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1 April 2014

Mahroof Hussain
Overview and Scrutiny Committee
Derby City Council
The Council House
Corporation Street
Derby
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Dear Mahroof

I am pleased to enclose a hardcopy of draft one of the Trust's Quality Account/Report for the year ending 31 March 2014. It would be really helpful if you could let me have any comments you may have (with our Head of Quality, Clare Grainger copied in) by 30 April 2014 at the latest. If you are unable to provide me with any comments could you please inform me.

Yours sincerely



Carolyn Green
Executive Director of Nursing & Patient Experience

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**Derbyshire Healthcare NHS
Foundation Trust**

Draft 1

Quality Report 2013/14

Statement by the Chief Executive

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

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

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

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

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

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

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

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

We will be developing, refining and renewing our focus on clinician and patient reported outcome measures. We will use nationally identified outcomes patient reported experience measures to measure the impact of what we do, and how experiences of our service users

has improved as a result of our care. We need to continue our excellent work and strive to use this information both clinically and at a wider organisational level to share best practice and identify any potential areas that require further analysis, action or support.

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

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

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

Steve Trenchard
Chief Executive
1 April 2014

Statement of accuracy

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

Steve Trenchard

INTRODUCTION

Our approach to quality healthcare

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

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

The Trust Board derives assurance on the quality of its services through the use of a wide range of methods. The Board uses Monitor's Quality Framework to appraise the quality arrangements in place and commissions auditors to carry out routine reviews of the quality of our governance. Informal methods have also been developed such as inviting regular patient testimonies at Board meetings and a minimum of one Board member has participated in each of over 90 quality visits. This provides real time assurance of the quality of our service delivery through the voice of our staff, patients, carers and their families. We have worked hard to ensure the environments in which we care for our service users are clean and welcoming. This year we demonstrated strong performance in the Trust's first Patient Led Assessment of the Care Environment (PLACE) inspection - which replaced PEAT (Patient Environment Action Team) – and will endeavour to continue this performance throughout 2014/15.

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

1.1 Quality improvement priorities 2014/15

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

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

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

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

PATIENT EXPERIENCE

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

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

Celebrating our work with carers

We work closely with carers and carer organisations to develop and improve the way in which we work with carers and families. The Trust facilitates 4E's Committee (Equality, Engagement, Experience, and Enablement) and a Carers Group, who inform and guides us about the needs of carers, and has regular attendance at the North Derbyshire Mental Health Carers Forum. During Carers Week in June, we celebrated the important role of carers through events in Derby and Chesterfield. Trust representatives, carers and our partner organisations came together to celebrate the work of carers around the Trust, Making Space provided a 'singing for the brain' session for family members with dementia in Derby, and Toby Perkins MP opened our Chesterfield carers event.

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

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

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

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

PATIENT EXPERIENCE

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

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| Why we chose this as a priority? | Hearing the voice of our patients is very important to us. We call this indicator the golden question as it asks one simple question: <i>"How likely is it that you would recommend this service to friends and family?"</i> In 2013/14 we extended the question to all older adult inpatients from wards 1 and 2, over 65s on Pleasley ward, Health Visitor clinics, inpatient and community perinatal services, planned discharges from Substance Misuse services, and a recovery team. |
| What did we aim to do? | We aimed to increase our score to +65 for positive feedback. We will use the results to celebrate our successes and use all feedback to promote improvements. |
| How well did we do? | Our score for 2013/14 is +68. We have also trialled the question in our Health Visitor clinics and results have been very positive with a score of +70. |
| How did we compare to other mental health trusts? | We are not able to benchmark our scores against other mental health trusts as this quality improvement was not mandated in 2013/14. However from April 2014 all mental health trusts are required to implement the Friends and Family test. |

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| What do we aim to do next? | In line with the new national requirements we will continue to focus on this as a priority in 2014/15 for all services we provide. The extension of the Friends and Family test to staff will ensure staff have the opportunity to feedback their views of the organisation at least once a year. |
| How this priority will be monitored and reported in 2014/15? | This will remain as one of our priorities for 2014/15. Reports will be provided to the Quality Committee, the Board of Directors and to commissioners. The responsible officer for this priority is the Executive Director of Nursing and Patient Experience, as the Board of Directors Lead for Quality. |

