



**Derbyshire Healthcare**  
NHS Foundation Trust

# Quality Account 2022/23

## April 2023

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## Statements of Assurance

### Statement on Quality from the Interim Chief Executive

I am honoured to present our Quality Account for the financial year 2021/22. The report is the opportunity for the Trust's Board of Directors to look back and offer a view on the quality of the healthcare that has been provided over the past year and identify specific areas we would like to continually improve. By taking stock and reflecting on our key achievements, we can reset and refocus on priorities for our communities and services in the coming year.

We have achieved so much in this year, and we have had a significant period of change. Our people, partners and stakeholders have helped us maintain our culture and continually deliver against our strategic intentions.

This has been a good year. We end it having improved quality, provided solid operational delivery and financially stable, in the turbulent times of the ongoing COVID-19 pandemic and the first period of industrial action in our lifetime for some professions. This has been a tough year and the Team Derbyshire Healthcare promise, and the collective spirit has continued throughout the year.

As we continue to respond, it is important to take the time to express how grateful the Board of Directors are for the people focused care our staff have shown through such a difficult and challenging year. The provision of psychological care, preventative safety measures, quality improvement development work have been maintained. Colleagues across our services have continued to work above and beyond our expectations and compliance with infection prevention control measures both in work and in personal lives has contributed to the Trust's phenomenal performance in battling COVID-19. I know that this has always been through keeping our people at the centre of everything we do. Winning a regional parliamentary award for our Health Protection Unit was a highlight that we remain very proud to have achieved. On behalf of the Board and senior leadership team, I express my thanks and appreciation to all Trust colleagues.

As we reflect on the challenges of the final year of the pandemic, it is important for us to also highlight the positive developments and achievements that we have made during such a restrictive time. We have continued to develop our services in line with the requirements of the NHS Long Term Plan – for example we have successfully commenced the phased roll out of the Community Mental Health Framework, with pilot projects going live in the High Peak and Derby City, learning, and developing for a transformation across the county that truly focusses on local people in local communities. Our work in supporting our community to access Dementia diagnosis is improving alongside our progress to meet the significant increases in demand in Children and Young people requiring urgent access for those struggling with eating disorders. We have seen new initiatives in our Perinatal services to reach out to Health Visitors and to different parts of our community to ensure we continue to improve our performance in access to Perinatal care.

The commissioning of new ways of working through the Mental Health and Learning Disability Alliance in reviewing our Learning Disability and Autism based services provides an integrated approach to a very long standing need to go further and faster in our

improvement work. We have much to do in people with a Learning Disability who are living outside of Derbyshire in bedded care, it is vital to get them back to our county and as swiftly as possible into a place which can become their home. Alongside these service-based developments we have also taken opportunities to positively influence our clinical practice through multi-agency discharge events (MADE), which have shown a reduction in bed occupancy in the last year. The leadership of our operational teams to drive forward productivity and really understanding our performance has been led diligently by our Chief Operating Officer and we are very grateful for his service. This comes at a time where activity has increased across all our services and has resulted in some of our waiting lists growing due to the scale of demand.

Our Children services have had a bumper year and special mention goes to our Health Visitors whose performance, which we have included is one of the finest in the country. Your commitment to your community, public health nursing and to each other has grown from strength to strength over many years. Thank you to you all for your skilled dedication and commitment to all our families.

Our Substance Misuse service continues to be highly appreciated by partners and commissioners and of special note, this year has developed a service model to go live in early 2023 to lead the East Midlands Gambling hub. We are very grateful for their work and this fantastic development for the region.

With great care still at the forefront of everything we do, the last year has brought about exciting improvements and confirmation that we can provide new acute hospital settings that offer patients single ensuite rooms. Building has commenced which will transform the privacy and dignity we can offer to patients while they are in our care. These developments are designed on the experiences and voices from our people who use our services and their feedback on the impact of out of area placement and their lived experiences of dormitory accommodation. This year also as the confirmation of our new Psychiatric Intensive Care Unit, funding for our Female Enhanced Care unit, confirmation of funding for the Radbourne unit refurbishment and funding for our full programme with the new older people's wards. We have been supported by the Making Room for Dignity Team and particularly the leadership of all members clinical, health and safety, communication, and design team but my special thanks go to Andy Harrison for joining the executive team and navigating so many hurdles so elegantly. These developments support the Trust's focus on providing care settings that are safe, caring, responsive, effective, and well led, while supporting developments that recognise the needs of all our diverse communities, developing our approaches to preventing closed cultures and the least restrictive environments for care.

This has been transformational, however there is still much to do as we now look to secure funding for our re-design of the Mother and Baby unit and we collaborate with system partners to review our Learning Disability and Autism bedded care offer in Derbyshire. We will never stop in Derbyshire making sure that our Estate is the very best that it can be for our community.

This year we signed off a review of the Trust Strategy in 2022 by our former Chief Executive and its strategic objectives and the progress made is listed in our account. We thank him for his service this year to Derbyshire and his leadership in ensuring a safe transition as the Interim Chief Executive.

We were very pleased to complete the implementation of our new electronic patient record (SystemOne), Shared Care Records, we will continue our journey of electronic prescribing into 2023.

We have also focused on developing our system-based working as a good partner. We have sort active feedback on how it feels to work with our Teams and services. Our culture of continuous improvement means that our work will never be done, and we look to listen, connect, and adapt with our system partners to contribute to PLACE and Provider Collaboratives and due to this changing environment comes. Looking forward we will focus on developing this further and leading the Trust and the system in this new phase of change in Derbyshire.

Once again, the Board and I would like to offer our sincere gratitude to all our colleagues who continue to commit to our Trust vision and values. We have only achieved so much for our community because of every single member of Team Derbyshire Healthcare.

Thank you and the Board looks forward to serving you in 2023.



**Carolyn Green**

**Interim Chief Executive**

## **Statement from Director of Nursing and Director of Quality**

We were honoured to lead Derbyshire Healthcare as the Director of Nursing and the Director of Quality from September 2022.

This year 2022/23 has presented greater opportunities for us to come together face to face since the start of the Covid Pandemic in 2020. It has also given us unprecedented funding to co-create new community and inpatient models of mental health care with our patients and their carers.

Our Trust strategy for Quality and our Clinical Ambition steered us to deliver on specific issues.

One important area was an increased focus to ensure that we eliminate closed culture and have safe spaces for our patients. We continue to embrace a Trauma Informed Care approach with our patients and staff. We have formulated co-produced training that we are delivering to staff throughout the organisation and building capability through new roles to embrace trauma informed care as our approach.

### **We have delivered**

We have continued with the largest transformation of our community mental health services through the community mental health framework, locally named living well. This program is a collaboration between health, social care and voluntary sector organisation, coming together to tackle some of the wicked problems our communities face. Implementation has been placed-based, initially focussing on high peaks and derby city with further expansion into Derbyshire planned for later in 2023.

We have listened to EQUAL and the people voice and we have delivered In person meetings have been a welcome change to all our patients, staff carers and partners with some of us meeting face to face for the first time. These events that have brought more collaboration, better connections, and enhanced moral for all that work and use the services. Working with patients cares and families we continue to engage in various ways and find ways of improving our services. We are grateful to the carers, patients and family who give us feedback and EQUAL that continue to speak out for our patients. EQUAL experts by experience, carers and volunteers have completed announced and unannounced visits, in all areas to provide valuable feedback. This year we have been able to create a professional lead role for peer work alongside lived experience positions in all our major transformation work.

### **Recognising our People**

For the first time in two years, we were able to celebrate staff contributions at the staff awards in person, we met at the staff conference just to mention a few. We have been able to meet with our patients, carers and families offering more choices either in person or virtually.

### **The current pressures and achievements**

As we emerge out of the pandemic there has been increased demands on our services across all our divisions with notable winter pressures. This has required us to adapt, work differently and respond. There has been an improvement through the year on staff training compliance to ensure we provide safe care. We have seen more staff join the Derbyshire Healthcare Team to help us respond to these service demands. We have seen various initiatives being deployed to improve retention and recruitment across all the divisions. These have been strengthened

by the creation of key clinical leadership roles including a professional lead social worker, a professional lead speech and language therapist, chief psychologist, and chief allied health professional. As a result, we have seen our vacancy rate drop to around 4% which is one of the lowest in the country.

### **Working on being a great partner and continuing to work in partnership**

Staff in our organisation alone cannot meet the needs of our population in Derbyshire, as we have committed to be a Better Partner we have continued to explore and utilise opportunities with other partners to provide better services and patient experience as well as reduce health inequalities across the county. With the inception of the ICS and ICB in July 2022 those opportunities have grown and are being utilised.

Our work in eradicating our dormitory provision and creating a much-needed psychiatric intensive care unit (PICU) in Derbyshire has been named making room for dignity. The program consists of building two new hospitals, one in Derby, one in Chesterfield and refurbishing an existing ward to create a new female high dependency unit, refurbishing two further wards to remove dormitories. We are proud to say that the logo was designed by a person who uses our services and many people who are current and past inpatients and their loved ones have had opportunity to input into the design. We began this ambitious program unsure if we would secure the funding but are pleased that we have recently received confirmation that each aspect will now be funded.

We would like to thank all of our colleagues who make up Team Derbyshire Healthcare, our services are better because of your efforts.

**Tumi Banda**

**Becki Priest**



**Interim Director of Nursing  
and Patient Experience**

**Interim Director of Quality and AHP**

## Statement from the Medical Director

I am thankful to all our staff who continue to deliver high quality safe care in the midst of all the challenges we have faced in the current year 2022/2023. We had the aftermath of Covid-19 pandemic which continued to cause sickness, if not in waves like the onset of the viral pandemic, nevertheless presents as ripples. Our people that include our service users and staff members have been faced with cost-of-living crisis. As we are all aware, some of our colleagues supported by their professional unions undertook industrial action. Global issues like the war in Ukraine had local impacts and the winter fuel crisis added to the impact. For our organisation, this has been a landmark year in so many aspects. We are now part of a system that is organised within an Integrated Care Board as Joined Up Care Derbyshire. This national reorganisation is already providing us with lots of opportunities – in terms of collaborating to address workforce challenges. We are aligning our services to Places, and we would be strengthening our alliances at Place level and further work is underway.

This year also saw a big change in our Board, with new members of both Executive team and Non-Executive Directors, who have brought in fresh thinking and varied expertise from diverse sectors and geographies, and this will only help to pool the best expertise to solve the big challenge ahead of us.

## Clinical Strategy

As a Mental health, learning disability, autism, and children's services, we do have clinical strategies for individual service lines based on national drivers and transformation programmes. Our overarching Trust Clinical strategy would be to use a population health approach to address inequalities in access, experience and outcomes for our population in Derby & Derbyshire. To achieve this, we will also address any inequalities within our services and staffing resources.

## Team Derbyshire spirit

Throughout the COVID-19 pandemic the Trust has been united as never before with every member of staff determined to battle through unprecedented difficulties to deliver the best care possible whilst planning the next stage of service recovery and development. This required deep reserves of determination and organisational ability which were evidenced at every level. It made me proud to be part of this organisation.

Place based approach and systems leadership

We have started working with our external partners increasingly within the place. This is a great opportunity to really understand the local needs and to re-configure our service delivery accordingly. You will see that this closely aligns to our clinical strategy in addressing inequalities in how we configure our resources and how we reduce them in our population. We have commenced a forum within the Trust to address inequalities and this will align with system approach in reducing inequalities and will draw from the national strategy "Core 20plus5".

It is important to think beyond our Trust about collaborating at an ICS level or at a regional footprint depending on the service/issue to achieve optimal outcomes for our population. *I am delighted to share the news that we are making good progress in embedding place-based leadership and in being seen as system leaders by our system partners.*

### Therapeutic estates

March 2023 saw the ground-breaking ceremonies for the new builds in Kingsway and Chesterton site. We are excited to be part of this innovative new builds which will include provision of a Psychiatric Intensive Care Unit.

People who need psychiatric services would be able to access them closer to home and in purpose-built facilities. This will mean that we will maximise therapeutic gains by ensuring the environments are recovery focussed with the right clinical models.

### Avoidance of harm

We have gone live with Electronic Prescribing, and this will mean that errors will be minimised. We continue to emphasize the need for psychological safety in our Trust induction for new starters.

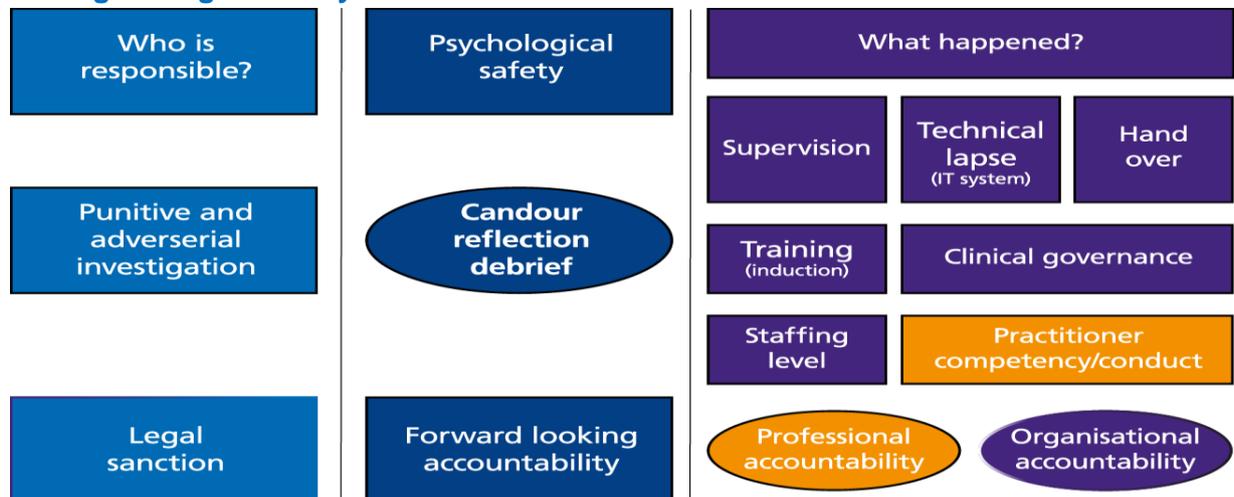
### A compassionate and 'Just & Learning Culture'

We have embedded the Patient Safety Incident Response Framework (PSIRF) approach. Within this approach, we will be introducing Human factors training focussing on staff who are involved in patient safety investigations.

We have developed this framework to understand the Derbyshire way of adopting Just Culture. This framework places learning at the fore-front and champions accountability, without blame.

### Just and Learning Culture

#### Distinguishing Causality vs Contribution



### The journey to a Just and Learning Culture

I would like to finish this reflection by re-iterating my thanks to each one of our colleagues in Team Derbyshire for the tremendous contribution they have made during the last year.

**Arun Chidambaram**

*C. Anuprasad*

**Medical Director**

## Statement from the Chair – Governors’ Role in Trust Accountability

Within an NHS Foundation Trust, the Governors bring an essential perspective and contribution, while holding the Trust publicly accountable for their services. This is an important role, and the Governors do this through two statutory 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.

The use of a governor’s engagement log has allowed the Governors to log concerns and feedback from Trust members and the public. By using the log, common themes have been identified and raised with Non-Executive Directors to which they are held to account for. This has been a positive forum to ensure the Governors represent the best interest of the communities in Derbyshire.

During 2022/23 governors escalated several items from their engagement activities to the Council of Governors (CoG) seeking assurance from Non-Executive Directors relating to:

- The Trust’s autism service - that once people have been assessed there are provisions in place to keep people waiting well whilst they wait for treatment provided by other organisations.
- The robustness of the plans to manage the impact of the leadership changes within the Trust’s Board of Directors to ensure there is resilience and consistency of purpose at a time of change, set against the requirements of the well led framework.
- Care plans – That all service users receive a copy of their care plan, and the Trust staff are supported in utilising SystemOne (Electronic Patient Record) to its full potential to ensure robust care plan processes.
- The plans the Trust has in place to respond to challenges in service provisions in South Derbyshire, including staffing issues, case load and consultant cover.

Selina Ullah,



Trust Chair and Chair of the Council of Governors

## Part 1: About Our Trust

Derbyshire Healthcare NHS Foundation Trust (DHCFT) provides a wide range of care provisions across Mental Health, Neurodevelopmental, Children’s and Older Adult Services across the city of Derby and Derbyshire County.



## Trust Board of Directors

 <p><b>Carolyn Green</b> Interim Chief Executive</p>				 <p><b>Selina Ullah</b> Chair</p>		
 <p><b>Ade Odunlade</b> Chief Operating Officer and Interim Deputy Chief Executive</p>	 <p><b>Dr Arun Chidambaram</b> Medical Director</p>	 <p><b>Tumi Banda</b> Interim Director of Nursing and Patient Experience</p>	 <p><b>Rachel Leyland</b> Interim Director of Finance</p>	 <p><b>Tony Edwards</b> Deputy Chair and Non-Executive Director</p>	 <p><b>Ralph Knibbs</b> Senior Independent Director and Non-Executive Director</p>	 <p><b>Geoff Lewins</b> Non-Executive Director</p>
 <p><b>Vikki Ashton Taylor</b> Director of Strategy, Partnerships and Transformation</p>	 <p><b>Jaki Lowe</b> Director of People and Inclusion</p>	 <p><b>Becki Priest</b> Interim Director of Quality and Therapies (Chief AHP)</p>	 <p><b>Justine Fitzjohn</b> Trust Secretary</p>	 <p><b>Ashiedu Joel</b> Non-Executive Director</p>	 <p><b>Deborah Good</b> Non-Executive Director</p>	 <p><b>Lynn Andrews</b> Non-Executive Director</p>

## Our Services

Derbyshire Healthcare NHS Foundation Trust Provides a range of clinical services that are structured within the following divisions:

- Acute Mental Health and Assessment Services
  - Inpatient Mental Health Ward Services
  - Crisis and Home Treatment Services
  - Liaison Services
  - Mental Health Helpline
  
- Community Mental Health Services for Adults of Working age
  - Community Mental Health Team Services
  - Early Intervention in Psychosis Services
  - Outpatient Clinic Services
  - Living Well
  - Integrate Peer Support
  
- Forensic and Mental Health Rehabilitation Services
  - Community and Inpatient Forensic Services
  - Criminal Justice Team
  - Liaison and Diversion Services
  - Placement Review Team
  - Community and Inpatient Rehab Services
  
- Mental Health Services for Older People
  - Community Services
  - Inpatient Services
  - In Reach Home Treatment Services
  - Dementia Rapid Response Services
  
- Specialist Care Services
  - Perinatal Inpatient and Services
  - Eating Disorder Services
  - IAPT Services
  - Substance Misuse Services
  
- Children's Services
  - Child and Adolescent Mental Health Services
  - 0 - 19 Universal Child Health
  - Complex Health and Paediatric Therapies
  
- Neurodevelopmental Services
  - Autism Assessment and Treatment Teams
  - Integrate Support Team
  - Strategic Health Facilitation Team
  - Community Support Team
  - Case Management Team

- Allied Health Professional Services
  - Psychological Therapy and Psychotherapy Services
  - Occupational Therapies Services
  - Dietitian Services
  - Physiotherapy Services
  - Social Worker Services
  - Speech and Language Therapy Services
  - Support Staff and Associated Support Roles
  
- Corporate Services
  - Patient Safety
  - Patient Experience
  - Clinical Care Governance Team
  - Infection Prevention and Control and Public Health
  - Transformation Team
  - Risk Management Team
  - Research and Development Team

### **Acute Mental Health and Assessment Services for Adults of Working Age**

The services in this division include the Radbourne Unit in Derby city, the Hartington Unit in Chesterfield, and urgent assessment and home treatment services that include the triage, Crisis, 24/7 Helpline and Liaison teams. Teams continue to work towards the Royal College of Psychiatry AIMS standards as well as preparing and engaging in work to create two new hospitals, a high dependency unit and Psychiatric Intensive Care Unit.

### **Community Mental Health Services for Adults of Working Age**

Community Mental Health services are provided across the Derbyshire County for people with mental health needs that require specialist mental health interventions and care. These services are broken down into Community Mental Health Teams, Early Intervention Services, Outpatient Services and also includes IPS services.

### **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 secure inpatient unit. Our rehabilitation inpatient services are within Cherry Tree Close and a community rehab-based team and the Community Treatment Requirements Pathway for Learning Disability. A close collaboration with IMPACT has supported pathway development and inpatient services continue to be members of the Quality Network for Forensic Mental Health Services which includes peer reviews. A recent peer review gave positive feedback to the team about the services they provide.

### **Mental Health Services for Older People**

The Trust provides inpatient services for people suffering with dementia on the Cubley Court wards and an inpatient service for people experiencing functional illness on Tissington Ward. This division also provides intensive care through the Dementia Rapid Response Teams (DRRT) and the In-reach Home Treatment Team (IRHTT)

## **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 manages all substance misuse substitute prescribing for drug or alcohol treatment across Derbyshire.

## **Other Specialist Care Services**

Within our Specialist Care services Derbyshire Healthcare NHS Foundation Trust also has provisions for:

- Community Eating Disorders Services – This team provides services for adults with a diagnosis of an eating disorder. The team offers assessment and support from a range of specialist professionals such as psychology, psychiatry, and mental health nurses.
- Talking Therapies – This service offers time specific psychological wellbeing practitioner therapies such as Improved Access to Psychological Therapies (IAPT). Talking therapies within DHCFT provides services both internally and also in partnership with external services.
- Perinatal Services – These services are broken down into Community and Inpatient Services. The Beeches unit provides a 6 bedded ward, based at the Radbourne unit for mothers and their babies, where they are offered support from a range of professionals. Community teams are also in place who work closely with other non-mental health services to ensure the best outcomes for both the mother and their baby.
- Substance Misuse Services – Working alongside tertiary services, people who struggle with substance misuse are supported in reducing and stopping. This service works closely with GP surgeries, Pharmacies and Mental Health Services to ensure the best outcome.

## **Children and Young People's Services**

The Trust takes pride in providing services within Derbyshire not just for Mental Health Services but also for Children and Young people. Children and Young People's Services is broken down into three distinct sectors. There are:

- Child and Adolescent Mental Health Services

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). This service supports children and adolescents who are struggling with their mental health and require support in the community. This service will also engage and support children and young people who have been admitted into Tier 4 beds. As the support needs of Children and Adolescents in Derbyshire change, so too is the expectation of extended services and commissioning.

- 0-19 Universal Child Health
  - Health Visiting (0 to 5 Years)

The way we provided our 0 to 19 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. Although services have stood back up to face to face, ChatHealth has allowed a new and additional form of communication between service users and health services, improve health inequalities and access to care. Although face to face contact remains the priority, ChatHealth has provide alternative forms of communication.

- School nursing service

Working alongside schools in providing essential health support within schools. Supporting schools with vaccination programs and essential physical healthcare needs of students.

- Break Out and Young people substance misuse

A service designed to support children and young people who have identified dependence on substances requiring support to reduce their use and stop. This service supports children and young people to understand the risks attached to substance misuse and supports them to find alternative, positive coping strategies.

- Complex Health and Paediatric Therapies

Complex Health and Paediatric Therapies provide a range of services linked to the physical health needs of patients, including care led and provided by Occupational Therapists and Physiotherapists. This division also works closely with patients and services for people with Neurodevelopmental disabilities including Autism. Services are split into the teams:

- Paediatric Therapies (Occupational Therapies /Physio Therapies)
- Specialist Nursing Children's Services
- Special Schools Nursing Team
- Intellectual Disability Community Nursing Team
- Specialist ADHD nursing Team
- Community Paediatrics
- Paediatric Continence
- Children in Care and Adoption
- SEND Coordination
- Paediatric Administration

## **Neurodevelopmental Services**

This division has recently been adapted and taken the initiative to refocus to meet current evidence-based practice and in line with new commissioning. This comes in the form of Autism Services receiving further commissioning to not only assess but also treat and offer crisis-based services. This is a welcomed increase in services that has also encouraged a Joined-Up Derbyshire Approach to care and treatment. Neurodevelopment services for the Trust is based in the south of the county, focusing on care, treatment, and crisis management of patients with a learning disability or autism spectrum disorder. Although the Trust does not provide services in the north of the county, the increase in commission has

welcomed an alliance with Derbyshire Community Hospital Services to ensure the best care across all of Derbyshire for those receiving the service.

### Allied Health Professional Services

The Trust allied health profession services are made up Occupational Therapists, Physio Therapists, Psychologists, Psychotherapists, Dietitians, Social Workers, Speech and Language Therapists, Support staff and associate support staff. Although not a stand-alone division, it is important to highlight the vast and mixed range of professionals across the Trust and their individual role importance for high quality care. These services focus on sensory based work and trauma informed led care.

### Our Vision and Values

The Trust Vision is:

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

### Our Values

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

**People First** – We work compassionately and supportively with each other and those who use our services. We recognise a well-supported, engage and empowered workforce is vital to good patient care.

**Respect** – We respect and value the diversity of our patients, colleagues and partners and for them to feel they belong within our respectful and inclusive environment.

**Honesty** – We are open and transparent in all we do.

**Do your best** – We recognise how hard colleagues work and together we want to work smarter, striving to support continuous improvement in all aspects of our work.

In 2022/23 the Trust also reviewed in Clinical Improvement priorities and set them as:



2022/23 found the Trust taking a step back and reviewing its approach to recovery from COVID-19 and ensuring continued improvement.

### Focusing our actions

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



Essentially working towards the strategic objectives, where the Quality Priorities are heavily integrated.

### Strategic Objectives...



## **Part 2: Priorities for Improvement**

### **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 & Patient Experience 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 Patient Experience Committee (PEC), Healthwatch, and the Patient and Carers EQUAL Forum review progress on our key quality priorities. Progress on the quality priorities is reported to the Quality and Safeguarding Committee on a quarterly basis.

## **Priorities for Improvement and Statements of Assurance from the Board**

### **Our Quality Priorities for Improvement 2022/23**

The Quality Account starts with the Quality Priorities that have been identified as key areas of focus for 2022/23, which the Trust intends to provide or sub-contract.

