% and 61.9% (as at 19/04/16)

### 2.2.10.3. Twenty eight day re-admission rates (aged 16 and over)

Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the re-admission rates based on the national guidance / descriptors:

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

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

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

- Monitoring and reporting pathways of care.

Indicator	End of 2014/2015	End of 2015/2016	National average	Highest and lowest scores
28 day re-admission rates for patients aged 16 and over	8.00%	9.79% (as at 19/04/16)	Not available	Not available

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

Our staff survey results for 2015 have seen no change in how staff perceive the Trust as a place to receive care. In 2015, 68% of respondents felt that patient care was our top priority; although this shows no change from 2014, it is 5% lower than the national average in response to this question.

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

The percentage of staff that, in the 2015 survey, said they would recommend us as a place to work is 8% lower than 2014. Similarly a lower percentage of staff indicated that we always act on concerns raised by our service users. Both of these are below the national average.

The Trust will continue to strive to develop a highly engaged, compassionate and skilled workforce, focused on recovery. Our leaders will be empowered with the best tools to ensure the best delivery of patient care. In line with our values, our people development and organisation transformational work will always ensure that our people are at the centre of all changes.

As with all Trusts, there are areas where improvements can be made:

- The percentage of staff agreeing that their role makes a difference to patients/ service users, whilst at 87%, is still 2% below the national average
- On the quality of appraisals, the Trust score of 2.89 is below the national average for combined mental health/learning disabilities and community trusts of 3.05
- The effective use of patient /service user feedback score for 2015 is 3.37 against a national average of 3.69. This is lower than the Trust score for 2014 of 3.54
- On the fairness and effectiveness of procedures for reporting errors, near misses and incidents, the Trust score for 2015 is 3.64 against a national average of 3.72
- The percentage of staff/colleagues reporting their most recent experience of violence was 67% against the national average of 74% though this was lower than the Trust score for 2014.

Generally speaking there has been a marginal decline from the 2014 survey and it is recognised that there are significant actions to be completed in a number of areas which are reflected in the governance improvement action plan. The Trust-wide position over a longer period is a stable picture and even with a marginal decline, the low levels of performance in the organisation's history have not returned.

Proactive work will be undertaken to explore the results further and analyse by service line, occupational groups, and Workforce Race Equality Standard (WRES). This detail will be shared with the People and Culture Committee in March 2016, and the senior leadership team, and will be supported by a specific action plan.

'We focus on our people' is a core value for our Trust. The annual staff survey is one indicator of how our staff feel in their day to day working environment – our future strategy and activities will be informed by the results of the annual survey to ensure we are listening and learning from this feedback.

We will continue to encourage as many staff as possible to take part in the 2016 national NHS Staff Survey later this year.

Indicator	Trust score 2014	Trust score 2015	All mental health/learning disabilities and community trusts – average 2015	All mental health/learning disabilities and community trusts – best score 2015
Staff recommending the Trust as a place to work or receive treatment	3.59	3.54	3.70	4.06

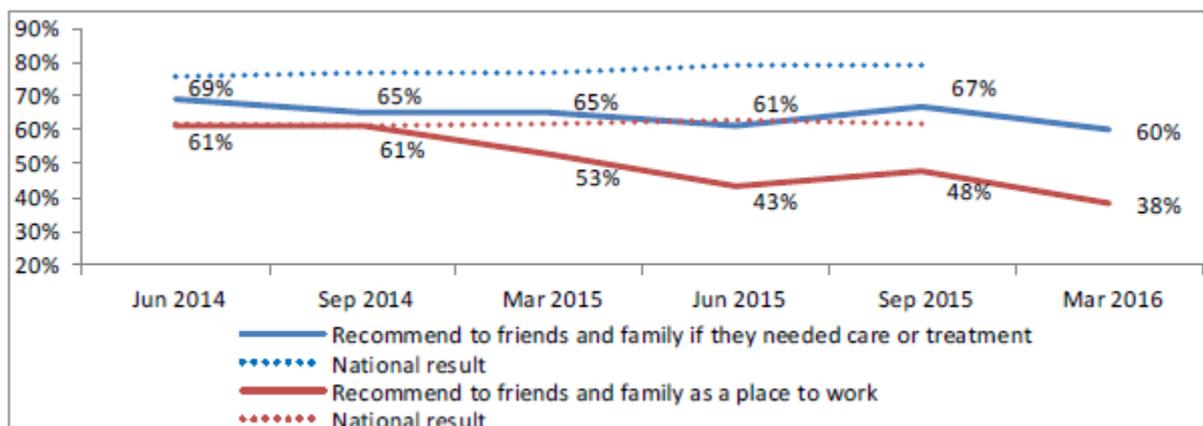
### Staff Friends and Family Test

From April 2014 the Staff Friends and Family Test (Staff FFT) was introduced to allow staff feedback on NHS services based on recent experience. Unlike the annual staff survey, the Staff FFT is designed to 'take the temperature' of an organisation periodically throughout the year. Staff FFT is currently conducted on a quarterly basis (excluding Quarter 3 when the existing NHS Staff Survey takes place). Staff are asked to respond to two questions. The 'care' question asks how likely staff are to recommend the NHS services they work in to friends and family who need similar treatment or care. The 'work' question asks how likely staff would be to recommend the NHS service they work in to friends and family as a place to work.

**Response rates Q4 March 2016 – 259 responses, 11% of the workforce**

60% of respondents said they would recommend the Trust to friends and family if they needed care or treatment and 38% would recommend to friends and family as a place to work. Responses were received from various staff groups with Registered Nursing representing 36% of all responses, followed by Admin and Clerical with 32%. Specialist Services represented 33% of all responses followed by Urgent Planned Care with 25%.

Reviewing the results from the launch of the Staff FFT, June 2014 to June 2015 showed a decline in staff recommending the Trust to friends and family if they needed care or treatment and as a place to work. In September 2015 it showed for the first time an improvement in results; however March 2016 has seen a further decline to the lowest results so far for recommending the Trust to friends and family if they needed care or treatment and as a place to work. Compared to the national picture, the Trust has been running below the national average result for staff recommending friends and family if they needed care or treatment and as a place to work.



**2.2.10.5 Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (question 21)**

Indicator	Trust score 2014	Trust score 2015	All mental health/learning disabilities and community trusts – average	All mental health/learning disabilities and community trusts – best score
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion**	White 87%	White 84%	White 91%	Not available in the survey
	BME 71%	BME 80%	BME 78%	

\*\* Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard.

**2.2.10.6. Most recent staff survey results for percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months (question KF26)**

Indicator	Trust score 2014	Trust score 2015	All mental health/learning disabilities and community trusts – average 2015	All mental health/learning disabilities and community trusts – best score 2015
Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months**	White 23%	White 23%	White 20%	Not available in the survey
	BME 23%	BME 18%	BME 23%	

\*\* Key Findings 25, 26, and 21, split between White and Black and Minority Ethnic (BME) staff, as required for the Workforce Race Equality Standard

**2.2.10.7 Patient experience of community mental health service indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period**

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reason: it is taken directly from the National Community Mental Health Patient Survey of 2015.

The Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this score: to ensure care planning is one of our quality priorities once again in 2016/17 with particular focus on personalised care planning, ensuring service receivers know who to contact, and how to contact them, if they have any concerns; and to review how information and support in other areas of life can be addressed considering the links to improved personal goals and outcomes.

Indicator	Trust score 2014	Trust score 2015	All mental health/learning disabilities and community trusts – highest and lowest score
Patient experience of community mental health service indicator score with regard to a patient’s experience of contact with a health or social care worker during the reporting period.	7.9	7.8	8.2 6.8

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

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

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

Patient Safety Incidents reported by Derbyshire Healthcare NHS Foundation Trust to the National Reporting and Learning System (NRLS) between 1 April 2015 and 30 September 2015		Median rate		
Patient Safety Incidents per 1,000 bed days	1,506 incident reported during this period = reporting rate of 28.1 incidents per 1,000 bed days	Median rate for the 56 organisations in the cluster is:  38.62 incidents per 1,000 bed days (organisations that report more incidents generally have a better and more effective safety culture)		
Degree of harm of the patient safety incidents reported to the NRLS between 1 April 2015 and 30 September 2015.				
Degree of harm indicated as a percentage of the total number of incidents reported.				
<b>None</b>	<b>Low</b>	<b>Moderate</b>	<b>Severe</b>	<b>Death</b>
65% (979)	26.2% (395)	5.4% (81)	2.5% (38)	0.9% (13)

We have reported our national benchmarks in suicide, sudden death and homicide rates. At this time we have no new data to produce to question or invalidate the National Homicide and Suicide Inquiry. We are awaiting their final validation of their data to include in our quality account.

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

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

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

- Development through a multi-disciplinary and service receiver approach of a person-centred safety plan, to replace current risk assessments. This is currently being piloted in Low Secure Inpatient services. Clinical staff are completing e-learning, and the roll-out of face-to-face training is due to commence imminently. This will mean service receivers will have one safety plan which will remain 'live' and be used across all teams involved in their care.
- Embedding of Duty of Candour; the Family Liaison team continue to work and support families and service receivers.
- Development of new terms of reference for our Mortality Committee, in response to the recommendations from the Mazars/Southern Health report. Alongside the Mortality Committee, a technician is being recruited to facilitate the collection of data.
- The Patient Safety team have become actively involved in the East Midlands Mental Health Network, and are sharing our learning and good practice at quarterly events.
- We continue to work towards improving this score, and so improve the quality of services, by ensuring we have an effective safety culture, which shares learning from incidents throughout the Trust.

#### **2.2.10.9. How we are implementing the Duty of Candour**

- The Duty of Candour was introduced in April 2014. Last year we reported about two new roles created, Family Liaison Coordinator and Family Liaison Facilitator, specifically to analyse serious incidents and complaints in order to ensure families' concerns are heard and they are fully supported during the process.
- The Medical Director is responsible for monitoring the management of serious incidents in the Trust. Incidents are reviewed and are only closed on the electronic reporting system by the staff from the clinical commissioning group when they are satisfied that they have been appropriately managed by the Trust.
- A narrative on how we deliver our Duty of Candour, in relation to serious untoward incidents, is included in the monthly Serious Incident Report which is reviewed by the Quality Committee and Trust Board. Over 900 incidents have been reviewed and considered in line with the Duty of candour requirement.
- An additional field has been added to the Datix electronic information management system to record actions taken in response to the Trust's Duty of Candour, requirements and an auditable trail of all reviews of incidents, involvement of families and letters sent to families in line with Being Open and Duty of candour requirements and regulations.
- In addition in 2016, we will be asking our internal auditors to review the Duty of Candour and Being Open policy following its first 12 months of operation. The review will ask questions such as: is the service providing and discharging its duty of candour? Is the Trust policy being implemented and can the internal auditors give independent assurance that the systems are in place and are being effectively used? Is there any learning or adjustments to the system that can be recommended from any national learning?

## Never events

We did not have any 'never events' in 2015/16.

In early 2016 a presentation in the form of a video podcast was presented at the Midlands & East Region Learning from Experience Conference, as an example of good practice. It was very well received by the audience. The Trust also shared its duty of candour policy and process with the Mental Health and Learning Disability Director of Nursing National network.

### 2.2.10.10. Friends and Family Test (FFT)



The FFT asks people if they would recommend the services they have used and offers a range of responses. When combined with supplementary follow-up questions, the FFT provides a mechanism to highlight both good and poor patient experience. The results of the Friends and Family Test are published each month by NHS England.

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

Patient Friends and Family Survey Results	Extremely Likely or Likely	Neither, Unlikely or Extremely Unlikely	Total Number of Surveys Completed	Extremely Likely or Likely Compliance
Apr-15	109	13	122	89.34%
May-15	56	4	60	93.33%
Jun-15	107	11	118	90.68%
Jul-15	68	7	75	90.67%
Aug-15	56	5	61	91.80%
Sep-15	74	11	85	87.06%
Oct-15	93	13	106	87.74%
Nov-15	52	8	60	86.67%
Dec-15	49	3	52	94.23%
Jan-16	71	9	80	88.75%
Feb-16	40	10	50	80.00%
Mar-16	81	4	85	95.29%
Total 15/16	856	98	954	89.73%

## PART 3 REVIEW OF THE QUALITY OF OUR SERVICES

This section looks back over the last 12 months and reports on the quality improvements we have made. At the time of writing our inspection by the Care Quality Commission has not taken place. Therefore we will set out our own view on the five key questions used by the Care Quality Commission in their inspections of services:

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

### 3.1 SAFE SERVICES

#### 3.1.1. QUALITY PRIORITY

##### How we are improving the physical healthcare of our service receivers

This was a priority for us last year and will remain so in the next financial year. In 2015/16 this was one of the national priorities mandated for mental health trusts and was agreed with our commissioners as part of our quality and innovation agreements.

##### Our commitment

To improve the detection and recording of physical health parameters which may indicate a detrimental effect on a person's physical health.

##### Work completed

We have focused our intervention around key lifestyle factors such as smoking cessation, substance misuse, alcohol intake, diet / weight gain, exercise, risk of diabetes and cholesterol levels.

We have extended our smoke-free commitments by becoming a smoke-free Trust, resulting in cleaner and healthy environments to everyone involved with the Trust. Staff have been helping service receivers who want to stop smoking for a period of time, or quit for good, working with the individual to identify an alternative that works best for them.



