Quality Report 2016/17

Draft 1 March 2017

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Part 1:
Statement on quality from our Acting Chief Executive

I am pleased to present our Quality Report for the financial year 2016/17. 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 coming year. This is an annual report on the quality of care provided by us, and in it we note our formal regulatory requirements as well as examples that have made our organisation proud.

I would like to start this report by saying thank-you to all our staff, for their commitment, professionalism and expertise. These are difficult times in the NHS and our Trust is not spared from these difficulties. Recruiting staff is ever more challenging and demand for our services continues to rise. In spite of this, you will see that our performance in core indicators continues to be robust.

Whilst it might be that our visit from the Care Quality Commission (CQC) could dominate this report, it is important to remember that none of our quality practice or quality improvement planning has been done just for the CQC. It has been done because we have shared the CQC's ambition for us to provide the best quality care for the population that we serve. I can only say how impressed I was that in every contact with the CQC, our staff were always reported as being caring. I was not surprised by this, but it is always heartening when it is recognised by others.

The domains of Safe, Effective and Responsive were assessed as 'requires improvement' by the CQC in June 2016. Since then, much work has been undertaken to improve these and we continue to work on improving the consistency of the quality around how we learn from incidents, care planning, how we assess and record mental capacity, and how easy it is for people to access some of our services. Over the course of the year there has been a definite improvement in the quality of our services, something that was clear from our own internal audit processes, and recognised by our regulatory bodies during subsequent visits with three services areas being positively re-graded. It is a testament to the hard work of our staff that our warning notices were lifted in March 2017.

We have committed to changes around how we approach governance and leadership in the Trust through our Governance Improvement Action Plan (GIAP). This plan centred on a number of key themes and throughout the year, the Trust has demonstrated progress and compliance with this plan and provided regular updates to NHS Improvement.

We are part of the local Sustainability and Transformation Plan (STP), and I am pleased that senior staff and leaders have engaged in and contributed to this process, as part of the overall aim of organisations working together to improve the health and wellbeing of the people of Derbyshire.

Our next step, recognising the specific challenges that lie ahead, is the shift from a focus on monitoring and compliance around the quality of what we deliver, to embedding this and making sure it becomes business as usual. I am confident in the ability of our staff in achieving this.

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

Ifti Majid
Acting Chief Executive
1 April 2017

Part 2:
Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement in 2017/18

The report is required to start with a description of the areas for improvement in the quality of relevant health services that the Trust intends to provide or sub-contract in 2017/18.

Quality priority and why this has been set nationally	The measure	How it will be monitored and reported
Well led **Trust wide** 1 a) **NHS Staff Health and Wellbeing-** through a number of health related behaviour modifications **1a Staff survey- HR and teams** **1b Sugary snacks and food- led by Estates** **1c Flu vaccinations** Staff wellbeing is a particular priority, as the vehicle through which all quality care is subsequently delivered. This provides clear expectations of how we approach both the physical and the mental health of our	**Achieving a 5 percentage point improvement in two of the three NHS annual staff survey questions** on health and wellbeing, MSK and stress. Year 1 (17/18) The 5 percentage point improvement should be achieved over a period of 2 years, with the baseline survey being the 2015 staff survey. Year 2 (18/19) The 5 percentage point improvement should be achieved over a period of 2 years, with the baseline survey being the 2016 staff survey. 1. Question 9a: Does your organisation take positive action on health and well-being? Providers will be expected to achieve an improvement of 5% points in the answer "yes, definitely" compared to baseline staff survey results or achieve 45% of staff surveyed answering "yes, definitely". 2. Question 9b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Providers will be	This is led by the staff well-being service Each senior leadership team and each integrated Quality Leadership Team (QLT) and senior operations team group will 1. Review its Staff survey for this area 2. Write an improvement plan in partnership with wellbeing leads and make active progress in this area 3. Achieve the CQUIN for the area and contribute to the Trust achieving 100% in this area overall

staff.	expected to achieve an improvement of 5% points in the answer "no" compared to baseline staff survey results or achieve 85% of staff surveyed answering "no". 3. Question 9c: During the last 12 months have you felt unwell as a result of work related stress? Providers will be expected to achieve an improvement of 5% points in the answer "no" compared to baseline staff survey results or achieve 75% of staff surveyed answering "no".	
	1b The banning of price promotions on sugary drinks and foods high in fat, sugar or salt	Estates led, reduce and cease all offers as per guidance in any facility in a trust setting
	1c Improving the uptake of flu vaccinations for frontline clinical staff within Providers. Year 1 - Achieving an uptake of flu vaccinations by frontline clinical staff of 70% Year 2 - Achieving an uptake of flu vaccinations by frontline clinical staff of 75%	H/R led- Staff well-being service. Flu campaign Positive leadership and communication by the infection control team and the Senior leadership team
Effective **Adult Mental Health** b) **Improving physical healthcare to reduce premature mortality in people with serious mental illness (PSMI)** Assessment and early interventions	**Cardio metabolic assessment and treatment for patients with psychoses** For 2017/18 To demonstrate cardio metabolic assessment and treatment for patients with psychoses in the following areas: a) Inpatient wards. b) All community based mental health services for people with mental illness (patients on CPA), excluding EIP services.	This is led by the Physical health care committee Each senior leadership team Each integrated QLT and senior operations team group will support this CQUIN. • Contributing to the detailed CQUIN plan

offered on lifestyle factors for people admitted with serious mental illness (SMI).

There is clear recognition that people experiencing serious mental illness face reduced life expectancy of 15 to 20 years. This offers a clear approach as to how we can work in partnership with primary care colleagues to both monitor the physical health of this population, but also to ensure that they have access to relevant physical health intervention if physical health problems are identified or seen to be at high risk of developing.

c) Early intervention in psychosis (EIP) services.

And in addition, for 2018/19

To demonstrate positive outcomes in relation to BMI and smoking cessation for patients in early intervention in psychosis (EIP) services.

For 2017/18

The number of patients in the defined audit sample who have both:
i. **a completed assessment** for each of the cardio-metabolic parameters with results documented in the patient's electronic care record held by the secondary care provider.
ii. **a record of interventions** offered where indicated, for patients who are identified as at risk as per the red zone of the Lester Tool

Indicator 3b Collaboration with primary care clinicians
The number of patients in the audit sample for whom the mental health provider has provided to the GP*

An up-to-date copy of the patient's care plan/CPA review letter or a discharge summary which sets out details of all of the following:
i.   NHS number
ii.   All primary and secondary mental and physical health diagnoses
iii.   Medications prescribed and recommendations (including duration and/or review, on-going monitoring requirements, advice on starting, discontinuing or changing medication).

- Monitoring performance
- Taking action to raise and rectify clinical performance issues
- Achieve the CQUIN at 100 per cent performance for all sub sections

For 2018/19

For inpatient wards and community mental health services same as for 2017/18.

For early intervention in psychosis services, same as for 2017/18 plus
•EIP BMI outcome indicator

Inpatients
The sample must be limited to patients who have been admitted to the ward for at least 7 days. Inpatients with an admission of less than 7 days are excluded.

Patients on CPA in all community based mental health services
The sample must be limited to patients who have been on the team caseload for a minimum of 12 months.

For 2017/ 18

Patients within the defined audit sample who are subject to the CPA, and who have been under the care of the mental health provider for at least 12 months at the time of the defined audit period.

*To take place within the following time periods:
•   Within 48 hours for patients discharged as inpatients
•   Within 2 weeks for patients on CPA

	iv. On-going monitoring and/or treatment needs for cardio-metabolic risk factors identified, as per the Lester Tool. v. Care plan or discharge plan	
Safe **Adult Mental Health – liaison, Neighbourhoods and key services working in partnership** **c) Improving services for people with mental health needs who present to A&E** Ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E. in line with improvement in capacity in our community services and the continued positive work of our effective mental health liaison teams	**Mental health and acute hospital providers, working together** and, likely also with other partners (primary care, police, ambulance, substance misuse, social care, voluntary sector), to ensure that people presenting at A&E with primary or secondary mental health and/or underlying psychosocial needs have these needs met more effectively through an improved, integrated service offer, with the result that attendances at A&E are reduced. For 2017/18: 1. Reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable. For 2018/19: 1. Sustain the reduction in year 1 of attendances to A&E for those within the selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions. 2. Reduce total number of attendances to A&E by 10% for all people with primary mental health needs.	Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN. Define a selected cohort of frequent attenders Define an improvement plan and deliver on this plan **Year 1** 1. Identify the people who attended each A&E most frequently during 2016/17 (this is likely to be people who would usually attend A&E 10-15 times or more) 2. It is expected that cohorts will include at least 10-15 people per hospital site

Responsive **CAMHS and Adult Mental Health** d) **Transitions out of Children and Young People's Mental Health Services** To improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services	This CQUIN aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS). This CQUIN is constructed so as to encourage greater collaboration between providers spanning the care pathway. There are three components of this CQUIN: 1. **a casenote audit** in order to assess the extent of Joint-Agency Transition Planning; and 2. **a survey of young people's transition experiences** ahead of the point of transition (Pre-Transition / Discharge Readiness); and 3. **a survey of young people's transition experiences after the point of transition** (Post-Transition Experience).	Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN. • A specific jointly developed plan between CAMHS and Neighbourhoods • A joint lead • Joint reporting • Achieve the CQUIN for your area an contribute to the Trust achieving 100% in this area overall
Effective **Adult Mental Health- 18+ in-patient services** e) **Preventing ill health by risky behaviours – alcohol and tobacco** To support people to change their behaviour to reduce the risk to their health from alcohol and tobacco. This aligns well with the earlier 'improving	**The burden of excessive alcohol consumption** In England, 25% of the adult population (33% of men and 16% of women) consume alcohol at levels above the UK CMOs' lower-risk guideline and increase their risk of alcohol-related ill health. [1] Alcohol misuse contributes (wholly or partially) to 60 health conditions leading to hospital admission, due either to acute alcohol intoxication or to the toxic effect of alcohol misuse over time. Conditions include cardiovascular conditions, liver disease, cancers, depression and accidental injuries.[2] There are nearly 22,500 alcohol-attributable deaths per year.[3] Out of c3.7m admissions[4],	Each senior leadership team and each integrated QLT and senior operations team group will support this CQUIN. 1. Assess smoking status and offer smoking cessation. 2. Review automated / electronic patient records for compliance and submit reports 3. Staff training

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[1] http://digital.nhs.uk/catalogue/PUB16076
[2] http://www.hscic.gov.uk/catalogue/PUB13218/HSE2012-Ch6-Alc-cons.pdf

[3] Public Health England (2016), Local Alcohol Profiles for England. Available at: http://fingertips.phe.org.uk/profile/local-alcohol-profiles

physical healthcare' CQUIN.	c333,000 were admissions where an alcohol-related disease, injury or condition was the primary diagnosis or there was an alcohol-related external cause. These alcohol-related admissions are 32% higher than in 2004/05.[5] 9a **Tobacco screening** on admission 9b **Tobacco brief advice- smoking cessation** 9c **Tobacco referral** and **medication offer** 9d **Alcohol screening** 9e **Alcohol brief advice or referral**	and performance in offering brief advice/ and an offer of smoking cessation intervention 4. Number of unique, adult patients who are admitted and screened for alcohol consumption and results are recorded in patient's record 5. Percentage of unique patients who drink alcohol above lower-risk levels AND are given brief advice OR offered a specialist referral
Safe **G) Deliver specific NON CQUIN requirements** **Sign up to safety**	The trust has signed up to the **national patient safety campaign sign up to safety**. Provider will sign up to any national safety campaigns within an agreed timescale. **Sign up to Safety Campaign -** Provider has committed to **5 pledges and produced a Safety Improvement Plan**	This will be led by the Deputy Director of Nursing and Quality Governance and the Lead Professional for Patient Safety The 5 pledges will be the quality priorities and an integrated QLT plan
Effective **NICE guidelines**	**NICE Clinical Guidelines** The provider can demonstrate their position with regard **to implementation of all guidance with appropriate implementation**	Integrated QLT teams overseeing the work of their CRGS providing a monthly report

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[4] Admissions to acute, acute &community and acute specialist providers in 2014/15, excluding maternity and below 18s, based on HES data

[5] Statistics on Alcohol, England, 2016 (NHS Digital, 2016)

	plans and can demonstrate that risk assessments have been undertaken on any areas of non-compliance.	
Caring **Autism** All staff to have access to and undertake **autism awareness training**	Provision of autism awareness training package available to all staff. **Aspiring to achieve 50% of all staff** undertaken training by the end of 2017/18 to increase to 75% of all staff by 2018/19. Quarterly updates on progress against aspirational training figures as a % of total staff numbers to be presented Provision **of role specific training packages** to be made available to **relevant staff groups.** **Aspiring to achieve 15% of front line staff** undertaken training by the end of 2017/18 to increase to 25% by the end of 2018/19.	Education to lead Education provision Education commissioning Education reporting, monthly and quarterly performance reports Integrated QLT teams overseeing the work of their CRGS providing a monthly report

Our priorities for improvement from the 2015/16 Quality Report, and our progress against these:

Derbyshire Healthcare NHS
NHS Foundation Trust

Our quality priorities

Derbyshire Healthcare has defined its quality priorities, and these are connected to the needs of the local population and also reflect national priorities.

Our quality priorities for 2016/17 are:
- Improving the *physical healthcare* of our service receivers
- *Positive and safe* - minimising and reducing restrictive practices
- *Preventing suicide* - through patient safety planning
- Becoming a *person-centred and recovery-focused* organisation
- Embedding *Think! Family*
- Developing and maintaining *personalised care planning*
- Improving the *health and wellbeing of staff* (nationally defined ie flu jab uptake)
- Minimising clinical variation in the assessment and recording of *capacity and consent*
- *Developing clinical leadership* through our Quality Leadership Team (QLT) structures.

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

Quality priority	Our progress against this priority during 2016/17
SAFE SERVICES This is a national Commissioning for Quality and Innovation agreement (CQUIN). Our priority is **to improve the physical healthcare care** of our service receivers through checking various aspects of their physical health	We selected this because of the public health data that demonstrated the need to improve physical healthcare for all. Our carers and service involvement groups had informed us this was a priority for them to have an improved holistic model of care at our Quality Committee and were frustrated with health providers working in silos We were required to conduct an audit of 100 sets of case notes of patients known to the organisation for at least 100 days, currently being seen and on the Care Programme Approach (CPA) framework. This audit was conducted in Quarter 2 of 2016, with a further audit planned for end of year results. The available results are as below.

Case notes audit	Total % of sample met standard (total sample = 100)
Medication prescribed, incl. monitoring arrangements	95%
Mental health diagnosis included	100%
Physical health diagnosis included	67%
SMI register details included	48%
Cardio-metabolic risk factors identified	54%
Cardio-metabolic risk factors addressed in plan	74%
Care plan or discharge plan present? (letter acceptable)	95%
Evidence care plan / discharge plan sent to GP?	94%
Total compliant with all standards (where letters / notes convey details of all health issues and plans to treat and monitor)	53%

Recommendations from the audit were as follows:
- Feedback results of audit to clinical teams
- Continue to raise awareness of LESTER cardio-metabolic risk factors in clinical care
- Continue to embed the training programme to increase clinicians knowledge of physical health issues and common conditions (part of 2016/17 CQUIN requirements)
- Re-audit against standards, considering triangulation of information requested from primary care.

Our Substance Misuse teams are trialling a portable device for taking ECGs in the clinic or home setting, with early indications of this being a useful and clinically reliable device. We look forward to the full evaluation to see if this

	would work well in other clinical settings. **Delirium training in care homes** Delirium has been recognised as a growing issue for older adults, particularly people with dementia and particularly in care homes. The Trust have been working with key partners to address the issue of delirium – developing shared pathways of care and contributing to training initiatives. Between February and April 2017, we have been able to access funding to deliver delirium training in care homes across Derbyshire, and we hope that this will continue until June 2017. The training is targeted at all care homes and is flexible in mode of delivery to suit the staff group – in some cases registered staff but in many cases non-registered staff, and staff who provide ancillary services. The training has so far been delivered as far north as New Mills and as far south as Swadlincote.
SAFE SERVICES This is a local Commissioning for Quality and Innovation agreement (CQUIN). Our priority is to minimise **the risks of suicide** 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	Clinical risk assessments using the FACE risk tool were often based upon numbers rather than a qualitative person-centred and co-produced assessment of clinical risk and approach to how it is managed. One of our Consultant Psychiatrist colleagues, Dr Bethan Davies, suggested and designed a new model and our Serious Incident Group supported her idea. Current training performance at end of March is as below. _(table below)_
SAFE SERVICES Our **implementation of the Code of practice** and embedding contemporary mental health practice and specialist service CQUIN: Implementing our **Positive and Safe** Strategy to minimise and reduce restrictive practices	We selected this because of the national and particularly local lobbying by voluntary sector groups specifically Derbyshire Voice and Mental health Action Group to reduce the use of restraint and seclusion in our services and the need to improve our practices. We have a partnership with independent advocacy to offer debrief to all of our patients after any episode of seclusion. This is a recommended action from the NICE Guideline NG10. Our Seclusion Group continues to meet to drive forward progress in this area. This is a co-managed group with service users and staff.
Quality priority	**Why we have chosen this as a priority**
EFFECTIVE SERVICES This is a local CQUIN: **To embed our Think! Family**	Our Trust had a long term commitment to improve our practice in relation to a serious incident in the Substance Misuse service which resulted in a Serious Case Review. In

	Period	Plan	Actual
% of staff compliant with Clinical Safety Planning e-learning	Month	95%	93.97%

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

Think! Family

addition, our Trust had received feedback form North Derbyshire and South Derbyshire Carers' Forums that we were not always family inclusive in our practices, that we could do more.

Think! Family training – this has been extended until May 2017. A new training has been developed including the 'Think! Family' principles, in line with new research, and is being delivered alongside the original 'Think! Family' training. Training is commissioned one day per week currently, and our performance up to 31st January is as below:

Training Name	Target Group	Compliance
C Safeguarding Children Level 1 3 yearly	578	89.27%
C Safeguarding Children Level 1 once only	1827	95.40%
R Safeguarding - Children Level 2 3 yearly	398	81.91%
R Safeguarding - Children Level 2 once only	1540	91.75%
R Safeguarding - Children Level 3 3 yearly	1392	73.49%
R Safeguarding - Children Level 3 annual	327	82.87%
R Safeguarding - Children Level 4 annual	9	44.44%
R Safeguarding - Think Family Once Only	1735	78.21%

Think family outcomes

Since the Think! Family CQUIN has been in place there has been significant change of culture and practice within the organisation. This enhanced consideration of children and families is evidenced in team self-assessment questionnaires that were completed at the beginning of the CQUIN and again in August 2016, with a doubling of respondents from 52 to 106. The safeguarding children team have also had a considerable increased amount of advice calls from the adult teams regarding safeguarding children issues, which highlights that teams are considering the whole family more routinely. We have in the past highlighted examples of good practice via the Connect

	Newsletter, to share throughout the Trust.