The Quality Priorities for 2022/23 were as follows:

- Sexual Safety work continued:
- Implementation of a Trauma Sensitive Services Strategy
- Implementation of the new Mental Health Legislation, including the Mental Health Act (MHA) and Liberty Protection Safeguards (LPS)
- Implementation and delivery of all named CQUINs or contractual targets

These are also embedded with the Trust Strategy, as a way of integration into core business and all Trust Quality Priorities are reported to the Quality and Safeguarding Committee.

## Our Progress on the Quality Priorities for Improvement 2022/23

Priorities	Quality Priorities 2021-2022										
1. Sexual Safety work continued:	<ul style="list-style-type: none"> <li>• Work has continued across Derbyshire within Joined Up Care Derbyshire to improve sexual safety training and reduce sexual harm</li> <li>• Continued working within the East Midlands Alliance Partnership</li> <li>• Continued leadership from DHCFT as a key partner with the East Midlands Community of Practice</li> <li>• Alignment of Sexual Safety Incidents to allow benchmarking across Derbyshire</li> <li>• Improved Sexual Safety Policy</li> <li>• Working alongside third sector and statutory partners to ensure staff trained and equipped with confidence and skills</li> <li>• Continued monitoring by Safeguarding teams for early detection of allegations</li> <li>• Creation and roll out of Sexual Safety Video</li> <li>• Supporting other Trusts in developing their Sexual Safety Strategies</li> </ul>										
2. Implementation of a Trauma Sensitive Services Strategy	<p>The Trust's Psychological team has worked within divisions to improve Trauma Informed approaches:</p> <ul style="list-style-type: none"> <li>• working group have been established engaging a range of professionals and fully co-produced</li> <li>• Improvement plans are in place across the Trust</li> <li>• Creation of Closed Culture working groups, including Key Indicators and review processes</li> <li>• Creation of the Quality Summit Process</li> <li>• Re-establishment of Quality Visits for service level review and innovation</li> <li>• Continued improvement and expansion of clinical quality visit and review processes</li> <li>• Improvements in staff access to support such as psychological therapies, debrief and supervision.</li> </ul> <div data-bbox="507 1469 1337 1944" style="border: 1px solid #ccc; padding: 10px; margin-top: 20px;"> <h3 style="text-align: center;">10 Steps - The journey towards being more trauma informed...</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;">                       1. Lead and communicate about being trauma-informed                 </td> <td style="width: 50%; text-align: center; vertical-align: top;">                       6. Build a trauma-informed workforce                 </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">                       2. Engage patients in organizing and planning                 </td> <td style="text-align: center; vertical-align: top;">                       7. Involve patients in the treatment process                 </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">                       3. Train both clinical and non-clinical staff                 </td> <td style="text-align: center; vertical-align: top;">                       8. Screen for trauma                 </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">                       4. Create a safe physical and emotional environment                 </td> <td style="text-align: center; vertical-align: top;">                       9. Train staff in trauma-specific treatments                 </td> </tr> <tr> <td style="text-align: center; vertical-align: top;">                       5. Prevent secondary traumatic stress in staff                 </td> <td style="text-align: center; vertical-align: top;">                       10. Engage referral source and partner organizations                 </td> </tr> </table> </div>	 1. Lead and communicate about being trauma-informed	 6. Build a trauma-informed workforce	 2. Engage patients in organizing and planning	 7. Involve patients in the treatment process	 3. Train both clinical and non-clinical staff	 8. Screen for trauma	 4. Create a safe physical and emotional environment	 9. Train staff in trauma-specific treatments	 5. Prevent secondary traumatic stress in staff	 10. Engage referral source and partner organizations
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<p>3. Implementation of the new Mental Health Legislation, including the Mental Health Act (MHA) and Liberty Protection Safeguards (LPS)</p>	<p>Due to the delays in the expected changes to the Mental Health Legislation (Mental Health Act) and Liberty Protection Safeguards (LPS), this priority will be recommenced in 2024 when these legal documents are due to be published.</p> <p>However, work has continued to improve services and process to ensure processes are of the highest standard of governance and provide assurance.</p> <ul style="list-style-type: none"> <li>• The Trust has continued to ensure Capacity Assessment processes are of the highest standard, especially focusing on admission and discharge.</li> <li>• Steering groups have been created to navigate and lead on changes and ongoing assurance. Workforce requirements have been reviewed in preparation for legislation change.</li> <li>• Although no date is yet set for the changes in Mental Health Act, the Trust has continued to look at care of patients to ensure they are the centre of their care and lead on choice.</li> <li>• Future changes in the Mental Health Act are expected to be: <ul style="list-style-type: none"> <li>○ The MHA updates will introduce the ability for patients to choose their nearest relative</li> <li>○ And will put on a more formal footing individualised care plans/preference.</li> <li>○ With these changes, the Trust and new legislation aims to increase the amount of time spent working with families and patients in order to put them at the centre of their care and to ensure the service user/patient is in charge of their own care.</li> </ul> </li> </ul>
<p>4. Implementation and delivery of all named CQUINs or contractual targets</p>	<p>2022/23 saw the reintroduction of CQUIN targets and Contractual targets. The introduction and development of the Integrated Case System and further development of Joint Up Care Derbyshire presented a change in previous approaches to targets.</p> <p>These developments have created effective and positive relationships across the Trust and Integrated Care System (ICS) resulting in positive levels of assurance.</p> <p>CQUIN targets for 2022/23 have shown continuous improvement for 6 out of the 8 CQUINs identified by NHS England.</p> <ul style="list-style-type: none"> <li>• Work has been completed to develop clinician understanding of CQUIN targets and their direct link to NICE guidance and the importance of Clinical Quality through their achievement.</li> </ul> <p>Reintroduction of Contractual Targets have also been met and have resulted in:</p> <ul style="list-style-type: none"> <li>- Reintroduction of the Clinical Governance Reference Group, linking DHCFT with the ICS.</li> <li>- Reintroduction of ICS members into Quality Visits and Service Visits</li> </ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"> <li>- Engagement with the ICS in supporting Learning Lessons</li> <li>- Improved process relating to escalation and support requests.</li> </ul> |
|--|---|

## Our Quality Priorities for Improvement 2023/24

The NHS saw a slow step away from the COVID-19 pandemic in 2022/23, with a clear move away from the command-and-control structure. However, there continued to remain guidance and processes in place to manage and reduced the risk of infection spread. As we move into 2023/24, we focus on a back to normal approach, increasing face-to-face contact, expansion and develop of services, development of quality improvement, learning lessons and continued focus on great person-centred care. However, it is important to acknowledge that the COVID-19 pandemic has provided new approaches, new learning and new initiatives and innovation that has improved care and practice. With the NHS being in a pandemic formally and informally for three years, there comes an importance on going back to basics, as well as innovation and development. The Trust aims to focus on improving health inequalities across Derbyshire, improving quality, improving experience, and improving co-production.

Our 2023/24 Quality Priorities for Improvement are as follows:

### 1. Implementation and development of Expert by Experience and Carer Engagement Strategy

- The Trust will work alongside established Expert by Experience groups, Carer Groups, and the EQUAL forum to develop and create a strategy and future plan for engagement and co-production.
  - o Focusing on expansion of Peer Support Workers across the Trust
  - o Expansion of Co-production across the Trust
  - o Developing Policies and Procedures to involve and engage Experts in their creation, development, and review
  - o Development and expansion of an Expert by Experience structure with future planning and expansion
  - o Improvements in Trust culture and engagement with Experts and Carers
  - o Implementation of feedback processes and visibility of Expert Voice at all levels of the Trust

### 2. Focused improvement in the Reduction of Self Harm and Ligature incidents

- The Trust is focused on reviewing and improving all processes linked and associated with Self Harm and Ligature incidents. Focused work will continue to reduce the number of incidents and improve the care linked and associated with them.
  - o Links with Making Room for Dignity Program and New Build hospitals to create environments fit for those using them and the risks associated.
  - o Working alongside experts by experience to review and develop strategy, training and education for staff, patients, carers, experts, and the public.
  - o Development of Simulation Training and roll out across the Trust and Joined Up Care Derbyshire.
  - o Support across Joined up Care Derbyshire and the Integrated Care System to support the reduction in Self Harm and Ligature incidents across non-mental health settings.

### 3. Focused improvement on Care planning and Patient Centred Care

- The Trust is focused on improving its processes relating to care planning and ensuring a patient centred approach to each person's care.
  - o Improved completion of care planning by clinicians and with patient involvement throughout
  - o Development of training and improved access to training for staff
  - o Improved use of technology for care planning in the community
  - o Improved use of psychoeducation to support the creation, development, and review of care plans with patients, carers, and their families
  - o Focused approach to formulation and its relation to effective and meaningful care planning
  - o Training and focus on ensuring health inequalities are understood by staff to support the most appropriate plan of care. This must include Serious Mental Illness (SMI) groups
  - o Engagement with wider services to create safe systems and trauma informed approaches for the best patient centred outcomes
  - o Ensuring that carefully focuses on the person and not just their mental health, including milestones and links with services
  - o Review of current technology and electronic systems to ensure they are fit for purpose and do not limit clinical outcome

### 4. Focused improvement in Risk Assessment and Formulation

- The Trust is focused on improving how risk assessments are carried out and the follow up to them.
  - o Improvements in training availability for staff in completion of risk assessment documents and in identifying, recognising, and responding to risk
  - o Improvements in the use of formulation and the benefits of hearing the persons voice in risk assessment and safety plans.
  - o Improvements in how the multi professional and multi-agency team works together to identify and manage risk.
  - o Development and improvement of risk assessment and formulation for those who sit across multiple services and agencies, including across Neurodevelopmental and Mental Health Services
  - o Improvement and development of more effective transition through services, include from Children's services to Adult Services

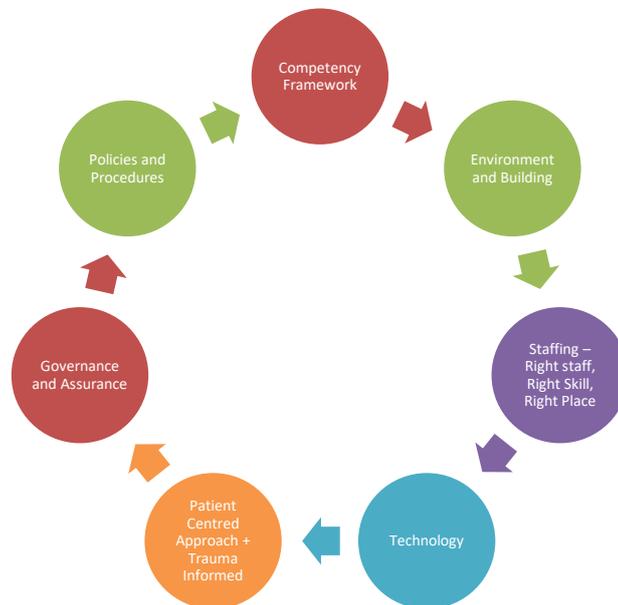
### 5. Focused and improved use of Outcome measures

- The Trust recognises the importance of utilising Outcome Measures within care. The use and completion of outcome measures, supports and is in line with the "NHS Long Term Plan" to utilise "outcome focused data driven" information to effectively commission services. To do this the Trust will:
  - o Improving the availability of training to support staff in the use of outcome measures within their day-to-day roles
  - o Improving electronic systems and technology to support the use of outcome measures within care, while acknowledging the challenges faced in some rural areas of Derbyshire and without restricting and creating health inequalities.

- Improving how outcome measures are utilised within the Multi-Disciplinary Team to support and guide plans of care.
- Developing strategy and commissioning through the use of outcome measures to truly create best places of care
- Ensuring evidence and data-based care planning for transitions through care and engagement with primary care.

The 2023/24 priorities will be taken through relevant governance processes, a working group and the Quality and Safeguarding Committee to ensure a core business approach. Ongoing Quality Improvement training across the Trust will mean further methodology being utilised for all Quality Priorities.

All quality priorities will take a focused approach to ensure quality improvement processes are utilised as appropriate, including the use of LifeQI and utilising focused area for the best outcomes such as:



### Continuous Quality Priorities

Further to the Quality Priorities identified above, Derbyshire Healthcare NHS Foundation Trust has also identified key areas of care felt to require ongoing and continuous monitoring. These are Ongoing Fundamentals of Care Quality Priorities. These are priorities that have previously been highlighted, are part of the CQC Key Lines of Enquiry, within NICE guidance and part of NHS England priorities. There are:

- Reducing Restrictive Practice and its alignment to the use of force act
- Waiting Well and Reduced Waiting Lists
- Autism Services and their continuous improvement
- Reducing Inappropriate Out of Area Placements
- Positive Physical Healthcare Management
- Continued Infection Prevention and Control
- Continued development and implementation of Living Well Frameworks
- Suicide prevention and Learning Lessons from Serious Incidents

- Use of evidence-based practice for outcome measures e.g., NICE, Royal College of Psychiatry, Research and Co-produced models.

As part of the improvements made within the Trust, quality improvement methodology and processes have been embedded within all areas of change. As well as increasing numbers of staff trained within different levels of quality improvement, up to practitioner level, we also use systems such as LifeQI. For future clinical priorities, quality improvement models will be utilised for the ongoing work. An example of a process used for quality improvement projects is demonstrated below.



### Quality Improvement Strategy

*Our ambition is to create the right conditions for staff and teams, and people who use our services, to feel empowered to develop and improve the services that they provide, in partnership with system partners and others who will be affected by any changes. To achieve this the trust leadership Team and Trust Board will commit to the principles of continuous quality improvement.*

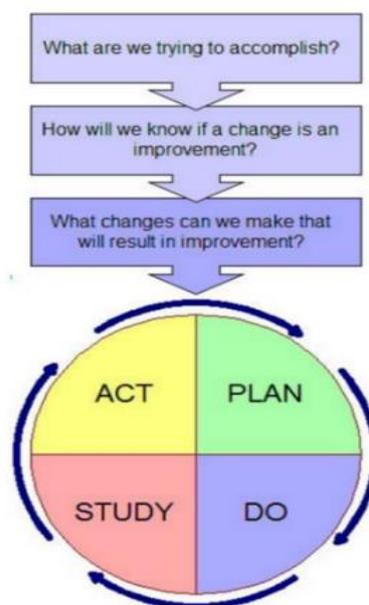
We aim to:

- Develop a culture where people in any role or EQUAL partners in the trust feel that their ideas are welcome, considered, and can make a difference.
- Have systems in place that hold and oversee quality improvement priorities and initiatives at a local level, to be overseen through appropriate mechanisms, proportionate to complexity and risk and that provides the best conditions for success, innovation, and improvement.
- Support local clinical leads and operational managers to progress with quality improvement initiatives, with access to quality improvement methodologies and additional support if required via the trust transformation function, Nursing & Quality Team and Research and Development.

- Invest in our people whilst developing and enhancing trust capability through training, coaching, and mentoring, supervision, and peer development.
- Promote continuous quality improvement through the development of a quality improvement network and by sharing and showcasing developments through planned events, social media, and other means.
- Continue to nurture a culture of learning and understanding that initiatives will inevitably might not go as planned. The Trust culture will support the exploration of improvement and recognise that Quality improvement is about trying, succeeding, or failing, and reflecting and learning from things that are successful and not.
- Nurture a shared commitment to a model of continuous quality improvement at all levels. Learning and exploration are seen as important to the Trusts strategic objectives, and growth through learning is nurtured.

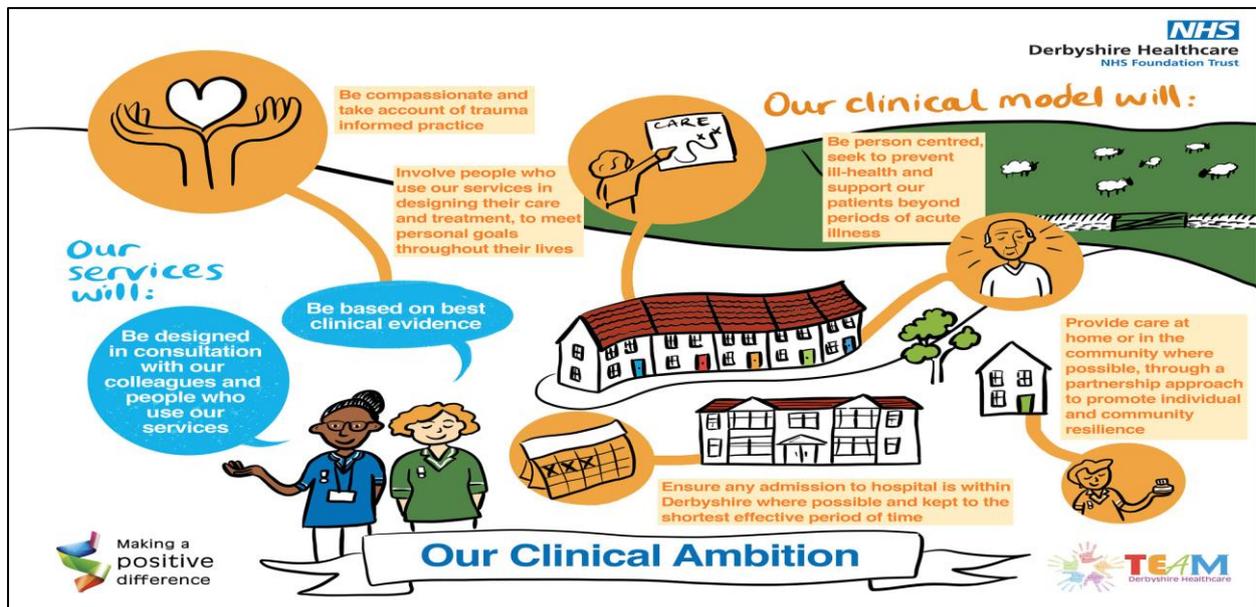
Measuring quality against a range of agreed metrics enable us to know how we are doing, what we are doing well, and how and where we need to do better. We welcome strong regulation and inspection from NHSEI and CQC to ensure we are meeting fundamental standards of care and equity of outcomes for all. Our regulators consider the processes we have in place to support learning, continuous improvement, and innovation. We believe delivery of this quality improvement strategy will:

- Strengthen performance and management in relation to our CQC rating.
- Support the achievement of our annual quality goals.
- Help track performance against key quality targets at all levels of reporting.
- Support actions to reduce inequalities and improve outcomes and experiences for people working for us and for those who use our services. Particularly this will positively impact standards relating to WRES and protected groups.
- Set quantified and measurable goals in relation to the trust strategic aims of providing great care, being a great place to work and making best use of money.
- Support the achievement of financial sustainability through more efficient, effective processes and reduced waste.



## Our Clinical Ambition

The Clinical ambition will be the strategic steer in the delivery of the quality priorities ensuring that the care that we deliver is person centred, evidence based and trauma informed care.



## Our Engagement with Service Users, Carers, Families and Participants

### Service User Engagement

We extend our heartfelt thanks to our service users and carers. The last year has been challenging for our carers and participants. The Trust continues to engage with carers throughout the year. The monthly Carers Engagement meeting has been retained throughout the year, allowing us to listen to Carers' concerns and act on them as appropriate. We maintained and improved our links with Voluntary, Community and Social Enterprise (VCSE) organisations to ensure all were up to date on support offers.

We have resumed Triangle of Care Carer Awareness Training and we continue to be committed to our Triangle of Care membership. The Trust continues its two-star organisation rating and have worked to maintain our standards throughout 2022/23 and are dedicated to continuing.

### The EQUAL Forum

'EQUAL', the Trusts patient and carer forum, seeks to proactively connect senior leaders with the views and opinions of people who use Trust services and those who care for them. The EQUAL group and their lead continue to go "where people are", to actively build relationships, to seek out opinions in a spirit of wanting things to be as good as they can be.



At a time when there is so much pressure to make the best decision, first time, the knowledge of people whose lives connect with Trust services is a tenet that can usefully be tapped into. In the last 12 months, EQUAL members, as representatives of the wider service user and carer community, have fed into work streams as varied as discharge planning

through to the Community Mental Health Treatment transformation, from looking at how the Trust's complaints procedure works through to input into the design of our new in-patient units. Supporting the Trust aim of "making room for dignity".

In an era of pressure to coproduce, EQUAL is an emerging example of the way that we can all work together.

### **Collaborative Work with the Voluntary Sector and Community MH Trusts**

Partnership working with community partners has always been central to a recovery focussed 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). Furthermore, the Living Well project has provided a welcome opportunity to increase involvement and collaborating working with VCSE (voluntary, community and social enterprise).

The collaborative work with VCSE and community mental health teams (adults 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 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 wellbeing
- Locality Health Partnership Mental Health sub-groups. Each locality in Derbyshire County is 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
- The Trust has worked with Health Education England and IMROC to create an opportunity for more experts and service users to complete training to support their journey into Peer Support, Education or Employment.
- A new role created has supported the setup of apprenticeship programs. The role will support experts and service users in accessing the apprenticeship which will support them to become peer support workers.



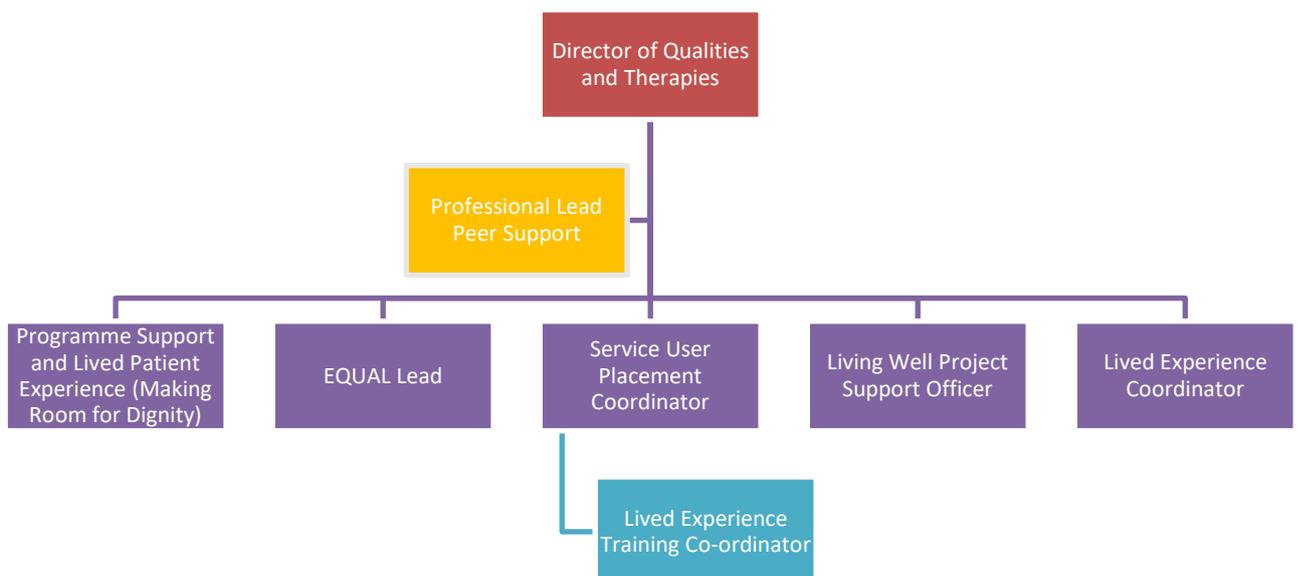
## Patient Care Activities and Service User Engagement

This year the Trust has continued to provide its core services and has 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
- The inpatient rehabilitation services have developed an outreach model of care to support people in the community, post discharge from rehabilitation inpatient services
- Our 'emotional regulation' pathway is well imbedded within the Trust
- 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 known as the "making room for dignity" project 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. Furthermore, the Board Stories allow for change to occur, that is led by the experiences of our service users, carers, and participants. The improvements and access to technology have meant access to Board stories for those presenting has improved.

Over 2022/23 the Trust has commenced its journey in expanding and improving its number and skill mix of experts by experience working within the Trust. To do this the Trust has create a range of roles, that continue to be increased and expanded. The aim being that an Expert by Experience strategy and peer support worker strategy is truly co-produced and service user led from the beginning. With a direct link and support from the Director of Qualities and Therapies, there is a direct link to board.



## **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 three registered locations: Kingsway Hospital, the Radbourne Unit in Derby, and the Hartington Unit in Chesterfield, as well as our centrally registered extensive community services, spanning over Children's services (non-mental health specific e.g., health visiting) to Community Mental Health and Neurodevelopmental 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 across 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 reviews 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 wellbeing, 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.

The Incident Management Team will be in place for command and control as required. These will be senior leaders in the Trust assessable to provide response to emerging challenges in the Trust or System under Emergency Preparedness Resilience and Response (EPRR) with escalation to the Executive Leadership Team. In the past year the Incident Management Team has been required to respond to system pressures, COVID-19 responses, Winter Pressures, changes in Government Leadership and Industrial Action.