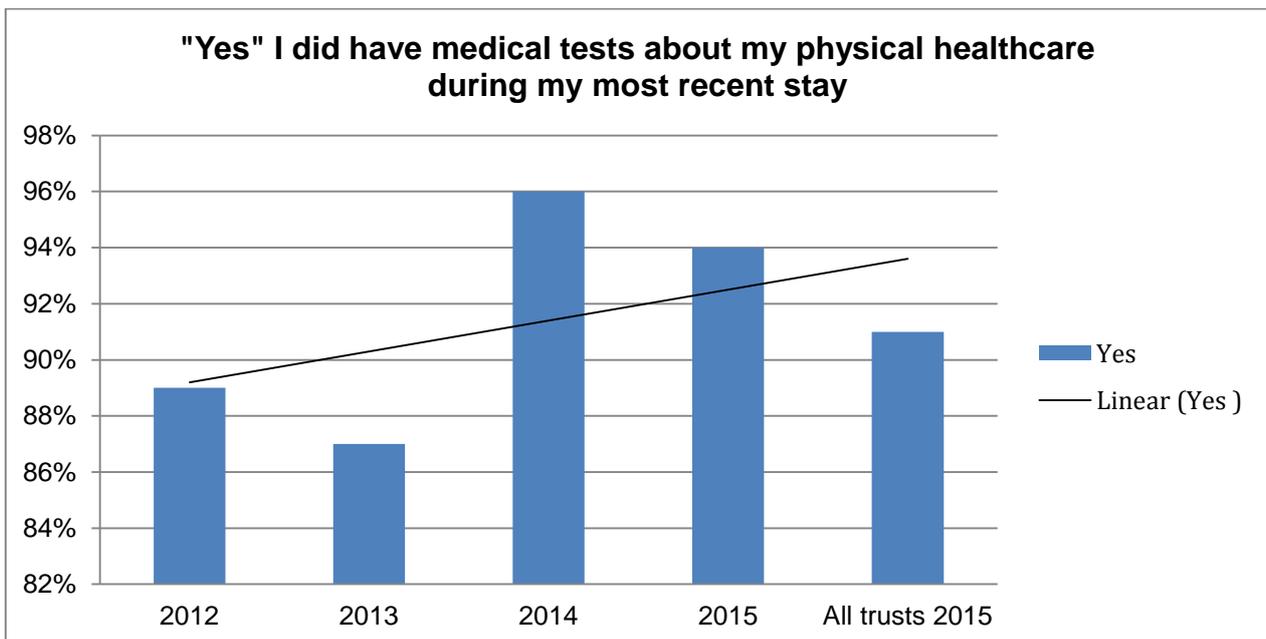
- We have completed a comprehensive training programme for staff on assessing the physical health of our service receivers
- We have raised awareness of the importance of assessing the physical health of our service receivers on admission at junior doctor's sessions and at induction. We have included it in the revised doctor's handbook
- We have completed the national CQUIN-related audit and are waiting for the results; this will enable us to compare our progress with that of other trusts
- We have provided new medical equipment for checking and monitoring physical health – for example, new blood pressure and ECG machines.

### Progress so far

As reported in the last year's quality report, audits over the last two years, including from the National Audit of Schizophrenia, demonstrate inconsistent implementation and recording of physical healthcare checks. This is why we are continuing to focus on this as a priority.

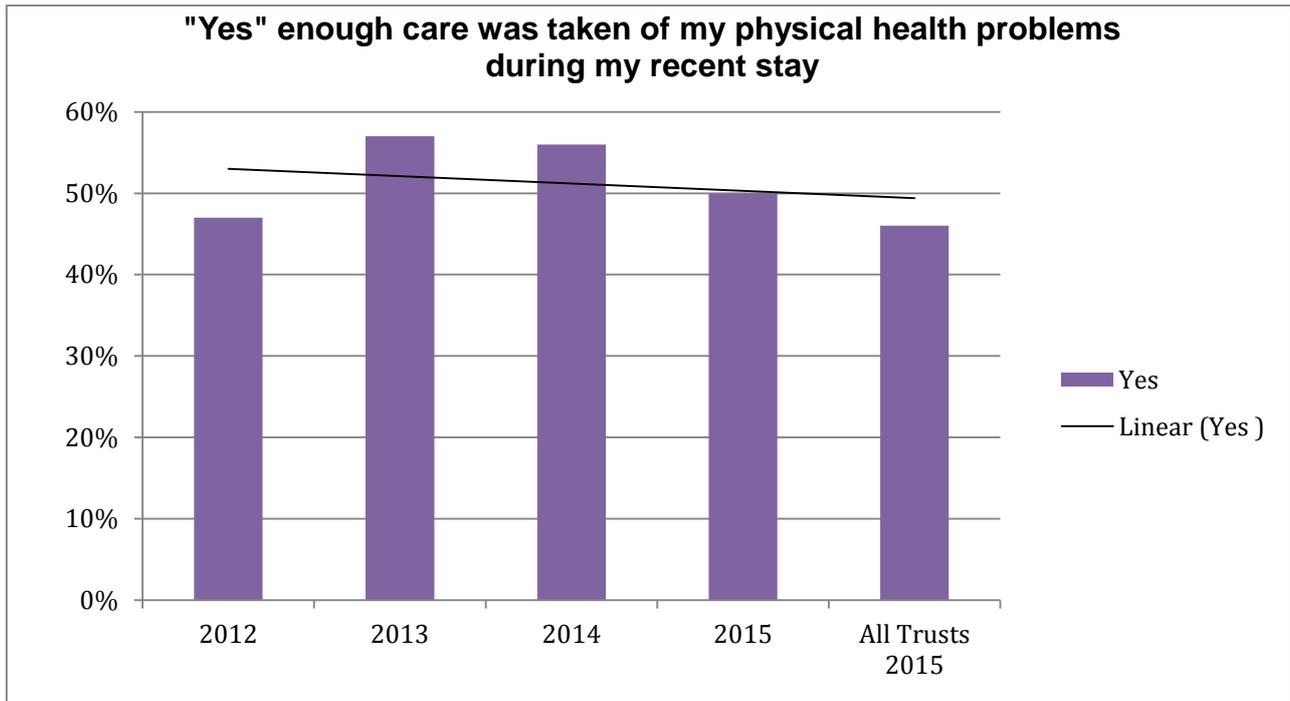
In order to get feedback from our service receivers we voluntarily take part in the national inpatient survey. The results on physical healthcare question D33 show that we were above average when compared to other trusts in 2015; our result was 94% against the comparator for all trusts of 91%, but we have shown a decrease compared to 2014 when 96% said "yes". Overall the trend for this question is improving as outlined in the chart below.

### Question D33 During your most recent stay did you have any medical tests about your physical health care such as blood pressure measured?



### Q34 During your most recent stay, do you feel that enough care was taken of any physical health problems you had (e.g. diabetes, asthma, heart disease)? Percentage stating "Yes, definitely".

The results on physical healthcare question D34 show that we are above the average when compared to other trusts in 2015; our result was 50% against the comparator for all trusts of 46% but we have shown a decrease compared to 2014 when 56% said "yes". Overall the trend for this question is decreasing as outlined in the chart below.



We will continue to make ‘improving the physical healthcare of our service receivers’ a priority in 2016/17.

### **Working in partnership with GPs to improve physical healthcare**

#### *Significant improvements in audit of physical health assessments and GP communications*

The following audit was undertaken during September 2015 as a requirement of the national Commissioning for Quality and Innovation Agreements (CQUIN) programme, focussing on the improvement of physical health in those with a severe / enduring mental health condition.

This audit measured the number of patients in the audit sample for whom we have provided to their GP an up-to-date copy of the patient’s care plan or a discharge summary which sets out appropriate details of all of the following:

- NHS number
- All primary and secondary mental and physical health diagnosis, including ICD codes
- Medications prescribed and monitoring requirements
- Physical health condition and on-going monitoring and treatment needs
- Recovery-focused healthy lifestyle plans.

The audit was conducted using four teams based in the neighbourhood settings – namely High Peak & Dales Recovery Team, Derby City 2 Recovery Team, Chesterfield Recovery Team and Erewash Recovery Team. A total of 125 case notes were reviewed. All 125 records contained an NHS number on the records but there were improvements needed in other areas.

In October 2014, although with a small sample, we saw that in only 25% of cases was there evidence of communication with a GP around the aspects required with regards to physical healthcare; this has now increased from a low level to 93%. It is encouraging that information is being collected and is featuring as part of a plan, or part of reviews and communication. This is a significant improvement in the level of service we offer see table below after the service improvement work.

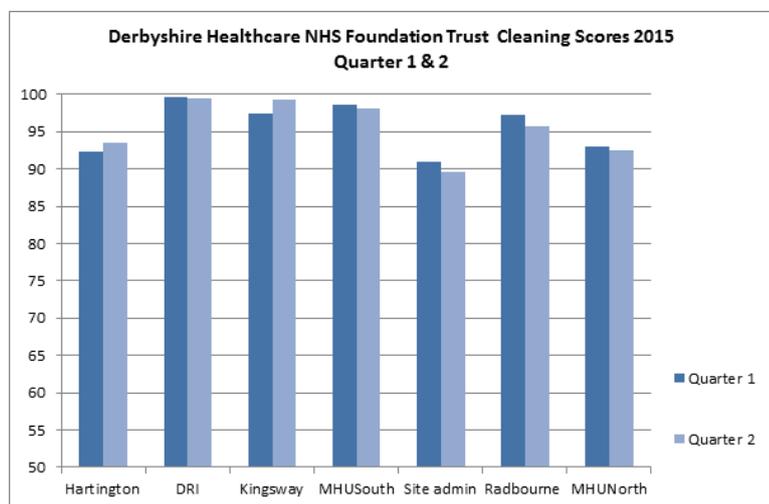
**Table: Showing results of audit of Physical Health Assessments and GP communications**

All 125 records contained an NHS number on the records.

Discharge plan content included	Yes	No	Not applicable
Mental health diagnosis	119	6	0
Medications prescribed and monitoring requirements	119	6	0
Physical health condition	111	3	10
Physical health on-going monitoring and treatment needs	108	5	12
Recovery-focused healthy lifestyle plans	94	12	4
Letter to GP	117	8	0

**Other ways we keep our service receivers, staff and public safe**

Graph: Audits of our cleaning scores April 2015 to September 2015



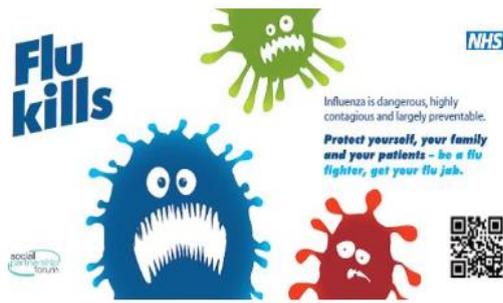
*We keep our clinical areas clean and free from infection through our excellent cleaning standards*

For the first time ever, the 2015 patient-led assessments of the care environment (PLACE) were extended to include criteria on how well hospitals are equipped to meet the needs of caring for patients with dementia. Here, our dementia wards on the Kingsway Site in Derby achieved satisfaction levels of 96.09%, while the average satisfaction level for hospitals across the country was 74.51%. We believe this is contributing to our lower levels of infection control incidents, though we would need more evidence before we could prove this. It is noted that this would be at least a contributory factor in our Trust performance.

On our mental health wards, satisfaction levels were particularly high around the cleanliness of the wards, with ratings ranging from 98.56% to 99.35%.



## We are a national 'flu fighter'



We support the national 'flu fighter' campaign to increase uptake of staff seasonal flu vaccinations throughout the NHS in England. In total 540 staff were vaccinated against influenza between 1 October 2015 and 30 November 2015, of which 470 were health care workers that were involved in direct patient care. We will continue to promote the health and wellbeing benefits to our staff of managing their own wellbeing and their personal contribution to the public health agenda.

## Nutrition and dietetics

We raised concerns in 2014 that we wanted to improve our focus on physical healthcare through an expansion of our dietitians' resource. Previously, this resource was limited.

As a result of the increased funding secured from our commissioners, we now have three Mental Health Dietitians in place (in addition to our two Specialist Dietitians already in post), and will recruit to the final Dietetics Assistant post soon. The team will then be at full strength, and are working on planning the delivery of training for relevant staff, assisting our catering team with menu review and targeted NICE-informed interventions in the Campus settings. This has been a significant development in 2015, and we have fed back to commissioners our thanks for investing in the healthcare offer that we provide to our service receivers.

Our allied health professionals have led on the following initiatives:

Nutrition and Hydration Week: a global campaign that we supported as a Trust with a number of awareness raising events. The campaign runs from 14 to 20 March each year and exists to create a global movement that will raise awareness and improve understanding of the vital importance of good nutrition and hydration across social and health care settings.

Throughout the week, the Trust's dietitians hosted a number of events including:

- Information stalls at the Radbourn Unit and Kingsway campus and at the Hartington unit; there was an opportunity for all staff, patients and visitors to ask any questions
- At London Road Community Hospital, information boards were produced and the dietitians visited the wards
- With support from the Trust's catering department, each inpatient received a free bottle of water to encourage healthy hydration levels, in addition to the range of drinks they typically receive throughout the day
- All wards in the south of the county caring for adult inpatients were provided with a fruit platter to promote healthy snack options and the role of food in hydration
- Cubley and London Road wards hosted a special Nutrition and Hydration Week afternoon tea party for patients and their carers.

In the Ashbourne Centre restaurant on the Kingsway Site a dietitians' choice was offered; this was a healthy menu option each day – it is hoped this could continue as a contribution towards supporting the health and well-being of our staff.

## Young person's substance misuse services

Our young person's substance misuse service for Derby, Breakout, worked closely with Derby City Council during December 2015 to make sure young people know the truth about new psychoactive substances. A number of posters were displayed across key areas throughout the city emphasising the 'lethal lows' of 'legal highs' and the team engaged in social media activity to help raise awareness. We believe our Trust contribution to the system's response to this expanding public health risk is key to our Trust offering well-rounded Children's Services and CAMHS core services.

### 3.1.2 QUALITY PRIORITY

#### Our work to prevent suicide through patient safety planning

We chose this as a priority and reported on it in our 2014/15 quality report, and agreed to continue this work in 2015/16 as part of our quality and innovation agreements with our commissioners.

#### Our commitment

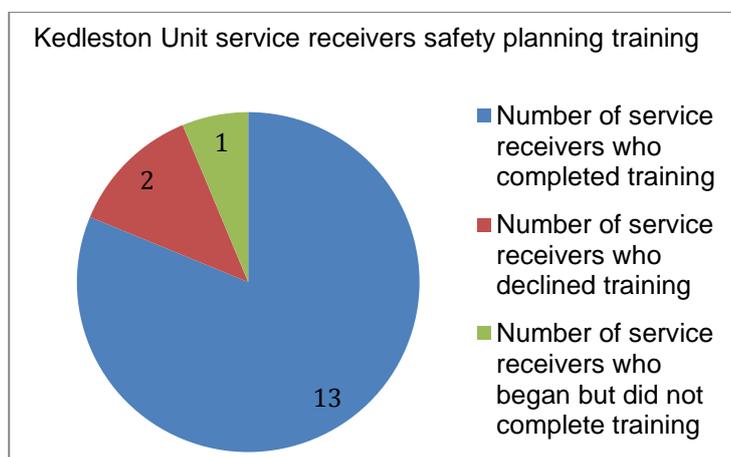
The Trust's serious incident investigations and the national inquiry into suicides and homicides have highlighted the limitations of quantitative risk assessments. It is crucial that the risk is appreciated through the individual service receiver's eyes and that they own the risk as far as mental capacity and insight allows. Our commitment is that clinicians work in partnership with service receivers to mitigate the potential risks and hence a safety plan approach has been developed.

