

Trust Strategy

2022 - 2025



DHCFT



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Making a
positive
difference

Foreword by Chief Executive: Welcome to our Trust Strategy

This is an update to the Trust Strategy that was developed and published in 2022. It sets out a number of strategic objectives agreed in 2022 and highlights the actions that were achieved in 2022/23 and the actions that still need to be delivered during 2023/24.

When this strategy document was initially published, the Trust was starting to recover from the impact of the COVID-19 pandemic, and a number of objectives were identified around improving access to our services and ensuring better outcomes and experiences for our patients. It is right that we continue to deliver on these commitments as we seek to support those in need of our care.

We enter the 2023/24 year with a challenging financial position, both as a Trust and across the wider Derbyshire system, at the same time as experiencing increased demand for our services, and this will make it challenging to complete all the actions. However, Trust colleagues are making a concerted effort to increase the efficiency and effectiveness of our services and ways of working, taking an approach based on the principles of quality improvement. This approach is already having a positive effect and should stand us in good stead as the year progresses.

I had the privilege of joining Derbyshire Healthcare as Chief Executive in April 2023 and, during my first months in post, I have made it my mission to meet and listen to as many colleagues, service users, carers and partners as possible – to find out people's genuine experiences of the Trust, and their aspirations for the future.

I would welcome feedback on the objectives and actions described in this document, as part of that listening exercise. I will then draw together everyone's comments and refocus our ambitions for the years ahead. Please email your thoughts to dhcft.communications@nhs.net by Monday 31 July.

With new services being launched and new healthcare facilities being built, this is undoubtedly an exciting time for Derbyshire Healthcare NHS Foundation Trust and all its stakeholders. Hopefully this document reflects the sense of opportunity that I and many others feel, and which we will build on in the coming years.

Mark Powell
Chief Executive



Introduction: Background

Who we are, and why we have a Trust strategy

Derbyshire Healthcare NHS Foundation Trust is a specialist provider of mental health, learning disability, substance misuse and children's services across Derbyshire

Derbyshire is a county that covers 1000 square miles with a population of about 1million people. The rural, semi-rural and urban landscape gives rise to a mixture of affluent and seriously deprived areas. The city of Derby is a vibrant place where over 300 languages are spoken.

Our strategy is a way of setting out our shared ambition over a period of several years. It simply defines the main improvements and changes we together aim to make, how we will go about doing that and how we will measure the success of those actions.

Our strategy is not a static document but one that together we regularly review to make sure it remains relevant to our challenges and opportunities.

Some of the key things we have taken into account when developing and continuing to evaluate our strategy include:

- The NHS is at a point of change with a number of major policy changes including the NHS Long Term Plan and changes to the Mental Health Act
- Best practice is continuing to evolve and develop
- Within Derbyshire our Integrated Care System brings organisations together to work in a joined up way. In Derbyshire this is called Joined up Care Derbyshire (JUCD). The purpose of JUCD is:
 - Improve health and wellbeing
 - Improve care and quality of services
 - Improve financial efficiency and sustainability
- We are working closely with other mental health providers through the East Midlands Alliance, to ensure a regional approach to specialist services
- Demand for all our services is growing and we are seeing people with more complex needs living longer.



This strategy is set in the following context...