## **Engagement events**

Further to local support and engagement. It is essential that for Trust to truly have oversight of its services, there is a requirement for further engagement. The Trust has several opportunities to engage groups to ensure feedback occurs and actions taken. Emerging from the COVID-19 pandemic, they have been able to meet both virtually and face to face, supporting engagement with a wide range of staff over all of Derbyshire. Examples of these are:

- Trust Medical Advisory Committee – A group where our medical colleagues meet to reflect and discuss learning. A reflection within this group in relation to safeguarding and preventing abuse was, “it’s all of our responsibilities to hold and challenge the culture of our organisation”.
- Administration engagement – Administration staff are frequently offered time to talk about their experiences and learning. DHCFT highlights the importance of engaging all staff, both clinical and non-clinical. A recent engagement event with executive directors allowed time for administration staff to reflect and highlight their experience within the Trust.
- Trust induction – The Trust induction provides not only essential training before someone starts within their roles. But also, an opportunity to truly demonstrate the Trusts Culture, Visions and Values and embed them into all staff coming into the Trust. Within the Trust induction all staff have the opportunity to meet a range of Executive Directors and hear about the Trust Visions and Values. But also, to reflect on the importance of inclusion and understanding diversity challenges across the Derbyshire County, including health inequalities. Furthermore, within the Trust induction the Trust Director of People and Inclusion meets staff to talk about the importance of psychological safety and how important the Trust Values are in keeping this for all. The Trust induction also has a strong focus on creating an environment that is safe for everyone and following an equality, diversity, and inclusion strategy.
- Senior managers – Along with junior and local staff, it is important that senior managers are given the opportunity to meet, reflect and discuss challenges within the Trust. Several forums occur where this occurs and allows for learning, engagement across divisions and support to be offered in resolving challenge. This also provides a forum for senior managers to learn from each other and ensure a cohesive approach.
- Students – Further to employed staff within the Trust, DHCFT recognises the importance of hearing from students. The Trust recognises that it is important to instil a positive culture before staff are employed and regular reflection and opportunities to hear students’ experiences of the Trust highlight learning. These forums also offer the opportunity to highlight potential closed cultures, allowing leaders to action. Students have access to a Student Forum that is led by the Trust Placement team. Furthermore, all students go through an induction for the Trust and during these, meet the Trust Freedom To Speak Up Guardian, highlighting an open and safe culture.
- The Trust has recently developed and implementing a new role. This is an Expert by Experience Feedback and Engagement lead. This role focuses on engaging with clinicians and service users across all services to gain live feedback and intelligence, observe practice and challenge any concerns, feedback to board, engage in improvement working groups, support the provision of expert by experience members into working groups and prepare clinical areas for increased peer support worker colleagues. Historically, DHCFT has taken pride in the level of direct contact and engagement executives and senior staff have had with clinical and frontline staff. This has continued through the COVID-19 pandemic and remains to the current date. Within staff surveys and feedback, there is positive feedback about this engagement and the open and transparency of the Trust executive team. As a result, this culture has created a forum where staff feel able to speak up and raise concerns and also

engage with improvement plans. This engagement has supported staff during challenging times and has also heavily supported a positive morale and culture. Furthermore, the Trust Chief Executive and Executives have a quarterly all staff engagement event where staff can highlight topics of discussion, requests for change, support and highlighted good practice.

### **Unannounced visits and announced**

The Clinical Quality directorate frequently use regional intelligence to design review tools, that gain assurance and evidence for evening, weekend, and night visits. DHCFT has taken a 24-hour service review approach and acknowledged that this is an area where organisations need to strengthen oversight and scrutiny. Multiple levels of the organisation are involved in this, to reduce the risk of a top-down process. Teams across the Trust, within several different roles and professions have been brought together and planned and are deployed, repeatedly and regularly. This process will continue and will enable further reflection and conversation, ensuring DHCFT keeps its Visions and Values and the forefront of its approach.

Further to these visits, the Trust is also invested in a range of approaches that focus on assessing governance, assurance and also promoting good practice and innovation. For several years DHCFT have taken an innovation approach to Quality Visits, where teams are able to demonstrate practice, they are proud of, meeting senior leads and executives, while also having the opportunity to raise areas of concerns. This provides them a direct route to board, creating a floor to board approach and encourages a speaking up approach.

Announced and unannounced visits also occur across all areas of the Trust. Allowing for a range of professionals to see the practice of clinicians first-hand. This provides an opportunity to engage with staff, for leaders to role model and to challenge any practice that does not fit with Trust Values or patient experience and safety.

A critical friend approach has also been implemented through Mock CQC visits. Our Deputy Director of Regulated Practice and Special Projects has been leading on a timetable of Mock CQC visits that explores patient care and practice to truly understand the experience of patients. Through this teams are assessed in line with the CQC Key Lines of Enquiry, and any findings are placed within an action plan for completion. All actions plans are then held with divisional Clinical and Operation Assurance Team (COAT) meetings to ensure a strong level of governance. This creates a critical friend approach to improvement. DHCFT recognises that services are 24/7 and all staff need access to senior leadership. To ensure all have the opportunity to meet and speak with senior staff and for senior staff to understand the challenges within our services at different times. An out of hours rota will support unannounced visits to teams by leaders.

### **Development of Intelligence, Evidence and Assurance**

Derbyshire Healthcare NHS Foundation Trust understands and acknowledges, that internal evidence and assurance is not always enough to truly have oversight of services and the care people are receiving. In order to gain this, there is a requirement for openness, transparency and responsiveness through other means and forums. There must be an opportunity for staff and patients to speak up, raise concerns and complain without the fear

of repercussions. Furthermore, there needs to be confidence that an appropriate response and action will occur when items are raised.

The Trust has been praised for above and beyond practice in relation to its Safeguarding team by the CQC. Highlighting a passion and willingness to improve care and experience. The Safeguarding team has taken a keen focus on Person In Positions of Trust (PIPOT) processes, ensuring that any concerns are quickly identified and investigated, promoting safety. The team also utilise these examples to create training and learning for others. The safeguarding team also works closely with external partners that allows scrutiny of practice within our teams including quality audits of cases, and partnership working both operationally and strategically.

Across services, there is also a strong emphasis on the engagement of Advocacy services. A recent improvement project across inpatient acute care wards has seen patient community meetings being reviewed and moved from weekends to weekdays. This has been done in order for advocacy services to be present at all and for senior managers to be present where appropriate. Advocacy services are provided to all our inpatient areas, advocates attend regularly and are provided private spaces to speak to people in our care.

Alongside advocacy and engagement meetings, DHCFT has taken pride in its engagement with Healthwatch. Implementing a monthly art group that allows patients to engaging in positive therapeutic activities, and the opportunity to feedback on the care they are receiving away from staff. Encouraging an open and transparent culture. From these, our Healthwatch colleagues provide a report to our Heads of Practice, who then feed into Clinical Reference Groups and team meetings to create action plans with clear time frames of improvement that are fed back to Healthwatch. These actions are then followed up within future art groups to ensure they have been improved. Healthwatch also complete six monthly visits to our areas.

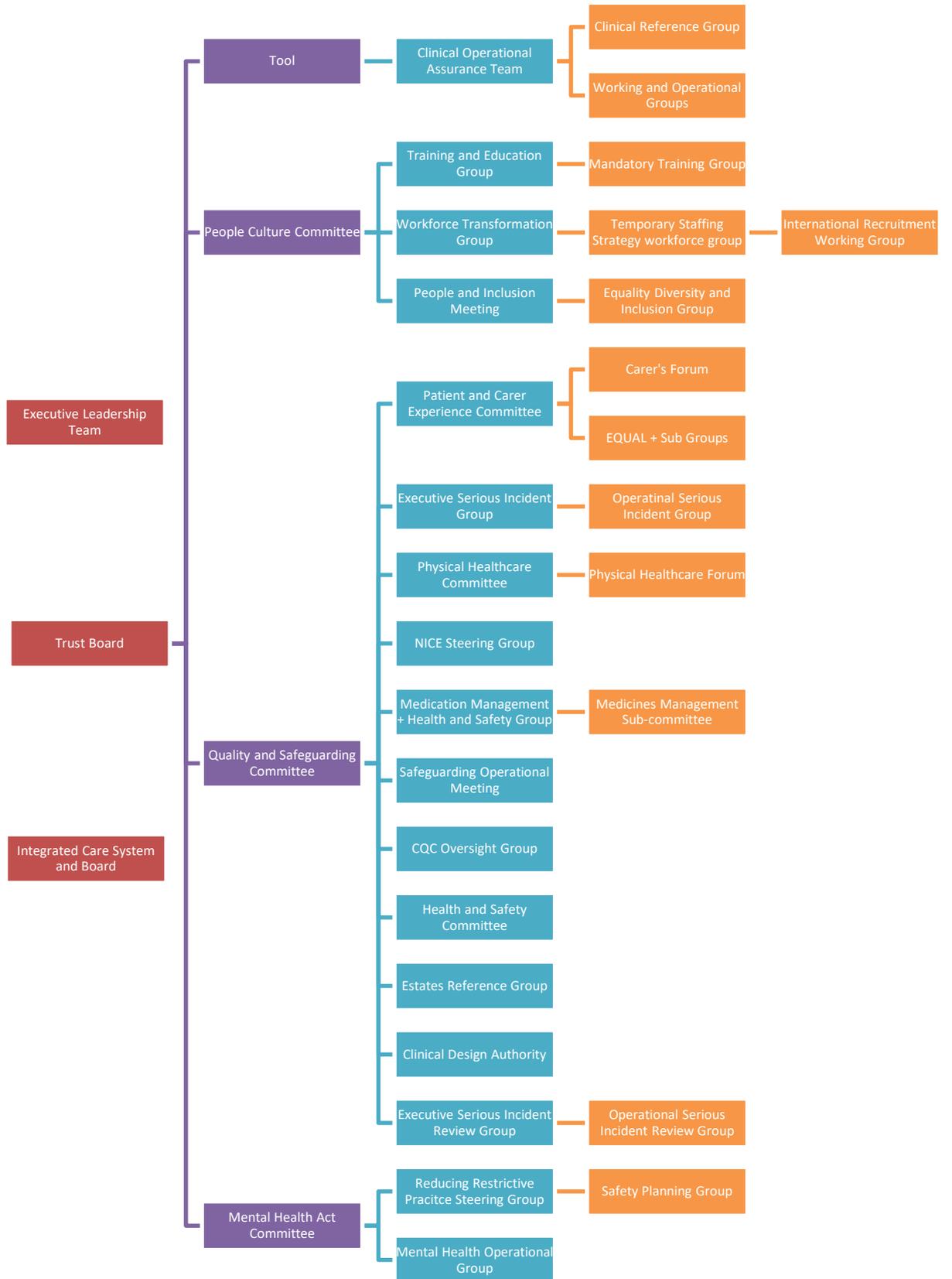
Expert by Experience feedback is recognised as a valuable asset to ensuring outstanding care. DHCFT is proud of its EQUAL group, which is filled with Experts, Carers and Volunteers who complete announced and unannounced visits, in all areas to provide further intelligence and feedback. EQUAL has an executive sponsor who is our Chief Nurse. Feedback is also provided via the Carers Engagement Group.

We have a peer support worker in place that visits our inpatient areas, talks to people in our care, collects patient generated 'Bright Ideas' on improvement, they report directly to the Chief Nurse.

Along with clinical assurance-based checks, DHCFT is also invested in checking its environment and engagement with catering, domestic and estates services. In order to create a level of assurance, annual PLACE visits are completed in all inpatient settings. These visits aim to review cleanliness of services, quality of food, maintenance of buildings and repair and upkeep of settings. This visit is completed with Domestic, Catering and Estates managers, Heads of Services, Heads of Infection Prevention and Control, Carers and Experts by Experience.

Internally, it is important that DHCFT has a clear and robust governance structure which provides floor to board assurance, along with board to floor communication. This comes in the form of a clear meeting structure linking clinical reference group, Clinical Operational

Assurance teams, Trust Operational Oversight Leadership, Quality and Safeguarding Committee and Executive Leadership team all together. Providing a clear forum for oversight and communications up and down.



## External reviews

Further to internal review and assessment, DHCFT is fully investing in an open culture and engagement with its local Integrated Care Board (ICB). Furthermore, DHCFT is part of an assurance visit and report alongside the Safeguarding Adults board. This is with the request of reviewing DHCFT evidence for assurance.

## Quality Compliance and Governance

Throughout 2022/23, the Trust has continued to focus on quality compliance and quality governance.

Alongside the creation of standard operating procedures (SOPs), the Trust has continued to develop and improve its processes around Policy and Procedure completion, adherence, and review. Furthermore, teams continue to identify ways in which compliance and assurance can be met and oversight can be sought. An example is inpatient services for working age adults working towards 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. As the “Making room for dignity” project moves forward to eradicate dormitories, provide High Dependency Units and Psychiatric Intensive Care Units, it is expected full achievement of AIMS standards. The application for central funding for the eradication of our dormitory provisions has now been accepted and planning permission granted for two new hospitals. This is an exciting opportunity to develop a state-of-the-art hospital that supports high quality inpatient care. This project has been and continues to be co-produced involving carers and experts throughout to ensure the best results possible.

By having our own Psychiatric Intensive Care Unit, High Dependency Unit, Acute Inpatient wards with no dormitories, Older Adult Wards for both functional and organic diagnosis the Trust will reduce and eradicate inappropriate out of area admissions. Furthermore, these projects have provided a vital opportunity to create environments that focus on positive, effective, and recovery-based admission. Through co-production, the wards have been designed to encourage an environment that feels safe and positive for both patients and staff. This comes with a reducing restrictive practice ethos in mind and an increasing activity focus, including freely accessed outdoor space, low stimulus suites and sensory suites. Furthermore, a focus on technology allows us to create environments suited for each persons need allowing for smells, lighting brightness, lighting colour and other sensory options to be altered by the patient when and how they like within their own bedrooms. This further supports a trauma informed approach and best outcome focus. Each project will also provide space for staff to take breaks and take part in wellbeing focused activities.

Furthermore, the Royal College of Psychiatry standards for rehabilitation services were refreshed in December 2020, and so our inpatient rehabilitation services will be working towards those as appropriate. Our inpatient perinatal services, Inpatient Forensic wards and Liaison Services remain accredited with the Royal College of Psychiatrists College Centre for Quality Improvements as identified within their contractual requirements from NHS England.

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.

### **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. The Board receives assurance from the Quality and Safeguarding Committee that provides oversight to the Trust Quality Strategy and the priorities workstreams. Further work continues to review and adapt live reporting streams for governance and assurance systems to ensure rapid response and oversight.

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'.

### **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 Integrated Care System and Board through groups such as the Clinical Quality Review Group, continued audit and sustained work from previous and current CQUINs.

The Trust has participated in national audits as well as its own internal audit plan. The Trust internal research department also actively seeks and takes part in both local and national research projects, including working closely with the National Institute of Health and Care Research (NIHR).

Clinical Quality Review Group meetings with the Integrated Care System and Board were formally stood back up in quarter 1 of 2022/23 and the Trust has worked closely to re-establish contractual agreements and obligations. Key individuals from both organisations meet monthly to review progress on quality improvements and provide assurance, including any national priorities set out by NHS England.

### **Staff**

#### **Workforce Engagement and Staff Welfare**

Live engagement events continue to be 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. 2022/23 has also seen an increase and improvement in how the

Trust engages with bank staff. Improvements have been made to ensure that bank staff also have access to engagement events, forums to raise concerns and access to the Freedom to Speak Up Guardian and Champions.

### **Staff Engagement**

Throughout 2022/23, 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. The implementation and implemented culture of "Live engagement events" has results in the opportunity for the Trust to create forums to discuss any topics relevant or important at the time.

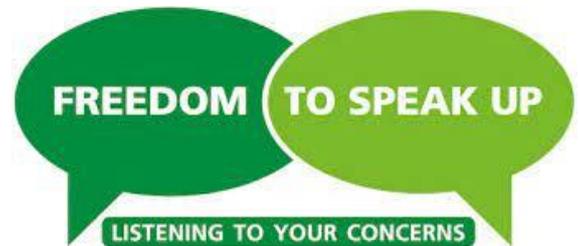
The Trust recognised the pressures that staff have been under in 2022/23, from stepping down COVID-19 restrictions for the public but still having to managed them at work, and the personal and financial challenges we all face. Furthermore, the intensified working conditions have been impacting on staff wellbeing. 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
- **Coaching** – An opportunity to received either one on one or group-based support from a trained coach. Supporting people or teams to learn new skills linked to leadership, problem solving and conflict management.
- **Psychological Support** – A recent addition to the support offered to staff from the Trust is that of Psychological Support. The Trust Lead for Psychological Therapies has worked alongside People Services to ensure staff are supported psychologically in any form required.
- **Occupational health** – This is a service offered to all staff and a support for line managers. This service supports staff to stay in work and to support line managers in adding any work-based alterations or adjustments.

### **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. The Trust has a Freedom to Speak Up Guardian in post, who actively spends time in different areas of the Trust. Offering time to staff, for them to have the opportunity to anonymously raise concerns or complaints. The Freedom to Speak Up Guardian (FTSUG) has direct contact with Senior Leads, Heads of Practice and Executive Directors and where concerns are raised, action must be taken. The Freedom to Speak Up Guardian reports every six months to the Trust Board and a robust Freedom to Speak Up Policy is in place. There have been no vacancies in this area for a number of years and there is high visibility of contact details and posters around the Trust premises that staff will see and easily be able to take note of. There are, also Freedom to Speak Up champions in teams across the Trust. The FTSUG has continued to promote the speaking up role on social media as well as writing a blog for Focus (staff intranet). The FTSUG continues to present at Trust Inductions. The FTSUG has also presented tailored FTSU training session to the Junior Doctor network and to preceptees within the Trust as well as at team meetings and on request.



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.

## Freedom to Speak Up Champions



The Trust has a network of Speaking Up Champions in a range of different areas across the Trust. Speaking Up Champions are trained to support you to speak up.

 <p><b>Tam Howard</b> Freedom to Speak Up Guardian tamera.howard@nhs.net</p>	 <p><b>Catherine Dunning</b> Senior Nurse catherine.dunning@nhs.net</p>	 <p><b>Louise Jenkins</b> Senior Nurse louise.jenkins3@nhs.net</p>	 <p><b>Dr Aicha Rais</b> Locum Speciality Registrar aicha.rais1@nhs.net</p>
 <p><b>Liz Banahan</b> Team Manager elizabeth.banahan@nhs.net</p>	 <p><b>Justine Fitzjohn</b> Trust Secretary justine.fitzjohn@nhs.net</p>	 <p><b>Martha Kaitano</b> Registered Nurse martha.kaitano@nhs.net</p>	 <p><b>Smita Saxena</b> Consultant Psychiatrist smita.saxena@nhs.net</p>
 <p><b>Sharon Brazier</b> Community Psychiatric Nurse sharon.brazier@nhs.net</p>	 <p><b>Sue Hill</b> Staff Nurse susan.hill15@nhs.net</p>	 <p><b>Ketso Mdlongwa</b> Acting Clinical Lead ketso.mdlongwa@nhs.net</p>	 <p><b>Jo Sinn</b> Admin &amp; Secretarial Support Manager joanne.sinn@nhs.net</p>
 <p><b>Barbara Chilvers</b> Programme Office Administration Support barbara.chilvers@nhs.net</p>	 <p><b>Kelly-Anne Hitchcock</b> Registered Nurse kelly-hellen.hitchcock@nhs.net</p>	 <p><b>Jane Morris</b> Lead Nurse jane.morris16@nhs.net</p>	 <p><b>Victoria Swinard</b> Medical Secretary at the Harlington Unit victoria.swinard@nhs.net</p>
 <p><b>Jackie Danvers</b> Paediatric Physiotherapist Clinical lead j.danvers@nhs.net</p>	 <p><b>Dr Kaanthan Jawahar</b> ST6 Old Age Psychiatry kaanthan.jawahar@nhs.net</p>	 <p><b>Gareth Pritchard</b> Registered Nurse gareth.pritchard1@nhs.net</p>	 <p><b>Judy Tansley</b> Senior Evidence - Based Therapist judy.tansley@nhs.net</p>
			 <p><b>Andrew Vallance</b> Community Psychiatric Nurse andrew.vallance@nhs.net</p>
			 <p><b>Katherine Webley</b> Community Psychiatric Nurse katherine.webley@nhs.net</p>

### **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. Furthermore, the FTSUG is heavily involved in any working groups focused on assessing and improving cultures and frequently meets with teams and students to ensure all know of who they are, their role and how to engage.

### **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.

### Embedding Equality, Diversity, and Inclusion

Through our equality, diversity, and inclusion initiatives we continue to promote our values and behaviours at every opportunity and specifically to engender a sense of belonging for all by creating an environment where we value unique differences.

We strive to ensure our workforce is representative of the communities that we serve and recognise the contribution of all colleagues is supportive, fair, and free from discrimination and ensure there is psychological safety for all.

EDI is implicit across all our Trust Strategic Objectives to ensure person centred care and to work with all our citizens to ensure they have the best start in life, stay well, age well and die well. EDI is also explicit within our Trust Strategic Objective 2: Great place to work:

- An empowered, compassionate, and inclusive culture that actively embraces diversity

The Trust Equality, Diversity, and Inclusion (EDI) objectives are:

- leadership that is inclusive, compassionate and people focused
- Develop a sense of inclusion and belonging
- Work with partners to reduce inequalities

### Staff Equality and Diversity Information 2022

Below is the current EDI data relating to the workforce at Year Ended 31/03/2022:

	Headcount	FTE	Workforce %
Employees	2879	2514.95	-
<b>Ethnicity</b>			
<b>White</b>	<b>2327</b>	<b>2017.46</b>	<b>80.83%</b>
White - British	2212	1916.12	76.83%
White - Irish	27	21.66	0.94%
White - Any other White background	59	53.13	2.05%
White Northern Irish	3	2.67	0.10%
White Unspecified	19	17.28	0.66%
White English	4	3.6	0.14%
White Gypsy/Romany	1	1	0.03%
White Other European	2	2	0.07%
<b>Mixed Race</b>	<b>65</b>	<b>58.13</b>	<b>2.26%</b>
Mixed - White & Black Caribbean	28	25.13	0.97%
Mixed - White & Black African	4	3.48	0.14%
Mixed - White & Asian	19	16.82	0.66%
Mixed - Any other mixed background	14	12.7	0.49%

<b>Asian or Asian British</b>	<b>226</b>	<b>202.88</b>	<b>7.85%</b>
Asian or Asian British - Indian	147	132.48	5.11%
Asian or Asian British - Pakistani	60	54.18	2.08%
Asian or Asian British - Bangladeshi	4	2.73	0.14%
Asian or Asian British - Any other Asian background	11	10.25	0.38%
Asian Punjabi	3	2.24	0.10%
Asian Tami	1	1	0.03%
<b>Black or Black British</b>	<b>169</b>	<b>156.77</b>	<b>5.87%</b>
Black or Black British - Caribbean	59	53.19	2.05%
Black or Black British - African	98	92.71	3.40%
Black or Black British - Any other Black background	9	8.67	0.31%
Black Nigerian	1	0.8	0.03%
Black British	2	1.4	0.07%
<b>Other Ethnic Backgrounds</b>	<b>21</b>	<b>19.14</b>	<b>0.73%</b>
Chinese	5	4.75	0.17%
Any Other Ethnic Group	14	12.39	0.49%
Vietnamese	1	1	0.03%
Filipino	1	1	0.03%
<b>Not Stated</b>	<b>71</b>	<b>60.56</b>	<b>2.47%</b>
<b>Total BME 16.7%</b>			

### Equality Delivery System

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The NHS developed the EDS, taking inspiration from existing work and good practice.

A review of the EDS2 was undertaken to incorporate system changes and take account of the new system architecture for Integrated Care Systems. Through collaboration and co-production and considering the impact of COVID-19, the EDS has now been updated and EDS 2022 is now available for live testing during 2022/23.

EDS 2022 is aligned to NHS England's Long-term Plan and its commitment to an inclusive NHS that is fair and accessible to all.

Domain 1: Commissioned or provided services	Domain 2: Workforce health and well-being	Domain 3: Inclusive leadership
1A: Service users have required levels of access to the service	2A: When at work, staff are provided with support to manage obesity, diabetes, asthma, COPD and mental health conditions	3A: Board members, system leaders (Band 9 and VSM) and those with line management responsibilities routinely demonstrate their understanding of, and commitment to, equality and health inequalities
1B: Individual service user's health needs are met	2B: When at work, staff are free from abuse, harassment, bullying and physical violence from any source	3B: Board/Committee papers (including minutes) identify equality and health inequalities related impacts and risks and how they will be mitigated and managed
1C: When service users use the service, they are free from harm	2C: Staff have access to support and advice when suffering from stress, abuse, bullying harassment and physical violence from any source	3C: Board members and system leaders (Band 9 and VSM) ensure levers are in place to manage performance and monitor progress with staff and patients
1D: Service users report positive experiences of the service	2D: Staff recommend the organisation as a place to work and receive treatment	

DHCFT's Perinatal team who held a positive EDS (Equality Delivery System) grading event in February 2023. This process was led by our commissioners and focused on our system-wide collaboration to ensure patients have required levels of access to the service, that individuals' health needs are being met and that people who use the service are free from harm. The tables below shows the grading by the stakeholders against the four outcome areas.



## Gender Pay Gap Report

This report details our headline pay gap figures as of 31 March 2022, a brief analysis of why we have a pay gap and an overview of our actions to close the gap. We are committed to ensuring that our pay practices are transparent, fair, and equitable. The Trust has adopted and implemented national NHS pay schemes which have undergone an equality analysis. Table 2 below shows DHCFT's overall mean and median gender pay gap and bonus gap based on hourly rates of pay.

Table 2: DHCFT Overall mean and median gender pay gap and bonus gap based on hourly rates of pay		
	DHCFT 2021	DHCFT 2022
Mean gender pay gap.	15.41%	16.51%
Median gender pay gap.	9.96%	10.39%
Mean bonus gender pay gap.	89.54%	87.62%
Median bonus gender pay gap.	88.93%	50.00%

<b>Proportion of men and women receiving a bonus.</b>	5.11%	4.20%
<i>NB bonuses paid relate to clinical excellence awards which are for applicable consultants only rather than all employees (even though the calculation includes all staff)</i>		
<b>Proportion of females and males in each quartile band: DHCFT 2022</b>		
<b>Quartile</b>	<b>Women</b>	<b>Men</b>
<b>Top quartile</b>	84.35%	15.65%
<b>Upper Middle quartile</b>	79.89%	20.11%
<b>Lower Middle quartile</b>	81.86%	18.14%
<b>Lower quartile</b>	71.94%	28.06%

### Equality, Diversity, and Inclusion (EDI) Steering Group & Staff Networks

We have recently established an EDI Steering Group which will monitor and support progress against embedding EDI, across the trust. This group reports to the People Culture Committee which feeds up into the Trust Board providing assurance of progress against the plan.

The EDI Steering Group has representatives from across a range of EDI staff networks and key functions across the trust. The EDI Steering Group will meet bi-monthly and includes the Patient Experience Lead, and Health Inequalities and integrates work from other Trust strategies to ensure our patients and carers have a positive experience.