Our Health Visiting staff celebrates their success

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

Friends and family results 2013/14:

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

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

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

EFFECTIVENESS

We said we would establish a Research and Development (R&D) Centre (see detailed report in section 2)

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| Why we chose this as a priority? | Our ambition is to achieve a national reputation for driving research into practice to enhance quality, improve patient outcomes and improve the experience of those who use our services. |
| What did we aim to do? | In 2013/14 we wanted to establish two centres of excellence. |
| How well did we do? | The research centre opened in April 2013 with a Centre for Compassion, followed by Centre for Dementia in August 2013. We delivered compassion awareness training to staff in our Learning Disability Services, Southern Derbyshire Clinical Commissioning Group and to the Amber Trust. We also held an international compassion conference in 2013. |
| How did we compare to other mental health trusts? | See section 2 of this report |
| What do we aim to do next? | We will consolidate our initial centres and review our centres of excellence up to 2015. Our Medical Director, as the executive lead, is overseeing this important work and is championing our research portfolio, working with his team on new ideas and innovations. The R&D strategy is being refined and in early 2014 will be released for consultation. We would like our internal Trust training to centre on embedding the outcome from research, audit and service evaluation into real time training increasingly delivered in a multi-disciplinary way. |

EFFECTIVENESS

We said we would improve our patients' physical healthcare

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

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| | meet the objective that more people will have good physical health. |
| How this priority will be monitored and reported in 2014/15? | This will remain as one of our priorities for 2014/15. Reports will be provided to the Quality Committee, the Board of Directors and to commissioners. The responsible officer for this priority is the Executive Director of Nursing and Patient Experience, as the Board of Directors Lead for Quality. |

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

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

"I was encouraged to continue favourite hobbies, drawing, being outside in fresh air - in the garden" (Older People's ward)

"I feel the gym scheme has really been beneficial to my recovery in a physical and mental health way" (Mother and Baby unit)

In the Occupational Therapy and Recreation Centre at the Hartington Unit, all patients are offered healthy lifestyle advice as part of the Occupational Therapy assessment and interventions. Specific health promotion activities include gym instruction and support, which includes tailored exercise programmes for mood and mental wellbeing. Partnership working with the healthy lifestyle hub in the community enables recovery pathways to exercise on discharge and people are supported to attend. Chair based exercise is offered 3 times a week. Gardening as an activity is offered in season and foods grown are used in cooking. Cooking skills address balanced meals and healthier options and the staff team work with service users on the unit who offer ideas about improving their physical health whilst staying on the unit.

PATIENT SAFETY

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

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| Why we chose this as a priority? | The safety of our patients and staff will always be paramount to the Trust. |
| What did we aim to do? | We aimed to ensure all our environments were clean and free from infection. |
| How well did we do? | We are very proud of the high standards we continue to achieve and the comparatively low rates of infection we see. There have been no ward closures as a result of norovirus type illness in the period April 2013 – February 2014. Individual suspected cases have been well managed on wards with minimal clinical impact and no evidence of cross infection. Surveillance of healthcare associated infections (HCAI alert organisms) has seen no cases of MRSA bacteraemia between April 2013 – February 2014 (0 reported in 2012/13) and 0 cases of <i>Clostridium difficile</i> in the same |

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| | <p>time period (one in 2012/13).</p> <p>Cleaning scores, measured against the national standards of cleanliness, have continued to meet the nationally defined 'excellent' standard in clinical areas across the year.</p> <p>Patient Led Assessment of the Care Environment (PLACE) inspections replaced PEAT for the first time, with continued strong performance.</p> |
| What do we aim to do next? | We aim to continue to achieve these high standards of safety and cleanliness in our environments. |

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

The Francis Report was published at a time when our organisation launched a new set of Trust values, applicable to all staff across the Trust. The values resonated with many of the outcomes of Francis, with an emphasis on developing a culture of compassion within the workplace, to better equip ourselves to deliver improved and more compassionate care. We wanted to ensure that the recommendations of the Francis Report were shared with and owned by all facilities staff, in a way that demonstrated the impact the team has on supporting clinical staff to deliver safe, effective and compassionate services but also their own individual role within the patient's journey. The staff were provided with an overview of the findings and then each member of the team looked at how they could contribute to these recommendations - to ensure that clinical staff were supported to meet their requirements and that our patients had a positive experience.