#### What we have done

- Pilots of the safety plan have been completed in the Kedleston Unit (the setting of our gender-specific low secure service for males) and our substance misuse service. Service user feedback has been obtained and has informed the development of the plan
- Documents have been agreed and the associated policy ratified
- An e-learning package and PowerPoint presentation has been developed. This became live in December 2015 and has been completed by over 50 staff in a 'road test'. It is now included in the Electronic Service Record system and has been included on the staff clinical passport.

#### Low secure services – Kedleston Unit

A training package for low secure patients and staff on collaborative risk assessment and management was developed by Dr Bethan Davies in Quarter 2 of this financial year.

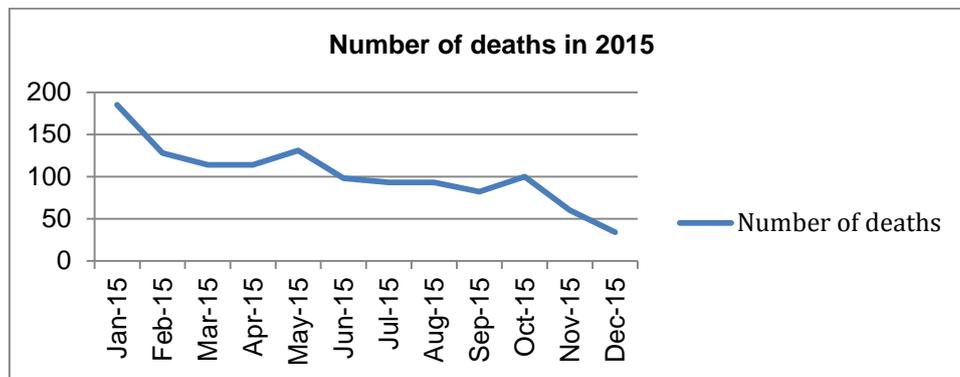


Our Medical Director attended the Derbyshire-wide stakeholders meeting for suicide prevention, and reported that positive feedback about the new safety assessment was received.

## Learning from others

### Review of our reporting of deaths following publication of Southern Health report

Following on from the publication of the Mazars / Southern Health NHS Foundation Trust report, we have undertaken a review of how we report deaths within the Trust. We completed a review of all deaths over the period January 2015 to December 2015.



There have been 1,232 deaths of patients who have been in receipt of care (this is from all Trust services and includes patients who have had single contacts such as outpatients). By far the majority were in our Older Adult care services and were expected deaths or deaths of adults who were over the local county wide expected mortality rate. These are independently reviewed by our Family Liaison/ Duty of Candour team and shared with our commissioners.

The largest group by far have been deaths in the Older Adults service line (61%). These deaths will be considered by the Trust's mortality group and proactively through the design of a screening panel to explore whether the death was higher or lower than the city and county chronological expected age of death, and whether there were any adverse signs or patterns that would warrant additional screening and learning.

Moving forward, we are going to pilot the reporting of deaths within the Trust and take a practical solutions-focused approach both to serious untoward incident management and to how we ensure good governance in this area, as well as ensuring purposeful learning.

The Mazars Report made recommendations around the investigating and reporting of deaths. One of the recommendations was for trusts to have a mortality review group, to support learning from unexpected deaths. Mortality review meetings will be a core component of our service quality plan. They will focus on the analysis of mortality data to identify patterns and opportunities for further investigation and improvement. There will also be a focus on systems and processes used by our services, cross-referenced with the conclusions of the Serious Incident Group and action plans produced as a result of incident investigation.

### World Suicide Prevention Day

On 10 September 2015 the Trust teamed up with local charities and councils on World Suicide Prevention Day to encourage people to check on the well-being of those around them.

Staff from the Trust spent the morning in Chesterfield town centre with members of the Samaritans to urge people to reach out to friends and neighbours who seem isolated or lonely. The chair of the Trust's suicide prevention strategy group, Dr Allan Johnston, spoke on both BBC Radio Derby and Peak FM.

In Derby city, the Trust also worked with Derby City Council to raise awareness amongst staff of the importance of identifying residents who may be isolated and vulnerable, and helping them to engage with their community and build a support network around them.

### **Learning themes from incidents**

As a learning organisation we analyse the themes from our incidents and make changes in practice as a result of that learning. Lessons learnt from performance issues are shared across the Trust on a regular basis through the publication of the 'Practice Matters' newsletter, identifying learning from incidents and complaints.

We have a system of all-staff alerts called the 'Blue Light' bulletins which draw attention to serious and urgent risks, and monthly all-staff 'Policy Bulletins' summarising changes to policies.

The following themes are a selection that has emerged from investigations concluded in 2015.

#### **Improvement issues**

1. Reflective sessions in neighbourhood services to enhance formulation of clinical need
2. More structured approach to debriefing staff after serious incidents
3. Temporary staff to have full induction and training needs identified and met
4. Trainees being aware of information governance requirements
5. Information sharing with trainee doctors
6. Communication between neighbouring services and reflecting upon human factors in our learning
7. Change in service provision for Liaison team
8. Documentation of mental capacity in patients who have overdosed and how we can continually improve
9. Crisis Team reviewing assessments offered and how they operate to prevent harm
10. Community treatment orders and Mental Health Act assessments - learning from our experiences.

### **Improving safety through the implementation of the Electronic Patient Record**

In 2015 we commenced our move to a fully functioning electronic patient record (EPR) to ensure that patient information is recorded in one place. The absence of a single EPR across all mental health care settings has been raised as a learning point for our organisation in a number of incidents and serious care reviews and, most recently, was identified as a recommendation from the CQC during a recent visit to the Trust.

#### **3.1.3 QUALITY PRIORITY**

##### **Focussing on our work to minimise the need for staff to use restrictive practices and restrain people who are in our care**

In 2015 we agreed our positive and safe strategy, and an action plan was developed in response to the strategy to assure against the priorities identified and agreed. This work will continue to be a quality priority for 2016/17.

##### **Our commitment**

Our commitment is to minimise the need for staff to restrain people who are in our care.

## What we have done

- We have reviewed our policies that may impact on restrictive behaviours in line with the code of practice
- We have implemented fully safe wards in the Radbourne Unit, and we are in the post-assessment implementation phase at the Hartington Unit across adult acute inpatient services. Implementation across Older adults and Forensics has commenced. Safewards is based upon a randomised control trial on inpatient nursing interventions, with a focus on ten core interventions such as mutual expectations and 'calm down' methods as demonstrated by our nurses.



Our staff were invited to Denmark to showcase their work at a Danish national conference, presenting their work, running workshops and visiting clinical services. The Radbourne Unit nursing staff and our visiting lecturer Niki Simbani from Keele University were a credit to our organisation.

The Danish health team said:

*"I would like to thank you for your letting your staff members Angela Griffin, Linda Johnson, Niki Simbani, Hannah Norman and Laura Walters visit and work for us here in Denmark.*

*"We had an interesting and inspiring week and all of your staff members were very motivated and worked hard the entire week. I had the fortune to be their liaison here in Denmark. I have met five very competent and inspiring nurses and nursing assistants from Derbyshire NHS and they have made a very positive impression among staff members at the psychiatric hospitals here in the region of Southern Denmark. They all participated as facilitators at a national congress here in Denmark during their stay here and they were excellent Safewards role models.*

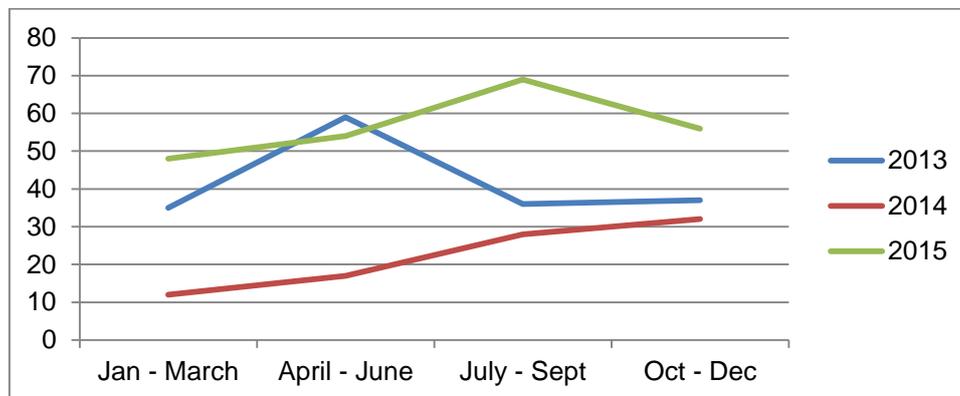
*"Thank you once again and I look forward to our further collaboration towards better and safer psychiatric wards."*

*Anne-Mette Nørregaard*



- We have delivered training to Derbyshire police to raise awareness.
- We have collected baseline data from which to monitor our progress.

Graph: number of periods of seclusion 2013 to 2015



We still have more work to do to fully implement our positive and safe strategy; this will remain a priority for us in 2016/17 to examine patterns of use of seclusion and how we reduce length and occurrences.

In 2015/16 we reported on our levels of restrictive practices, namely restraint, based on national benchmarking data which showed that we were a low user of this practice. In 2015 our wards have struggled at times to maintain these gains in all restrictive practices due to an increase in violence on admission. This is in keeping with increases in levels of community violent crime in our communities and in violence from individuals using alcohol and substances including new and novel psychoactive substances. Our substance misuse and nursing teams are working on clinical practice guidelines and on policy revisions to help our staff manage this patient need effectively. In 2015, we saw the release of the NICE guideline NG10 which changed the clinical practice of restraint to recommend that seclusion is used as an alternative to prolonged holding.

Our results show that our use of seclusion has risen, not reduced, and this is in part due to increases in violence and the change in the clinical practice guideline. This does not mean we change our improvement plan seeking to reduce restrictive practices; early gains in 2014 need to be revisited to look at improvements as well as continued monitoring of seclusion use.

The seclusion group members representing the service receiver organisations Mental Health Action Group and Derbyshire Voice lobbied for an improved service during debrief for those who have been placed in seclusion. A new service has been commissioned to provide debriefs through an independent advocacy service commencing in early April 2016.

We were incredibly proud of our psychiatric liaison teams. As well as presenting at our clinically driven nurses conference on new and novel psychoactive substances, the Liaison team (South) also won an award for their work:

**Liaison team (South) wins award at national psychiatry conference**

Congratulations to the Liaison team (South), located within Royal Derby Hospital, which has won an award for its approach to new psychoactive substances (NPS).

The team, which provides comprehensive support at the Royal Derby to adult patients where potential mental health and/or drug and alcohol issues are identified, received the



award for their pathway work on NPS at the RCPsych PLAN conference – the Royal College of Psychiatry Psychiatric Liaison Accreditation Network conference. This work was spearheaded by Denise Garton (Clinical Lead Substance Misuse, pictured right), Dr Kripa Chakravarthy (Consultant Psychiatrist, Liaison team) and Muzamal Rehman (Research Assistant).

It was acknowledged at the conference that this is a challenging area of work for all liaison services. This year both Liaison teams (North and South) are working towards accreditation with the Royal College of Psychiatry.

## **Examples from our quality visits of how teams demonstrated safe services**

**Substance misuse services at Chesterfield shared their best practice in nurse prescribing. Working with their partner agency Phoenix Futures they have standardised procedures across all sites delivering substance misuse services including Ilkeston, Ripley, Chesterfield and Swadlincote. They use one electronic recording system with standardised templates to record safeguarding, storage of medicines and physical health issues.**

**Our ECT department have very low incidents of patient safety issues for what is a medium risk clinical intervention, and achieved external accreditation for their excellent standards.**

**Opportunities to discuss service receivers' physical health whilst in our care is maximised by our Enhanced Care Ward with the introduction of drop-in sessions. On a Thursday afternoon on the ward, drop-in sessions give service receivers the chance to discuss routine physical issues, as they would do via a GP whilst at home. This is very well received and shows a very proactive approach to reducing health inequality and ensuring that issues are picked up and addressed whilst patients are in our care.**

**Our School Nursing Services in Derby City have an important part to play in keeping our children safe. They talked about their work on Child Sexual Exploitation, highlighting the inter agency, multi-disciplinary working of the team. Areas developed this year include 'say something If you see something,' the Derbyshire wide campaign. Two school nurses are champions for the delivery of this campaign. Workshops have been developed for schools in co-production with the Nursing team and school staff.**

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## 3.2 EFFECTIVE SERVICES

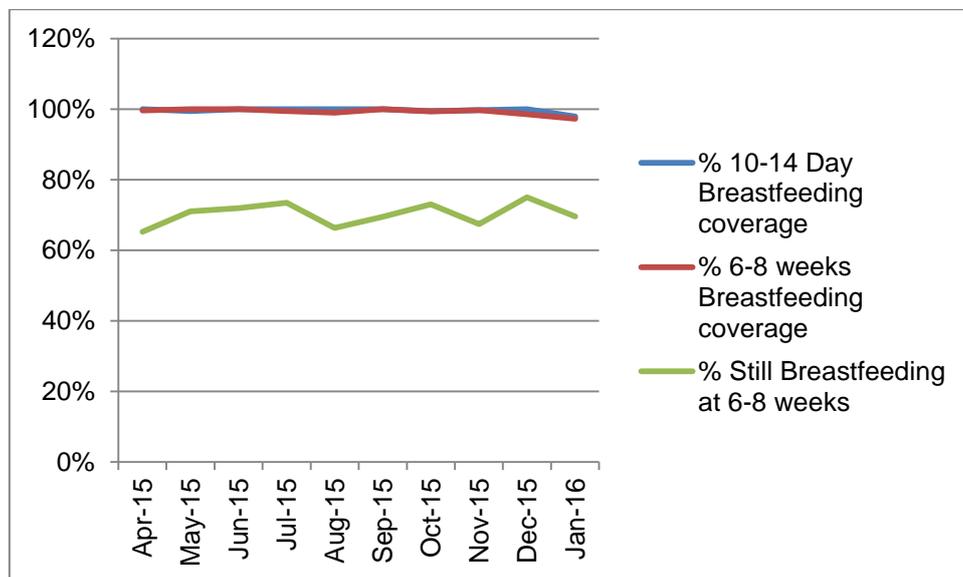
### 3.2.1 QUALITY PRIORITY

#### Think! Family

##### Examples of Think! Family from our services

The Health Visiting Service has been awarded the Baby Friendly Initiative (Stage 3) which is an excellent achievement. The standards have been designed to support pregnant women to recognise the importance of breastfeeding and early relationships for the health and well-being of their baby.