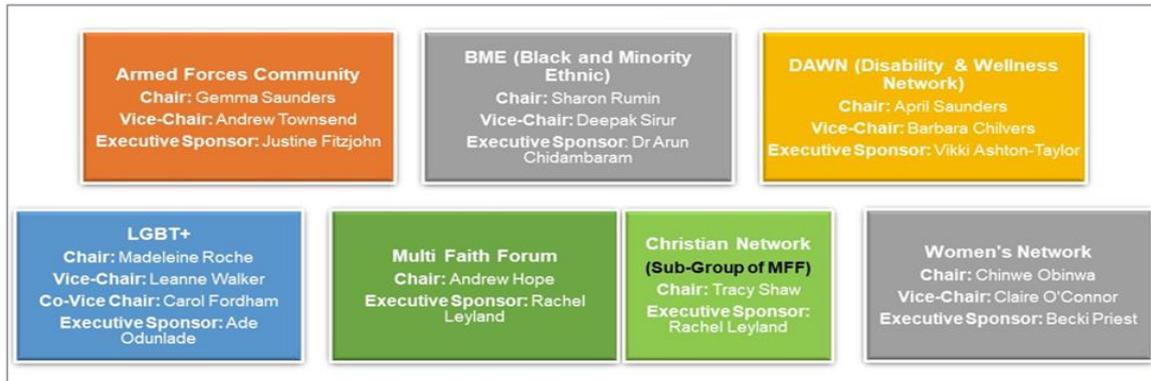
Derbyshire Healthcare has a number of Staff Networks to offer colleagues a safe space where they can receive support, advice and encouragement about work-related issues and provide an open forum to exchange views, experiences and raise concerns.

The Networks aim to improve working lives and promote diversity within the Trust.

All colleagues at Derbyshire Healthcare are welcome to join the Networks, and both members and allies get protected time to attend Network meetings.

Each Network also has an Executive Sponsor: a member of the Executive team, who actively champions the protected characteristic, attends Network meetings, and supports the Networks with their respective work programmes.

## DHCFT Staff Networks



## EDI Calendar of Events

A new calendar of EDI awareness events has commenced including to events linked to Race, Sexual Orientation, Gender Reassignment, Disability, Religion & Belief and Gender. Support to develop a range of initiatives are provided through representatives of the EDI Steering Group as well as the various staff networks and support groups.

The Trusts is committed to EDI education and a range of training is made available to staff, in addition to mandatory EDI training. The training focuses on the Trusts commitment to ensure all staff are free from discrimination and feel equally supported in career progression and opportunities. We introduce all new starters to EDI at the Trust Welcome Induction including an overview of the staff networks.

## Workforce Race Equality Scheme and the Workforce Disability Equality Scheme

The trust has reviewed its Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) and updated the annual action plans to support further improvements to support the further development of an inclusive culture. The Trusts Workforce Disability Equality Scheme.

## R&D NEWSLETTER

### BLACK HISTORY MONTH EDITION

October marks the start of **Black History Month** - a time to celebrate and commemorate the contribution of African and Caribbean communities. This is celebrated in the UK every October since 1987. This year's theme is **Time for Change: Action Not Words** - whether we are from White, Black or Other minority ethnicities, we can all choose to be actively anti-racist. Find out more from the [Anti racism and allyship guide](#).

In this edition of the newsletter we share some of the action we are taking through our research activity at DHCFT. In addition, you will find a few **tools** that were developed to inform readers about **effective ways of providing better support to people from Black and Other ethnic minority groups**, both in research and in accessing mental health services. As Black History Month 2022 draws to a close we hope you will find inspiration in our newsletter to take action all year round.



#### Contents of the newsletter:

- Critically Appraising for Antiracism
- Improving Inclusion of Under-Served Groups in Clinical Research
- Perinatal Services Referrals and Service Access
- Ethnic Differences in SARS-CoV-2 Vaccine Hesitancy in United Kingdom Healthcare Workers
- Organisational Inclusion Project
- Young Black Men Crisis Tools Guides
- Co-PACT Study
- The Multicentre Study of Self-harm in England
- Recent Articles on Ethnic Inequalities in Mental Health

 [dhcft.research@nhs.net](mailto:dhcft.research@nhs.net)  
 01332 980139

## Organisational Inclusion Project

An **inclusive organisation** supports employees to thrive at work regardless of their background or circumstance.

DHCFT is working in partnership with the Mary Seacole Research Centre at De Montfort University on an **Organisational Inclusion project** funded by NHS Charities Together. Using a change management technique, Force Field Analysis, the aim is to improve workforce experiences and outcomes for all. The first stage involves a short survey to understand inclusion and how colleague backgrounds or circumstance create similar or different experiences of inclusion.

We need **your views** to improve organisational inclusion meaningfully.

Please find out more and complete the 10 minute anonymous survey by clicking the link: [Organisational Inclusion Project](#).

Contact Rubina Reza, Head of Research and Development: [Rubina.Reza@nhs.net](mailto:Rubina.Reza@nhs.net)



### Closed Culture Review

With improvements in accessibility to Freedom to Speak Up, also comes a focused approach to identifying, reviewing, and improving Closed Cultures. In 2019 the CQC

published their Closed Culture Review and within this identified some key areas of awareness that related to Closed Cultures and the direct impact this has on Clinical Care, Practice and the Patient and Carer Experience. Which if left unmanaged, can lead to abuse. Derbyshire Healthcare NHS Foundation Trust has created a working group to create working guidance and standard operating procedures for Closed Culture Processes. This is being done in line with the Trust Freedom to Speak Up Guardian, psychology colleagues and as a result a regular staff survey has been created along with face-to-face and other ways for staff to raise concerns within their area. Furthermore, a process is in place for reviewing quality dashboard data to identify areas of concern that may be linked to closed cultures. Allowing for leadership teams to act and improve at the earliest opportunity. This also heavily feeds into Culture based working groups across the Trust being led by the Chief Psychologist for the Trust. The relaunch of Trust Quality Visits in 2022 has also provided a forum for further culture review.

### Quality Visits

Quality Visits are the Trust's approach to inquisitive enquiry and provides an opportunity for teams to showcase good practice and, also highlight areas of challenge. This provides an opportunity to advertise and communicate good practice across the Trust for other teams to see, learn and incorporate. It also creates a floor to board and return opportunity to identify challenges and resolve them with a patient safety and experience focus. This approach encourages teams and the Trust to take on a Lessons Learned focus to change. The information within the visit process is focused on service user and carer feedback, staff feedback and team identified focused feedback topics. A structure for the Trust to arrange for colleagues in Director, Non-executive Director, and Commissioner roles to visit clinical areas is also an expectation of our Schedule 4 Quality Contract. After a pause to Quality Visits of this nature during the COVID-19 pandemic 2022/23 has positively seen the Trust and Staff engage with the process and welcome visits. Furthermore, the relaunch of the Quality Visits has allowed for the process to be reviewed and aligned to Trust objectives, including the introduction of an anonymous staff survey focused on cultures.

A quote from one of DHCFT's Governors about a Quality Visit said:

*"I attended a great Quality Visit at Cubley Court on the 28/02/2023 with Carolyn Green, Toby Marandure, Deborah Good, Sandra Austin and Becki Priest and just wanted to mention it and say as my first quality visit it was very useful for me. I was able to really understand what it is the trust does on a day-to-day basis. I took great interest in watching how Carolyn and Becki engaged with staff to understand their frustrations and try their best to give real actionable solutions. I think all parties gained a lot from the visit and I will ensure to follow up at some point to check if these suggestions were implemented.*

*I will certainly be putting my name forward for another one in the future."*

### Quality Summit

The Trust has implemented a process in which teams that may be seen as an outlier in performance can be reviewed and supported to improve. This process is aimed to be quick, efficient, and most importantly, supportive with no focus on blame.

A quality summit is a bespoke approach whose primary purpose is to provide focus for a ward or team within DHCFT deemed to require short term intervention at senior level with Executive level oversight. The rationale for adopting the quality summit approach will be related to increased concern about quality of care which has been triangulated from relevant Trust data. To provide a quality improvement plan (QIP) template which can be used to outline agreed actions with clear timeframes. This will be monitored for a set time period as agreed by the supportive bespoke team however this should take no longer than 6 months to implement. The process is clinically led by the Director of Nursing, Director of Quality and Therapies and Medical Director with support from the Chief Operating Officer.

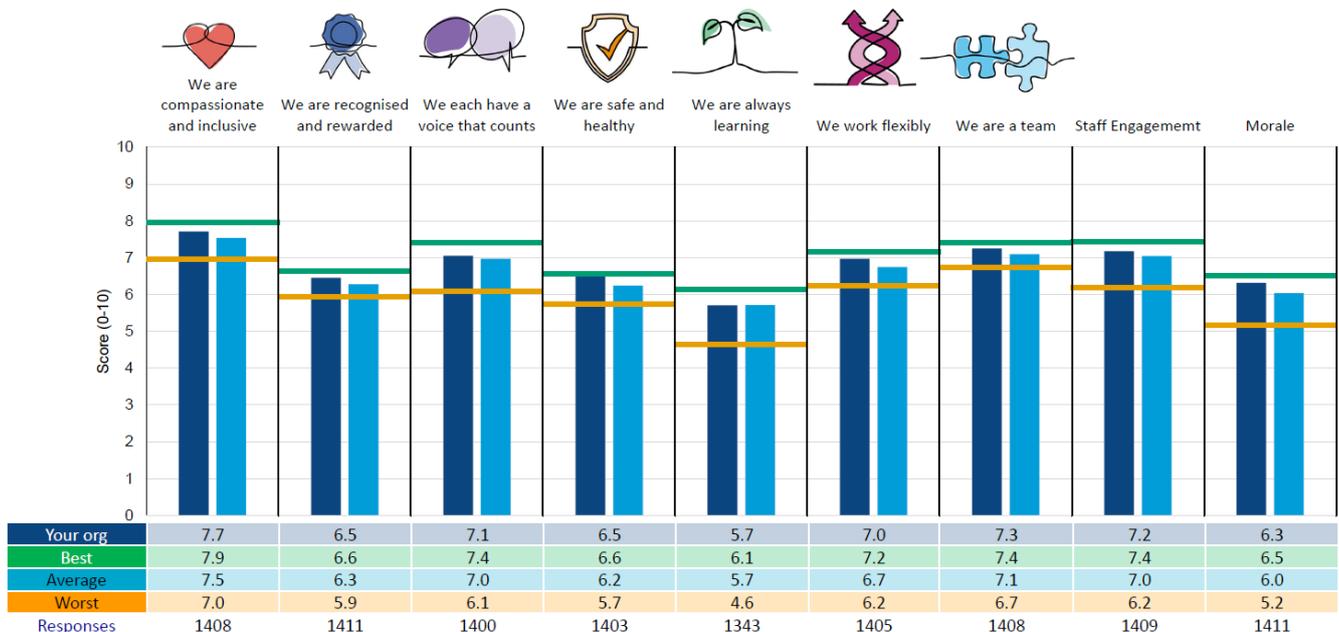
A Quality Summit Process runs in 4 main stages:



The Quality Summit works to maintain a culture of openness through its dialogue and development, allowing colleagues to make supportive but clear challenges where appropriate.

### Staff Survey

The 2022 Staff Survey presented a response rate of 48% (2% below the median) and a total of 1,412 questionnaires completed, a drop from 1,703 in 2021. Although the response rate has reduced from the previous survey, the results have demonstrated above average in all areas and Derbyshire Healthcare is proud of the feedback received.





**Inclusion, Involvement and Partnership** – *for an individual or team that goes to significant lengths to involve and empower ‘experts by experience’ or members of the community in their service and its work, to ensure that care truly meets people’s needs and is accessible to all.*

Well done to colleagues and volunteers nominated in this category:

#### **Tissington Staff, Tissington House, Kingsway Hospital**

“To all at Tissington: Thank you for the six weeks of awe-inspiring opportunities, friendly staff, fantastic protocols, and a delightful atmosphere, my first NHS placement will be one that I remember. An additional thank you is necessary to all staff; compassion is a skill none of you lack. I have felt reassured and included throughout. You shall be missed tremendously.”

#### **General Manager, Specialist Services**

“The Beeches currently has some extension work underway meaning that the area surrounding the Beeches was in need of a little TLC. On hearing this John came to tidy up the outskirts of the Beeches and plant some new plants to make it a little brighter. Thank you, John, for making the Beeches more welcoming for patients, families, and staff. Also thank you for always working hard behind the scenes to support the Beeches team.”

#### **Stanley Road Health Visiting Team, Children’s Services**

“Over the last eight months the team have offered their continued support and guidance and provided me with an invaluable experience to enable my career development within the 0-19 service. The care and compassion they demonstrate to children and their families is exceptional, which has been conducted alongside adapting to new service changes. You are all a huge credit to the service, thank you so much.”

#### **Early Discharge Team - Derby Crisis Team**

“I want to recognise and thank the Early Discharge team for working collaboratively with the Specialist Autism Team in trying to resolve a tricky situation for a patient. The Early Discharge team have come together with the Specialist Autism Team and have worked rapidly and effectively. Laura has worked tirelessly throughout the ongoing challenges and ensured all professionals involved are updated. She has gone above and beyond to juggle the demands of her clinical role.”

#### **Service Manager/ Recruitment Inclusion Guardian, High Peak and North Dales, The Ritz**

“Matt is a Recruitment Inclusion Guardian (RIG) for the Trust and stepped in at the very last minute for a day of six interviews which would not have been able to go ahead without a RIG present. Staffing has been an issue across the Early Intervention Service for some time and this recruitment day was essential for both North and South EI services.

(RIGs were introduced across the Trust in February 2020, helping to improve diverse representation in our Band 6 and above jobs to ensure the recruitment process is a fair process, encouraging a diverse workforce and ensure protected groups are given fair access.) Thank you, Matt, we could not have recruited our excellent new band 6 colleagues

without you!! Early Intervention Service will soon be fully recruited after some time of real staffing issues and team pressures. Thank you, Matt, from the Countywide Early Intervention Service!”

#### **Staff Nurse, Pleasley Ward, Hartington Unit**

“Tracy started on the ward as a preceptee nurse. Within her first week she was working with another new starter and some agency nurses. Tracy has dug deep, done everything plus more that has been asked of her and she has done this with a smile on her face.”

#### **Neurodevelopmental Services - all teams**

“We've just hosted two coproduction workshops for people with lived experience of learning disabilities and autism and their families and these workshops would not have gone ahead or gone so well if it wasn't for the commitment and energy of colleagues working across the many teams within Neurodevelopmental Services. I would like to thank everyone that took the time to be involved in the planning and delivery of the day, as well as the ongoing analysis and implementation of the recommendations found through the workshops. Thank you all!”



**Health Hero - for an individual who has made a significant contribution to the NHS by making an outstanding difference in the community or have made a significant difference to health and wellbeing outcomes for the public and those in our care.**

Well done to colleagues and volunteers nominated in this category:

#### **Junior Doctor, Tissington House (Older People's Acute Inpatient)**

“Jack has been with the team as a Junior Doctor for some weeks. He has delivered care sensitively and has continually gone above and beyond. He has acted quickly and recognised patients requiring additional support. He has spent time with family members explaining and reassuring them about various needs. Jack continues show commitment to learning and sharing his knowledge with the team. Having been able to provide one-to-one support to patients who have been in his care, they have shown their thanks by making a special effort to say goodbye to him. Jack has been able to step up and cover the ward medically with confidence. Thank you.”

#### **Dynamic Hospital Avoidance Lead, Adult Neurodevelopmental Services, Brooklands**

“Karl participated in the two coproduction workshops recently hosted by Joined Up Care Derbyshire with people with lived experience of learning disabilities and autism and their families. Karl attended as one of the representatives of the Trust and went above and beyond, offering care and support to attendees at each workshop. Karl particularly supported attendees who were nervous about participating and sharing their stories and were very brave in attending. He offered a kind ear and shoulder to cry on and supported people to not only share their stories, but also to access support on the day and mobilised the colleagues needed. He was a real star and embodied the caring commitment of the Trust.”



**Patient / Carer / External nominations – for nominations received from service users, carers or external organisations for individuals or teams that have made a significant difference while delivering care**

Well done to colleagues and volunteers nominated in this category:

**Occupational Therapist and Lead Nurse, Dementia Rapid Response Team, Scarsdale Hospital**

A carer says: “Emma and Debbie have both had compassion, finding time to research, listen, evaluate and act which is so rare these days. They have supported us to develop a plan to treat my wife’s illness.”

The care home says: “Emma and Debbie have been so supportive to our needs and the effect on residents in the home. They have also been understanding to the resident herself and put her and family members as a priority. They are an asset to your team.”

**Chesterfield Dementia Rapid Response Team, Scarsdale Hospital**

Card received by patient's spouse:

“You all came into my life when I was in need of friends who understood my situation. Well, you've certainly accomplished that. Each one of you that visited during the last few weeks have coloured my life. I can see a light at the end of the tunnel. Thank you all so much for your patience and support, an excellent service of which you should all be proud. Love and best wishes. *People will forget what you said, people will forget what you did, but people will never forget how you made them feel.*”

**Chesterfield Dementia Rapid Response Team, Scarsdale Hospital**

“To the Dementia Rapid Response Team, thank you and a few chocolates isn't enough, but what else can we offer - not all heroes wear capes and that is exactly what you are in our eyes. You flew in and rescued us just at the right time. We were on our knees, but you put us right. We will be forever grateful. Thank you. xxx”

**Occupational Therapist, Ward 36, Radbourne Unit**

“From day one the support extended to me was immeasurable. He has been kind, wise and passionate about the work he does with not just myself but with all the other patients, and he holds brilliant group sessions which are enjoyable and welcoming. In my case, he gave me a wake-up call when I needed it most. He supported me by getting me motivated to live my life. The knowledge and wisdom he have shared with me and the other patients is invaluable and priceless and I cannot thank him enough.”

**Nursing Assistant, Ward 35, Radbourne Unit**

“During a stay on Ward 35, I had the delight of meeting a Nursing Assistant named Asher Cox. I am writing this because I would like Asher to receive the recognition which she very highly deserves, due to the very high qualities she has consistently shown since my admission. These are qualities which I believe are crucial to have when working with mental health. Asher is a very empathetic person and has always been very quick to de-escalate situations where negative emotions could lead to larger amounts of distress. For my own personal experience, she has always made time for all when they need it and has a very

calming nature. I cannot put into words how fantastic she is at her job. She is an honest, confident, empathetic, passionate, reliable, and kind person who I appreciate very much, and I have so much gratitude towards her. I would love if she was able to see this and be aware that this is how a lot of the patients think about Asher and for management to give her praise and recognition.”

### **Ward 33, Radbourne Unit**

“Throughout my stay on the ward all the nurses and nursing assistants were supportive and very caring. All the staff involved in my care (including those off the unit) approached delicate subject matters lightly and let me discuss these on my own terms and at my own pace.

Despite staff shortages, all staff always kept the ward a cheerful and safe place - however hard that may have been. Many staff I spoke to reminded me of my resilience, inner strength, sense of humour, and other personal qualities that I should draw upon when struggling - and will continue to draw upon throughout my recovery.”

### **Morton Ward, Hartington Unit**

“Morton Ward have looked after me so well during my admission. They have made me strong again and enabled me to safely return back home. You're all a great team, thank you all so very much.”

### **Named Nurse and Ward OT, Morton Ward**

“I wish to show my appreciation for my named nurse and ward OT on Morton ward. You have both played a huge part in my recovery which I will always remember and be grateful for. If it was not for you, I feel I would've given up. You have inspired me and made me want to change others' lives the way you have changed mine. You bring brightness to the ward every day, thank you for everything, especially for allowing me to express myself.”

### **Senior Nurse, Ward 35 (bank shifts)**

“This member of staff has gone out of her way on multiple occasions to ensure that I am not on my own during times of distress and has amazing nurse qualities which I believe should be recognised. Lea is compassionate and empathetic but also funny and witty and very confident in herself. I couldn't be more appreciative for Lea doing some shifts on this ward (35).”

### **Everyone at the In-reach and Home Treatment Team South, Albany House, Kingsway Hospital**

“I can't express fully in words how much you have all meant to me in the last few weeks. From feeling in the absolute pit of despair, when life meant nothing to me, to now where I feel optimistic and dare, I say it happy. I know how much pressure the mental health service is under, and I count my blessings that you were able to look after me. Each and every one of you who have either visited or i have spoken to on the phone have given me something to think and reflect on to get to where I am today. My anxiety levels have decreased and are more manageable. Thank you all, you are truly amazing.”



### **Morton Ward, Hartington Unit**

"During my admission I have learned to regulate my own emotions, take responsibility for my own actions, build up a routine and also recognise my own strengths and weaknesses. The staff have helped me a lot through my good and bad moments, and I've learned to do things for myself, accept help and responsibility and become as independent as possible, working on my own physical and mental health problems. The staff have all done their best and I've appreciated all the groups I've tried. They have put up with a lot from me and it is working – I am finally starting to own my own recovery and appreciate how kind they have been to me. I am continuing to work on my own recovery – asking for help, being more patient, and the number of activities, talks etc and my level of understanding and patience leading me to understand further how much my family have done for me, and how much they are going through. I am thankful also for Chaplaincy, the dietician and how all the staff have helped me in the times I've needed help – to recognise I am able to do this. Thank you! I would highly recommend my journey as it has done me the world of good."

**Positive difference - Unique contributions towards the organisation's strategic goals by individuals and teams. Please describe what obstacles have had to be overcome, examples of perseverance in taking on challenges and finding unusually creative ways of reaching goals and objectives.**

Well done to colleagues and volunteers nominated in this category:

### **Lead Nurse, CRHT Derby City, Albany House**

"Laura – your dedication and attitude towards patient care has been amazing to witness. I have definitely attained knowledge and skills that I will utilise throughout my Nursing degree and career. Thank you."

### **Derbyshire Mental Health Helpline and Support Service, Ripley Town Hall**

"I would like to nominate the whole team including P3 workers, nurses, and our social workers for the incredible work they do in providing a fabulous service to all residents of Derbyshire, making a positive difference to the lives of individuals. They all work incredibly hard, averaging 3,000 calls a month. The whole team work so well together and in supporting each other. I am very proud of you all and how far the service has come; this could not have been achieved without all your hard work and commitment. Staff have gone above and beyond being flexible around covering shifts to provide this valuable service for patients. I would also like to mention the great work and motivation staff have given to the Street Triage pilot with Derbyshire Police. What a great success this was! I am sure the team's work ethic and commitment will continue, and I'm wishing the team the very best as the service develops!"

### **High Peak and North Dales Older Adults Community Mental Health Team**

"I want to say thank you for taking me on as a student OT; I much appreciate this. I have really enjoyed my placement. The team was very helpful, and they are the best communicators within an NHS trust I have ever seen. I am grateful for having two excellent educators who have been very supportive through my progress. All the team have got a nice welcoming attitude and I was able to approach people. I respect the whole team and my clinical educators in what you all do. I got a sense of a 'work family' from the team, which is

really nice to see and refreshing, I felt a part of your team. This placement has been my foundation for my career, and it is time to build on what I have learnt. It is really good that your team really embeds the person-centred approach and demonstrates it through their practice, as it should be throughout all health and social care services. I would recommend anyone to work within your service.”

### **Cognitive Behavioural Therapy (CBT) Therapist, CAMHS DBT, Century House**

“Esther is a prime example of our core values by delivering such excellent care to the young people she looks after. She has a positive approach to everything she deals with day to day. Recently a parent said, ‘we love Esther!’ which is a prime example of how she is appreciated by the families she looks after. She always has a smile on her face, a friendly greeting and makes everyone, colleagues, and young people, feel valued. She is an asset to our wonderful CAMHS team.”

### **Recreational Support Worker, Older Adult Services, Cubley Court**

“Since starting in her role on Cubley, Sarah has developed the role into one that provides invaluable support to our patients. Not only does she create numerous activities, for both groups and individuals, she goes out of her way to ensure these are tailored for the specific person. She also helps to support patients’ families, arranging phone and Skype calls and providing a friendly face during visits. On top of all of this she also uncomplainingly supports the staff on the ward during busy times. Thank you for all your support, Sarah.”

### **Communications and Engagement Team, Centre for Research & Development, Kingsway Hospital**

“Thank you to our Communications and Engagement team, who have yet again risen to the challenge. The sad death of the Queen required a prompt response, ensuring appropriate condolences were shared at the right time, as well as implementing the national mourning guidance. The team came together to work through the evening the night of the Queen's death to achieve this. The following week – despite the team having made arrangements for the Staff Conference which then needed to be postponed – the team promptly moved to make arrangements for a fitting tribute event to take place in our memorial garden. The team constantly rise to the occasion and do what is needed. They are such a perfect example of living our Trust values and making a positive difference – thank you.”

### **Crisis Team Nurses, Derby City and South Derbyshire Crisis Resolution and Home Treatment Team**

“A patient open to the secondary care CBT team is a military veteran. He was in a personal crisis and needed urgent support from a variety of agencies. He said his contact with the Crisis team had ‘restored his faith in humanity’ when at a very low point, and that the team members he met went the ‘extra mile’ to help.”

### **Practice Facilitator, Preceptorship Team**

“As practice facilitator in the preceptorship team, Emily consistently goes above and beyond to support Registered Nurse preceptees and generally all colleagues in my working area. At one point we had four preceptees on the ward and all fed back to me how great the support from Emily was and all remain retained and engaged in the team. Emily is an advocate for colleagues’ rights and ensuring that they receive the compassionate support they need to

flourish, these things can so easily be missed and under supported. Emily has years of experience and bags of passion and is able to instil this in others whilst directing their attention to key clinical issues and how to avoid common pitfalls. Emily tailors her support and offers bespoke guidance and supervision which is greatly valued, I hear it all the time. She is interested in people's stories and takes the time to meet and engage with colleagues from all roles in the Trust. As a staunch advocate for justice and opportunity, Emily will often exceed her role by recognising issues and signposting colleagues in order to enhance their own practice or wellbeing. I feel truly supported and confident in the Trust's reputation as a supportive place to work thanks to Emily's example. I look forward to working with her again to support the newest group of registered nurses starting in October.”