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

Concerns, compliments and complaints

What we achieved this year

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

Face to face meetings are routinely offered for concerns and at the start and/or end of the formal investigation process. If we are unable to resolve complaints satisfactorily people are

advised of their right to contact the Health Service Ombudsman who can investigate complaints on their behalf.

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

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

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

So far we have recorded 800 compliments this year.

What we did not achieve this year

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

How we will go the extra mile in 13/14

We will work hard to significantly reduce the average timescales of complaints handling and to lessen the number of deadlines that are extended.

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

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

We hope to continue providing 'Reflecting on the Patient Experience' training for clinical staff.

We will remove sub-subjects and theme feedback at source so the analysis is more meaningful. We will also theme the actions taken as a result of the investigations and produce action plans for the key themes to ensure we target and improve key areas.

How we have and will continue to monitor and report

Reporting of concerns, complaints and compliments will be by main subject and then by theme.

All responses to complaints are reviewed and signed off by the Chief Executive Officer.

Telephone conversations and meetings with complainants will continue to be offered with investigating officers, Chief Executive or Executive Directors.

Monthly reporting will continue through the Quality Committee. Quarterly reports will feed into the Deep Dive report for each area. Quarterly reporting to the General Managers will continue.

Our focus on quality through our on internal priority areas and CQUINS

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

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

Our existing key priorities in 2014 /15

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

| Safety | Patient Experience | Effectiveness |
|-----------------------|--------------------------|---------------|
| •Physical Health Care | •Family and Friends Test | |

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

both of which are commissioning for quality and innovation payments (CQUIN) for 2014/15

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

| Safety | Patient Experience | Effectiveness |
|---|--|--------------------|
| •Preventing suicide •Force Free Futures - to safely reduce the use of restrictive practices, including seclusion, on our acute inpatient wards | •Think! Family •A Recovery focused organisation | •Clinical outcomes |

Safety:

Preventing suicide

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

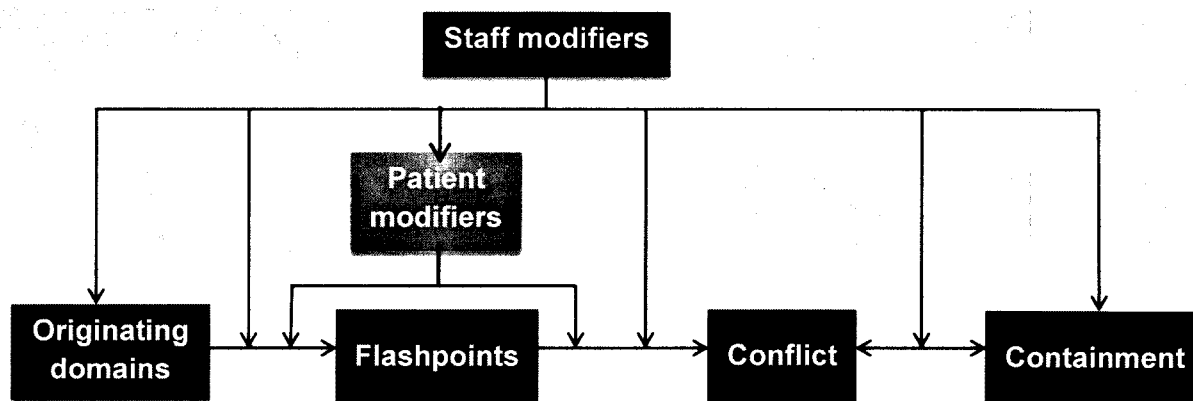
There will be comprehensive work over two years looking at suicide and learning from serious incidents. With our partners who provide care across Derbyshire, , we will be developing our innovative approaches to the prevention of suicide, using service user and carer input into the design of our training,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

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

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



Safe wards model simple form



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

Patient Experience:

Think! Family

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

In 2014/15 we will measure our practice across all services, to include the following areas, training, supervision, recording and communication. Best practice within our children's services will be shared with other parts of our organisation and year on year improvements will be agreed in partnership with our commissions.