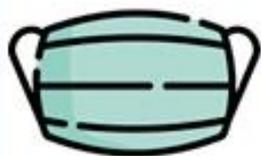
Delivery of the NHS Long Term Plan



Continuing to refine our well led governance



Preparation for learning from CQC Inspections



Ongoing response and learning from COVID-19



Emerging integrated care systems



Changes to the Health and Social Care Act



NHS people plan



Developing East Midlands Alliance

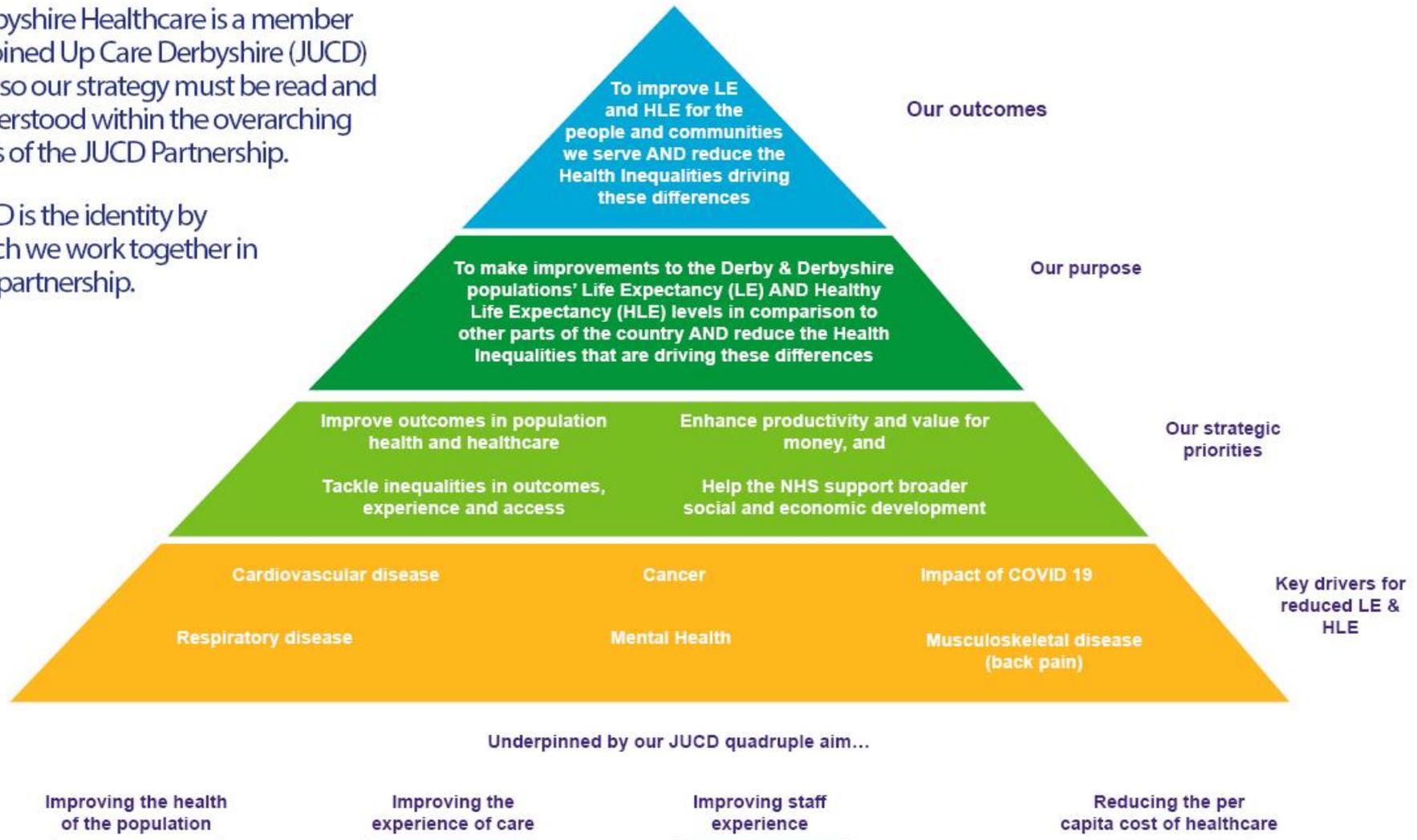


Making a positive difference

Joined Up Care Derbyshire (JUCD) is the Derby and Derbyshire Health and Social Care Partnership for adults and children; it is made up of providers (NHS, Local Authority and Voluntary Sector) and commissioners.

Derbyshire Healthcare is a member of Joined Up Care Derbyshire (JUCD) and so our strategy must be read and understood within the overarching aims of the JUCD Partnership.

JUCD is the identity by which we work together in this partnership.



The role of Derbyshire Healthcare as a system partner

What does it mean to our services?