### **Congratulations to all our winners, who are:**

- Children’s team of the year - Specialist ADHD Nursing Team
- Going the extra mile award - AH
- Specialist team of the year - Derbyshire Mental Health Helpline and Support Service
- Unsung hero award - MW
- Non-clinical/corporate team of the year - Positive and Safe Team
- Inspirational leader of the year - BR
- Community team of the year - Amber Valley Older Adults Community Mental Health Team
- DEED of the year - JY, DB and CD - Estates Team
- Inpatient team of the year - Kedleston Unit
- Derbyshire Healthcare Hero of the year - EH

### **Good News Stories**

It is also important to highlighted that alongside the deeds and awards processes across the Trust, the high level of engagement from Executives and Directors allows for the communication of positive and good news stories. Examples are the followed, communicated by the Trust Chief Executive within their weekly message to Trust staff.

### **Derbyshire CRHTT**

Over the last year the Crisis Resolution Home Treatment Service (Adults and Older Adults) has been engaged in mapping it’s services against national Fidelity standards for provision of mental health crisis services. A keen focus of the work has been to engage with and work in collaboration with service users and external partners in gaining feedback on what the service aimed to achieve through working towards the Fidelity standards. The Crisis Services presented to the NHSE Midlands Regional CRT Community of Practice Meeting in late Autumn last year the local benchmarking tool designed by the Derbyshire CRHTT Adults and Older Adults services to benchmark against the Fidelity Standards. It was recognised at the forum that Derbyshire Crisis Services were one of the few services in the Midlands region that were further along their journey in meeting the Fidelity standards and utilising a benchmarking tool to identify gaps in delivery and actions to address the gaps. The team have been asked by the Midlands Regional Team to share their core approach and the benchmarking tool so this can be adopted as good practice in other area Crisis teams.

### Helpline and support Services

Agreement has been reached with Derbyshire Police to reinstate and expand the Street Triage programme in collaboration with the DHcFT Crisis Helpline and Support Services. The agreement follows a pilot that was undertaken during 2022, which showed positive results in reducing police time on scene and police conveyance where mental health issues were involved. The initial pilot involved one car staffed with a police officer and a member of the Helpline clinical team, but the new service will expand to include two jointly staffed cars to cover both the north and south of the county. The service will operate at peak times of 4pm-12 midnight seven days a week and the aim will be to facilitate face to face clinical assessments on site where police are called out, reducing Section 136 detentions and police conveyance to ED, ensuring people with mental health problems are assessed and seen by the right service in the first instance. The service will begin operations from beginning March 2023 and will run initially for one year.

### National Awards

In 2022/23 the Trust saw itself being put forward for some national awards. One example was the HSJ nomination for Trust of the Year, and although the Trust did not win the award, they were shortlisted for the top 3. This has been positive on staff morale, recognising the hard work staff in the Trust put forward and achieve on a daily basis.



A team of specialist vaccination staff at Derbyshire Healthcare have been recognised for providing a bespoke Covid vaccination service for people with severe mental illness, learning disabilities or autism, by being named as a regional winner at the 2022 NHS Parliamentary Awards.

In June 2022, Derbyshire Healthcare colleague Simon Rose received the prestigious President's Medal from the Royal College of Psychiatrists for his efforts to promote patient involvement in mental healthcare and psychiatry.



Derbyshire Healthcare has been formally recognised as 'Veteran Aware' by the Veterans Covenant Healthcare Alliance (VCHA), a group of NHS healthcare providers in England committed to providing the best standards of care for the Armed Forces community, based on the principles of the Armed Forces Covenant.

Derbyshire Healthcare have been shortlisted for national award for 'Best Employee Experience Initiative' at the CIPD People's Management Award 2022.

Dedicated Derbyshire Healthcare mental health support worker, Clare Exton, chosen as one of the 'Women of the Year' in recognition of her services to healthcare and the NHS.

Ifti Majid, Former Chief Executive at Derbyshire Healthcare NHS Foundation Trust, has been named on a list of 20 people and organisations who "could and should" exert influence over national health policy over the forthcoming year.

Ifti has been elected as the chair of the NHS Confederation's Mental Health Network and will promote excellence in mental health services, with an aim to influence national policy development to encourage best practice and innovation across the sector.

Ade, Chief Operating Officer, has taken on the role of chair for the NHS Providers' Chief Operating Officers Network, to shape and influence the way the NHS operates as well as provide support and guidance for members.

Team Derbyshire Healthcare HEARTS (Honouring Exceptional and Really Terrific Staff) Awards - aim to highlight the amazing kindness and compassion shown by colleagues over the last 12 months, to service users and each other.

On 6 April 2020, Derbyshire Healthcare set up the Derbyshire Mental Health Helpline and Support Service, a free, 24-hour helpline offering support to those with mental health issues in Derbyshire. The support line was initially launched on as a response to the COVID-19 pandemic, in recognition that the pandemic was going to have an impact on people's health and wellbeing and has been supporting people across the county ever since.

Derbyshire Healthcare Former Chief Executive Ifti Majid has been named one of the 50 most influential BAME people in health in the UK, alongside the Chief Executive of Health Education England Dr Navina Evans – and Manchester Utd footballer Marcus Rashford.

A partnership including our Children's Continence Service has been shortlisted for three Nursing Times awards.

The Trust's Chair, Selina Ullah, was named a 'pioneer' at the 2023 Asian Professional Network Association (APNA) Awards.

Emily Shaw and Andy Johnson, part of the Trust's Preceptorship support team that helps newly qualified nurses, nursing associates and allied health professionals when they start employment in the NHS, were awarded the prestigious Chief Nursing Officer (CNO) Silver Award in 2022 for their work with newly qualified health professionals.

Our Deputy Director of Communications and Engagement, Anna Shaw, won a national 2022 communications award for her contribution to NHS communications.

Our Team Derbyshire Healthcare HEARTS (Honouring Exceptional and Really Terrific Staff) Awards aim to highlight the amazing kindness, compassion and excellence shown by colleagues over the last 12 months, to service users and each other.

## **Trust System Development and Transformation**

During 2022/3 Derbyshire Healthcare NHS Foundation Trust has worked towards a strategic development of community services and systems in order to prevent ill health. In doing so the Trust aims to improve service accessibility at the point of entry, the ongoing flow and quality of care and documentation during and continued recovery and skill building at the point of discharge.

### **Trusts Role in System Development and Transformation**

Derbyshire Healthcare is proud to play a leading role within the development of the Mental Health and Learning Disability and Autism Integrated Delivery Board. This provides a valuable opportunity to coordinate and lead partnerships and relationships outside the Trust to improve care for patients at all points of their care and truly take on the Joined Up Cared Derbyshire Visions and Values. This has resulted in the establishment of the Mental Health, Learning Disability and Autism Derbyshire Alliance and Living Well program rollout.

With Transformation and Development comes the ability to create a care setting where people are the true leaders of their care. The future changes to the Mental Health Act and identified quality standards for the upcoming year support this approach and Derbyshire Healthcare is dedicated to ensuring this is done through getting the basics right, quality improvement and sustainability.

This integrated model, which brings existing mental health services and voluntary and community services providers into an expanded and wider local multi-disciplinary team was co-designed and co-produced with local communities and stakeholder organisations in the High Peak and Derby City. The long-term plan (LTP) for Mental Health has brought additional investment into this new model of delivery and the new service in the High Peak and Derby City went live in the early weeks of 2022/23. Chesterfield, Derbyshire Dales and Northeast Derbyshire/Bolsover will undertake their transformation processes and receive the additional investment that goes with it in 2022/23, with the rest of the county going live in 2023/24.

### **SystemOne and EPMA**

2022/23 saw all teams within the Trust move over to SystemOne from a previous electronic patient record PARIS EPR. This has further bridged the gap between mental health services and primary care services and has moved further towards the visions of Joined Up Care Derbyshire. Those services working on SystemOne, can communicate directly with General Practices and clinicians are able to access patients' summary care records from their records. This has improved the ability for clinicians in the Trust to get a good overview of peoples' physical health conditions supporting agreeing treatment and care plans across services.

The Derbyshire health and care system are working together to create a single care record, to be able to be accessed by professionals from across the health and care sector. This will bring local authority records and information, as well as records from our large local

hospitals and community health providers together and enable clinicians to access summary care records from across organisations. Once DHCFT has fully implemented the move of our records onto SystmOne, then DHCFT clinicians will be able to benefit from this wider access to information about patients and other clinicians will benefit from being able to access DHCFT information in the care and treatment of people. Further to this, SystmOne provides the opportunity for Electronic Patient Medication Administration (EPMA). This allows for quick prescription and administration of medication across the system supporting patients to expect information about their care to be readily available across services in Joined Up Care Derbyshire.

### **East Midlands Perinatal Provider Collaborative**

In 2022, the Trust has been given the privilege of becoming the lead provider for the East Midlands Perinatal Provider Collaborative. Work is underway to establish the collaborative and pull together all Perinatal services for the East Midlands and this aims to provide a regional service as has been created within forensic services (IMPACT) to ensure the best care for all who access the service. This aims to provide the most appropriate services, within the quickest time frames.

### **Establishing an East Midlands wide Gambling Harm Clinic**

The Trust in 2022 has begun establishing and imbedding gambling services. Work is underway, working collaboratively to support the region to provide services for those with a gambling addiction.

### **Collaboration in the East Midlands Alliance**

St Andrews Healthcare as a partner has had a period of clinical instability. The Trust has supported in quality improvement of essential standards resulting in positive outcomes for patients and alignment with CQC Key Lines of Enquiry. This has resulted in improvements in services and better outcomes for patients, along with increased safety for staff.

### **Making Room for Dignity Project**

# **Progress in eradicating 'dormitory' facilities**

Derbyshire Healthcare NHS Foundation Trust is co-designing its ambitious new mental health facilities with service-users and clinical staff. The team behind the 'Making Room for Dignity' programme reports on the exciting plans for new inpatient facilities, and the progress made to date, for *The Network*.



Rapid progress was made in 2022/23 to continue the work to design and build new inpatient facilities to enable the eradication of dormitory-style accommodation in the county. Plans for the new build hospitals, Psychiatric Intensive Care Unit, High Dependency Unit,

Old Adult Functional Ward, and Radbourne Unit Refurbishment have been completed and ratified. Work has now commenced on the Kingsway Campus and Chesterfield Hospital Sites to lay foundations and commenced building the new units. Throughout the process the Trust has engaged and involved service users and carers to codesign the new builds and for the refurbishments. A number of face-to-face engagement sessions have been held to collect feedback and have welcomed people at meetings to offer their input. The programme remains on time to have completed new builds by the end of 2024.



Furthermore, the positive work occurring has received positive coverage within journals such as “the Network”

## Physical Healthcare and Health Promotion

### Infection Prevention and Control

The Trust continues to provide a consistent high level of performance against infection control standards and related management activities. Numbers of reported cases of COVID-19 has remained low throughout the pandemic and onwards, into 2023. It is believed this is a result of a combination of measures taken at the start of and during the pandemic. As a result, there has been very little service disruption for inpatient settings. Furthermore, Teams have worked with NHSE and Public Health England to ensure that learning and challenge, and scrutiny can be provided and assured against. This has resulted in a positive approach to learning lessons and communication.

Furthermore, the Trust as created and implemented an Infection Prevention and Control Board assurance Framework (BAF) that has been through internal governance and was published in September 2022. The Trust also worked in line with JUCD to ensure that we met and worked in line with the IPC handbook and new guidance published. Working with the Integrated Care System, we ensure that we monitor compliance.

### COVID-19 Vaccination Programme Engagements

The Trust has continued to deliver the COVID-19 vaccine for both patients and NHS staff and partners on the Kingsway Hospital campus, with the further introduction of roaming vaccination programs, further improving uptake. Working innovatively with Joined Up Care Derbyshire Partners and Service Users, the Trust has reached out and offered support, information and has adapted processes to allow all who want a vaccine to receive it. This reasonably adjusted service has received significant levels of compliments from people and carers who use our services. This includes the use of technology such as QR codes to help

our people gain access to proactive and preventative vaccination. For 2022/23 the vaccination centre has also become an “Evergreen” site, offering vaccinations and support to those who have not had any previous COVID-19 vaccinations. This has resulted in the centre becoming a Vaccination Hub+. Through this the Health Protection Unit continues to reach out to Serious Mental Illness (SMI) groups, support live engagement events for staff and fully support to bridge the gap of any health inequalities and to engage with hard-to-reach groups. An example is the specialise clinic set up to support patients within Neurodevelopmental and Autism cohorts to access, received education and support around vaccinations.

### **Serious Mental Illness (SMI) Patient Innovations**

The Trust move onto SystmOne has allowed for systems to be put in place to support better patient support. An example is a recent community flag on SystmOne for SMI patients. This has allowed for an outreach pilot for physical health checks for patients on the SMI register. This has encouraged the system and Joined Up Derbyshire approach through the engagement of Primary care and GP practices in co-supporting patients who would normally be hard to reach and ensuring their physical healthcare checks are completed and followed up. Linking in the Community Mental Health Framework and Primary Care provides a welcomed exploration of potential future commissioning models.

### **Health Protection Unit**

In order to mobilise and implement the COVID-19 vaccination program, outreach to our SMI cohort and future-plan our vaccine programs, the Health Protection Unit has been created. This team has led and supported COVID-19 outbreaks, managed and continuous advice for patients and staff as case rates of COVID-19 and other respiratory illnesses go up and down. This service has been embraced by our organisation and feedback on the team’s responsiveness and support has been invaluable to the organisation.

### **Collaboration in Learning Disability services**

Derbyshire Community Health services and our organisation announced our collaborative working and support of county wide Neurodevelopmental services this year. Our clinical team in Learning Disability services have been exemplary in their service and their contribution to service stabilisation. Colleagues in our organisation have released staff to be seconded to stabilise the service, to the colleagues and their managers who agreed this emergency release, we are grateful. Our executive team extend our personal thank you to them for their intervention to ensure patient safety in another organisation.

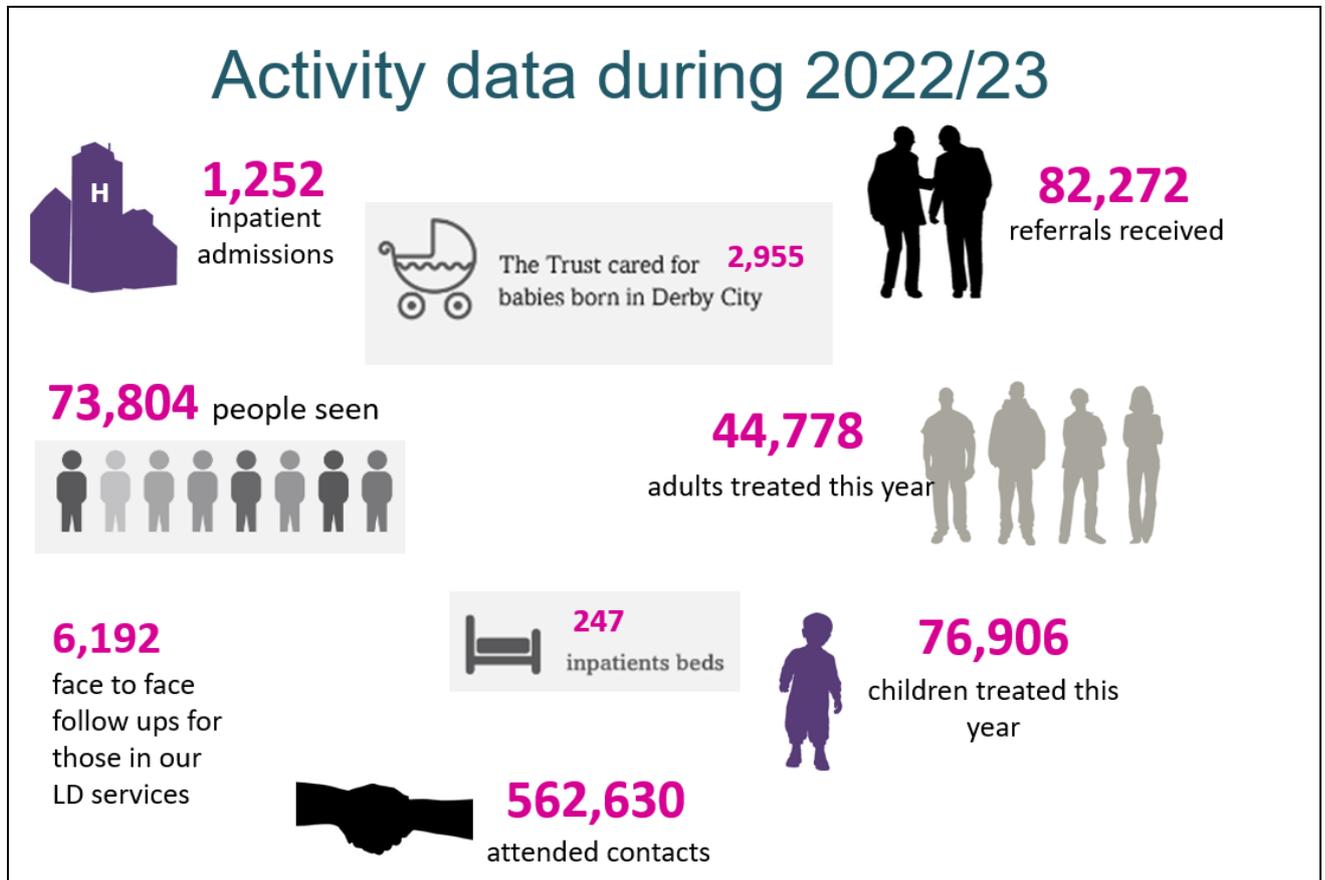
## **Quality Performance Against the Indicators Which are Being Reported as Part of NHS Improvement’s Oversight for the Year**

### **Our Activity Data 2021/22**

With regard to patient 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
- An Electronic Patient Survey is being rolled out in 2023/24 and early pilots have highlighted improvements in communication for service users, allowing for concerns, compliments, and complaints to be picked up by clinicians more easily and effectively.



### Derbyshire Healthcare NHS Foundation Trust Performance Dashboard

March, 2023			
No.	%		Target
<b>NHS I Targets - Oversight Framework</b>			
⊕ 3 Day Follow Up – All Inpatients	95	88.42%	80.0% <span style="color: green;">●</span>
⊕ Data Quality Maturity Index (DQMI)	1692834	97.56%	95.0% <span style="color: green;">●</span>
⊕ IAPT Referral to Treatment within 18 weeks	570	98.77%	95.0% <span style="color: green;">●</span>
⊕ IAPT Referral to Treatment within 6 weeks	570	58.25%	75.0% <span style="color: red;">◆</span>
⊕ EIP RTT Within 14 Days - Complete	14	85.71%	60.0% <span style="color: green;">●</span>
⊕ EIP RTT Within 14 Days - Incomplete	13	76.92%	60.0% <span style="color: green;">●</span>
⊕ Patients Open to Trust in Employment	18144	11.92%	N/A <span style="color: grey;">◇</span>

⊕ Patients Open to Trust in Settled Accommodation	18144	36.72%	N/A
⊖ Under 16 Admissions to Adult Inpatient Facilities	0	N/A	0
⊕ IAPT People Completing Treatment Who Move to Recovery	544	52.02%	50.0%
Physical Health - Cardio-Metabolic - Inpatient			
Physical Health - Cardio-Metabolic - EI			
Physical Health - Cardio-Metabolic - on CPA			
⊕ Out of Area - Number of Patients Non PICU	12	N/A	N/A
⊕ Out of Area - Number of Patients PICU	31	N/A	N/A
⊕ Out of Area - Average Per Day Non PICU	7.71	N/A	N/A
⊕ Out of Area - Average Per Day PICU	18.90	N/A	N/A
⊖ Locally Agreed			
⊕ CPA Settled Accommodation	1355	85.31%	90.0%
⊕ CPA Employment Status	1125	84.27%	90.0%
⊕ CPA 3 Day Follow Up	95	88.42%	80.0%
⊕ Ethnicity Coding	26899	94.83%	90.0%
⊕ NHS Number	60493	99.99%	99.0%
⊕ CPA Review in last 12 Months (on CPA > 12 Months)	1355	50.33%	95.0%
⊖ Clostridium Difficile Incidents	0	N/A	7
⊕ 18 Week RTT Greater Than 52 weeks	387	N/A	0
⊖ Schedule 6 Contract			
⊕ Consultant Outpatient Appointments Trust Cancellation	3338	8.93%	5.0%
⊕ Consultant Outpatient Appointments DNAs	2644	11.16%	15.0%
⊕ Under 18 Admissions To Adult Inpatient Facilities	0	N/A	0
⊕ Outpatient Letters Sent in 7 Days	2	50.00%	90.0%
⊕ Inpatient 28 Day Readmissions	105	3.81%	10.0%
⊕ MRSA - Blood Stream Infection	0	N/A	0
⊕ Discharge Email Sent in 24 Hours	105	90.48%	90.0%
⊕ Delayed Transfers of Care	367	2.65%	3.5%
⊕ 18 Week RTT Less Than 18 Weeks - Incomplete	2224	32.01%	92.0%

## Waiting Lists and Service Development

### Waiting Lists

With the increase in face-to-face contact post-pandemic has come a surge in referrals into all areas of mental health services. This has further increased as the country has gone into levels of instability due to the energy and financial crisis. This has created some challenge to teams and the need for new ways to manage waiting lists. As waiting lists and acuity has increased, so has the approach, and teams have begun to work towards Trauma Informed approaches to their waiting lists. Examples of this are within the psychology department who have set up regular contact for all those waiting for assessment or treatment.

### Patients Placed Out of Area - Adult Acute Inpatients

The introduction of Multi-Agency Discharge Events (MADE) has provided forums that can be set up and down to review occupancy and flow through inpatient settings. These events use live data and assurance to ensure patients are receiving the most appropriate care at the most appropriate time. Furthermore, they pull together multi agencies and roles to unblock any challenges, creating improved outcomes for patients.

### Patients Placed Out of Area - Psychiatric Intensive Care Units (PICU)

Derbyshire Healthcare NHS Foundation Trust continues to have no PICU provision, which results in any patient needing a PICU bed being placed out of area. In 2021, DHCFT has received planning permission and in 2022 funding to build its own PICU setting. Building has now commenced, and the Trust PICU is expected to be completed in 2024. The use of out of area PICU is closely monitored by the Integrated Care Board and NHSE/I. The new PICU build brings a welcomed moved away from the use of PICU settings in other organisations and moving to a “closer to home approach”.

## Research and Development in Derbyshire Healthcare NHS Foundation Trust in 2022/23

The number of patients receiving relevant health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2022/23 that were recruited during that period to participate in research approved by a Research Ethics Committee: 1,249.

2022/23 has been a busy year for Research and Development which includes Clinical Audit and our Library and Knowledge Services. This year we produced two special edition Connect with Research newsletters focused on key topics to engage and inform colleagues. One to mark World Suicide Prevention Day which aims to start open, frank conversations around suicide and what we can all do to help prevent it and the other, in keeping with this year's theme for Black History Month '*Time for Change: Action not Words*', we shared the actions we are taking through Research & Development.

The following is an outline of some of our work in 2022/23.

### National Institute of Health and Care Research (NIHR) portfolio studies

Some of the [National Institute for Health and Care Research](#) (NIHR) portfolio of studies we hosted this year includes:

- TULIPS – ‘Talk, Understand, Listen for Inpatient Services’**

DHCFT is participating in the TULIPS study to assess the effectiveness of a psychological service model designed specifically for acute mental health wards and determine whether it reduces the occurrence of ward-level serious incidents and improves patient wellbeing. The TULIPS intervention is also designed to provide psychological support to inpatient staff & promote wellbeing. The study is a single blind, pragmatic, cluster randomised controlled trial, which includes a mixed method process evaluation. The process evaluation will be used to derive an implementation and training strategy for rolling out the intervention and thus increasing access to psychological therapies across the NHS. A clinical psychologist has been employed to support the study & the Principal Investigator is also a clinical psychologist. The study now is moving into the follow up stage.
- PROPEL: (Predictors of psychological treatment outcomes for common mental health problems in IAPT service users)**

Common mental health problems, such as depression and anxiety disorders are highly prevalent in adults. Psychological treatments such as CBT only appear to work for half the people. However, it is not clear whether older people are helped more or less than others. By identifying who is helped the least and predicting treatment outcomes, new treatments can be tailored and adapted thus developing new interventions. This study aims to investigate the factors that make psychological therapy work in APT services. Patients complete a questionnaire whilst waiting to begin treatment. Recovery is measured by a change in symptom severity. At the time of writing this DHCFT has recruited 16 patients to the study.
- Practices, attitudes, and outcomes of patients with memory problems but with no dementia diagnosis following memory clinic assessment (NoDem)**

The UK has an ageing population and as such it also has a high concentration of people living with dementia. A significant group of patients referred to memory assessment services do not end up with a dementia diagnosis, although by definition they have memory problems necessitating referral. Instead, diagnoses such as mild cognitive impairment, subjective memory impairment and age associated memory decline is made. There is a lack of research in this area overall and studies have not yet explored the practices, attitudes, and outcomes of patients with memory problems but with no dementia diagnosis following memory clinic assessment. This study is designed to address the gap in our understanding of the impact of not receiving a dementia diagnosis on patients seeking help for memory problems and to explore if there are any harms or benefits associated with going through the memory assessment process when no dementia diagnosis is given. Here at DHCFT 40 patients are participating in the study. This project has also enabled us to form strong links with the Memory Assessment Service which has contributed to the successful recruitment of participants to this project.
- MindArise** - A longitudinal mixed-methods study of MINDfulness and Response in Staff Engagers (NHS). As we all know stress in healthcare is at an all-time high with many staff requiring support with stress, burnout, poor mental health, and suboptimal well-being. Mindfulness-based interventions can ameliorate such problems and should be made available to all NHS staff, according to recent NICE guidelines. This study aims to

find out what NHS staff are already doing with mindfulness, whether mindfulness actually helps staff on a range of outcomes, and what can be optimised to help overcome the hurdles that staff are currently facing This study is open to any colleague of DHCFT (volunteer or employee) with experience of mindfulness (formal or informal) and consists of online questionnaires that are completed at the start of the study, month 3 and month 6. Recruitment comes to an end 28.02.2023.