Our safeguarding inspection also found that the Substance Misuse services had fully embedded Think! Family principles and evidence that this had been maintained through 2016

Innovations or new models
- A referral pathway is now in place between adult substance misuse and children's services in the city – children's services are now notified if a parent / carer accesses the adult service and they have children between the ages of 0-19
- New Family and carers strategy
- Family members and carers are involved on clinical interview panels to select the right calibre of family focused staff.
- Family and carers offers, such as 'Carers & Cakes', and the lived experience of our Family Liaison Team who have supported 148 families this year. |
| **EFFECTIVE SERVICES**
This is a quality priority and specialist service CQUIN: To become a **person centred and recovery-focused organisation.** The guiding principle is the belief that it is possible for someone to regain a meaningful life, despite mental illness | Our staff have been working over a number of years on person centred and recovery focused care, as we had received feedback from our regulators in Mental Health Act visits in 2015 that we were sometimes inconsistent with regards to this

THE CQC recognised our performance in this area and how the occupational therapy service demonstrated a strong commitment to quality improvement through the development of community partnerships. These included those with Chesterfield Football Club: the "Spireites Active for Life" courses; the local neighbourhood networks such as Killamarsh, Bolsover and Cross Hands and Cycle Derby; and a new initiative called "Growth", which involved using a piece of disused land by a social enterprise involving the whole community. These projects allowed patients to develop support networks within their local communities.

For additional information around this, please see the 'Effective' section of Part 3 of this document

Other examples include:
Within the CAMHS service, partnership work between a volunteer recovery champion and the rehabilitation occupational therapy service to develop a community based **Recovery College** was an equal partnership, which the volunteer described as a combination of experts by profession and experts by experience. This delivered courses based around Education, health, and wellbeing. |

	A staff member at Audrey House developed the "**Angling 4 You**" group for their patients. Following its success, the staff member sought additional funding so patients at Cherry Tree Close and those in the community could also access it.
	At **Audrey House**, all staff including the cooks, domestic staff, and the manager were involved in supporting patients, which made this a holistic and engaging environment.
	The **Children and Young People's Neurodevelopmental Team** improved services for neurodevelopmental issues including Attention Deficit Hyperactivity Disorder and Autistic Spectrum Disorder.
	The Cygnet Programme in the children, young people and families' service, a complex health and paediatric therapy service.
EFFECTIVE SERVICES This is a quality priority for us in 2016/17. Developing and maintaining **personalised care planning**	We established in our patient experience complaints that care and treatment and care planning were occasionally of concern, and we had received feedback from our regulators in Mental Health Act visits in 2015 that we were inconsistent in this area. It was also flagged in different areas during the June 2016 CQC inspection. **Performance** Cherry Tree Cottage was an area which had received feedback in its patients to improve personalised care planning. The team rose to the challenge and received positive feedback from their patients and the health regulator that this had improved. Care planning has been a focus throughout the organisation since the CQC inspection, and subsequent audits have shown an improving trend. .
EFFECTIVE SERVICES This is a quality priority for 2016/17. Our aim is to ensure that clinical variation in the **assessment and recording of capacity** and consent is minimised	EQUIP work around care planning (a research based approach) and PARIS changes (the electronic patient record) of the new care plan solution has helped to minimise clinical variation in the assessment and recording of **capacity and consent.** **Performance** We did not put in place an effective plan to fully clinically improve our practice in this area prior to our June CQC inspection. Although internal audit and the Trust had identified the challenges in this clinical practice area, the improvement work had not been sufficient or effective in

	time to improve our inconsistent practice. The moves form paper records to PARIS also negatively impacted on our consistent assessment and recording keeping. This was declared to the CQC prior to inspection and was a focus of their time with us. We continue to improve our practice in this area and our clinical recording keeping, the impact of our clinical advisory Podcast has been positive and we will continue to improve our practices in the SystmOne and PARIS electronic patient records.
WELL LED SERVICES Our aim is **to develop clinical leadership** through our Quality Leadership Team (QLT) structures	Our Trust had a traditional model of Clinical Reference Groups which were inconsistent in their focus and often considered areas of interest rather than a full quality governance model. The staff in these structures were given time to develop and grow and move from an advisory role to a modern quality monitoring model. It was evident and noted by independent auditors in our Well led inspection that the Quality Committee was 'acting down' into operations and performance, rather than setting strategy and assurance. It was evident that the clinical tactical and clinical operational level required further development. This theme was also found in the June 2016 CQC inspection We did not put in place an effective plan to fully improve clinical leadership and progress had been slower than we had envisaged. In 2017 we are making significant headway with our clinical and operational integrated QLTs becoming fully operational and are now performing. We have some further business as usual improvements in one section of our services, but we are seeing significant work of these teams in our in-reach meetings. **Innovations or new models** In our well-led inspection it was recommend that we put in place a subcommittee to the Quality Committee, to drive clinical performance. The Trust Management Team has been operational since January 2107 and is fulfilling that requirement.
CARING SERVICES This is a new national CQUIN about staff well-being **The aim is to improve the health and wellbeing of NHS Staff**	Examples of how we have approached this include how the Trust has launched the 'Works Perks' staff platform, to promote physical health opportunities in partnership with Derby Teaching Hospital and Chesterfield Royal Hospital, and we have ongoing negotiations about partnership working around this with Derbyshire Community Health Services Trust. Discounts have been agreed with County

	Council Leisure gyms, a 'Bike to work' scheme has been promoted, we now have rapid access to physiotherapy assessment, staff have continued to access the Employee Assistance Programme for mental health support, and Mindfulness courses have been running for staff. With regards to healthy eating, all full sugar drinks and sweet flavoured waters are now banned in the Trust's coffee shops and vending machines. In the coffee shops and the restaurant, all chocolate from near to tills has been removed and replaced with healthier options. The Catering Department does not sell large size products nor does the Trust have promotional offers. In vending machines, healthy options are available including fruit salads and healthy snacks. There is still some work to be done around having healthy options for staff working nights.

2.2 Statements of assurance from the board

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.

During 2016/17 Derbyshire Healthcare NHS Foundation Trust provided and/or sub contracted four relevant health services. The 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.

Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents [*figure available after the end of March*] % of the total income generated from the provision of relevant health services by Derbyshire Healthcare NHS Foundation Trust for 2016/17

Clinical Audits & National Confidential Enquiries

Participation in clinical audits and national confidential enquiries

During 2016/17 four national clinical audits and no national confidential enquiries covered relevant health services that Derbyshire Healthcare NHS Foundation Trust provides

During that period Derbyshire Healthcare Foundation Trust participated in four (100%) national clinical audits, 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 2016/2017 are as follows:

National clinical audits

1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 1g & 3d: Prescribing high-dose and combined antipsychotics

2. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 7e: Monitoring of patients prescribing lithium

3. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 11c: Prescribing anti-psychotic medication for people with Dementia

4. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 16a: Rapid tranquillisation

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in during 2016/2017 are as follows:"

National clinical audits

5. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 1g & 3d: Prescribing high-dose and combined antipsychotics

6. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 7e: Monitoring of patients prescribing lithium

7. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 11c: Prescribing anti-psychotic medication for people with Dementia

8. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 16a: Rapid tranquillisation

The national clinical audits and national confidential enquiries that the Trust participated in, and for which data collection was completed during 2016/2017, 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	%
1g & 3d: Prescribing high-dose and combined antipsychotics	130	130	100
7e: Monitoring of patients prescribing lithium	188	188	100
11c: Prescribing anti-psychotic medication for people with Dementia	251	251	100
16a: Rapid tranquillisation	16	16	100

The reports of no national clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust in 2016/17, and the Trust intends to take the following actions to improve the quality of healthcare provided

"The reports of two national clinical audits are currently being devised and will be reviewed by Derbyshire Healthcare NHS Foundation Trust in 2017:"

Title	Status
1g & 3d: Prescribing high-dose and combined antipsychotics	Data will be submitted by the end of March 2017 & a report produced five to six months after that. An action plan will then be produced
7e: Monitoring of patients prescribing lithium	A Trust specific bespoke slide set is due by the 9th of March 2017. On receipt of this an action plan will be produced
11c: Prescribing anti-psychotic medication for people with Dementia	Work on the action plan is currently underway
16a: Rapid tranquillisation	A report isn't expected before May 2017

The reports of 20 local clinical audits were reviewed by the Derbyshire Healthcare NHS Foundation Trust provider in 2016/2017 and as a result, the Trust 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 2016/17:

Nutrition risk screening re-audit

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 a validated tool - Malnutrition Universal Screening Tool (MUST), 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.

The re-audit was also to ensure that the screening is repeated as appropriate (low risk - repeat screening monthly, medium risk - repeat screening between weekly to monthly using clinical judgement, and high risk - repeat screening weekly) and that nutrition support should be offered to all service users identified as at medium or high risk of malnutrition e.g. care plan developed, referral to dietician.

Following this audit, the action plan being implemented is around improving care for our patients by ensuring that: training is ongoing at ward level to support staff completing nutritional risk screening using the MUST form on the PARIS electronic care record; nutrition and hydration teaching sessions that is delivered to inpatient nursing staff to be updated to incorporate completing nutritional risk screens electronically; the Nutrition and Dietetics Team work with the PARIS team to improve electronic nutritional screening including visual layout, additional support for staff, electronic alert system to prompt named nurse to repeat screening. The Physical Care Committee will seek assurance around the use of the MUST tool at The Kedleston Unit, and the Trust will continue to review the choice of approved nutritional risk screening tool for use in a mental health setting that will identify other nutritional risk factors e.g. obesity, cardiovascular disease and anti-psychotic medication in addition to malnutrition. There is no nationally used nutritional screening tool validated for use within a mental health setting. The Nutrition and Dietetics Team at Derbyshire Healthcare NHS Foundation Trust have begun to work on a draft tool which requires a validation study.

Confidence of Junior Doctors carrying out Seclusion Reviews

This audit reviewed whether the Trust seclusion guidance (2016) and that of the Department of Health (Positive and Proactive Care) seclusion guidance are being adhered to.

As a result, areas for improvement were identified including development of an Electronic Patient Record seclusion review proforma. Overall training around seclusion is to be revisited, with inclusion of a range of teaching methods in order to cater for a group with varied preferred learning styles. Training is to be repeated in all doctor induction teaching, i.e. in August and February for core trainees, and August, December and April for the General Practitioner Vocational Training Scheme and Foundation trainees. A brief survey is to be conducted at the end of the training course asking respondents to rate confidence and understanding of their role and the survey is to be repeated by the Junior Doctor cohort after the completed cycle of training.

Documentation of capacity and consent for patients subject to Community Treatment Orders (CTO) under the Mental Health Act (1983)

This audit looked at compliance levels in relation to the documentation of whether the registered carer discussions with a patient are appropriately documented, whether the registered carer explained the treatment options, whether the CTO 11/12 forms were correctly completed and filed and if changes were recorded.

Improvements in practice have been achieved through working on implementing a system that can promptly notify community Consultant Psychiatrists that patients are being discharged on a CTO, so that a review appointment can be arranged as a matter of priority. Findings of the audit have been disseminated to consultants to influence change in practice and to clarify the specific criteria for robust

documentation of capacity and consent to treatment. This also includes the use of a template, similar to that used on wards, to support this. It has been agreed in the Trust's Mental Health Act Committee to merge the forms being used for documentation of capacity and consent to treatment for patients subject to either Section 58 of the Mental Health Act (consent to treatment) or CTOs.

Local re-audit of POMH-UK Topic 9: Anti-psychotic prescribing in people with a learning disability

This local re-audit audit was undertaken to establish whether progress and implementations from the original audit had improved compliance levels. The previous audit cycles focused on estimating the prevalence of prescribing of antipsychotics, antidepressants & mood stabilisers in people with a learning disability, under the care of mental health services, providing the Trust with a description of psychotropic drug prescribing in this population beyond antipsychotic medication (e.g. anti-depressant or anti-anxiety medication), giving the Trust a better assessment of the quality of medication review in this population.

An action plan addressed poor compliance by suggesting the development of a standardised clinical letter template with headings and prompts to support comprehensive entries in the care records by the Learning Disability Psychiatrists.

All 20 reports of local clinical audits which have been reviewed in order to improve the quality of healthcare are listed below:

1.   Nutritional Risk Screening Re-Audit
2.   POMH-UK Topic 15a Local Re-Audit - Prescribing Sodium Valproate on Inpatient Wards
3.   On call Response Time Re-Audit
4.   Re-audit of Discharge documentation from Outpatients Department
5.   Families' knowledge of and contribution towards their safeguarding plan
6.   Crisis Team Discharge Summaries
7.   Confidence of Junior Doctors carrying out Seclusion Reviews
8.   Adherence to guidelines for STI screening in CSA Examinations
9.   Is the physical well-being of patients with an eating disorder assessed adequately in line with current guidelines?
10. Section 17 leave documentation re-audit
11. Timing of GP letters for self harm assessment in Liaison Team (South)
12. Audit of Assessments of Capacity to Consent to Antipsychotic Treatment in Dementia
13. Patient Awareness of Smoke free Trust Status
14. Documentation of capacity and consent for CTO patients
15. AKI (Acute Kidney Injury) in Old Age Psychiatry: are we identifying high risk inpatients?
16. Self-harm in Older Adults in DHFT; Liaison North
17. Physical health handover on discharge in patients newly commenced on antipsychotic medication
18. Face Risk and Care Plan
19. Management and discharge of opiate related admissions to Royal Derby Hospital
20. Local re-audit of POMH-UK Topic 9: Anti-psychotic prescribing in people with a learning disability

Participation in clinical research

The number of patients receiving relevant health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2016/17 that were recruited during that period to participate in research approved by a research ethics committee is 1,478 as at 29th March.

Some of the notable (NIHR) portfolio studies we have hosted in 2016/2017 include:

ATLAS – A pragmatic randomised double-blind trial of Antipsychotic Treatment of very LAte-onset Schizophrenia-like psychosis
EQUIP – Enhancing the Quality of User Involved Care planning in Mental health Services. Clinical Cluster Randomised Controlled Trial & Process Evaluation
BDR – Brains for Dementia Tissue Bank
REACT – An online randomised controlled trial to evaluate the clinical & cost effectiveness of a peer supported self-management intervention for relatives of people with psychosis or bipolar disorder: Relatives Education And Coping Toolkit
MGI – Molecular Genetic Studies Of Bipolar Disorder & Mood related Episode
MADE – Minocycline in Alzheimer's Disease Efficacy Trial
ADR – Molecular Genetics of Adverse Drug Reactions
DPIM – DNA Polymorphisms in Mental Health
PPiP – Prevalence of Pathogenic Antibodies in Psychosis
IDEAL – Improving the Experience if Dementia & Enhancing Life: Living Well with Dementia
LonDowns – The London Down's Syndrome Consortium: An Integrated Study of Cognition & Risk for Alzheimer's Disease in Downs Syndrome
CODES – Cognitive behavioural therapy vs standardised medical care for adults with Dissociative non-Epileptic Seizures: A multicentre randomised controlled trial
TRANSFORM – Trial of Rapid-Acting Intranasal Esketamine for Treatment-Resistant Major Depressive Disorder
SUSTAIN – Safety & Sustenance of Esketamine Treatment Response With Repeated Doses at intervals Determined by Symptoms Severity
MARQUE – A Naturalistic Two-year Study of Agitation & Quality of life in Care Homes
EOAD Genetics – Detecting Susceptibility Genes for late-Onset Alzheimer's Disease
SPRING – Defining the Disturbance in Cortical Glutamate & GABA Function in Psychosis, its Origins & Consequences
MATCH – People with Autism Detained within Hospitals: Defining the Population, Understanding Aetiology and Improving Care Pathways
REMISSIO – a 52-Week, Open label, prospective, multicentre, International Study of a Transition to the Paliperidone Palmitate 3-Month Formulation in patients with Schizophrenia Previously Stabilised on the Paliperidone Palmitate 1-Month Formulation
PRAISED – Promoting Activity, Independence & Stability in Early Dementia
INVEST – Psychosocial Therapy to Benefit Patients with Parkinson's-related Dementia: A feasibility & Exploratory Pilot Study
4MT – Predictors of Progression from Mild Cognitive Impairment to Dementia

4MT – the 4 mountains Test of Spatial Memory for Diagnosis of Early Alzheimers Disease: an Evaluation of Diagnostic Specificity
HOPE – How Being Obliged, Prepared & Willing Influences Family Carer Wellbeing Autism Spectrum Cohort – Learning about the Lives of Adults on the Autism Spectrum & their Relatives
N-CAT – National Survey of Child Anxiety & Treatment Access
DECIDE – Dementia Carers Instrument Development
LOAD – Late Onset Alzheimer 's Disease

Additional information related to the research & clinical audit activity at the Trust's Research & Development Centre

The centres contained within the Centre for Research & Development reflect the 3 chosen areas of scientific interest for the Trust. These are the Centre for Compassion, the Centre for Dementia & the Centre for Self-Harm & Suicide Prevention Research. The NIHR (National Institute for Health Research) Portfolio Team host a range of high quality national & international academic & commercial research studies that are held on the NIHR Portfolio.

Centre for Self-harm and Suicide Prevention Research Activity 2016/17

We work to embed a culture that values research and development as a core skill, leading to research implementation into practice, evaluation of change programmes and innovations, together with a culture of increased activities to share and disseminate learning in order to make an impact on wider communities. We have strong, well established links into a wide array of our Trust's clinical services (e.g. Liaison teams, Crisis teams, CAMHS teams, substance misuse teams) and have set up research networks to reach across the Trust, which supports the following:

- Enables evidence based practices
- Relevant research findings and service developments from international sources are regularly shared with the Liaison and CAMHS Liaison teams e.g. emails containing key findings and clinical implications, research display board containing latest relevant research
- Created and co-ordinate the East Midlands Self-harm and Suicide Research Network (EM-SRN) to facilitate the sharing of evidence, experience and support.
- Support and inform the development of suicide awareness training (and it's evaluation) e.g. mandatory training for all Derby Teaching Hospital nursing staff and all Derbyshire Healthcare clinical staff.

Need based research:
We support and drive the identification of local need and the implementation of service changes and innovations. For example:
- Liaison and CAMHS Liaison team clinicians are continuously supported to get as involved as they wish in research studies. Many service relevant innovative ideas come from within the teams and we support them to make changes happen e.g. Mind the Gap study.

- Other Trust staff projects supported this year include: Section 136 follow up study, peer delivered self-harm support, drug related deaths, smoking cessation and ageless psychiatry
- We also support trust staff to develop their critical thinking and research skills. For example, this year we have supported clinical colleagues under medical or higher degrees, peer review articles, literature searches, ethical applications.

Evaluation of practices and services, for example:
- Working with the Patient Safety team and Mortality group to improve the recording and interpretation of suspected suicide deaths
- Support clinical teams to record and capture their clinical and activity data in a reliable and consistent way so that it can be used contemporaneously to inform ongoing service evaluations and developments, as well as reliably report on KPIs to CCGs.
- Services supported in this this year include: Liaison teams, Eating Disorder Service, Psychotherapy Services,

Strong partnership working
We have a strong international reputation for self-harm and suicide prevention research. We routinely collaborate with national leaders in the field e.g. Public Health England, Royal College of Psychiatrists, University of Oxford, University of Manchester, University of Nottingham. We routinely attend the All-Party Parliamentary Group on suicide in Westminster and are on the steering group for the National Suicide Prevention Alliance.