A recovery focused organisation

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

Effectiveness:

Clinical outcomes

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

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

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

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

Statements of Assurance from the Board

2.1 Review of services

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

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



Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to us on the quality of care in 100% of our NHS services.



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

2.2 Participation in clinical audits and national confidential enquiries

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

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

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

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

National clinical audits

1. *National audit of schizophrenia*
2. *POMH-UK. The national Prescribing Observatory for Mental Health (POMH-UK) Topic 4b - Prescribing anti-dementia drugs*
3. *POMH-UK. Topic 7d - Monitoring of patients prescribed lithium*

4. *POMH-UK. Topic 10c - Use of antipsychotic medication in CAMHS*
5. *POMH-UK. Topic 13a - Prescribing for ADHD Attention deficit hyperactivity disorder (ADHD)*
6. *POMH-UK. Topic 14a - Prescribing for substance misuse: alcohol detoxification (data collection to be completed in 2014/15)*

National confidential enquiries:

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

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in during 2013/14 are as follows:

National clinical audits National Audit of Schizophrenia

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

National Confidential Enquiries

1. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2013/14, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

| Title | Cases required | Cases submitted | % |
|--|----------------|-----------------|------|
| <i>National audit of schizophrenia</i> | | | |
| • Audit of practice | 80 | 98 | 123% |
| • Service user survey | 44 | 44 | 100% |
| • Carer survey | 30 | 30 | 100% |
| <i>POMH-UK. Topic 4b - Prescribing anti-dementia drugs</i> | 186 | 186 | 100% |
| <i>POMH-UK. Topic 7d - Monitoring of patients prescribed lithium</i> | 77 | 77 | 100% |

| | | | |
|---|-----|-----|------|
| <i>POMH-UK. Topic 10c - Use of antipsychotic medication in CAMHS</i> | 40 | 40 | 100% |
| <i>POMH-UK. Topic 13a - Prescribing for ADHD</i> | 121 | 121 | 100% |
| National confidential inquiry into suicide and homicide by people with mental illness | 6 | 6 | 100% |

Review of four national reports resulted in the following improvements

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

- ***National audit of psychological therapies***

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

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

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

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

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

- **POMH-UK audit topic 4b - Prescribing anti-dementia drugs (to be updated)**

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

Review of 15 local reports resulted in the following improvements

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

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

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

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

This was a further re-audit of a commissioner contract CQUIN requirement. This re-audit demonstrated that high levels of compliance were continuing to be achieved in all quality standards measured and patients are receiving improved physical health assessments and care. This year this included support for improved cancer screening attendances where relevant, through partnership working with primary care. As part of the development processing of co-working, individual CCGs and GP practices continue to be supported as part of the 'Healthy body healthy mind' programme, in conjunction with local Recovery teams.

Improving services for newly diagnosed dementia patients

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

Core Care Standards audit

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

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

Audits of hearing loss

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

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

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

Audit of PRN (Pro Re Nata the latin for As needed) protocols in residential settings (Learning Disabilities)

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

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

DoLS safeguards exist to provide a proper legal process and suitable protection in those circumstances where deprivation of liberty (DoL) appears to be unavoidable in a person's best interests. This audit was carried out to assess compliance with DoLS procedures which include a referral for assessment for DoLS and the DoL authorised, or urgent authorisation put in place while assessment is pending, or decision otherwise justified in the record. As a

result of this audit, documentation for a 'best interest decision checklist' is being produced and implemented to support capacity assessment and associated best interest judgements for patients with dementia on inpatient wards. Capacity to consent to admission and treatment will be reviewed by medical/nursing staff at the point of admission and/or at multidisciplinary meetings, whenever clinically indicated for all inpatients on dementia wards.

