NHS

Derbyshire Healthcare

NHS Foundation Trust

Quality Account 2020/21

April 2021

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Making a
positive
difference

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Statement on Quality from the Chief Executive

I am pleased to present our Quality Account for the financial year 2020/21. The report is the opportunity for the Trust Board to look back and offer a view as to the quality of the healthcare that we have provided over the past year, to reflect on some of our key achievements and to think about our priorities for our communities for the coming year. This is an annual report, and in it we note our formal regulatory requirements, areas that we see as high quality and innovative care, together with any areas that we have found challenging. I will be talking about how this has been a significant and exciting year for the Trust with regard to our updated CQC rating, and all the work that went into bringing this about. However, at the current time, the dominant issue for all of us is the COVID-19 virus, the enormity of the impact of this on our lives and our work, and the humbling responses from staff working in all areas of the Trust to pull together for the sake of the communities we serve.

I have been very aware in all my contacts with staff over the past few years that I have seen colleagues with high levels of motivation and dedication who are innovative and forward-thinking in their practice. I have also seen colleagues living the values of the Trust. For all this to be equally noted by the CQC was validating and is just reward for the hard work that colleagues have put in, day in, day out, over recent years. As a result of the inspection, as a Trust we can feel rightly proud that we are now rated 'good' and that we have two 'outstanding' service lines: Community health services for children and young people (0-19 services and complex health services) and specialist community mental health services for children and young people. We can also feel rightly proud of the significant progress made across the entire Trust, whether that has been to hold previous ratings or to improve them. Colleagues in acute mental health services and learning disability services have shown clear and focused improvement. Mental health crisis services were noted to be 'more effective', community mental health teams 'more responsive'. Whilst we remain committed to ongoing and continuous improvement, the clear message for people in our care is that they are in 'good' hands. An example to further illustrate this is that we are third in the country for the community mental health team patient satisfaction score.

A significant strength for us over the year has been the communication channels that we have developed. Maintaining our focus on 'people first', we now have a structured approach to hearing and acting on feedback, including through the number of forums now up and running. The results of our staff survey offer further evidence, in that we significantly improved in approximately a third of all the areas surveyed and didn't receive lower scores on any of the themes, in fact in our comparison group of Trusts nationally we scored the highest in the country for three theme areas. I am most pleased to share that the two Friends and Family Test questions (recommending as a place to work and as a place to receive care) showed marked improvement, together with our year-on-year increased response rate since 2016.

We remain committed to working within and across the Derbyshire system at multiple levels, continuing to focus on our contribution to health and wellbeing through such initiatives as individual placement and support, the development of the mental health and wellbeing hubs and pilots into primary care network areas. In the context of pressures within the Derbyshire health and social care system we also face a challenge of delivering our control total requirements. We will approach this through engagement, openness and transparency about the risks that we will face together.

I want to close my statement this year by paying testimony to all colleagues within our Trust. We have now been working in a heightened state of NHS emergency planning for more than a year. During that time colleagues in our Trust have managed the biggest personal and family impact of any event in most of our lifetimes, have started to work in new ways including a massive increase in the use of digital technology, increases in home working and for some working in different and new clinical areas. Alongside the personal and professional impact of managing the COVID-19 pandemic colleagues have coped with fear, anxiety and loss on a daily basis. It never fails to amaze me the stoic and can-do approach all colleagues in our organisation have taken during this period - Maintaining a compassionate focus on each other, looking out for each other, going the extra mile, giving up holidays, not seeing their families as often, not just maintaining a focus on Covid, but maintaining our core services. We have seen innovation, transformation and engagement like never before and importantly we have seen such a focus on infection prevention and control both in work and outside work and we know this from the comparatively low numbers of colleagues who were off with Covid and the relatively low number of outbreaks we had compared to other organisations. This epitomises living our values in a way that we would simply never have imagined a year ago. As a Board, we owe all our colleagues wherever they work, whatever their profession or role a massive debt of gratitude.

Thank you simply doesn't seem enough!

Ifti Majid
Chief Executive

Statement from the Executive Director of Nursing and Patient Experience

This year has been a year that I will never forget in my nearing three decades of NHS service.

This has been a year of great sadness, sorrow and united achievement. We have collectively navigated a pandemic and kept our people safe. There is no greater achievement in my career, and I have been honoured to serve our county and Trust to achieve this outcome as Director of Infection, Prevention and Control, Director of Nursing and lead Director for Health and Safety

We have had the great blessing of our workforce who without their commitment and service we would not be here in 2021 without greater loss.

We have:

- Achieved staff safety
- Maintained our clinical services and adapted all of our services to respond
- Opened a new service of a 24-hour support line to the residents of Derbyshire
- Achieved an exceptionally low mortality rate for our in-patient mental health services when benchmarked against other Trusts
- Lost 2 of our employees, 2 of our in-patients and 93 patients open to our community services who were residing at home or admitted to our sister acute hospital services

This has been through:

- Our rapid response of our people who work in our Trust
- Substantial investment in cleanliness
- Cohorting and admission safety and protection of our patients with clinical vulnerabilities
- Rapid implementation of COVID-secure environments
- Our system response and collaboration

We will look back at this year with pride and sadness.

Carolyn Green
Executive Director of Nursing and Patient Experience

Statement from the Medical Director

The pandemic will have left most people with a sense of loss and many will have suffered bereavement. I share their sadness and offer my condolences.

The past year has been the biggest challenge to the NHS since its inception in 1948 and this is far from over yet. In addition to the superb response from our staff I have been struck by the resilience and fortitude of patients, carers and families during this most difficult of times. I and my medical colleagues look forward to working with all of you as the NHS and the country recovers.

Going forwards, we will be locking in the positive lessons learnt from the pandemic response. In particular, we will want to offer more choice and flexibility to patients and carers facilitated by remote working and the development of integrated care models. We will develop our approach to helping people with their family, social and physical health needs in addition to their mental health/wellbeing. The long-term effects of the pandemic are likely to significantly adversely impact all these areas.

I look forward to my work with renewed enthusiasm as we move out of the dark and into the light.

Dr John Sykes
Medical Director

Statement from the Chair - Governors' Role in Trust Accountability

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

Governors have two key duties:

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

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

During 2020/21, Governors escalated a number of items from their engagement activities to the Council of Governors (CoG) seeking assurance from Non-Executive Directors relating to:

- The number of service users who return for treatment and the frequency of returning; is this monitored; and what actions are put in place to provide permanent solutions for service users
- Staff feedback from exit interviews: Are issues raised addressed and used to make improvements in working environments and service provision?
- Are Joined up Care Derbyshire and the Trust planning for and able to meet the current and future increasing demand for mental health services, at both System and Trust level?
- What improvements in the care of services users will be expected to be seen from the delivery of SystmOne and shared care records programmes?
- Issues about the transition from Child and Adolescent Mental Health Service (CAMHS) to adult services; is this also being addressed through the Joined Up Care Derbyshire Mental Health System Delivery Board?
- Update on the 24/7 mental health and support line including confidentiality

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

Caroline Maley

Caroline Maley
Trust Chair, on behalf of the Trust Board

About Our Trust

Derbyshire Healthcare Foundation Trust (DHCFT) provide mental health, learning disability and children services across the City of Derby and the Derbyshire County. The Trust works in partnership with other agencies under the Joined-Up Care Derbyshire integrated care system wide arrangements (JUCD) to delivery high quality care across the local health and care economy.

Our Services
Derbyshire Healthcare Foundation Trust provides a range of clinical services that are structured within the following clinical divisions:

- Acute Mental Health Services for Adults of Working Age
- Community Mental Health Services for Adults of Working Age
- Forensic and Mental Health Rehabilitation Services
- Mental Health Services for Older People
- Specialist Care Services
- Childrens Division: Children and Young People's Services - Health and Children and Young people Services - Mental Health

Acute Mental Health Services for Adults of Working Age
The services in this division include the Radbourne Unit in Derby, the Hartington Unit in Chesterfield and urgent assessment and home treatment services that include the triage, crisis and liaison teams.

Community Mental Health Services for Adults of Working Age
Community Mental Health services are provided across Derby City and the County for people with mental health needs that require specialist mental health interventions.

Forensic and Mental Health Rehabilitation Services
The Forensic service line includes the Criminal Justice and Liaison team, Placement Review team, Community Forensic team and the Kedleston low inpatient secure service.

Our rehabilitation inpatient services are within Audrey House and Cherry Tree Close.

Mental Health Services for Older People
The Trust provides inpatient services for people suffering with dementia on Cubley Court wards and an inpatient service for people experiencing functional illness on Ward 1 at London Road Community Hospital. This division also provides intensive care through the Dementia Rapid Response Teams (DRRT).

Specialist Care Services - Derby and Derbyshire Recovery Partnership Consortiums
These provide substance misuse services to meet the health and harm reduction needs of those in Derby and Derbyshire with a drug and/or alcohol problem. The teams offer different levels of support from brief advice and harm reduction to intensive structured 1-to-1 and group work. Derby and Derbyshire Partnerships also manage all substance misuse substitute prescribing for drug or alcohol treatment across Derbyshire.

Other Specialist Care Services
Other services include the autistic spectrum disorder (ASD) assessment service, eating disorder services for adults, physiotherapy, dietetics, learning disability services and talking therapy mental health services.

Children and Young People's Services - Health Visiting (0 to 5 Years)
The way we provided our 0 to 5 service changed during the COVID-19 pandemic, so as to align our compliance to national infection prevention and control guidance. Some of our key visit schedules changed and the new ways of working include telephone assessments. Parents and children with concerns can also contact us through ChatHealth, which is a secure and confidential text messaging service. It allows easy access to healthcare professionals for advice and support. The text messaging service is powered by the ChatHealth system, used by several NHS Trusts across the country.

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

Our Vision and Values

The Trust Vision is:

To make a positive difference in people's lives by improving health and well-being

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

- **People first** - We focus on our colleagues, in the knowledge that a well supported, engaged and empowered workforce results in good patient care

- **Respect** - We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment

- **Honesty** - We are open and transparent in all we do

- **Do your best** - We work closely with our partners to achieve the best possible outcomes for people

About the Quality Account

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

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

Quality Account Governance Arrangements

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

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

Our Quality Improvement Priorities and Progress in 2020/21

The Quality priorities for 2020/21 were as follows:

- Physical healthcare
- Deliver all named specific Commissioning for Quality and Innovation (CQUINs) or contractual targets
- Relapse reduction and harm reduction
- Being effective
- Quality improvement (QI) - Using your ideas

At the end of March 2020, the country went into national lockdown and the National Health Service experienced the initial surge of COVID-19 patients. Key guidance was disseminated by the national team that had to be implemented regionally and locally through command and control structures. The guidance related to the re-organisation and pausing of services and gave high level instruction as to ensuring the NHS had enough capacity to meet the expected health needs of those infected by COVID-19.

The Trust responded by scaling back all non-essential activities and some clinicians in the clinical audits, research and quality and transformation teams were redeployed to facilitate frontline services and the Incident Management Team. This meant that the Trust had to re-focus its priorities in order to meet the emerging demands.

Our Re-Focused Priorities for 2020/21

Strategic Objectives	Quality Priorities 2020-2021
A. Improving staff health, well-being and safety	- Establishing staff well-being teams - Scheduling live staff well-being and engagement events - Providing vitamin D supplements to Black, Asian and minority ethnic (BAME) staff - Improving vacancy rates via recruitment and retention plans (Trust-wide 6%, March 2021) - Facilitating individual health and well-being conversations - Services carry out individual risk assessment and offer redeployment and flexible working options - Services ensure compliance with infection prevention and control national guidance
B. Our response to COVID-19 and delivering the NHS Covid vaccination programme	- The safe provision and prioritisation of our people using our services - Maintaining capacity for the hospital hub at Kingsway hospital - Provision of the roving clinics model - Expanding the availability of specialist adapted sensory vaccination clinic days for our people with a learning disability who require additional support - Developing the internal test and trace service to ensure safety of our people - Provision of lateral flow tests and developing a monitoring service to ensure safety - Workforce engagement events to address vaccine uptake hesitancy
C. Review and adopt learning from the pandemic in service restoration workstreams	- Establishing a 'learning the lessons' cell and conduct staff feedback survey to ascertain learning from the first wave of the pandemic - Further developments in digital enablement and addressing digital exclusion for people with mental health and learning disability
D. Expanding primary care capacity to improve access local health outcomes and address inequalities	In 2019, Joined Up Derbyshire committed to create two Living Well prototype sites in High Peak and North Dales and Derby to develop an improved offer for mental health in both localities. As a result of COVID-19, the project was delayed, but in Summer 2020 was able to commence in High Peak and North Dales. The prototyping work is facilitated in partnership with the Innovation Unit and is a key programme of work in implementing the NHS long-term plan and the community mental health framework
E. Preventing inappropriate Emergency Department (ED) attendance,	- The Trust continues to maintain its adult mental health liaison teams with significant activity maintained - The CAMHS RISE service responds rapidly to children and young people and has a safe and effective impact and outcomes

improving timely admissions by ED patients and the reducing the length of stay	• Our public health integrated substance misuse drug and alcohol consortium continues to make significant impact on our EDs in both the North and South and we will re-examine in 2021 how we can continue to be impactful in this area with increased alcohol consumption across our county • Our crisis helpline offering services 24 hours / 7 days per week has substantially impacted upon activity in both of our EDs • We continue to lobby for national assistance to enable our estates re-development of a large-scale capital programme to enable the eradication of dormitories and design a new Psychiatric Intensive Care Unit (PICU) for Derbyshire
F. System-wide collaborative working	We collectively use our talents to: • Support a safe hospital discharge programme • Support staff to work across the system in emergency situations • Share clinical practice in infection control • Successfully launch the roving clinics model and collaboratively work with the Commissioners to vaccinate patients under the care of Cygnet Hospital • Offer a hospital hub provision to staff and patients across the system for those in services of NHS provision, independent and third sector partners • Offer an emergency psychological support service with fast track referrals to Improving Access to Psychological Therapies (IAPT) and Trust psychological services for acute Trust staff struggling with the impact of the pandemic

As we look forward to 2021/22 we will be:

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

Our Quality Improvement Strategy
Our Quality Improvement Strategy is focused on creating the right conditions for frontline teams to feel empowered so as to develop and improve the quality of services that we provide, in partnership with those in receipt of those services and their carers and families using our 'Bright Ideas' programme for service improvement.

• The Trust is committed to the principles of continuous quality improvement and move towards a model of decision-making responsibilities devolved to front line staff who are trusted and supported to participate in quality improvement programmes and initiatives in practice by our dedicated transformation team
• Devolved leadership to initiate quality improvement in frontline services brings both opportunities and expectations and as part of the service restoration programme. The Trust will engage staff and service users in areas where the

changes adopted during the pandemic can be embedded in practice and service delivery
- The Trust participated in several national clinical audits and research programmes in the past 12 months and also several local audits. Audit cycles have been sustained in clinical areas like physical health monitoring and prevention of restrictive practice.

Our Clinical Ambition

Our Quality Achievements, Challenges and Learning from the Last Year

The past year presented both unprecedented challenges and opportunities for innovative ways of working and this included large-scale service transformation programmes for the Trust. Our way of service delivery changed at pace over the past 12 months and the adverse effects of the pandemic continually challenged the resilience of our staff in frontline services. We have all learnt to work differently and our Incident Management Team, the senior leaders and all staff have stood up to the challenge. As a Trust, we have adopted a trauma informed, compassionate leadership approach. We ensured that staff have access to high quality psychological and well-being support services and also organised opportunities for staff teams to catch up and reflect. This has greatly paid off as evidenced in our staff survey results and there is continuing work by our psychology services to facilitate staff and service users' recovery from the COVID-19 trauma.

Quality Governance and Assurance Overview
The Trust has developed a suite of dashboard quality governance systems that enables monthly reports to be analysed at divisional level by the operational and clinical leads. Due to the pandemic, some of the monthly Clinical and Operational Quality Team meetings were scaled down to enable services to focus on frontline service delivery in line with the national directives. The Board receives assurance from the Quality and Safeguarding Committee that provides oversight to the Trust Quality Strategy and the priorities workstreams.

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

The Trust made notable improvements in the following areas:

- Community Health Services for Children and Young People - The rating has increased from 'Requires Improvement' to 'Outstanding'. Both Children and Young People service lines are now rated 'Outstanding'
- Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units - The rating has increased from 'Inadequate' to 'Requires Improvement'. Whilst there are still improvements to be made, significant progress has been made and quality and safety improvements have been embedded across the Radbourne Unit and the Hartington Unit
- Mental Health Crisis Services and Health-Based Places of Safety - The rating has increased from 'Requires Improvement' to 'Good'.

In total, there are three service lines that have improved ratings from 'Requires Improvement' to 'Good'. There are no services currently rated 'Inadequate' and there are two service lines rated 'Outstanding'.

Commissioning Priorities
The Trust worked collaboratively with Derbyshire Clinical Commissioning Group during the pandemic, although the formal Clinical Quality Review Group (CQRG) meetings were stepped down and the contract Key Performance Indicators and CQUINs monitoring suspended, the Trust maintained monthly informal meetings with the Commissioners to discuss quality assurance and any concerns in service delivery. The Trust has worked in partnership with other partners to deliver the COVID-19 vaccination programme as part of the Joined Up Care Derbyshire (JUCD) integrated care system. The Trust developed a concerns log where all commissioning concerns were formally documented, and mitigation plans discussed with the Commissioners on a monthly basis.

Despite the challenges, there are several achievements that Team Derbyshire celebrate this year and these include:

Mental Health Helpline
Whilst there have been many positive developments during the pandemic, the launch of the mental health support line to support the people of Derbyshire stands out as a fantastic achievement for the Trust among other innovative new ways of working.

Suicide Prevention - Review of Pathway and Service
There are adverse well-being effects of the pandemic on the populations we serve, especially people with mental health needs. In partnership with Derbyshire County Council, we have successfully secured funding to undertake a comprehensive review of the self-harm pathway and services for adults and young people. The project will form part of a wider programme of suicide prevention work within Derbyshire, funded under NHS England's Suicide Prevention Wave 3 Funding stream. It will lead to appropriate system level recommendations to develop and implement an effective model of support, care and training.

Digital Enablement
Attend Anywhere appointment system is contributing to keeping waiting times lower than they would be. All individual consultations are risk assessed and the capability to hold face-to-face consultations by frontline services was retained by services if the virtual assessment is felt not to be appropriate. The training of Clinicians in the past has been associated with face-to-face assessments as opposed to virtual assessment. Our Clinicians are now learning from best practice research and incorporating this into virtual working. We have observed an increase in demand from service users that this is their preferred method of consultation and consultants and other clinicians have impressively embraced this new technology. We have also received feedback form our carers forums that there have been patient experience concerns and that in some key groups a return to face-to-face delivery is a preferred method of delivery. As an organisation, we will explore both sets of feedback and work in partnership. This will include, when safe to undertake in 2021, clinical negotiation on patient preferences.

Participation in COVID-19 Research
At the start of the year, our clinical research team members were redeployed to support clinical services and in line with the Department for Health and Social Care (DHSC) guidance. We paused new and ongoing research studies that were not nationally prioritised COVID-19 studies. We maintained only essential non-COVID-19 research studies, which, if stopped, would have a detrimental impact on patients. By June 2020 as our team returned following redeployment, they were able to catch up rapidly and we were able to contribute to over seven nationally prioritised Urgent Public Health Research projects. During the COVID-19 pandemic, for the past 12 months, significant efforts of the research community and the generosity of research participants has led to the discovery of important evidence needed for overcoming the pandemic and we hope that 2020/21 is the year that enables everyone to appreciate research as an essential NHS service. Research is only possible because of our participants and the success of research in 2020/21 is down to everyone who participates.

Workforce Engagement
Our staff participated in the UK Reach - The United Kingdom Research study into Ethnicity and COVID-19 outcomes in healthcare workers. This study will provide evidence on COVID-19 outcomes among ethnic minority healthcare workers to inform the development of risk reduction and support programmes through increased understanding of risk as well as physical and mental health outcomes. The Trust has ensured that staff well-being was a key priority in 2020/21. Our staff flu vaccination uptake was 85% and the highest compared to previous years. The Trust remains compliant with the Healthcare Worker Influenza Vaccination Best Practice Management checklist. The Trust has fully complied with national guidance to support staff well-being and the senior leadership team held several virtual engagement

events throughout the year to provide emotional well-being support to colleagues and facilitate self-reflection forums. Throughout the pandemic, staff had access to Occupational Health, lateral flow testing, risk assessments and re-deployment options.

COVID-19 Vaccination Programme Engagements

The Trust was commissioned to deliver a hospital COVID-19 vaccination hub at our Kingsway hospital site. We have worked innovatively with our Joined Up Care Derbyshire partners and service users to provide learning disability specific vaccination days for people with specialist sensory needs, mental health and targeted supported for any who is needle phobic. In response to the COVID-19 pandemic, Derbyshire Healthcare Foundation Trust decided to implement a 'people first' policy and we were one of the first Trusts in the country to design an individualised BAME risk assessment. In regard to the COVID-19 vaccination uptake awareness, we created live engagement sessions for staff to address the key hesitancy themes. We introduced a vaccination 'buddy' system. In collaboration with the BME Network and as part of the Trust's commitment to promoting well-being during the pandemic, we offered all colleagues a supply of daily vitamin D supplements.

Infection Prevention and Control

The Trust, via the Incident Management Team, have successfully engaged staff and service users in infection control activity that has mitigated the spread of the COVID-19 virus in frontline services. The Trust ensured that services are compliant with National Infection Prevention and Control guidance standards and fully compliant with the audit programme against National Infection Control guidance. Also, the Trust is working with the GPs and leading on the vaccination of people under our care. The vaccination programme is taking place in line with Joint Committee on Vaccination and Immunisation (JCVI) guidance to ensure those with the highest mortality risk receive the vaccine first. The Trust is grateful to all staff who have worked tirelessly during these challenging times adhering to stringent Infection Prevention and Control guidance to keep both service users and staff. The Trust's main priority during the pandemic was to ensure that the staff are supported and provided with the necessary safeguards to ensure their safety during the pandemic.

Service User Engagement

We extend our heartfelt thanks to the service users and carers. This year has been challenging for our carers. The Trust continued to engage with the carers throughout the year. After an interruption, the monthly carers engagement meetings resumed allowing us to listen to carers' concerns and act on them as appropriate. We developed posters, information leaflets and guides regarding COVID-19 to keep our carers and families informed and safe. We have continued to publish and distribute our carers newsletter. We maintained and improved our links with Voluntary, Community and Social Enterprise (VCSE) organisations to ensure that our carers and colleagues were fully informed on available support. We worked in a co-ordinated way across the Health and Social Care system to support and promote Carers Rights Day using social media and posters to promote local events.

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

We have recently written to all our carers encouraging them to access a COVID vaccine and providing this where appropriate in our own vaccine hub. Our plans for 2021/22 include completing our Carers Policy review in conjunction with our carers representatives by launching a new carer group at the Hartington Unit. We continue with our organisational commitment to Triangle of Care and supporting our local Carer Peer Support forum.

The EQUAL Forum
Our EQUAL forum was paused in the height of the pandemic but was re-started with a focus upon the experience of the pandemic, the helpline, the lived experience of autism during the pandemic period, the experience of community mental health services. In addition, our EQUAL colleagues have supported how we have designed information in the pandemic, the Incident Management Team, and our campaign to have a COVID vaccine was headed by some of our EQUAL members.

Our Activity Data 2020/21
With regard to patients' communication, the Trust has systems and processes in place to ensure that:

- A standard letter is sent to all patients on prolonged pathways reiterating advice related to engagement with healthcare services, symptom changes and support needs and providing a single point of contact to both secondary and primary care teams
- Where communication issues are known, this standard letter is available in an easy read format and in any applicable language

1,443 inpatient admissions

69,474 referrals received

35,807 adults in treatment this year
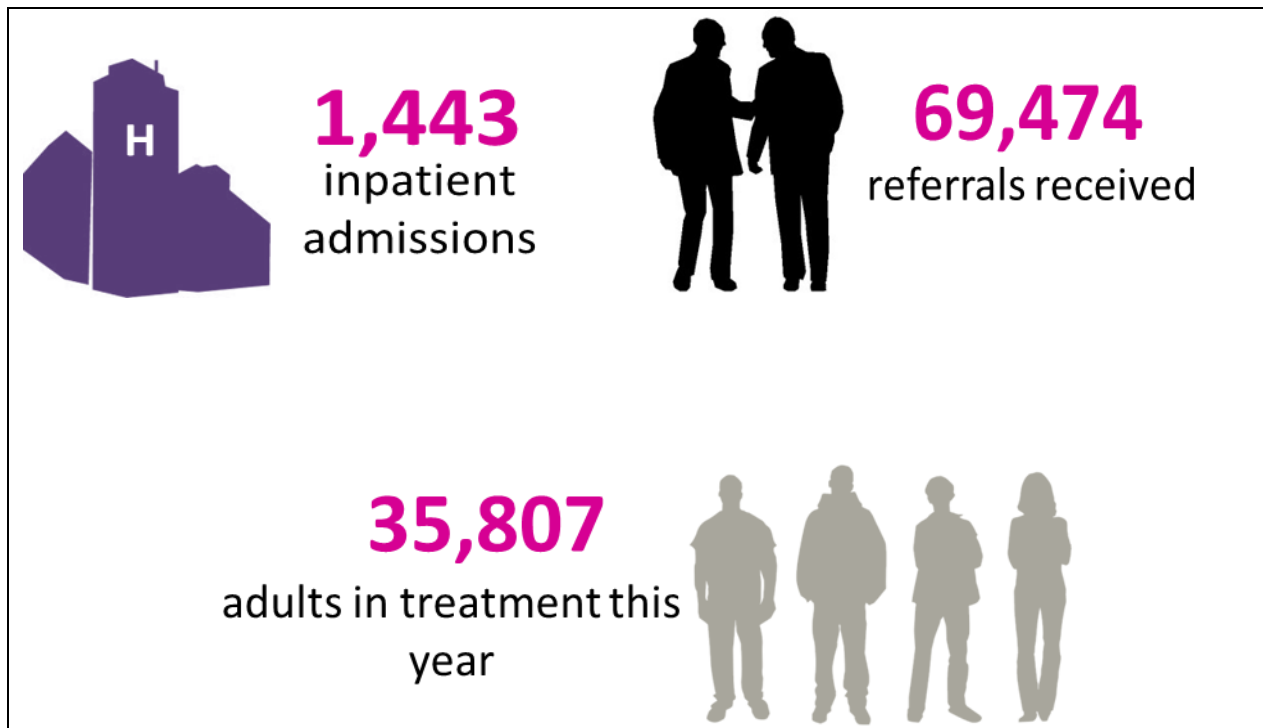
Trust Quality Initiatives and Service Transformation

COVID-19 Vaccination Hub and the Creation and Development of a New Health Protection Unit (Post COVID-19 Restoration Programme)

The Trust has worked innovatively during the pandemic and there are a number of new services that have been designed, developed and delivered during the pandemic by redeployed staff. These services are now embedded into the mainstream service offer and they include:

- **The Specialist Support COVID-19 Vaccine Service**
  This is a clinical service designed to provide medium to long-term health protection support. The service offer includes a COVID vaccine, flu vaccine and health checks

- **Track and Trace Offer**
  This service will offer Occupational Health tracking of cases of people affected with highly infectious disease as has been with the pandemic. The team tracked and traced staff affected by COVID-19 and also the lateral flow testing and outbreaks management across the organisation

- **Lateral Flow Testing Model**
  This has proved to be an effective service during the pandemic in regard to distribution monitoring and texting feedback, plus cascading emergency health support and public health updates

Individual Placement Support for People Receiving Mental Health Services (IPS)

The Trust's IPS service launched in March 2020 and paused due to the pandemic the following week until June 2020. The team of Employment Specialists have attended weekly meetings with the Community Mental Health Teams (CMHTs), assisted the Occupational Therapists with workshops, delivered mini training sessions to staff and assisted with employment queries. 201 clients have been referred and 137 engaged with services.