Graph: To show breastfeeding coverage



#### How it is measured

##### Breastfeeding 10-14 Day

**Numerator** – number of babies recorded as breastfeeding or mixed breastfeeding / bottle feeding at their 10-14 day check

**Denominator** – number of babies who are 14 days old in the reporting period

##### Breastfeeding 6-8 Weeks

**Numerator** – number of babies recorded as breastfeeding or mixed breastfeeding / bottle feeding at their 6-8 week check

**Denominator** – number of babies who are 8 weeks old in the reporting period

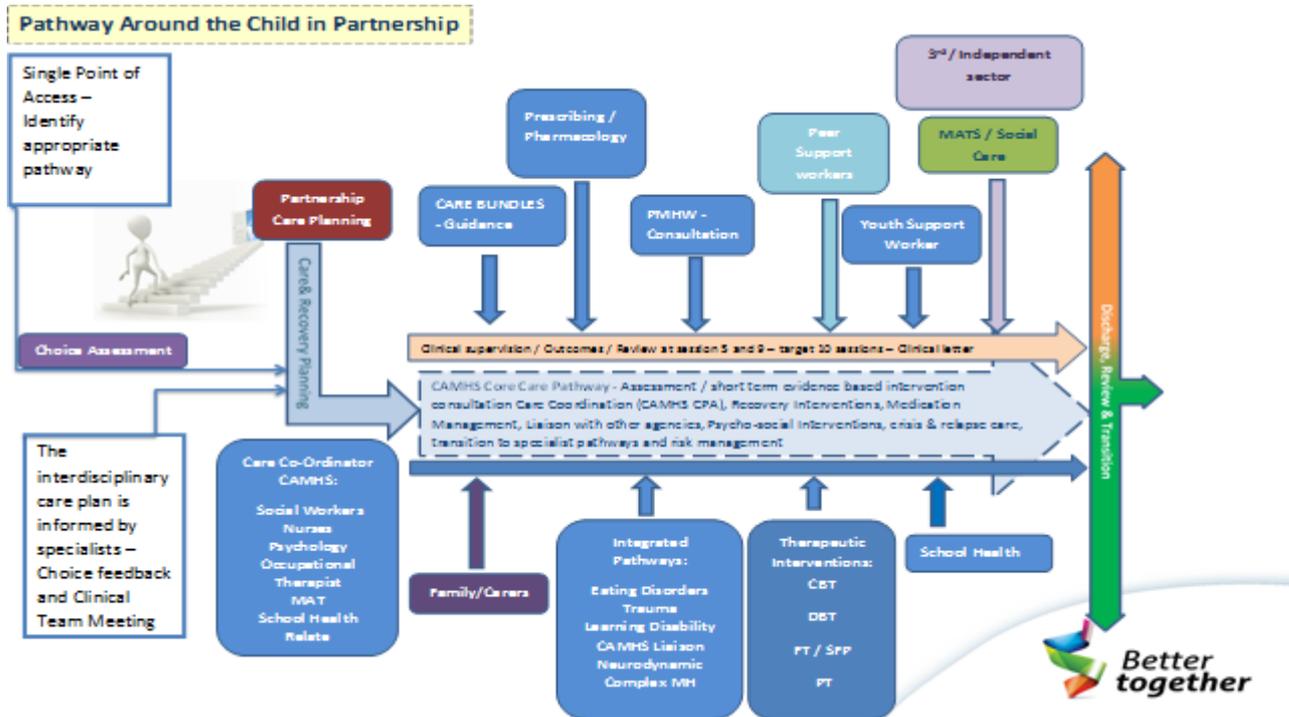
##### Still Breastfeeding 6-8 Weeks

**Numerator** – number of babies recorded as breastfeeding or mixed breastfeeding / bottle feeding at their 10-14 day check who are still recorded as breastfeeding or mixed breastfeeding / bottle feeding at their 6-8 week check

**Denominator** – number of babies who are 8 weeks old in the reporting period

## Parenting groups and outcomes

Our Child and Adolescent Mental Health teams had another clinically effective year. The teams continue to provide parenting interventions in line with the children and young people's Improving Access to Psychological Therapies (IAPT), which are NICE compliant and focus on the family outcomes and goals. The teams have videos from parents developed this year, discussing how they felt about their support and what they achieved. The diagram below describes our CAMHS care pathway and how the CAMHS single point of access and parenting work enables rapid and responsive care.



## Future in Mind

'Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing', the report of the government's Children and Young People's Mental Health Taskforce, was launched this year at the King's Fund by Norman Lamb MP, Minister for Care and Support.

It provides a broad set of recommendations that, if implemented fully, would facilitate greater access and standards for CAMHS services and promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

## Our Trust is rolling out an extensive training programme to our clinical staff

A part time (two days per week) safeguarding children trainer on a two-year contract has undertaken training on safeguarding children (level 2) and Think! Family for DHCFT staff.

Think! Family has been delivered since January 2015. An additional resource was also commissioned and invested to deliver Think! Family training (January – March 2016) to augment the current availability of training.

We have trained over 709 staff and we continue to target our key clinical staff. We have achieved 40 per cent compliance amongst our eligible group and we will continue to train our staff into 2016.

The training and focus on Think! Family has paid dividends as our Substance Misuse services were noted as having fully embedded Think! Family in their audited practices when we contributed to the Derbyshire system's safeguarding inspection by CQC in 2015.

### 3.2.2 QUALITY PRIORITY

#### Our work on supporting our service receivers to recover

This was a priority for us in 2014/15 and we reported on it in last year's quality report. Since then our service transformation has commenced with new ways of working. Our neighbourhood model of delivering community mental health services have placed a greater focus on recovery through social inclusion.

#### Core Care Standards

We have worked to integrate our two Trust websites, the Derbyshire Healthcare site and the Core Care Standards site, and expanded the information on care planning and recovery on our Core Care Standards site. We have added information to our 'need help' section, including extensive information on help with finance, food banks, social care, winter fuel, safety and other issues including help for carers.

#### Recovery and Wellbeing Centre

We have developed a new Recovery and Wellbeing Centre online, which includes information on:

- **Planning to Keep Well** – all the tools that people can use to plan to keep well, such as 'my recovery plan' and a wellness recovery action plan (WRAP)
- **Local groups and activities to help** – linking to information about courses that people can access on things like anger control, life skills, skills to recovery, equine therapy, active confidence, mindfulness, and groups such as the Spireites Active for Life programme (delivered by the Spireites Trust) as well as music and art groups
- **Support directories** – including Infolink resource directory and the community directory
- **5 ways to wellbeing** – connect, give, take notice, keep learning, and be active
- **Involvement in care** – how to be involved in your own care and services
- **Knowing about my health** – how to find out about health conditions
- **Carers and families** – support for carers and families' wellbeing
- **Confidence to ask** – how to ask about your care
- **Managing my own health** – how to manage your own health issues.



We will be providing more information on this portal over 2016/17 to support individuals with accessible information.

#### Examples from our neighbourhoods of recovery-focused practice

##### Hearing Voices groups led by peer supporters

In 2015 we piloted hearing voices support groups on some of our wards and in the community. The groups are based on work in the Netherlands by psychiatrist Marius Romme and researcher Sandra Escher. They developed a new approach to hearing voices, which we will call the 'Maastricht' approach that emphasises accepting and making sense of voices as part of a model of self-care and self-help. Comments from our service receivers have been positive and have included:

*"I attend the voices group and find it very beneficial to my way through life. The people there are very helpful and considerate."*

*"Now I go to the group and meet others I feel I can live with my voices, I am not afraid anymore".*

*"I attend the voices group and it has really helped me by listening to other people's experience of voices".*

## Derby City Recovery Team

All neighbourhood teams are being asked to look at what they can offer people in their recovery journey; we encourage teams to think about what our core areas of work are, what partnership working is available and what community resources are available.

The Derby City neighbourhood team offer the following groups:

- Skills for health
- Recovery through activity
- Allotment group – including activities on the team's own micro allotment
- Positive living
- Mr Grundy's - an evening group held in a private room at a Derby pub.

All these groups include peer support volunteers as well as occupational therapy staff. All teams are offering different groups according to the need presented and as far as is possible are utilising peer support volunteers.

Mr Grundy's Group was set up as a result of service receiver feedback on how they felt.

**What service users were saying**

- Feel isolated -I sit on my own all night
- No where to go in the evenings
- Do not find other services useful
- It's a big step to go to places on your own
- Few friends
- Concerns for feeling safe
- Feel lonely
- Poor routine and sense of identity.

**Feed back so far !**

- A good place to meet people and socialise
- Enjoyable, fun, everyone's lovely
- Getting out and making friends
- Enjoyable
- Fun - gets me out , gives me something to look forward to
- Friendship
- Meet friends in an informal environment, helps me feel more confident
- Good beer, good food, good company, good activities
- I'm still learning, but I think that the group is potentially a good place to meet people in an informal setting, with little pressures' in an out door setting
- And the foods supposed to be good too!
- Helps me get out of the house and be around other people
- Good to get out and about in the evenings ,made new friends
- Good variety of activities existing and new, liked the quiz.

The team listened to what service receivers were saying and the group is running successfully to focus on social as well as symptom recovery.

## Work within our communities

The Erewash Mental Health Innovation Project is a good example of where we have been involved in a very successful partnership. The aim of this two-year funded project is to develop an integrated approach to support people with mild, moderate and severe mental illness. It will ensure services in Long Eaton and Ilkeston are co-ordinated so that people with long term conditions can access them seamlessly.

## Volunteering

- We have 122 volunteers in our Trust
- 72% are people with experience of mental health issues

## The Hub

- 100% of people using the Hope and Resilience Hub have a personalised timetable

## Erewash Project

- Currently has 32 mental health champions
- Has 15 people as mental health buddies

### Feedback from one of our volunteers

“I have been volunteering with the NHS for more than a year now and I have gained a lot during this time. I was suffering with mental health issues when initially I started, but now even my doctor says I need to congratulate myself for the confidence and motivation I have achieved while working in the Trust. This Trust not only gives confidence for my personal growth but my growth in the outside world as well. I am thankful to the volunteer manager and my work colleagues who made it possible to help me make the future bright.”

### Promoting mental wellbeing at local events

In September 2015, working in partnership with Derbyshire County Council and Chesterfield College, the Trust hosted the Connect 5 event for anyone recovering from mental ill health. Connect 5 was designed to show how doing five things in everyday life and in the local community can support mental health and wellbeing.

At Connect 5, there was a chance to try a wide range of free workshops, looking at everything from creative arts to how diet can affect mood. There were also sporting activities, performances and much more. North Derbyshire Voluntary Action, Walking for Health, Rethink, Village Games, Chesterfield FC Community Trust, Live Life Better and other organisations from across Chesterfield and Derbyshire were in attendance to give people a unique insight into things they can do in their local community to help improve their mental wellbeing.

Derbyshire Healthwatch mental health ‘question time’ was held on 8 October 2015. This event gave people the opportunity to question key mental health leads about the services available in Derbyshire. Carolyn Green, the Trust’s Director of Nursing and Patient Experience, headed the panel. She was supported by additional colleagues from the Trust, along with representatives from Hardwick Clinical Commissioning Group and other key partners.

John Simmons, Chairman of Healthwatch Derbyshire, said at the time: “I encourage people to go along and attend the event in Chesterfield. It’s a chance to question the people responsible for

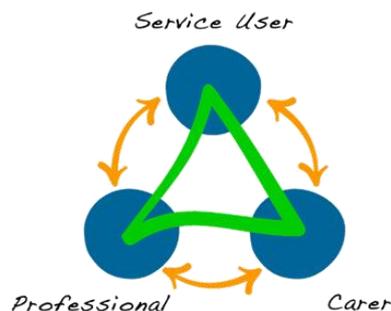
running Derbyshire's mental health services and provides a great opportunity to find out what support is available to people with a mental health condition."

The event included talks from inspirational speaker, Pam Burrows, on how to boost your mood and was also used by Healthwatch Derbyshire to hold their Annual General Meeting and launch their new website.

### 3.2.3 QUALITY PRIORITY

#### Patient reported outcome measures

This was a quality priority for 2014/15. Although it was not selected as a quality priority for 2015/16, work continued on this area within the Trust alongside the rollout of our electronic patient record.



#### Working with Carers and the Triangle of Care

Our continued membership of the national 'Triangle of Care: Carers included' scheme has helped us to work with carers and our partner agencies to improve how we work with and support the carers and families of the people we serve. We want to help and support carers as part of the 'Triangle of Care', which is a therapeutic alliance between service user, staff member and carer that promotes safety, supports recovery and sustains wellbeing.

We have achieved the first year's review as part of the national membership scheme, and been awarded a star by the Carers Trust, which appears on our Triangle of Care kitemark (pictured). Our key priorities are to develop and implement training for staff in carer awareness and engagement, and to involve carers more in evaluating our services. Our inpatient services are reviewing their self-assessments and our community mental health services are about to start their self-assessment process against the 39 standards shortly.



Our Carers Champions networks continues to be developed and supported, with two Trust-wide events being held during the year, looking at the support available for young carers, and the changes to carers assessment and social care.

Our quarterly carers' newsletter 'Who Cares?' has been sent to over 2,200 carers (an increase of about a third following work to improve our recording of carers' information). It has included updates on our transformation work, our improved medication websites, the Derby Dementia Action Forum, the Live Life Better service, our smoke-free initiative, the Carers Breaks scheme, new services and events, flu jabs, accessible toilets, safe and legal driving for people taking medication, and the Learning Disability Partnership Boards.