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

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

2.3 Participation in clinical research

The number of patients receiving NHS health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2013/14 that were recruited during that period to participate in research approved by a research ethics committee was 1,527 (as at the end of February 2014).

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

Anxiety Symptoms Prevention Investigation (ASPI) - University of Sussex

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

Enhanced Relapse Prevention (ERP) online - Lancaster University

Individuals with bipolar disorder (BD) typically experience periods of extreme high and low mood (mania and depression). BD is treated with medication, yet many people continue to experience relapses. Enhanced Relapse Prevention (ERP) is a psychological approach developed and found to be effective in reducing relapse and improving functioning in BD.

Limited NHS resources restrict the availability of face to face ERP. This study will translate ERP into an interactive web resource (ERPonline), which has the potential to increase accessibility. Patients receiving services within our Trust have had the opportunity to take part in this study. The main purpose of this study is to assess the feasibility and acceptability of ERPonline. Individuals with BD who have had three relapses in their lifetime, with one falling in the past two years are invited to take part. Half will use ERPonline for 12 months alongside current treatment, and their outcome compared with the other half, who will receive current treatment only. Some participants who have used ERPonline will be invited to an interview to provide feedback on whether ERPonline is an acceptable intervention they want to use. Friends or health professionals of participants, who have chosen to be involved in the intervention as a way of understanding their experiences of this process, may also be invited to interview.

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

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

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

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

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

A proportion of Derbyshire Healthcare NHS Foundation Trust's income in 2013/14 was conditional upon achieving quality improvement and innovation goals agreed between Derbyshire Healthcare NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012/13 and for the following 12 month period are available online at: <http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/openTKFile.php?id=3275>

Derbyshire Healthcare NHS Foundation Trust's income in 2013/14, conditional upon achieving quality improvement and innovation goals was (to be updated). A monetary total received for the associated payment in 2012/13 was (to be updated).

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

Derbyshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions".



The Care Quality Commission has not taken enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2013/14. Derbyshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

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

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

Outcome 21 (Regulation 20): Records.

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

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

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

2.6 Information on the quality of data

Derbyshire Healthcare NHS Foundation Trust submitted records during 2013/14 to the secondary uses service for inclusion in the hospital episode statistics, which are included in the latest published data.

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

99.8% for admitted patient care (based on April-November published dashboard)

100% for outpatient care (based on Apr-Nov published dashboard)

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

99.9% for admitted patient care (based on Apr-Nov published dashboard)

100% for outpatient care (based on Apr-Nov published dashboard)

2.7 Information Governance Toolkit attainment levels

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

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

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

Implementation of a Data Quality Policy

The Trust's Data Quality Policy will continue to be implemented:

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

2.8 Reports against a core set of indicators

2.8.1 Seven day follow up

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

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

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

Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this, and so the quality of its services, by ensuring the high performance is maintained and that all patients are followed up.

| Indicator | End of 12/13 | End of 13/14 | National average | Highest and lowest scores |
|---------------------|--------------|--------------|------------------|---------------------------|
| Seven day follow up | 99.39% | 97.99% | 97.6% | 100% 92.5% |

2.8.2. Crisis gatekeeping

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

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

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

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

| Indicator | End of 12/13 | End of 13/14 | National average | Highest and lowest scores |
|--------------------|--------------|--------------|------------------|---------------------------|
| Crisis gatekeeping | 98.88% | 97.45% | 98.4% | 100% 90.7% |

2.8.3. 28 day re-admission rates (aged 15 and over)

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

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

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

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

| Indicator | End of 12/13 | End of 13/14 | National average | Highest and lowest scores |
|--|--------------|--------------|------------------|---------------------------|
| 28 day re-admission rates for patients 15 and over | 4.99% | 7.68% | 11.96% | 14.77% 8.33% |

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

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

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

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

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

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

- Create a compassionate culture across the organisation, firstly by identifying the characteristics of such a culture which will assist in understanding success
- To design a framework that supports decision making closer to direct patient care and create autonomous teams
- To design a process that facilitates all of our workforce undertaking a value based assessment over the next three years

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

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

2.8.5. Patient safety incidents and the percentage that resulted in severe harm or death (awaiting data to update this section)

2.8.6. Community Patient Survey results 2013 (awaiting data for this section)

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

Please see part one of this report for further details.