- All appointments have been held virtually which has made building relationships very difficult, but the team has worked tirelessly to assist clients
- The result is that 37 people have found employment, 18 so far have remained in work for three months with another eight achieving six months

The team are targeted to contact six employers each per week. The companies employing care staff are Re-Think, Derbyshire County Council, multiple care homes and community care agencies. Larger employers such as Amazon, Royal Mail, Home Bargains and Aldi are taking on warehouse and retail staff. GBS Apprenticeships in Chesterfield has offered one of our clients with mental health issues, epilepsy and autism, an administration apprenticeship. The employer has liaised closely with the Employment Specialist and is keen to learn about the client's health conditions to fully support him in his role.

During the first lockdown, all of the team were redeployed for three months which impacted on our planned Fidelity review. However, we did hold an internal review with clients, clinicians and IPS staff. We asked clients where they would like their appointments to be held; responses included:

"Nice to meet somewhere where life is going on around you" and,

"I would prefer to meet face to face, but the online experience has been positive."

During one appointment observation, the client was asked for feedback on the appointment and she said,

"It has changed my life, given me confidence and turned my life around".

The future of the service can only improve as we see clients face to face. We have recently recruited another six members of staff, two Employment Specialists, three Peer Support Workers and a Team Leader.

Estates Re-Development Programme
In line with Derbyshire STP and JUCD objectives, a plan was realised to develop a new locally accessible Trust-wide PICU. This will be financed through the Trust capital plan and supported from CCG commissioning income re-routed from 'out of area.'

Currently any Derbyshire person requiring PICU admission has to access out of area beds in a variety of locations, which can involve significant distance. The Trust has worked in partnership with colleagues to establish plans to rectify this risk.

The new PICU will be sited at Kingsway hospital. This exciting project is currently in its infancy; the current activity is focussing on creation of a detailed design and costing development to inform the planning consent application. Recruitment to several key project posts is underway as is the development of a co-design strategy with Experts by Experience.

Derbyshire is one of many Trusts with dormitory accommodation in both its inpatient units, the Hartington Unit in North Derbyshire and the Radbourne Unit in South Derbyshire. We have been succesful in applying to the centrally held dormitory eradication funds to replace our existing mental health wards with single en-suite accommodation.

This is an exciting opportunity to create a new, state of the art hospital that combines excellent mental health architecture and building with high quality inpatient care for derbyshire residents. NHS England are supporting the Trust with funding to help create an outline business case which includes a detailed cost and development, full business case, planning consent and recommendations for construction procurement. To date, program planning has commenced, architect, cost structure, models of care and governance requirements are being considered alongside development of a co-design strategy with Experts by Experience from our EQUAL Forum. The current projected timeline for completion of this project is March 2024.

Community Mental Health Development Framework Programme
In 2019 Joined Up Care Derbyshire committed to create two Living Well prototype sites in High Peak and North Dales and then Derby to develop an improved offer for mental health in both localities. As a result of COVID-19, the project was delayed, but in Summer 2020 was able to commence in High Peak and North Dales.

A 'collaborative' of Commissioners, providers and community representatives, including the Experts by Experience, local authority, CCG, Derbyshire Healthcare NHS Trust and voluntary sector partners, with support from the Innovation Unit, aim to re-define system outcomes and scale up delivery of the NHS long-term plan Community Mental Health Framework over three years across Derby City and Derbyshire County.

A prototype team has been recruited, whose job is to work on behalf of and alongside, the whole system to design new practice and service offers, based on the design input of the 'collaborative' group and feedback from people with lived experience that the team support.

Prototyping is a disciplined approach to learning through doing as a way to rapidly test and evaluate the usability and effectiveness of a service. It is a process of iterative testing and evaluation that ensures we develop services that really work for the people using them and working in them. It creates an opportunity to take managed risks to create the space for innovation and the opportunities to create new ways of working.

Alongside this, the team use a method of extended learning through practice. On a Monday, the team meet to determine the week's 'learning question' and look for opportunity to test out the ideas from this or to create new opportunities. The team then meet on Fridays for 'the learning lab' to reflect on what we have learned and what this might mean for people using the offer going forwards. Once a month, there is an extended learning lab, at which members of the community relevant to the questions are invited for a deeper and more focused discussion, as well as looking back at the month's learning.

This is an intensive 12 week enhanced primary care offer and has a mix of roles within the multi-disciplinary team (MDT): Well-being Coach, Mental Health Nurse, Occupational Therapist, Peer Coach, Social worker, Psychologist and a Psychiatrist. There are no 'internal referrals' and support is designed around what the person needs from the MDT and their own community. The team are approaching the end of the initial 12-week prototyping phase and will therefore start to consider next steps for growth. Once introduced and known to the team, people will have a direct route to access support again, although the aim is to become a self-introduction offer with various spaces out in the community that would serve as access points.

Some of the learning so far has been around the way support and treatment is offered. Moving away from the more traditional places we might offer support to a more community focused model. A person with an interest in the outdoors and the idea of 'forest schools' met for their initial conversation with workers from the team in an 'outdoor fire pit', where they were able to take a lead in lighting the fire. The feedback received from that was that being able to give information in this environment and this way helped them to feel comfortable and able to share. The team are always working on ways to meet people where they are and to focus on their strengths and interests. There is a long way to go in developing this offer, but the journey has certainly started.

Progress in Bolstering Staffing in Our Adult and Older Adult Community Mental Health Team Services, Following Additional Investment from Local CCGs' Baseline Funding

In our older adult services, we have received funding to support the establishment of the In Reach & Home Treatment Team (IRHTT) in the North of the county and additional funding to extend the operating hours of the South IRHTT to seven days a week.

Our adult services have worked in collaboration with Joined Up Care Derbyshire to develop a 'prototype' team that provides an enhanced primary care offer for a twelve-week programme. The team is multi-disciplinary consisting of: Occupational Therapist, Well-being Coach, Peer Coach, Social Worker, Mental Health Nurse, Psychologist and Psychiatrist. This prototype work is discussed later in the account.

Both adult and older adult community mental health teams have an over recruitment plan which allows teams to support unplanned absences and reduce reliance on agency nursing staff. This is at cost pressure.

Collaborative Work with Voluntary Sector and CMHTs

Partnership working with community partners has always been central to a recovery focused approach in mental health essential for services to be able to embed a person-centred CHIME framework (Connectedness, Hope, Identity, Meaning in life and Empowerment). This year, the challenges of COVID-19 and the introduction of the new CMHT framework have refreshed the opportunities for more collaborative working with the VSCE (Voluntary, Community and Social Enterprise).

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

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

Well Led Requirements for Quality

Trust Registration with the Care Quality Commission (CQC)
The Trust registered with the CQC in 2010 to provide the following regulated activities:

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

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

Leadership and Quality Governance

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

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

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

When the pandemic became apparent, an Incident Management Team was established and continues to provide a supportive and oversight structure to the Trust which includes governance oversight via various work cells.

Quality Compliance and Governance
Throughout 2020/21, the Trust has continued to focus on quality compliance and quality governance, whilst managing the challenges of the pandemic.

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

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

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

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

One of the most significant patient safety improvements a Trust can make is to have a full electronic patient record system. This has been a significant focus of the Trust this year as we move to a new Electronic Patient Record (EPR). Our Learning Disability Services and our Child and Adolescent Mental Health Services have both successfully moved on to the new system with Older Adult Services and Working Age Adult Services to follow in 2021. The new EPR we are adopting is also the same system that the majority of our local partners use, so will allow for the improved sharing of information between agencies. The development of the EPR has been clinically led, which has supported the reduction of variation in clinical processes and allowed full review of associated documentation.

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

The Commissioning Gaps that Impact Upon Patient Safety and Effectiveness
Our county has no inpatient Child and Adolescent Mental Health Service (CAMHS). Tier 4 inpatient provision continues to impact upon us, with Derbyshire children being admitted to CAMHS units across the country. CAMHS has a number of primary care initiatives which are excellent approaches to ensuring our children and young people have early help and this is increasing the number of children and young people who need to access our secondary care provision. This is leading to increased waiting times for CAMHS services. There has also been an increase in children and young people requiring an urgent response with referrals increasing from the children's Emergency Department. This has been recognised and new investment in crisis cafés and crisis support have been agreed and will be commissioned in 2021. A wider risk is highlighted in 2020 by the Commissioner of Children in Care with complex placement and support needs. Out Trust will continue to work in partnership to support these children from Derbyshire or placed in an emergency in Derbyshire to understand their needs and support our social care partners in working through their multiple needs to feel safe, secure in their attachments and help them navigate their life challenges safely to a place of stability.

Our adult eating disorders service is the smallest in the region per head of population. This is a significant risk against the Management of Really Sick Patients (MARSIPAN)

guidance requirements and the demand on the commissioned service. Therefore, there remains a gap between the needs of the population and the commissioned service. Both local reviews of the service and the 'Long Term Plan' have clear recommendations for wider investment. This is now awaiting funding release in line with the national plan. Until this investment is allocated the county retains this risk in 2021.

Our Autism assessment service is generally meeting all required standards. However, there is a significant volume of referrals of individuals seeking an assessment of a potential autism diagnosis as an adult. Some autistic people grow up without their condition being recognised. Although the reality is that our services adapt psychological support needs to individuals with autism, some of the primary need is an autism specialist service. This remains a well-established gap in the Derbyshire Clinical Commissioning Group's service provision. National policy recommendations and the NICE guidelines are clear on assessment and specialist treatment services with focused interventions. This remains a programme of investment without specific national investment plans until 2024. Our Trust has successfully secured a local resolution in 2020 for both the North and South of the county for 2021/22 and we look forward to seeing these plans develop in 2021.

Derby City and Derbyshire have an increasing level of violent crime. There is a very high rate of registered sex offenders. The Trust has extensive contact with cases at all Multi Agency Public Protection Arrangement (MAPPA) levels with increasing complexity noted. Whilst we have a developing community forensic service, it currently does not have the capacity to fully meet demand. This in turn impacts on community mental health teams who maintain clinical responsibility. This has been raised with system partners over a significant period of time. This was responded to in 2019 with a partial solution. There is a residual gap in service provision. The Trust clinical team are working in partnership with the CCG to review the community forensic service in line with learning from a mental health homicide in 2020 and an unpublished domestic homicide review (to be published in 2021). We look forward to re-commencing work with the CCG in 2021 to review that gap.

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

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

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

Clinical Quality Review Group meetings with the CCG were formally stood down for much of 2020/21. However, key individuals from both organisations still met monthly to review progress on quality improvements and provide assurance.

Our CQUINs for 2020/21
We received Commissioning for Quality and Innovation (CQUIN) targets for 2020/21 (see **Appendix 7**), but due to the pandemic, it was agreed nationally to stand them down. The Trust resolved to continue with the staff flu vaccination campaign and achieved its highest ever compliance with this, 85% uptake.

Quality Visits Programme
The comprehensive quality visit programme was placed on hold for 2020 while the Trust focused on managing the pandemic. The programme has been reviewed and a new process is being introduced during 2021. This will involve regular visits to areas at a divisional level with operational and clinical leaders. Executive members of the Board will continue to have engagement events either routinely or based on intelligence. The Non-Executive members of the Board will each have an area of special interest and will meet with the Clinical Director for their named areas to gain a deeper understanding of the clinical outcomes and clinical strategy of those services.

During the pandemic, as an alternative to a comprehensive quality visit programme, a variety of means to gain information and triangulate were utilised. The Heads of Nursing team maintained engagement and increased service visits to provide support for staff and ascertain any quality or safety gaps. Complex case panels continued to provide multi-disciplinary senior reviews of people that required extra support. These panels allow senior colleagues to have a deeper understanding of the level of care required and provided for people who come into contact with our services and offer clinical advice. The panels are chaired by the Assistant Director of Clinical and Professional Practice, attended by the Assistant Director of Safeguarding, Clinical Director and senior Psychology, occupational therapy and nursing colleagues.

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

Staff Engagement
Throughout 2020/21, the Trust has actively engaged with staff through the Staff Forum and by using 'live engagement events' (on Microsoft Teams). These are completely open arenas giving staff direct access to the executive team and senior leaders. Staff are encouraged to share any concerns, good and bad practice, areas for improvement and any initiatives they feel could improve quality of care, service delivery or working conditions/work-life balance.

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

its inclusive and proactive approach to the communications and for the support provided regarding staff well-being and opportunities for flexible working as evidenced in the staff surveys.

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

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

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

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

Staff Experience and Staff Survey

The Different Ways in Which Staff Can Speak Up if They Have Concerns Over Quality of Care, Patient Safety or Bullying and Harassment Within the Trust
The Freedom to Speak Up Guardian at DHCFT is one of the routes for speaking up within the Trust. Other options are also available and these include speaking up directly to Line Managers, senior Managers, Clinical Leads and to senior Leaders including the Chief Executive, the Non-Executive Lead for Speaking Up, to Unions / staff-side representatives, People Services and the forums and networks available to staff, students, preceptors or Junior Doctors, and also through incident reporting tools.

FREEDOM TO SPEAK UP
LISTENING TO YOUR CONCERNS

The FTSUG has also created a network of FTSU champions across the Trust who listen and signpost workers to the FTSUG for further support.
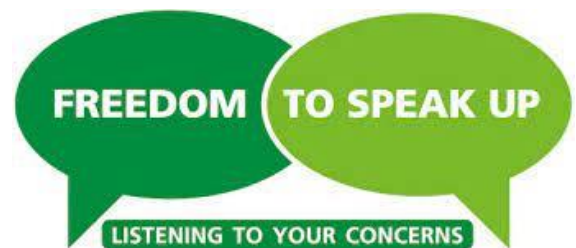
The staff intranet, Focus, also includes access to a reporting portal which allows staff to raise their concerns - They can also speak up anonymously if they wish to do so.

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

How Feedback is Given to Those Who Speak Up

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

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

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

How We Ensure Staff Who Speak Up Do Not Suffer Detriment

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

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

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

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

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

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

Staff Survey
The results of the positive work undertaken by the Trust in engaging staff, looking after their health and well-being and the management of the pandemic and communications were all reflected in the staff survey results. The survey, which was undertaken in October 2020, had a glowing set of results that places the Trust in the top categories when compared with other similar organisations.

The positive results from confirm DHCFT as one of the best Trusts for providing mental health, learning disability and community services.

2020 NHS Staff Survey: results summary

NHS Derbyshire Healthcare NHS Foundation Trust

☑ Highest ever response rate - 60.1%   ☑ Better than 2019 in all 10 areas   ☑ The best Trust in 2 areas

Staff Friends and Family Test measure
Q18c: I would recommend my organisation as a place to work
Up 10% from 2019
From 65% to 75%

Staff Friends and Family Test measure
Q18d: If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
Up 7% from 2019
From 66% to 73%

Equality, diversity & inclusion — **9.3** — 9.1 Average comparator score

Health & wellbeing — **7.0** Best Trust — 6.4 Average comparator score

Immediate managers — **7.6** Top Scoring Trust — 7.3 Average comparator score

Morale — **6.9** Best Trust — 6.4 Average comparator score

Quality of care — **7.6** — 7.5 Average comparator score

Best Trust = the highest scoring Trust out of the 52 in our benchmarking group

Safe environment - Bullying & harassment — **8.6** — 8.3 Average comparator score

Safe environment - Violence — **9.6** — 9.5 Average comparator score

Safety culture — **7.1** — 6.9 Average comparator score

Staff engagement — **7.4** — 7.2 Average comparator score

Team working — **7.3** — 7.0 Average comparator score

How our scores compare to 2019: Better than 2019

All of the ten themes are scored on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together.

Staff Awards

The Delivering Excellence Everyday awards (DEEDs) continued throughout 2020/21 and there were many nominations for staff and volunteers received over the year. The 2020 nominations will be used as the basis for our 2021 virtual staff awards.

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

April: Team Mental Health Support Line

I would like to nominate the team at the Mental Health Support Line. This service was set up quickly and efficiently and is coming to the end of its 3rd week. I want to thank all the staff from the admin support, lead nurses and clinical leads as well as all the home workers for the amazing support given and making me feel valued during these very different times. For staff isolating, it makes me proud that we can still deliver a service to support our patients and the general public from home. Thank you.

August: Team Radbourne Unit & Redeployed Staff

This nomination is particularly (but not exclusively) focused on the efforts of the entire Radbourne team, inclusive of staff re-deployed to us, during the Covid pandemic. I may be biased and whilst we definitely have a growing number of shining stars it would be impossible to select individuals for this nomination as it takes a whole team approach to achieve the level of cross team working and collaboration that we have needed during the current pandemic. Teams across the unit have risen to every challenge despite difficulties faced at either personal and/ or team level. We have seen changes to ward functions, responded to a people first approach to keep our colleagues as safe as possible, tried to maintain the best possible use of our environments and maintain patient experience alongside managing the workforce available to us to deliver our objectives. Our teams and individual team members have demonstrated great resilience throughout this situation, for many we have needed to ensure flexibility and redeployments across ward areas to support each area and for others we have needed to support those wanting to be in work when this could not be possible, each situation has come with its own unique challenges and I take my hat off to all who have worked with us, and part of our unit team, through these difficult and challenging times. For such a large inpatient area this has been no mean feat and of course we couldn't have achieved all of this without the support from our redeployed staff, a few of which remain with us at the moment, and our wider services such as teams from estates and facilities and wider support services across the Trust. We cannot underestimate the impact this has had in supporting all of our work to date, including a range of shared learning experiences and development of practices that we hope to continue into the future. Of course, none of this could be possible without a cohesive leadership approach across the disciplines, so to each and every staff member, I thank you from the bottom of my heart and long may our ethos continue in line with our trust vision and values!! We're not out of the woods yet, but I am confident in each and every one that we can see this through and come out shining at the end - Well done folks!!

Patient Care Activities and Service User Engagement

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

- Working as partners with Joined Up Care Derbyshire (JUCD) to create two prototype sites for an improved community mental health offer
- Our older adult services have used digital technology in an innovative way to provide 24-hour care providers with support online without increasing their risk by visiting them during the pandemic
- The inpatient rehabilitation services have developed and are piloting an outreach model of care to support people in the community post discharge from rehabilitation in patient services
- Our 'emotion regulation' pathway of care has been launched and developed across our adult services
- Our individual placement support service has been developed further across our adult and older adult services
- We have strengthened our community-based partnership working with the voluntary, community and social enterprise sector

The Trust engages service users in projects such as the dormitory eradication programme and the 'living library', which is a lived experience recording project and service users and carers are frequently invited to attend Board and share their experiences. The 'patient stories' allow the Board to receive first-hand experiences of service provisions and help to highlight any areas for quality improvement.

The EQUAL Forum, which brings together patients, carers and nominated staff from across the Trust re-convened in November 2020 following a break due to the pandemic. The EQUAL Forum works in partnership with leaders, including Executive Directors and is in place to ensure that patients and carers feel able to raise issues, and can work together to plan ways to deliver improved services. This year has seen investment in this model, with a new EQUAL Network Advisor coming into post in 2021.

Partnership Working

Partnership Working - Joined Up Care Derbyshire
The local system has applied and has now been ratified as an Integrated Care System (ICS), which is as follows:

Integrated care is about giving people the support they need, joined up across local councils, the NHS, and other partners. It removes traditional divisions between hospitals and family Doctors, between physical and mental health, and between NHS and council services. In the past, these divisions have meant that too many people experienced disjointed care.

Integrated care systems are new partnerships between the organisations that meet health and care needs across an area, to co-ordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

The Trust has worked with Derbyshire system-wide partners to connect to PLACE, support joint initiatives, co-create the Derbyshire ICS strategy and contribute to share support and mutual aid through the pandemic period.

How Our Partnership is Making a Difference
To meet these challenges, local councils, care homes and different parts of the NHS in Derby and Derbyshire, hospitals, family doctors, mental health teams and others, are working together more closely than ever before.

We have formed a partnership, known as Joined Up Care Derbyshire. This is Derby And Derbyshire's Sustainability and Transformation Partnership (STP).

The partners involved are:

- NHS Derby and Derbyshire Clinical Commissioning Group
- Derbyshire Community Health Services NHS Foundation Trust
- Derbyshire Healthcare NHS Foundation Trust
- Derbyshire Health United
- University Hospitals of Derby and Burton NHS Foundation Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Derby City Council
- Derbyshire County Council
- East Midlands Ambulance Service
- Primary Care Networks
- Place Alliances
- GP Provider Alliance
- Derby and Derbyshire Local Medical Committee (LMC)
- NHS England Direct Commissioning
- General Practice
- Voluntary and Community Sector

Partnership Working

The Trust has a strong history of working well with partners across the health and social care economy and provides a number of clinical services in partnership with other providers across the NHS and voluntary sector. We believe that being creative and collaborative in our approach to providing services brings benefits to patients. Wider learning, the sharing of information and expertise helps us to provide the best possible care. During 2020/21 these relationships were tested in the biggest single healthcare challenge the country has seen and came through stronger than before.

The Derbyshire health and care system came together to co-ordinate and combine in its response to the Covid Pandemic at a strategic, operational and team level. New ways of working and collaboration and integration of responses to meet the peaks in demand and staffing shortages through all three waves of the pandemic in 20/21 were implemented, often at pace. This work has continued through the cross-system collaboration that has delivered the vaccination programme across Trusts, Primary Care Networks, the Local Authorities and the voluntary sector.

During the course of 2020/21, Joined Up Care Derbyshire continued its progression towards Integrated Care System status, achieving this in December 2020. With the publication of the White Paper: Integration and innovation: working together to improve health and social care for all by the DHSC in February 2021, the ICS, subject to legislation, will become an NHS Body from April 2022. DHCFT will continue to work with partners across the health and care system to support this development over the

course of the year ahead and will be active in the development of provider collaboratives in Derbyshire.

In addition, the Trust was involved in a number of partnerships with colleagues across the health and care system to deliver improved services to our communities:

- The Trust continues to be the lead provider for the Integrated Children's Public Health service for children and young people aged 0-19, called Derby Integrated Family Health Service. The service, which commenced on 1 April 2016, brings the Trust together with partners at University Hospitals of Derby and Burton NHS Foundation Trust and has been extended into 2021.
- We continue to provide drug and alcohol services in partnership with the charities Phoenix Futures and Aquarius across the city of Derby. A new recovery-focused service model for substance misuse care in the city has been operational since 2018.
- For the wider county the Trust is the lead provider of drug and alcohol services with partners at Phoenix Futures, Derbyshire Alcohol Advice Service and Intuitive Thinking Skills.
- The Trust leads a partnership of Improving Access to Psychological Therapies (IAPT) providers working alongside the Trust's Talking Mental Health Derbyshire service as part of the Any Qualified Provider market within Derbyshire. The partnership responded to the re-procurement of the IAPT service by Derby and Derbyshire Clinical Commissioning Group (CCG) during 2019/20 and was successful in being approved as a provider for the next three years.
- Following the de-commissioning of Children's Continence services across Derbyshire in 2018/19, the Trust came together with the other NHS providers across the county to create a new partnership for delivery of the service in response to the procurement exercise carried out by the CCG. This service, under the lead provision of the Chesterfield Royal Hospital (CRH), has been operational since 2019.
- The Trust entered into a new partnership with P3 in the delivery of the new 24/7 Mental Health, LD and Autism Helpline, established at pace during the early weeks of Wave 1 of the pandemic.

In 2020/21, the Trust entered a regional partnership agreement for the delivery of inpatient forensic services, with eight other NHS, private and voluntary sector providers across the East Midlands. This partnership aims to improve inpatient forensic services through a collaborative approach and includes the delegation of planning and contracting functions from NHS England to a lead provider, working within the collaborative framework (Nottinghamshire Healthcare). This partnership become formally responsible for planning and providing services from October 2020. From 1 April 2021, we entered into similar arrangements for the delivery of Child and Adolescent Mental Health Services (CAMHS) Tier 4 Services and Adult Inpatient Eating Disorder Services with Northamptonshire Partnership FT and Leicestershire Partnership Trust as the lead providers for each respectively.