Families and carers sometimes say that they don't have the information they need to be able to help, because staff can't share important information. We have produced and distributed the award-winning booklet we piloted with support from our Innovations Fund last year 'Sharing information with families and carers'. This includes a self-carbonated advance statement that families and people who use our services can use to agree together about what information can and should be shared, both routinely and in an emergency.

The Trust manages its work to develop support for carers through the 4Es Carers Sub-Group, which includes representatives of carers forums, staff, and partner organisations including Making Space, Derbyshire Carers Association and Think Carer. We have developed a Carers Strategy over the last year focussed on 'recognition, respect and respite', and have updated and improved our Carers Policy, to recognise the changes brought in by the Carers Act 2014. We have worked

with the Trust Records Manager on copying letters to carers, alerts of appointments, and access to records.

Our 'mutual expectations' work is about developing family-inclusive practice, and a way of agreeing the expectations that carers have about their interaction with the Trust, and what expectations we can have about carers, in supporting the person they care for. Family-inclusive practice means that staff understand the benefits of family and social networks; consider families' perspectives and the challenges of caring for someone with health problems; share information appropriately; and engage with them collaboratively.

### **SBARD for carers**

When you're worried about the person you're looking after, it can sometimes be difficult making people understand what's wrong and why you're concerned. The SBARD structure helps carers to organise their thoughts before they call so that they can get the help they need. We have worked on SBARD for carers with the support of the East Midlands Academic Health Science Network.



SBARD stands for:

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

We have produced postcards for carers to use to record any discussions they have, which are being posted out with the next copy of the carers' newsletter to over 2,000 carers. We have also included SBARD information in our new edition of the Family and Carers Handbook.

During the year we produced an updated and revised Carers and Families Handbook which includes SBARD, as well as improved information about the Care Act 2014 and changes to the rights of carers and carer's assessments, carers having a voice, planning for emergencies, and becoming a member of the Trust.



## Carers groups

Following on from our 'carers and cake' initiatives, our Radbourne Unit carers group has held a successful open day for carers in partnership with Derbyshire Carers Association, which included pampering, massages, information, advice, and friendship.

At the Hartington Unit we have held a series of carer's sessions, encouraging carers to use recovery techniques to look after their own wellbeing, and linking them to carers support sessions.

Our older people's memory services have held a number of popular events for carers of people with dementia, about issues relevant for them.

We continue to be represented at carer's forums across the county and city, working in partnership to improve the quality of services.

A key part of our work is listening to the voice of our service receivers and carers about their views of the care we deliver. We begin every monthly Board meeting with a testimony from a service receiver or carer.

We use the nationally recognised Friends and Family Test question 'How likely are you to recommend our service to friends and family if they needed similar care or treatment?' to acquire feedback from both staff and service users.

We complete the annual patient survey of community patients which is mandatory and in addition take part in the mental health inpatient survey. We also have a 4Es group which has a number of workstreams. Our 4Es group is a stakeholder alliance. It acts as a central point to work together in the community.

We have an established quality visit programme where Board members, governors, commissioners, clinical and non-clinical staff spend two hours with a team. Service receivers and carers are increasingly part of the quality visit programme and provide valuable, timely and valuable first hand feedback on their views of the service they have experienced.

In our transformational planning there has been wide engagement with patients and carer representatives as well as staff in the planning days to devise the new care pathways and processes which resulted in the neighbourhood and campus delivery model. Our service receiver and carer involvement group continue to meet and are designing the transfer of the inpatient-based mutual expectations model to community settings. They are also redesigning and developing a charter for mutual expectations for campus and neighbourhood services and for Trust side use of family inclusive practice.

## Examples from our quality visits of how teams demonstrated effective services

**Staff in the Hartington Unit outpatients and reception team introduced courtesy calls to remind patients of their appointments in 2015. This has reduced the number of last-minute cancellations and 'did not attends' (DNAs) and provided a lighter human touch for some individuals who often do not receive much contact in their lives.**

**Erewash Community Learning Disability Team plan to roll out their work on dementia in people with a learning disability within Derbyshire and beyond.**

**Occupational Therapy and Recreational Services, Hartington Unit** showcased the work of their peer volunteer who has developed 'your service, your say'. The volunteer works with the team and follows up comments raised by service receivers as another way to ensure concerns and compliments are heard, supporting the comment cards and boxes already available for them to use.

**The Safeguarding Children's Team** have improved processes for child protection medicals through the effective use of the administrative team and the multi-skilling of the team. Improvements have been made in the recording of information and there is good evidence of information-sharing across agencies as relevant, with a clear focus on keeping the child at the centre and securing confidentiality. The team is looking at safe ways to store the information electronically and to continue to improve the application of technology to support improvements in practice. Staff are supported informally and formally to ensure a level of emotional resilience when dealing with such sensitive and emotive information relating to child protection investigations.

### 3.3 CARING SERVICES

#### Ensuring compassion



Although the Trust didn't win the overall 'organisation' award, Kate Granger herself presented the Trust with a certificate, collected by our Medical Director Dr John Sykes and our Research & Clinical Audit Manager, Rubina Reza.

On 3 September 2015 the Trust was invited to attend the NHS Expo in Manchester after being chosen as a finalist in the 'organisation' category at the Kate Granger Awards for Compassionate Care.

The Kate Granger Awards, run by NHS England and NHS Employers, were born out of Kate's #hellomynameis campaign calling for more compassion in care. We were recognised for our efforts in building on the research of Professor Paul Gilbert and ensuring that compassion is present in the way we care for our service receivers.

#### Examples from our quality visits of how teams demonstrated caring services

**Service receivers and carers who took part in Amber Valley and Erewash Older Adult team quality visit commended the team on 'going the extra mile'. The team have worked with carers and service receivers of working age with dementia; this has led to carers setting up their own support group and website.**

**A North East Derbyshire Older People's Team** service receiver gave a testimony about the care they had received. The service receiver was also a carer. During the time that he was involved with the team, he couldn't praise the team enough regarding how he got a 'hospital at home' standard of care. He praised the team for how they supported him in producing a care plan and

supported him to understand and identify his own needs in relation to the caring he was undertaking for his wife at the time.

**Our Eating Disorders Team** were praised by a service receiver's family. They expressed their confidence in the team and wanted to thank them for their honesty and responsiveness. The service receiver described how the team made them feel safe and had supported their family through a difficult time.

Our DEED recognition scheme, which showcases our staff dedication, is flooded with inspiring stories by our staff and by those who use our services, of our team's commitment to those we serve.

This experience is shared in particular as it embraces our commitment to supporting individuals and families with Autism and underpins our approach to work in partnership with families:

**Lisa Jackson, Community Nursery Nurse, Derwent Child and Family Health Team (Revive Healthy Living Centre)**

#### External nomination

"I cannot explain all the help and support I have received from Lisa Jackson over the last three (almost four) years. She has helped and given me so much support with my son C who has just been diagnosed with autism. Whenever I needed her she was always at the other end of the phone or would return my call. She has sorted out groups to help me deal with C's behaviour and pushed and pushed for him to be seen at the Ronnie Macbeth Centre. I really don't know what I would have done without Lisa. She has always been amazing, always letting me know if I need her help just to call. It has been so tough with C but thanks to Lisa and all her support she has got me and my family through. She always would call me just to check how things are going or to let me know she has sorted out some more help/support for us. I could go on forever but all I will say is Lisa Jackson is a one-off amazing lady and I can't thank her enough for everything."

### 3.4 RESPONSIVE SERVICES

#### Healthwatch Derbyshire report on Child and Adolescent Mental Health Services

In July 2015 we received the report from Healthwatch Derbyshire on their review of our child and adolescent services (CAMHS). Healthwatch Derbyshire is one of our local consumer champions. In the period January 2015 to March 2015 they chose CAMHS as an area of priority for them. During this time four engagement officers from Healthwatch Derbyshire spent their time out and about in the community, at groups and in CAMHS clinics listening to what people had to say about CAMHS. The views of young people, parents, carer and professionals were collected in a series of 17 interviews.

#### Positive Feedback

*'Fantastic, I don't know how we would have got through without it. Five stars.'*  
*'I have good relations with all the CAMHS team ... They text me regularly.'*  
*'A weight has been lifted and I can see light at the end of the tunnel - someone is willing to listen.'*

#### Negative Feedback

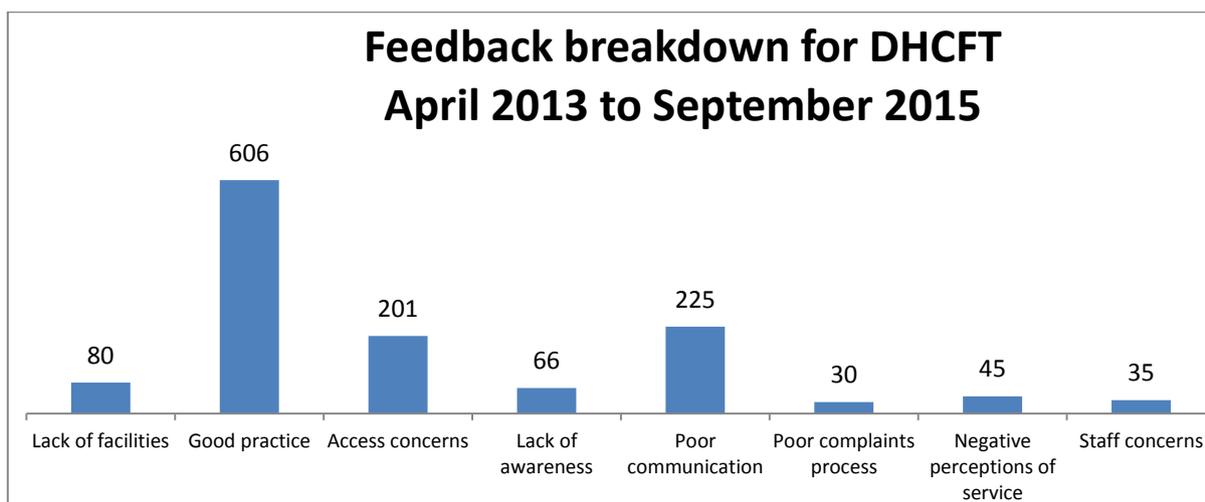
*'Not good at getting back to the parents with information.'*  
*'The whole team are incredibly stretched.'*  
*'A sense of being rushed off their feet.'*

We were able to comment on the report and thanked Healthwatch Derbyshire for this valuable piece of work which will inform our drive to continually improve our services. Some of the key improvements we are implementing as a result of the recommendations are as follows:

- We will continue to roll out the single point of entry for child and adolescent services and the benefits that bring, including more timely access to services which should improve length of time to diagnosis
- We are in the process of developing a more centralised specialist care pathways structure to achieve standardisation, equality of access and more effective evidence-based interventions and outcomes for our young people
- We have asked one of our service receivers with the support of GIFT, Great Involvement Future Thinking, and the Department of Health, to review and support us to improve the quality of our information
- We acknowledge that there is an inconsistency across the teams with regard to out-of-school-hours appointments and we will review and improve our out of school hour's access.

### Helpful feedback from Healthwatch Derby to enable us to continually improve

Healthwatch Derby has undertaken a trend analysis based on all the feedback they received between April 2013, when they were first established, and September 2015. They analysed the themes and our results were as follows:



### Key:

- Lack of facilities includes feedback about funding cuts, as well as a lack of inpatient beds and culturally sensitive services
- Good practice includes several different services such as the day hospitals, Radbourne Unit, Counselling services, children's services, Kingsway inpatient services, drugs and alcohol service, substance misuse service, and dementia services
- Access concerns relate to waiting times for assessments, between assessment and treatment, and follow-on care
- Lack of awareness relates to staff attitude and lack of adequate support for carers
- Poor communications include verbal and written communications and through other means such as telephones. Poor complaints relate to waiting time and the lack of timely updates around complaint investigations
- Negative perceptions of service include cultural taboos and historic misconceptions
- Staff concerns relate to lack of communication, lack of support, and lack of adequate staffing levels.

The Trust is working in partnership with Healthwatch to undertake this work in partnership and learn from this process to embed any learning into our organisational learning as part of a service improvement project. The opportunity for individual scrutiny and support to reflect on our service is welcomed and gives the Trust and the team additional opportunity to learn. We also recognise that our teams are under pressure, and we are taking this into account in our community skill mix review work; we share this feedback with our commissioners and look at joint solutions to manage our capacity and demand pressures, including through our annual contracting round.

In 2015 commissioners asked Healthwatch Derby, as an independent organisation, to review our complaints handling. Healthwatch Derby developed a survey and a process to sample individuals who have used the Trust complaints process to review how their experience was and whether it was helpful. Initial analytic reporting has been received and we are considering the patient feedback and concerns highlighted.

In addition in 2015 Healthwatch Derby undertook a consultation 'Little Voices' looking at services during pregnancy, maternity and children's services for 0-11 years. Healthwatch engaged the teams and liaised with service professionals acquiring feedback about the service from a staff point of view. We continue to work positively with Healthwatch to look at what we can learn and improve.

### **Rapid Assessment Interface and Discharge (RAID) model of liaison psychiatry**

This team was commissioned in April 2014. Based in Chesterfield Royal Hospital the aim of the liaison team is to be a rapid response, 24/7, age inclusive service for those over the age of 16 that provides a comprehensive range of specialist knowledge (mental health, substance misuse, self-harm, suicidal ideation, old age) for patients and staff within Chesterfield Royal Hospital. The service has a one-hour target for becoming involved in the care of patients with mental health or substance misuse care needs presenting to the Emergency Department, and a 24-hour target for seeing patients who are on a hospital ward.