Examples of Active Service Evaluation and Research Projects in 2016/17
- Multicentre Study of Self-harm in England
  http://cebmh.warne.ox.ac.uk/csr/mcm/
- Manchester Risk Assessment Study
- Follow-Up Study of Patients previously detained under Section 136 of Mental Health Act.
- Service user's experiences of mental health support and care within the Royal Derby Hospital
- Neuro-developmental disorder prevalence within substance misuse population
- Healthcare professionals' experiences of engaging service users in smoking cessation

Centre for Dementia
- Extension of IDEAL study has seen continued engagement of patients with dementia (PWD) in studies of psychosocial coping.
- We are recruiting HOPE study to examine s psychosocial coping within a Black & Minority Ethnic context
- Dr Simon Thacker continues to provide oversight to the VOICE study run by Nottingham University –using conversational analysis to improve communication between healthcare professionals and PWD. I have been working with Professor Liz Stokoe from Loughborough University on this project who is bringing expertise from areas such as the training of detectives in the investigation of abuse/assault.

- 4MT study is investigating the use of a novel cognitive test to detect early stage dementia
- Dr Simon Thacker has been invited to join a Delphi panel to develop a guideline on falls prevention in dementia. This work will help forge our links with the Institute for Aging at Newcastle University
- Derby has been a highly successful recruiter to the PRAISED study - a pilot controlled trial run between us and Nottingham Healthcare investigating a novel falls prevention programme in early dementia
- Derby was 6th highest recruiter in the UK to the MADE study – minocycline in dementia trial. Recruiting now ceased but our patients remain under follow up.
- Dr Simon Thacker continues to lecture widely in the field of delirium to local GPs, DCHS, RDH

In summary, our dementia research is spanning early to moderately severe dementia, psychosocial to pharmacological aspects and physical to psychological themes. We are competing with major players in the field in terms of recruitment whilst gaining a reputation as a cooperative organisation who can deliver.

The NIHR Portfolio Research Team
The team consists of research nurses, clinical researchers and a clinical research assistant. The team assesses the feasibility of research studies that are contained within the NIHR (National Institute of Health Research) portfolio. They collaborate with the relevant clinical service areas in the Trust to assess where we are able to make a meaningful contribution to the science.

When a study is assessed as feasible, the team works closely with the CRN (Clinical Research Network) to facilitate the relevant governance procedures that enable the Trust to open as a research site and begin to recruit participants to the study. The team have established robust working relationships with the clinical areas to raise awareness of studies within teams and facilitate recruitment. We have a team of dedicated senior clinician's throughout the organisation with the necessary skills & expertise & dedication to fulfil the role of local 'Principle Investigator'.

In addition to close established relationships with clinical areas & teams, the research team have forged effective working partnerships with outside agencies. These include voluntary groups & charities including Making Space, the Alzheimer's Society & the Hardy Group. Quality research necessitates the collection of high quality data from human subjects & the team ensure the focus is on the person at the centre of the research participant at all times. The team believe that engaging in clinical research can form a meaningful part of a person's journey through the recovery process and that personal choice is paramount. We have recently recruited a service user into a Research Ambassador role to champion participation in clinical research from a participant's perspective.

People who use our clinical services have been supported by the team to contribute to research studies that have led to scientific papers published throughout the year. For example, service receivers in Derbyshire have contributed blood samples & assessment data to help understand the prevalence of pathogenic antibodies in psychosis in a national study published in a recent Lancet article. Participation of our

service receivers in a national clinical trial has helped understand the efficacy & tolerability of amisulpride in very late onset schizophrenia like psychosis. These amongst other such studies, provide an evidence base to help clinicians shape & improve future practice. Over 30 such NIHR portfolio studies are currently running within the team.

The team regularly attend the 'Living Well Programme' to provide up to date evidence based discussion groups with people recently diagnosed with dementia. This intervention supports both the person and their carer to understand current research evidence around their condition and make an informed choice as to whether they would like to get involved in future. The team have also contributed to the panel of professionals at the public 'Dementia Question & Answer' events. The team attended a BME Q&A session at the Hindu temple in March 2016 to provide research based information and support to the south Asian community of Derby. It became evident that there could be more work done to benefit this community & our participation in the HOPE national research study was set up in response to this identified need. This study is designed to understand the needs of future dementia carers with a view to developing culturally sensitive support materials via a team at Bradford University. The R&D team is supporting a further Trust BME event in Derby during Dementia Awareness Week 2017.

The R&D team support the programme of Trust Schwartz Rounds which resume in April 2017. The Rounds are a monthly meeting designed to support our employees with the emotional impact of caring. They provide a safe space to process the often difficult emotions that our work can often evoke. The Rounds are growing nationally in response to a growing evidence base, which we have again contributed to. One of our research nurses is now an experienced Schwartz Rounds Clinical Lead and has mentored 5 other Trusts around the country to introduce Schwartz Rounds.

A proportion of Derbyshire Healthcare NHS Foundation Trust income in 2016/17 (amount will be inserted at end of financial year) was conditional on 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 2016/17 and for the following 12-month period are available electronically at [weblink currently being explored].

The monetary total for income in 2016/17 conditional on achieving quality improvement and innovation goals	£ available after 31st March
The monetary total for the associated payment in 2015/16	£ available after 31st March

Derbyshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is a registered organisation assessed as Requires Improvement overall. Derbyshire Healthcare NHS Foundation Trust has no conditions on registration

The Care Quality Commission has taken enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2016/17. This was a warning notice Section 29a, which was removed within the year (see below for the CQC enforcement notice hierarchy). The Trust was assessed as a medium risk. As discussed, this has been rectified within the financial year.

Seriousness of the breach	Recommended initial civil enforcement action
Extreme	Urgent cancellation Urgent suspension Urgent imposition, variation or removal of conditions
High	Cancellation Suspension More significant conditions (impose, vary or remove)
Medium	Conditions (impose, vary or remove) S29 Warning Notice
Low	Requirement Notice

Derbyshire Healthcare NHS Foundation Trust has not participated in special reviews or investigations by the Care Quality Commission relating to the following areas during 2016/17.

Derbyshire Healthcare NHS Foundation Trust has made the following progress by 31 March 2016 in taking such action against required actions in a January 2016 target inspection in partnership with NHS Improvement in relation to the governance improvement action plan. This activity related to a targeted inspection related to 2015/16 financial year.

Derbyshire Healthcare NHS Foundation Trust submitted records during 2016/17 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 [from April 2016 to January 2017]: which included the patient's valid NHS number was:

99.8% for admitted patient care
100.0% for outpatient care

which included the patient's valid General Medical Practice Code was:
100.0% for admitted patient care
100.0% for out-patient care

Derbyshire Healthcare NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was 98% and was graded Green, Satisfactory

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

We drive to achieve high quality consistent information via increased integration between systems, both internal and external, and will include use of the summary care record as a source. We run continued campaigns on awareness of the importance of ensuring our data is accurate, benchmarking other Trusts and learning from exemplars.

Further details:

- Integration between our electronic patient record systems so that: demographics for service receivers are synchronised and up to date.
- Integration with external organisations and enhanced used of secure electronic processes (for example, automating test results)
- Enhanced use of the National SPINE and update of our electronic patient record systems
- Integration of Children's Universal services into a single unit to remove duplication and demographic data being not synchronised
- Integration of Alcohol services alongside Drug Recovery Programme (DRP) in Derbyshire County, requiring a migration of new services to share the same electronic patient record system and provide consistent approach to data quality and referrals between teams.
- Continued and improved use of existing Data Quality and performance management exception reporting
- Improved records and supervision audit functionality supporting minimum standards and Accessible Information Standard.
- Continued and improved use of external data quality reports and benchmarking to maintain high standards.
- Improve Information Governance mandatory and yearly training results and remove barriers to this aspiration.

Derbyshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2016/17 by the Audit Commission. However, DHCFT underwent the annual clinical coding audit as part of the V14 IG Toolkit and attained the highest Level 3 score.

2.3 Reporting against core indicators

Seven day follow-up – Quality Priority chosen by the Council of Governors for 2017/18

This is included as an indicator in response to concerns that the highest risk of suicide for a person discharged from psychiatric inpatient care is within the first seven days. 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.

Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve this percentage, and so 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 2015/2016	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
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	96.9%	96.89% (as at 29/03/17, against a target of 95%)	96.7% (as at end of qtr3)	100% and 73.3% (as at end qtr3)

https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/

Crisis gatekeeping

Crisis gatekeeping ensures that all community based options to support the person at home are explored before a hospital admission is agreed. Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the Crisis Gatekeeping indicator based on the national guidance / descriptors.

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

Denominator: Total number of admissions to acute wards;

Derbyshire Healthcare NHS Foundation Trust intends to take 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. Additional Service Line Management resource has also been added on a temporary basis, to further support teams that undertake this gatekeeping. Monitoring will also be particularly important, bearing in mind well publicised bed pressures for mental health nationally.

	End of 2015/16	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	100%	98.97% (as at 29/03/17, against a target of 95%)	96.9% (as at end of Qtr3)	100% and 88.3% (as at end of qtr3)

https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/

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

Whilst we try to ensure hospital admissions do not go on for any longer than is required, if a person is discharged too quickly, or if plans are not robustly put in place or resources are not available to support that person after discharge, then this can make it more likely that they will be readmitted to hospital quite quickly. 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 continuing to monitor and develop pathways of care.

It is clear that the percentage of people re-admitted within 28 days is falling, and this is a helpful marker on which to build future progress. One area that might challenge our progress on this is our current waiting times for a care co-ordinator in our Neighbourhood Teams, and therefore the waiting time for a person to access a comprehensive package of after-care. All neighbourhood teams are working together to find best ways forward within commissioned resources.

Indicator	End of 2015/2016	End of 2016/2017	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
28 day re-admission rates for patients aged 16 and over	9.8%	7.93% (as at 29/3/16)	Not available	Not available

Community Mental Health Survey

The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period was 7.5, which is deemed to be 'about the same as other Trusts'.

Benchmarking- overall experience

Trust	Survey rating – overall experience of all aspects	CQC overall rating
Nottinghamshire Healthcare NHS Foundation Trust	7,2	Good
Derbyshire Healthcare NHS Foundation Trust	7.0	Requires improvement
East London NHS Foundation Trust	6.9	Outstanding
Leicestershire Partnership NHS Trust	6.9	Requires improvement
Lincolnshire Partnership NHS Trust	6.7	Requires improvement
West London Healthcare NHS Trust	6.3	Requires improvement

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 October 2015 and 31 March 2016		Median rate
Patient Safety Incidents per 1,000 bed days	1,543 incident reported during this period = reporting rate of 31.32 incidents per 1,000 bed days	Median rate for the 56 organisations in the cluster is: 37.54 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 October 2015 and 31 March 2016.

Degree of harm indicated as a percentage of the total number of incidents reported.

None	Low	Moderate	Severe	Death
67.9% (1048)	23.4% (361)	4.8% (74)	2.3% (36)	1.6% (24)

We have reported our national benchmarks in suicide, sudden death and homicide rates.

The scorecard consists of 6 indicators: suicide rate, homicide rate, rate of sudden unexplained death (SUD), patients under the Care Programme Approach (CPA), staff turnover and NCISH questionnaire response rate.

Our National Confidential Inquiry into Suicide and Homicide by People with Mental Illness (NCISH) scorecard remains below average for suicide rates. We have now also gone below average for homicide rates, although we were slightly above average on the last scorecard (0.3 with a median of 0.25).

We are again an outlier for sudden unexplained death (SUD). Our previous scorecard showed the median is 1.83 (per 10,000 hospital admissions), we scored 6.9. We believe this number to be relatively small, from reviewing the National Confidential Inquiry 20 years on (annual report) into Suicide and Homicide by People with Mental Illness report which was published in October 2016. During 2004-2014, there were 328 SUD cases in England and Wales, an average of 30 per year. There

was an overall fall in the reported annual number of SUDs over the study period.

Median = 7.13

Suicides

Rate

0.0 2.0 4.0 6.0 8.0 10.0 12.0

Suicide rate

The suicide rate in your Trust was 6.5 (per 10,000 people under mental health care) between 2012-14.
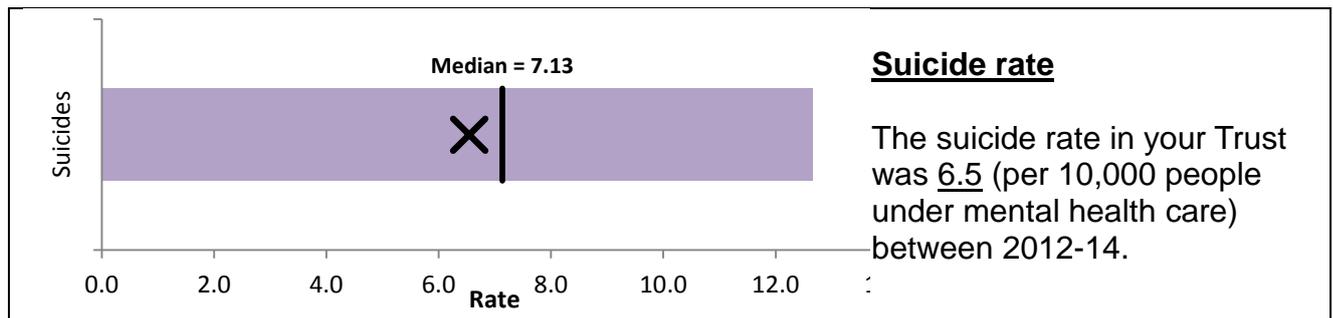
However, due to a change in data provider, numbers since 2007 are not comparable with previous data. There has been no overall change since 2007, the average number being 23 per year, though our figures in 2013 and 2014 are showing a fall.

There are numerous definitions for unexpected deaths –

- Unexpected death following on from rapidly onset of symptoms, and that the cause of death could not be certified with confidence by a doctor familiar with the patient.
- The length of time in definitions ranges, from a few hours from good health to death, to 24 hours.
- Unexplained death is defined after a full post-mortem, including toxicology and histology the death remains unexplained.

We currently have no unexplained deaths. We have deaths which are yet to be explained where we are awaiting cause of death, and two which have gone for further examination of toxicology.

We do not have a category on Datix for recording Sudden Unexplained Deaths, but we do have a category for unexpected deaths.

As reported in previous Serious Incident reports on receiving the previous years scorecard, we requested our data for SUD's from the Confidential Inquiry, but due to confidentiality they were unable to share information.

The figures give the range of results for mental health providers across England, based on the most recent available figures: 2012-2014 for suicides, homicides and sudden unexplained deaths (SUD), 2015-16 for people on the Care Programme Approach (CPA), 31 October 2015 – 31 October 2016 for non-medical staff turnover and 2012-16 for trust questionnaire response rates. 'X' marks the position of our trust. Rates have been rounded to the nearest 1 decimal place and percentages to whole percentage numbers.

Homicide rate

The homicide rate was 0.1 (per 10,000 people under mental health care) between 2012-14
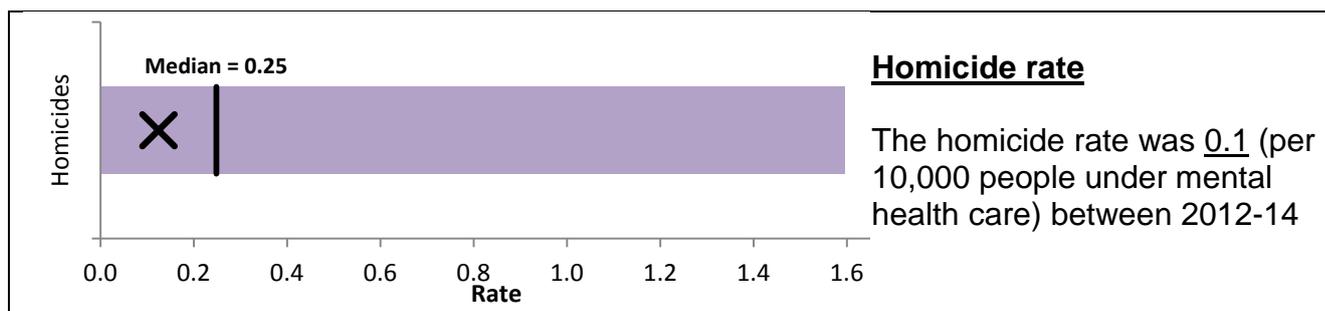
This information does not change our quality priorities, which aim to:
- continue to improve patient safety planning for suicide and wider clinical safety planning
- continue to focus on physical healthcare and the mortality gap
- concentrate service improvements on clinical interventions such as annual 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), embedding our 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 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, and are presenting national NHSI event in April 2017.
- Development of new terms of reference for our Mortality Committee, in response to the recommendations from the Mazars/Southern Health report and our own CQC 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.

Next year we plan to implement 'Sign Up To Safety', a national initiative to help NHS organisations and their staff achieve their patient safety aspirations and care for their patients in the safest way possible.

In addition, in response to expectations of 'Learning, candour and accountability: A review of the way NHS trusts review and investigate deaths of patients in England', published by the CQC in December 2016, we will be responding to new expectations around how we adapt our governance arrangements and processes to accommodate the review and reporting of deaths, including those that are assessed as having been more likely than not to have been caused by problems in care, as well as sharing and acting upon the learning derived from this process.

From April 2017, we will collect and publish, on a quarterly basis, specified information on deaths, including those that are assessed as more likely than not to be due to problems in care, and evidence of learning and action that is happening as a consequence of this information. This data will be summarised in the Trust's 2017/18 Quality Account.

Friends and Family Test

The Friends and Family Test asks people if they would recommend the services they have used to others who are close to them if they were also in need of similar care and treatment. It offers a range of responses to choose from, and when combined with supplementary follow-up questions, provides 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.

Whilst it is observed that we have a slight deterioration in our overall percentage this year compared to last, what is encouraging is the amount of responses we are now receiving, an increase of 39% even with the absence of the September data. The greater the number of responses will offer us greater assurance around our learning with regards to the perception of our services.

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-16	107	13	120	89%
May-16	166	22	188	88%

Jun-16	188	16	204	92%
Jul-16	106	11	117	91%
Aug-16	104	10	114	91%
Sep-16	System fault – no data			
Oct-16	73	28	101	72%
Nov-16	138	30	168	82%
Dec-16	121	9	130	93%
Jan-17	80	27	107	75%
Feb-17	59	20	79	75%
Mar-17				
Total 16/17 (as at 23/2/16)	**1142**	**186**	**1328**	**86%**
Total 15/16 for comparison	**856**	**98**	**954**	**89.73%**

Part 3:
Other information

This section looks back over the last 12 months and reports on the quality of care that we have provided. Whilst this view is heavily informed by the findings of the CQC, it is also informed by what we learn from our internal governance processes. In line with the CQC key lines of enquiry, it will be structured around the following view of our 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?

Our Quality Committee has led the oversight of the assurance systems of improving our practice and our current performance is as shown below. We have developed effective quality govenernance processess and systems to drive performance at

pace. The data below is sourced from our CQC portal data management system, where we track and upload evidence to provide assurance.