The Trust continues to be a member of the East Midlands Mental Health, Learning Disabilities and Autism Alliance, a partnership arrangement with the aim of providing strategic oversight to the creation of the regional lead provider arrangements (see above), to provide a vehicle to work together across the region to improve services, coordinate approaches to challenges and seek out opportunities to deliver the objectives of the NHS Long Term Plan.

The Trust has a close working relationship with our neighbouring Trust Derbyshire Community Health Services NHS Foundation Trust (DCHS) through the provision of People Services (Human Resources) through a Joint Venture Arrangement, which commenced on 1 April 2018 and continued successfully throughout 2020/21. Integrated Care System – Joined Up Care Derbyshire

In order to deliver the aims of the NHS Long Term Plan, the Joined Up Care Derbyshire Integrated Care System (ICS) has continued to work together to deliver the things we want to achieve as a system to improve the three gaps as set out in the NHS Five Year Forward View and refreshed in the NHS Long Term Plan:

• Health and well-being gap
• Care quality gap
• Finance and efficiency gap

The Trust continued to host the employment of the ICS Programme Director, Vikki Taylor and her team. These staff numbers are reflected within the workforce figures included in this report.

The development of Primary Care Networks (PCNs) of GP practices continued through the year, with the 15 PCNs in Derbyshire starting to employ a larger workforce operating within Multi-Disciplinary Teams (MDTs). These groups of practices will be the basis for integrated multi-disciplinary working and bringing professionals together from across health and care services. The Trust has supported their development and in the year ahead, will be looking for opportunities to develop new models of community services using the Additional Roles Reimbursement Scheme (ARRS) monies available to PCNs and to ensure that PCNs are aligned to the transformation of community mental health services in line with the Community Mental Health Framework.

Ifti Majid, the Trust's Chief Executive, continues to lead the Mental Health Programme within Joined Up Care Derbyshire (JUCD) and also took on responsibility for the Learning Disability and Autism Programme.
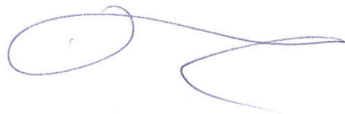
Across the Mental Health, Learning Disability and Autism and Children and Young People programmes within JUCD, the highlights of planning and progress in 2020/21 included:

• Securing NHS England transformation monies to deliver the transformation of community mental health services over three years starting in 2021/22. Successful prototyping of new ways of working in the High Peak locality ahead of wider roll out across the City and County over the course of the programme. Delivery plan in place and assured by NHSE/I which fully engages with local communities, service users and frontline colleagues. The model will integrate teams from across DHCFT, adult care and the voluntary sector in a new, wider MDT.
• Further transformation monies secured from NHS England and recruitment commenced to develop Crisis and Home Treatment services to deliver a service for Derbyshire in fidelity to the national model.
• Establishment of the 24/7 MH, LD and Autism Helpline, available to all ages in April 2020.

- Transformation monies secured and deployed to further develop mental health liaison services in line with the "Core-24" model at both our partner Acute Trusts.
- The launch of a new Individual Placement and Support Service Work Your Way in January 2020 and since expanded in 2020/21, using NHS England and CCG funding to provide employment related support for people with Severe Mental Illness, to access meaningful employment.
- Development and roll out of an on-line Living with Dementia programme to extend accessibility of the evidence-based learning in the programme to a wider group of people and carers.
- Development of a new model of care for the future people with Learning Disabilities and Autism as alternatives to admissions to hospital. New Autism Support service to be operational from August 2021, following agreement of a three year service development and funding plan.
- Establishment of new services, provided by the third sector, to support the mental health and wellbeing of children and young people in schools and in care.

Trust Engagements with Healthwatch

- Provide more emphasis on preventing mental ill health and supporting people to deal with any underlying issues
- We continue to seek to learn from the work our colleagues from Healthwatch Derby and Healthwatch Derbyshire

Ifti Majid
Chief Executive

Caroline Maley
Trust Chair

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

Quality Descriptors of The Well Led Framework - 2020/21

Quality Descriptors	Improvement Activities	Updates
Care Quality Commission (CQC) Requirement Notices	Five actions were received in 2020. Improvements in ligature risk assessments, physical health monitoring/recording, mandatory training compliance, fridge temperature monitoring and communication with staff regarding COVID-19 were undertaken	Significant progress has been made The majority of actions have been completed or have residual sub-actions which will be completed by mid-year 2021
Trust Priorities	2020/21 priorities were refocused due to the pandemic. The 2019/20 quality priorities continued to be worked on	2021/22 quality priorities are agreed as: • Sexual Safety and Violence • Violence Reduction and Restrictive Practices • Learning from COVID-19
Key Performance Indicators (KPI)	KPI: In abeyance due to the pandemic Operational, quality and people performance continued to be reviewed by Board using the Integrated Performance Reports	The Trust monitors its performance against wide variety of local and national standards and targets, such as: • Quality priorities • NHS Improvement Oversight Framework standards • NHS England Specialised Services contractual targets • Local commissioning contractual targets
Commissioning for Quality and Innovation	CQUIN programme: In abeyance due to the pandemic	One CQUIN was undertaken – Flu Vaccinations for Staff. This achieved a Trust record-breaking result
National Clinical Audits	The Trust participated in a total of 40 clinical audits and confidential enquiries in 2020/21	Seven major research projects were also undertaken in 2020/21
Local Audits against NICE Guidelines	Some local audit cycles were affected by the pandemic	The NICE steering group is being re-launched in 2021/22

Quality Performance Reporting Analysis Against Core Indicators

Measuring Performance
The Trust measures its performance using a suite of online dashboards and reports on the Trust's intranet that are updated daily overnight. At each of its public Board meetings, the Trust Board is provided with an integrated performance report which enables a holistic understanding of performance and highlights issues impacting on performance concerning financial performance, operational delivery, workforce and quality. The report provides assurance of actions being taken to mitigate these issues. Data contained within the report is presented in statistical process control format which enables measurement for improvement, not just assurance.

The Trust accesses and analyses national data for benchmarking purposes. The Trust is also a member of the NHS Benchmarking Network and participates in national benchmarking projects. This enables comparisons to be made in key areas with other similar organisations.

Performance Monitoring
The Trust monitors operational, quality and people performance and monitors its performance against wide variety of local and national standards and targets. These measures include:

- Quality priorities
- NHS Improvement Oversight Framework standards
- NHS England Specialised Services contractual targets
- Locally agreed performance measures
- Local commissioning contractual targets
- Financial plans

Participation in National Benchmarking Activities
The Trust is a member of the NHS Benchmarking Network and participated in several national benchmarking activities. Last year, for example, the learning disabilities providers bespoke report (2021) highlights include:

- Average wait from referral to assessment is below the mean
- Average wait from assessment to treatment is well below mean
- Percentage of patients whose return to treatment (RTT) was within four weeks is well above the national average
- Referrals received are in line with national average
- Patients on caseload slightly below national average
- Proportion of contacts delivered non-face to face slightly above average
- Number of ASD assessments above average per 100K population
- Percentage of positive ASD diagnosis above average

Overall Performance of The Trust in 2020-2021

Category	Indicator	Performance
NHS England and NHS Improvement	NHS Oversight Framework 2020-21 (Segments 1-4) Segment 1 indicating maximum autonomy	Segment 2
Care Quality Commission (CQC)	Overall ratings (Inadequate, Requires Improvement, Good or Outstanding)	Good
National Targets	National targets relevant to mental health and community services	Fully compliant

We have adopted a divisional approach to performance management. Achievement reviews are in place in operational services which allow performance monitoring at all levels of the organisation. The structures are overseen by the Trust Management Team and the Finance and Performance Committee.

Operational services consist of six divisions. Each division holds regular Clinical and Operational Assurance Team (COAT) meetings. The meeting attendees include senior representatives of clinical services, operations and management. The meetings are in place to oversee and ensure delivery of high-quality care and provide direction in terms of quality improvement and performance improvement.

The Board of Directors is presented with an integrated performance report at its public Board meetings. The report highlights performance against a suite of key financial, operational delivery and quality measures. Data is presented in statistical process control format to enable measurement for improvement. The report includes actions being taken to maintain or improve performance. The Board also receives direct feedback of patient experience of services in the form of patient stories, which enables Board members to identify any areas for improvement or areas of outstanding practice.

In order to free up capacity to respond effectively to the pandemic, this financial year a number of other performance monitoring areas have been put on hold. These include: Contract management meetings with NHS Derby and Derbyshire Clinical Commissioning Group, performance review meetings with Public Health and specialised services contract review meetings with NHS England.

Trust Engagement with the CQC

CQC Inspection Ratings
The current CQC ratings for the Trust are shown below:

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

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

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

The overall rating for the Trust has increased from 'requires improvement' in 2018/19 to 'good' - This was achieved in 2019/20 and maintained in 2020/21.

Full ratings tables for each of the last three years are shown in **Appendix 4.**

CQC Overall Ratings Comparison 2018/19-2020/21

	2018/19	2019/20	2020/21
Overall Trust Rating	Requires Improvement	Good	Good
Safe	Requires Improvement	Requires Improvement	Requires Improvement
Effective	Requires Improvement	Good	Good
Caring	Good	Good	Good
Responsive	Requires Improvement	Good	Good
Well Led	Requires Improvement	Good	Good

The Trust made notable improvements in the following areas:

- Community health services for children and young people - The rating has increased from 'Requires Improvement' to 'Outstanding'. Both children and young people service lines are now rated 'Outstanding'

- Acute wards for adults of working age and psychiatric intensive care units - The rating has increased from 'Inadequate' to 'Requires Improvement.' Whilst there are still improvements to be made, significant progress has been made and quality and safety improvements have been embedded across the Radbourne Unit and the Hartington Unit

- Mental health crisis services and health-based places of safety - The rating has increased from 'Requires Improvement' to 'Good'

In total, there are three service lines that have improved ratings from 'Requires Improvement' to 'Good.' There are no services currently rated 'Inadequate' and there are two service lines rated 'Outstanding'.

CQC Inspections 2020/21
The CQC conducted an inspection of Acute Wards for Adults of Working Age and Psychiatric Intensive Care at the Hartington Unit from 07 September to 10 September in 2020 and published their inspection report on 9 October 2020.

The inspection resulted in five recommendations - Four were 'must do' actions and one was a 'should 'do' action. The five actions are detailed in **Appendix 5**.

As well as the actions received in October, there were also open actions from previous inspections that were worked on in 2020/21 and some are still in progress. These include recommendations received from the Trust-wide inspection that was undertaken in November 2019 and the Well Led element of the inspection that followed in January 2020. There were 40 actions logged from the November 2019 inspection report. At the start of 2020/21, there were also five actions outstanding from 2018/19 which were in progress. The number of open actions at the start of 2020/21 was 50 - The breakdown of these was:

	MUST DO	SHOULD DO
ACUTE	4	8
CHILDRENS		6
COMM ADULT	2	2
COMM OA		1
CRISIS	2	6
LD	1	4
TRUST-WIDE	8	6

All Actions Open/Received 2019-2020
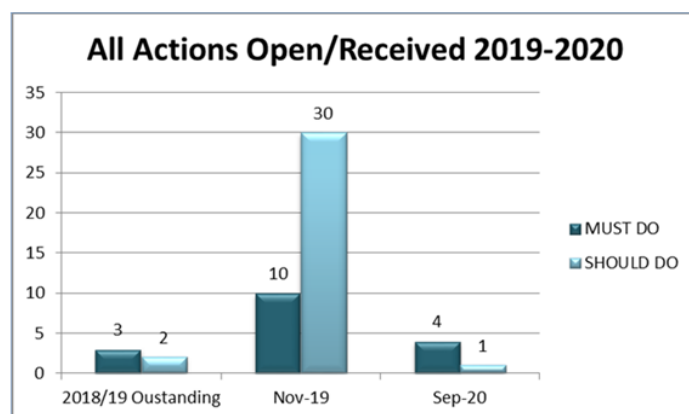
The themes of the 50 actions open/received and worked on in 2020/21 have been compared with those of the previous year. A graph showing the themes of all 50 of the actions open/received and worked on in 2020/21 is shown in **Appendix 6**.

Noticeably, none of the actions are themed as 'capacity/consent', which was a strong theme in the three previous years. This is a testament to the improvements that the Trust has made in training, awareness and recording in this area.

The strongest theme in 2018/19 was 'environment/equipment'. During that period, it accounted for 28% of the actions. In 2020, it was the third strongest theme, but still only six actions were linked with this area.

The 'misc.' theme in the 2019/20 actions does account for the largest number of actions. Ordinarily items wouldn't be logged as such, but these actions related to broad issues such as communications around COVID-19 and Trust wide governance processes. The actions that were grouped this way were generally received because the CQC was seeking assurance on wider governance processes and structure against the backdrop of the pandemic (this was also reflected in the 2020/21 actions). We have provided evidence and assurance that the Trust has met the majority of these recommendations. The outstanding actions relating to governance are 'In Progress.'

The area that the Trust received the most actions or improvement requirements in was 'training/supervision'. We received actions on training compliance in acute services, crisis, learning disabilities, community adults and Trust wide. Since receiving the actions, the mandatory training approach undertaken by the Trust has had to adjust, due to the response to the pandemic. However, we continue to address these actions by service line and as a whole Trust to embed this learning in a fully sustainable manner. Our operational performance of these key safety standards is critical in 2021 to ensure an embedded model of divisional achievement reviews and sustained improvement.

A comprehensive CQC action plan was developed for each service line and the Trust wide actions. It is the responsibility of each of the service lines managed by the operational leads to monitor compliance via the COATs and to report on the monthly basis to the Deputy Director of Nursing and Quality Governance who is responsible for the actions review and sustainability work plan overview for embedding improvements.

CQC Mental Health Act (MHA) Visits – 2020/21
The Care Quality Commission is legally obliged to monitor the use of the MHA to provide safeguards and monitor best practice as per the MHA Code of Practice.

During the pandemic, these visits were carried out virtually and the wards reviewed were:

Ward Visited	When	Observations and Recommendations
Cubley Male Older adults service	June /July 2020	No actions received Positive feedback included management of COVID-19, staffing levels, compliance with observations, carers contact with patients and the broad range of activities available on the ward
The Beeches Perinatal service	August 2020	One action received - A carer reported they hadn't received rights information - This was later found to be incorrect (the carer had received the information) Positive feedback included staffing levels, compliance with observations, management of section 17 leave and patient involvement in care planning
Ward 34 Acute service	October 2020	Two actions received - Recording of section 17 leave was delayed due to EPR issues and an issue with accessing a tribunal video link was reported. Both actions have been addressed by IM&T Positive feedback included staffing levels, explanation of rights, understanding of the role of the advocate and medicine management records
Ward 36 Acute service	November 2020	Four actions received - Poor wifi affecting the EPR, a patient and their carer could not identify the Named Nurse, the implementation of the intensive assessment model creating demands on clinical time and patients reported that they would like more activities on the ward. All actions have been met and continue to be monitored Positive feedback included staffing, patient 1-1 sessions with staff, explanation of rights and recording of capacity and consent

CQC Transitional Monitoring Approach (TMA)

Due to the COVID-19 pandemic, CQC engagement meetings were suspended in 2020/21 and a Transitional Monitoring Approach was implemented - These meetings are held by service line and in 2020/21 adult acute services and adult community services were covered. Prior to the virtual meetings, the CQC review progress on previous actions and recommendations made for that service line and also submit data requests to aid their review. The focus of TMAs is mainly on supporting providers with any significant concerns; the standard Key Lines of Enquiry are used as the approach for this.

Adult Acute Services TMA - January 2021

Feedback from the TMA included:

- **Visiting Arrangements**
  Assurance was provided that visits are being facilitated and there is a Standard Operating Procedure in place to guide the staff on the wards. It was noted that in peak periods of the lockdown, the Trust were only able to offer compassionate and restricted access / external or window visiting.

- **Staffing**
  Issues had been raised about Pleasley Ward. Assurance was provided that experienced staff from the DRRT / In-reach had been re-deployed to Pleasley Ward to support the team.

- **Training**
  Assurance was provided that an improvement work plan is in place to address gaps in compliance.

- **Rapid Tranquilisation**
  Assurance was provided that the Heads of Nursing are leading on an improvement work plan.

Adult community services TMA - March 2021

Feedback from the TMA included:

- **Service Delivery**
  Delivery methods have adapted during the pandemic, including the use of Attend Anywhere. Essential and urgent tasks and the governance around how we decide this has been reviewed (and continues to be). Assurance that people are being reviewed was provided.

- **Risk Assessments**
  Assessments of staff and estates are regularly undertaken to ensure we keep people safe and supported.

- **Waiting Lists for Psychology**
  To achieve the evident improvement that was noted by our regulator, work has included recruitment and stability in teams.

Performance Overview

Three Day Follow-Up of All Patients
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their well-being during the period when they are at their most vulnerable. We have consistently achieved the national standard for follow-up which came into effect from 01 April 2020.
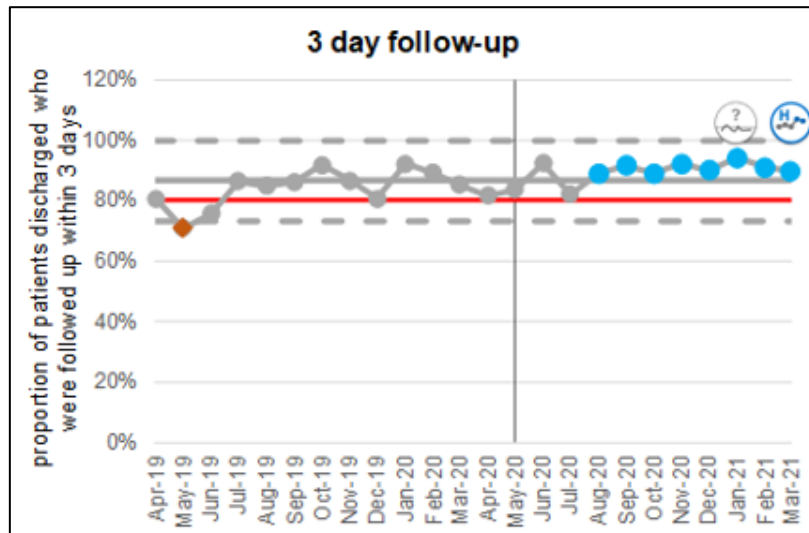
Data Quality Maturity Index
We continue to exceed the national target for data quality. However, the pandemic has started to have a significant effect with regard to the increasing waiting lists.
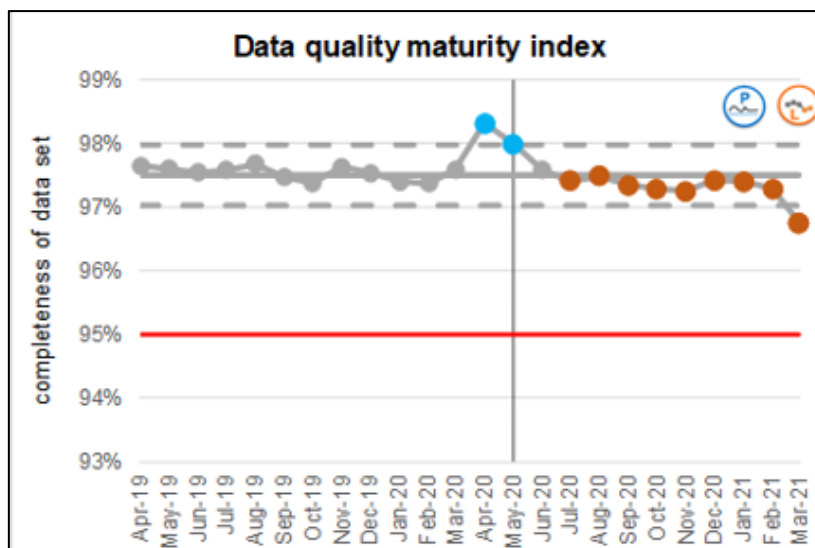
IAPT 18 Week Referral to Treatment

The service continues to consistently exceed the national target.

IAPT 6 Week Referral to Treatment

Following a period of seven months of special cause variation as a result of staff being redeployed to other services during the pandemic. In November 2020, the staff returned to the team and for the last few months of the financial year performance returned to normal.
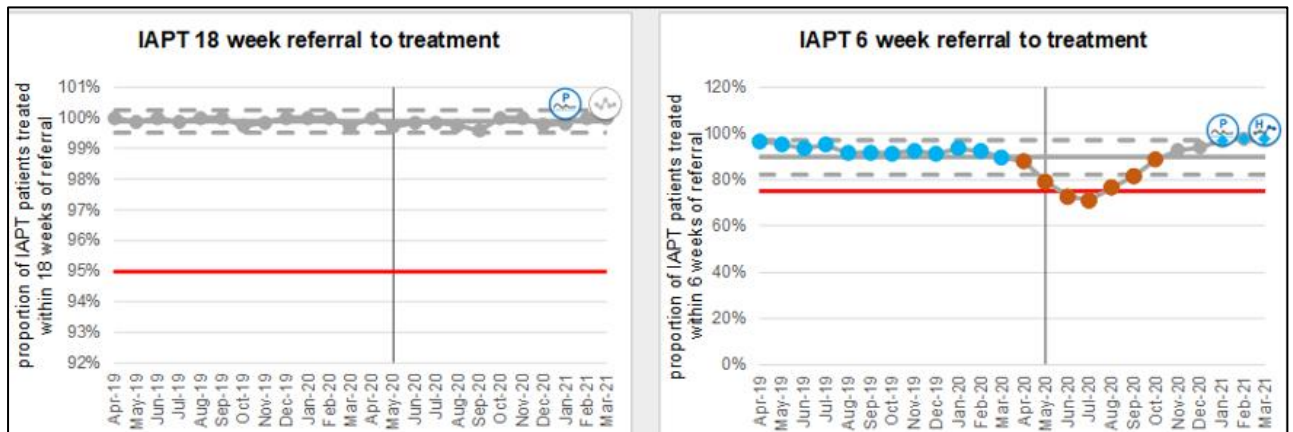
IAPT Patients Completing Treatment Who Move to Recovery

Performance has been normal throughout the data period and for the last seven months the standard was achieved.
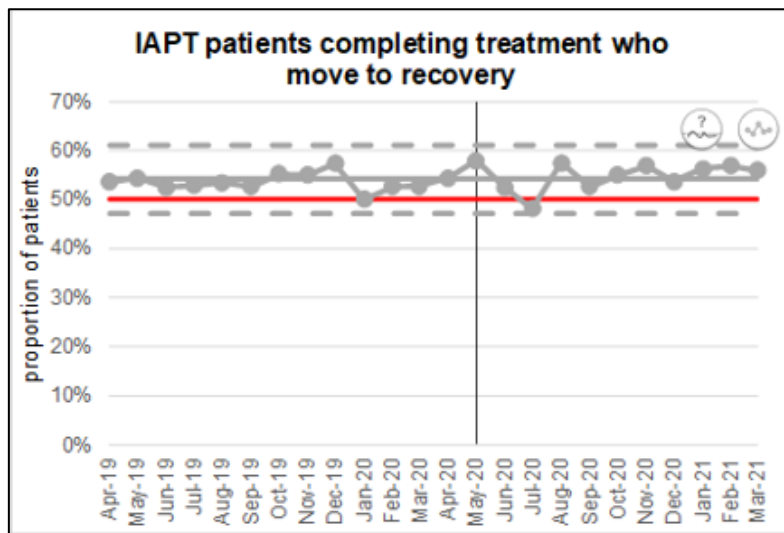
Early Intervention

The service continues to perform consistently well against the national 14 -day referral to treatment standard and also regarding early intervention patients currently waiting to be seen who have been waiting less than 14 days. The data provides assurance that we would expect to consistently achieve both standards.

Waiting List for Care Co-ordination
The number of patients waiting for care co-ordination has been significantly lower than normal for quite some time and the average wait to be seen remains at normal levels despite the pandemic.

Waiting List for Psychology
The number of patients on the waiting list remained within normal variation. The waiting list covers a large number of services and therefore in context the number waiting is quite small. Factors that impacted on the waiting lists include:

- Patients requesting only face to face therapy and would rather wait, approximately 10-15%
- Vacancies, maternity leave and secondment reducing capacity
- Impact of provision of offer of psychological support - well-being plus staff support service reducing psychologist time
- Impact of school closures and limited places for childcare on families
- Some data quality issues

Our response to the waiting list challenges includes a focus on recruitment and a review and improvement of data quality. More staff time will become available once we move through the current COVID-19 crisis.

Waiting List for Autistic Spectrum Disorder (ASD) Assessment
ASD assessments were suspended in mid-March 2020 whilst the staff were redeployed to other posts as part of the Trust's approach to managing the challenges faced as a result of the pandemic. From July 2020, the partial team undertook a successful limited pilot on the feasibility of using Attend Anywhere for ASD assessments by video call, alongside a new Trust assessment tool. The ASD staff returned to their posts in September 2020 and since then have been undertaking ASD assessments either remotely or where required via home visit. The size of the waiting list has been steadily growing throughout the pandemic and the longest wait stands at almost three years. The length of face to face time required for ASD assessments (four hours) has meant remote assessments are preferred at present whilst limited face to face assessments are being undertaken at Rivermead, Belper or via home visit where risk appropriate. There is, however, an increased likelihood that this may lead to a two-tier assessment waiting list, with more rapid access for those who can access remote technology, but further delays for those requiring face-to-face assessment. The risks of digital exclusion will be closely monitored, and action taken to reduce this risk

Waiting List for Child and Adolescent Mental Health Services (CAMHS)
CAMHS continue to utilise telephone and Attend Anywhere as vehicles to support clinical contacts; face to face appointments are offered only when clinically indicated. This is contributing to keep waiting times lower and for the last nine months the waiting list has significantly reduced. The average wait to be seen continues to be significantly longer than normal.