We will contribute to this partnership by:

- Jointly planning for the health and social care needs of the population; moving from treatment to enabling wellness through the **Integrated Care Board** and **Integrated Care Partnership** resulting in a system wide Integrated Care Strategy
- Jointly developing, with partner organisations, pathways that are easier for people to access and lead to better outcomes
- Increasingly move to integrating the way we provide and deliver services through:
 - **Place partnerships and communities:** a collaboration of community services providers, local authorities, primary care, the voluntary and community sector, and the public working together to meet the needs of local people at the neighbourhood level, and
 - **Provider collaboration at scale:** We will move towards at-scale integrated care collaboratives being at the heart of care pathway delivery to meet the local needs of individuals including establishing our Derby and Derbyshire Mental Health, Learning Disabilities and Autism Alliance and further developing our Derbyshire Alliances including East Midlands Alliance and perinatal mental health provider collaborative
- Having a positive impact on the financial and social sustainability of our communities by promoting employment of local people in our role as an **anchor institution** (an organisation effectively anchored in their local communities with sizeable assets that can be used to build wealth in and develop their local community through: procurement and spending power; workforce and training; and buildings and land).

What will it look like?

- I may work as part of a collaborative team with colleagues from other organisations in Local Place Alliances
- I can use my employment passport to more easily move between jobs across health and social care organisations
- I might get my day-to-day managerial or clinical direction from someone outside Derbyshire Healthcare
- I can get my training and development from another organisation if more convenient for me
- I may have joint ownership of care, and joint accountabilities for patients
- I may be part of the ND/LDA harmonisation of operational delivery with Derbyshire Community Health Services (DCHS)
- I will be able to see electronic clinical notes made by Joined Up Care Derbyshire (JUCD) professionals outside of DHCFT as a result of us moving to OneEPR

HEALTH INEQUALITIES

DERBYSHIRE

EDUCATION

46.3% of children aged 15-16 in Derbyshire reach average attainment 8 score (achievement across 8 different subjects) compared with 46.9% in England.

38.8% of the population in Derbyshire have higher qualifications (NVQ level 4 and above), compared with 42.8% in England.

DEPRIVATION

Derbyshire is ranked the 103rd most deprived out of 151 upper tier local authorities in England. Chesterfield and Bolsover Districts are more deprived than other parts of Derbyshire.

POPULATION DIVERSITY

2.5% of the population of Derbyshire are from Black and Minority Ethnic (BME) groups, compared to 14.6% in England.

CHILD HEALTH

15.3% of children (under 16 years) live in low income families in Derbyshire, compared to 17% in England. Bolsover and Chesterfield have a higher percentage (19%).

42.7% of 5-16 year olds are physically active, compared to 46.8% in England.

Hospital admissions for substance misuse amongst those aged 15-24 are 110 per 100,000, higher than England's average of 83.1 per 100,000.

CARERS

12.1% of the population in Derbyshire provide inpaid care, compared with 10.2% in England.

67% of unpaid carers in Derbyshire are female.

29.4% of adult unpaid carers in Derbyshire reported they had enough social contact, compared to 32.5% in England.

LIFE EXPECTANCY

The female life expectancy at birth is 83.0 years in Derbyshire, compared to 83.4 years in England.

The male life expectancy at birth is 79.6 years in Derbyshire compared to 79.8 years in England.

LONG TERM CONDITIONS

20.4% of the population in Derbyshire have a limiting long term illness or disability, higher than 17.6% in England.

COMMUNITY HEALTH

64.2% of adults are classified as overweight or obese in Derbyshire, compared to 62.3% in England.

The rate of admission episodes for alcohol-related conditions in Derbyshire is 775 compared to England's rate of 664 per 100,000 population.

Chesterfield has the highest rate of admission episodes for alcohol-related conditions in the East Midlands at 1,015 per 100,000 population.

HEALTH INEQUALITIES

DERBY

EDUCATION

43.2% of children aged 15-16 in Derby reach average attainment 8 score (achievement across 8 different subjects) compared to 46.9% in England.

4.8% of people aged 16-64 in Derby have no qualifications compared with 6.4% in Great Britain.

DEPRIVATION

Derby is ranked the 90th most deprived out of 317 lower tier local authorities in England.

The rate for family homelessness is more than double the England average at 3.8 per 1,000, compared to 1.7 per 1,000 for England.

POPULATION DIVERSITY

19.7% of the population of Derby are from Black and Minority Ethnic (BME) groups, compared to 14.6% in England.

LONG TERM CONDITIONS

18.7% of the population in Derby have a limiting long term illness or disability, higher than 17.6% in England.

LIFE EXPECTANCY

The female life expectancy at birth is 82.1 years in Derby, compared to 83.4 years in England.