Portal Review	Current Action Status			
	At Risk of Not Delivering	Concerns	In Progress and on Target	Completed
October 2016	0	34	136	20
December 2016	0	22	128	40
January 2017	0	24	96	70
February 2017	0	12	81	97
Comparison To Previous Month (% of all actions)	The Same	6% Decrease	8% Decrease	14% Increase
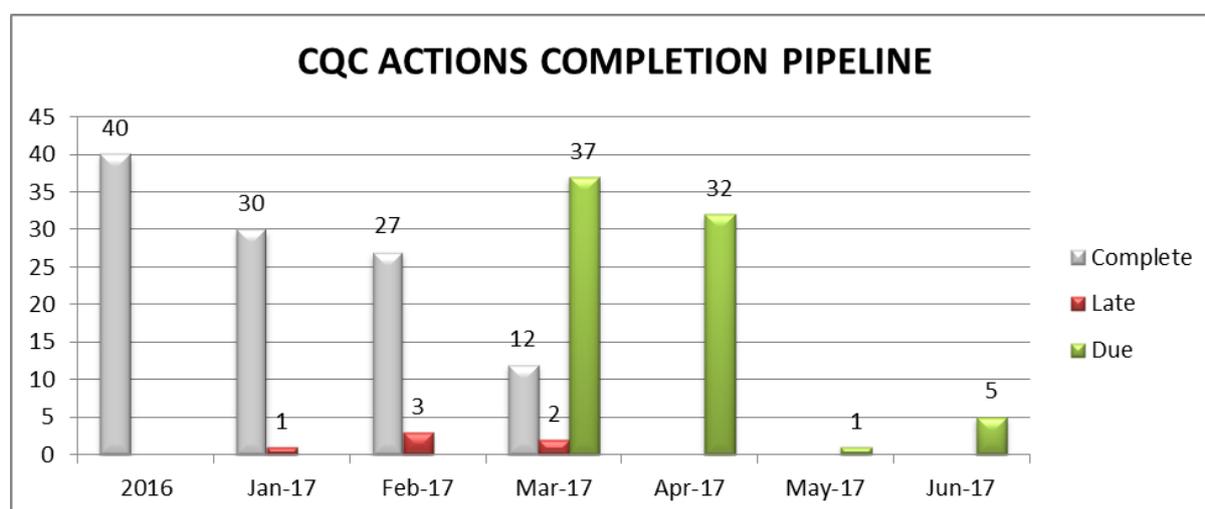
We will continue to deliver our CQC improvement plans, and we look forward to our next comprehensive inspection to evidence our approach to continuous improvement in our clincial standards and patient care.

Safe services

Safeguarding Children
On 5th July 2016, we received this feedback following Markers of Good Practice quality site visit. This included CCG Commissioners/ Designated Professionals, Public Health Commissioners and the Derby Safeguarding Children Board Independent Chair.

There feedback included how they were all impressed and assured with the evidence that the Trust's Safeguarding Children Service provided to demonstrate

that our organisation is compliant with the required safeguarding children arrangements as highlighted in the self-assessment tool. As Commissioners they also described how they were very satisfied that the team were able to answer questions to some of the points that the visitors required additional information on.

Safeguarding Children Training within Children's Teams has also received a particular focus, as shown below:

	June 2016	January 2017
Level 1	54%	93.96%
Level 2	49%	96.17%
Level 3	27%	91.20%

Child Safeguarding supervision has also shown similar improvements:

	June 16	Jan 17
Compliance	37.3%	76.2%

Our Trust wide training performance at the end of March was as follows:

Competency	Non-Compliant	Compliant	% Compliant
383|LOCAL|C Safeguarding - Adults Level 1 (Non Clinical) (3 Yearly)|	60	563	90.4%
383|LOCAL|C Safeguarding - Adults Level 1+2 (All Clinical) (2 yearly)|	339	1396	80.5%
383|LOCAL|C Safeguarding - Children Level 1 (3 yearly)|	41	503	92.5%
383|LOCAL|C Safeguarding - Children Level 1 (once only)|	58	1759	96.8%
383|LOCAL|R Safeguarding - Adults Level 3 (2 Yearly)|	115	34	22.8%
383|LOCAL|R Safeguarding - Children Level 2 (3 yearly)|	62	338	84.5%
383|LOCAL|R Safeguarding - Children Level 2 (once only)|	102	1431	93.3%
383|LOCAL|R Safeguarding - Children Level 3 (3 yearly)|	307	1008	76.7%
383|LOCAL|R Safeguarding - Children Level 3 (annual)|	59	283	82.7%
383|LOCAL|R Safeguarding - Children Level 4 (annual)|	5	6	54.5%

383|LOCAL|R Safeguarding - PREVENT Awareness L1 Training (3 yearly)|	536	265	33.1%
383|LOCAL|R Safeguarding - PREVENT WRAP L3 Training (3 yearly)|	401	1131	73.8%
383|LOCAL|R Safeguarding - Think Family (Once Only)|	366	1381	79.0%

That gives us an overall compliance across all levels for Safeguarding Adults as **79.49%** and Safeguarding Children (excluding Think Family) as **89.37%**

Multi-agency Safeguarding hub (MASH)

Derby city partners in the local authority and police have invested in a Safeguarding Childrens and Adults hub in the Council House in the centre of Derby. This MASH development in Derby City is service development and investment provided by Southern Derbyshire CCG for a six month pilot, of two additional Band 7 workers in the team and this will substantially change the Safeguarding service and how it operates and will provide additional resource to the team. An outline of the revised structure following this investment is outlined below.
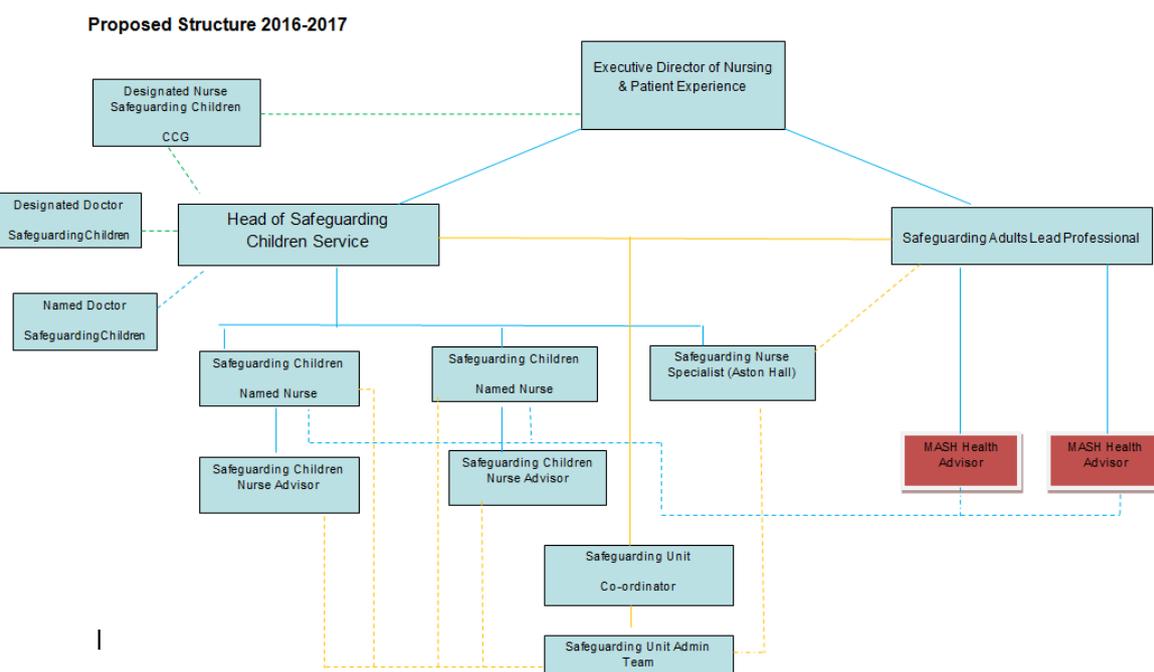
By November 2016, The Multi-agency Safeguarding Hub had gone live and the service had the investment of two Band 7 Safeguarding Nurse Advisors who quickly set up and managed both safeguarding children, adults and family enquiries. The early feedback from this model has been very positive from the Derby City local authority partners and the Area Desingnated Nurse, and it has been noted as a model of interagency good practice by the Derby City Safeguarding Children's Board. We hope to see the pilot extended and mainstreamed in 2017-18 by our

supportive health commisioner in the city, Southern Derbyshire, who have been very positive in investing in this service.

Minimising the Risks of Suicide

This is a local Commissioning for Quality and Innovation agreement (CQUIN). Our priority is to minimise the risks of suicide 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.

Training to support the roll out of the Safety Plan has been ongoing throughout the year, with the majority of staff now trained. What we have found is that in spite of the training, most staff have continued to use the FACE risk assessment. The licence for the FACE assessment expires on 31st March 2017, this being a decision made in partnership with operational colleagues.

What we are also aware of is that some staff are finding the Safety Plan a challenging tool to use. As part of the roll out plan, in partnership with colleagues in the Communications department, we are developing a variety of ways for staff to offer feedback and ideas as easily as possible for the initial three month period. This is to ensure we capture their feedback and can amend the tool from our learning, to ensure our commitment to being a continously learning organsiation.

A key aspect that we are keen to retain is the co-productive nature of the tool, how it facilitates working in partnership with the person using our services to assess and enabling effective co management of their risks. A copy of the first two pages of the tool are as follows, to give an indicator of the focus and structure:

SAFETY ASSESSMENT SUMMARY   **Alerts - None**

WE ASK SERVICE USERS AND MENTAL HEALTH STAFF TO COMPLETE THIS FORM TOGETHER TO HELP US MAKE A SHARED PLAN TO TAKE CARE OF THE SAFETY OF THE PERSON OF THOSE AROUND HIM/HER. IF YOU ALREADY HAVE A PLAN AROUND STAYING WELL, IT MAY BE HELPFUL TO SHARE THIS AS PART OF THE ASSESSMENT

First Name: Surname:

DOB: NHS Number:

Care Coordinator: Responsible Clinician:

> ☐ **We do not want to ask people to complete unnecessary paperwork. Colleagues working in areas of the Trust not directly concerned with mental health may tick this box if there are and have been no safety issues and they feel the rest of this form is not necessary. Please however write about how this decision has been made and what assessments have been carried out.**

What helps you / this person to stay safe
What makes you / this person feel unsafe (triggers and context to situations which have been unsafe)
What unsafe events have happened in the past (Specify context and triggers) • To self - • To others - • From others – • In relation to children or vulnerable people • Other significant events – **Severity of past incidents – High/Medium/Low/Don't Know** *Supporting Evidence: (e.g. Structured Risk Form, Narrative Risk Form or other risk assessment tool/letter)*
What unsafe events have happened recently (Specify time frame, context and triggers) • To self - • To others - • From others - • In relation to children or vulnerable people • Other significant events or concerns – **Level of current concern – High/Medium/Low** Planned date of next review: By:
Safety Plan (keeping yourself and others safe) ➢ What are you doing to keep safe ➢ Who have you got around you to help you stay safe and how do they help? ➢ What do you need mental health services to do to help you keep safe ➢ Who will you or others contact if you need help to stay safe: (*include contact details and work hours*) ➢ What response do you need from mental health services when you are not safe ➢ How quickly we need to respond if you tell us you are not safe ➢ Other Agreed plan for today: Agreed with patient on: (Date)   Signed: Copy Given: Y/N
Service receiver's views

Date: Signed:
Carer's views
Date: [Signed]
Additional safety assessment or plan by staff (if needed)

Copy of Safety Assessment given to: (e.g. patient, carer, other agencies)

Print: Signed:

Designation: Date:

How we safely implement the Code of Practice

Our implementation of the Code of practice and embedding contemporary mental health practice and specialist service was a Quality Priority for 2016/17 and a CQUIN: 'Implementing our Positive and Safe Strategy to minimise and reduce restrictive practices'.

The Trust has been working locally driving the Strategy implementation through the Positive and Safe Steering Group. An action plan was developed in response to the strategy to assure against the priorities' identified.

The Positive and Safe Steering Group continues to provide steer, action and drive of the sub-groups delivering the key objectives of the Positive and Safe Strategy. Progress has been made since this time. However, there have been challenges to delivering the strategy, particularly in regards to the following:

- Compliance and adherence to the revised Seclusion and Long-Term Segregation Policy.
- Compliance and application to the Drugs Management of Violence and Aggression Policy, and NICE Guidance NG10.
- Pace in completion of PMVA training review.
- Understanding and application of the Mental Capacity Act

These areas of challenge do demonstrate risk issues in relation to the BAF Principle risk 1a: 'Failure to deliver quality standards as required by our regulators which may lead to harm of our service users'.

There are action plans in place to identify and address these challenges.

Progress against the action plan has been made in a number of areas including Safewards, a revised training programme focussing on proactive and preventative strategies, policy reviews and compliance and an audit cycle of compliance for person centred care planning, implementation of the Mental Capacity Act and physical health care. Improvement methodologies have been adopted.

Number of incidents between 2014/15 and 2016/17 where patients were subject to the restrictive intervention of seclusion:
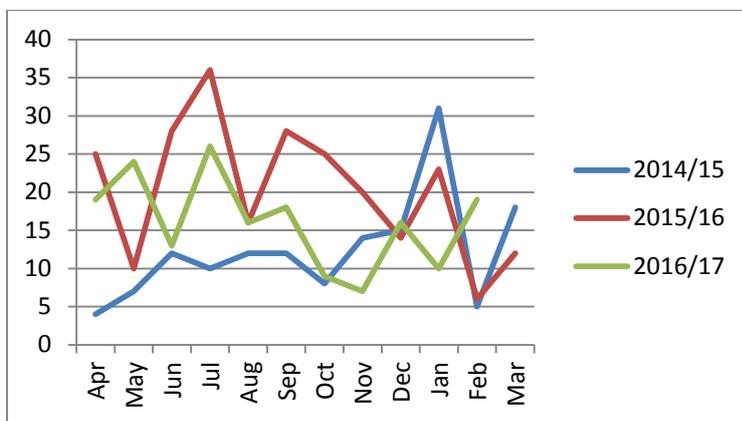
Whilst there is clear variation in each line, and particular peaks might be influenced by the care of specific individuals, the overall trend is one of reduced use of seclusion in our acute psychiatric wards.

Number of incidents between 2014/15 and 2016/17 where patients were physically restrained by Trust staff
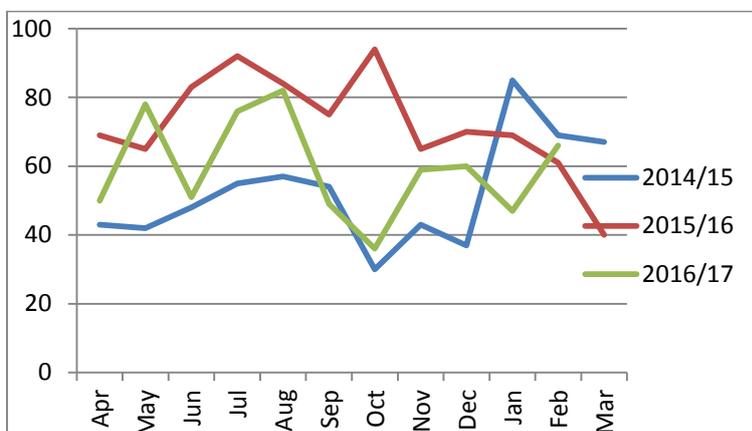
Again, whilst there is clear variation in each line, and particular peaks might be influenced by the care of specific individuals, the overall trend is one of reduced use of physical restraint in our acute psychiatric wards.

Prone Restraint

Face-down restraint, or prone restraint, is when someone is pinned on a surface and is physically prevented from moving out of this position. There are concerns that face down, or prone, restraint can result in dangerous compression of the chest and airways and put the person being restrained at risk (Department of Health 2014).

The tables below summarise information on patients that were held in a prone position by members of staff following an incident:

Number of incidents over the year:

	2016 May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Jan	Feb	Mar	Total
Total	1	1	3	12	13	11	11	8	10	13	17	100

Documented reasons why prone restraint was used:

|	2016 May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	2017 Jan	Feb	Mar	Grand Total
Abuse/Aggression (Actual or Alleged) - Patient to Staff			1	8	6		5	4	7	8	4	43
Disruptive Behaviour			1	1	6	8	3	1	2	1	10	33
Absconsion	1	1		1	1	1	3	1		1		10
Abuse/Aggression (Actual or Alleged) - Patient to Patient				1		1		2	1		1	6
OTHER - See 'Description' Section										2	1	3
Self-harm			1	1								2
Abuse/Aggression (Actual or Alleged) - Other Party to Staff										1		1
Abuse/Aggression (Actual or Alleged) - Patient to Other Party										1		1
Alcohol Use						1						1
Grand Total	1	1	3	12	13	11	11	8	10	13	17	100

For analysing trends it is best to look at data from Aug 16 onwards, as that was when the field 'Which position during C&R – Tertiary restraint intervention was the patient held: prone/supine' was added to the Datix incident reporting system. A search has been undertaken of incidents prior to this where the word 'prone' was used and results were updated in line with this, but as you can see the data isn't as complete prior to Aug so needs to be approached with caution in how it is interpreted. This also means that comparison to data last year is also not helpful. However, we now have a benchmark against which to measure future performance.

We continue to improve our staff knowledge and practice in this area and in February 2017, a paper was also developed by Dr John Sykes, the Trust's Medical Director, and Richard Morrow, one of our Heads of Nursing, to clarify the distinction for staff between seclusion and long-term segregation.

Safety Thermometer

The graph demonstrates the results for the Safety Thermometer – a clinical, point prevalence check across selected wards in our services to check on patient safety standards. We collect this data on our Older Peoples wards. It is a national tool, used to check key standards of pressure ulcers, urinary tract infection (including catheter related UTI), falls and VTE risk assessment and prophylaxis. Nationally, the standard to be 'harm free' is to be in excess of 95% which the graph demonstrates that we largely are. We have and continue to develop our clinical practice around VTE risk assessment and prevention, and continue to work to reduce the incidence of pressure ulcers by effective and timely risk assessment.