Waiting List for Community Paediatrics
The number of children on the waiting list has been significantly lower than normal for the past eleven months and for the last six months, the average wait to be seen

has been significantly lower than normal. However, the expected increase in referrals is starting to impact on the waiting list. Referrals to the neuro-developmental assessment pathway are now being received since the pathway re-opened, becoming fully open by January 2021. We are in negotiation with the CCG around this aspect of care to ensure that future commissioning and capacity reflect the demands and also the expected prevalence.

Patients Placed Out of Area - Adult Acute Inpatients
Bed capacity has been reduced throughout the pandemic owing to a need to create more space in order to minimise the risk of infection. Demand for beds has outstripped available bed capacity throughout the financial year which has meant that patients have been placed out of area. The majority of these placements have been made at a hospital in Kegworth, which is only around 20 minutes from central Derby.

Patients Placed Out of Area - Psychiatric Intensive Care Units (PICU)
There is currently no PICU provision in Derbyshire and so unfortunately anyone requiring PICU treatment needs to be placed out of area. PICU usage has been closely monitored with colleagues from the CCG and NHSE/I and all attempts are made to repatriate patients to an acute bed once deemed appropriate to do so.

Customer Satisfaction Scores Broken Down by Protected Characteristics
To measure customer satisfaction, the Trust promotes the Friends and Family Test and respondents are asked to provide their ethnicity, age and gender. Results for the financial year were as follows:

Friends and Family Survey Feedback by Gender

Friends and Family Survey Feedback by Age
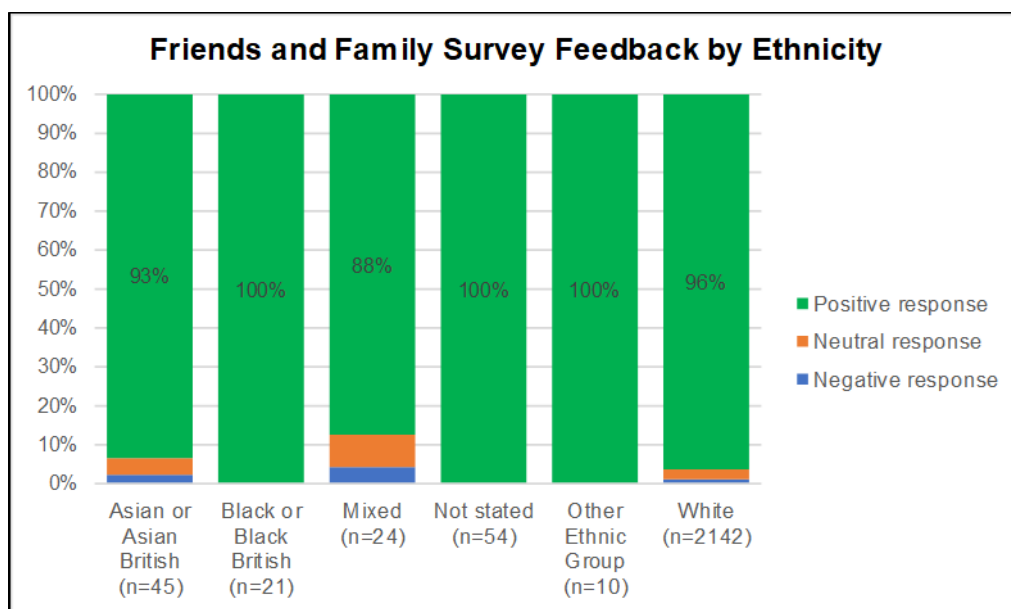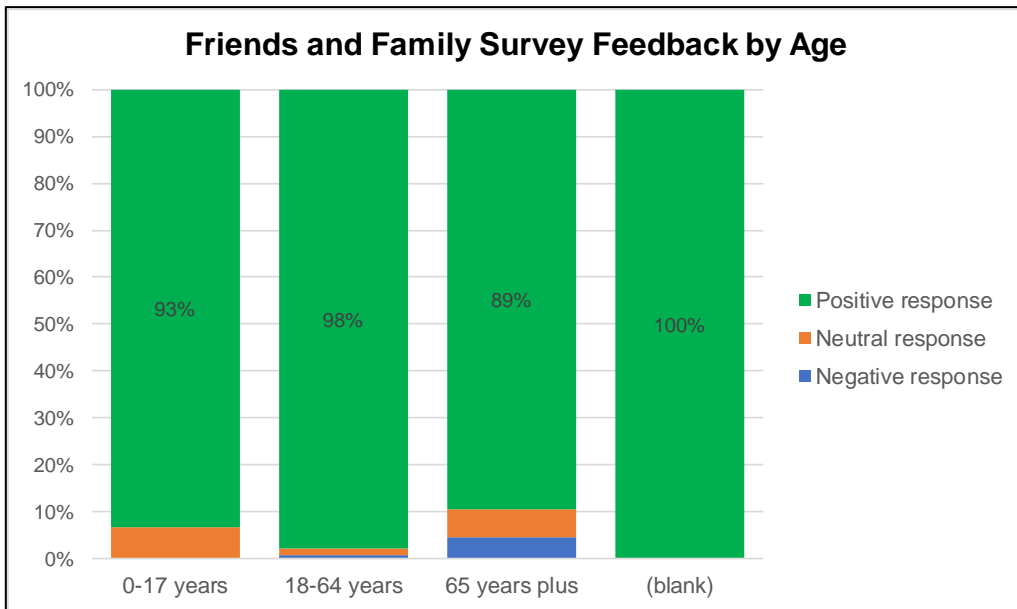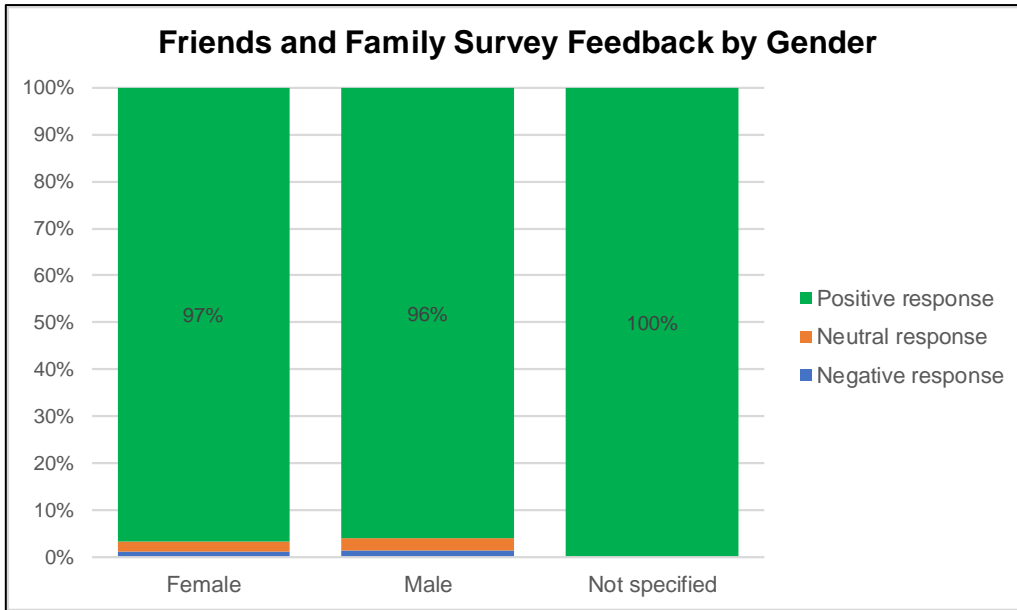
Explanations of Activities the Entity is Undertaking to Promote Equality of Service Delivery

Our approach to ensuring equality of service delivery is to take a patient centred approach. The Trust ensures that all patients are informed and supported to be as involved as they wish to be in decisions about their care through the use of person-centred care planning. A care plan will be devised jointly with the patient (unless they are unwilling or unable to be involved). There are a number of variations of the care plan depending on what service is being provided. However, the principle of devising the care plan in conjunction with the patient, where possible, is consistently applied. In addition, for patients with a learning disability an accessible care plan has been devised which uses symbols to aid understanding and enable participation in the production of the care plan.

- **COVID-19 Vaccination Uptake/Engagement**
  Our Learning Disability services worked closely with service users, carers and family members to ensure that our hospital vaccination hub makes specialist reasonable adjustments to the environments of the clinics to suit the sensory needs of the service users.

- **Inequalities Working Groups**
  The Trust is a key member of the Joined Up Care Derbyshire COVID-19 Vaccine Inequalities Working Group.

- **Diverse Workforce That Reflects the Populations We Serve**
  Last year, the Trust launched the Recruitment Inclusion Guardians (RIGS) Initiative and work is underway for each division in the Trust to have allocated Inclusion Guardians.

Participation in National Quality Improvement Programmes

The Trust participated in a total of 40 clinical audits and confidential enquiries in 2020/21. Action plans are included in the audit reports and are shared with clinical leads and participating teams to share learning and to improve areas of non-compliance.

	National Audits that DHCFT Participated In	Cases Submitted/Cases Required
1	National audit of anxiety and depression: Core audit	40/85, 47%
2	National audit of anxiety and depression: Psychological therapies spotlight audit	Case note review: 70/70, 100% Therapist survey: 29/41, 71% Service user survey: 21/100, 21%
3	National audit of inpatient falls	No cases identified for review during the pilot period: 0/0
4	National audit of psychosis: Early intervention in psychosis spotlight audit	Case note review: 182/182, 100% Contextual review 2/2, 100%
5	POMH-UK 17b: Use of depot/LA antipsychotics for relapse prevention	174/174, 100%
6	POMH-UK 19a: Prescribing anti-depressants for depression in adults	63/100, 63%
7	POMH-UK 9d: Anti-psychotic prescribing in people with a learning disability	171/171, 100%
8	POMH-UK 6d Assessment of side effects of Depot and LA Antipsychotic	256/256, 100%
9	POMH-UK 7f Monitoring of patients prescribed Lithium	93/93, 100%
10	POMH-UK 18b Prescribing Clozapine	TBC – Data collection underway
11	POMH-UK Topic 20a: Improving the quality of Valproate prescribing in Adult Mental Health services	281/281, 100%
12	National clinical audit of psychosis early intervention in psychosis (NCAP EIP): Phase 2 audit	Case note review: 200/200, 100% Contextual review: 2/2, 100%
13	National clinical audit of psychosis early intervention in psychosis (NCAP EIP): Phase 3 audit	Case note review: 193/193, 100% Contextual review: 2/2, 100%
14	National confidential enquiry into patient outcome and death: Young people's mental health study	6/17, 35%

Summary of Improvements and Learning Action Plan 2020/21

National Audit of Anxiety and Depression: Core Audit

Standard	Measure	National Average	Trust Average	Comparison to National Average
Standard 4 - Assessment	Percentage requiring intervention offered an assessment	29%	67%	⬆
Standard 6 - Shared decision making	Did the service user have a care plan?	91%	95%	⬆
Standard 7 - Medication	Percentage having their medication review prior to discharge	87%	92%	⬆
Standard 7 - Medication	Percentage of reviews including a review of the response to medication	80%	100%	⬆
Standard 7 - Medication	Percentage of reviews including a review of the side effects of medication	62%	66%	⬆
Standard 7 - Medication	Percentage of reviews where it was unknown / not documented if one or both of the above were included in a review of the person's medication	17%	12%	⬇ *This is a positive result
Standard 8 - Psychological therapies	Percentage of people referred for Psychological therapy	39%	80%	⬆
Standard 9 - Discharge	Discharge letter contained contact details for the team / service responsible for the service user's care	82%	87%	⬆
Standard 9 - Discharge	Discharge letter contained details of risk to and from self and / or others	80%	87%	⬆
Standard 10 - Discharge	Percentage of service users given 24 hours' notice of discharge	77%	92%	⬆
Standard 10 – Discharge	Percentage of carer's given 24 hours' notice of discharge	70%	79%	⬆
Standard 11 - Discharge	Percentage face-to-face follow-ups	82%	97%	⬆
Standard 12 - Discharge	Percentage of service users who had a crisis plan at discharge	74%	81%	⬆

Recommendation:
Data collection issues to be rectified with training that will cover comprehensive completion of a proforma.

National Audit of Anxiety and Depression: Psychological Therapies Spotlight Audit

Most adults who received psychological therapy rated their Therapists highly and felt helped by the treatment they received, but almost half of adults waited over 18 weeks from referral to the start of treatment.

Recommendation
A Trust-wide Psychological Therapies Management Committee will enable the co-ordination therapy provision.

National Audit of Psychosis: Early Intervention in Psychosis Spotlight Audit

- 76% of patients began early intervention treatment within two weeks of referral
- 64% of patients received all seven physical health screenings
- 54% of patients with at least two unsuccessful trials of anti-psychotics were offered Clozapine
- 22% of patients had outcomes measured two or more times within 12 months
- 46% took up CBT

Recommendation
Sharing of good practice between the North and South EIP Teams, as the North demonstrated higher levels of compliance. There are changes in practice, particularly around physical healthcare and monitoring that are not reflected in the current audit but will influence the results positively come the re-audit.

POMH-UK 6d Assessment of Side Effects of Depot and LA Anti-Psychotic
The Trust was positioned as average for assessment of side effects, but scored poorly on physical examination, weight and blood tests – The development of the physical health clinics should help improve this.

Recommendations
- Side effects ratings scale to be developed in Paris
- The Trust position on approved side effect rating scales to be reviewed and disseminated. A report will be completed reviewing GASS (Glasgow Anti-psychotic Side Effect Scale) versus LUNSERs (Liverpool University Neuroleptic Side Effect Rating Scale) to determine which should be used in practice.

National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP): Phase 2 Audit

- Effective treatment - People with FEP who started a course of CBTp 90%
- BMI recorded the last 12 months - Derby City and South County 75%, North Derbyshire 96%

- Blood pressure recorded during the last 12 months - Derby City and South 78%, North Derbyshire 97%
- Glucose screening recorded during the last 12 - Derby City and South 64%, North Derbyshire 85%
- Cholesterol screening recorded during the last 12 months - Derby City and South 62%, North Derbyshire 85%
- People with FEP who have been on the caseload for six months or more, who received a full physical health assessment and any relevant interventions in the last year - Derby City and South 44%, North Derbyshire 95%
- Smoking interventions offered and accepted - Derby City and South 65%, North Derbyshire 74%
- Harmful alcohol use interventions offered and accepted - Derby City and South 50%, North Derbyshire 92%

Recommendations
- To utilise the weekly clinical meeting to address physical health monitoring
- To implement quarterly spot checks to ensure that when compliance levels drop the appropriate corrective measures can immediately be implemented

Trust Local Clinical Audits Programmes (Continuous Data Collection)

	National Audits that DHCFT Participated In	Cases Submitted/Cases Required
1	Section 17 leave documentation re-audit	115/125, 92%
2	Section 117 meetings re-audit	13/20, 65%
3	Clinical notes re-audit - Neighbourhoods	166/170, 98%
4	Clinical notes audit - Learning Disability	60/60, 100%
5	Nutritional risk screening re-audit	146/146, 100%
6	Quality of Safeguarding Children referrals into Safeguarding Children by DHCFT and response by Children's Social Care	20/20, 100%
7	NICE Quality Standard 86 - Falls in older people	40/40, 100%
8	Recording of capacity assessments on PARIS in DHCFT Mental Health Liaison Team at RDH	59/59, 100%
9	Audit of community paediatrician health reports as contribution for the education, health and care plan (EHC plan)	60/60, 100%
10	Sharing of information between Midwife and Health Visitor where there are parents with mental health needs	152/152, 100%
11	Documentation of capacity and consent on PARIS in DHCFT inpatient units - February 2020 re-audit	40/40, 100%
12	Clinical notes re- audit - Older Peoples Community	111/111, 100%
13	Patients with complex needs are allocated a Care Co-ordinator; Cases discussed at MDMs / clinical case discussion include analysis and action; and are documented within EPR	TBC – Data collection underway
14	Documentation of capacity and consent on PARIS in DHCFT inpatient units - October 2020 re-audit	60/60, 100%

15	To analyse staff's awareness and understanding of the historical Abuse policy and procedure	37/50, 74%
16	Graded care profile audit	53/53, 100%
17	Case conference reports submitted are of an acceptable quality standard	40/40, 100%
18	Management of borderline personality disorder in community mental health services	50/50, 100%
19	Medicines reconciliation according to HTAS (Home Treatment Accreditation Scheme) standards	30/40, 75%
20	High Dose Anti-psychotic (HDAT) use in Forensic and Rehabilitation Wards	Ongoing
21	Is the physical well-being of patients with an eating disorder assessed adequately in line with current guidelines re-audit?	31/31, 100%
22	Clinical audit of section 58 Mental Health Act - Updated plan for 2019/20 sixth re-audit	33/33, 100%
23	A re-audit of adherence to clinical guidelines for prescribing anti-psychotics for behavioural and psychological symptoms in dementia (BPSD) in patients under follow up by Community Psychiatric Nurses (CPNs) within Erewash Older Adult Community Mental Health Team	19/25, 76%
24	Records audit - Practitioners who ask the domestic violence question in visits and how they analyse and compile action plans within the records	Ongoing
25	Audit of transition process - CAMHS to adult services	40/40, 100%
26	Audit of transition process - CAMHS to adult services re-audit	Ongoing

Summary Improvements and Learning Action Plan 2020/21

Section 17 Leave Documentation Re-Audit
- Section 17 forms are being completed to a high standard
- Improvements to be made around the responsible Clinician, emergency contact details, discussion with patient, copy of Section 17 given to patient
- The Section 17 form is not being used to document an emergency telephone number

Recommendations
- Liaising with the responsible Clinicians to highlight areas such as giving copies to relatives
- Paris - Ensure the Section 17 form is not locked and remains editable following responsible Clinician data entry
- Development of a form to record the appearance of patients to be used Trust-wide

Section 117 Meetings Re-Audit
- 100% of meetings had documentation of written invitations.
- 100% compliance was seen in the attendance of meetings by responsible Clinicians. 94% were attended by patients and nurses

- 100% compliance was seen with discussion and documentation of follow-up plans

Recommendation
- Professionals should be educated on criteria to be discussed in meetings, including drug and alcohol use, to improve compliance

Clinical Notes Re-Audit - Neighbourhoods
Adhering/evidencing adhering to standards was demonstrated. Local action plans are to be developed with teams to improve their data.

Recommendations
- Paris: Identify when there is no identified next of kin recorded
- IT to provide 'how to' guides to support practitioners in recording the mental health minimum data set

Clinical Notes Audit - Learning Disability Service
The theme throughout this audit is the need to improve involving service users and their carers. This will be addressed in the Care Programme Approach (CPA) refresher training and is highlighted in the refreshed CPA policy.

Physiotherapy staff frequently recorded a profound and multiple learning disability (PMLD) as an answer in the audit tool when it was not always an appropriate answer.

Recommendations
- Care planning to be reviewed every three months
- Circulate staff briefing regarding adult safeguarding, how to recognise it and how to respond

Nutritional Risk Screening Re-Audit
94.5% of records had an initial nutritional risk screen using MUST completed following admission to an inpatient ward. This was an increase of 21.5% from the previous audit.

68% of records included a Malnutrition Universal Screening Tool (MUST) that was repeated during the admission. This was an increase of 9% from the previous audit.

62.5% of service users included in the audit who were identified as at high risk of malnutrition were referred to the dietetics service for nutrition support.

Recommendations
- Nutrition risk screening to be incorporated into classroom training
- Nutrition and Dietetics Team to work with IMT to improve and develop the electronic nutritional risk screening tool
- To review the Trust approved nutritional risk screening tool and consider a quality improvement project to compare the use of the MUST to a nutritional risk screening tool validated for use in mental health, e.g. the St Andrews Nutrition Screening Instrument (SANSI)

Quality of Safeguarding Children Referrals into Safeguarding Children by DHCFT and Response by Children's Social Care

The audit did not identify any concerns regarding the competency and confidence of the Health Practitioner's decision-making capability.

Recommendation
- For a subsection of the 'safeguarding concerns' template be constructed

NICE Quality Standard 86 - Falls in Older People

Recommendation
- To amend the existing multifactorial form within Paris that will help provide detailed information relating to any slips, trips or falls

Recording of Capacity Assessments on PARIS in DHCFT Mental Health Liaison Team at RDH

There were omissions in the capacity assessments the Mental Health Liaison Team (MHLT) records of patients.

Recommendation
- Training of required quality and details surrounding capacity assessments to be carried out

Audit of Community Paediatrician Health Reports as Contribution for the Education, Health and Care Plan (EHC Plan)

In 100% of records, there was a copy of the Paediatrician's EHCP report clearly visible and a service template had been used in writing the report.

The reports were above the 80% standard set in the following sections:
- Describing the child's health needs
- The reports are succinct, concise, specific and free from the use of 'I', they are objective and written in plain English. There is no vague, imprecise, ambiguous language used
- The reports clearly describe the child's outcomes (short and long-term)

The reports were below the 80% standard set in the following areas:
- The reports have been signed and dated in only 70% cases
- The report clearly states whether the child's needs require provision from community paediatric service
- If indicated, recommendations for provision/support or resources in the educational setting are described in 58% cases

Recommendation
To ensure that Community Paediatricians can sign and date the reports after completion in a uniform way before sending to education.

Clinical Notes Re- Audit - Older Peoples Community

Employment was the section with the lowest completion rate at 62%. CPA was next at 77%, followed by physical healthcare form completion at 81%. Of the service users who did not have a physical healthcare form, 68% had needs or a plan

identified elsewhere in the notes which would be equal to 94% of all patients having physical health needs assessed.

Recommendation
- An action plan is to be developed within the Clinical Reference Group (CRG) and owned by the Service Managers and will also be aligned to the Systm1 implementation

Documentation of Capacity and Consent on PARIS in DHCFT Inpatient Units - October 2020 Re-Audit
The rate of completion of forms at the point of admission was not substantially different from the previous audit. 55% of patients had capacity assessment completed at point of admission in the 2020 audit (45% for adults versus 50% for older adults).

Quality of the forms completed: There was an improvement from the last audit.

Recommendations
- To arrange a 'check-in' with the Junior Doctors within the first four weeks of their placement to remind them of the need to complete the assessments
- To consider appointing a 'capacity champion' who regularly checks for compliance of completion of the forms
- To consider whether inpatient nursing colleagues can be empowered to complete the capacity for admission / assessment form

To Analyse Staff's Awareness and Understanding of the Historical Abuse Policy and Procedure
Trust guidance is embedded within the Trust Safeguarding Policy.

Graded Care Profile Audit
A consistent approach towards the delivery and recording of safeguarding supervision is needed. This had been identified through CQC inspection and feedback from staff. Level four training is being delivered to managers on effective supervision and analysis to address this.

Recommendations
- Re-design recording of supervision document to give more guidance around clinical/safeguarding supervision
- Band 7/8 0-19 staff/managers attend level four training on effective clinical supervision

Case Conference Reports Submitted are of an Acceptable Quality Standard
- Reports were not submitted to conference due to a number of school aged children in the audit not being open to school health teams
- The quality of the reports submitted was generally high

Recommendation
- Where a family have a health visitor, a copy of their case conference report should be uploaded onto all the siblings' records, including school aged children

Management of Borderline Personality Disorder in Community Mental Health Services

- Only 2 out of 50 patients were admitted in the audit period
- 12 out of the 20 patients that reported self-harm had contact with other services
- 20 of the 50 cases have documented co-morbid psychiatric conditions
- 18 out of which had co-morbid diagnosis of depression for which anti-depressant was used

Recommendations
- To give clear guidance to the Clinician involved in the management of emotionally unstable personality disorder (EUPD) on the pharmacological guidelines as per NICE
- Long-term therapies should be easily accessible for people with the condition
- CPA framework and criteria should be more effective

Is the Physical Well-Being of Patients with an Eating Disorder Assessed Adequately In-Line with Current Guidelines Re-Audit?
The introduction of a standardised ED physical health form has improved the documentation of physical health parameters by professionals.

Recommendations
- To develop competency framework for assessment of physical health related to eating disorders for non-medical professionals to be included in induction packs
- To deliver on-going training on assessment of physical health within CAMHS ED team

Clinical Audit of Section 58 Mental Health Act - Updated Plan for 2019/20 Sixth Re-Audit
There was a decline in the percentage of patients who had a T2, T3 or a S62 form being completed; 80% of patients in 2019 had the certification completed in time.

70% of the patients had their discussions around treatment documented on the capacity forms within PARIS.

Recommendations
- Continued use of the Section 58 flow chart incorporated into the reminder letters sent to Responsible Clinicians by the MHA Office
- To determine whether a PARIS alert can be sent to clinicians to remind when certification is due or missing

A Re-Audit of Adherence to Clinical Guidelines for Prescribing Antipsychotics for Behavioural and Psychological Symptoms in Dementia (BPSD) in Patients Under Follow-Up by Community Psychiatric Nurses (CPNs) Within Erewash Older Adult Community Mental Health Team
This highlighted gaps in communicating information to carers about potential adverse effects.

Recommendation
To discuss management of patients with dementia on antipsychotics in the CAS meeting to remind them of the importance of documentation

Audit of Transition Process - CAMHS to Adult Services

- Out of the 40 referrals made to CAMHS, 35 were accepted for transition to CAMHS in Derby and Derbyshire (three were rejected, one was withdrawn, one was for an out of area service)
- 40% of the referrals were made before the 18th birthday. 43.5% of the referrals had been offered an outpatient appointment within three months and 70% were seen by six months

Recommendations
- Identifying a 'transition worker' for each patient to co-ordinate transition care and support
- The key worker/transition worker should create a personal folder that they share with Adult services

Research in Derbyshire Healthcare NHS Foundation Trust in 2020/21

The number of patients receiving relevant health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2020/21 that were recruited during that period to participate in research approved by a Research Ethics Committee: 1,226.