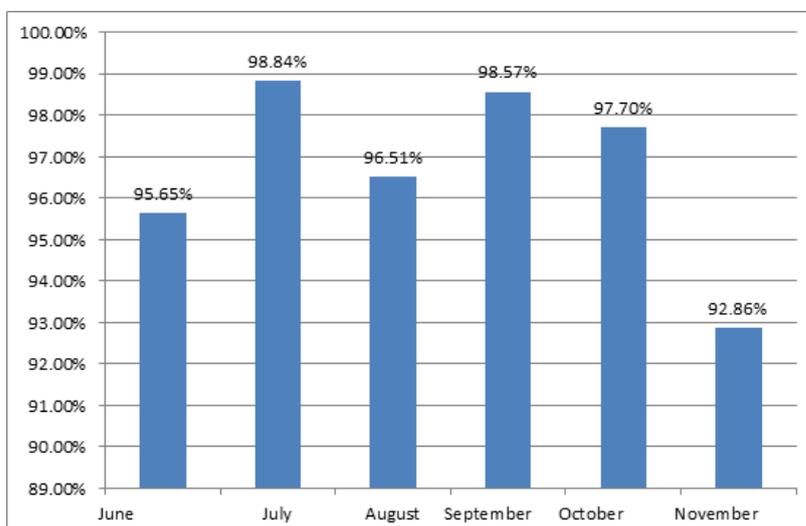
A recent evaluation report of the first six months of operation has confirmed that response times are being met as follows:

#### ***Response times***

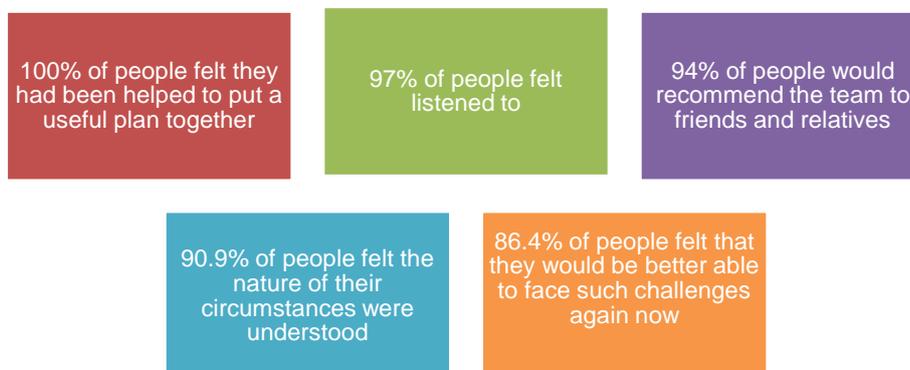
Reliable data for this calculation is available from May 2015 onwards. The team aims to begin work with a patient who is located in Emergency Department within one hour of the team becoming aware of them. This was achieved in 94.9% of cases. The team aims to begin work with patients located on wards within 24 hours; this was achieved in 82% of cases.

#### **The one-hour response time**

Graph: The following graph sets out the one-hour response time by month.



The full evaluation was discussed with our commissioners. The report includes results of service receiver, carer and family satisfaction with the service, based on 32 responses over two months. Examples have included:



A further evaluation will be completed following 12 months of operation. A full evaluation report is available and these early findings are ensuring improved parity of esteem for mental health patients presenting at Chesterfield Royal Hospital.

### **Compliments and complaints**

The Patient Experience team is the central point of contact for people to provide feedback and raise concerns about the services provided by the Trust. The team sits within the Nursing and Patient Experience directorate and is based at the Trust headquarters. Staff have direct contact with the (Acting) Chief Executive and executive directors and liaise regularly with senior managers.

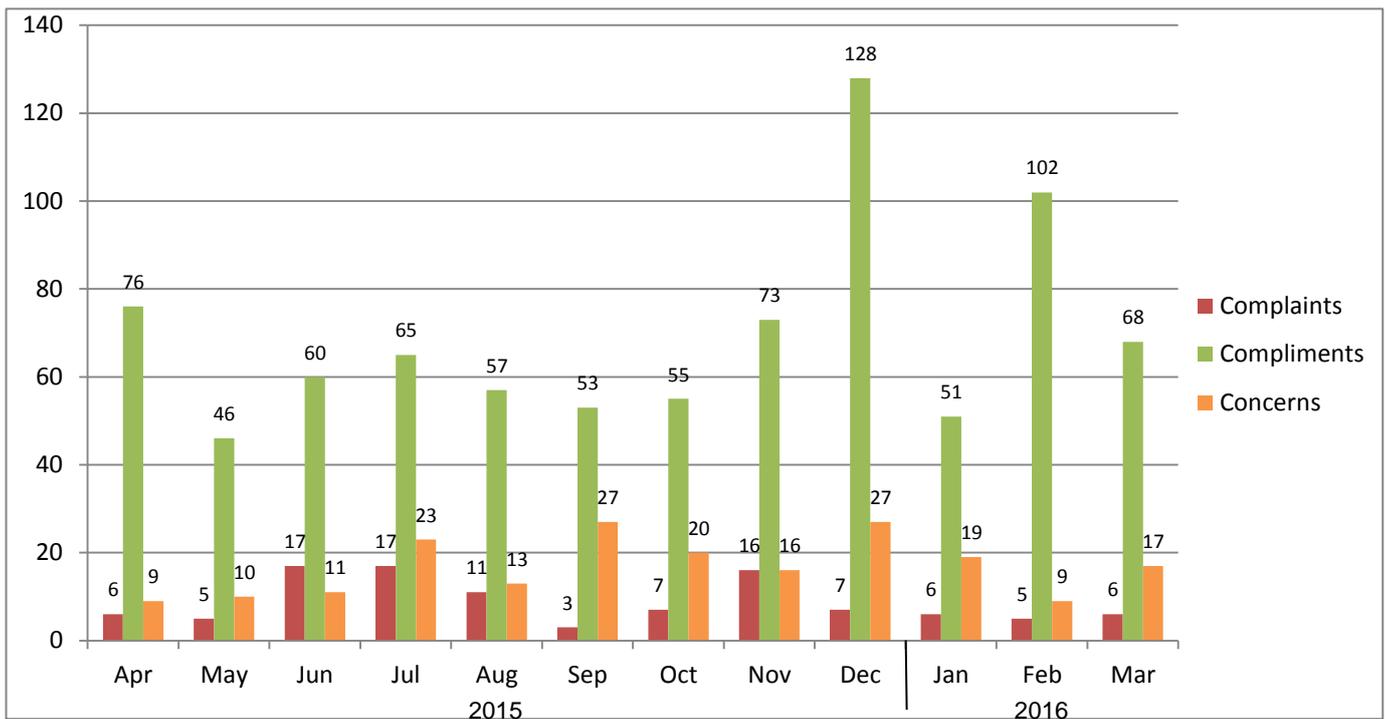
The team's aim is to provide a swift response to concerns or queries raised and to ensure a thorough investigation takes place when required, with complainants receiving comprehensive written responses including any actions taken.

Learning from the feedback the team receives is essential and this is shared with staff through the Trust's *Practice Matters* publication.

### **During 2015/16 the Trust logged:**

- 834 compliments
- 201 concerns
- 106 complaints.

Complaints are issues that need investigating and require a formal response from the Trust. Investigations are coordinated through the Patient Experience Team. Concerns can be resolved 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.



### Themes

During the year the Trust logged complaints, concerns and compliments by theme in order to use the information in a more meaningful way. Most of the issues commented upon in the compliments received were for the support/help provided 354, care 345 and general gratitude shown by staff 343 and 254 for the kindness shown by staff.

The top themes from complaints are as follows:

- Staff attitude – 39
- Availability of services/activities/therapies – 26
- Assessment – 17
- Care planning – 15
- Compassion – 14
- Medical care – 14
- Information provided – 13
- Engagement – 13
- Nursing care – 11
- Medication – 11.

The top issues raised in the concerns are reported below:

- Availability of services/activities/therapies – 62
- Staff attitude – 21
- Other care – 19
- Information provided – 18
- Care planning – 16
- Waiting times – 16
- Other – 15
- Medication – 15
- Engagement – 13
- Assessment – 11
- Medical care – 11.

During the year the Trust discussed five cases with the Health Service Ombudsman:

- Two investigations are underway
- One assessment is ongoing
- Two telephone discussions took place.

### **Examples from our quality visits of how teams demonstrated responsive services**

**Talking Mental Health Derbyshire** service has piloted a treatment path for NEAD (Non-Epileptic Attack Disorder) and other functional disorders in conjunction with neurologists from Royal Derby Hospital. This path adds to the help available for people who have medically unexplained symptoms and extends psychological therapies services to a group of people who have little access to them. In another pilot, more services are being provided outside normal working hours using online resources to provide treatment via webcams. There is also a specific care pathway for veterans which increases access for this group of patients. This looks at providing more services outside of normal hours, providing online resources and contracts for service receivers and the accessibility of the service for veterans.

**Early interventions team** in the north of the county showcased their work with schools to promote better understanding of psychosis and reduce stigma. This has been aimed at Year 9 pupils and teachers. So far the team have spoken to around 500 pupils and teachers on the subject. They have evaluated their impact, finding 93% of pupils found the talk useful and 98% described now having a better understanding of psychosis.

**The Disabled Children's Specialist Nursing Team working with children and their families** have provided disability awareness sessions for schools. This is a new development, reaching local schools to ensure that children gain an experiential understanding of living with a disability and how children can offer help and support. This also raises awareness amongst school staff, and is based on life experience.

## **3.5 WELL LED SERVICES**

### **Providing a safe and effective learning environment.**

Every three years Health Education England completes a review of the quality of services provided through education contracts with higher education institutions. The review is in addition to the normal contracting reviews which are held throughout the year. The areas covered in the review are:

- Improving practice learning
- Improving retention in the East Midlands
- Innovating the curriculum.

The review of the contract with the University of Derby took place in May 2015. A stakeholder event was held on 22 May where students, service users, representatives from the University of Derby and staff from our organisation had the opportunity to contribute to the review. The action plan includes actions around improving the support and communication with supervisors and mentors, developing more community placements, preparing students for employability, using more 'cross professional' modules, and looking at how patient feedback during placement can be recorded and utilised in a meaningful way as part of the healthcare programmes.

## Examples from our quality visits of how teams demonstrated well led services

The quality panel recognised the outstanding leadership of the **Specialist Behaviour and ADHD service**. This is ‘one team pulling together,’ the panel concluded. Their work on improving the provision of education for parents, reducing waiting times and development outcome measures were just a few of the outstanding initiatives the team should be proud of.

**Chesterfield Older People’s Community Team** was commended by the quality panel on their team work and their effective multi-disciplinary working. The team has excellent leadership and, when asked, the team said they would have no hesitation if they needed to raise any concerns.

We still have more to do in this area and we have designed a new board-level committee this year, the People and Culture Committee, to ensure that all levels of our organisation are well led and that we focus on learning from our staff survey and develop new ways to focus on our culture, such as pulse checks.

### 3.6 Measuring Quality

As well as our internally set quality priorities, there are a number of performance indicators that we have to meet as set down by our regulators and commissioners. The full detailed tables tracking our performance over the year against these indicators is included in our annual report. A table of some of the areas is set out below:

Trust performance dashboard	Target	End of year March 2015	End of year March 2016
<b>Monitor targets</b>			
Care Programme Approach (CPA) 7 day follow-up	95.0%	97.49%	96.98%
CPA review in last 12 Months (on CPA > 12 months)	95.0%	96.50%	95.69%
Delayed transfers of care	7.5%	1.48%	1.26%
Data completeness: Identifiers	97.0%	99.19%	99.42%
Data completeness: Outcomes	50.0%	93.76%	94.84%
Community care data - activity information completeness	50.0%	91.47%	93.66%
Community care data - referral to treatment (RTT) information completeness	50.0%	92.31%	92.31%
Community care data - referral information completeness	50.0%	74.73%	78.85%
18 week referral to treatment (RTT) less than 18 weeks - incomplete	92.0%	96.03%	96.48%
Early Interventions new caseloads	95.0%	99.30%	100.70%
Clostridium Difficile incidents	7	0	0
Crisis gatekeeping	95.00%	100.00%	100.00%
Improving Access to Psychological Therapies RTT within 18 weeks	95.0%	98.52%	99.28%
Improving Access to Psychological Therapies RTT within 6 weeks	75.00%	85.47%	90.70%
<b>Locally agreed targets</b>			
Care Programme Approach (CPA) settled accommodation	90.0%	99.39%	97.76%
CPA employment status	90.0%	99.57%	98.32%
Data completeness: Identifiers	99.0%	99.19%	99.42%
Data completeness: Outcomes	90.0%	93.76%	94.84%
Patients clustered not breaching today	80.0%	83.59%	77.95%
Patients clustered regardless of review dates	96.0%	96.77%	95.04%
CPA Health of the Nation Outcome Scale assessment in last 12 months	90.0%	79.99%	87.98%
7 day follow-up – all inpatients	95.00%	96.79%	96.76%
Ethnicity coding	90.0%	93.02%	90.38%
NHS number	99.0%	99.94%	99.98%
<b>NHS Standard Contract targets (Schedule 4 - quality requirements)</b>			
Consultant outpatient appointments - Trust cancellations (within 6 weeks)	5.0%	5.17%	4.43%
Consultant outpatient appointments - 'did not attend' (DNAs)	15.0%	16.59%	15.68%
Under 18 admissions to adult inpatient facilities	0.0%	1	0
Outpatient letters sent in 10 working days	90.0%	68.42%	76.00%
Outpatient letters sent in 15 working days	100.0%	82.61%	89.67%
Inpatient 28 day readmissions	10.0%	8.00%	9.79%
MRSA - bloodstream infection	0	0	0
Mixed sex accommodation breaches	0	0	0
18 Week referral to treatment (RTT) greater than 52 weeks	0	0	0
Discharge fax sent in 2 working days	98.0%	98.08%	98.94%
<b>Fixed submitted returns</b>			
8 Week referral to treatment (RTT) greater than 52 weeks	0	0	0
18 Week RTT less than 18 weeks - incomplete	92.00%	95.32%	95.57%
Mixed sex accommodation breaches	0	0	0
Completion of IAPT data outcomes	90.00%	94.10%	96.58%
Ethnicity coding	90.00%	87.59%	93.75%
NHS number	99.00%	100.00%	100.00%
Care Programme Approach (CPA) 7 day follow-up	95.00%	96.11%	96.44%

## Comments on performance

Generally the Trust has continued performing highly during 2015/16, with all Monitor targets achieved throughout the year and with 35 of the 41 indicators exceeding target levels at year end. A data quality strategy based on active monitoring and exception reporting supports the Trust in maintaining these levels.