Harm Free: patients with Harm Free Care

	Feb16	Mar16	Apr16	May16	Jun16	Jul16	Aug16	Sep16	Oct16	Nov16	Dec16	Jan17	Feb17
Harm Free	98.36	95.45	100	94.74	96.61	92.31		98.39	90.62	95.83	97.73	95.35	95.45
One Harm	1.64	4.55	0	5.26	3.39	7.69		1.61	9.38	4.17	2.27	4.65	4.55
Two Harms	0	0	0	0	0	0		0	0	0	0	0	0
Three Harms	0	0	0	0	0	0		0	0	0	0	0	0
Four Harms	0	0	0	0	0	0		0	0	0	0	0	0
Patients	61	66	57	57	59	65	0	62	64	48	44	43	44
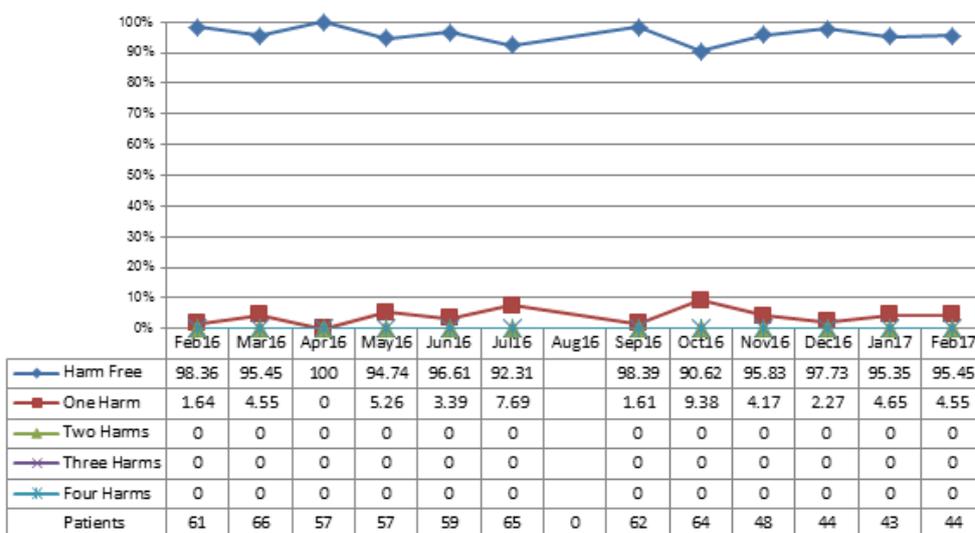
**Falls**

The local picture:

Incidents per 1,000 occupied bed days by financial year - older adult in-patient areas (generally patients over 65)
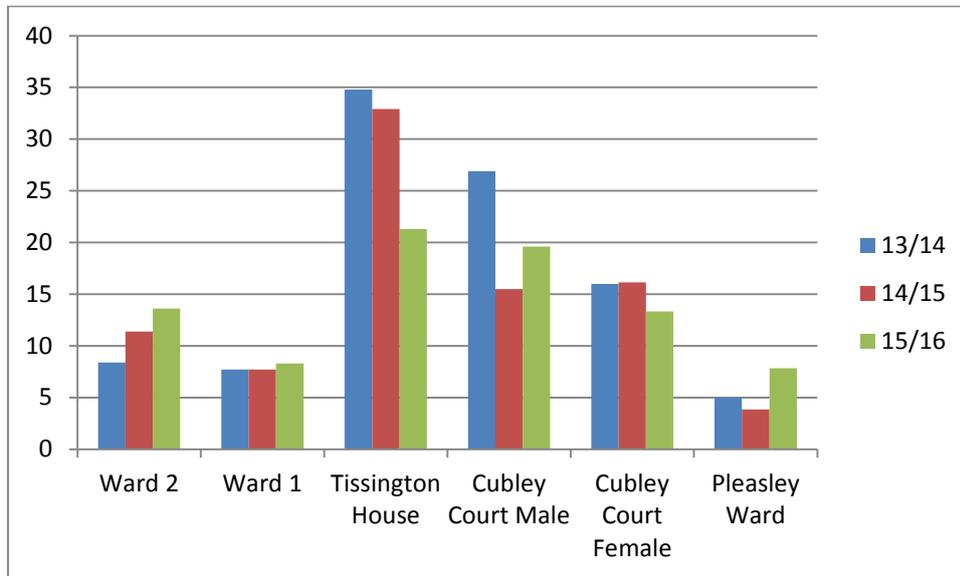
Where there has been an increase/spike in the number of reported falls this has been identified as being due to one specific patient within the environment who has experienced a high number of falls during their admission. In most cases the number of falls has reduced over the course of the admission due to improved management of the known risks and development of treatment plan relating to their mental ill-health.

Incidents per 1,000 occupied bed days by financial year - acute mental health in-patient areas (generally patients under 65)
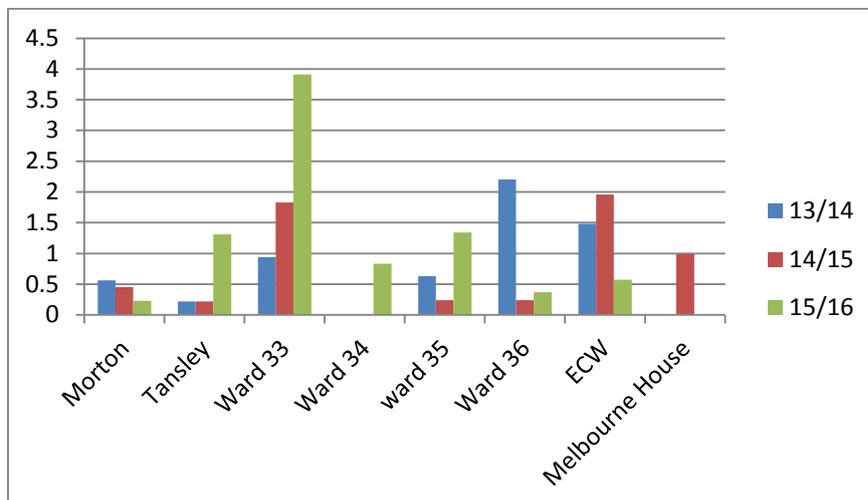
(Please note the relatively small numbers as indicated by the vertical column. Wide variation might look initially concerning, but is less so when put into context per as number of incidents per 1,000 bed days).

Number of falls in in-patient areas per 1,000 occupied bed days, Trust wide
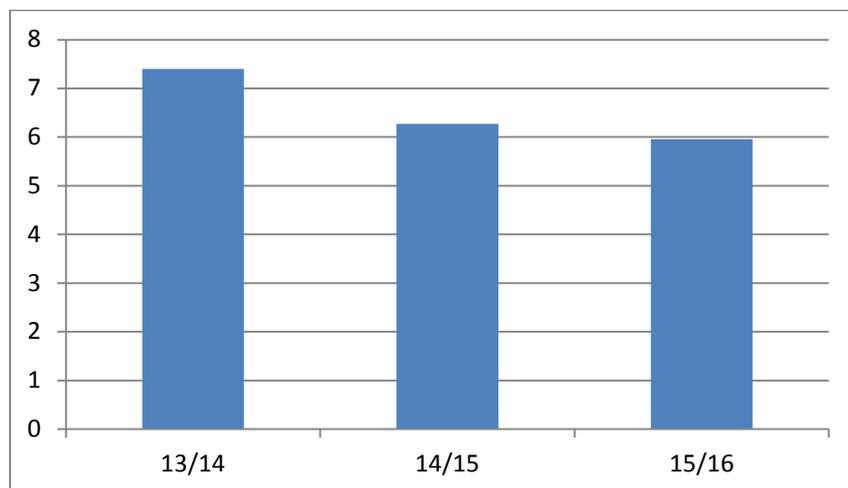
Total number of falls	2013/14	2014/15	2015/16
In-patient areas	666	574	499
All service areas	707	598	523

In order to establish where DHCFT fits in the national picture it is important to have an overview of other, similar, organsiations. Information from the National Patient Safety Agency (NPSA) gives a picture of reported falls per 1,000 bed days from regularly reporting mental health units. The information available shows a range of reported falls from almost eight per 1,000 occupied bed days, to less than one, with an average rate of 2.1 falls per 1,000 bed days. This would represent 135 falls per year in a 200 bed mental health unit. However, this needs to be considered with caution as only 16 mental health services reported every month. It also needs to be acknowledged that mental health units can be very different from each other: i.e. some provide care only for working age adults at lower risk of experiencing falls; others specialise in the care of older people with mental health needs.

No published data currently available in relation to overall rate of falls for mental health units was located, but rates of falls within settings providing mental healthcare for older people are believed to be from 13 to 25 falls per 1,000 bed days. (NPSA 2010). Overall, the Trust is showing a downward trend of number of falls reported per occupied bed day whilst maintaining a positive culture to reporting such incidents. Within the Trust in-patient areas for older people, the number of reported falls per 1,000 occupied bed days has reduced over the three years from 2013 – 2016 from 12.5 to 12.34 this is just below the figure estimated by NPSA (13 – 25).

Mental Health Crisis Report from Healthwatch

Between May and July 2016, Healthwatch Derbyshire (the independent voice for people who are accessing local health and social care services) undertook a review the experience when accessing health and social care services before, during and after a mental health crisis. A total of 40 participants took part in focus groups, 20 in North Derbyshire and 20 in South Derbyshire. A total of 19 participants were male, 21 were female. A total of 37 responses were collected.

Healthwatch defined the concept of Mental Health Crisis According to the organisation Mind (Mental Health Charity), as when you feel your mental health is at breaking point. For example, you might be experiencing:

- suicidal feelings or self-harming behaviour
- extreme anxiety or panic attacks
- psychotic episodes (such as delusions, hallucinations, paranoia or hearing voices)
- hypomania or mania
- other behaviour that feels out of control, and is likely to endanger yourself or others.

The Summary of Healthwatch's findings are as follows:

Positive themes that have emerged from the findings that are or are potentially linked to the work of the Trust relate to:

- Telephone support lines appear to be valued and provide support for some participants
- Support groups appear to be valued and provide support for some participants
- The value and difference made by easy contact systems and positive relationships with community psychiatric nurses (CPNs)

Negative themes that have emerged from the findings that are or are potentially linked to the work of the Trust relate to:

- Being passed around between services pre-crisis, and a lack of coordination. No sense of ownership from professionals to deal with the emerging situation
- Access to, availability of and continuity with CPNs
- Waits/delays in being seen in Accident and Emergency (A&E)
- Knowing where to go and what to do when needing support and action pre and post crisis
- Lack of identification and recognition of the mental health needs that an individual has, or perceives that they have
- Occasional use of prison cells for people in mental health crisis

- Distress caused by supervised toileting/showering in acute inpatient units
- No relationship with named nurse in acute inpatient units, so of limited/no value
- Lack of activities in acute inpatient units
- Lack of awareness of physical health needs when in acute inpatient units
- Lack of time with staff when in acute inpatient units
- Little awareness of or value placed on advocacy

Effective services

Quality Priority - Improving Physical health care
In June 2016, we reported how our Learning Disabilities (LD) Strategic Health Facilitation team was awarded £154,746 by NHS England after showing how it would work with GPs in Derbyshire and Nottinghamshire to enable them to promote the NHS bowel, breast and cervical screening programmes amongst their learning disabled patients.

Improving the physical healthcare of people experiencing severe mental ill-health

The Physical Care Committee (PCC) reports directly to the Quality Committee, with delegated authority of work related to physical healthcare. It oversees policy development and approval, aspects of training, audit and learning from untoward incidents, NICE guidance scrutiny and implementation and service developments. Reports to the committee include falls – risk assessment and overview, and also resuscitation.

The Physical Care of Inpatients Policy has been reviewed and approved by the committee – it details the clinical standards required of admission to a ward, admission examination standards and on-going care, and also details communication on discharge. Work has included an 'admission clerking proforma' which was developed, and refined following an audit of its use and effectiveness. This work has now been included on the electronic patient record (PARIS) to ensure information is captured in a timely and systematic way, and is able to be extracted for audit purposes. The Hartington Unit is now working to be fully recording on PARIS including the use of this proforma, with Radbourne soon as they go live as the final section of the Trust to move to full electronic patient records.

Improving the physical healthcare of people experiencing severe mental ill-health is a national Commissioning for Quality and Innovation agreement (CQUIN). Our priority is to improve the physical healthcare care of people using our services

through assessing and offering appropriate interventions around key aspects of their physical health.

The work to improve the positon of physical care is ongoing is a quality priority for the organisation. However, his aspect of care remains challenging as there are many partner organisations involved in the delivery of annual health checks in primary care, as well as our responsibilities in wellbeing, lifestyle support, medication management and the clinical standards involved in the initiation and monitoring of anti-psychotic medications. Work has centred on communication with GPs – ensuring that we request and receive information on the annual health checks, we record and act on concerns and we ensure that lifestyle and health promotion feature in care plans.

We are also involved in large national audit as part of the CQUIN to assess how well the LESTER metabolic parameters are embedded into practice; this tool being widely agreed as the best practice framework to shape the screening and response for harm. The audit is ongoing and early indications show development work is required. We have worked with colleagues in information management to ensure our electronic record is designed to capture this information and that we can now report performance to help drive the improvements required. A staff e-learning package has been implemented to increase our clinicians' knowledge around the risk factors associated with physical health in psychosis.

In addition to this, there are other aspects which help support the physical health requirements – staff training in pressure ulcer prevention, acute kidney injury, nutrition and hydration for example. We are also involved in a pilot project in North Derbyshire to provide support to reconcile GP Severe Mental Illness (SMI) registers with Practice Nurses and then offer them education on the importance and relevance of the annual health checks, along with some assessment and communication skills. This has been well received with early indications of a positive impact.

Other associated policies and standards are in place around key requirements, often linked to NICE guidance or best practice evidence. Examples of these are pressure ulcer prevention risk assessment (Waterlow Risk Assessment Tool), Malnutrition Universal Screening Tool (MUST), falls risk assessment – all of which are carried out on admission to an inpatient setting, then at intervals as clinically indicated.

An addition, this year is a policy and risk assessment tool to identify risk of Venous thromboembolism (VTE - the formation of blood clots in the vein), based on NICE guidance recommendations, with some adaptation to mental health settings with a longer length of stay. Staff have received training in the fitting of anti-embolism stockings where needed. A methodology of capturing compliance data with screening has been developed from the electronic record. In 2017/18 we will be

adding some of our key quality indicators to the Quality Dashboard, this will include VTE.

Assessment and recording of capacity

This was a quality priority for 2016/17. Our aim was to ensure that clinical variation in the assessment and recording of capacity and consent was minimised

This is very much ongoing work for the Trust. The consistent recording of consent to treatment was raised throughout our initial CQC visit, and much work has been done to ensure we have a shared understanding of how we assess and record capacity. Several areas were found to have improved during follow-up CQC visits, but we also found that progress has been hard to sustain. Dr Ed Komocki has been appointed as the capacity lead for the organisation, and he is working in partnership with colleagues to continue to move this forward. Overall, this is an improving area of clinical practice but there remains work to do to fully embed this in practice. Our current performance with regards to in-patients is as below:

	Period	Plan	Actual
% of in-patients with a recorded capacity assessment	Month	100%	90.17%
	Quarter	100%	87.6%

England Athletics

During 2016 the Trust supported some collaborative work with England Athletics in the High Peak and Dales Neighbourhood and Early Intervention in Psychosis North. Our Occupational Therapists worked in partnership with a lead who is a Mental Health Ambassador from Athletics. Contact was made with the Trust to work collaboratively with patients, staff, families and carers, engaging in two fun runs for Mental Health week (8 – 14 October 2016) as part of the national drive. Our Trust has signed up as their partners with this and by advertising, encourages people to join the events. Our teams embraced this as an opportunity to place onto the Wellbeing agenda for our service users, carers and staff.

Associate clinical director shortlisted for national 'psychiatrist of the year' award

We were delighted to announce that Dr Simon Thacker, a consultant psychiatrist serving the communities of Derby and Derbyshire, was shortlisted for a prestigious national 'psychiatrist of the year' award in recognition of his efforts to reach out and support more people experiencing mental ill health.

Dr Thacker, an associate clinical director at Derbyshire Healthcare, has been shortlisted by the [Royal College of Psychiatrists](#) at their [RCPsych Awards 2016](#) for his role in helping to set up a 24-hour mental health liaison team based within the Royal Derby Hospital and for his efforts to raise awareness of delirium, a state of mental confusion that particularly affects older people when they suffer an injury or become unwell.

Psychiatric Liaison Accreditation Network (PLAN)

The mental health liaison team described above was also successful in PLAN accreditation. The Psychiatric Liaison Accreditation Network (PLAN) works with services to assure and improve the quality of psychiatric liaison in hospital settings. This is a very positive achievement. In addition to them maintaining a busy clinical service they have achieved consistant perfomance in rapid assessment within one hour in the services. The South Liasion team also won an award in the Acute Trust that they work with in partnership this year.

Becoming a person-centred and recovery-focused organisation

This is a quality priority and specialist service CQUIN: To become a person centred and recovery-focused organisation. The guiding principle is the belief that it is possible for someone to regain a meaningful life, despite mental ill-health. Examples to support this include:

- recovery education as one of our specialist CQUINs
- peer education work in our medical education provision
- community resilience and implementing person-centred and wellbeing approaches in our campus and neighbourhood settings.
- patient reported outcome measures, building on the success we have achieved in CAMHS

Progress within the community teams

As our Neighbourhoods and Campus care develops we have tried to ensure a recovery-orientated model of care in line with national standards. As a Trust we cover a large geographical area, so a central Recovery College model was not a practical option. We recognise the importance of collaboration with our local community partners to achieve a more socially inclusive approach, enabling recovery pathways that are individually needs led, and so we have incorporated the principles of recovery education into a collaborative framework of the "Derbyshire Recovery

and Wellbeing Model". This approach is based on the concept of the "Bolsover Recovery Model" which is an evidence based approach, has a governance assurance framework within it and policy to support, and is the starting to be embedded into campus and neighbourhoods.

Courses & groups planned within a spectrum of opportunities:

Getting Well: these groups /courses are facilitated by Trust mental health clinicians. They are evidence based mental health interventions that include therapeutic techniques, activities and coping skills to help people to understand and begin to manage their mental health. Examples include the Recovery Through Activity course and the Coping With Distress course. These courses are clinically and patient outcome measured.

Keeping Well: these groups / courses are run jointly in partnership Trust clinicians and other community partners. They are evidence based, co-produced, co-facilitated and aim to help people to self-manage their mental wellbeing. Examples include: 'Spireites Active for Life' (a healthy lifestyle course run in partnership with a local football club), and Active Mindfulness (mindfulness course run in partnership with Bolsover District Council). These courses are clinically and patient outcome measured.

Staying Well: these groups / courses are facilitated within the community and aim to improve health and wellbeing. These are run external to our services, but we have established supported pathways to these opportunities. This section also includes self-help groups and externally commissioned day services.

Recovery Clinics and also Wellbeing Services are being developed in Neighbourhoods to offer alternative approaches to support people on from mainstream services. Therapeutic groups and courses are being developed to offer people alternative approaches in line with recovery education and self-management principles. Information on Recovery Plus group work and courses is available in the developing webpage http://www.corecarestandards.co.uk/recovery-centre/groups-and-activities-to-support-you/

Community partnerships are key to social inclusion and we are increasing our collaborative work with a wide range of community partners including : Derby Football Club, Chesterfield Football Club , Community Education , Derby and Chesterfield Colleges, District Council Leisure & Recreation , the Department for Work and Pensions, Job centres, Public health colleagues, Social Care, Derby Museum , Rethink and the Derbyshire Federation for Mental Health

Neighbourhood	Courses, groups & opportunities
Derby City	**Getting well**: Recovery Education, specialist Dialectical Behavioural Therapy group, Mr Grundy's Group, horticulture group
	Keeping Well: Nature in photography , Gym partners group

	with Derby College, Derby Museum partnership group
Killamarsh & North Chesterfield	**Getting well**: coping with emotions, five ways to well- being group, Recovery clinic, walking for health **Keeping well**: The growth project – developed in collaboration with community partners, The Art group that is led by peer supporters
Chesterfield	**Getting well**: Skills to Recovery courses, Vocational courses, Recovery clinics **Keeping well**: Spireites Active for Life (partnership project with Chesterfield Football Club & Public Health)
Bolsover	**Getting Well:** Skills to Recovery course **Keeping Well:** Active Confidence & Active Mindfulness (partnership with Bolsover council), Equine therapy (partnership with Riding school)
Amber Valley	**Getting Well:** Weekly coffee morning, Recovery focused clinic, **Keeping well:** Recovery & wellbeing programme (in development)
Erewash	**Getting well:** Recovery and Wellbeing service, Healthier lifestyle course, **Keeping well:** Mental Health Innovation project, walking for health
High Peak & North Dales	**Getting well:** Recovery education courses, **Keeping well:** Brightside Community Education courses, (partnership with adult education) Recovery & wellbeing workshops (partnership with Federation), AIM (Active In Mind) partnership with athletics associations.