During the COVID-19 pandemic, the significant efforts of the research community and the generosity of research participants has led to the discovery of important evidence needed for overcoming the COVID-19 pandemic. We hope that 2020/21 is the year that enables everyone to appreciate research as an essential NHS service.

Research is only possible because of our participants and the success of research in 2020/21 is down to everyone who participates in research.

At the start of the year, our clinical research team in DHCFT were redeployed to support clinical services and in line with the Department for Health and Social Care (DHSC) Guidance, we paused new and ongoing research studies that were not nationally prioritised COVID-19 studies. We maintained only essential non-COVID-19 research studies, which, if stopped, would have a detrimental impact on patients.

By June 2020, as our team returned following redeployment, we found ourselves catching up rapidly and we were able to contribute to the following nationally prioritised Urgent Public Health Research.

SIREN (The Impact of Detectible Anti SARS-Cov2 Antibody on the Incidence of COVID-19 In Healthcare Workers)
This study the protection offered by anti-bodies against reinfection with COVID-19. SIREN is led by Public Health England (PHE), and the results are directly informing national policy. This means that the SIREN study has been badged as a very high priority study at the national level. The roll-out of the approved COVID-19 vaccines also offers a unique opportunity to study the effect of vaccination compared to those with natural infection and those who have not had prior infection. SIREN aims to provide vaccine effectiveness estimates at scale. Our thanks go to the 120 colleagues in the organisation who are participating in this study enabling us to gain new insights about the virus which has affected all our lives so profoundly over the last 12 months.

Virus Watch
The Virus Watch study is the most comprehensive household study of COVID-19 in England and Wales. It aims to identify how the virus spreads and how to stop it. The study has recruited more than 40,000 people from thousands of households in England and Wales. Regular online surveys monitor symptoms and contacts, and some participants receive immunity and swab tests for COVID-19. The research team at DHCFT have supported 116 individuals from different households around Derbyshire who are participating in this study. The study is aiding government planning, Public Health and NHS responses to COVID-19.

ISARIC/WHO Clinical Characterisation Protocol UK (CCP-UK) for Severe Emerging Infection
The International Severe Acute Respiratory and Emerging Infection Consortium (ISARIC) is a World Health Organisation (WHO) global research network, providing a proficient, coordinated and agile research response to outbreak-prone infectious diseases. This research aims to gather data to gain a better understanding of disease processes, so that risk factors for severe illness can be identified and treatments can be developed. Since the first wave of this pandemic, research staff have been collecting data from positive COVID-19 cases in our inpatient areas,

which to date, includes 52 cases submitted. This includes information on symptoms experienced, treatment given and outcomes. This study feeds information on clinical characteristics, resource utilisation and outcomes directly to the Scientific Advisory Group for Emergencies (SAGE), PHE, PHScotland and more.

UK Reach - The United Kingdom Research Study into Ethnicity and COVID-19 Outcomes in Healthcare Workers

This study will provide evidence on COVID-19 outcomes among ethnic minority healthcare workers to inform the development of risk reduction and support programmes through increased understanding of risk as well as physical and mental health outcomes. The study involves completing an online questionnaire. It asks questions about ethnicity, COVID-19, physical health, mental health, occupation, home environment and living circumstances.

COVID-19 Vaccine Research

Working with the Clinical Research Network East Midlands, we have supported the National Vaccine Task Force prioritised COVID-19 vaccine research in the region. This has included a collaborative effort between healthcare organisations to identify and engage a research ready workforce and infrastructure for the delivery of a pipeline of candidate COVID-19 vaccines. It is likely that different COVID-19 vaccines will be needed for different needs and to meet the scale of the global demand. As a result, vaccine research is likely to continue. We are ending 2020/21 preparing to deliver a new vaccine trial which is expected to start in Derby at the end of March 2021.

We have continued to lead on research as part of the Multi-Centre Study of Self-Harm by conducting real-time COVID-19 data monitoring to inform the national response to suicide prevention

The Multi-Centre Study of Self-harm in England (MCM)

A long-term project researching the trends, causes, clinical management and outcomes of self-harm presentations to hospital.

In response to the COVID-19 pandemic, the project team commenced real-time monitoring of self-harm in order to explore the influence of COVID-19 on:

- Trends in Self-harm Presentations
- Self-harm: Study based on Clinical Assessments

Suicide Prevention - Review of Pathway and Services

In partnership with Derbyshire County Council, we have successfully secured funding to undertake a comprehensive review of the self-harm pathway and services for adults and young people that exist in Derbyshire (before the COVID-19 pandemic and during the initial response phase).

The project will form part of a wider programme of suicide prevention work within Derbyshire, funded under NHS England's Suicide Prevention Wave 3 Funding stream. It will lead to appropriate system level recommendations to develop and implement an effective model of support, care and training.

Conditions of Service for NHS Doctors and Dentists in Training

Rota Gaps and the Plan for Improvement to Reduce These Gaps
The Trust's plans to reduce gaps in rotas have continued during the NHS's response to the COVID-19 pandemic. However, absences due to the COVID-19 pandemic have clearly led to increased rota gaps this year. The actions have included the following:

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

These measures will be closely monitored as the NHS and the Trust emerges from the level 4 NHS incident to ensure that they are appropriately embedded. We continue to plan an event for trainees in the region to encourage them to think about future Consultant jobs, what their ideal job plan would be and to encourage recruitment to the Trust.

Rota Gaps Over the Reporting Period

Time Period	Rota Gaps
April 2020	45
May 2020	58
June 2020	49
July 2020	47
August 2020	20
September 2020	33
October 2020	40
November 2020	29
December 2020	44
January 2020	27
February 2020	34
March 2020	43

Nursing and Quality Governance

Patient Safety

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

Incidents Reported to NRLS for the Period 01 April 2020-31 March 2021

	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Self-harm	115	173	298	215	801
Medication	143	162	181	149	635
Slips, trips and falls	79	110	98	57	344
Absconsion	55	75	82	104	316
Infection control	95	30	86	63	274
Abuse/aggression (actual or alleged) - Patient to patient	63	87	52	64	266
Access, appointment, admission, transfer, discharge	44	33	44	37	158
Data security and missing records	33	30	34	25	122
Accident	10	25	13	6	54
MH / MC Act process	12	7	10	4	33
Equipment issues (non-medical device)	6	7	12	5	30
Drug use (illicit)	6	6	11	5	28
Ongoing care review / monitoring	4	5	12	7	28
Medical equipment/device issues	3	8	10	6	27
Death	9	10	5	0	24
Abuse/aggression (actual or alleged) - Staff to patient	7	4	4	6	21
Medical issues	6	3	9	2	20
Staffing levels	3	3	12	2	20
OTHER - See 'description' section	7	2	3	2	14
Environment / infrastructure / facilities issue on Trust premise	3	3	4	1	11
Pressure ulcer (PU) or Moisture Associated Skin Damage (MASD)	2	2	4	1	9
Alcohol use	4	1	1	2	8
COVID-19 case	0	0	0	8	8
Manual handling	2	2	2	0	6
Fire	2	1	0	1	4
Abuse/aggression (actual or alleged) - Other party to patient	0	1	1	1	3
Patient injury caused by physical restraint	1	0	0	2	3
Homicide	1	1	0	0	2
ECT treatment	0	0	0	1	1
Total	715	791	988	776	3270

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

Figure 2: Your reporting rate per 1,000 bed days, October 2018 to March 2019 compared to October 2019 to March 2020
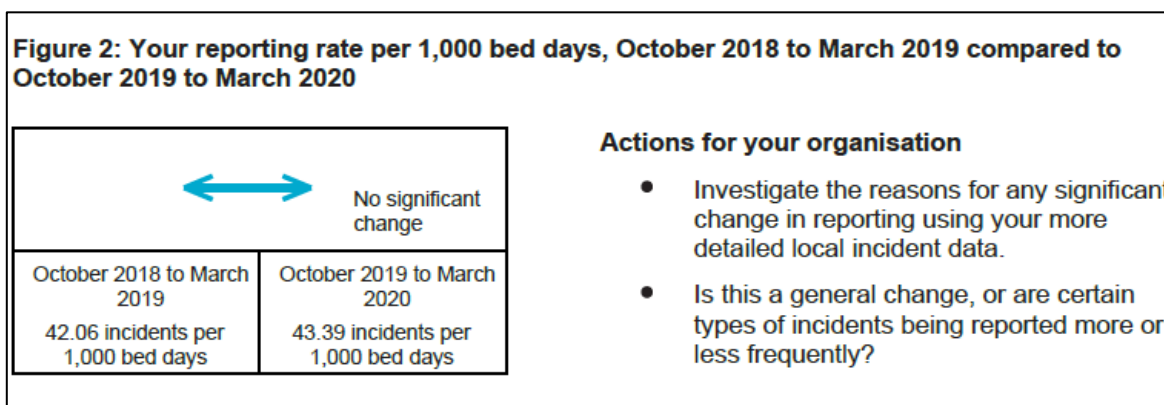
The recommendations from NRLS for 2020/21 as indicated above shows no significant change in the reporting culture of the Trust .

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

	20/21 Q1	20/21 Q2	20/21 Q3	20/21 Q4	Total
Major Injury/Harm	3	6	4	1	14
Death	9	10	5	0	24
Total	12	16	9	1	38

Due to the pandemic, NRLS revised their reporting schedule that means some of the reports for 2020/21 will be published in September 2021.

The 2019/2020 potential under reporting analysis report indicate that there was no evidence of under reporting of incidents to NRLS the next report is expected in September 2021.

Figure 1: Potential under-reporting of incidents to the NRLS, October 2019 to March 2020
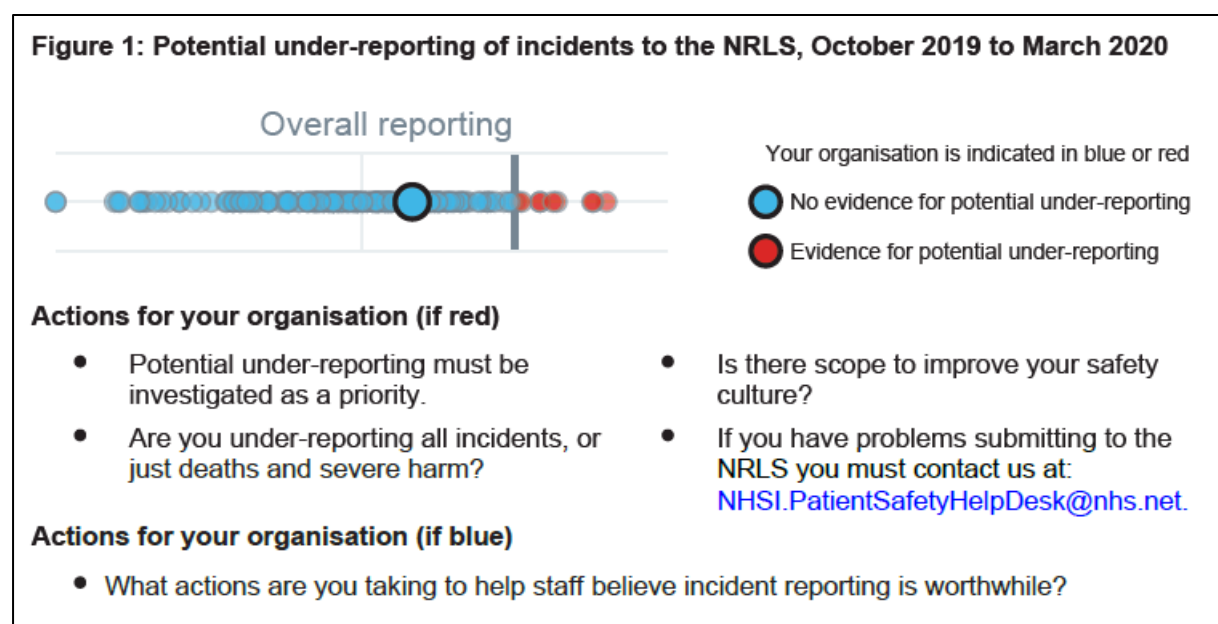
NRLS has indicated a reduction in the number of incidents reported in the first quarter of 2020/21 compared to the same period in the last two years, this period corresponds to when the NHS was at a key stage of responding to the COVID-19 Pandemic.

Incidents Reported to NRLS 2019/20 and 2020/21
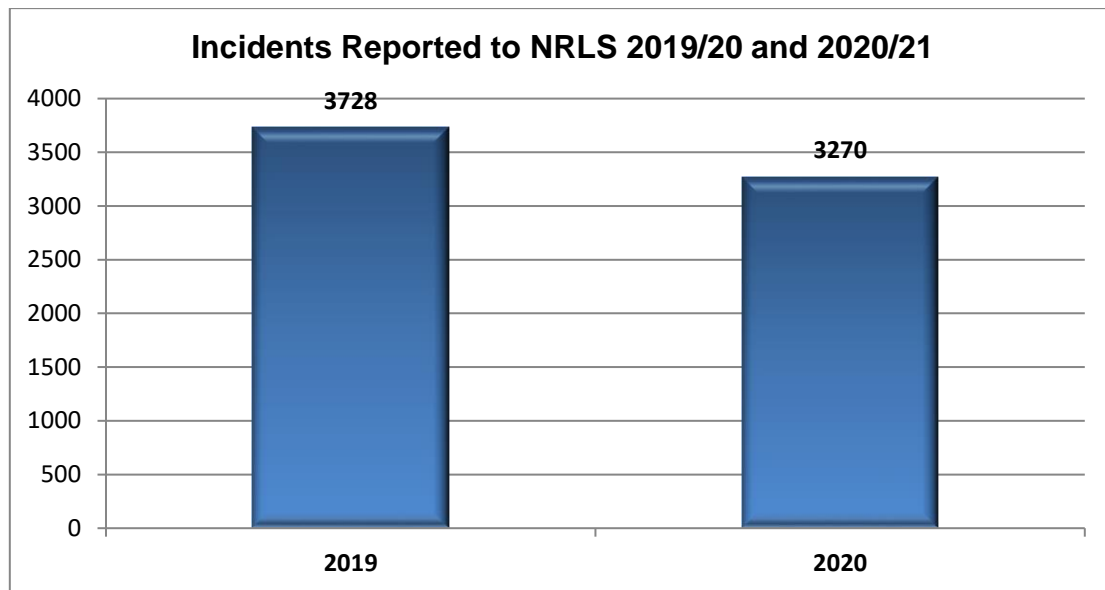
The most recent Trust specific report was issued by the NRLS in September 2020 and covered the period to 01 April 2019 to 31 March 2020. No more recent detailed reports are available. Previously these Trust specific reports were published on a six-monthly basis, however this is changing, and the next report will be issued in September 2021.

Has the timeliness of your incident reporting improved?

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

October 2018 to March 2019

October 2019 to March 2020

5% of your incidents were reported after 129 day(s).

5% of your incidents were reported after 91 day(s).

50% of your incidents were reported after 33 day(s).

50% of your incidents were reported after 29 day(s).

Days to report
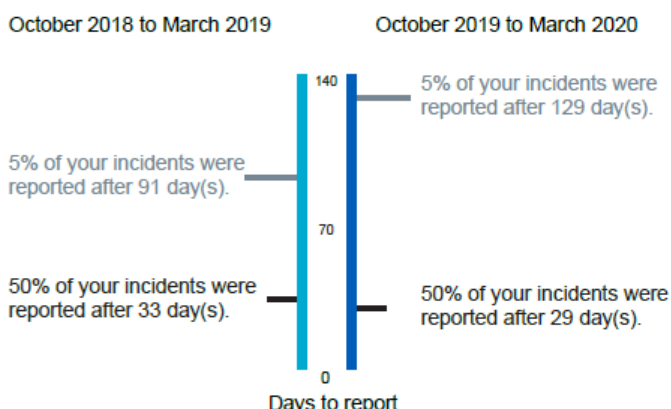
Actions for your organisation

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

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

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

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

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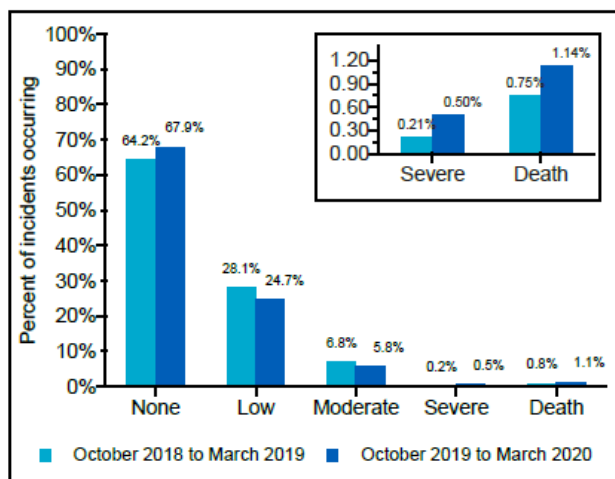
Actions for your organisation

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

Degree of harm, October 2019 to March 2020

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

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

The Trust has reported 47 incidents onto the Strategic Executive Information System (STEIS) reporting system from 01 April 2020 to 31 March 2021. It should be noted that as of 01 December 2020, the Trust initiated the early adoption of the new Patient Safety Incident Response Framework (PSIRF) which replaced the Serious Incident Framework 2015. Only incidents which met the local priorities were reported on STEIS after this date.

Month	Number of Incidents Reported on to STEIS
April	9
May	3
June	6
July	4
August	6
September	5
October	2
November	11
December	1

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

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

- Three investigation facilitators have been recruited to aid in reducing the number of overdue investigations and commenced on 01.02.21
- Further recruitment is ongoing to fulfil the remaining vacant posts (1.6 FTE)
- A full time Family Liaison Officer has been recruited on a six-month secondment and again commenced on 01.02.21
- A vacancy for an Administrator remains active and to date no applications have been received at the end of the financial year there remain 33 overdue STEIS reportable investigations

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

The framework transfers the emphasis from the quantity of investigations to a smaller number of higher quality, more proportionate responses to patient safety incidents, as a whole enabling better development and implementation of improvements. The quality of an investigation will now take priority, with the selection of incidents for safety investigation based on the opportunity for learning. There are clear expectations for those affected by incidents and standards are set for informing, engaging and supporting families and investigations and a greater emphasis on a just culture for staff involved.

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

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

Family Liaison Work

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

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

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

Month	Number of Deaths Recorded
April	320
May	182
June	151
July	132
August	158
September	129
October	174
November	203
December	177
January	281
February	201
March	134

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

Information for these reviews is taken from the electronic patient record. Over the period 2020/2021, 64 case note reviews have concluded at point of writing, and of these six relate to deaths within this reporting period. During case note reviews,

recommendations may be made which could include referral into the Serious Incident Process.

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

Thematic Review into Community COVID-19 Deaths 2020-2021
As has been presented within the media, NHSE/I and PHE statics, there have been many deaths globally linked to the COVID-19 virus. Within the UK, the number of deaths relating to COVID-19 was at 4,268,825. It is sensible to thus review the number of deaths linked to the Trust, thematically reviewing if there are any link, patterns or lessons to be learned within this. This overview outlines the number of community patient based COVID-19 deaths that have been identified as receiving care from the Trust.

Demographic and Data

Total Number of COVID-19 Related Deaths in Community	
Care / Nursing / Residential Home	
51 - 65	2
66 - 70	3
71 >	44
Total	49
Non-Care Setting (i.e. Patient's Home)	
26 - 50	7
51 - 65	4
66 - 70	1
71 >	28
Total	**40**

Initial demographic data shows that within the care of DHCFT, there have been no deaths below the age of 38 and the largest number of deaths occurred in the above 71 age group. Outside of the 71+ age group there appears to be a higher representative of 26-50-year-old deaths compared to other age groups. In reviewing this further, there does not appear to be any links to geographical location, team or mental health condition/grouping. This appears to be an unexpected high figure with no clear links. The lowest age of a patient death within this group was 38 years. The highest age is recorded as 101.

Within the group of patients identified within the data, 85 out of 89 deaths were categorised as White-British or White-Other White. Outside of this, there was one Other-Asian, two Pakistani and one Black Caribbean categorisation. Within this there appears to be an almost 50/50 split in relation to genders with 48 female deaths and 41 male deaths.

Summary and Analysis - COVID-19 Deaths 2020-21

The pattern most present within the data is the high risk of death from COVID-19 for the older adult population. However, no clear concerns are highlighted within the findings. Although a higher number of patients have passed away within care settings compared to their own homes, there does not appear to be any negative practice present that would significantly contribute to these figures. Furthermore, the patient demographic and acuity within these settings would be expected to be at a higher risk of death to COVID-19. Relevant Service Managers have also kept in contact with relevant care settings throughout the pandemic to support where appropriate and raise concerns if they present to the appropriate pathways. There also does not appear to be any patterns in relation to age or gender other than a higher number of deaths within the higher age ranges which again would be expected from the known risks of COVID-19. There presents a higher data group of White-British population deaths compared to others; however, this may be linked to a higher population of White-British within the Derbyshire areas.

An area for awareness is that through the current DATIX reporting process there is a risk of some under reporting of figures as where more than one death occurs within one area several patients may be reported within one DATIX form such as within a care home settings where there may have been more than one death within the same timeframe. However, systems are in place to prevent this occurring and ensuring DATIX are reviewed on a weekly basis. Another area of awareness is that not all COVID-19 cases are reported through DATIX for community patients. Where a patient has had a positive COVID-19 test, but has not had contact with the Trust within the two week period of isolation and has had no physical health complications, it is likely that the Trust would not be aware of these cases and so there is a possibility of a large number of cases being under reported. However, where a case of COVID-19 does become physically risky it is likely that services would be aware and a DATIX completed. Moreover, the Trust does not need to know all COVID-19 cases within the community unless this has impacted in their care or has resulted in significant harm that would impact on their mental health needs.

A further analysis is being undertaken by one of our Consultant Nurse Specialists to identify if there are any areas of learning and improvement.

Duty of Candour

There has been a total of seven incidents assessed to meet the thresholds as defined in Regulation 20 for Duty of Candour.
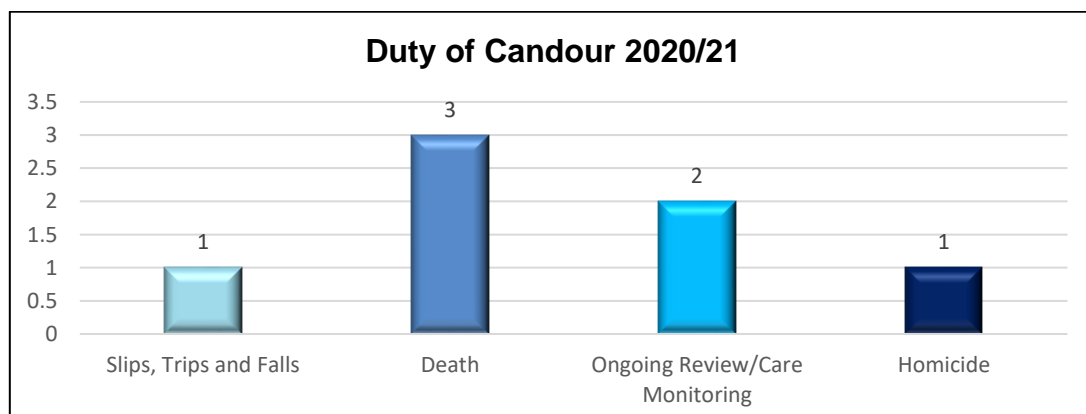
Coroner Regulations 28 Verdicts - Prevention of Future Death

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

Learning from Serious Incidents

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

Examples of Learning from Serious Incidents and Mortality

Emerging Themes	Recommendations 2020-2021
A. Policy and procedures	Out-patient clinics • Procedure to identify a defined response and actions for administrators if an urgent call is received for patients who are open to outpatient's clinic only. This should include triage by a clinician • To formalise a governance structure, operational policy for the Out of Area Team • The Discharge Transfers Transitions and Leave Policy and Procedure requires further development to include the management of patients who are out of area • A shared protocol to be designed for young people, with minimum standards of practice, to be linked to the CAMHS operational policy • The COVID-19 Inpatient Decision Guidance and application in practice to be reviewed and updated via the CRHT/Inpatient pathway project group
B. Clinical Multi-disciplinary meetings (MDT)	Quoracy of MDTs • Multi-Disciplinary Team meetings to have adequate multi-disciplinary representation
C. Clinical documentation	Diagnosis and clinical formulations • Medical staff should document any genetic disorders disclosed and evidence rationale as to how they consider this in their formulations and treatment plans • A review is to be completed into the standards of ward rounds across acute wards and the quality of documentation being completed before, during and after

D. Referrals management	Management oversight to referrals • Electronic systems to be reviewed and processes implemented where possible to provide systems that will alert clinical staff when referrals are due for review or when assessments are delayed
E. Assessments standards	Neurological assessments • Review standards of neurological assessment and completion including fundoscopy • Review availability of equipment to complete neurological assessments • Admission clerking to include neurological observations including fundoscopy, to be reviewed and updated • Increase training in neurological observation. Using new proforma as per previous action
F. Continuous professional development opportunities (CPD)	CPD events • Further investment in educating staff around the presentation and impact of disorders such as Huntington's Disease • Education and training on the complexity and dilemmas faced by clinicians in practice, e.g. confidentiality, capacity and family/carer involvement and clinical judgement • The Trust Safeguarding Unit to update all staff via a learning lessons article in Practice Matters on the current MARAC arrangements in DHCFT including information on disguised compliance and coercive control • Design a bitesize training video on neurological observations and escalation of physical health concerns

Themes of Serious Incident Actions Created in 2020-21

Theme	Count
Trust Values	1
Training and Development	9
Think Family	13
Thematic Learning	4
Seclusion / Restraint	1
Safeguarding / Mental Health Act	2
Prescribing	1
Policy and Procedure	15
Physical Health	1
Operational Management / Processes	9
Health, Safety and Equipment	1
Documentation	6
Communication	27
Clinical Risk	2
Care Planning / Collaborative Working / Assessment	9
Access to services	1

A total of 102 actions have been completed to date, communication and policy and procedure remains the highest category.