The male life expectancy at birth is 78.6 years in Derby compared to 79.8 years in England.

CARERS

10.2 % of Derby's population provide unpaid care.

24.1% of adult unpaid carers in Derby reported they had enough social contact, compared to 32.5% England.

COMMUNITY HEALTH

Emergency hospital admission rates for intentional self-harm in Derby is 274.4, compared to England's rate of 196.0 per 100,000 population.

The rate of admission episodes for alcohol-related conditions in Derby is 878 compared to England's rate of 664 per 100,000 population.

CHILD HEALTH

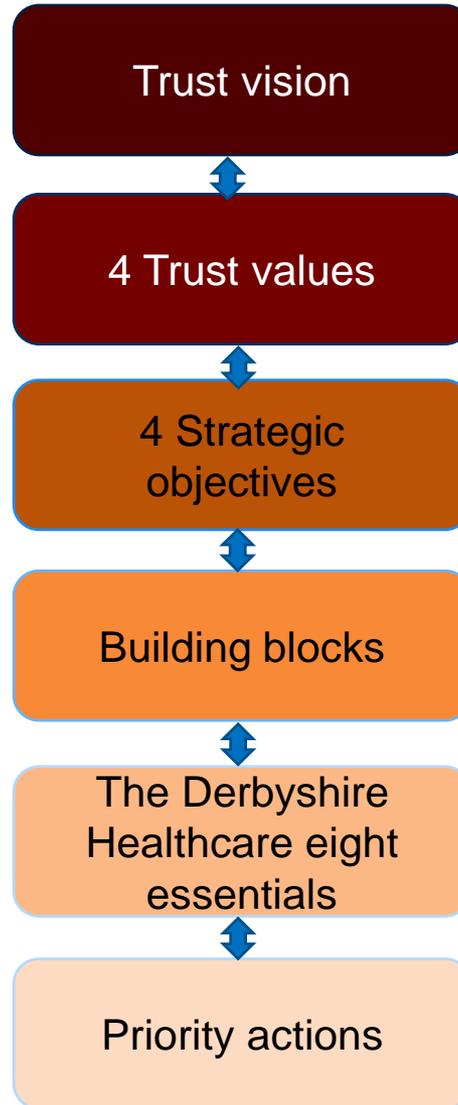
21.0% of children (under 16 years) live in low income families in Derby, compared to 17% in England.

The rate of conceptions in women aged under 18 (per 1,000 females aged 15-17) in Derby is 19.5 compared to 16.7 in England.

The prevalence of obesity among children in Year 6 is 23.9% in Derby, compared to 21.0% in England.

Infant mortality is higher at 5.4 per 1,000, compared to 3.9 per 1,000 in England.

Our approach



The Team Derbyshire Healthcare Promise

What the TRUST will do for me

- To appropriately equip me, so I can fulfil my role
- To treat me with dignity and respect, creating an environment free from bullying and harassment
- To care about and support my health and wellbeing
- To provide me with clear direction and leadership
- To provide me with appropriate support, guidance and personal development
- To treat me honestly and fairly
- To recognise my contribution – both my efforts and my achievements

What I will do for the TRUST

- To approach my work with a positive frame of mind
- To do my best for my clients and colleagues, respecting people's different needs & approaches
- To look after my own health and wellbeing, and to access support when needed
- To speak up when things don't feel right
- To attend and complete the training I need to do, and engage in my development
- To keep up to date with news, guidance and information shared by the Trust
- To work as a member of a team, supporting my colleagues and being considerate of others

Values: Respect, Honesty, People first, Do your best

Logos: NHS Derbyshire Healthcare NHS Foundation Trust, TEAM Derbyshire Healthcare

Our services will:

- Be compassionate and take account of trauma informed practice
- Be designed in consultation with our colleagues and people who use our services
- Be based on best clinical evidence
- Involve people who use our services in designing their care and treatment, to meet personal goals throughout their lives

Our clinical model will:

- Be person centred, seek to prevent ill health and support our patients beyond periods of acute illness
- Provide care at home or in the community where possible, through a partnership approach to promote individual and community resilience
- Ensure any admission to hospital is within Derbyshire where possible and kept to the shortest effective period of time

Our Clinical Ambition

Logos: NHS Derbyshire Healthcare NHS Foundation Trust, TEAM Derbyshire Healthcare

Our vision and values

Our vision

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

Reconfirmed following Board discussion in December 2021.