All the courses that we facilitate are outcome measured using standardised tools: WEMWBS (The Warwick-Edinburgh Mental Well-Being Scale), OSA (Occupational Self-Assessment), plus we gather feedback on participants' experiences, personal stories and achievements. We now have licences to use PAM (Patient activation measures) and we will be using these with people in all the Recovery Education courses and Recovery & Wellbeing workshops from April 2017 onwards.   Please see below for an example from Chesterfield Spireites Active for Life course, of how the WEMWBS scores have been used to track change and improvement before and after attending the course:

A line chart showing WEMWBS Score Before Programme and WEMWBS Score After Programme for Participants 1 to 7, with values ranging from 0 to 70.
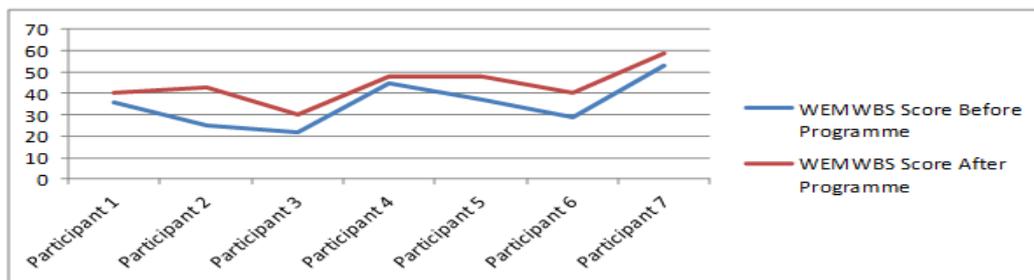
Vocation and return to education or employment

We have a draft Vocational Strategy that sets out to define our commitment to the importance of supporting people back into meaningful activity or employment as part of their Recovery. We co-chair Employment & Mental Health Forums (North & South) with colleagues from the Department for Work & Pensions and Social Care. These are partnership forums where services learn from each other and share good practice. We have recently been successful in securing funding to work with Working Links (an organisation dedicated to getting the long-term unemployed back to work and helping them stay there) on an employment project that in-reaches to each neighbourhood team. This will be starting in April or May 2017.

Recovery Education as one of our specialist CQUINs

Kedleston Unit are developing Recovery Education within the service. They are working with patients to identify interests and redesign the more traditional activity programme to be based on Recovery Education principles. They have a trained Peer Supporter working with the team to co-design courses. A steering group is leading developments and the first new co-produced course will be:

Music & mood – with learning outcomes including
- Learning how music affects your mood
- How mood influences your choice of music
- How to use music as a coping strategy
- How to listen without affecting others

Future potential courses for development include:

- Access to education
- Anxiety
- Assertiveness
- Confidence
- Deserts and how to use them
- Diagnoses and their individuality
- Food and Mood
- Preparation to work
- Sleep hygiene

In the longer term, it is hoped that some courses could be facilitated away from the unit to facilitate interaction with larger and more diverse groups. We will be considering how to keep patients without leave included in this. Options include:

- 'Pop-up' sessions for small groups / individuals on the ward
- Pre-recorded pod-casts
- Use of Skype or similar platforms for a virtual presence

Community resilience and implementing person-centred and wellbeing approaches in our Campus and Neighbourhood settings.

Community Resilience

Within Erewash Neighbourhood Team we are part of the Vanguard "Wellbeing Erewash" Community and Personal Resilience Project .This project has two main workstreams:

i.   personal resilience, included work on developing person centred approaches, Personal Health Budgets, Patient Activation Measures and Wellbeing Planning

ii.   Community resilience: strengthening the voluntary sector, community development forum

In North Derbyshire, we are working very closely with Public Heath on a number of projects. Several of these are being used as part of a national pilot looking at "social return on health investment" using the HACT tool (from an organisation committed to innovation in housing). The projects involved in this are: Spireites Active for Life, Active Confidence and the Green Barrows GROWTH Project.

South Derbyshire and Bolsover neighbourhood teams are members of the Community Health and Wellbeing forums for each locality. This enables partners within the areas to work together to address the health needs of the local population.

Implementing person-centred and wellbeing approaches in our Campus and Neighbourhood settings.

As part of the work following the CQC visit, all teams have been developing clinical skills and approaches in person-centred and wellbeing approaches. Audits have demonstrated increasing numbers of person-centred care plans and WRAP (Wellness Recovery Action Plans) within all teams. In Campus, patients are now offered WRAP workshops and supported to write their own Wellness Plans.

We have very recently started work on a project to co-develop a "person-centred coaching" workshop that will be co-facilitated and delivered into teams, the objectives being to coach clinical staff to take a person-centred approach to care.

Use of NICE Guidelines to inform transitions development

The trust are part of the East Midlands Clinical Network and are reviewing our progress against local and national benchmarks. The local transitions policy is being written in accordance with National Institute for Health & Care Excellence guidance, Special Educational Need Guidance (2015) and the Mental Health Code of Practice (2015).

The overarching principles are:
1. Involve young people and their carer's in service design, delivery and evaluation related to transition
2. Ensure transition support is developmentally appropriate
3. Ensure transition support is strengths-based and identifies the support available to the young person
4. Uses person-centred approaches
5. Health and social care service managers in children's and adults' services work together in an integrated way to ensure a smooth and gradual transition for young people
6. Service managers in both adults' and children's services, across health, social care and education, proactively identify and plan for young people in their locality with transition support needs
7. Every service involved in supporting a young person should take responsibility for sharing safeguarding information with other organisations, in line with local information sharing and confidentiality policies.

The overall work including the policy update is due for completion by September 2017 and is being monitored through the Clinical Operational Assurance Team (COAT) meeting, which as its name suggests provides integrated clinical and operational assurance to the Executive Leadership Team and the Quality Committee. Ongoing monitoring against NICE standards will be shared with the Clinical reference Groups and overseen by the COAT.

The Psychiatry Teaching Unit in Derby; a co-produced approach to medical education

This team works with medical students from the University of Nottingham when they undertake their psychiatry placement with the Trust, and work with around 120 students each academic year. They are a multi disciplinary team comprising Clinical Teaching Fellows, Medical Tutors (consultant psychiatrists), Nurse Educators, Development Workers and an Administrator. Their aim is to support students, who are often apprehensive when they first approach psychiatry, to attain the level required to be able to work at the level of a safe FY1 doctor in psychiatry in the five week period that they are with us.

The team passionately believe in the power of lived experience in helping to mould students into patient centred practitioners of the future. As such, as well as providing excellent formal teaching, both in the classroom and in clinical settings (which we cannot do without the support of colleagues on both the wards and in the community), the team, driven by Nurse Educator Alexa Sidwell, have facilitated the creation of an 'Expert Patient Programme' which enriches the student's learning experience. The programme, developed over the last 9 years, is now supported by two Development Workers who were both recruited, in part, because of their lived experience of mental ill health.

In the last year, more than 40 service receivers have collaborated with the team's clinicians - writing e-learning materials and lecture notes, delivering teaching sessions and facilitating experiential learning through 'Expert Patient' sessions. Moreover, each week's topic areas are introduced in a seminar that is led by a person with lived experience of that set of symptoms and facilitated by the Development Workers. Although not a clinical teaching session, the students are able to better able to understand the impact of a set of symptoms or a diagnosis on day to day life.

In the Expert Patient sessions, service receivers are supported to allow a medical student to take a full psychiatric history, mental state examination and safety assessment from them. The process is watched by a clinician who provides feedback on the technical side of the interview. The service receiver, however, is empowered and supported to provide feedback on the experiential side of the interview - how did the process make me feel, did I feel that you were listening to me, that you valued me as a person etc. The Expert Patients are trained in assessing and giving feedback. The process enables them to contribute meaningfully to the shaping of future doctors. Further, the process helps to break down the power imbalance between clinician and service receiver.

The team works in partnership with other teams within the Trust to ensure that students get the most relevant up to date information across their placement. So, for example, we work alongside the Strategic Health Facilitators that work in the Learning Disability Teams to ensure that students get the best information available to learning disability services. We are privileged that some of the teaching that this team provides is also delivered by people who live with a learning disability.
We are, quite rightly, proud of the opportunities that we provide to students.

Regional Recognition: This work was recognised in the 2017 Health Education East Midlands Excellence in Education Awards, where they were proud to win the award for 'Best public and patient participation in education'.

Caring services

Quality Priority - Improving personalised care planning and person centred care

This was a quality priority for us in 2016/17, developing and maintaining personalised care planning. During the CQC visit and subsequent visits, examples of personalised care planning were clearly identified. However, inconsistency around this was also evident. Subsequent audits have shown improvements, but again progress is a challenge to sustain. This remains a clinical focus for the organisation.

However, congratulations to our across Trust quality circle approach to bid writing with new and novice bid writers who were successful in achieving the NHS England bid on Patient Activation. This bid enables improvements to clinical practice that without external investment would not be achieved. We were informed in June by the Person-centred Care Team, Patients and Public Participation and Insight Division that our bid had been successful.

This model was promoted by recent research in this area, that there was new and emerging evidence that individuals receiving care and their care givers, need to move past engagement to a new progressive model of care to be activated as an expert and informed person making choices in their care. This model would be an evidenced based rating scale for clinical practice to activate individuals in decision making and if early research outcomes are fully replicated could be a key pillar of improved individual and family patient experience clinical effectiveness, and the management of clinical demand. Four representatives have attended the Training event on the 14th June 2016, as a train the trainer model to develop this approach in the Trust. Our interim Assistant Director of Clinical Professional Practice is leading this work, we have signed our license agreement with Isignia and we are moving forward with project roll out.

How to get help card for Families and Carers card (SBARD tool)

The introduction of **How to get help card for Families and Carers Card** is an exciting development for Derbyshire Healthcare NHS Foundation Trust. We are grateful for the support of the East Midlands Academic Health Science Network Patient Safety Collaborative for their support and provision of funding to enable this initiative to be launched last year.

The purpose of the card is as below:

Asking for help
*When you're ringing for help, it's sometimes difficult to get your message across, so try using the **SBARD** framework:*

- ***Situation***: *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?*
- ***Recommendation***: *What do both you and the person you're calling feel would help?*
- ***Decision***: *What has been agreed, and who will do what?*

A year on has seen the **How to get help card** (SBARD) sent directly to approx. 2000 mental health carers with the April 2016 edition of the 'Who Cares?' newsletter.

The card has also been shared with both of the local mental health Carers' Forums, partners and stakeholders, taken to public events and showcased throughout the county (including recruitment fairs for staff).

The quick reference guide has been included with other literature available to families and carers including the carers' handbook and contact cards which are also given out to carers. Integrating the SBARD onto other leaflets will continue as and when they are renewed. An accessible version of the postcard continues to be developed and is available in paper copy and online.

How to get help card for Families and Carers Card has been included in:

- The Carers and Families Handbook (over 10,000 now printed)
- The Carers and Families Contact Card (over 10,000 now printed)

Moving forward it is hoped that SBARD will strengthen relationships between staff and families and carers. Families and carers will feel listened to, supported and have a clear understanding about what is going to happen following the information that they have provided. The benefit of clear, concise information will also support staff to offer better care for their patients.

The 'How to get help card for Families and Carers Card' is on the Core Care Standards website page for Families and Carers – see www.corecarestandards.co.uk/core-care-standards/families-and-carers/. It is also included on the Families and Carers page of the Recovery and Wellbeing Centre www.corecarestandards.co.uk/recovery-centre/carers-and-families/

Carer support

From the 6th June 2016 was Carers week. @CarersWeek asked 2,000 people how caring affected their lives http://www.carersweek.org/get-involved #CarersWeek

This feedback was displayed in the Trust to promote Family and Carers Inclusive Practice, as well our on-going commitment to Think! Family through its associated

training, publications, posters and the use of our Family Liaison Team and SBARD for Families and Carers, publicising and being responsive to the needs of carers.

Later in the year the Trust contributed to the North Derbyshire carers events through a small contribution to sponsorship to the event with Hardwick CCG and supporting staff attendance at the event. Carolyn Green, Director of Nursing & Patient Experience has attended the Derby City and South Derbyshire Mental Health Carers Forum to listen to the views of carers, to promote the use of the Family and Carers handbook and the Family and Carer's SBARD. The majority of the feedback was about access to services, concerns with regards to our Trust's position on its move to a smoke free environment, and the impact of council funding reductions on their well-attended and highly regarded forum.

Triangle of care- Think!Family and Family inclusive practice, a Trust quality priority

This was a Quality Priority for 2015/16 and a local CQUIN, to embed our Think! Family 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.

In addition, on the 29th of July 2016 clinical staff hosted the Triangle of Care Midlands Regional Group. This was chaired by Ruth Hannan, Policy & Development Manager (Mental Health) from the Carers Trust There was representation from Mental Health Trusts including

- Nottinghamshire Healthcare NHS Trust
- Birmingham and Solihull Mental Health NHS Foundation Trust
- South Staffordshire & Shropshire Healthcare NHS Foundation Trust
- 2gether NHS Foundation Trust
- Coventry & Warwickshire Partnership NHS Trust
- Dudley and Walsall Mental Health Partnerships NHS Trust.

This was the 6 monthly progress update meeting from providers who are participants within the Triangle of Care Membership Scheme. Today's event covered the Stage One submission by Nottinghamshire Healthcare NHS Foundation Trust.

The event also included updates from the providers, and at the last presentation in April 2016 we presented the SBARD approach for Families and Carers. This tool allows carers to be able to raise questions they wish to ask, in particular at times of crisis. The team representing the Trust received feedback from providers at the event which was positive and supportive with regards to the tool. 2gether NHS Foundation Trust has presented the tool to carers and their own Trust and has sought the Trust agreement to adopt the tool for use across their services.

We reported back that since the last regional group that we had undertaken a successful event in the North of the County with carers with regards to "Looking after

yourself", where advice on such as healthy eating, blood pressure monitoring, etc had taken place. The event was well received by carers and staff. We had also undertaken an update event for our Carer Leads.

Ruth Hannan from the Carers Trust acknowledged the work that has been completed by the Trust and had no on-going concerns with regards to ownership at a Senior Organisational Level and confirmed that progress had been made by the Trust.

National Recognition

The Care Co-ordination Association Awards 2016:

Innovation to Support Service Development
HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: How to get help – SBARD

Improving Quality and/or Service User Outcomes
AWARD: Derbyshire Healthcare NHS Foundation Trust submitted by Lesley Fitzpatrick: The South Derbyshire Liaison Team
HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: 'Your Care' initiative

Embracing Service User/ Carer Involvement
HIGHLY COMMENDED: Derbyshire Healthcare NHS Foundation Trust submitted by Wendy Slater: Derbyshire Recovery and Wellbeing Centre

Everyday Hero Award
HIGHLY COMMENDED: Kate Heardman, Derbyshire Healthcare NHS Foundation Trust: nominated by Monica Hutson

The Health Service Journal Award 2016

In 2016, the research team in the Trust were shortlisted for the '**Clinical Research Impact**' category. This award celebrates NHS organisations' dedication to furthering clinical research, ensuring that any advances quickly reach practice and improve patient care.

The title of the team's application for the award was "Making Research Core Business" and in October 2016, alongside other shortlisted organisations, three members of the research team presented to a judging panel three reasons why Derbyshire Healthcare should win. Their focus was:

1. **Ambition in a time of austerity**
2. **Doing things differently**

3. Making a big and sustainable impact

There is a clear national directive to make research core business and offer all patients research opportunities. However, research is often seen as non-essential in times of financial hardship. The thriving clinical research environment present at Derbyshire Healthcare is growing organically from a drive to do better.

Volunteer update

As at 7th March 2017, the Trust has 130 volunteers in process, with 61 currently active. Of those, 78% of our volunteer population have lived experience of mental health issues or have used Trust services. Many of our volunteers have roles where they are directly enhancing the experience of the service receivers, supporting our in-patient and neighbourhood teams by co-facilitating activity groups, providing a 'meet and greet' service, providing chaplaincy support, breast feeding support and peer support across adult mental health, learning disabilities and specialist services.

We currently have 14 active mental health Peer Support volunteers across the county, in services including the Radbourne and Hartington in-patient units, Neighbourhoods community teams, Cherry Tree Close and The Beeches. Peer volunteer roles are also within Occupational Therapy and Recreational Services, using their lived experience to co-produce and co-facilitate groups and evaluate services.

Feedback from people using our services has included:

> *'The best thing about being at the Hartington was being shown round by a volunteer and knowing that she had been in my shoes'*

We also offer a limited number of volunteer internships for people who are finding it difficult to obtain paid work. Currently, this is available to those within mental health services. It is recognised that this group are particularly underrepresented nationally within the paid workforce. Of the four people who have completed at least one twelve week placement and accessed the associated support, three have gone on to obtain paid employment. Internal placements have been provided by areas including Information Technology, Educational Support Team, Patient Experience and Legal Services.

Responsive services

Crisis response
The Mental Health Action group is an independent service receiver led organisation.

In July 2016 they published their newsletter, in which they highlighted concerns about out- of-hours support for people experiencing a crisis at the evening or

weekend: *"Group members expressed their serious concern about the gaps in crisis care which many people can still drop into. Healthwatch Derbyshire confirmed that they are picking up some high quality feedback from service receivers about their experiences of crisis support. We hope this will be used by commissioners and service providers to instigate improvements where needed and to continue funding those services that are valued".*

In response, we continued to review our crisis provision with commissioners going forward and feed into the service concerned from Mental Health Action group on the lived experience of accessing the crisis team out of hours. This was coupled with a review of our Crisis services by Derbyshire Healthwatch, which has resulted in a number of positive improvements and service improvement action plans that are being led by our Consutlant Nurse for Crisis.

The Nursing Associate role
It has been agreed that the Nursing Associate role will be implemented in the Trust as a test pilot scheme. Heath Education England (HEE) announced on 11 October 2016 that a partnership between healthcare providers and higher education organisations had been successful in its bid to become a 'test-site' for putting the new role of Nursing Associate through its paces.

This means that Chesterfield Royal Hospital, Derbyshire Community Health Services, Derbyshire Healthcare and Derby Teaching Hospitals, working with the University of Derby, will lead the way in implementing the new education programme as part of a national pilot for this pioneering route into a nursing career. In the first instance, 36 students will be recruited to the training position across the four organisations. This will be for five associate nurses in our organisation. The education and training programme for the role enables them to work within the nursing team at a level which fits between other healthcare support workers and fully qualified nurses. The focus of the role will be to provide hands-on compassionate patient care.