3.2 Progress against selected quality indicators in 2013/14

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

| Trust Performance Dashboard | Target | End of year March 2013 | End of year March 2014 |
|--|--------|---------------------------|---------------------------|
| Monitor Targets | | | |
| CPA 7 Day Follow Up | 95.0% | 99.39% | 98.00% |
| CPA Review in last 12 Months | 95.0% | 98.56% | 95.80% |
| Delayed Transfers of Care | 6.8% | 0.50% | 1.46% |
| Data Completeness: Identifiers | 99.0% | 99.53% | 99.30% |
| Data Completeness: Outcomes | 90.0% | 97.62% | 97.76% |
| Crisis Gate Keeping | 95.0% | 99.04% | 97.45% |
| Early Interventions New Caseloads | 95.0% | 108.00% | 122.50% |
| NHS Outcomes Framework | | | |
| CPA HoNOS Assessment in last 12 Months | 90.0% | 92.49% | 93.20% |
| CPA In Paid Employment | 8.0% | 11.34% | 11.90% |
| CPA Employment Status | 90.0% | 99.96% | 99.83% |
| CPA Settled Accommodation | 90.0% | 99.98% | 99.85% |
| Under 18 Admissions To Adult Inpatient Facilities | 0.0 | 4.0 | 3.0 |
| Data Completeness: Identifiers | 99.0% | 99.53% | 99.30% |
| Mixed Sex Accommodation Breaches | 0.0 | 0.0 | 0.0 |
| Data Completeness: Outcomes | 90.0% | 97.62% | 97.76% |
| Locally Agreed | | | |
| Consultant Outpatient Appointments Trust Cancellations | 4.0% | 3.21% | 2.83% |
| Consultant Outpatient Appointments DNAs | 15.0% | 14.64% | 14.11% |
| CPA 7 Day Follow Up (all Inpatients) | 95.0% | 98.75% | 97.60% |
| Discharge Letters Sent in 5 Working Days | 90.0% | 54.79% | 28.66% |
| Discharge Letters Sent in 10 Working Days | 100.0% | 80.99% | 59.61% |
| Outpatient Letters Sent in 10 Working Days | 90.0% | 71.11% | 58.20% |
| Outpatient Letters Sent in 15 Working Days | 100.0% | 86.59% | 75.33% |

| Trust Performance Dashboard | Target | End of year March 2013 | End of year March 2014 |
|--|--------|---------------------------|---------------------------|
| Schedule 4 Contract | | | |
| CPA Review in last 12 Months | 90.0% | 92.31% | 96.98% |
| Patients Clustered not Breaching Today | 99.0% | 85.44% | 89.93% |
| Patients Clustered Regardless of Review Dates | 100.0% | 56.34% | 95.74% |
| Discharge Fax Send in 5 Working Days | 90.0% | N/A | 100.00% |
| Discharge Fax Send in 10 Working Days | 100.0% | N/A | 100.00% |
| Complex Needs: Assertive Outreach Clinician Caseload | 12.0 | 10.3 | 11.0 |
| Delayed Transfers of Care | 6.8% | 0.26% | 0.66% |
| Delayed Transfers of Care - Rehab | 6.8% | 0.00% | 1.30% |
| Deputy Care Co-ordinator Assignment | 90.0% | *98.6% | 97.90% |
| 18 week RTT Less Than 18 weeks - Incomplete | 92.0% | 95.99% | 98.23% |
| 18 week RTT Less Than 18 weeks - Non-Admitted | 95.0% | 96.30% | 97.87% |
| Early Interventions New Caseloads | 126.0 | 148.0 | 118.0 |
| C. Difficile New cases (In-Patient) | <10 | 2 | 0 |
| MRSA New Cases (in-patient) | <5 | 0 | 0 |
| Schedule 6 Contract | | | |
| CPA Settled Accommodation | N/A | 94.68% | 92.40% |
| Average Community Team Waiting Time (Weeks) | N/A | 5.01 | 4.97 |
| Inpatient 28 Day Readmissions | 10.0% | 4.99% | 7.68% |
| Crisis Home Treatments | N/A | 1,650 | 1,453 |
| LD Patients in Contact with Teams | NA | 17.21% | 26.95% |
| Assertive Outreach Caseload | N/A | 254 | 253 |