Our values

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

- **People first** – we work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engaged and empowered workforce is vital to good patient care
- **Respect** – we respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment
- **Honesty** – we are open and transparent in all we do
- **Do your best** – we recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work.



Delivering GREAT care, GREAT place to work, BEST use of money, GREAT partner - together



Derbyshire Healthcare
NHS Foundation Trust

Making a positive difference

The Team Derbyshire Healthcare Promise

Respect

Honesty

What the TRUST will do for me

What I will do for the TRUST

- To appropriately equip me, so I can fulfil my role
- To treat me with dignity and respect, creating an environment free from bullying and harassment
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- To approach my work with a positive frame of mind
- To do my best for my clients and colleagues, respecting people's different needs & approaches
- To look after my own health and wellbeing, and to access support when needed
- To speak up when things don't feel right
- To attend and complete the training I need to do, and engage in my development
- To keep up to date with news, guidance and information shared by the Trust
- To work as a member of a team, supporting my colleagues and being considerate of others

People first

Do your best



Strategic Objectives...

GREAT care

Delivering compassionate, person-centred, innovative and safe care. Choice, empowerment and shared decision making is the norm.

BEST use of resources

Making financially-wise decisions every day and avoiding wasting resources. Working together to ensure financial recovery and long term sustainability.

GREAT place to work

Creating a vibrant culture where colleagues feel they belong, thrive and are valued. Enhancing the reputation of the Trust to ensure people are proud and want to work for the organisation. Creating a compassionate, skilled and empowered leadership, with informed and engaged teams.

GREAT partner

Actively embracing collaboration as our way of working, seeing beyond our organisational boundaries both within and outside of Derbyshire. Working together with the citizens of Derbyshire to ensure they have the best start in life, stay well, age well and die well.

What we need to achieve – to deliver GREAT care



What we need to achieve – to be a GREAT place to work



What we need to achieve – to be a GREAT partner



What we need to achieve – to make BEST use of our resources



Our building blocks for the next three years

Leadership that is inclusive, compassionate & people focused	Enhance and embed learning & innovation	Develop a sense of inclusion & 'belonging'	Align our services with our local communities	Improve the design & delivery of our people processes
Together achieve new ways of working & new models of care	Restoring NHS services in an inclusive way	Work with partners to reduce health inequalities	Enhance delivery of sustainable solutions and our green plan	Maintaining & improving safety in regulatory standards
Improving clinical outcomes for people most at risk of inequality	Enable a healthy workforce	Provide active leadership within the Derbyshire ICS	Ensure easy access to our community services & our beds for those who need it	Improve outcomes by working with partners in our local & regional Alliances
Augment & embed continuous improvement to enable our focus on quality & productivity	Enhance co-production & the involvement of people with lived experience in planning	Embrace new inclusive digital technology in the context of JUCD	A focus on development, career & our unique talents	Focus on improving the experience of people using our services

GREAT place to work



GREAT care



Best use of resources



GREAT partner

The Derbyshire Healthcare eight essentials

We are going to focus on these areas in 2022/23

Improve
recruitment
and
retention



Continue
to develop
our formal
partnerships



The five
quality areas
focus on solid
assessment,
risk/ safety
planning,
effective planning,
outcome measurement
and/ or service specific
improvement