### CPA seven day follow-up

The Trust attempted to follow-up all patients discharged from our wards within seven days of discharge and over the course of 2015/16 we successfully followed up 97% of patients on CPA within seven days.

### Crisis gatekeeping

Every admission to our adult acute wards was gate-kept by our crisis teams prior to admission. This ensured that all admissions were appropriate throughout the year.

### Discharge correspondence to GPs within two working days

In over 99% of cases GPs were sent key information within two working days of a patient being discharged from our wards.

There are several areas where the Trust is focused on improving our performance:

### Consultant outpatient appointment 'did not attends' (DNAs)

In October 2015 the Trust switched from an 'opt-in' to an 'opt out' approach to receiving text message reminders for outpatient appointments. As a result we have seen a reduction in the level of DNAs (at the time of writing) to 12.8% against the threshold of 15%.

### Outpatient letters

Progress continues to be made on improving the speed of sending outpatient letters to GPs. An action plan and improvement trajectory was agreed with our commissioners in November 2015 and to date performance has exceeded trajectory.

## 3.7 Benchmarking

### 3.7.1 Results of our community patient survey

We use national surveys to find out about the experiences of people who receive care and treatment.

The 2015 survey of people who use community mental health services involved 55 NHS Trusts in England (including combined mental health and social care trusts, foundation trusts and community healthcare social enterprises that provide mental health services). The results provide valuable benchmarking information for trusts to compare.

For each question in the survey, the individual responses are converted into scores on a scale from 0 to 10. A score of 10 represents the best possible response and a score of zero the worst. The higher the score for each question, the better the trust is performing.

A 'section' score is also provided, where the scores for each question are grouped according to the sections of the questionnaire - for example, 'health and social care workers' and 'organising care'. Set out in the table below is our score for each section and the highest and lowest score that trusts achieved.

Section Title	Our score	Lowest trust score achieved	Highest trust score achieved
Health and social care workers	7.8	6.8	8.2
Organising care	8.4	7.9	9.1
Planning care	7.0	6.1	7.6
Reviewing care	7.5	6.8	8.2
Changes in who people see	6.4	4.7	7.5
Crisis care	6.1	5.1	7.2
Treatments	7.4	6.3	7.9
Other areas of life	5.4	3.9	5.8
Overall views of care and services	7.2	6.4	7.7
Overall experience	7.0	6.2	7.4

**Key:**

**Amber = about the same:** the trust is performing about the same for those particular questions in that section as most other trusts that took part in the survey.

**Red = worse:** the trust did not perform as well for those particular questions in that section compared to most other trusts that took part in the survey.

**Green = better:** the trust is better for those particular questions in that section compared to most other trusts that took part in the survey.

**Comments on our results**

Each trust received a rating of better, about the same or worse on how it performs for each question, compared with most other trusts. For each of the questions we achieved amber when benchmarked, indicating we are about the same as other Trusts. There was only one question which had significantly worsened when compared to the results of 2014 and that was:

“Has someone from NHS mental health services supported you in taking part in an activity locally?”  
In 2014 we scored 5.9 out of 10 and in 2015 we scored 4.5.

In summary we had an average performance across the board, with one worsening area. One significant improvement was in response to the question:

“Other treatments and therapies for those who received treatments or therapies other than medicine, being involved as much as they wanted in deciding what treatments or therapies to use.” In 2014 we scored 7.0 out of 10 and in 2015 we scored 7.9.

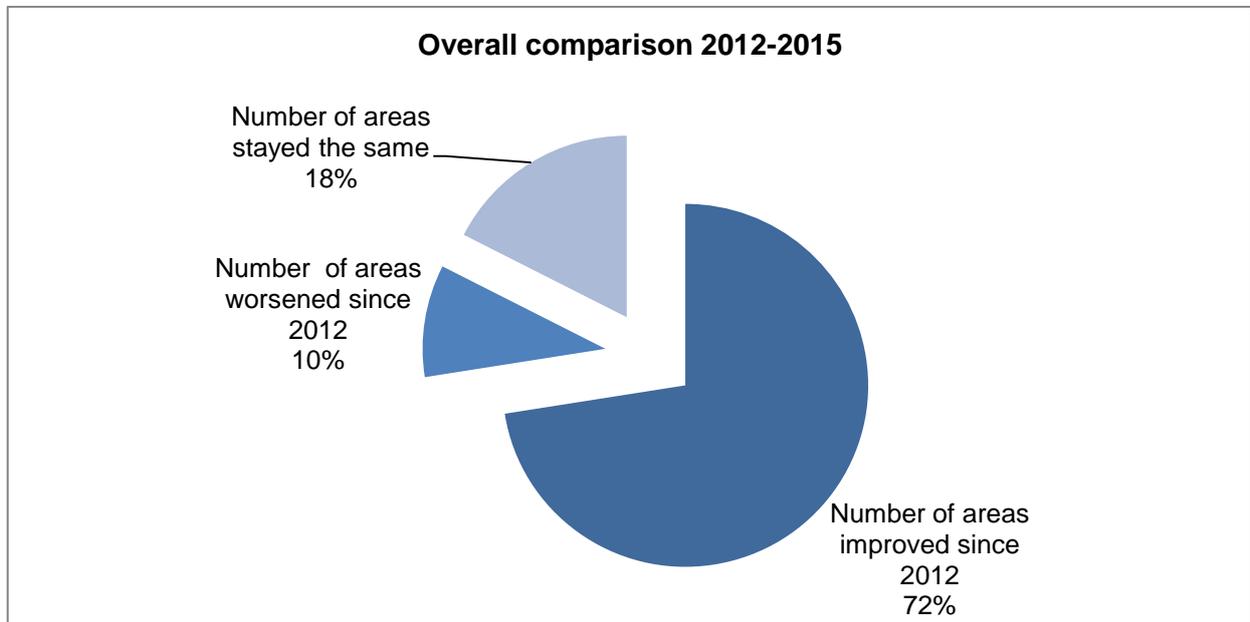
Our Patient Experience Committee, which has service receiver and carer membership, has completed action plans for both the community and inpatient survey and progress is monitored by our Quality Committee.

**3.7.2. Results of our 2015 inpatient survey**

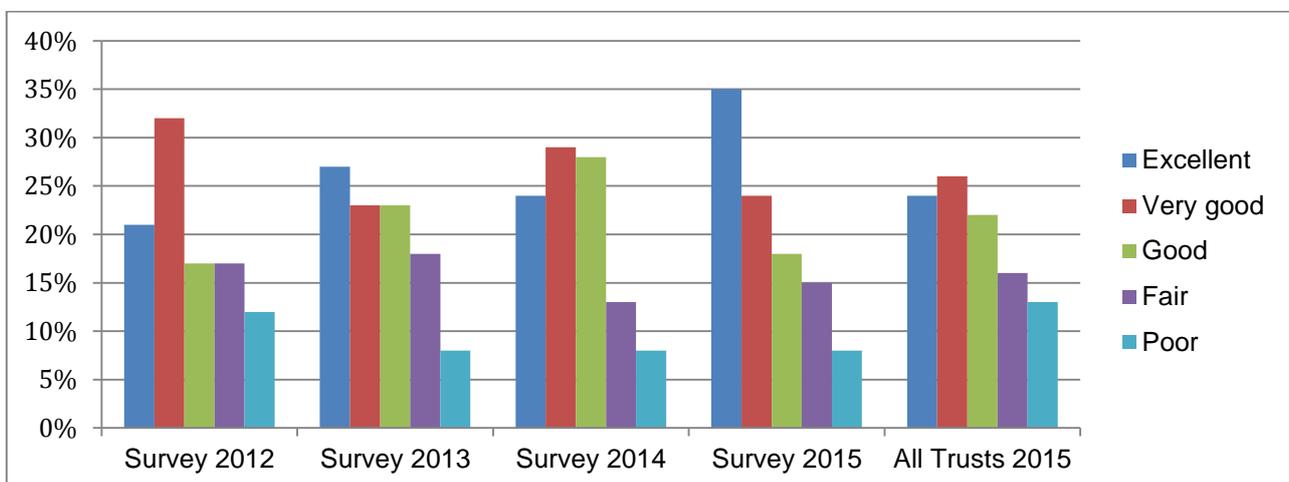
This survey is conducted voluntarily by the Trust in addition to the Community Survey, which is conducted and published by the CQC annually. The survey is conducted by an external provider who undertakes the surveys on behalf of trusts in England. As the inpatient survey is voluntary, not all trusts continue to conduct it and consequently the benchmarking number of responses is lower (18 Trusts) than for the Community Survey. The number of respondents to our 2015 survey was 83 people.

The final response rate was 26%. 41% of respondents were male and 59% female. Ages of respondents ranged from 16 to 'over 65' but the number of respondents over 65 was only two people. 87% of respondents stated their ethnic background as 'British'.

We compared the results to our 2012 survey results. Of the 40 questions analysed in this report 29 (72%) have improved results compared to the 2012 Inpatient Survey, 4 (10%) have worse results, 7 (18%) have remained static to within 1%, and 5 (16%) are not applicable to measure.



The chart below shows the results for overall care year on year:



### Areas of positive feedback

Overall our inpatient survey demonstrates significant improvements in the last three years. Staff working in these areas should be proud of these results and we thank them for their hard work and commitment to improving the quality of care they provide to our service receivers and their families.

- Patients have felt welcomed onto the ward. Their views on the quality of hospital food have improved to above the benchmarks of other trusts by 9% in 2015. This confirms the accuracy for our patient led assessment of the care environment (PLACE) results for 2015, where the Hartington Unit scored 92.01% for food and the Radbourne Unit 95.05%. More patients required help with their home situation and received this help from staff

- Overall, over the period, patients have felt satisfied with our staff. For both psychiatrists and nurses in 2015 all the scores are higher than for comparable trusts. All the areas have either improved or stayed the same when compared to 2012; no area has worsened in terms of patient satisfaction. The areas with the biggest improvement since 2012 were ‘nurses listening to patients’ and ‘patients having confidence in the nursing staff’
- There has been a big improvement in explanations about medicines, with a 19% increase in patient satisfaction, but there is more work to do on explaining the side effects. The availability of activities in the evening and weekends has improved by 11%. Physical healthcare shows an improvement since 2012 but a decrease of 6% since the 2014 survey. This survey may be slightly early for the effects of the commissioning for quality and innovation (CQUIN) agreements to be fully realised.

We are pleased with the positive results but we know we have more work to do.

#### **Areas of priority for action planning are:**

- Noise on the ward at night and ensuring patients feel safe on the ward. Although above the benchmark for other trusts by 7%, results for 2015 are 2% lower than in 2012
- Physical healthcare
- Explaining the side effects of medications
- Having the telephone number of someone from our services that patients can phone out of office hours – although this has improved since 2012, it is 10% below our comparators.

### **3.8 Maintaining quality**

#### **3.8.1 Measuring the impact of efficiency savings**

As the services develop, and continually strive to provide an improved service within a decreasing envelope, and as efficiency savings are incorporated, it is essential that we measure the impact on quality.

Using a IT system called Project Vision we evaluate each service change project to ensure that the changes are not detrimental to service quality, or at the very least that no aspect of service drops below acceptable standards, whether in clinical or in support services. We have reviewed the process this year to reconsider what metrics we use and how we measure them and we report this information to our Trust Board and our commissioners. In 2016 our new dashboards will be measuring our community capacity against demand and this will include our waiting list pressures.

### **3.9 Rewarding quality**

#### **3.9.1 Delivering Excellence Awards 2015 - winners announced**

The Trust held its Delivering Excellence Awards ceremony (16 November 2015) to celebrate some of the outstanding achievements of our staff and volunteers, who were nominated by their colleagues and the public for their amazing work over the last year.

The shortlisted individuals were invited to attend a 1940s-themed afternoon tea ceremony at the Centre for Research & Development on the Kingsway Site, with a spread laid on by our Catering team. The inspiring and heart-warming stories about the efforts of the winners to deliver the Trust values were shared on camera by those who had taken the time to nominate them.

And the winners were...

### **Compassion in practice award**

#### **Laura Boyle, Nursing Assistant - Cubley Court**

Nominated by the daughter of a service user for being “a great support to mum and the family as a whole... She always has time to talk about what mum has been like when she has been on shift. She is always smiling and bubbly. Nothing is too much trouble, no matter what the question or task. It is obvious she cares very much for the patients and I feel that when she is around my mum I know she is well looked after.”

### **Efficiency award**

#### **Alison Reynolds, Clinical Team Manager - Derby City CAMHS**

For leading on the development of a ‘single point of access’ for the child and adolescent mental health service (CAMHS) in the city, which has significantly reduced inappropriate referrals for specialist assessments and ensured a more integrated way of working, with a focus on prevention.

### **Innovation Award**

#### **Claire England, Lead Nurse - Crisis Team (North)**

For developing physical healthcare services for patients with severe mental health problems, achieved by securing a £62,000 Innovations Bid from the East Midlands Innovation Centre to implement physical health screening for patients being treated at home following an initial crisis assessment.

### **Inspirational leader award**

#### **Claire Biernacki, Service Manager - Derby City**

For her “outstanding leadership” within the Trust’s older adult mental health services, including her “exceptional” people skills and compassionate and supportive approach to her colleagues.

### **Rising star award**

#### **Louise Haywood, Lead Nurse - LD Assessment, Treatment & Support team**

A qualified learning disability (LD) nurse for three years, Louise has developed links with the county-wide dental service to ensure improvements for LD patients and worked on a national research project to reduce anti-psychotic medication for patients with a learning disability. She has also acted as the on-call LD nurse.

### **Stigma/social inclusion award**

#### **Jackie Fleeman, Lead Strategic Health Facilitator - Learning Disabilities**

For developing a system that allows commissioners to compare the health of people with a learning disability (LD) alongside the rest of the population, and then lobbying commissioners, GPs and public health services to improve access to weight management services for people with LD.

### **Unsung hero award**

#### **Liz Edward & Rachel Robinson, Cashier/Welfare Officers, Finance**

For providing vital ‘banking’ services for patients, ensuring payments are received from family members or pension schemes, keeping patients informed of their balances and arranging for patients’ monies and valuables to be returned to families in the sad event that someone passes away in our care.