These first students are part of a national cohort of 1,000 and started their two-year Nursing Associate programme in December 2016. This is an exciting opportunity to build on our partnership with the University of Derby. The Trust recrutied staff to all posts, and early feedback in the Neighbourhood and Renablement services is that they are a very welcome assett to the service. The trust has prioritised this work to develop new community roles both in bridging the gap with physical health care clinics and in social and well-being approaches to recovery. This will assist with our ongoing pressure in our community mental health services.

The Dementia Rapid Response Team
The development of this community team has been associated with a reduction in bed occupancy and the opportunity for us to rationalise our estate requirements for

older age mental health. It is hoped that this will also liberate some medical colleague time for input on the wards to those who are the most acutely unwell. The service has received very positive feedback from individuals, families, care homes. Its team members have also been recommended for DEED awards by families, our internal recognition scheme.

Healthwatch surveys

This year two reviews have been undertaken. A 2014/15 complaints survey was shared with the Trust in early 2016 and then revisted by Healthwatch Derby at the end of 2016 (within this financial year). It was a request for all complainants to respond to a Healthwatch survey on how the Trust handled complaints.

This was followed by a meeting with some of the key indiviuals with the Assistant Director of Clinical Professional Practice to listen to the difficulties that were being encountered, then a follow up meeting by the Director of Nursing & Patient Experience with Healthwatch and a smaller meeting of complainants to feedback on what they wished to see improved in the Trust. These suggested improvements included adjustments to the style of complaints letters, changes to the content, and to offer support to review clinical notes to understand jargon.

Healthwatch Derby completed a review of Childrens services including some of the Trust's services and gave feedback to the organisation on the positive areas and areas to improve.

Healthwatch Derbyshire have completed a review of CAMHS, Substance Misuse Services and the Crisis Teams.

All reports have detailed responses on how the Trust thanked the Healthwatch teams for their positive and improvement feedback and how the Trust will put the feedback into practice,

In addtion, the Trust has recived regular reports from Healthwatch Derby and Healthwatch Derbyshire on feedback from the community, and we would like to thank them for their continued commitment and partnership working with the Trust

Investigation Facilitators – Responsiveness of complaints and serious incidents

We appointed to these two posts on Friday 24th March, and we anticipate that they will significantly contribute to improvements in the timeliness and consistency of serious incidents and complaint reports, together with releasing some capacity for clinical staff who are currently undertaking these reports.

Neighbourhood Teams waiting time for a care co-ordinator

Within the Neighbourhood teams, the Service Managers and Service Line Managers met with Kath Lane (Deputy Director of Operations), Claire Biernacki (General Manager) and Darryl Thompson (Deputy Director of Nursing & Quality Governance) in February. There was clear and open discussion, together with a positive attitude to working together to move this forward.

We discussed in particular the current waiting lists for a Care Co-ordinator within the Neighbourhood teams, the impact of this on other parts of the service, recruitment and retention, and the potential 'creep' of tolerance within teams around issues such as criteria for being offered care under the Care Programme Approach, Service Managers having a caseload, and consistency between the teams as to threshold for acceptance of people referred.

As an initial plan, Claire Biernacki is leading on a piece of work to gain greater clarity around waiting list size to keep a current and accurate picture of those on the waiting list in all teams, what other support those on the waiting list might be accessing. Future meetings are planned with the managers to support them in moving forward with this, within their commissioned resources.

Well-led services

The Quality visit programme continued in 2016 and commissioners and governors were involved in a significant number of our visits. The visits were moderated in October, and quality improvements made by teams were recognised at the annual award event held in December this year (see later in this report for the winners). Some early findings and best practice included:

Quality visits best practice examples showcased

- Good work on pathway development and improved working relationship with the wards and training opportunities for ward staff. (ECT visit on 21st April 2016)
- The health visiting team have adapted 'The Solihull Support Programme' where staff have been trained to deliver the Solihull Parenting Programme.The team have also driven an dental health initiative which support children and families to improve oral hygiene and the team secured £1000 funding to support this project. (Health Visiting visit on 13th May 2016)
- A new approach to care planning and development of personalised care plans in a new format which was completed jointly with patients, professionals and carers/family which reflected the Triangle of Care model. (Cherry Tree Close visit 20th May 2016)

- Accessible information practices to ensuring that people who use the services have the information in the most appropriate format examples included care plans, social stories, and keeping safe plans. (Amber Valley CTLD 4th May 2016)
- In perinatal services they showed how they are bringing in peer volunteers, including dads, to share their journey, together with engagement with others and wider families for such events. This significant involvement of partners is having a positive impact on mothers and their babies. The service also demonstrated low numbers of incidents due to staff spending lots of time with patients and therefore able to anticipate and pre-empt issues. The service was also planning to gather patient experience outcome measures, using the same tool that is used across the East Midlands (visit to perinatal services 14 June 2016).
- Erewash Community Learning Disabilities team showed their process for recruiting a new Speech and Language Therapist. This was an excellent example of meaningful engagement, where the people involved had shaped both recruitment and appointment of therapists. Given the complex nature of the interventions and communication challenges faced by the people accessing the service, the commitment to improving engagement in recruitment demonstrated simple sophistication at its best. (Erewash Community Learning Disabilities Team 21 June 2016)

Examples of some the issues raised during Quality Visits

Teams discussed the following:
- some challenges they have experienced with the PARIS electronic patient record system, but remained locally solution focussed. It was evident that they were problem solving as a team by being engaged through the Clinical Reference Group and utilising the support of the PARIS and Information Management Team as and when necessary.
- not being up to full complement and recognised that the service is still evolving. The team often have competing demands such as many clinics and various meeting requests i.e. early help assessment, safeguarding, review meetings.
- the challenges of caseloads and the increasing demand.
- the challenges around waiting times and waiting lists. Although the team are following policy and have strategies in place for safe waiting, it was commented that their capacity is impacted on by retracting Local Authority funding and an increasing expectation that the team will complete Continuing Healthcare checklists and health assessments.
- the transformation in some neighbourhood teams and the challenges of bringing teams under one roof. The panel appreciated the recent merge of the Community Mental Health Teams into Neighbourhoods but still felt that there was more work to be done around working together as one team.

One clinical team challenged the outcome of their Quality Visit through the appeal process. The Learning Disability Health Facilitators service challenged how their award was down-graded due to concerns around supervision and appraisal rates. This data was revisited and the challenge that the data did not take into account new starters was upheld. The team were subsequently up-graded to a Gold Award.

Staff Health & Wellbeing CQUIN - Flu vaccinations for staff
This year, work to improve the positon of our staff influenza vaccination uptake has been undertaken, with support from clinical, operational and workforce & Organisational Development colleagues. Previous uptake has been low, and this year we supported our usual clinics for staff to 'drop in' with a peer vaccinator programme, which was largely developed to support inpatient ward staff who have more problems with attendance and release. This year's programme saw Registered Nurses being trained to administer flu vaccinations to colleagues in the workplace, adding to opportunity and flexibility. The programme has been successful and well received by staff, therefore will be continued and expanded next year. The final update was 38.4%, an increase of 16% on the previous year.

Quality Leadership
The Quality Leadership Teams continue to evolve, and are now incorporating operational issues with wider attendance from an integrated group. We recognise that these groups will require on-going attention to support their development. It is clear that both Campus and Neighbourhood areas are under intense pressure and this is not assisting the growth of these specific clinical reference groups. The Associate Clinical Director recognises the need to understand quality governance and develop quality improvement that connects with the voice of the clinical team and is working to enhance communication as these specific groups continue to evolve.

There is clear commitment from the Director of Nursing & Patient Experience and the Medical Director to attend these meetings or offer alternative support in any manner, to support their continued development

Below are invitations to staff to be part of our equality and diversity work:

'Have your say' workforce event, 30 March: grade the Trust on its efforts to promote equality and diversity and help build the staff networks of the future

Want to make a difference in building a diverse and inclusive environment for everyone?

On 30 March 2016, at the Centre for

Research & Development in Derby, we'll be holding the annual Equality Delivery System (EDS2) workforce grading event. The main purpose of EDS2 is to help local NHS organisations review and improve their performance for people with characteristics protected by the Equality Act 2010.

This event is the chance for staff to say how well the Trust is doing in terms of consistency and equality of opportunity around areas like recruitment, pay, training and development, flexible working, and keeping staff safe from abuse, harassment, bullying and violence.

Also at the event, staff will be able to shape the Trust's staff networks for the future, and suggest the staff networks that we need in order to give a voice to those with different REGARDS characteristics.

BME Staff Network annual conference this Friday: free strategic coaching session

Event: BME Network Annual Conference
Date: Friday 17 March 2016
Time: 10am to 4pm
Venue: Conference Rooms A&B, Centre for Research & Development, Kingsway Hospital site, Derby DE22 3LZ

The Trust is running a strategic coaching session facilitated by an experienced external BME coach **Rasheed Ogunlaru** (pictured right).

The Trust is providing this session to…

- Be a development opportunity - to provide coaching that recognises the needs and lived experience of our BME staff
- Engage with BME staff to help us understand the barriers and perceptions and solutions to address the differences in experience, access and outcomes, and help shape the culture of our organisation (as part of the Work Race Equality Standard action plan and staff survey action plan)
- Help shape the BME Network – the purpose and direction of the network.

There is no obligation to join the BME Network.

Senior managers have been asked to encourage and nominate two representatives from their service area to attend. We would particularly welcome more bookings from the following service areas:

- Finance
- Learning Disabilities
- IM&T
- Psychological Therapies
- Universal Children Services and Child Therapy & Complex Needs

Local improvement plan

The Trust has a very low rate of NHS litigation claims when benchmarked against other services. The Trust this year prioritised focusing upon the named Quality Priorities and the roll out of Electronic Patient records in the organisation. The Qualtiy priorities and non CQUIN requirements for 2017/18 is to develop a new Quality Improvement Strategy, that clinical leadership teams will define their own improvements based upon clinical data and will use this to be the foundation of the Sign up to Safety improvement plan.

How we discharge our CQC Regulation 20 for Duty of Candour

The Family Liaison Team (consisting of two staff) commenced in post in March 2015. The aim of the Family Liaison Team is to offer direct support to patients and their families following incidents, alongside supporting staff to fulfil their Duty of Candour and offer assurances to the Trust that this has been completed.

Assurance

The Medical Director has overarching responsibility for ensuring the Trust fulfils its Duty of Candour requirements. A narrative on how we deliver our Duty of Candour, in relation to Serious Untoward Incidents, is included in the monthly Serious Incident (SI) Report which is reviewed by the Quality Committee and Trust Board.

Role of Family Liaison

Family Liaison offers direct support to families following a serious incident or the death of a loved one. This is alongside any support offered by clinical teams and staff investigating the incident. The work of the family liaison team extends under the principles of Being Open. They also support staff undertaking serious incident investigations to engage with the family. They ensure that Families and Patients are included wherever possible in reviews and their questions and concerns are addressed.

Family Liaison Process

Incidents graded moderate or above are reviewed by the Family Liaison Team to assess whether Duty of Candour is applicable. Further information is gathered and support from clinical staff with specialist knowledge is sought at this stage if required. The Electronic Patient Record is reviewed and the clinical team is contacted to ascertain contact details for family and the level of family involvement in the patients' care. This process would happen where it is a serious incident or death and where the incident meets the standards for duty of candour or being open. Support would also be offered to family if the incident is an expected death from natural causes. Initial contact is made with family by letter or telephone. This is judged on an individual case basis. The purpose of the initial contact is to offer condolences or apologies on behalf of the trust and if there is to be an investigation inform them of

the next steps. Family Liaison would ascertain family's wishes and keep them informed of the progress of the investigation and ensure that they are offered feedback.

Additional Support offered by Family Liaison

- Support Families who wish to make a complaint during an investigation
- Training for staff regarding engaging with family, Being Open and Duty of Candour
- Support Investigators to meet with family
- Attend Coroners Court to support family

Involvement in Serious Incident Process

A representative from Family Liaison sits within the Serious Incident group and therefore is involved in the review of all Serious Incidents. Where there is direct involvement, any concerns/comments the family has are fed directly into the group. This is supported by the Lead for Patient Safety when the Family Liaison and Investigation Facilitator are absent.

Duty of Candour and Being Open

Occasionally it may be unclear in the first instance whether Duty of Candour or Being Open is applicable. In these circumstances, we would still work with families in a compassionate and empathetic way to offer apologies and condolences in a meaningful way.

Auditing our approach to Duty of Candour and Being Open

In 2016, we planned to ask our internal auditors to review the Duty of Candour and Being Open policy following its first 12 months of operation. The review asked questions such as: Is the service providing and discharging its duty of candour? Is the Trust policy being implemented and can the 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?

This area of practice was extensively explored in the CQC June 2016 comprehensive action plan. All Trust services bar one team were established to be fully implementing Duty of candour. The Children's and Young People Service had to address staff training in this area and this was completed in 2017.

The CQC report included the following text:

"The trust employed a family liaison co-ordinator and a 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. A narrative on how the trust deliver their obligations with regards to Duty of Candour, in relation to

serious untoward incidents, was included in the monthly Serious Incident Report which is reviewed by the Quality Committee and Trust Board. An additional reporting system contained an additional field 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.

• Staff were open and transparent and explained to patients when things went wrong. We saw an example of this regarding a confidential letter sent to the wrong address in the forensic service. Patients in the learning disability service told us that they were informed and given feedback about things that had gone wrong In the long stay service an incident occurred where a patient on the self-medication protocol had been on weekend leave and staff failed to notice that medication had not been taken. Staff informed his family as soon as they realised the incident had occurred. A new protocol was put in place for checking medication after leave for all patients rather than on the ad hoc basis they had used previously".

Due to the external assurance received from this, other additional internal audit work was prioritised.

Never events

We did not have any 'never events' in 2016/17.

Our most recent staff survey

Key Finding 21: Percentage of staff believing that the organisation provides equal opportunities for career progression (the higher the score the better)			
Trust Score 2016	Trust Score 2015	National 2016 average for combined MH/LD and community Trusts	Best 2016 score for combined MH/LD and community Trusts
75%	84%	88%	91%

Key Finding 26. Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months (the lower the score the better)			
Trust Score 2016	Trust Score 2015	National 2016 average for combined MH/LD and community Trusts	Best 2016 score for combined MH/LD and community Trusts
22%	22%	21%	15%

The five Key Findings for which our Trust compares least favourably with other combined mental health / learning disability and community trusts in England are in the table below. It is suggested within this year's survey that these areas might be seen as a starting point for local action to improve as an employer.

Key Finding (KF)	Trust Score 2016	National 2016 average for combined MH/LD and community Trusts
KF30. Fairness and effectiveness of procedures for reporting errors, near misses and incidents (the higher the score the better). This is also highlighted as a deteriorating finding since the 2015 survey.	3.52	3.77
KF1. Staff recommendation of the organisation as a place to work or receive treatment (the higher the score the better)	3.42	3.71
KF31. Staff confidence and security in reporting unsafe clinical practice (the higher the score the better)	3.49	3.71
KF21. Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion (the higher the score the better). This is also highlighted as a deteriorating finding since the 2015 survey.	75%	88%
KF32. Effective use of patient / service user feedback	3.42	3.68

Largest Local Changes since the 2015 Survey

This page highlights the Key Finding that has improved in the Trust since the 2015 survey.

Indicator	Trust Score 2016	Trust Score 2015
KF18. Percentage of staff attending work in the last 3 months despite feeling unwell because they felt pressure from their manager, colleagues or themselves *(the lower the score the better)*	56%	64%

CQC Rating as at June 2016

The result of our 2016 inspection was that the CQC rated our organisation as requiring improvement. Clearly, we were pleased in the report that the inspectors "found the staff to be consistently caring and they treated patients with kindness,

dignity and respect. The feedback received from both patients and carers regarding the quality of care was positive and demonstrated a staff group who have the patients' best interests continually in mind." However, being awarded 'requires improvement' for the domains of effective, safe and responsive sent us a message that work needed to be done. Of additional concern was the 'inadequate' rating around well-led, which from the point of view of the inspectors led to variance in the quality and the safety of our services. Also, two clinical areas (the forensic wards and wards for older people with mental health problems) were rated as 'inadequate'.

Ratings for individual areas have been upgraded in response to subsequent announced and unannounced visits.

Overall rating for services at this Provider	Requires improvement 🟠
Are services safe?	Requires improvement 🟠
Are services effective?	Requires improvement 🟠
Are services caring?	Good 🟢
Are services responsive?	Requires improvement 🟠
Are services well-led?	Inadequate 🔴

As a Trust we were dissapointed for our staff and our community on the results of our inspection.

We will continually strive to improve until we can reach the very best clinical and corporate governance standards we can. Our Trust strategy has an aim to achive a mininum of a good rating for all services and we will focus in 2017/18 on that aim both for our community and our staff.

Our clinical service reports

These are the end of year results for the comprehensive inspection in June and service revisitied and regraded in visits in Decemeber (2016) and January (2017).

Overall rating	Inadequate	Requires improvement	Good	Outstanding

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

Some high level actions were progressed on receipt of the comprehensive report and immediate feedback on areas of improvement already in progress or completed included:

1.   The Safeguarding Committee reviewed Safeguarding level 3 training and evidence. Additional training days were commissioned by the Children's Service and have been provided and the end of year performance has been detailed in the performance section..

2.   A review of all CQC actions was undertaken by the Capital Investment group and existing resources re-allocated to meet the findings of the comprehensive review. The installation of all air conditioning units has already occurred and the additional aspects are now in full planning stage. This includes the re-development of a newly designed clinic room at the Kedleston Unit, through refurbishment of the kitchen and the activity daily living kitchen being re-provided, rather than the initial plan to close a bedroom. The planned relocation of Audrey House, due to both heating and physical environmental concerns went ahead in October. This fully mitigates the concerns raised in the Audrey House CQC comprehensive report.

3. Safeguarding knowledge and responses to security and safety of property, an action plan to consider as a trust how the organisation is able to learn from losses and can put in place systems and structures to analyse clusters of issues, has been put in place to enable the Safeguarding Adults Lead Professional and Safeguarding Named Doctor to reflect and identify potential clusters of incidents. All information related to this issue has been shared with the Safeguarding Adults manager for the Clinical Commissioning Group, Local Authority and other bodies.

4. The Equalities Act and our EDS2 submissions have an action plan and significant work led by our Human Resources team under the scrutiny and leadership of our Director of Human Resources, Amanda Rawlings.

5. Our Mental Health Act team have been revisiting all Community Treatment Orders and rights that have been issued, and ensuring all rights forms are correctly completed and filed. A compliance report with full assurance on the rights of individuals is in final stages of report writing and completion and will be provided to the Mental Health Act Committee

6. Safeguarding Adults Named Doctor appointed. A Safeguarding adults SAAF review (Safeguarding Analysis and Assessment Framework) was submitted at the agreed extension period and was confirmed as good. Two Band 7 posts as a 6 month proof of concept were invested in by Southern Derbyshire Safeguarding Hub (MASH) to support the safeguarding adults and children agenda. They have been put in place following concerns by Southern Derbyshires Safeguarding Adults manager aroudn capacity in the Trust's safeguarding team to respond.