Making
Room for
Dignity
programme



Embed and
develop our
electronic
patient
record



Maximise
colleague
wellbeing
and
attendance



Achieving
our Long
Term Plan
performance
requirements



Spending
smarter,
reducing waste
and saving
money

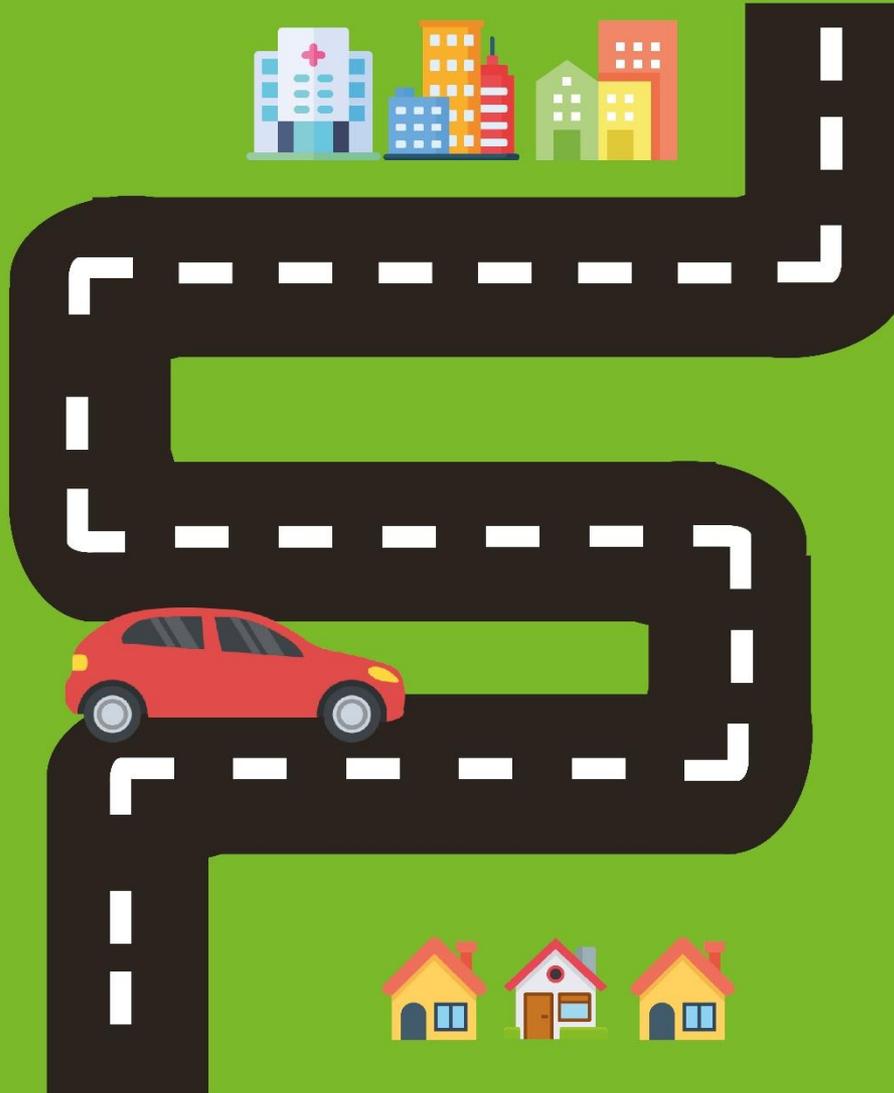


Focusing our actions

There are three components to improvement associated with our four strategic objectives. There are a focused group of priorities under each strategic objective that support bringing about an improvement in 'the basics'. Our priority actions sitting under each building block then focus on either continuous improvement approaches or larger scale transformation.



What we delivered - Year 1 roadmap



DELIVERED
Transformation and continuous improvement

DELIVERED
Improve the health and wellbeing and risk assessment processes

DELIVERED
With colleagues from the statutory and voluntary sector, establish a formal MHLA Alliance in Derbyshire with a formal partnership agreement in place

DELIVERED
Reduce waste and budget for agreed in-year cost savings

DELIVERED
Finalise the Phase 3 and 4 implementation of the move to SystemOne

DELIVERED
Review recruitment processes and training to build inclusive recruitment and selection practices

DELIVERED
Seek JUCD approval of full business cases for Older Adult Service Relocation, Radbourne Refurbishment, PICU and Acute-Plus

DELIVERED
Seek additional national capital funding sources to complete programme

DELIVERED
Prioritisation of local business cases within remaining local capital funding available currently

DELIVERED - YEAR 2 PRIORITY
Seek national approval of both Adult Acute Unit full business cases

YEAR 1 NOT FULLY DELIVERED
Improve processes for those experiencing stress in and out of work

YEAR 1 NOT FULLY DELIVERED
Develop a workforce plan

YEAR 1 NOT FULLY DELIVERED
Successfully implement and lead the provider collaborative for Perinatal inpatient services