Acute Inpatients Care

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

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

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

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

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

Positive and Safe - Reducing the Use of Seclusion and Restraint

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

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

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

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

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

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

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

Total Number of Incidents of Restrictive Practice (physical restraint) by Incident Period (grouped by financial quarter)
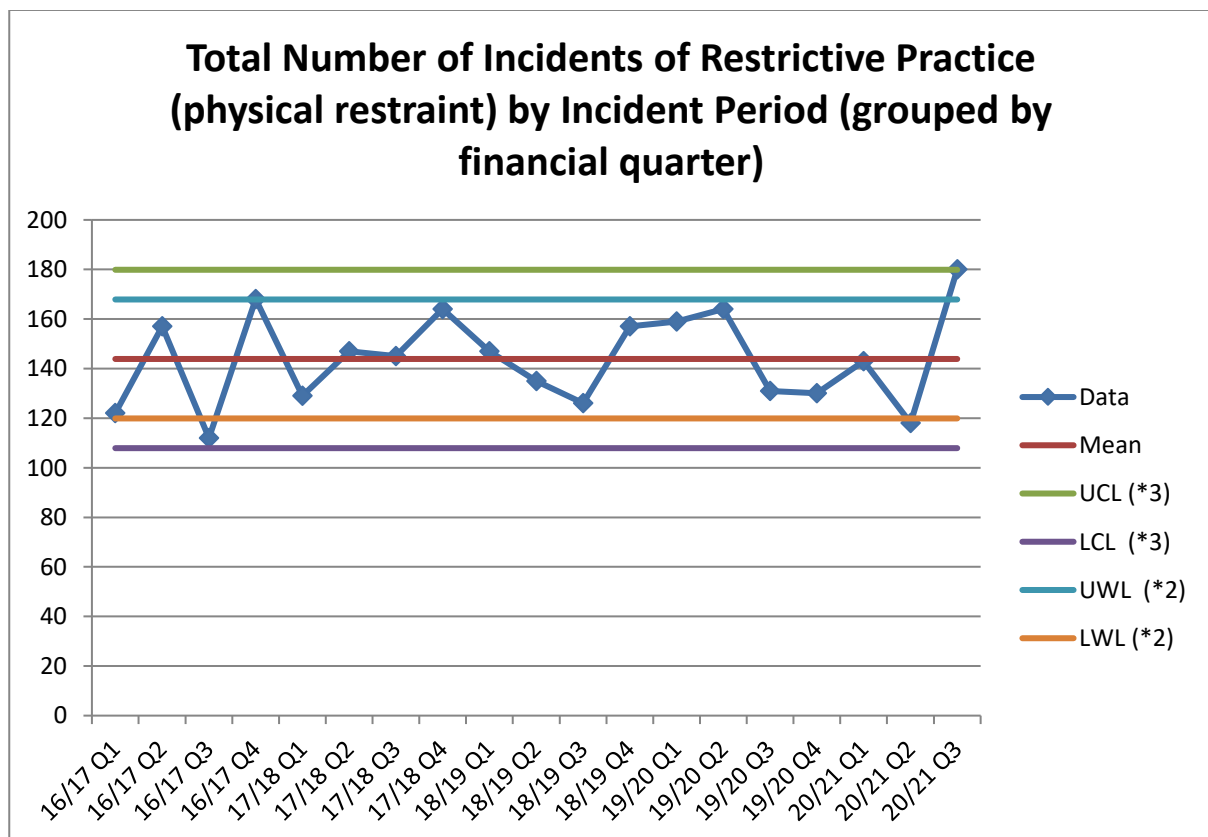
A range of approaches, including the following has also been put into place to reduce restrictive practice:

- The revised Positive and Safe Supporting Training Programme continues to run, although was on hold in the very early days of the pandemic in line with national guidance
- Seclusion simulation training
- Alternate injection site training and resources
- Safety pods
- De-escalation techniques including the use of body worn cameras

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

Changes in Practice Over Time

	2016-17	2017-18	2018-19	2019-20	2020-21
Chemical restraint (inc. rapid tranquilisation and non-rapid tranquilisation)	252	269	294	202	261
Personal search	0	0	11	73	55
Physical restraint	559	585	565	584	571
Seclusion	190	230	279	215	223
Ward doors locked	44	33	60	374	336
Total	1045	1117	1209	1448	1446

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

Adult acute restraint per 10,000 occupied bed days

Legend	Value
MH056:	102
Mean:	121
Median:	104
Upper Q:	147
Lower Q:	71
Region:	
Trusts:	
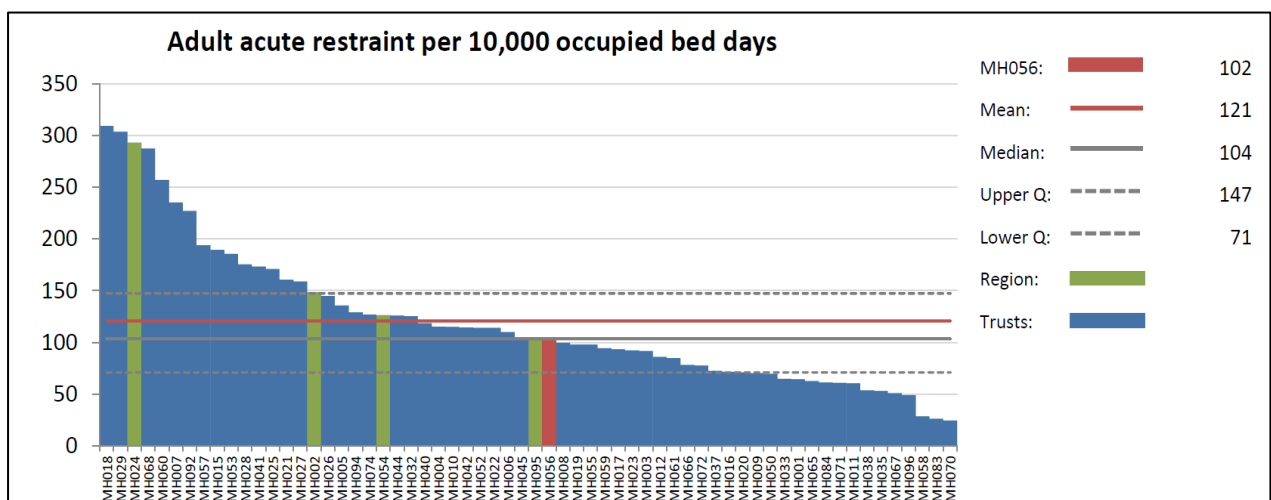
Patient Safety Summary

The last 12 months has presented a significant shift in restrictive practice across our inpatient wards and has shown changing trends in restrictive practice during a challenging year. A robust audit structure is in place and this has given us a clear basis of data from which we are able to continually develop. This data has allowed us to compare clinical practice at the point in which key changes and drivers are made and new procedures are introduced, along with changing training practice where needs are present. The increased availability of data has also brought about the ability to critically analyse incidents. This has also led to the ability to implement new best practice initiatives and quality improvement projects such as the pilot and the introduction of body worn cameras and safety pods to reduce levels of violence to healthcare staff as a result of significant levels of incidents.

Safeguarding

The safeguarding of all our patients, both adults and children remains a high priority for DHCFT. Safeguarding and 'Think Family' is the 'Golden Thread' throughout the care provided.

The Safeguarding Annual Report, presented in November each year to both the Quality and Safeguarding Committee and the Safeguarding Children and Adults Boards, provides assurance that the Trust is meeting its legal and statutory performance and governance requirements in a consistent and reliable manner. The report monitors trends in activity and analyses the themes from the activity over the year and uses the referral information and helpline activity to adapt training, plan clinical audits or develop policy and procedure from learning reviews which the executive lead offered significant assurance.

Audit activity and audit and inspection visit results are included in the report which are positive in their findings and demonstrate the Trust's learning approach. A full and expansive programme of audit has been included in the report to provide evidence on the internal governance process and how the safeguarding unit provides quality improvement of practice.

Over the year, the Adults and Children's Safeguarding teams also continued to generate monthly reports that go to all Clinical Operational Assurance Team (COAT) Chairs for distribution; this continues to be a valuable way of us keeping operational and clinical staff up to date with the latest safeguarding news and trends.

At the end of February, as COVID-19 emerged all departments were instructed to draw up service contingency plans for the prolonged period ahead of extraordinary and unprecedented times. The Safeguarding Unit had its plans in place very quickly and core functions and activity continued virtually. The Safeguarding department's prioritised activities were:

- Membership of Safeguarding Partnership meetings
- Specialist advice to the Trust
- Full Multi-Agency Safeguarding Hub (MASH) activity
- Section 47 strategy discussions
- Adult strategy discussions
- Safeguarding children advice duty rota
- On-call Consultant Community Paediatrician 24/7 rota
- Child protection medicals
- Domestic violence triage
- Safeguarding adult advice
- MAPPA/MARAC/PREVENT/CHANNEL
- Court advice/court support for care proceedings
- Safeguarding children supervision

The Safeguarding Children Partnership also required evidence of children services which were submitted to give partnership assurance.

Safeguarding Adults

Our performance dashboard provides core information on training, DoLS, compliance with CQC recommendations, involvement with MARAC/MAPPA/PREVENT and MASH performance data. We are now able to analyse our information for specific trends.

The MASH Health Advisors continue to consistently meet commissioner-led Key Performance Indicators and are now reporting as part of Trust contracted activity.

Key priorities for the last year included:

- Continuing our sexual safety work focused on inpatient services
- Working to recognise the phenomenon of domestic abuse in older adult populations and enhance risk assessments, access to MARAC and safeguarding processes
- Working to focus on a small but significant group of patients, mostly males, who are of homeless status and experience repeat admissions to our inpatient service. We worked with partner agencies to develop a safer discharge pathway
- Refreshing the 'Talking About Abuse' leaflet

Safeguarding advice requests and referrals are carefully logged and analysed annually. The types of concern are of an ever-increasing complexity and intensity. Partnership working in raising and addressing these concerns is continually strengthening. The chart below shows the nature and number of concerns received over 2019/20.

NATURE OF ALLEGATION/TYPE OF CONCERN FOR VICTIM

Type of Concern	Number
Organisational Conerns	27
Extremist Views	5
PREVENT	1
MARAC	5
MAPPA	1
Drug/Alcohol Abuse	25
Self-Harm	9
Self-Neglect	9
Neglect	5
General Abuse (N/K)	12
On-line Abuse	1
Emotional/Psychological Abuse	11
Financial Abuse	19
Physical Abuse	28
Sexual Abuse	51
Coercive Control	11
Domestic Violence	12
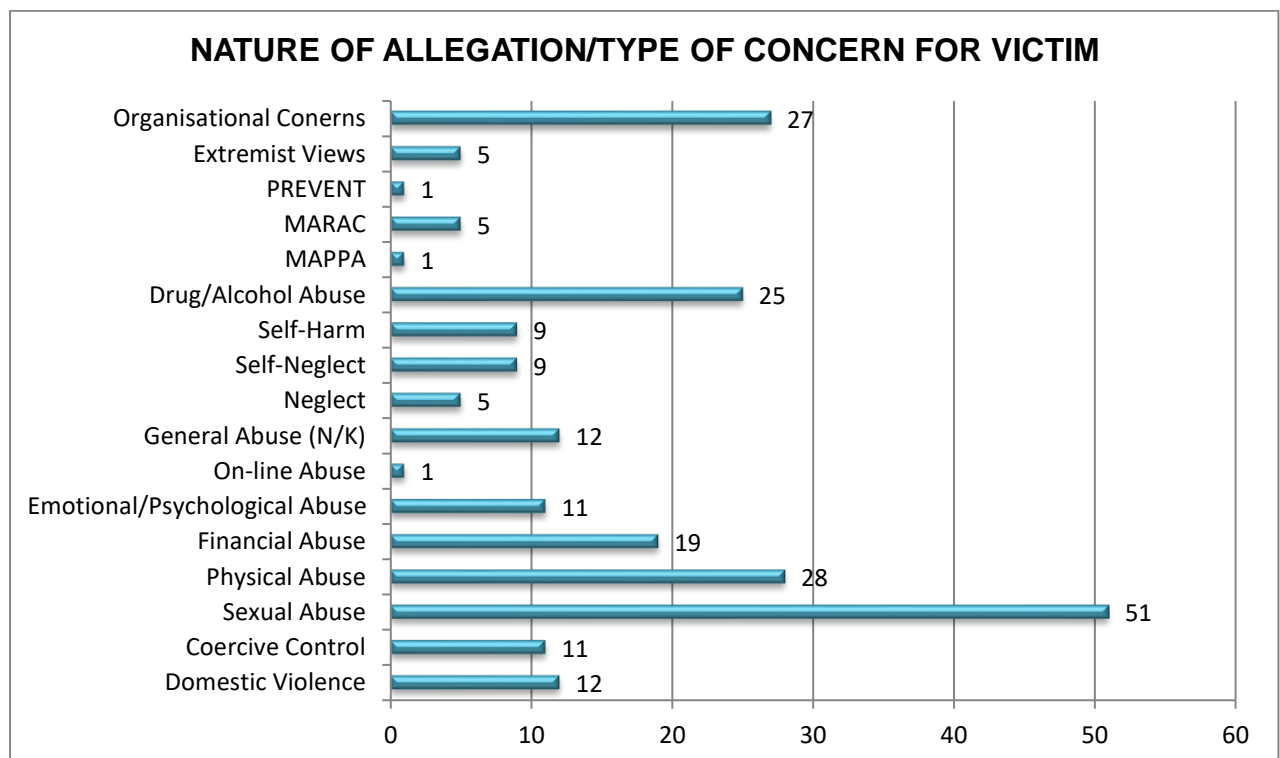
It is anticipated that in the next 12 months, the trend of a gradually decreasing number of advice requests will continue in Derby city as the MASH Health Advisors are now very much embedded into the interagency process.

The trends in types of concern, victim and perpetrator demographics and how concerns are received are consistent over the last three years. There is a notable change in how the concerns are being received though, as there's an increase in requests for advice from family members of patients - This is an indicator of a general raised awareness of safeguarding concerns and is a reassuring trend from a Making Safeguarding Personal perspective.

There is an anticipated increase of the number of domestic violence cases in 2020/21 due to COVID-19 and national lockdowns and the importance of multi-agency responses and potential intervention has been even more significant.

Safeguarding Children
The Safeguarding Children dashboard includes data on Children in Care, Child Deaths, strategy discussions and CHANNEL referrals. Analysis of the main features within the safeguarding children dashboard, as presented in the last Safeguarding Annual Report show:

- Increased supervision compliance
- An increase in Section 47s and strategy meetings
- Domestic violence and MARAC cases continue to be at a consistently high level, however, did reduce over the end of the year
- CHANNEL referrals showed a significant increase, this was partly attributable to a specific piece of work

These patterns are indicative of continued improved knowledge of the safeguarding children's agenda and the collaboration and joint working with clinical teams on vulnerability assessments and subsequent action plans.

We continue to analyse the calls for advice into the Safeguarding Children's team - The top five themes have to a large extent remained the same, but physical injury/abuse has now superseded neglect as the top advice topic:

- Physical injury/abuse
- Neglect
- Domestic violence
- Sexual abuse/exploitation
- Parenting skills/capacity/basic care

Safeguarding Adults and Children - New Initiatives/Objectives for 2020/2021

Initiative/Objective
To continue to build resilience in the workforce and support staff around complex work, especially around COVID-19 pandemic
To continue to work in partnership with all agencies around the challenges of working with emerging and new communities
To cascade safeguarding learning throughout the Trust and to work with People Services to ensure safe and effective training
To ensure that 'Think Family' remains a key clinical safeguarding standard and the established 'Think Family Think Tank' will continue to function maintaining links with clinical practice
To develop and undertake the 'Safeguarding Inpatient Audit' as a key component of the Trust's focus on sexual safety
To work in partnership on the development of Trauma Informed Approaches (TIA) and update the Survivor Strategy to reflect lessons learnt from the Complex Case Team
To work towards our third and final Carer's Trust 'Triangle of Care' star
Implement and improve sexual safety in Trust services

Medicines Safety

Following the publication of the NHS Patient Safety Strategy in November 2019, the Trust produced a Medicines Safety Strategy to supplement to the pre-existing Medicines Optimisation Strategy 2018-21. This allowed us to introduce the key concept of insight, involvement and improvement as an extension of the work already undertaken internally with our 'vertical observatory' approach. The disruption created by the COVID-19 pandemic prevented meaningful implementation of the Medicines Safety Strategy and we will now move forward with a refreshed Medicines Optimisation Strategy for 2021-24 that incorporates these principles within two domains; safe use of medicines and safe use of rapid tranquilisation. The strategy is expected to be finalised by the end of May 2021 following engagement with clinical directors, professional leads and the Medicines Management Committee.

To facilitate a more focused approach to medicines safety, particularly in anticipation of the continued use of virtual meeting technology, the Medicines Management Committee has now created three sub-committees, including one for Medicines Safety and Practice which will provide oversight of medication incidents and the provision and uptake of medicines-related learning opportunities by Trust staff.

Medication incidents are reported to the Board via the integrated performance report. As previously noted, not all medication incidents relate specifically to our Trust as some reflect issues elsewhere in the system that affect Trust patients or colleagues. Medication incidents are reviewed quarterly by Heads of Nursing, who are also members of the Medicines Safety and Practice subcommittee. A key concern through the pandemic is that we do not lose our level of awareness of incidents and there is some reassurance that reporting via the DATIX system has been maintained:

Medication Incidents reported via DATIX

	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
Major	2	4	3	1	2	0
Moderate	33	31	50	45	35	35
Minor	233	340	286	239	244	222
Insignificant	235	400	317	415	563	515

Insignificant Minor Moderate Major
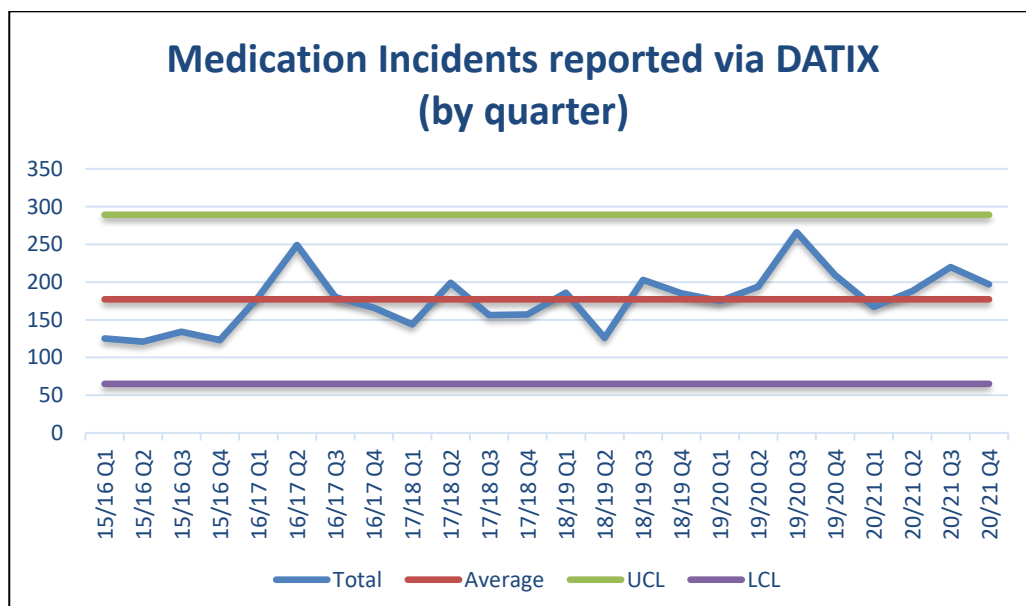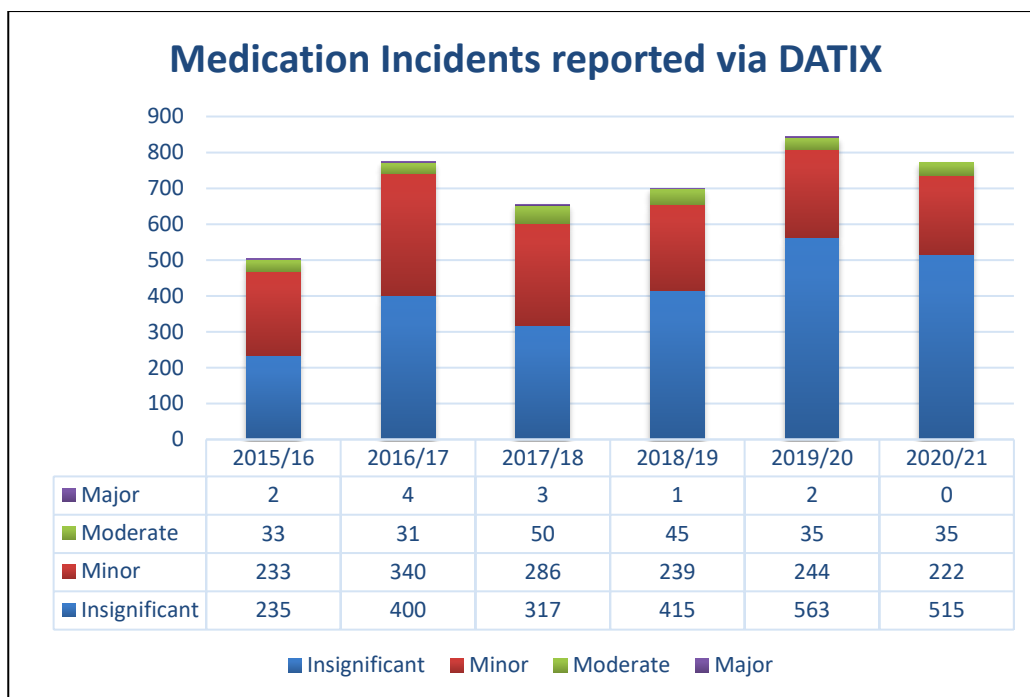
The Pharmacy team continues to work with wards and teams, with governance being one of the team's key activities alongside clinical and operational services. This is reinforced by the Trust's Pharmacy Strategy that has recently been refreshed to cover the period 2021-24. The Pharmacy team has integrated into Community-based Mental Health teams as an enhancement of the inpatient presence that has historically been delivered. While this resource is limited and primarily provided to enhance clinical service delivery and reduce relapse, it does add to the level of multi-disciplinary insight available where medicines are being prescribed, stored, supplied, administered or otherwise used. Comprehensive audits of medicines handling and storage have continued to be completed by the Pharmacy team, despite the pandemic and the results of these along with their resulting improvement plans will be overseen by the Medicines Operational Assurance subcommittee of the Medicines Management Committee.

A further step in improving the safe and effective use of mental health medicines within the Derbyshire system has been the provision of timely and expert mental health medication advice to Primary Care Clinicians by the Trust's Specialist Mental Health Pharmacists, via the Consultant Connect platform.

Mental Health Act Governance

The pandemic brought about challenges with regard to the implementation of the Mental Health Act (MHA). NHS England produced legal guidance to support Trusts which explained temporary emergency changes to the MHA that had been introduced by the Coronavirus Act, as well as providing Trusts with other guidance, including how to manage social distancing requirements on the inpatient wards. There were also changes in the referral process for Deprivation of Liberty Safeguards.

The initial legal guidance from NHS England was that MHA assessments could be undertaken remotely in very specific circumstances. However, the High Court subsequently determined that the physical presence of doctors and Approved Mental Health Professional (AMPHs) was required for a patient to have been personally seen and examined (Devon judgment). Work was undertaken by both the Trust and the local authority to identify patients who were remotely assessed, and whose section may therefore be invalid. It was noted that very few patients had been detained following remote assessments under Section 2 and 3 of the MHA.

There have been challenges around the management of social distancing requirements and leave from inpatient wards. Restrictive practices have continued to be reviewed on a regular basis to ensure the least restrictive approaches continue to be taken. There has been a change in the use of leave, with patients reviewed at home when on leave and discharged at that point if appropriate. Early discharges have been facilitated by the Crisis and Home Treatment Teams (CRHTs).

During the pandemic, there was an upward trend in the number of patients being detained under S136 of the MHA. The Trust is working towards involving the CRHT in the co-ordination of S136 assessments, with the expectation that this will reduce the number of patients detained under S136 assessments, as well as admitted into hospital.

Digital Innovations

During the pandemic, there was a shift to working remotely working to support social distancing requirements. Microsoft Teams has facilitated interagency working and staff engagement. For example, the platform was used to organise engagement events with BME Network around proposed changes to the MHA in the white paper. The BME Network suggested ideas including the use of videos in different languages to help people understand their rights. The Trust MHA Operational Group and the MHA Committee have also continued to meet using Microsoft Teams.

Mental Health Review Tribunals and Hospital Managers Review Panels moved to being heard remotely, using video-conferencing software. There were some difficulties encountered with trust staff connecting to the Ministry of Justice Tribunal Cloud Video Platform (CVP), which the Trust IMT department worked to resolve.

Amendments made to the Mental Health Hospital, Guardianship and Treatment (England) Regulations 2020 now allow for the electronic sending and receiving of statutory forms relating to the management of Part 2 patients under the MHA. This has been successfully implemented in the Trust.

Clinical Effectiveness

Physical Health in Mental Health (PhiMH)

The PhiMH team was been established to address the needs of people under the care of secondary Mental Health services who are being treated with anti-psychotic or mood stabilising medication. They provide community-based clinics and outreach visits covering all of the Community Mental Health teams. They are managed within the Working Age Adult Community Mental Health division and referrals can be made by the secondary care services who are already in contact with the service user. The team is staffed by support workers who have received appropriate training for the physical health assessment and interventions.