Comments on performance

General performance of the Trust during 2013/14 has continued to be good, with 35 of the 42 indicators exceeding the target level. A Data Quality Strategy is being developed, based on active monitoring and exception reporting, which supports the Trust in maintaining these levels. There are however seven areas (four of which concern letters) where the Trust is focused on improving our performance. These are specifically examined below;

Under 18 admissions:

All three of the admissions of children to adult services were appropriately reported and investigated. All were found to have been necessary and, in the best interests and welfare of the young person, appropriate interventions to maintain the safety of these Children in our Adult care. We provided a team around the child approach with or Child and Adolescent Services in-reaching into our inpatient care, and provided a structured care plan, with safeguarding at the forefront of their care with increased levels of support and intervention to the families and these individuals.

As an organisation we do not recommend the use of adult facilities for Children. Currently however, Derbyshire has no in county Tier 4 beds or commissioned services such as ring fenced assessment/alternative care pathway models available in our immediate local community. We have received feedback from our parents and individuals that travelling out of our county for access to this type of provision is not the preferred model.

Letters:

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

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

PbR (Payment by Results) now known as the National Tariff Payment System (NTPS) clustering:

The Trust is performing favourably when compared with the national picture in this area, with the latest NHS Benchmarking Network report stating that around 80% of mental health inpatients were clustered. In comparison, at the end of January 2014 the position was that 97.8% of our inpatients were clustered. The Associate Clinical Directors continue to review clustering through one to one meetings with individual consultants.

3.3 Performance against key national indicators set by our regulators

As a Foundation Trust we are required to comply with our terms of authorisation. The Care Quality Commission do not set any quality indicators, however the Trust is required to comply with the standards of safety and quality under the Health and Social Care Act and regulations act. This information supports the Trust's ongoing status of being fully registered as a provider without any conditions.

| Target or Indicator | Target | 2013/14 | Achieved / Not Achieved |
|--|--------|---------|----------------------------|
| Maximum time of 18 weeks from point of referral to treatment in aggregate, non-admitted patients | 95.00% | 97.87% | Achieved |
| Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways | 92.00% | 98.23% | Achieved |
| Community care data completeness - referral to treatment information completeness | 50.00% | 92.31% | Achieved |
| Community care data completeness - referral information completeness | 50.00% | 72.08% | Achieved |
| Community care data completeness - activity information completeness | 50.00% | 83.23% | Achieved |
| Care Programme Approach (CPA) patients receiving follow up contact within 7 days of discharge | 95.00% | 98.00% | Achieved |
| Care Programme Approach (CPA) patients having formal review within 12 months | 95.00% | 95.80% | Achieved |
| Minimising MH delayed transfers of care | ≤7.5% | 1.46% | Achieved |
| Admissions to inpatient services had access to crisis resolution / home treatment teams | 95.00% | 97.45% | Achieved |
| Meeting commitment to serve new psychosis cases by early intervention teams | 95.00% | 122.50% | Achieved |
| Data completeness, MH: identifiers | 97.00% | 99.30% | Achieved |
| Data completeness, MH: outcomes for patients on CPA | 50.00% | 97.76% | Achieved |

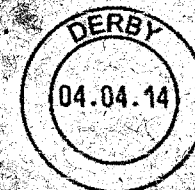
Our progress this year has been strong, with many indicators exceeding the target set. The targets are challenging and staff in operational services are to be commended on their commitment and hard work to ensure these targets have been met throughout the year.

Never events

What we achieved this year

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

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