What we will deliver - Year 2 roadmap



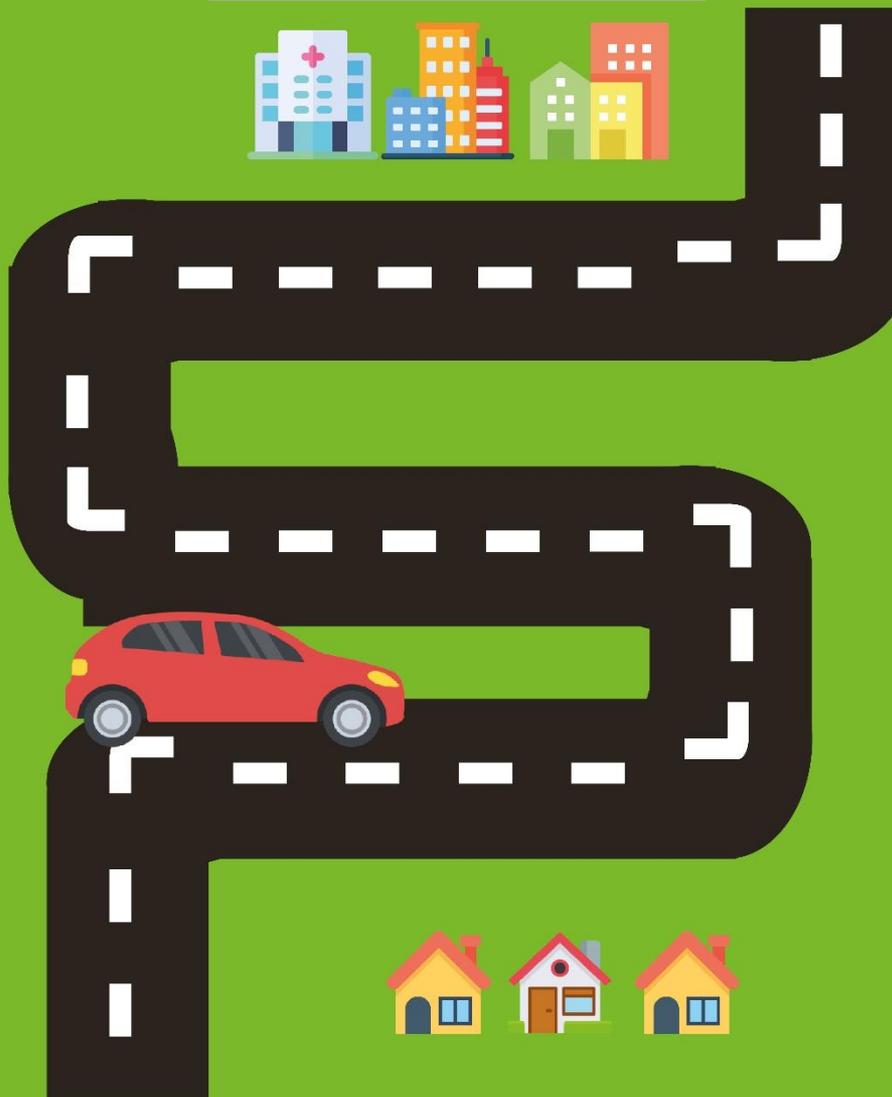
IN PROGRESS
Develop a consistent approach to people-centred leadership

YEAR 2 OBJECTIVE
Deliver electronic prescribing and transfer prescriptions element of the OnEPR programme

YEAR 2 OBJECTIVE
Work in partnership to progress the harmonisation of Learning Disabilities and Autism services

YEAR 2 OBJECTIVE
Schedule recruitment to additional staff required for each scheme within programme

IN PROGRESS
Agree our 3-5 year financial plan after year 1



IN PROGRESS
Focusing on the safety domain of practice and preparing for changes in mental health legislation

YEAR 2 OBJECTIVE
Deliver perinatal community MH access standard of 10% of prevalence

YEAR 2 OBJECTIVE
Deliver a <32 days average length of stay on our acute MH wards

YEAR 2 OBJECTIVE
Each division will have its own specific quality requirement standards

YEAR 2 OBJECTIVE
Optimise the use of SystemOne across the Trust

YEAR 2 OBJECTIVE
Recover dementia diagnosis rates to national target of 67%