- **ReBALAnCE: Research Building Alliances for Action with Community Enterprise. A Joined-Up Care Derbyshire (JUCD) project.** NHS England has committed to increase diversity in research participation and the REBALANCE project aims to improve inclusion of under-served groups in Health and Care Research so that more people from different backgrounds and protected characteristics can take part in research. Improving representation of under-served groups in clinical research is important to ensure that research findings are widely applicable. Funding has been awarded by NHS England to develop Community Research Engagement Networks. This project builds on initial work that DHCFT had started which was funded by the East Midlands Clinical Research Network. We are leading on the ReBALAnCE project on behalf of Joined Up Care Derbyshire and working with the Voluntary, Community and Social Enterprise (VCSE) sector, Clinical Research Network, and other partners, to build an inclusive research ready network in Derby and Derbyshire.

- **Service Embedded Research and Evaluation**

The model of embedded research and evaluation, with roles jointly managed by research and clinical services has continued to flourish and grow. Our first system level embedded researcher post was also commissioned by JUCD this year. The role has been appointed to and will be working within the Children and Young Person's Urgent Care Pathway. The number of clinical services in the Trust with embedded researcher roles has increased, and includes:

- **Liaison Psychiatry Workstream**

- **Derby Monitoring Study of Self-harm/ Multicentre Study of Self-harm in England**

Our embedded research and evaluation model emerged from the first ever Liaison Psychiatry embedded role in 2013 and our involvement in this study evolved from the pioneering work of the Liaison South service monitoring of self-harm attendances to the Emergency Department in Derby which began in 1990. In 2008, Derby joined with sister monitoring sites in Oxford and Manchester to form the Multicentre Study of Self-harm in England. The study is funded by the Department of Health and Social care, researching the trends, causes, clinical management, and outcomes of self-harm presentations to hospital. Studies this year have focused upon self-harm in relation to socio-economic deprivation, high volume repetition, older age, women in midlife and feasibility of real time self-harm monitoring.

- **Biopsychosocial Assessment Audit**

Ensuring compliance and improvement against the self-harm biopsychosocial assessment CQUIN. The CQUIN outlines that between 60% and 80% of self-harm referrals to Liaison Psychiatry services should receive a biopsychosocial assessment, and so setting up a process that supported clinicians to undertake the auditing of referrals, and then analysing

the data allowed us to create spaces for discussing the progression against the CQUIN and any identified areas for improvement. At present, the Liaison teams have an average compliance rate of 75% across the last three quarters, with teams starting to take an even more proactive approach where capacity allows to reduce levels of absconding.

### **Evaluations of New Service Provision**

Within the South Liaison team, a neuropsychiatry clinic pilot has been running for over a year uncommissioned. We are now supporting the involved clinicians to data cleanse and evaluate the service which will make much of the business case that is due to be put forward later this year to commission sustainable ongoing delivery of the clinic. The service also recently received funding for an Alcohol Care Team, and alongside contributing to the national evaluation and peer review process of ACTs around the country, we're looking at evaluating the service internally for development and improvement, which will also assist in future business cases for additional funding. Both service provisions are at the forefront of national liaison psychiatry developments, and the evaluations produced will be highly relevant both internally and for the wider NHS and beyond. The new Psychology provision within the service is also being supported to develop through the use of the evidence base, and service user and stakeholder input.

The North Liaison Team has recently received funding for Alcohol and Drug specialist nurses to increase alcohol and drug provision. We're currently working with the local authority to identify required measurement for continued funding, as well as putting evaluation measures in place to support service knowledge and development of this new provision.

### **Psychiatric Liaison Accreditation Network (PLAN) review**

Both teams are accredited by PLAN and have action plans on how to achieve previously unmet standards. Supporting the teams with these improvements and how to evidence this has recently included improving service user and carer input within services (most recently, a more collaborative approach to updating the service user care plan was facilitated), signposting for Quality Improvement training to upskill team members and increase confidence and knowledge in utilising improvement methodology and identifying appropriate methods of providing information electronically for service users and carers.

- **Perinatal Workstream**  
**Equity in Service Access**

Exploratory data analysis at a service and local population level has provided baseline data to inform service development that aims to improve access to the perinatal service and reduce health inequalities. The findings of this analysis were presented at an Equality Delivery System (2022/2023) meeting attended by other NHS Trusts in Derby and Derbyshire. The perinatal presentation represented Derbyshire Healthcare and the delivered presentation was scored highly for working towards delivering equitable healthcare which is an ambition of the NHS Long Term Plan (2019).

### **Evaluation of Treatment Groups and Clinics**

Advice, guidance, and project support were provided for colleagues in Occupational Therapy (Managing and Understanding Motherhood Stress group evaluation), Psychology (Compassion Focused Therapy group evaluation) and Nursing (Nurse-led Joint Antenatal

Clinics in North and South Derbyshire) to monitor the impact of treatment groups and clinics. Some early findings from the Managing and Understanding Motherhood Stress Group evaluation were shared using infographics to showcase the treatment offered in the service at a Perinatal Stakeholder event which was attended by Trust Colleagues, external professionals/referrers and Voluntary, Community and Social Enterprise organisations.

#### **Quality Improvement: Improving Access to the Perinatal Community Service**

Activities supported within this project include collating and monitoring data associated with implemented change ideas to inform onward decision making. A conference poster was submitted to the Royal College of Psychiatrists Quality Improvement faculty to share the initial project findings at a national level. Over the last 12-months, there has been a 62% increase in the number of assessments completed when compared with the preceding 12-month period.

- **Adult Neuro-developmental workstream**

**Analysis of Safe and Wellbeing Reviews:** The analysis of Safe and Wellbeing Reviews formed part of a programme of work which aims to improve local, specialist inpatient provision for autistic people and those with a learning disability. Two reports were created following the analysis of Safe and Wellbeing Reviews, for the purpose of sharing findings and learning to inform service improvement. The initial findings from the analysis were presented at the inpatient clinical design workshop, comprising of service users, family and carers, internal staff members and external agencies.

**Quality of Clinical Case Audit:** Audits were carried out in May and October 2022 to assess the compliance and quality of clinical case notes across all 8 professions within ANS. We adopted a quality improvement approach, created, and implemented change ideas based on the initial results. We continue to monitor the quality-of-care documentation on a regular basis.

**Psychology Initial Assessment Waiting List Quality Improvement:** The aim of this project is to decrease the average waiting time for psychology initial assessments to 8 weeks. We identified a change idea - to carry out initial assessment clinics to ensure clients are seen within this time frame – and have put data collection processes in place to enable ongoing evaluation and improvements.

**Patient Feedback Quality Improvement:** This project aims to increase patient feedback responses for service users accessing the adult neurodevelopmental service. Changes involve creating an accessible feedback form for people with learning disability and/or autism. The survey is also taken to service user groups and forums for their feedback of the form.

**Identification of Research priorities:** We are working with a Speech and Language Therapist and an academic from University of Wolverhampton to identify the top research priorities in speech and language therapy. We conducted an extensive literature review on eating and drinking difficulties for people with learning disabilities across the lifespan and their association with dysphagia. We worked together to develop a list of research questions, based on the evidence gap identified in the literature review.

**Clinical Care Pathways:** Collated relevant evidence bases to support the development of multiple clinical pathways.

- ***Criminal Justice Liaison and Diversion Workstream***

**Feedback on Services:** There has been a recognition within the team that they do not currently seek feedback on their services either via service users or via the partner agencies that refer into the service, as well as those the team refer into or work jointly with. Providing a service user feedback survey and partner-specific surveys has enabled this information to be routinely captured and reported into Datix as well as into the management to enable such feedback to be enacted upon. For example, partner agencies stating they had low understanding of mental health and the referral process resulted in the team delivering mental health awareness sessions and service as a training package to the key partner agencies. Anonymised partner feedback is currently sought every six months to continually develop this workstream.

**Community Sentence Treatment Requirement Implementation:** A new service became operational in February 2023 to manage and deliver the mental health treatment requirement given to a service user as part of their community order (following a conviction being sentenced at court). The service requires monthly national minimum dataset submissions, prior to which the embedded researcher undertakes a quality check. The monitoring of such data has also enabled regular reviews, such as inclusivity which has resulted in recommendations for the clinical team to undertake.

**Quality monitoring of KPI data input and extraction:** Due to a change of the KPIs in April 2023, there has been a regular review of how such information is currently recorded within the CJLD Team's assessment documentations within the patient record. This has enabled developments to the form as well as significant changes to incorporate these KPIs, resulting in routine data checking. Additional regular team briefings have been undertaken to ensure consistency in the clinician interpretations of the data questions as well as to confirm what updates have taken place and where these can be located within the patient record. Having updated the KPIs, accurate reports are produced to aid local service developments.

“Having a Research Assistant is invaluable for Liaison and Diversion. They manage analysis of data submissions and support with improving data collection. They also support with the evidence base regarding new projects. We are also able to evaluate the current service provision and identify opportunities for development incorporating service user feedback.”

Clinical Lead, Criminal Justice Liaison and Diversion Team

- ***Kedleston Unit Workstream***

**Multi-disciplinary meetings Service Evaluation:** A service evaluation took place into the multi-disciplinary meetings that are held at the Unit. This involved observations and qualitative interviews with both staff and patients. The findings were produced into an evaluation report comprising of key recommendations. One such finding has been implemented to increase the duration of the meetings which has received positive feedback. The remaining recommendations have been identified as ones which would formulate a quality improvement project. This is currently in the planning stages.

**Quality Improvement to engage in least restrictive practices.** One of which concerns 'searches of patients' when leaving and returning to the Unit. Due to the volume at which these are undertaken, it was identified this may not be being conducted efficiently and safely as per the policies. In addition, there was no contraband found within the previous three years of conducting searches. A quality improvement project has been commenced to implement one change at a time to assess the effectiveness of moving to random patient searches. The first stage of the policy update has been completed which has been agreed to be continued with. Baseline temperature checks are being collated from both staff and patients to provide further evidence of the improvements being implemented, whilst a trial of the random searches has begun with two service users.

**Annual Climate Evaluation Survey.** The psychology team collaborated to conduct a survey into the climate of the Unit through a validated survey. This was delivered to both staff and patients and the data was collected to compare the two wards. The data showed both staff and patients' scores were at or above the normative sample. Where the scores had been lower than when the survey was previously administered, this was identified and included within a report of recommendations. The staff have been able to support these recommendations, i.e., consistency in delivery and attendance of community meetings; consistent staffing levels and staffing mix to aid in therapeutic relationships being maintained. The survey will now be administered on an annual basis to ensure patients continue to feel safe, have a therapeutic environment and have patient cohesion.

- **Crisis Resolution and Home Treatment Investigation of day-to-day service activity** to understand what the "normal" level of activity is, where resources are best placed and what we can do to ensure we are still effective, efficient, and supported when the team is getting busier. Three types of data were collated and analysed: interviews with the city team staff to understand what it feels like to work in the team and how to support when the team is getting busier, pre-recorded data on the number of people on the caseload, the number of assessments/discharges etc., and a time and motion study which required City team members to record their activity over the course of a week. This project has provided the City CRHT team with a comprehensive understanding of the activity in the team and will be used to understand how to manage work and caseloads, better support staff and provide clear information of day-to-day activity for business cases.

**Improvement in the structure of multi-disciplinary meetings (MDMs):** Development of MDM standards for the team from a review of the evidence base, National and local standards and service user input. This project will help to develop more effective MDMs in which patient care is discussed and agreed upon by the service users and a range of well-informed and multi-disciplinary staff.

**Ongoing evaluation against the CRISS Fidelity Model:** The University College London (UCL) Fidelity Model is a set of standards that CRHT teams should be meeting. Focus groups with the CRHT team members, other professionals, and service user groups were undertaken to discuss the standards, understand how the service works currently and what developments might be needed to ensure any unmet standards are met. This project

ensures that CRHT teams are meeting nationwide standards of CRHT care and as such are providing a consistently high standard of care.

- **Other Key activities during 2022/23 includes:**

**Inclusivity of the gender identity and sexual Orientation:** One example of the impact team member's involvement in the ongoing development of SystmOne, is having, is the improvements made to the inclusivity of the gender identity and sexual orientation questions. As the LGBT+ network chair, one of our Embedded Researchers undertook a survey of key stakeholders and identified more inclusive terminology and data reporting options. Working with reporting colleagues within to understand the importance of updating the existing outdated reporting options and make the necessary updates to SystmOne. Ensuring data capture and reporting is able to support equal and inclusive service provision and is not compounding existing inequalities.

*“As someone who identifies within the LGBT+ community, this piece of work has been so important and very needed. If we don't know who is accessing our services, how can we provide effective patient centred care? But on a personal level, being recognised and seen by having demographic options that correctly represent identity is critical.”*

LGBT+ Network Vice Chair

- **Organisational Inclusion Project.** This project aims to use the Organisational change methodology of Force field Analysis with a Participatory Action Research approach. The objectives are to identify systems and processes that facilitate inequalities in the organisation or prevent inclusion of Black, Asian, and other Minority Ethnic colleagues and to co-develop solutions for sustainable institutional change. An initial staff survey was completed this year and focus group discussions to explore the survey findings are being planned next. The project is funded by NHS Charities Together and being delivered in partnership with researchers from De Montfort University and the University of Netherlands.
- **Service evaluation conducted with Health Protection Unit.** The aim of the project is to ensure unvaccinated individuals with serious mental illness (SMI) have been provided information on the COVID vaccine in a way that is accessible to them and are therefore enabled to make an informed decision on whether to have the COVID-19 vaccination. If that decision is to receive the vaccine, the project aims to minimise barriers to vaccine access by offering it within their home. The findings will inform future phases of COVID vaccination and how best to meet the needs of people with SMI within the vaccination programme.

## **Library and Knowledge Service 2022-23**

**Literature searches and impact information.** So far in 2022/23, 50 evidence searches have been conducted. The biggest reason was for service development, followed by patient care. All recipients are sent an impact survey to complete, only 4 of these have been completed but they all stated that the results impacted on the quality of patient care.

## **Knowledge and Library Services Quality Improvement Outcomes Framework (QIOF).**

The baseline assessment was completed in September 2021, but because of some issues

with the process, there was a resubmission in June 2022, and we received the final report in September 2022. The outcomes are evaluated on a scale of 1 to 4, against 6 standards:

	<b>Outcome</b>	<b>DHCFT Score</b>	<b>National Average</b>
1.	All NHS organisations enable their workforce to freely access proactive knowledge and library services that meet organisational priorities within the framework of Knowledge for Healthcare.	2	1
2.	All NHS decision making is underpinned by high quality evidence and knowledge mobilised by skilled library and knowledge specialists.	2	1
3.	Library and knowledge specialists identify the knowledge and evidence needs of the workforce in order to deliver effective and proactive services.	1	1
4.	All NHS organisations receive knowledge and library services provided by teams with the right skill mix to deliver on organisational and Knowledge for Healthcare priorities.	1	1
5.	Knowledge and library specialists improve the quality of knowledge and library services using evidence from research, innovation, and good practice.	1	1
6.	Knowledge and library specialists demonstrate that their services make a positive impact on healthcare.	2	2

There was only one required action, against outcome 4. Which was to: Review capacity requirements with the knowledge and library services team as part of service planning. Consider using the HEE Staff Ratio Policy to inform the review. This is underway and we aim to complete this by April 2023.

### **New resources**

The below new electronic resources are now available for DHCFT staff:

- Taylor and Francis Mental Health and Social Care bundle of e-journals, which includes key psychotherapy journals
- Further development and enhancement of our Knowledge and Library Hub with journal tools Browzine and Libkey.
- Libkey Nomad is now installed on every PC and Laptop in the Trust, which allows instant access to journal articles, wherever you find them.

### **A snapshot of library usage (April 2022 - February 2023)**

- 584 document delivery requests
- 726 registered users of the library
- 163 new users
- 545 staff with Open Athens accounts
- 1793 book loans
- 237 staff trained on evidence sources or searching

## Clinical Audits and National Confidential Enquiries

During 2022/23, 15 national clinical audits and 1 national confidential enquiry covered relevant health services that Derbyshire Healthcare NHS Foundation Trust provides.

During that period Derbyshire Healthcare NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries in which it was eligible to participate

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust was eligible to participate in and participated in during 2022/23 are as follows:

	<b>National Clinical Audits and National Confidential Enquiries eligible for and participated in</b>	<b>Participated (Yes/No)</b>	<b>% (Cases Submitted/Cases Required)</b>
1	POMH-UK 1h and 3e: Prescribing high dose and combined antipsychotics on adult psychiatric wards	Yes	65% (108 / 166)
2	POMH-UK Topic 7g: Monitoring of patients prescribed lithium	Yes	Sample size tbc
3	POMH-UK Topic 14c: Prescribing for substance misuse: Alcohol detoxification in adult mental health inpatient services	Yes	100% (17 / 17)
4	POMH-UK Topic 17b: Use of depot / LA antipsychotic injections for relapse prevention	Yes	100% (199 / 199)
5	POMH-UK Topic 18b: Use of Clozapine	Yes	100% (54 / 54)
6	POMH-UK Topic 19a: Prescribing for depression in adult mental health services	Yes	100% (63 / 63)
7	POMH-UK Topic 19b: Prescribing for depression in adult mental health services	Yes	100% (90 / 90)
8	POMH-UK Topic 20a: Improving the quality of valproate prescribing in adult mental health services	Yes	100% (281 / 281)
9	POMH-UK Topic 20b: Valproate prescribing in adult mental health services	Yes	100% (71 / 71)
10	POMH-UK Topic 21a: The use of melatonin	Yes	100% (102 / 102)
11	National Clinical Audit of Psychosis (NCAP) spotlight audit	Yes	100% (59 / 59)
12	National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP): Case note audit - phase 4 audits	Yes	100% (187 / 187)
13	National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP): Case note audit - phase 5 audits	Yes	100% (115 / 115)

14	Falls and Fragility Fracture Audit Programme: National audit of inpatient falls (NAIF)	Yes	100% (4 / 4)
15	NAD (National Audit of Dementia) - Spotlight audit in community-based memory assessment services	Yes	100% (52 / 52)
16	The National Confidential Inquiry into Suicide and Safety in Mental Health	Yes	100% (4 / 4)

The reports of 9 national clinical audits were reviewed by Derbyshire Healthcare NHS Foundation Trust in 2022/23 and the Trust intends to take the following actions to improve the quality of healthcare provided:

	National Audit Title	Summary of Improvements
1.	POMH-UK Topic 14c: Prescribing for substance misuse: Alcohol detoxification in adult mental health inpatient services	This national audit of the management of alcohol withdrawal for mental health inpatients examines all aspects of clinical assessment and management against NICE guidelines and quality standards. In order to improve our levels of compliance the following recommendations were agreed upon; amending the clerking proforma within SystmOne to include: - Clotting tests (PT, PTT or INR), Wernicke's encephalopathy & Patient's refusing a test. This will be achieved by liaising with the SystmOne Development Team; to contact the Liaison Team for their views / opinions on how to enhance the action plan; applying PDSA (Plan, Do, Study, Act) principles to determine whether the changes to the clerking proforma have resulted in the fields now being comprehensively completed
2.	POMH-UK Topic 17b: Use of depot / LA antipsychotic injections for relapse prevention	NICE recommends the use of depot / LAI antipsychotic preparations were avoiding covert non-adherence and reducing the risk of relapse are clinical priorities. Practice was assessed against two standards, drawn from NICE Guideline 178 'Psychosis and schizophrenia in adults: prevention and management'. Recommendations include to take the audit results to the AWA Neighbourhood COAT Meeting to raise awareness of shortfall in the documentation of rationale and assessment of side effects; to complete a mini audit or PDSA (Plan, Do, Study, Act) to determine whether GASS (Glasgow Antipsychotics Side Effects Scale) are being completed
3.	POMH-UK Topic 18b: Use of Clozapine	The initiation of clozapine in patients with treatment-resistant schizophrenia should be

		<p>preceded by adequate, documented discussion with the patient and/or carer(s), outlining the potential benefits and possible side effects of the medication (Q23). In order to improve our compliance, the following recommendations will be implemented; a local audit of standards during clozapine titration as POMH audit fails to provide assurance due to low numbers involved; trial targeted pharmacy input in CMHTs to improve compliance with annual physical health checks, plasma levels and accuracy of GP recording; compare compliance with standards in dedicated POCHi clinics vs general CMHTs using data generated by pharmacy reviews. Consider creating a business case for POCHi clinics if there is a clear and consistent difference in standards achieved; explore capability of SystemOne to improve recording of clozapine on GP systems; development of a specific template within SystemOne to aid recording of annual physical health checks, plasma levels and side-effect monitoring with a way to monitor compliance with these parameters</p>
4.	POMH-UK Topic 19a: Prescribing for depression in adult mental health services	This baseline audit was undertaken to ensure that practice standards are adhered to when prescribing antidepressants to adults in mental health services
5.	POMH-UK Topic 19b: Prescribing for depression in adult mental health services	This re-audit was undertaken to ensure that practice standards are adhered to when prescribing antidepressants to adults in mental health services. The following recommendations were agreed upon; creating awareness between Junior Doctors and the Clinicians potentially at Supervision Sessions by sharing the report and results with them; the production a poster for display at the Junior Doctor Offices; circulation to all Clinicians on the Wards / Areas that participated in the audit; utilising Academic Meetings to share the clinical audit results; junior Doctor handbooks(s)
6.	POMH-UK Topic 20a: Improving the quality of valproate prescribing in adult mental health services	The purpose of this audit was to improve the quality of prescribing valproate in mental health services. The following recommendations were made; to utilise the weekly Academic Meeting to address physical health monitoring deficiencies by contacting the education department to book an hour slot for presentation every 6 / 12; to

		implement spot checks to ensure that when compliance levels drop the appropriate corrective measures can immediately be implemented. The frequency of spot checks to be determined after discussion / consultation
7.	National Clinical Audit of Psychosis (NCAP) Spotlight Audit	This spotlight audit examined the physical health care, occupational support, and employment status of a cross-sectional sample of all people with psychosis in England and Wales. The following recommendations were made; to make physical health recording prominently visible and reportable within SystmOne. Changes are currently underway by the SystmOne Development Team; raising awareness of how to comprehensively complete physical health recording by providing training sessions.
8.	National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP): Case note audit - phase 4 audits	This is the fourth phase of the National Clinical Audit of Psychosis (NCAP) - formally the National Audit of Schizophrenia (NAS). A key part of the audit process is getting the views of people who use Early Intervention in Psychosis (EIP) services. This information helps assess the quality of prescribing, physical health monitoring and experiences of treatment and outcomes in Trusts/organisations and Health Boards across the country. This will then help our organisation to compare its performance with national standards and against other services. It also highlights good practice and areas where there is potential to improve. These recommendations were made; contact on the first day of receipt of referral; the first appointment within 7 days of the referral; if non-attendance arrange a further appointment within the 14 days of referral; provide focussed and regular training to upskill staff in areas that they are less confident in; reviewing current templates & discussing changes with the SystmOne Development Team; regular review of the appropriate guidelines
9.	NAD (National Audit of Dementia) - Spotlight audit in community-based memory assessment services	This audit is for community-based memory services. There are 3 parts to this audit: 1. Patient-level information or case note audit: 50 consecutive patients seen for initial assessment from 01/01/2021 per registered service/ clinic/ team participating in the audit. 2. Organisational (contextual) questionnaire: one per registered service.

		<p>3. Patient / carer feedback questionnaire: an online questionnaire to be completed by 20 patients (or carers) who attended your service during the data collection period.</p> <p>The recommendations were as follows; acceptance into service letter to be sent on receipt, with clear communication about the process; to commence the use of Attend Anywhere; when safe to do so, cognitive testing and diagnosis to be undertaken via face to face appointment; clinicians to be upskilled around diagnosis delivery, to follow the patient journey from beginning to end (where clinically appropriate); assessment to be reviewed as a MDT to make clinically safe and more robust diagnosis; review demand and put in a business case for a permanent increase in staffing; telephone triage patients on the waiting list to see if their referral is appropriate or whether they can be signposted to other areas; develop and send out an opt out pack to all newly referred patients advising them of the waiting time and available waiting well support; within the acceptance letter, information to be shared around the health and well-being; integrated work with DSS who offer a service to those awaiting a memory assessment; review of the waiting list, signposting patients to the appropriate service if no longer suitable for MAS</p>
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During 2022/23, 22 local clinical audits covered relevant health services that Derbyshire Healthcare NHS Foundation Trust provides.

The reports of 10 local clinical audits were reviewed by the provider in 2022/23 and Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

	Local Audit Title	Summary of Improvements
1.	Physical health monitoring of patients on antipsychotics on acute wards: A retrospective audit	The life expectancy of adults with psychosis or schizophrenia is 15 to 20 years less than that of the general population due to increased incidence of cardiometabolic conditions - this may be exacerbated by the use of antipsychotics. The overall benefit of this audit would be to improve the physical health monitoring of patients on antipsychotic medications during an inpatient stay, to help improve the disparity in life expectancy.