The primary focus of the team is the completion of the Lester Tool Assessment and Interventions. The Lester Tool has been introduced to assess and intervene in cardiac and metabolic health in an attempt to reduce mortality for people with a severe mental illness, who are ordinarily taking anti-psychotic or mood stabilising medication. People in this population have been shown to have a reduced life expectancy and are at risk of dying 15-20 years earlier than the general population.

The table below shows the data of referrals, discharges and caseload of the team in 2020/21:

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Referrals	64	30	57	67
Discharges	65	21	27	13
Open Caseload	134	143	178	232

In the early days of the pandemic, the team were instrumental in supporting our service users to access essential blood tests that would normally have been performed in primary care. This allowed treatments to continue that require regular blood monitoring.

Positive and Safe - Reduced Use of Seclusion and Restraint / Steering Group

The Positive and Safe Steering Group continues to meet and a sub-group has also been developed within the acute inpatient and forensic settings based on improving local practice and engaging Clinicians in development of strategy, practice, policies, procedures, projects and NICE guidelines. This group is known as the Reducing Restrictive Practice Working Group and is focused on involving Clinicians and Experts by Experience in the development of clinical practice to reducing restrictive practices such as seclusion and prone restraint. Expert by Experience representatives have continued to be present even during the pandemic. Along with the Clinical Reference Group and Complex Risk Panel, improved structures around governance have been created to inform our level of assurance.

At the beginning of 2020 DHCFT produced a business case and the executive team agreed funding to design and recruit a positive and proactive support team (PPST) and following interviewing in December 2020 the following have been successfully appointed:

- One Clinical Lead

- Five Practice Trainers
- Three Support Practice Trainers (going to advert)

Community Mental Health Transformation Programme

Despite the challenges in the past 12 months, we are thrilled to be leading on transformation programmes across Mental Health services.

Intensive Physiotherapy Using COVID-19

During the initial lockdown, many of our caseload received limited therapy input due to restrictions in face to face therapy contacts. Due to school closure, children also lost the opportunity of therapy they previously had at school. With COVID-19 funding we were able to offer block therapy sessions to the children we thought had been most affected. The children had experienced regression of skills, deterioration of posture and development of contractures.

We identified two sets of children who we felt had been most affected by COVID-19 restrictions. Each set of children received weekly physiotherapy input for five weeks. While the weekly hands-on physiotherapy provided a positive physical impact on each child, the interaction with school and carers enabled a strong rapport to be built between physiotherapist, carers and school staff. Carers began to understand the importance of a daily exercise programme and were empowered to engage with physiotherapy activities with their children regularly as they saw the progress they were making. With every child improvement of abilities and parental engagement was seen.

A few examples of progress are given below:

Child A was dependent on parents for all moving and handling and had no independent floor mobility at the start of the sessions. He quickly achieved his goal of being able to roll independently on the floor, and then learnt to transfer from lying to sitting independently. By the end of the sessions, Child A could sit independently on the floor for short periods and also sit un-supported in box sitting as well as working on transfers using a sliding board. We have been able to start exploring a standing transfer using a rotunda which will give Child A significant improvement functional independence. Family are now confident in completing the therapy programme to continue these benefits and progression
Child B was independently mobile through crawling and bottom shuffling, but parents were not engaged with encouraging use of either her home standing frame or pacer. Parents were encouraged to use the home stander daily and quickly discovered the benefits of an upright posture for social interaction at home and encouraging a stretch to lower limb muscles. Parents and Physiotherapist worked hard to encourage Child B in the use of her pacer. She struggled to achieve a reciprocal gait initially or to step independently
By the end of the sessions, Child B achieved her goal of using a walker independently at school. She was able to engage with a class Chinese Dragon activity and showed great pleasure when she was able to lead her peers around the classroom wearing the dragon head as she walked in her pacer independently for the first time. The emotional impact of seeing Child B independently mobile for the first time in her pacer and able to interact with her walking peers was significant.

Speech and Language Therapy (SLT) 2020/2021

Over this last year, the SLT department in Learning disabilities has maintained a face-to-face service for all critically urgent dysphagia (swallowing) cases in order to assist in the prevention of hospital admission where possible with dysphagia-related pneumonias. This has been carried out with strict adherence to the require guidance and clinical triage to determine the risks and benefits for our most vulnerable clients.

The transition over to the new Electronic Patient Record (EPR) system has been project managed by the Clinical Lead for SLT and the input from SLT expertise has been invaluable. SLT were responsible for the production of specific areas of the new EPR such as reasonable adjustments and oral health, which is to be used across the Trust.

The SLT team have taken the transition as an opportunity to review clinical practice, based on the latest evidence base, with a view to providing a more efficient and effective service for our clients and preliminary qualitative data is reflecting this, with reports from the SLT team of:

- A more consistent clear process has been identified across SLT and the wider service to ensure consistent care for the client
- Quicker more efficient administration process
- More centralised storage of clinical data leading to a reduction in duplication
- Easier access to clinical information from GPs to support information gathering and clinical decision making

The new initial assessment process has also enabled SLT to quickly identify service users that may not require SLT support which prevents people who do not require our service having to wait and in turn free clinical time for those who require intervention. SLT, are also actively involved in LeDer reviews and the process. One SLT received positive feedback and a DEED nomination from Derbyshire CCG LeDeR Quality Assurance Group in relation to the quality of the care received in relation to a service user following a LeDer review:

"… it was clear how well you communicated with other agencies and individual workers and how thorough your work with X was. Your assessments were detailed, you reviewed them quickly and thoroughly when X's needs deteriorated, and you provided complex advice in a practical, straightforward way to help minimise risks for B…"

SLT have set up a journal club, linking closely with our in-house library service in order to introduce regular reviews of new clinical evidence, critically appraise the evidence and embed this into clinical practice.

We have devised an SLT Equality and Diversity Champion, to enable the SLT team to actively work with the rest of the team keeping us abreast of the Trust's strategy and initiatives as well as the Royal College of Speech and Language Therapy (RCSLT) equality and diversity agenda.

Individual Placement Support for People Receiving Mental Health Services (IPS)

The Trust's IPS service launched in March 2020 and paused due to the pandemic the following week until June. This has meant that the team of Employment Specialists have had to work from home and remotely integrate themselves into their CMHTs.

They have attended weekly meetings, Multi-Disciplinary Team meetings (MDTs), assisted the Occupational Therapists with workshops, delivered mini training sessions to the staff reminding them how to refer a client, as well as assisting with general employment queries. This remote integration has paid off as we have had 201 clients referred and 137 have engaged with us. All appointments have been held virtually or if a client doesn't have the technology it has been been via telephone. This has made building relationships very difficult, but the team has worked tirelessly to assist clients. The result is that 37 people have found employment, 18 so far have remained in work for three months with another eight achieving six months. Their roles include hairdresser, administrator, self-employed gardener, delivery driver, exam invigilator, cleaning supervisor, school caretaker, production operative, nursery assistant, retail and post woman to name but a few.

Since June, the team have been achieving their targets (to contact employers) and sharing information with them about the services we offer. The client first engaged onto the service at the end of January and has had regular virtual appointments with his Employment Specialist and is fully supported by his mum. He had a video interview on 17 February and was offered the job, which is his first role. His Employment Specialist is currently looking at employer training courses to support them in their learning of the clients' needs in work.

During the client's IPS journey, we record their stories:

> "I have found it really helpful. Nicole has been absolutely amazing. She has been kind and supportive the whole way and understanding of circumstances. I have really enjoyed the support I have had. If I needed to use the support in the future, I would use IPS again. It is very important for me to keep myself occupied as this helps with my mental health, that is why when I was due to be made redundant, I was eager to find new employment and Nicole supported me with this"

> "I feel my ES has given me confidence I didn't have. He told me straight that it may not be easy to gain employment but nothing impossible, so he managed my expectations that we need to work hard to get something. I appreciate X being honest as it has allowed me to build a good relationship with him and I know he believes in me. In addition to this, he did my CV which surprisingly gave me an immense amount of confidence and made me realise the skills I possess are positive. Overall, it has been more than helpful, it has been crucial. Having an interview with an employer within three weeks, first time virtually too. Improved my confidence, I have a lot more belief in myself and a change in my own mind set that I want to do something and work"

The future of the service can only improve as we see clients face-to-face.

Patient Experience

The Trust recognises the impact of the pandemic on people who use our services and has worked with the GPs and system wide partners to ensure that there are joint working arrangements to address the vaccine uptake hesitancy narratives and also to co-ordinate access and facilitation of the uptake of the COVID-19 vaccine.

The Patient Experience Strategy was published in 2020 and has been reviewed by the Quality and Safeguarding Committee in 2020/21. Significant progress continues and areas of improvement include:

- The EQUAL developments including feedback through 'Bright Ideas' leading to investments in ward-based activity
- Texting and feedback service
- Pathway specific tools such as Helpline
- The Community Mental Health Survey
- Up-take and impact of Family and Friends Test

Community Mental Health Survey

To ensure that we understand the experiences and satisfaction of people who receive care and treatment in our community mental health services, we take part in the annual national Mental Health Community Service User Survey. The community survey is compulsory for all mental health Trusts and is conducted by external providers on behalf of the CQC. The Trust commissions an organisation called Quality Health, who undertake surveys on behalf of the majority of Trusts in England. Data was collected between February and June 2020.

These national surveys are used to find out about the experience of service users receiving care and treatment from all healthcare organisations and Mental Healthcare providers. Our results were published on 24 November 2020.

Responses were received from 394 people who received community mental health services from our Trust. There was an increase in sample size in comparison to last year. Questions are grouped under headings with a score and comparison given for the overall heading and then individually for sub-headings. All of the headings (blue sections) can be found in the table below, together with some of the sub-section scores (white sections); the complete table can be found on the CQC website.

> **Key:**
> Better: The Trust is better for that particular question compared to most other Trusts that took part in the survey
>
> About the same: The Trust is performing about the same for that particular question as most other Trusts that took part in the survey
>
> Worse: The Trust did not perform as well for that particular question compared to most other Trusts that took part in the survey

2020 Community Mental Health Patient survey	Patient Response	Compared with Other Trusts	Comparator Trust Nottinghamshire Healthcare	Comparison to Last Year
Health and Social Care Workers	7.5 / 10	About the same	7.2 / 10	⬆ (green, up)
Organising Care	8.7 / 10	About the same	8.3 / 10	⬆ (green, up)
Planning Care	7.0 / 10	About the same	6.5 / 10	⬆ (green, up)
Agreeing care - For having agreed with someone from NHS Mental Health services what care and services they will receive	6.4 / 10	About the same	5.7 / 10	⬆ (green, up)
Involvement in planning care - For those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this	7.7 / 10	About the same	7.2 / 10	⬆ (green, up)
Personal circumstances - For those who have agreed what care and services they will receive, that this agreement takes into account their personal circumstances	7.1 / 10	About the same	6.6 / 10	⬇ (red, down)
Reviewing Care	7.8 / 10	About the same	7.4 / 10	⬆ (green, up)
Care review - For having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months	7.8 / 10	About the same	7.2 / 10	⬆ (green, up)
Shared decisions - For those who had had a formal meeting to discuss how their care is working, feeling that decisions were made together by them and the person seen	7.9 / 10	About the same	7.6 / 10	⬆ (green, up)
Crisis Care Pre-pandemic	6.7 / 10	About the same	6.7 / 10	⬇ (red, down)

2020 Community Mental Health Patient survey	Patient Response	Compared with Other Trusts	Comparator Trust Nottinghamshire Healthcare	Comparison to Last Year
Contact - For knowing who to contact within the NHS out of office hours if they have a crisis	5.6 / 10	Worse	7.0 / 10	⬇
Support during a crisis - For those who had contacted this person or team in the last 12 months, receiving the help they needed	7.8 / 10	Better	7.3 / 10	⬇
Medicines	7.4 / 10	About the same	7.1 / 10	⬆
NHS Therapies	7.4 / 10	About the same	7.5 / 10	⬇
Support and Well-being	5.0 / 10	About the same	4.9 / 10	⬆
Help finding support for physical health needs	4.9 / 10	About the same	4.7 / 10	⬆
Help finding support for finding or keeping work	4.0 / 10	About the same	4.3 / 10	⬆
Feedback - Being Asked to Give Their View on the Quality of Their Care	1.8 / 10	About the same	1.5 / 10	⬇
Overall Views of Care and Services	7.4 / 10	About the same	7.3 / 10	⬆
Overall Experience	7.3 / 10	About the same	7.1 / 10	⬆

For all sections, the Trust is performing about the same as most other Trusts that took part in the survey. For one individual score, the Trust is scoring worse than most other Trusts and for another, the Trust is scoring better than most other Trusts.

Your Health and Social Care Workers
The score for this section has increased since last year. Questions in this section ask about having enough time with the person leading their care, that person having enough of an understanding of their needs and their treatment history.

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

Planning Your Care
Overall, this section has improved since last year. However, the question whether the care took into account their personal circumstances has reduced slightly.

Reviewing Your Care
This section has had an increase overall and also in both questions asked in this section.

Crisis Care
This section has reduced in score since last year on both questions. This section also includes the individual score that is worse than most Trusts and the individual score that is better than most Trusts.

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

NHS Therapies
This section has reduced slightly, but remains about the same as other Trusts; this section asks questions about being involved in decisions about which therapy to access and explanations of the therapy.

Support and Well-being
This section has improved from last year and explores people's feelings regarding how well supported they are with their physical health and employment.

Feedback
This section has reduced since last year and remains about the same as other Trusts. There have been particular challenges this year, due to restricted face to face contacts led to reduced opportunities to gain feedback.

Overall Views of Care and Services
This section has increased since last year. This includes question on being treated with respect and dignity and people feeling they are being seen often enough.

Overall Experience
This section only contains one question around overall satisfaction and has improved since last year.

Care Planning
As part of the move to a new Electronic Patient Record, it was an opportunity to review the template of care plans following on the work completed last year. Service users were actively involved as part of the development of the care plan, providing ideas of

what they would want in a care plan and the language used. There was also service user consultation through teams and the EQUAL Forum on the finished template.

A shared governance approach was used with the intention of engaging frontline colleagues to develop a template that is user friendly and meets quality, legal and clinical standards.

Templates were developed to meet the needs in different areas for example:

- Older Adults
- Learning Disabilities
- CAMHS
- Working Age Adults

The template will be used for care under both Care Programme Approach (CPA) and non-CPA. This supports the ethos of Core Care Standards and aligns with The Community Mental Health Framework for Adults and Older Adults (NHSEI 2019) plans to remove this demarcation in levels of care. It will also streamline the number of care plan templates within the electronic care record system. It is anticipated that the template will be used as the person's overarching care plan and that interventions will be updated as needs change, for example when people are admitted into hospital or in need of services at times of crisis.

The language used in the adult and older adult care plan template supports ownership of the plan by the service user, strengthens the need for service users to be involved in the development of their care plan, and reinforces that the focus of the plan is on it being a helpful resource for the person accessing our services.

Great care and attention were taken in the learning disability template to ensure that accessible language was used and that all professions working with a person would be able to use the one template. With such a wide group of professions within the learning disability services this has previously been a challenge.

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

2020-2021 has been a challenging year due to the COVID-19 pandemic, with pressure experienced by all teams across the Trust. Nationally, complaints were paused for three months. The Patient Experience Team worked with operational teams and people contacting their service to ensure that the best outcomes have been achieved in the timely manner. Our progress throughout the year is monitored, and reported on, in quarterly reports to the Patient Experience Committee and Quality Committee.

Comparison of Contacts Through the Year

	2019-20	**2020-21***
Complaint	140	165
Compliment	1656	1196
Concern	581	480
Enquiries	59	746
Total	**2377**	**1693**

*There may be further adjustment due to categorisation during the year

Complaints are issues that need investigating and require a formal written response from the Trust. Investigations are co-ordinated through the Patient Experience Team. Concerns can be resolved locally and require a less formal response. This can be through the Patient Experience Team or directly by staff at ward or team, level within our services. Of the 165 formally investigated complaints, 6 were upheld in full, 45 upheld in part, 47 not upheld, 9 complaints closed without investigations and 58 complaints are still being investigated. The number of recorded enquiries has risen significantly during 2020/21 - a high number were related to the COVID-19 pandemic, including vaccinations and other issues not managed by our Trust.
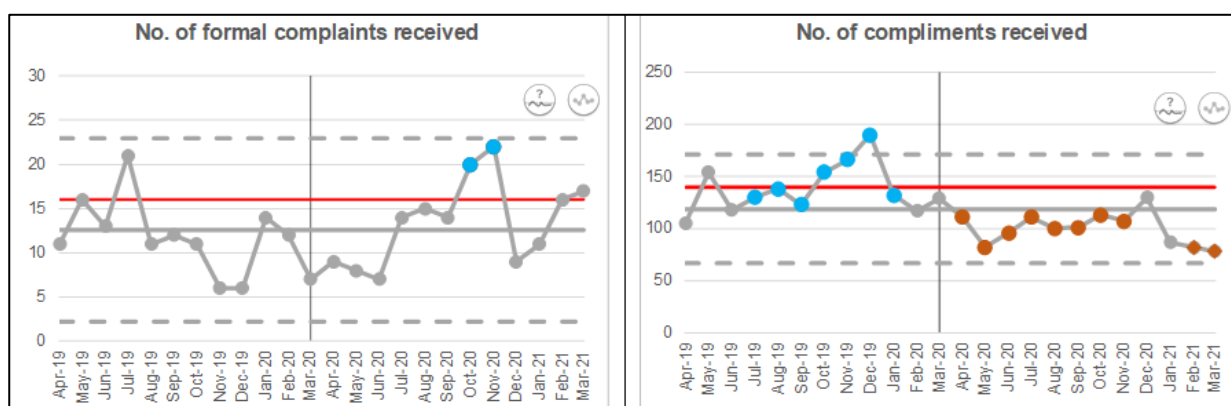
Parliamentary and Health Service Ombudsman
During the year, the Trust discussed three cases with the Parliamentary and Health Service Ombudsman. In all three cases, no further action was required. The Trust also received one report from 2019-20. The case was upheld in part and an action plan has been developed.

Comparison of Concerns, Complaints and Compliments by Top Issues Raised
The most common form of concern raised in 2020-2021 was in relation to the availability of services /activities/therapies, which was the same issue highlighted in 2019-20. During 2020-21, this reflected the closure/changes to services during the COVID-19 pandemic.

Concerns 2019/20
• Availability of Services / Activities / Therapies
• Care planning
• Appointments (e.g. delays and cancellations)
Concerns 2020/21
• Availability of Services / Activities / Therapies
• Care planning
• Staff attitude

Issues regarding care planning were the most common reason for making a complaint in 2019/20 and in 2020/21.

Complaints 2019/20
• Care planning
• Staff attitude
• Information provided
Complaints 2020/21
• Care planning
• Staff attitude
• Availability of Services / Activities / Therapies

Compliments
Themes from the 1196 compliments received reflect people's gratitude for the care provided and appreciation of the support and help given.

A high number comment on the care and kindness shown by Trust staff. This is similar to the issues commented upon during 2019/20.

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

2020-21: Friends & Family Survey Result

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
						2020						2021
■ Extremely unlikely			1				2	1		2	1	1
■ Very poor											1	
■ Unlikely	1	3	3	1	4	1	3	1	2			1
■ Neither likely nor unlikely	2	9	2	3	1	5	4	1	1	3	2	
■ Neither good nor poor												1
■ Good												8
■ Very good											2	20
■ Likely	23	22	26	17	13	20	27	23	20	12	9	15
■ Extremely likely	201	216	230	171	117	193	164	160	149	154	154	150
■ Don't know		2	4	3	4	2	3	2	1	1		
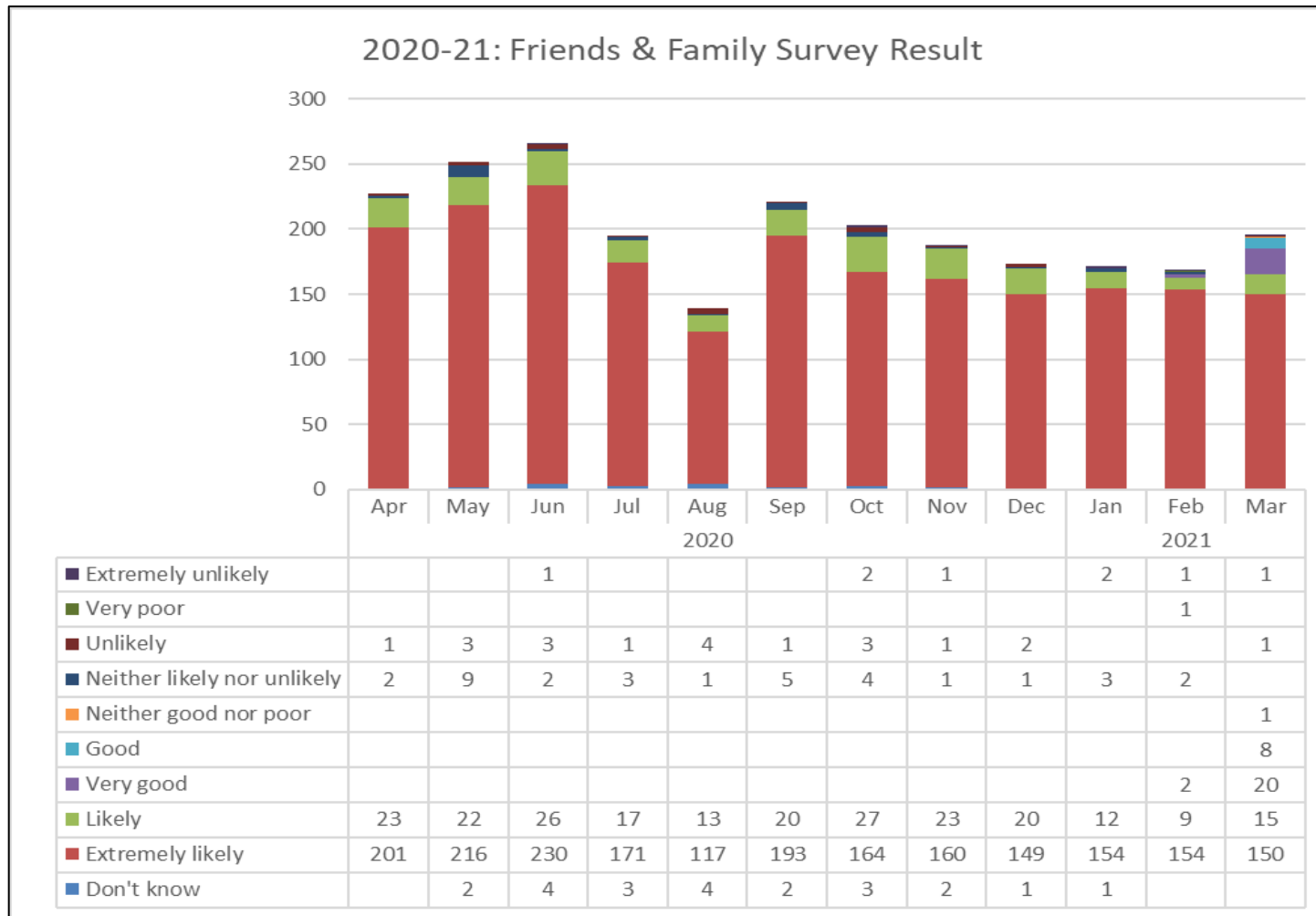
A comparison of the Friends and Family results for 2017/18-2020/21 is shown in **Appendix 8**.

During the year, work to increase the Friends and Family Test feedback was put on hold due to the COVID-19 pandemic, but it is expected to re-start again during 2021/22.

Our Quality Priorities and Annual Workplan for 2021/22

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

Strategic Quality and Performance Priorities Setting for 2021/22
The Trust will align its strategic quality priorities with the national priorities set out in March guidance from NHS England/Improvement and we are pleased to say that as a Trust, as part of our services restoration workplan, we had already implemented most of the key adjustments suggested in the guidance.

Strategic Quality Priorities	Priorities: 2021-2022
A. Improving staff health well-being and safety	- Facilitate annual leave planning flexibility - Improve vacancy rates via recruitment and retention plans - Facilitate individual health and wellbeing conversations - Risk assessment - Flexible working - Compliance with Infection Prevention and Control Guidance
B. Delivering NHS COVID Vaccination programme	- Impact on the risk of inequality in severe mental illness and our people with a learning disability with an additional support service through our hospital hub at Kingsway - Provide a Roving Clinics teams model - Expand the availability of specialist adapted sensory vaccination clinic days
C. Review and adopt learning from the pandemic in service restoration workstreams	- Further developments in digital enablement and addressing digital exclusion - Work directly on our feedback from EQUAL and the Carers Forum in re-introducing choice to clinical appointments
D. Sexual safety	- Undertake a longitudinal analysis of sexual safety in our inpatient and community settings. Use this information to improve the quality of our service and wider improvements - Developing a sexual safety dashboard - Design an improvement plan - Develop an instruction guide for the development of our new estate - Maintain the preceptorship training in sexual safety - Develop plans for a trauma informed service model to become the new 2022 quality priority

Our agreed Quality Performance Priorities for 2021/22

Sexual Safety and Violence

Violence Reduction and Restrictive Practices

Learning From Covid-19

External Assurance Requirement

A draft of the Quality Account is expected to be circulated for comments to the following stakeholders:

- Clinical Commissioning Group
- Local Authority overview and Scrutiny Committees
- Local Healthwatch groups (Derby City and Derbyshire County)

Statements from the Overview and Scrutiny Committee, Commissioners and Healthwatch are included in the appendices.

Appendices

Appendix 1 - Response to Consultation Feedback

A draft version of the Quality Account was circulated to all Directors, Non-Executive Directors and Governors to consider if it offers a balanced view of the Trust in line with other reports and intelligence. Feedback was received and all suggestions for improvements have been actioned. Specific feedback is shown below:

Council of Governors
The Governors' role in Trust accountability is detailed in the statement provided by the Trust Chair.