7. The older adults service has redesigned a clinical post to be dedicated to older adult in-patient areas and will lead on clinical compliance issues specifically with regard to personalised care planning for mental health conditions in in-patient areas, the knowledge acquisition and clinical practice improvement of staff in applying the Mental Capacity Act in all decision making and in Best Interest decisions.

8. Clinical Skills Tutor posts were recruited to for clinical staff to work across the seven day per week period to improve staff knowledge on the Mental Capacity Act, personalised care planning and embedding 'I' statements, physical health checks in the use of rapid tranquilisation and the Positive and Safe Strategy, and ensuring that knowledge of seclusion and segregation is embedded.

At the Trust Quality Summitt in September 2016, we provided additional information and assurance and Board level commitment to learn from the Well-led inadequate rating, and ensure that all areas rasied with the organsation were fully discharged. We hope that our partners and regulators can confirm our commitment and level of pace to ensure that all aspects of proactive improvement and goverance are rectified.

We would like to thank our partners, commisioners, regulators and Healthwatch Derby for attending our Quality summitt at the invitation of the CQC, and making commitments at the summit to support the Trust in its endeavours to succeed.

In addition, some our services were re-inspected and we have received draft positive re-grading reports from the CQC at the time of report writing. We hope to share this news with our partners very soon.

Performance against the indicators which are being reported as part of NHS Improvement's oversight for the year

Care programme approach (CPA) patients receiving follow-up contact within seven days of discharge.

Performance already reported in Part 2, so not required to repeat in Part 3.

Patients who have had a review of their care plan in the last 12 months – Local Quality Priority chosen by the Council of Governors for 2017/18; Quarter end as at 29th March 2017:

Care programme approach (CPA) patients having formal review within 12 months	Actual	Target
	95.54%	95%

Admissions to inpatient services had access to crisis resolution / home treatment teams [gate kept admissions].

Performance already reported in Part 2, so not required to repeat in Part 3.

Meeting commitment to serve new psychosis cases by early intervention teams

	Actual	Target
Early Intervention new caseloads as at 30th January quarter end – will need to update (data not available as at 29th March)	133.9%	95%

Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral as at 29th March 2017:

	Number	Actual	Target
EIP RTT Within 14 Days - Complete	186	75.11%	50.00%
EIP RTT Within 14 Days - Incomplete	201	61.6%	50.00%

Improving access to psychological therapies (IAPT):

- people with common mental health conditions referred to the IAPT programme will be treated within 6 weeks of referral
- people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral

As at 29th March 2017:

	Actual	Target
IAPT – referral to treatment within 18 weeks	99.66%	95%
IAPT – referral to treatment within 6 weeks	89.85%	75%

Delayed Transfers of Care (DTOC) - Quality Priority chosen by the Council of Governors for 2017/18

The Delayed Transfer of Care target in 2016/17 was set as 7.5%, against which we performed well at 1.26%.

NHS Improvement undertook a baseline measure in the summer and reset the Trust DTOC at less than the Trust's running performance. Compared to other mental health organsations this is a very low target for DTOC.

To provide a baseline against which to report future progress, the situation as at 29th March 2017 with regards to DTOC is as below:

Delayed Transfer of Care
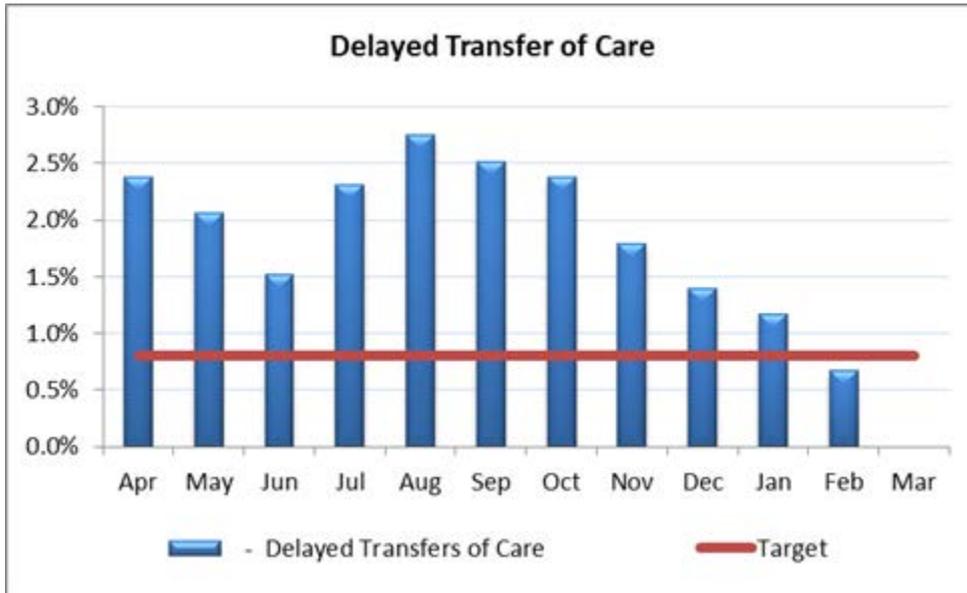
At the time of writing, there are currently no people who are considered to be delayed transfers of care. The Trust Target has been set by the NHS at 0.8% which is below the rate currently being achieved. As at the 29th March 2017, the year to date figure was 1.81%.

Out-patient letters

In response to feedback from the Governors with regards to the 2015/16 Quality Report: "In future reports we would like to see improvements in the performance on outpatient letters". As at 29th March year to date:

	Number	%	Target
Outpatient letters sent in 10 working days	34,507	87.28%	90.00%
Outpatient letters sent in 15 working days	34,507	93.88%	95.00%

It is reported that the 10 day typing target has been breached primarily due to two consultants leaving the Trust for new positions.

DHCFT Trust Performance Dashboard YTD (29/03/2017)	No.	%	Target
- NHS I Targets - Single Oversight Framework			
- CPA 7 Day Follow Up	803	96.89%	95.00%
- Data Completeness: Identifiers (latest position)	288217	99.39%	95.00%
- Data Completeness: Priority Metrics (latest position)	90602	64.32%	85.00%
- Crisis GateKeeping	864	98.97%	95.00%
- IAPT Referral to Treatment within 18 weeks	7007	99.66%	95.00%
- IAPT Referral to Treatment within 6 weeks	7007	89.85%	75.00%
- EIP RTT Within 14 Days - Complete	237	75.11%	50.00%
- EIP RTT Within 14 Days - Incomplete	250	61.60%	50.00%
- Patients Open to Trust In Employment	40016	7.96%	N/A
- Patients Open to Trust In Settled Accommodation	40016	51.08%	N/A
- Under 16 Admissions To Adult Inpatient Facilities	0	N/A	0
- IAPT People Completing Treatment Who Move To Recovery	6627	53.76%	50.00%
Physical Health - Cardio-Metabolic - Inpatient	*Currently monitored by audits*		
Physical Health - Cardio-Metabolic - EI	*Currently monitored by audits*		
Physical Health - Cardio-Metabolic - on CPA (Community)	*Currently monitored by audits*		
- Locally Agreed			
- CPA Settled Accommodation (latest position)	35732	96.60%	90.00%
- CPA Employment Status (latest position)	35732	97.15%	90.00%
- Data Completeness: Identifiers (latest position)	288217	99.39%	99.00%
- Data Completeness: Outcomes (latest position)	35732	94.53%	90.00%
- Patients Clustered not Breaching Today	183621	79.69%	80.00%
- Patients Clustered Regardless of Review Dates	193038	95.12%	96.00%
- 7 Day Follow Up – All Inpatients	1348	95.70%	95.00%
- Ethnicity Coding	288217	91.76%	90.00%
- NHS Number	62821	99.99%	99.00%
- CPA Review in last 12 Months (on CPA > 12 Months)	2738	95.54%	95.00%
- Community Care Data - Activity Information Completeness	1243586	94.27%	50.00%
- Community Care Data - RTT Information Completeness	1243586	92.31%	50.00%
- Community Care Data - Referral Information Completeness	1243586	78.22%	50.00%
- Early Interventions New Caseloads (latest position)	179	142.10%	95.00%
- Clostridium Difficile Incidents	0	N/A	7
- 18 Week RTT Greater Than 52 weeks	0	N/A	0
- Schedule 6 Contract			
- Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks	56589	6.83%	5.00%
- Consultant Outpatient Appointments DNAs	39484	15.60%	15.00%
- Under 18 Admissions To Adult Inpatient Facilities	0	N/A	0
- Outpatient Letters Sent in 10 Working Days	34507	87.28%	90.00%
- Outpatient Letters Sent in 15 Working Days	34507	93.88%	95.00%
- Inpatient 28 Day Readmissions	1514	7.93%	10.00%
- MRSA - Blood Stream Infection	0	N/A	0
- Mixed Sex Accommodation Breaches	0	N/A	0
- Discharge Fax Sent in 2 Working Days	1342	98.81%	98.00%
- Delayed Transfers of Care	4935	1.81%	0.80%
- 18 Week RTT Less Than 18 Weeks - Incomplete	4242	95.50%	92.00%
- Fixed Submitted Returns			
18 Week RTT Greater Than 52 weeks	0	N/A	0
18 Week RTT Less Than 18 weeks - Incomplete	4940	94.31%	92.00%
Mixed Sex Accommodation Breaches	0	N/A	0
Completion of IAPT Data Outcomes	6335	95.97%	90.00%
Ethnicity Coding	262943	91.92%	90.00%
NHS Number	58381	99.99%	99.00%
CPA 7 Day Follow Up	728	96.43%	95.00%

The 2016 Delivering Excellence Awards

A judging panel consisting of Ifti Majid (Acting Chief Executive), Maura Teager (Non-Executive Director), Kelly Sims (Staff Governor), Sarah Butt (Assistant Director Clinical Practice and Nursing) and a representative of someone in receipt of our services gathered earlier this month to consider all this year's Delivering Excellence Awards nominations.

The finalists were as follows, with the respective winners for each category in **bold**:

Compassion in practice award

- Anthony Newman, Nursing Assistant – Kedleston Unit, Kingsway Site
- **Bridget Teehan, Nursing Assistant – Kedleston Unit, Kingsway Site**
- Jan Brown, Occupational Therapist/Case Manager – Early Intervention Service, St James House, Derby

Compassion in Practice: non-executive director Margaret Gildea, nursing assistant Bridget Teehan and acting chief executive Ifti Majid

Bridget was nominated by two separate service receivers at the Kedleston Unit. One described her as "very caring and understanding" while the other said: "She has always got a bright smile, and is always open and down to earth, and caring and compassionate, and is always prepared to listen. On account of this, she knows how to brighten up your day."

Maura Teager, one of our non-executive directors and a member of the judging panel, also said: "I am delighted that Bridget's skills, warmth and compassion have been recognised by this award, clearly she is valued by patients, carers and staff and is a leader in the true sense of the word by living the values that we all aspire to.

"When you are in a vulnerable and difficult place, no matter who you are, the way people respond to you makes all the difference and it can seem like they have sprinkled you with their own bit gold dust during a difficult and emotional time. What a wonderful role model Bridget is!'"

Inclusion award

- **Chris Cowans, Substance Misuse Project Worker – Erewash House, Ilkeston**
- Lisa Heeley, Paediatric Therapy Assistant Practitioner – The Lighthouse, Derby
- The Psychiatric Teaching Unit – Radbourne Unit, Derby

Inclusion Award: non-executive director Julia Tabreham, substance misuse project worker Chris Cowans and acting chief executive Ifti Majid

Chris has shown great motivation and hard work in developing the service receiver involvement at Derbyshire Substance Misuse Service's Erewash House in Ilkeston. Chris has introduced new activities for service receivers such as boxercise and wash-arts, and has started up a café run by service receivers themselves.

Chris was nominated by Katie Hunt, who says of his involvement of service receivers: "This is something that Chris is clearly passionate about and is evident in the success of what he has developed in the service. This work has appeared to develop the relationship and atmosphere between service users and staff and appears to have had a great impact of the morale in the Ilkeston Office. It is something that the other offices in Derbyshire are using as inspiration to develop the activities they offer."

Innovation award

- Janet Taylor, Paediatric Occupational Therapist – The Lighthouse, Derby
- Serena Thorley, Nursing Assistant – Morton Ward, Hartington Unit, Chesterfield
- **Wendy Stevenson, Memory Assessment Service Nurse – Memory Assessment Service, St Andrews House, Derby**

Innovation Award - executive director of finance Claire Wright, team administrator Maria Barrell on behalf of Wendy Stevenson and acting chief executive Ifti Majid

Wendy turned the idea of 'twiddle muffs' into a reality. These are knitted cuffs that sit on the arm of patients with advanced dementia. The muffs are now used across the Trust's older people's services to prevent service receivers from picking at their skin or pulling their cannula out, for example.

Inspirational leader award

- Deborah Hargreaves, Team Manager – LD Assessment Treatment and Support Service, St Andrews House, Derby
- **Elizabeth Banahan, Team Manager – YPSS/CAMHS Eating Disorders Service, Temple House, Derby**
- Dr Matthew Vinecombe, Clinical Psychologist – Temple House, Derby

Inspirational Leader Award: 2015's inspirational leader Claire Biernacki, team manager Elizabeth Banahan and acting chief executive Ifti Majid

On Elizabeth's award, the judging panel said: "We were very touched by the number of staff in her team that nominated Liz. It was clear that her support and inward focus on the team has been very positive and the team feel very supported and nurtured in this environment. We would like to thank Liz for her approach to her staff members and we look forward to Liz contributing to the wider CAMHS systems transformations throughout the year to build upon this very positive staff team experience and use this in the wider systems developments and integrated approaches to children to enable CAMHS developments to flourish.

"We would like to thank Liz for such impressive feedback from her immediate staff team"

Partnership award

- Derby Children's Health Facebook team – Children's Services, Cardinal Square, Derby
- Jumpz – Early Intervention Service, St James House, Derby
- **Louise Herron, Occupational Therapist – Chesterfield Central Neighbourhood Team, 42 St Mary's Gate, Chesterfield**

Partnership Award: director of nursing and patient experience Carolyn Green, occupational therapist Louise Herron and acting chief executive Ifti Majid

Louise is working in partnership with Chesterfield Football Club on 'Spireites Active for Life', helping individuals with a severe mental health problem to learn about the benefits of a healthy and active lifestyle and support healthier lifestyle changes.

Karen Wheeler, who nominated Louise, said in her nomination: "Louise has developed the courses to be totally inclusive, working with service users to enable them to achieve their goals in the setting of the Chesterfield FC stadium.

"Her positivity and motivational way of working encourages people to take positive risks and succeed in their own recovery journeys.

Chesterfield FC Community Trust supported the nomination and said: "Our partnership is integral to the course success. The experience and expertise that Louise offers us during the session is essential. Louise is able to lead on the theory section of the course and her knowledge, personality and understanding of the participants' needs, ensure that each week the group leave having gained important knowledge for improving their lifestyle, wellbeing and ultimately, mental health."

Rising star award

- Andrew Johnson, Lead Nurse – Chesterfield Crisis Resolution and Home Treatment Team, Hartington Unit, Chesterfield
- **Joanne Wombwell, Team Manager and Dementia Lead – Bolsover & Clay Cross Neighbourhood Service, The Old Vicarage, Bolsover**
- Kerry Knox, Registered Nurse – Ward 2, London Road Community Hospital, Derby

Rising Star Award: director of corporate affairs Samantha Harrison, team manager Joanne Wombwell and acting chief executive Ifti Majid

Joanne was nominated by two colleagues – a member of her team and her line manager. Both recognised how hard Joanne had worked during the transition to neighbourhood working. In addition Linda Beresford, who is a member of Joanne's team, praised Joanne for the way she goes above and beyond in supporting staff, writing: "she provides support not only through listening and advice but also by covering duty when we are short staffed. She will go out on urgent visits, to people of all ages, and has shown that she wants to increase her own knowledge base. Joanne will volunteer to cover within the team on routine work if people are off ill."

Julia Lowes, who manages Joanne, said: "In the time I have been managing Joanne I have enjoyed witnessing the vitality and humour she brings to the management team and have watched her grow some of the finer qualities that will set her up to become a manager of the future in the Trust. She approaches her work with great enthusiasm and cannot help but show her passion towards making services for people with dementia as good as they possibly can be. Joanne has become a great asset to my team and I believe that she is well deserving of recognition for all the hard work she does."

Unsung hero award

- Martin Shaw, Domestic – St Andrews House, Derby
- **Mary Martin, Nursing Assistant – Audrey House, Derby**
- Muriel Wesson, Coffee Shop Manager – Ashbourne Centre Coffee Shop, Kingsway Site, Derby

Unsung Hero Award: director of strategic development Mark Wright, nursing assistant Mary Martin and acting chief executive Ifti Majid

Over her 30 year career with the Trust Mary has gone above and beyond to ensure patients are supported and encouraged in all aspects of daily living. She regularly facilitates trips out for service receivers, in which she invites former patients to promote social inclusion.

Sara Johnson nominated Mary. She added: "Mary goes the extra mile on all levels; she even continues to support patients post discharge. One example of her outreach work: a patient who was discharged some time ago built an excellent therapeutic relationship with Mary and she continued to support him with having a shave when he visits the unit. Every team should have a Mary Martin, I value everything she does – as do the patients."

Volunteer award

- **Helen Poli, Peer Support Worker – Hartington Unit, Chesterfield**
- Ian Judson, Peer Support Worker – Killamarsh & North Chesterfield Neighbourhood Service, Killamarsh Clinic, Killamarsh
- Marc Riley, Volunteer – Portering Service, Kingsway Site, Derby

Volunteer Award: lead governor John Morrissey, peer support worker Helen Poli and acting chief executive Ifti Majid

Helen is constantly identifying new ways for service receivers to engage in the meaningful activities taking place at the unit's Hub, thereby increasing their opportunity for social inclusion. She understands how it feels to be a patient on the

ward and strives to use her lived experience to give others hope as part of their recovery journey.

Clare Farnsworth, who nominated Helen, said: "Helen is extremely passionate about the job. Her character and presence in the hub lifts everyone's mood as she always has a smile and a positive attitude. Helen attended the quality visit for Recreation and Occupational Therapy. Her contribution to this was invaluable and the feedback from the panel was very positive. One of their comments was; 'I find it so personally touching how much Helen's passion shines through'. We hope that we as a team and the Trust can continue to give back to Helen as much as she has to us, as she is so deserving and would be an asset within many different services."

40 Years' Long Service Award

Also being celebrated at the ceremony were Trust staff who have reached the milestone of 40 years' service over the past 12 months. Congratulations to:

- **Jayne Martin, Community Support Worker** – Killamarsh & North Chesterfield Neighbourhood Team, Killamarsh Clinic
- **Lesley Newton-Griffiths, Registered Nurse** – School Health Team, Derby

40 Years' Long Service Award: acting chief executive Ifti Majid, community support worker Jayne Martin and non-executive director Caroline Maley

40 Years' Long Service Award: acting chief executive Ifti Majid, registered nurse Lesley Newton-Griffiths and non-executive director Caroline Maley

All the winners of DEED (Delivering Excellence Every Day) colleague of the month awards from the past 12 months were invited to the ceremony, and they were in contention for the DEED of the Year Award.

Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

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

Annex 2: Statement of directors' responsibilities for the quality report