### **Volunteer award**

#### **Kate Smith, Volunteer - Derbyshire Early Intervention Service**

Kate has committed her time to lead the All Being Well art group, which encourages young people to use art as a form of self-expression. In addition she has supported the recreation team at the Hope & Resilience Hub at the Radbourne Unit, offering art workshops there. She also designed the hub’s logo and is involved in other projects within the Trust and at QUAD in Derby.

### Delivering Excellence Every Day (DEED) of the year award

#### **Craig Neesham, Community Psychiatric Nurse**

Winner of our DEED colleague of the month award for February 2015, Craig was put forward for the DEED of the year award. Craig walked through the snow to ensure a service user had the change in medication he needed. A couple of days later, he took an urgent referral from a GP and, as there were no medics available for a domestic visit, visited and made the assessment. The service user required an in-patient assessment and Craig arranged this, working four hours beyond the end of his shift.

### 3.9.2 Quality Visit Team Awards 2015:



Following a series of internal quality visits, a judging panel shortlisted 12 teams for the Trust's Delivering Excellence Team Awards 2015. The winners were announced on 7 December 2015 at a ceremony held in-house at the Centre for Research & Development on the Kingsway Site in Derby.

And the results were...

#### Effectiveness award

Joint winners:

- Finance department – for their outstanding service to our operational staff.
- I.M. & T & Records department – for innovations including the health rostering and the PARIS electronic patient record systems, and the quality of their records management.

Runner up:

- Early Intervention Service North – for their anti-stigma work in schools, discharge audits and for supporting staff to develop.

#### Patient experience award

Winner:

Derby City Recovery Teams 1 and 2 – for setting up a Connect for Wellbeing group that offers additional support, works within evidence-based practice and operates in a multi-disciplinary way; a 'Managing me' group, to help people cope emotionally; and a psycho-education group led by the consultant psychiatrist for patients, carers and families.

Runners up:

- ECT department, Radbourne Unit – for being well led, for having low numbers of incidents or patient safety issues, excellent infection control and external accreditation, and for achieving excellent standards.
- South Derbyshire Community Learning Disabilities Team – for their goal attainment scaling and their mindfulness training for staff.

## Patient safety award

Winner:

Specialist Behaviour & ADHD Service – for their waiting list management and exceptional leadership, and for being a very proud team pulling in one direction.

Runners up:

- CAMHS Derby City – for developing a single point of access, for tackling social inclusion and for empowering parents.
- Enhanced Care Ward, Radbourne Unit – for their high quality level of supervision, and their focus on physical healthcare and multi-disciplinary working.

## Team of the year award

Winner:

Chesterfield Central Locality Pathfinder and Recovery Team – for their Clozapine clinic, flexible approach to appointments and work with Chesterfield Football Club

Runners up:

- CAMHS Liaison Service at Royal Derby Hospital – for their consistent high quality care, team working and multi-agency working
- Derby City Substance Misuse Service – for their East European clinic harm reduction work, their embedding of Think! Family and their innovative approach to prescribing.

## Long service award

At the same ceremony, the Trust honoured staff that have recently completed 40 years' service. Present to collect their awards were:

- Carole Clay, senior nurse
- Clive Moore, maintenance technician.

## Annex statements from commissioners, local Healthwatch organisations, Health and Wellbeing Boards and Overview and Scrutiny Committees

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



Chesterfield Central Locality Pathfinder and Recovery Team

Healthwatch Derby  
The Council House  
Corporation Street  
Derby  
DE1 2FS



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

Ms Carolyn Green  
Director of Nursing & Patient Experience  
Derbyshire Healthcare NHS Foundation Trust  
Kingsway  
Derby  
DE22 3LZ

6<sup>th</sup> May 2016

Dear Carolyn

Re Quality Report 2015/2016

On behalf of Healthwatch Derby, I would like to present our formal response to Derbyshire Healthcare NHS Foundation Trust's Quality Report 2015/2016.

I would like to commend the Trust on its commitments to improve services having faced a challenging period, and we take note of all your key achievements despite these difficulties. It is difficult in an age of trial by media to remain positive and keep morale high, we are pleased the Trust is listening, adapting, changing and improving.

At Healthwatch Derby we are proud of our partnership work with the Trust, and are delighted to see our feedback, especially our Trend Analysis Overview Report feature as part of the Quality Report. A few observations about the report from us:

- We would like to formally note the positive working relationship between Healthwatch Derby & the Trust. We have always been welcomed, and the Trust has requested Healthwatch Derby to undertake further exercises in 2015/2016 to review services such as the Use of Restraint, and the Complaints Audit.
- It is important to note that the Trust has time and again demonstrated a willingness to listen and improve with input directly from patients and carers, as reported to Healthwatch Derby.
- We would like the Trust to consider making some amendments in a passage of the report, which has some factual inaccuracies quoted below:

"In 2014 Commissioners asked Healthwatch Derby, as an independent organisation to review our complaints handling. Healthwatch Derby is developing a survey and a review process to sample individuals who have used the Trust complaints process to review how was their experience and was it helpful. We continue to work positively with them and look forward to receiving this result of work, putting in places immediate response and looking at what we can learn and where we can improve"

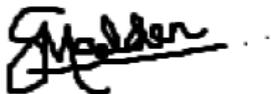
Please note it was in 2015 that Healthwatch Derby was commissioned to undertake two specific audits of Trust services - Complaints & Use of Restraint. Initial analytic reporting for the Complaints audit was completed and conveyed to the Trust in 2016, prior to the publication of the Quality Report. Healthwatch Derby alerted the Trust to early indicators, and is confident the Trust will take on board patient feedback to address any concerns that have been highlighted. Following the publication of the Quality Report, Healthwatch Derby has now submitted a full report into the Complaints Audit and is now awaiting responses. The Use of Restraint report is due.

In addition to the above, we feel some work we have done together is missing from the Quality Report. We have involved the Trust fully in our 'Little Voices' consultation into pregnancy, maternity, children's services 0 to 11 years. Our engagement team visited CAMHS and liaised with service professionals acquiring feedback about the service from a staff point of view - this was included in the full report for 'Little Voices'. The Trust was given an opportunity to respond to the report, however we have not received any responses. It is disappointing that this piece of work has not been included. If possible, we would like to see this work mentioned, as we feel it was a good partnership work opportunity, where the Trust made its services open and available for Healthwatch Derby to visit.

The above are some key observations from the Quality Report, and we are pleased to advise you that this year we received the full 30 day consultation period to respond. We look forward to another year of continued successful partnership, with work already underway to complete the Use of Restraint audit.

If you would like any further information about this response or wish to have a further discussion please do not hesitate to contact me directly.

Yours Sincerely



Samragi Madden  
Quality Assurance & Compliance Officer  
Healthwatch Derby



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“Healthwatch Derbyshire collects experiences of health and social care services, as told by patients, their families and carers. These genuine thoughts, feelings and issues that have been conveyed to Healthwatch Derbyshire form the basis of this response.

“During this period, Healthwatch Derbyshire has heard about services delivered by Derbyshire Healthcare NHS Foundation Trust in a number of different ways. We have carried out several pieces of themed engagement to explore specific topics, collecting the experience of people with learning disabilities when using health services, and hearing experiences of using Child and Adolescent Mental Health Services (CAMHS). This engagement has been drawn together into reports, published on the Healthwatch Derbyshire website. Derbyshire Healthcare NHS Foundation Trust has responded to the recommendations made in each report, and these responses can be found in all the reports published.

“Additionally, Healthwatch Derbyshire has drawn together the individual comments received about the Trust into an annual information summary, which can be found on the Healthwatch Derbyshire website under the ‘Our Work’ section.

“The Annual Information Summary covers the 45 comments received by Healthwatch Derbyshire about the Trust, collected from either general engagement activity or volunteered to us by people calling, emailing or using the Healthwatch Derbyshire website to share their experiences.

“Out of the 45 comments received, 28 were negative, 9 were positive and 8 had a mixed sentiment, i.e. had both a positive and negative element.

“The comments received cover a range of services with 22 comments relating to adult mental health, 10 relating to Child and Adolescent Mental Health Services (CAMHS) and 5 relating to gaps in service. This flags occasions when people have spoken about services that have perceived gaps either within them, or between services.

“The most recurrent negative themes were access to a service, waiting times and involvement and engagement. The most recurrent positive themes were staff attitudes and quality of treatment.

“It should be remembered that this information contains comments from a relatively small number of patients and so should be seen in the wider context of patient experience at the Trust as reported in this Quality Account.

“Healthwatch Derbyshire would like to thank Derbyshire Healthcare NHS Foundation Trust for their timely and thorough responses to comments which are then, when possible, fed back to patients.”

## Derby City Health and Wellbeing Board

*“On behalf of the Derby City Health and Well Being Board, Derby City Public Health acknowledges the progress that has been made within each of the quality improvement priorities during the period 2015/16. We welcome the Trust's commitment to embed the clinical regulations as outlined by the CQC into the everyday work of their clinical teams. We acknowledge that this has been a difficult year for the staff and those who use or care for someone who uses the Trusts services. Going forward we are assured that the Trust will ensure its governance systems are strengthened and improved.”*

## Comments from Chair of the Health Scrutiny Committee

*“The Health Scrutiny Committee is pleased to receive the Quality Report for Derbyshire Healthcare NHS Foundation Trust for 2015/16 and Members have noted the information it imparts. The Committee will take the opportunity, over the coming year, to monitor the activities and progress of the Trust and both support and challenge the Trust as appropriate.”*

## GOVERNORS' RESPONSE TO QUALITY REPORT 2015/16

11 May 2016

“The Governors were pleased to be involved in the review of the draft quality report 2015/16. The views of the governors were collected by responses to five questions. The answers to each question have been collated and used as the basis for this collective response by governors.

### Question 1

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

“Our response:

*Overall, we thought that the priorities were right. We would also recommend:*

- *Including waiting times to measure responsiveness and*
- *A priority to inspire our staff to be more healthy and active.*

### Question 2

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

“Our response:

*We would like to recommend that future reports should measure:*

- *Focusing on the quality of places and processes and how these impact on the health and wellbeing of patients and staff.*
- *Health checks for our staff*
- *Waiting times on referrals to other departments/clinicians/organisations*
- *Quality improvements in ‘out-lying’ departments*

**Question 3****What do you think of the overall content of the report?**

“Our response:

*The overall content of the report is good in that it not only provides statistics, but also includes the details of our ‘Excellence Awards’, and our Research involvement. These sections give a better ‘flavour’.*

*We would welcome more co-construction of plans for quality with people with experience and their contribution more clearly indicated from the start. Also more focus of staff wellbeing and health, especially obesity and physical activity.*

**Question 4****What areas or subjects do you feel we should include more information on?**

“Our response:

*It would be good to see the Trust consider more forthrightly how the Trust’s environments and processes can be enhanced and improved to promote staff wellbeing, not least reducing stress or threat culture.*

*We recommend future reports include embedding prevention through strong partnership working especially primary care within the neighbourhoods. In addition we would like to see more information around support for staff engagement and development.*

**Question 5****Do you have any other comments regarding the content of the Quality Report?**

“Our response:

*We considered that the overall content provides a decent report. In future reports we would like to see improvements in the performance on outpatient letters. We noted positively that the report is clear, well written and offers good examples of excellent practice.*

**John Morrissey**

On behalf of the Governors

## **Comments from NHS Hardwick Clinical Commissioning Group**

“Thank you for inviting us to comment on the Derbyshire Healthcare NHS Foundation Trust’s Quality Account for 2015/16. Hardwick Clinical Commissioning Group (HCCG) welcomes the opportunity to provide the narrative on behalf of all local Commissioning Groups in Derbyshire. We have reviewed the account and would like to offer the following comment:

*NHS Hardwick CCG has completed its review statement in accordance with the National Health Service (Quality Accounts) Amendment Regulations 2012 and is pleased to confirm that the necessary data requirements have been included and as far as can be determined the commentary and data presented are an accurate and honest reflection of progress made at Derbyshire Healthcare NHS Foundation Trust in improved service delivery and patient outcomes. This is a clear and well- structured Quality Account and outlines the key service areas and achievements and developments across the year.*

*We note that the Trust has identified a number of areas which require further work and will be carried across into 2015/16. Following the outcome of external reviews by independent and regulatory bodies there are a number of recommendations which have been combined into the governance improvement plan. The plan focuses on the improvement of the effectiveness of the Board, development of a new organisational strategy and HR structure and will be monitored through the Commissioners Quality Assurance Group meeting and Quality Committee.*

*During 2015/16 the trust continued to implement changes as a result of engagement and learning from others. Suicide prevention and the continued reduction wherever possible have led to the organisational improvements such as the implementation of Electronic Patient Records, co-hosting a World Suicide Prevention Day and ‘Blue Light’ staff alerts. This key piece of work remains a key commitment for the Trust and commissioners in 2016/17.*

*Overall there has been a decline in the NHS Staff survey results with recognised areas of improvement. Whilst the majority of staff continue to say they would be happy for their friends or relatives to receive care from the trust there has been a 8% drop in staff who would recommend the trust as a place to work.*

*The development of key work streams within the community has seen a number of positive outcomes including the Erewash Mental Health Innovation Project and DEED scheme developing an integrated approach to caring.*

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

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

## Statement of Directors' responsibilities in respect of the quality report

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

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

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

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2015/16;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2015 to June 2016
  - Papers relating to Quality reported to the Board over the period April 2015 to June 2016
  - Feedback from the commissioners dated 06/05/16
  - Feedback from governors dated 11/05/16
  - Feedback from Local Healthwatch organisations dated 29/04/16 and 06/05/16
  - Feedback from local authorities dated 12/04/16 and 12/05/16
  - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 12/05/16
  - The [latest] national patient survey 21/10/15
  - The [latest] national staff survey 22/03/16
  - The Head of Internal Audit's annual opinion over the trust's control environment dated 24/05/2016
  - CQC quality and risk profiles dated 01/04/15 to 31/03/16.
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)) as well as the standards to support data quality for the preparation of the Quality Report (available at [www.monitor-nhsft.gov.uk/annualreportingmanual](http://www.monitor-nhsft.gov.uk/annualreportingmanual)).

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

By order of the Board



Richard Gregory, Interim Chairman  
24/05/16



Ifti Majid, Acting Chief Executive  
24/05/16

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 DHCFT

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