Governors recognised that all areas of the Trust's business are covered in the Quality Account. The narrative is supported by the evidence, and the content of the report triangulates with other documents that have been received by the Council of Governors, or that Governors are aware have been reviewed by the Trust Board.

During 2020/21 Governors escalated a number of items from their engagement activities to the Council of Governors, seeking assurance from Non-Executive Directors, and it was recognised that the issues raised by the Council of Governors are reflective of the content of the Quality Account. Examples of the items raised by the Council of Governors (that are also described in the Quality Account) included:

- The number of service users who return for treatment and the frequency of returning, how this is monitored and what actions are put in place to provide permanent solutions for service users
- Issues about the transition from Child and Adolescent Mental Health Service (CAMHS) to adult services
- Updates on the 24/7 Mental Health and Support line, including its effectiveness and confidentiality

Trust Board Members
The Chief Executive, Directors and Non-Executive directors gave feedback on the Quality Account. Suggestions were made regarding minor formatting changes and greater clarity on the use of Trust 'terminology' - All suggestions were actioned.

Specific feedback was provided on the following:

- Attend Anywhere - The statement regarding reduce waiting times: Richard Wright, Non-Executive Director noted that this type of service provision has been useful in keeping waiting times lower than they would be but there is no evidence of a reduction in some areas
- Performance Management - The statement was unclear, it was updated using the Non-Executive's suggestion of, 'we have adopted a divisional approach to performance management'
- Trust Strategy - Non-Executive Director feedback was that this was a mixture of proposals and achievements in the draft version. This section was updated

Positive feedback on the content and presentation of the document was received from all who submitted a review. Margaret Gildea, Non-Executive Director provided the following statement:

This is a very comprehensive report and sets out a very impressive range of achievements and activities. It is a long read, but it's very useful to have all the separate sections in one place.

Reading it was quite an inspiring experience and the authors can be rightly proud of how much has been done in a very difficult year. The focus on quality and the compassion with which that focus is achieved are impressive.

The Trust thanks all parties for their comprehensive review of this year's Quality Account.

Appendix 2 - Statements from Commissioners and Healthwatch

Commissioner Statement

NHS
Derby and Derbyshire
Clinical Commissioning Group

General Comments

The Derby and Derbyshire Clinical Commissioning Group (DDCCG) welcome the opportunity to provide a statement in response to the 2020/21 Quality Account from Derbyshire Healthcare NHS FT (DHCFT). DDCCG has worked closely with the Trust throughout the year to gain assurances that commissioned services delivered were safe, effective and personalised to service users. The data presented has been reviewed and is in line with information provided and considered through the regular contractual performance and quality mechanisms.

The NHS will remember 2020/21 as the year it embarked on its response to the COVID-19 pandemic. The Trust's response played an essential role in managing the pandemic and protecting the residents of Derbyshire.

Throughout 2020/21, DHCFT continued to support the regional system response to the COVID-19 pandemic. The Trust put into practice its resilience and response plans and processes to support and mitigate the impact of the pandemic and to maintain frontline services for all patients in need.

Measuring and Improving Performance

DDCCG has noted the progress and achievements on the quality priorities set out last year, which the Trust has rolled over into 2020/21 to further implement. There are clear examples with relevant evidence to support statements of implementation and we recognise that the next year will concentrate on embedding these. There is clear evidence to show where the trust required making improvements in the next twelve months.

Commissioners agree that the Quality Account provides an overview of the Trust's strategy, vision, values and work. These are now embedded within the Trust Strategy, as a way of integrating them more firmly into core business.

The quality priorities for 2020/21 were as follows:

- Physical healthcare
- Deliver all named specific Commissioning for Quality and Innovation (CQUINs) or contractual targets
- Relapse reduction and harm reduction
- Being effective
- Quality improvement (QI)

Due to the pandemic, we acknowledge that targeted work against each priority either continued or was curtailed as the Trust focused resources on response and resilience. This included suspension of non-essential activities and re-deployment of non-clinical staff to front-line roles.

Consequently, DHCFT re-focused priorities to:

- Improving staff health, well-being and safety
- Response to COVID-19 and delivering the NHS COVID Vaccination Programme
- Review and adopt learning from the pandemic in service restoration workstreams
- Expanding primary care capacity to improve access local health outcomes and address inequalities
- Preventing inappropriate Emergency Department (ED) attendance, improving timely admissions by ED patients and the reducing the length of stay
- System-wide collaborative working

Commissioners supported these priorities and thank DHCFT for their commitment to retain essential services whilst supporting the COVID-19 system response.

Commissioners acknowledge that service delivery changed at pace over the past 12 months and the adverse effects of the pandemic continually challenged the resilience of staff in frontline services. The Trust adopted a trauma informed, compassionate approach to ensure that staff accessed high quality psychological and well-being support services. As evidence in the staff survey this approach was welcomed.

Other notable achievements include:

- Launch of the Mental Health Helpline
- Suicide Prevention - Review of Pathway and Service
- Digital Enablement - Launch of Attend Anywhere appointment system.
- Participation in COVID-19 Research
- Workforce Engagement
    - Staff participated in the UK Reach - The United Kingdom Research study into Ethnicity and COVID-19 outcomes in healthcare workers
    - Staff flu vaccination uptake was 85% and the highest compared to previous years
    - The Trust remains compliant with the Healthcare Worker Influenza Vaccination Best Practice Management checklist. The Trust has fully complied with national guidance to support staff well-being and the senior leadership team held several virtual engagement events throughout the year to provide emotional well-being support to colleagues and facilitate self-reflection forums
- COVID-19 Vaccination Programme Engagements - Hub at Kingsway site
- Enhanced Infection Prevention and Control to prevent spread of COVID-19

These achievements had a measurable impact on system performance. Additionally, they demonstrate the beneficial results of joint working between Commissioners and the Trust.

Patient Safety
This Quality Account assures Commissioners that the Trust has in place stringent steps to report incidents and apply learning. In particular, the Trust has demonstrated improvement in learning from patient deaths. Nonetheless, every death is unfortunate and learning must continue to evolve and embed reflective practice amongst the organisation.

Patient Experience

Undoubtedly the pandemic impacted on the patient and the Quality Account is reflective in appraising both positive and negative effects on their experience. The Trust embraced online consultation and telephone assessments to manage waiting lists and maintain contact with new and existing patients. However, whilst waiting lists improved in some services Commissioners remain concerned at the (up-to) 36 month wait for Autism Spectrum Disorder (ASD) assessment.

When asked 'would you recommend our services to your friends and family?' 85-100% answered 'yes'. Commissioners thank Trust staff for achieving a high percentile score across ethnicities.

Commissioners thank the Trust for its continued support in planning and strategy for a Derbyshire Psychiatric Intensive Care Unit located at Kingsway. This service development is supported by Joined Up Care Derbyshire as it will reduce out of area placements for our patients.

CQC

Commissioners note the Trust's current overall rating of 'Good'. This rating is indicative of the hard work undertaken by the Trust to improve the efficacy and safety of its commissioned services. Additionally, notable improves in CQC rating were observed in:

- Community Health Services for Children and Young People - Increased from 'Requires Improvement' to 'Outstanding'. Both Children and Young pPeople service lines are now rated 'Outstanding'
- Acute wards for Adults of Working Age and Psychiatric Intensive Care units - increased from 'Inadequate' to 'Requires Improvement'
- Mental Health Crisis Services and Health-based Places of Safety - Increased from 'Requires Improvement' to 'Good'

In 2020/21, the CQC inspected four units and recommended actions for three. The CQC will continue to monitor through the Transitional Monitoring Approach. Commissioners will monitor performance against each action through contractual mechanisms.

Additional Comments

This Quality Account 2020/21 statement provides assurance to members of the public that the CCG is committed to ensuring it assesses and provides a high quality of care across its commissioned services. Within this statement, DDCCG recognise and thank DHCFT for working positively and collaboratively with Commissioners and key stakeholders to ensure our patients receive a high quality of care at the right time and in the right care setting. DDCCG looks forward to working with the Trust to facilitate the four priorities highlighted in this Quality Account.

Brigid Stacey
Chief Nursing Officer
On behalf of Derby and Derbyshire Clinical Commissioning Group

13 May 2021

Healthwatch Statement

Healthwatch Derbyshire (HWD) is an independent voice for the people of Derbyshire. We listen to the experiences of Derbyshire residents using health and social care services. This is shared with the providers and Commissioners of the services, who have the power to make change happen.

HWD gathers experiences from patients and members of the public using a variety of methods including engagement officers, supported by volunteers, social media and direct feedback to HWD via telephone, website, emails and letters.

Patient experience is fed through to health and care organisations throughout the year to give an independent account of what is working well, and what could be improved. Anyone who shares an experience with HWD can request a response and we encourage organisations to consider responses carefully and indicate where learning has taken place as a result of someone's experience. When requested, the Trust (Derbyshire Healthcare NHS Foundation Trust) replies to these comments thoroughly and with rigour, setting out learning and next steps that will follow.

Themed engagement carried out by HWD is used to explore a particular topic in more detail. The findings of themed engagement work are analysed and written up into reports, which include recommendations for improvement. Service providers and commissioners are then asked to respond to these recommendations. All our reports, including the responses we receive, are published on the HWD website.
HWD has read the Quality Account for 2020/21 prepared by the Trust with interest.

The Quality Account details the Trust's commitment to collecting and acting on regular patient feedback. HWD is always pleased to support this process by continuing to review feedback about the Trust regularly and provide feedback to help consider recurring themes or issues.

HWD acknowledges the challenging situation bought about by the COVID-19 pandemic and recognises the Trust commitment to patient engagement during this time, collecting feedback where possible and implementing learning from patient experience.

We have considered if, and how the content reflects some of the themes which have emerged in the feedback that HWD has collected during the past year. HWD welcomes the Trust's use of video appointments and 'Attend Anywhere'. HWD carried out a piece of engagement around virtual appointments in October 2020, which found that for those who were IT confident and had access to appropriate technology there were benefits to consultations being held virtually.

For many people, it was far more convenient to access services virtually than having to attend in person and was felt to be the safest way to access services during the pandemic. However, there were many for whom virtual consultations did not work, for a variety of reasons and at times were inaccessible to people in specific groups who are digitally excluded. The option of patient choice regarding the type and method of appointment would have been desirable for many people. Assessing a patient's capability to access different types of virtual appointments would be a positive step in helping find an appointment format that suited their needs.

HWD also welcomes the work the Trust has undertaken around vaccine hesitancy. Starting in March 2021, HWD undertook a survey to gain an understanding of why some people were not taking up the offer of the COVID-19 vaccine or would refuse if offered. Some of the common reasons included, feeling worried around the safety and negative effects on their health, needle phobias, allergies and reactions, mental health and pregnancy. Some people gave suggestions as to what may encourage them to have the vaccine, which included, having a choice of vaccine and venue, clear information with consideration given to health literacy and for people with a learning disability or mental health condition to be offered alternative venues or time slots to suit accordingly.

During the period April 2020 - March 2021, a total of five comments were received about the Trust which related to:

- Transition from Child and Adolescent Mental Health Service (CAMHS) to adult services
- Difficulties accessing the right support at the right time

HWD recognises that going forward from the COVID-19 pandemic, as services move into the recovery phase, we will have to adapt to the environment around us and adjust our methods of engaging and collecting patient feedback accordingly. This will be of importance moving forward and we will continue to provide independent feedback to the Trust to assist in shaping services in the future.

We look forward to continuing positive working relationships with the Trust in 2021/22.

Kind regards,

Hannah Morton
Insight and Intelligence Manager Derbyshire Healthwatch

Thank you for sending the report, this is really encouraging to read. Over the last year Healthwatch have had to change the way they gain peoples experiences as we are unable to do face to face engagement, this has resulted in a reduction of experiences but when experiences are giving we still have the same established feedback route with the trust – to send these experiences on a monthly basis to the patient experience team. We have also developed over the last year sector theming reports that now are sent to the trust quarterly. Healthwatch Derby has had many meetings over the past year with Trust colleagues, which have built up relationships, given opportunities to discuss patient feedback and developed further routes to gain more feedback to the trust. Healthwatch Derby attends the quarterly Patient and Carers Experiences group and we are excited to be a part of the ongoing conversations about patients' experiences and developments and are confident that the Trust is acting upon what it hears to make improvement where it can.

Healthwatch Derby
James Moore
CEO
14th June 2020

Trust Performance Dashboard 2020/21

No. of formal complaints received

No. of compliments received

Patients open to the Trust who live in settled accommodation

Patients open to the Trust who are in employment

Proportion of patients on CPA >12 months who have had their care plan reviewed

Proportion of delayed transfers of care

No. of incidents of moderate to catastrophic actual harm

Number of medication incidents

NHSI Oversight Framework Targets 2020/21

3 day follow-up

Data quality maturity index

IAPT 18 week referral to treatment

IAPT 6 week referral to treatment

IAPT patients completing treatment who move to recovery

Early intervention 14 day referral to treatment - incomplete

Early intervention 14 day referral to treatment - complete
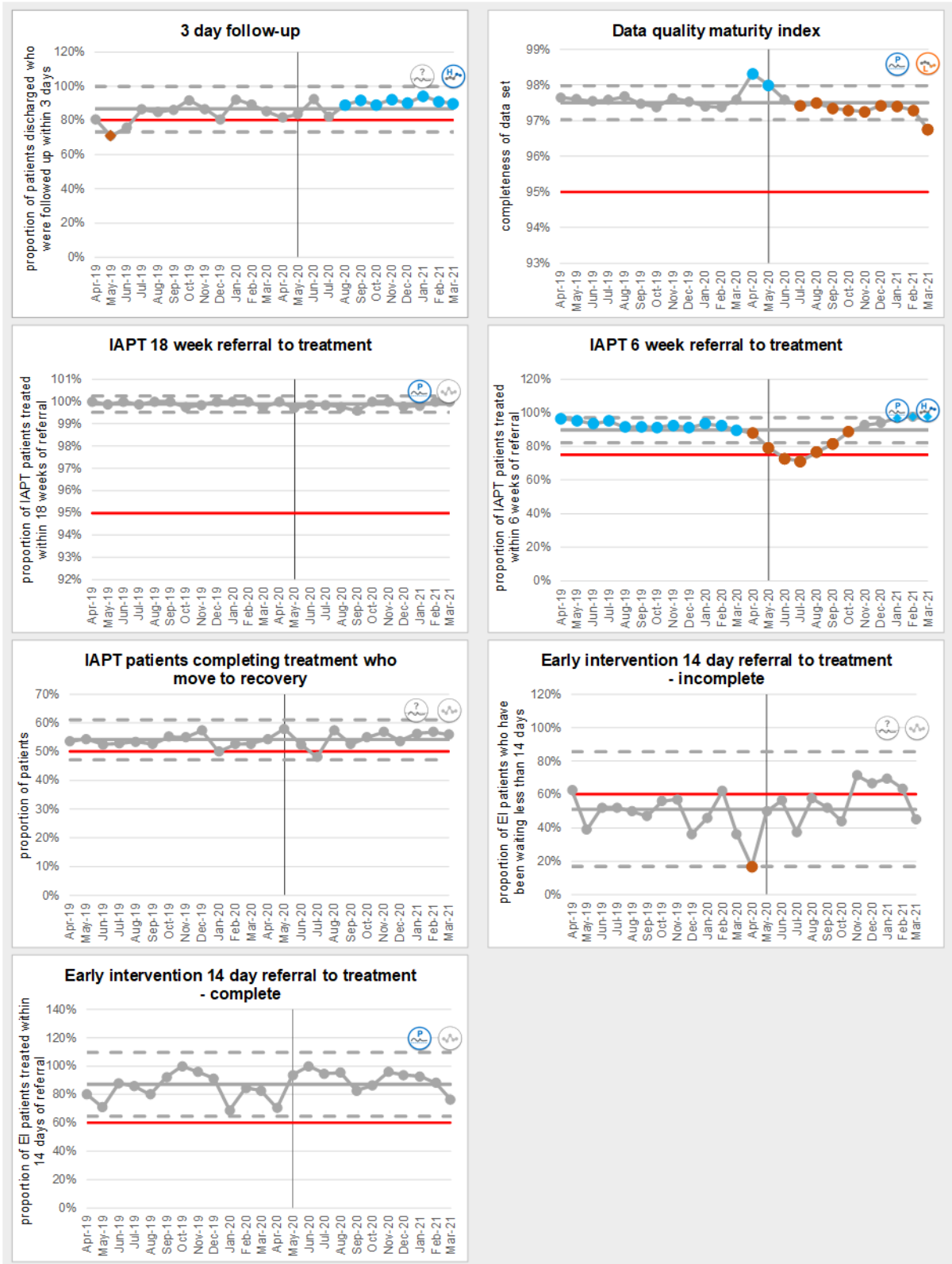
Appendix 4 - CQC Detailed Ratings Posters 2018/19-2020/21

May 2018 Inspection and July 2018 Well Led - Published September 2018

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children and young people	Good Apr 2017	Good Apr 2017	Outstanding Apr 2017	Requires improvement Apr 2016	Requires improvement Apr 2016	Requires improvement Apr 2017

Ratings for mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Inadequate ↓ Sept 2018	Requires improvement → ← Sept 2018	Good → ← Sept 2018	Requires improvement ↓ Sept 2018	Inadequate ↓ Sept 2018	Inadequate → ← Sept 2018
Long-stay or rehabilitation mental health wards for working age adults	Good Sept 2016	Requires improvement Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016	Good Sept 2016
Forensic inpatient or secure wards	Good ↑ Sept 2018	Good ↑ Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Wards for older people with mental health problems	Requires improvement → ← Sept 2018	Good ↑ Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
Community-based mental health services for adults of working age	Requires improvement → ← Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Requires improvement → ← Sept 2018	Requires improvement → ← Sept 2018	Requires improvement → ← Sept 2018
Mental health crisis services and health-based places of safety	Requires improvement → ← Sept 2018	Requires improvement → ← Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Requires improvement → ← Sept 2018
Specialist community mental health services for children and young people	Good Sept 2016	Good Sept 2016	Outstanding Sept 2016	Outstanding Sept 2016	Good Sept 2016	Outstanding Sept 2016
Community-based mental health services for older people	Requires improvement ↓ Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018	Good ↑ Sept 2018	Good → ← Sept 2018	Good → ← Sept 2018
Community mental health services for people with a learning disability or autism	Requires improvement ↓ Sept 2018	Good ↑ Sept 2018	Good → ← Sept 2018	Requires improvement → ← Sept 2018	Good → ← Sept 2018	Requires improvement → ← Sept 2018

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November 2019 Inspection and January 2020 Well Led - Published March 2020

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

September 2020 Hartington Unit Inspection - Published October 2020 (unchanged)

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

Appendix 5 - CQC Actions 2020/21

ID	ACTION	CONTEXT	CURRENT STATUS
505	The Trust must ensure that ward ligature risk assessments record all ligature risks and staff are aware of how to reduce these	Regulation 12 breach	In progress
506	The Trust must ensure that sufficient staff are trained in moving and handling, positive and safe care, basic life support, intermediate life support and safeguarding level 3	Regulation 12 breach	In progress
507	The Trust must ensure that staff complete and record assessments for all of patients' needs and risks and record physical health monitoring following administration of rapid tranquilisation	Regulation 17 breach	In progress
508	The Trust must ensure that staff record the temperature of the clinic room and medicines fridge daily to ensure medicines are stored safely	Regulation 17 breach	Complete
509	The Trust should ensure that staff on all wards have access to the information they need about the COVID-19 pandemic and other information needed in absence of whole team meetings		Complete

Appendix 5 - CQC Actions 2020/21

Appendix 6 - CQC Action Themes

The following graph shows the themes of all 50 of the actions open/received and worked on in 2020/21.
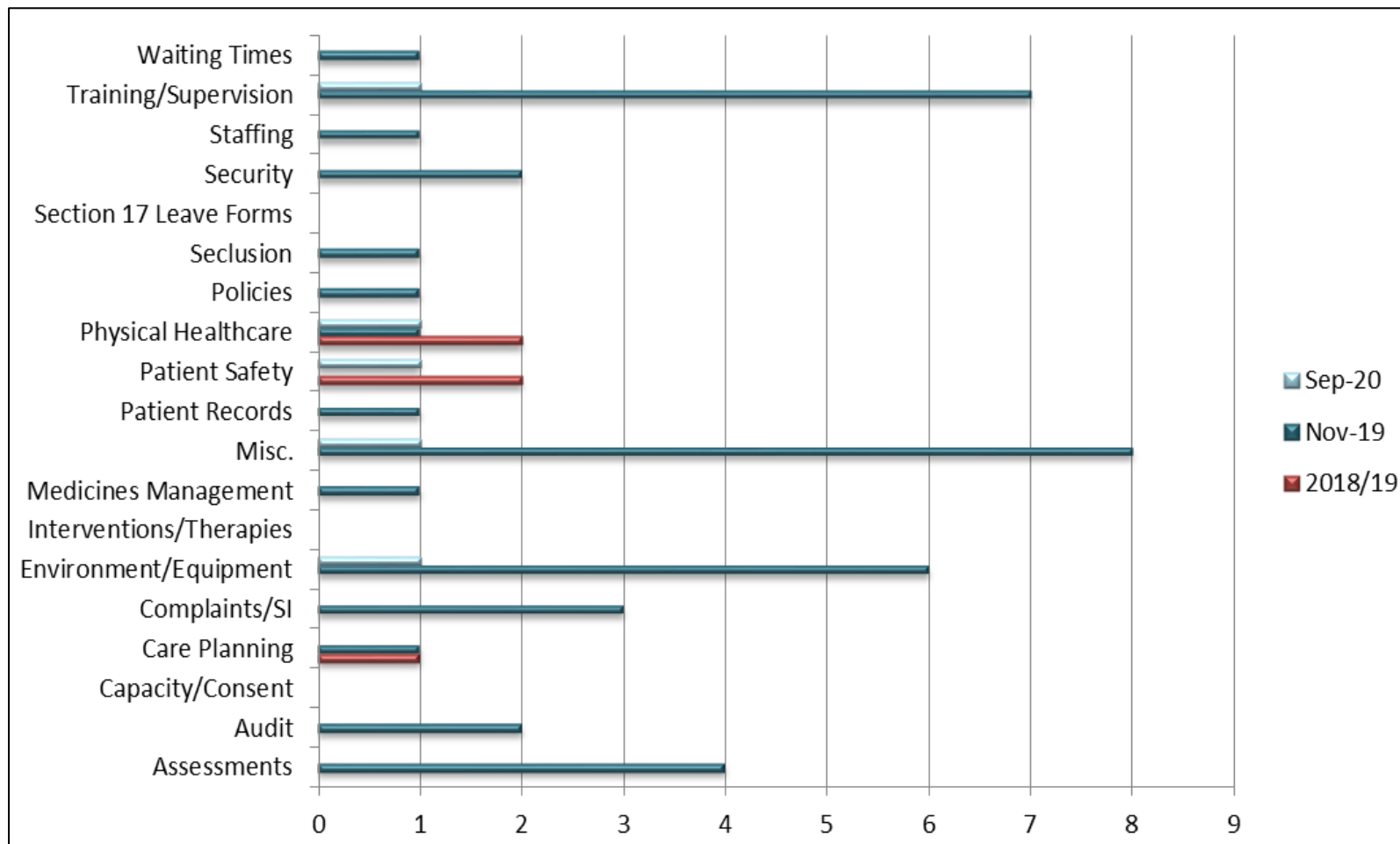
Appendix 7 - CQUINS for 2020/21

Staff flu vaccinations
Outcome measurement across specified Mental Health services
Biopsychosocial assessments by Mental Health Liaison services
Cirrhosis tests for alcohol dependent patients
IAPT – Use of anxiety disorder specific measures
Managing a healthy weight in Adult Medium and Low Secure services

Appendix 8 - Friends and Family Results Comparison: 2017/18-2020/21

	No. of Surveys				Likely / Extremely Likely to Recommend %			
	2017/18	2018/19	2019/20	2020/21	2017/18	2018/19	2019/20	2020/21
Apr	69	397	359	227	85.51%	97.48%	95.82%	98.68%
May	104	375	439	252	81.73%	94.67%	96.58%	94.44%
Jun	76	377	363	266	75.00%	97.08%	96.14%	96.24%
Jul	73	386	456	195	86.30%	98.19%	97.15%	96.41%
Aug	62	382	403	139	87.10%	96.86%	96.77%	93.53%
Sep	58	368	420	221	89.66%	96.20%	95.24%	96.38%
Oct	49	401	509	203	85.71%	95.26%	96.07%	94.09%
Nov	74	447	401	188	77.03%	96.42%	97.26%	97.34%
Dec	41	301	355	173	85.37%	96.35%	92.96%	97.69%
Jan	60	390	391	172	86.67%	96.41%	94.88%	96.51%
Feb	56	369	414	169	82.14%	94.58%	95.41%	96.45%
Mar	81	415	400	196	81.48%	96.63%	93.75%	88.27%
Totals	803	4608	4910	2401	83.64% average	96.34% average	95.67% average	95.50% average

Appendix 9 - Statement of Directors' Responsibilities for the Quality Account

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

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

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

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust annual reporting manual 2020/21 and supporting guidance
- The content of the Quality Account is not inconsistent with internal and external sources of information including:

  Board minutes and papers for the period April 2020 to March 2021
  Papers relating to quality reported to the Board over the period April 2020 to March 2021
  Feedback from Trust Governors
  Feedback from Commissioners dated 13/05/2021
  Feedback from local Healthwatch organisations 11/06/2021 and 14/06/2021
  The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, Annually
  The national staff survey 2020/21

  Note:
  The Head of Internal Audit's annual opinion of the Trust's control environment is not required this year

The Quality Account presents a balanced picture of the NHS foundation Trust's performance over the period covered: 2020/21.

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

There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.

The data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review.

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

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

By Order of the Board:

14ᵗʰ June 2021 Date   **Trust Chair**

14ᵗʰ June 2021 Date   **Chief Executive**

Notes

Making a
positive
difference