		<p>The following recommendations were made; design and implementation of a physical health checklist, to be maintained by ward junior doctors for the duration of each patient's admission. The checklist includes QRisk3, Glucose regulation, Lipid profile and ECG to help improve the quality and continuity of care and highlight any gaps in the physical health monitoring of inpatients, increased teaching on physical health monitoring, and the role of the Lester Tool, for all junior doctors. (E.g., during FY inductions, and inclusion the Junior Doctors Handbook); Future audit to check compliance of physical health monitoring with implemented physical health checklist for inpatient ward and identify areas for further quality improvement.</p>
2.	Clinical notes audit - Campus	<p>The audit was completed for clinical assurance and to assess the quality-of-care approaches, care planning, documentation. Requirement of professional standards, clinical governance and CQC requirement. The recommendations devised were the results of the audits and recommendations are to be discussed in the Clinical Operational meetings; applying QI methodology using a driver diagram to be used to conduct a root cause analysis into the issues with care planning. This will take place with Matrons, Clinical Leads, Audit Team, Head of Nursing (HoN); a system of accountability is to be created where care planning will be monitored routinely at the point of admission, then weekly and at monthly intervals</p>
3.	Clinical notes re- audit – Older Peoples Community re-audit	<p>The audit was completed for clinical assurance and to assess the quality-of-care approaches, care planning, documentation. Requirement of professional standards, clinical governance and CQC requirement. The recommendations devised were to agree an appropriate dementia outcome measure and utilise this in practice alongside the ReQoI (for functional illness). A task and finish group are to be convened to review outcome measures and agree a standard, this work was delayed due to covid but is now in progress; all managers to ensure their staff are up to date with their safeguarding training and are aware of local processes when they have concerns. Including the importance of understanding historical concerns;</p>

		<p>to offer bespoke training sessions for clinicians across the division to ensure they understand how to input information into the system and the new documents built into it. To raise any barriers or concerns through the LIG and encourage clinician attendance. To continue to push the optimisation of reporting to aid our audits and ensure timely reviews are available to us; Clinical leads to work with teams to understand barriers to completion and then put plans in place to address the barriers. Work with the clinicians to ensure these documents are completed within a timely manner, reviewed and up to date and ensure patients and their loved ones views and wishes are included; to set up a working group to look at how we embed this into practice, approve documentation should it be appropriate we look at completing advanced directives and consider any training needs as part of this working group; to work with clinical leads to understand barriers to this being practice, address these barriers and continue to monitor the compliance with capacity and consent</p>
4.	Clinical notes re-audit – Adult Neurodevelopmental Service	<p>The audit was completed for clinical assurance and to assess the quality-of-care approaches, care planning, documentation. Requirement of professional standards, clinical governance and CQC requirement. The recommendations devised where Improvements in recording were noted since February 2022 for the core assessment and risk screening, however, there was a reduction in completion rates for care plans in the same time frame. Areas for improvement have been identified within all areas and actions identified. These include clarifying for staff what needs to be recorded and when; producing SystemOne guides; developing easy read guidance around record sharing; and a task and finish group to address the issues around the physical health checks, care plans and mental capacity act recording.</p>
5.	Clinical notes re-audit – Neighbourhoods	<p>The audit was completed for clinical assurance and to assess the quality-of-care approaches, care planning, documentation. Requirement of professional standards, clinical governance and CQC requirement. The recommendations devised were; the report is to be circulated to the General Manager, People Services representative for the Division, Area Service Manager, Service</p>

		Managers, Clinical Educator and Clinical Leads for consideration of supportive actions; the report is to be a standing item at the Community CRG; an action plan is to be developed with the support of Deputy ASM and owned by the Service Managers which should also be aligned to the SystmOne ongoing implementation work and the CMHT Framework; HoN will continue to draft summary's quarterly of progress and report to COAT, CRG and DAR; HON to facilitate the utilisation of QI methodology in the implementation if improvement plan, working closely with Clinical Leads
6.	High dose antipsychotic (HDAT) uses in Forensic & Rehabilitation Wards	This was a re-audit of the POMH-UK last completed in 2017. The purpose of the audit was to check improvement in physical health monitoring and assessment of movement disorder and used revised guidelines for 2018. The recommendations were unfortunately the audit was only acknowledged for reference due to the low participation numbers (12) and the results being over two years old
7.	Prescription of Benzodiazepines at Discharge from Adult Inpatient Psychiatric Unit	The purpose of the audit was to see what improvements have been made in comparison to the audit conducted in 2015 regarding benzodiazepine prescriptions and assess if there are areas for further development. To increase clinicians understanding of the recommendations for prescribing of benzodiazepines and ensuring effective communication between clinicians from the inpatient unit and GPs in the community who follow up patients. The recommendations were to make new doctors aware of the discharge summary, flimsy and benzodiazepine prescribing. An email has been sent to doctors and the recommendations have been discussed in the academic programme; to ensure that the discharge flimsy are completed fully with an endpoint including a stop date (a clear time frame for discontinuation of the medication); to have a clear discussion with the patient regarding the risks and benefits of benzodiazepine and z drug medication and offer an advice leaflet – can refer to 'coming off benzodiazepines' and 'taking a benzodiazepine for the first time'; to specify who is required to review the prescription in the community e.g. GP or CMHT; Consultant supervision of letters to make sure

		<p>Benzodiazepine guidance is being followed; develop the benzodiazepine prescription template part of the flimsy with help from the medicines management committee, to include – information about the half-life, abuse potential, alternative benzodiazepines, examples of gradual reduction regimens and advice regarding reviewing of medication; share the recommendations with the wards and re audit in November 2022 to include benzodiazepine prescribing of the crisis team</p>
8.	<p>Physical Health Monitoring of Patients from Inpatient Services, Division of Forensic and Rehabilitation Services</p>	<p>Patients admitted in rehabilitation units usually suffer from severe mental disorders, including complex psychosis.</p> <p>NICE guidance for Rehabilitation for adults with complex psychosis recommends initial physical health assessment by the rehabilitation service. People with complex psychosis have a higher prevalence of physical health conditions including cardiovascular disease, COPD, dental problems and poor oral health, diabetes, The recommendations were to make physical health recording prominently visible and accessible within SystemOne and to make Lester Tool easily available on the units; delegating roles appropriately and raising awareness of how to comprehensively conduct physical health assessments by providing teaching sessions</p>
9.	<p>Q-Risk and Lester monitoring on 1 day across a mental health unit (Hartington unit)</p>	<p>Psychiatric patients are at risk of cardiometabolic complications for several reasons, they often don't seek medical appointments and as a result care may not be administered in their best interests. Inpatient admission provides an opportunity to assess physical health as well as mental health. There are national guidelines QRISK which show 10-year risk of heart attack / stroke and whether patients would benefit from statins. There are national LESTER monitoring guidelines we have for antipsychotic medication monitoring. This audit hopes to highlight the number of patients surveyed on any given day within the Hartington unit has a proportion of patients with raised Q Risk scores requiring statin treatment and how many of these patients are then appropriately prescribed statins. (Could we opportunistically start statin treatment in accordance with national guidelines). The second part of this audit will look at LESTER monitoring and how compliant the trust is on a given day to</p>

		health monitoring for those patients on antipsychotic medication.
10.	Documentation of self-harm history for inpatient admissions at the Hartington Unit	This audit aims to ensure current practice of assessment of self-harm in adults is consistent with current standards and ensure that the documentation of an act of self-harm meets core care standards set out by the Trust. The following recommendations were devised; to make junior doctors aware of the information that needs to be collected when assessing a patient who has presented following an episode of self-harm, using teaching and training sessions and modules; to make a proforma for the assessment of an episode of self-harm readily available in the junior doctor duty room for use when evaluating new admissions presenting following an episode of self-harm; to conduct a re-audit after 3 months to check if the above recommendations have had an impact on the completeness of documentation of self-harm history by junior doctors

## Quality Governance

### Patient Safety

The Trust continues to ensure that there is continuous improvement in regard to the quality of incident 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 improving patient safety.

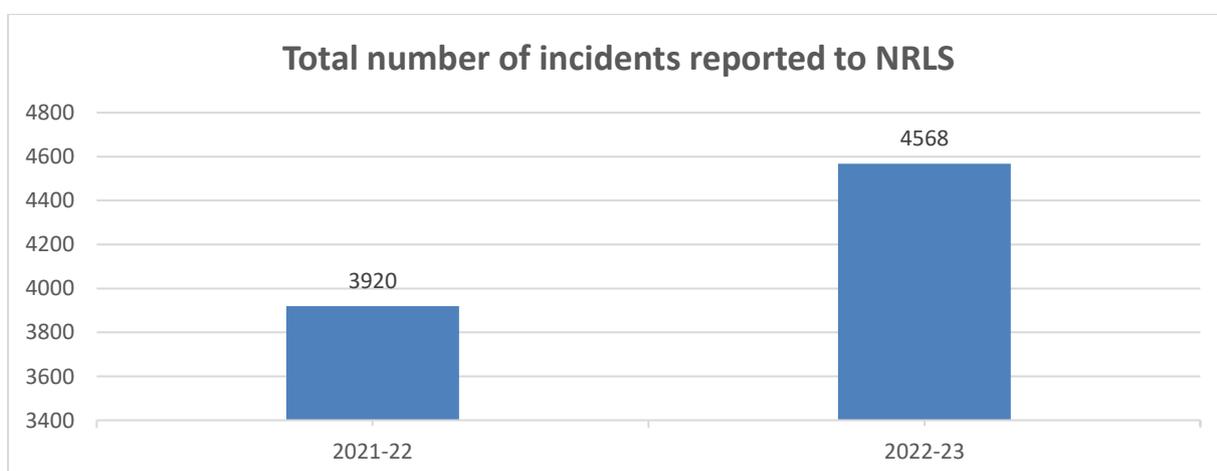
### Incidents Reported to NRLS for the Period 01 April 2022 – 31 March 2023

	22/23 Q1	22/23 Q2	22/23 Q3	22/23 Q4	Total
Self-harm	231	282	317	269	1099
Medication	220	293	305	198	1016
Missing and Absent Patients	134	136	149	114	533
Slips, Trips and Falls	139	135	120	84	478
Abuse / Aggression (Actual or Alleged) - Patient to Patient	119	95	85	56	355
Access, Appointment, Admission, Transfer, Discharge	40	54	62	39	195
Record Keeping Standards	26	23	54	57	160
Data Security and Missing Records	39	25	36	16	116
Alcohol Use	13	8	14	37	72
Accident	17	19	21	9	66
Ongoing care review / monitoring	24	19	14	6	63
Drug Use (Illicit)	19	11	21	11	62

IT systems / service issue	24	18	12	1	55
Medical issue	9	19	15	9	52
MH / MC Act process	9	13	17	13	52
Environment / Infrastructure / Facilities issue on Trust premise (incl. team base)	13	6	7	11	37
Equipment issue (medical device)	12	9	7	7	35
COVID-19 case	11	11	6	7	35
Staffing levels	4	10	4	1	19
Equipment issue (non-medical device)	4	1	3	4	12
Abuse / Aggression (Actual or Alleged) - DHCFT Staff to Patient	5	2	4	0	11
Infection Control	1	3	4	0	8
Pressure Ulcer (PU) or Moisture Associated Skin Damage (MASD)	1	2	4	0	7
Other - see 'Description' field for details	0	1	2	3	6
Abuse / Aggression (Actual or Alleged) - Other Party to Patient	3	3	0	0	6
Death	3	2	0	1	6
ECT Treatment	0	2	0	1	3
Fire	1	0	0	2	3
Manual Handling	2	0	0	0	2
COVID-19 vaccination	1	1	0	0	2
Patient injury caused by physical restraint	1	0	1	0	2
<b>Total</b>	<b>1125</b>	<b>1203</b>	<b>1284</b>	<b>956</b>	<b>4568</b>

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

	21/22 Q1	21/22 Q2	21/22 Q3	21/22 Q4	Total
Major injury/harm	1	2	9	4	16
Death	3	2	0	1	6
<b>Total</b>	<b>4</b>	<b>4</b>	<b>9</b>	<b>5</b>	<b>22</b>



It should be noted that as of 01 December 2021, 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	4
May	4
June	4
July	0
August	1
September	1
October	0
November	0
December	2
January	0
February	0
March	0

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
- Further recruitment is ongoing

### **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 qualities, more proportionate responses to patient safety incidents, 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. Furthermore, a new process has been created and implemented by the Royal College of Psychiatrists and the Trust implemented this in 2021/22.

## Family Liaison Work

In the majority of cases the Family Liaison Team initiates contact with the 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.

## Investigation processes

- 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 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 2302 deaths of patients since 01 April 2022 to 31 March 2023:

Month	Number of Deaths Recorded
April	181
May	189
June	174
July	210
August	168
September	147

October	229
November	178
December	242
January	223
February	176
March	185

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 2022/2023, case note reviews have concluded at point of writing, and some 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.

### Duty of Candour

There has been a total of 21 incidents assessed to meet the thresholds as defined in Regulation 20 for Duty of Candour.

	April 22	May 22	June 22	July 22	August 22	September 22	October 22	November 22	December 22	January 23	February 23	March 23
Number of incidents where DOC applicable	4	2	0	4	1	0	3	2	1	1	3	0

### Coroner Regulations 28 Conclusions - Prevention of Future Death Reports

Though the Trust was involved in several inquests, as indicated below, no regulation 28 orders were issued by Her Majesty's Coroner. The Trust continues to embed learning lesson's 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



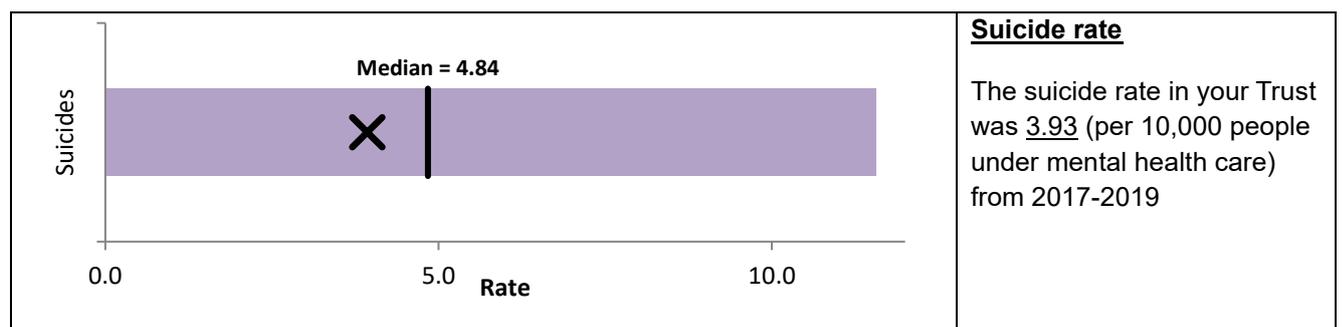
A total of 115 actions have been completed to date, communication and policy and procedure remains the highest category.

## National Confidential Inquiry into Suicide and Safety in Mental Health Safety Score Card

The NCISH safety scorecard was developed as a request of the Healthcare Quality Improvement Partnership (HQIP) as a way to support Trusts to implement quality improvement where appropriate. The data also allows Trusts to compare themselves to other Trusts, allowing some benchmarking.

The data within the figures below show information from a range of results for mental health providers across England, based on the most recent available figures: 2017-2019 for suicides and homicides, 31 October 2020 – 31 October 2021 for non-medical staff turnover and January 2018 to February 2022 for trust questionnaire response rates. 'X' marks the position of your trust. Rates have been rounded to the nearest 2 decimal places and percentages to whole percentage numbers. These data sets were chosen as within research they have demonstrated contribution to risk increase.

The NCISH Safety Scorecard consists of 4 indicators that relate to the work of NCISH: suicide rate and homicide rate, non-medical staff turnover, and NCISH suicide questionnaire response rate.



<p>Median = 0.11</p> <p>Homicides</p> <p>Rate 0.0 0.2 0.4 0.6</p>	<p><b><u>Homicide rate</u></b></p> <p>The homicide rate was <u>0.29</u> (per 10,000 people under mental health care) from 2017-2019.</p>
<p>Median = 15%</p> <p>Staff Turnover (Non Medical)</p> <p>% Turnover 0% 5% 10% 15% 20% 25%</p>	<p><b><u>Staff Turnover</u></b></p> <p>Non-medical staff turnover was <u>13%</u> between October 2020 and October 2021.</p>
<p>national rate 91%</p> <p>Questionnaire response rate</p> <p>Response rate 60% 70% 80% 90% 100%</p>	<p><b><u>NCISH questionnaire response rate</u></b></p> <p>You have returned <u>89%</u> of NCISH questionnaires between January 2018 and February 2022.</p>

### **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

Furthermore, the Use of Force Act 2018 provides more guidance on how Trusts and integrated systems must ensure all patients are treated with dignity and care, free from abuse.

### **The Reducing Restrictive Practice Steering Group**

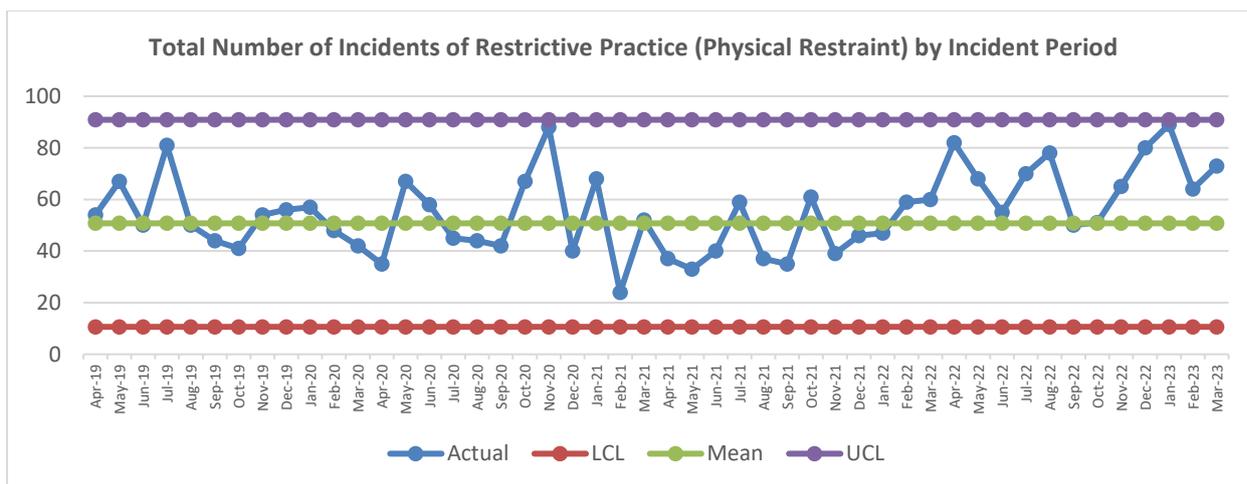
The Reducing Restrictive Practice Steering Group continues to meet. This group meets with staff from the acute inpatient settings, Older Adult ward settings and forensic settings based on improving local practice and engaging clinicians in development of strategy, practice, policies, procedures, projects, and NICE guidelines.

This group is 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. This is further emphasised by the publication of the Use of Force Act.

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.



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

### Changes in Practice Over Time

	2016-17	2017-18	2018-19	2019-2020	2020-21	2021-22	2021-23
Chemical restraint	252	269	291	202	261	208	229
Clinical holding						25	139
Long term segregation						1	2
Personal search			10	73	55	62	59
Physical restraint	727	691	625	644	630	531	719
Seclusion	190	230	279	215	223	238	264
Ward doors locked	44	33	60	376	341	1457	285
<b>Total</b>	<b>1213</b>	<b>1223</b>	<b>1265</b>	<b>1510</b>	<b>1510</b>	<b>2522</b>	<b>1697</b>

### Patient Safety Summary

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

Safeguarding continues to be a top priority for the Trust. Furthermore, the Trust continues to meet its Legal and Statutory performance and governance requirements.

The Trust has had a successful year and continues to fully discharge its statutory safeguarding duties, the Trust officers have discharged the duties as set in legislation and requirements outlined by the Health Regulator and the Care Quality Commission (CQC) have independently scrutinised and assessed.



The Trust safeguarding team continues to work in partnership with statutory and voluntary partners across Derbyshire and bordering localities to discharge its responsibilities in relation to safeguarding children and adults at risk. We have had a busy 12 months characterised by high levels of activity, increased complexity of calls for advice and referrals and many areas of development, which we use to inform our learning and to form our organisational development and growth.

DHCFT is committed to partnership working to discharge its statutory duties with Derby City & Derbyshire Safeguarding Children Partnership and Adult Boards. There is Trust representation and attendance at all subgroup and multi-agency meetings. Effective safeguarding relies on strong partnerships within the Trust and with other agencies and the Safeguarding Boards in a culture of consistent, respectful cooperation.

The Safeguarding Unit continues to prepare a monthly report that is issued to all Clinical Operational Assurance Team (COAT) meetings for the Trust which includes all divisions across the Trust. The leads provide organisational scrutiny, guidance and learning and includes points for action for the Divisions representatives as well as points for information. Both Safeguarding Operational Groups can escalate matters that require executive or committee consideration / inclusion in the Trust Risk Register but, equally, can escalate good news stories, lessons learned to share across the Organisation.

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 standards and practice reviews and analysis provided.

We have seen an increase abuse and neglect in many forms, including, exploitation, online grooming, scams, frauds, adult abuse, family poverty, mental health issues, domestic abuse and all the consequences that those things bring for families and communities

### SAFEGUARDING CHILDREN'S PERFORMANCE DASHBOARD – 2021/22

	Metric	Quarter 1 2021-22	Quarter 2 2021-22	Quarter 3 2021-22	Quarter 4 2021-22
1	Number of advice calls received and reported	232	224	221	256
2	Number of supervision/group sessions	119	92	133	103

3	Number of attendance at MDMs/team meetings/ward rounds	49	52	38	39
4	Number of MASH sessions covered by the safeguarding children's team	0	0	0	0
5	Number of strategy discussions/meetings	117	125	121	147
6	Number of safeguarding meetings attended by the safeguarding team	15	27	15	18
7	Number of safeguarding children's training/workshops delivered	0	0	0	0
8	Number of child protection medical - suspected NAI	24	28	33	44
9	Number of CHANNEL referrals	4	1	2	0
10	Number of MARAC cases with children discussed at MARAC	168	139	192	127
11	Number of referrals to CSC	28	30	20	6
12	CIC Caseload - Born In Lives In	229	253	242	231
	CIC Caseload - Born In Lives Out	425	420	420	397
	CIC Caseload - Born Out Lives In	4	6	5	3
	Total CIC Caseload	658	679	667	631
13	Number of Child Deaths	9	5	0	3
15	Number of children on a child in need plan	378	283	286	248
16	Distinct count of children affected by DV during the Quarter	1236	941	722	927
17	Number of children in an adult bed	0	1	0	1
18	Number of young carers	12	12	12	10
19	Number of children on a child protection plan	588	588	585	572

Key for acronyms within Dashboard:

MDMs	Multi-Disciplinary Meetings
MASH	Multi Agency Safeguarding Hub
NAI	Non-Accidental Injury
MARAC	Multi Agency Risk Assessment Committee
CSC	Children’s Social Care
CIC	Children in Care
DV	Domestic Violence

Analysis of the main features within the safeguarding children dashboard:

- Supervision figures show compliance remains stable.
- There is a significant increase in S47s and strategy meetings which contributes to the pressure on the resources of the Safeguarding Children Nursing Team, the number of large families and the complexity of issues adds significant pressure.
- MARAC cases and children impacted by Domestic Abuse continue to be at a consistently high level.

### SAFEGUARDING ADULTS’ PERFORMANCE DASHBOARD – 2021/22

- The safeguarding adult’s dashboard has become established over the past year and, whilst, ambitious in some of the data it seeks to capture that may not currently be achievable, it reflects the expected performance requirements of commissioners and some aspirational targets for data in the future.

### ANNUAL SAFEGUARDING DASHBOARD – 2021/22

DUTY/REQ UIREMENT	METRIC	DEFINITION OF METRIC	TARGET GROUP	TARGET	Q1 %	Q2 %	Q3 %	Q4 %	NOTES	
<b>1. Statutory Duties Regulatory Body Requirements - Safe? Effective?</b>										
1	Data received from People Development Lead	<b>Adult Safeguarding Level 1 Training (3 yearly)</b>	Adult Protection training allows staff to be able to identify early any safeguarding risks and to know what actions to take	Q1: 649 Q2: 650 Q3: 654 Q4: 659	85%	90.6	87.8	86.3	85.7	Target group = <b>Average</b> staff number required to complete training over the 3-month period
2	Data received from People Development Lead	<b>Safeguarding Adults Level 1 + 2 (3 yearly)</b>	Adult Protection training allows staff to be able to identify early any safeguarding risks and to know what actions to take	Q1: 1547 Q2: 1881 Q3: 1909 Q4: 1886	85%	84.2	87.15	86.62	85.54	Target group = <b>Average</b> staff number required to complete training over the 3-month period

DUTY/REQUIREMENT		METRIC	DEFINITION OF METRIC	TARGET GROUP	TARGET	Q1 %	Q2 %	Q3 %	Q4 %	NOTES
3	Data received from People Development Lead	<b>Safeguarding Level 3 (3 yearly)</b>	Enquirer's training in order to be compliant with Care Act and Derbyshire Adult Safeguarding Policy and Procedures	Q1: 130 Q2: 130 Q3: 130 Q4: 129	85%	84.83	88.43	93.00	91.76	Target group = <b>Average</b> staff number required to complete training over the 3-month period
4	Data received from MCA/MHA Team Leader	<b>Number of urgent DoLS authorised</b> - Urgent DoLS are authorised by the Trust on the day we request an assessment (as we are the managing authority)	Accurate recording of number of DoLS applications ensures compliance and appropriate application of legislation	N/A	N/A	4	8	2		
5	Data received from MCA/MHA Team Leader	<b>Number of standard DoLS applied for to the LA</b>	Accurate recording of number of DoLS applications ensures compliance and appropriate application of legislation	N/A	N/A	4	8	2		
6	Data received from MCA/MHA Team Leader – to be included in quarterly total report only	<b>Number of people with an authorised DoLS granted by Supervisory body</b>	Accurate records and monitoring of numbers ensure good governance and compliance with legislation	N/A	N/A	0	0	0		
7	Data received from MCA/MHA Team	<b>Number of referrals to coroner for people who have passed</b>	Accurate records and monitoring of numbers ensure good governance and compliance with legislation	N/A	N/A	0	0	0		

DUTY/REQUIREMENT		METRIC	DEFINITION OF METRIC	TARGET GROUP	TARGET	Q1 %	Q2 %	Q3 %	Q4 %	NOTES
	Leader - to be included in quarterly total report only	<b>away and have an authorised DoLS granted by Supervisory body</b>								
8	Data received People Development Lead	<b>DoLS training for frontline / clinical staff</b>	DoLS awareness ensures compliance with legislation in relation to people who lack capacity to make decisions at appropriate time	Q1: 1007 Q2: 1013 Q3: 1032 Q4: 1033	85%	82.88	84.54	84.14	81.79	Target group = <b>Average</b> staff number required to complete training over the 3-month period
9	Risk & Assurance Manager to provide data on breaches reported by CQC (through inspection reports), based on inspection dates	<b>Breaches of CQC requirements, Regulation 13, (Safeguarding people who use services from abuse)</b>	All providers are required to reach compliance with CQC Essential Standards of Quality and Safety in all Areas of the Service	N/A	0	0	0			
10	See notes from Assistant Director for Safeguarding Adults	<b>The provider will complete SSASPB Safeguarding Adults Self-Assessment and share actions with the CCGs</b>	To support Health Services to meet Safeguarding Adult responsibilities and to demonstrate improved outcomes in preventing harm	N/A	N/A					

DUTY/REQ UIREMENT		METRIC	DEFINITION OF METRIC	TARGET GROUP	TARGET	Q1 %	Q2 %	Q3 %	Q4 %	NOTES
1 1	See notes from Assistant Director for Safeguarding Adults	<b>Number of adult safeguarding referrals made where allegation is within their own service</b>	Numbers of referrals from health staff to Social Care. Some providers beginning to collect this. Reliable source data is LA. However, this is not currently broken down into health providers	N/A	N/A					
1 2	See notes from Assistant Director for Safeguarding Adults	<b>Number of adult safeguarding referrals made by staff where allegation relates to other care providers</b>	Numbers of referral from health staff to Social Care. Some providers beginning to collect this. Reliable source data is LA. However, this is not currently broken down into health providers	N/A	N/A					
1 3	Data received from Director of Nursing	<b>Numbers of staff referred to their professional body due to safeguarding concerns</b>	Total number staff referred due to concerns about their ability to practice safely	N/A	N/A	0	2			Q2: 1 informal, 1 referred
1 4	Data received from Assistant Director for Safeguarding Adults	<b>Number of current PiPoT investigations ongoing.</b>	Total number of current PiPoT investigations ongoing within the Trust.	N/A	N/A					Data received from Assistant Director for Safeguarding Adults
<b>2. Regulatory Body Compliance - Safe? Effective? Caring? Responsive? Well-led?</b>										

DUTY/REQUIREMENT		METRIC	DEFINITION OF METRIC	TARGET GROUP	TARGET	Q1 %	Q2 %	Q3 %	Q4 %	NOTES
15	Data received from CPA, Core Care Standards and Carer Coordinator	CPA Training Compliance	Accurate records and monitoring of numbers ensure good governance and compliance with legislation	Q1:1320 Q2:1352 Q3:1364 Q4:1302		56.78	52.53	51.23	48.13	Target group = Average staff number required to complete training over the 3-month period
16	Data received from People Development Lead	Triangle of Care – Training compliance / numbers trained in quarter	Compliance with the Carer's Trust accreditation scheme	Q1:1248 Q2:1257 Q3:1259 Q4:1206		58	61.23	60.70	62.55	
17	Data received from People Development Lead	Triangle of Care - % of teams with completed self-assessments		N/A	100%	50	51.02	52.38	53.06	
<b>3. Partnerships - Responsive? Well-led?</b>										
18		Provider has a fully resourced and authorised PREVENT Lead	Providers identify name of lead	N/A	N/A					Vicki Baxendale is lead
19	Data received from People Development Lead - all new staff attending induction	Number of staff who have received induction / basic awareness in Prevent (Level 1, 3 yearly)	All staff should have a basic awareness of Prevent	Q1: 658 Q2: 655 Q3: 660 Q4: 666	85%	86.26	84.78	78.83	73.16	Target group = <b>Average</b> staff number required to complete training over the 3-month period
20	Data received from People Development Lead	Prevent Wrap Training to be delivered to all front-line	Number of identified staff group who require WRAP training from an accredited WRAP facilitator	Q1: 1889 Q2: 1877 Q3: 1904 Q4: 1882	85%	82.41	87.55	84.62	84.16	Target group = <b>Average</b> staff number required to complete training over

DUTY/REQUIREMENT		METRIC	DEFINITION OF METRIC	TARGET GROUP	TARGET	Q1 %	Q2 %	Q3 %	Q4 %	NOTES
		staff (Level 3, 3 yearly)								the 3-month period
21	Data received from Assistant Director for Safeguarding Adults	Full attendance at MARAC meetings (fortnightly)	Fulfilling our Public Protection responsibilities alongside partner agencies	N/A	100%	See notes	See notes	See notes	See notes	Under review
22	Data received from Assistant Director for Safeguarding Adults	Full attendance at MAPPA 3 meetings (monthly)	Fulfilling our Public Protection responsibilities alongside partner agencies	N/A	100%					
23	Data received from Assistant Director for Safeguarding Adults	Full attendance at DSAB, City and County	Fulfilling our responsibilities as full and equal members	N/A	100%	See notes	See notes	See notes	See notes	City: 100% County: N/K
24	MASH KPIs - Children and Young People Performance Data	The number of Adult Safeguarding information sharing requests for Health received	Evidence to be gathered to ascertain demand for and effectiveness of this partnership initiative to present to Commissioners	N/A	N/A	793	592	527	598	
	MASH provide data	Monitor the number and type of requests for information coming through to	Record of number of requests for information for children and young people	N/A	N/A	138	105	94	89	

DUTY/REQUIREMENT		METRIC	DEFINITION OF METRIC	TARGET GROUP	TARGET	Q1 %	Q2 %	Q3 %	Q4 %	NOTES
		the Derby City MASH Health team from Children Social Care								
		Monitor the number of strategy discussions for safeguarding children	Record of the number of strategy discussions pertaining to children and young people	N/A	N/A	134	105	93	86	
		How many children, young people, parents/ carers were discussed	Record of the number of children, young people and parents discussed	N/A	N/A	667	513	435	423	
		Number of professionals liaised with	Record of the number of professionals liaised with for the strategy discussions / meetings	N/A	N/A	20	40	33	39	
25	<b>MASH KPIs – Adult Performance Data</b>	Monitor the number of strategy discussions for adults at risk	Record of the number of strategy discussions pertaining to adults at risk	N/A	N/A	14	13	10	15	
	MASH provide data	How many adults were discussed	Record of the number of adults at risk discussed	N/A	N/A	13	16	15	19	
		Number of professionals liaised with	Record of the number of professionals liaised with for the strategy discussions / meetings	N/A	N/A	312	196	329	326	
26	<b>MASH KPIs - Domestic Violence Performance</b>	<b>Number of domestic violence standard cases discussed at triage</b>	Record of the number of standard domestic violence discussed	N/A	N/A	No record due to covid	No record due to covid	No record due to covid	Not record due to covid	

DUTY/REQUIREMENT		METRIC	DEFINITION OF METRIC	TARGET GROUP	TARGET	Q1 %	Q2 %	Q3 %	Q4 %	NOTES
	<b>ance Data</b> MASH provide data	<b>Number of domestic violence medium cases discussed at triage</b>	Record of the number of medium domestic violence discussed	N/A	N/A	156	323	272	283	
<b>27</b>	<b>MASH KPIs – Other Performance Data</b> MASH provide data	Training, shadowing, supervision (hours)	Number of hours for training, shadowing and supervision	N/A	N/A	55	47	59.5	78	
<b>4. Workforce - Safe? Well-led?</b>										
<b>28</b>	<b>Sexual Safety</b> Data from DATIX DA pull from DATIX Dashboard.	<b>Sexual Safety in Trust Inpatient Service. Incidents of alleged inappropriate sexual behaviour, sexual assault and sexual abuse to a patient by another patient or other party.</b>	Other Party to Patient Patient to Other Party Patient to Patient Patient to Staff Staff to Patient Staff to Staff	N/A	N/A	8 3 4 1 1 0	6 3 1 0 4 0	8 7 4 1 1 1	1 1 2 0 1 0	
<b>5. Making it Personal – Additional voluntary information from safeguarding leads, link workers and teams</b>										
<b>29</b>	See notes from Assistant Director for Safeguarding Adults	Stories, feedback, early indicators of potential abuse, trends, application of best practice, good news stories		N/A	N/A	The AD for Safeguarding is a key member of the Dignity panel. Safeguarding link workers across the trust attend our safeguarding operational meeting. Continued work around seeking consent around making a safeguarding referral. Multi-agency training has been provided to staff around a focussed area. Attendance at the complex case panels for both Hartington and Radbourne units.				

## Analysis

- The performance dashboard continues to provide data that offers a level of assurance to the Trust regarding safeguarding activity, trends, and areas of challenge.
- The operational meeting provides a safe space to discuss complex cases and safeguarding themes that may need to be raised with the safeguarding adults board or require further focus in our training.
- MASH Health Advisors continue to consistently meet Key Performance Indicators as part of Trust contracted activity.

## Safeguarding Adult's Advice Themes

The Adult advice themes are around:

- Historical sexual abuse,
- Mental health,
- Modern slavery,
- Substance misuse,
- Financial abuse.

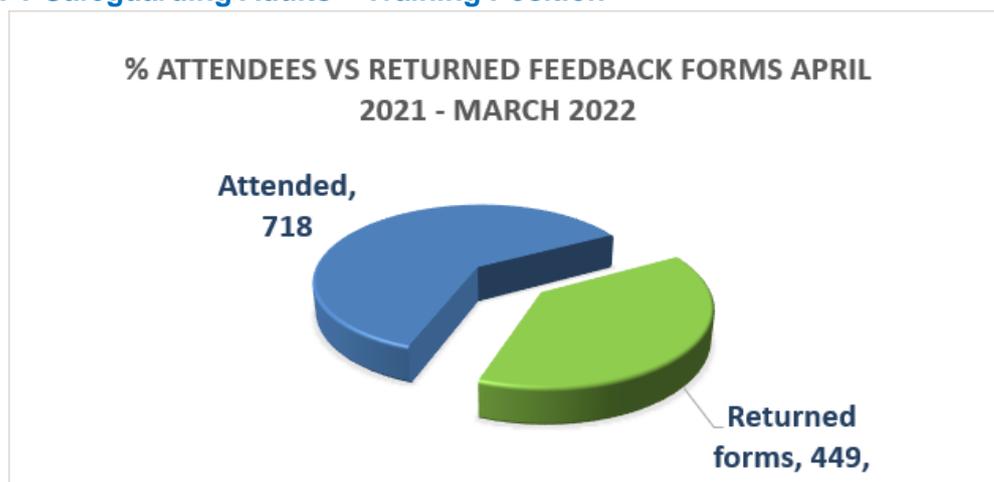
## Safeguarding Children Advice Themes

We continue to analyse the calls for advice into the Unit. The top 5 themes have continued this year, however slight change in order.

Top 5 Advice Themes:

	2020/21	2021/22
1	Domestic Violence	Parenting Skills/Capacity/Basic Care
2	Parenting Skills/Capacity/Basic Care	Domestic Violence
3	Neglect	Neglect
4	Emotional Abuse	Child's Mental Health
5	Child's Mental Health	Emotional Abuse

## DHCFT Safeguarding Adults – Training Position



## DHCFT Safeguarding Children Training Position

This provides an update to the safeguarding children training provision, compliance, and action plan in the Trust as of May 2022 and covers the period of April 2021 to April 2022

Training Name	Target Group	Compliant	Non-Compliant	Compliant %
C Safeguarding Children Level 1 Annual	603	479	124	79%
C Safeguarding Children Level 1 once only	1920	1870	50	97%
R Safeguarding - Children Level 2 3 yearly	494	436	58	88%
R Safeguarding - Children Level 2 once only	1421	1371	50	96%
R Safeguarding - Children Level 3 3 yearly	1162	907	255	78%
R Safeguarding - Children Level 3 Annual	315	253	62	80%
R Safeguarding - Children Level 4 Annual	7	7	0	100%

Training data is closely monitored, and staff and managers are liaised with regarding accessing sessions and addressing barriers to access. Bespoke sessions to address this are also in place for some staff groups.

## Learning From Reviews

### Child Safeguarding Practice Reviews (CSPR) Exception Report

There has been 8 Child Safeguarding Practice Reviews being worked upon during 2021/2022 all at varying stages. Cases progressed and some still are progressing as swiftly as possible and there are no issues or concerns. Delays are for various reasons: trail date delays, media planning, completion of reports and delayed responses from authors, are just some of the reasons. Actions are on target and are monitored via the multi-agency CSPR action planning group. The process and activity are very complex, and a process map was developed and is

reviewed and circulated across all partners to ensure timescales are adhered to. This gives assurance across the partnership that actions are complete or give a progress position and enable agency challenge as necessary.

Learning briefs are developed by the Partnership to disseminate the learning throughout the organisations The Trust cascades learning via various routes including professional meeting and organisation reports.

### **Safeguarding Adults Homicide Reviews & Safeguarding Adult Reviews [SARs]**

The Trust has been actively involved in Adult Homicide / Domestic Homicide Reviews this year and Safeguarding Adult Reviews. The Assistant Director for Safeguarding Adults is a member of the County Safeguarding Adults Board Safeguarding Adults Review Panel. Work continues to complete outstanding actions from previously published reports. These actions are overseen by the relevant Safeguarding Board or Community Safety Partnership

Learning from SARs and Homicide Reviews is shared with the workforce via the Safeguarding Adults Link Worker Network, the Trust Clinical and Operational Assurance Teams (COATS), in safeguarding supervision and in learning and development activities.

The Trust has contributed to the continued development of the Derbyshire approach to SARs and learning events are occurring earlier in the process with good effect. Close working relationships have developed between the Safeguarding Unit and the newly established Community Forensic Mental Health Team.

### **AUDITS**

Two safeguarding children audits ongoing:

- Patients with complex needs are allocated a Care Coordinator; Cases discussed at MDMs/ Clinical Case discussion include analysis and action; and are documented within EPR.
- Do referrals to Adult Social Care consider the impact of this on children within the family (Think Family)?

The Trust took part in a safeguarding Children Partnership Audit: Keeping Babies Safe: Derby City and Derbyshire County Safeguarding Children Partnership (DDSCP) Multi-agency audit: Partnership effectiveness in protection of babies. Extensive learning has been action as a result of this audit.

### **Multi-Agency Audit Themes – Safeguarding Adults**

The Assistant Director participates in regular Multi-Agency Audits on behalf of DHCFT. These are organised by Derby Safeguarding Adults Board and Derbyshire safeguarding Adults Board. The themes in the last year 2020-2021 for Derby SAB have been:

- Homelessness,
- Domestic Abuse - Older Adults

Themes for Derbyshire SAB are:

- Self-neglect
- Transitions
- Domestic abuse in Over 65's
- Domestic abuse - Learning Disability.

## **SECTION 11 AUDIT**

Section 11 of the Children Act 2004 places duties on a range of organisations, agencies and individuals to ensure their functions, and any services that they contract out to others, are discharged having regard to the need to safeguard and promote the welfare of children. The CCG and the safeguarding children partnership undertake an audit yearly to each organisation. NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) and Derby and Derbyshire Safeguarding Children Partnership (DDSCP) completed the Section 11 self-assessment with DHCFT Safeguarding Team virtually on 25 June 2021. We are very pleased to report that they were fully assured with the evidence provided in our Section 11 self-assessment.

### **Looked After Children Markers of Good Practice (MOGP)**

In February 2022 the Children in Care team submitted the Markers of Good Practice action plan for 2021/22 instead of the full self-assessment tool for Children in Care within Derby City, this was a joint agreement due to the Covid 19 Pandemic. The Markers of Good Practice Action Plan, which is 'RAG' rated, provides the Children in Care Team with a productive opportunity to showcase their service to the Clinical Commissioning Group and Designated Professionals.

With the submission of evidence and 'RAG' rating, the action plan supports the Children in Care team to highlight progress, any gaps or improvements that are required to assure the commissioners our service is working towards a 'gold standard' delivery and that the needs of the Children in Care are being met and identified in line with the statutory guidance.

The Clinical Commissioning Group and the Trust have been significantly assured that the Children in Care service provision is overall at a good standard and the Health Provider is working in partnership in all areas that have been identified as requiring further progression or improvement.

### **Safeguarding Adults Assurance Framework (SAAF)**

#### **SAAF 2020/21**

We have completed our assessment visit and are awaiting feedback. We were able to discuss strategic and operational work and give assurance that as a safeguarding unit we work very hard to meet all priorities to keep children, adults and family safeguarding a priority within the DHCFT.

We were informed that our presence is key in Safeguarding Adults Board subgroups to help influence local safeguarding arrangements and were able to offer assurance that this remains a priority for DHCFT

#### **Carers**

The Assistant Director of Safeguarding Adults remains the Carers Lead and chairs the Carers Engagement Forum which meets monthly.

We have completed our self-assessment and analysis and once again regained our 2 stars for the Triangle of Care (TOC). The six key standards state that:

- 1) Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
- 2) Staff are 'carer aware' and trained in carer engagement strategies.
- 3) Policy and practice protocols re: confidentiality and sharing information, are in place.
- 4) Defined post(s) responsible for carers are in place.
- 5) A carer introduction to the service and staff is available, with a relevant range of information across the care pathway.
- 6) A range of carer support services is available.

## Public Protection

### MARAC:

The Multi Agency Risk Assessment Conference (MARAC) is a multi-agency approach to managing cases of domestic abuse where the victim has been identified as being at high risk of serious harm or homicide. The four aims of MARAC are to safeguard victims of domestic abuse, manage perpetrators' behaviour, safeguard professionals, and make links with all other safeguarding processes.

Themes discussed at MARAC include:

- Physical assault/ abuse
- Sexual assault/ abuse
- Coercive control
- Use of mental health or threats to self-harm/ end their life (whilst this is a form of coercive control, this specifically came up regularly)
- Abuse of the victim via the children
- Stalking
- Harassment
- Psychological abuse
- Strangulation
- Victim Pregnant
- Victim Isolated from friends/ family
- Victims prevented from attending health services
- Emotional abuse
- Threats to kill
- Honour based violence
- Use of weapons or items to harm the victim
- Use of drugs (victim/ alleged perpetrator)
- Use of alcohol (victim/ alleged perpetrator)

Overall, the MARAC process is an excellent example of multi-agency working which DHCFT is fully committed.

### MAPPA (Multi-agency Public Protection Arrangements):

The purpose of MAPPA is to "Protect the public, including previous victims of crime, from serious harm by sexual and violent offenders." (MAPPA Guidance (2012) Version 4.0, Section 1). These arrangements are statutory. It does this by ensuring that all relevant agencies work together effectively to:

- Identify all MAPPA offenders.
  - Complete comprehensive multi-agency risk assessments.
  - Devise, implement and review robust multi-agency risk management plans.
  - Focus the available resources in a way which best protects the public from serious harm.
- DHCFT continues to maintain 100% attendance at MAPPA 3 meetings and case reviews.

## **PREVENT:**

The 2011 Prevent strategy has three specific strategic objectives:

Respond to the ideological challenge of terrorism and the threat we face from those who promote it prevent people from being drawn into terrorism and ensure that they are given appropriate advice and support work with sectors and institutions where there are risks of radicalisation that we need to address.

DHCFT is fully committed to attendance at the CHANNEL meetings. The Assistant Director of both Safeguarding Adults and Children and the Named safeguarding Doctor attend the Channel meetings. We continue to maintain 100% attendance at these meetings.

## **Adult MASH (multi-agency safeguarding hub)**

The core functions of the Derby City MASH. The intention of the MASH is to bring together partner agencies on a permanent basis in one location to share information relating to Children and Young People and adults where there are concerns regarding potential or actual significant harm. This will enable the sharing of vital information across agencies in order to make better informed and timely decisions about Section 47 (Child Protection) referrals being made regarding children and young people. Approximately 2578 adult referrals. There were 431 Section 47 child protection referrals received into MASH Health and of these 423 strategy meetings were held.

## **Medicines Safety**

### **Integrated Pharmacy and Medicines Optimisation (IPMO)**

This is a programme mandated for all STP/ICSs to provide system-level direction and leadership for the use of medicines and the development and utilisation of the pharmacy workforce. In Derbyshire we have divided our IPMO agenda between four pillars:

- Making effective interventions
- Medicines quality and safety
- Medicines value
- Pharmacy workforce

Specific workstreams aligned to these pillars have now been created and are being managed and monitored through the ICS's electronic project management process (ePMO)

The strategy and workstreams are overseen by an IPMO board within Joined-Up Care Derbyshire which is now a programme within the ICB's structures.

Relevant IPMO workstreams have representation from the DHCFT pharmacy team including the following:

- Implementation of the Pharmacy Workforce Strategy has now been incorporated into a Pharmacy Faculty that is chaired by the DHCFT Chief Pharmacist
- Medicines Safety is the remit of the Medicines Safety Officers of each organisation including our own Deputy Chief Pharmacist (Medicines Safety and Governance), who is taking a specific lead on the ICSs approach to assuring safe use of valproate-containing medicines
- The workstream developing approaches to effective medication reviews is supported by DHCFT pharmacists and we have been asked by the East Midlands AHSN to deliver a session about polypharmacy of psychotropic medicines to support the drive to deprescribe ineffective or harmful medicines

### **COVID-19 Vaccinations and Winter Wellness**

In addition to the regular clinical, operational and governance activities of the pharmacy team we have also been active in supporting the planning, governance and delivery of Covid-19 vaccines and influenza vaccine.

### **Electronic Prescribing and Medicines Administration (ePMA)**

The DHCFT Pharmacy team has contributed to the implementation of ePMA across CAMHS and CMHT services. We continue to refine the use of ePMA in those services and prepare for the implementation of ePMA across inpatient and assessment services in May. The use of ePMA presents a significant opportunity to improve our confidence and assurance about the safe use of medicines and to guide practice. The involvement of the Pharmacy team has been essential to developing useful, safe, and appropriate functionality and to optimising the system after implementation to address real-world feedback from users. Resourcing for ongoing Pharmacy support for the safe use and maintenance of ePMA has yet to be resolved, however.

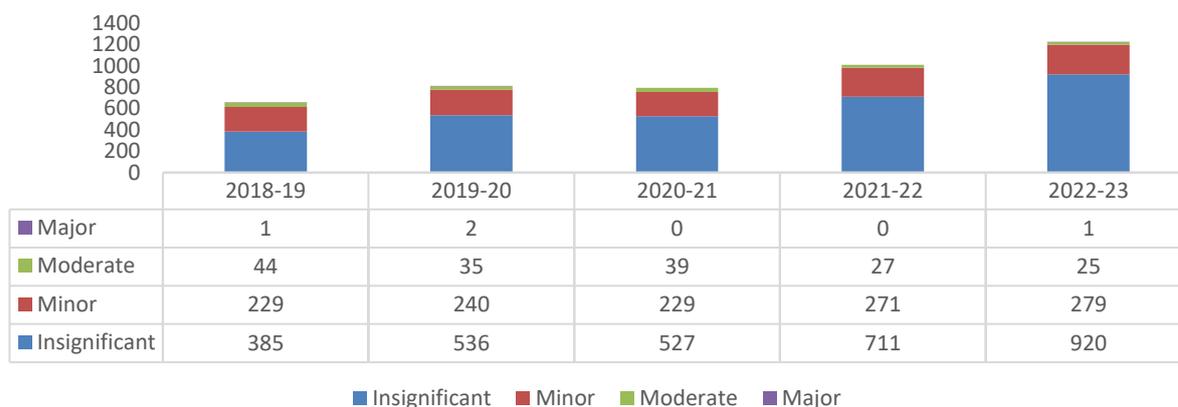
### **Wider Engagement and Recognition**

The DHCFT Pharmacy Team contribute to the following groups and networks outside of the Trust:

- Derbyshire Pharmacy Faculty
- Midlands Regional Pharmacy Faculty
- JUCD IPMO programme board
- JUCD Pharmacy Leaders cell
- JUCD Workforce Advisory Group
- JUCD Health and Social Care Academy steering group
- National MH Chief Pharmacists
- Derbyshire Medicine Safety Network
- Regional Medicine Safety Officers Network
- East Midlands Education and Training Network
- Midlands Mental Health Clinical Pharmacy Network

The development of our Pharmacy Faculty and our use of data to develop strategies for increasing our offering to Trainee Pharmacists was recently presented to the Regional Group and well received.

## Medication incidents reported via DATIX



## Clinical Effectiveness

### LeDeR Performance

In 2022/23, work continued to improve the care of patients through the NHS LeDeR framework. LeDeR reports work in relation to Learning from Lives and Deaths of people with a Learning Disability or Autism and focuses on improving the lives and the care people within this group receive to reduce the risk of mortality. This program emphasises the importance of excellent practice and learning lessons to improve care. Derbyshire Healthcare has acknowledged the importance of this program and have focused time and effort to improve its practice.

	Completed - All Notifications				Completed - Initial Reviews (Stage of Review is 5, 6 or 7) since June 2021				Completed - Focused Reviews (Stage of Review is 5, 6 or 7) since June 2021				% Of Focused Reviews since June 2021				Outstanding (those eligible for completion that are not completed)				Adult cases on hold out of all Reviews			
	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23
<b>Region, &amp; CCG</b>	%	%		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
<b>ENGLAND</b>	87%	87%	89%	87%	88%	88%	90%	89%	78%	79%	83%	80%	20%	21%	21%	21%	13%	13%	11%	13%	4%	4%	4%	4%
<b>MIDLANDS</b>	94%	94%	93%	93%	95%	95%	94%	94%	89%	89%	90%	86%	28%	29%	29%	29%	6%	6%	7%	7%	3%	4%	4%	4%

<b>DERBYSHIRE</b>	99%	99%	99%	99%	98%	98%	98%	98%	100%	100%	100%	100%	26%	27%	27%	26%	1%	1%	1%	1%	2%	3%	3%	3%
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### Derbyshire CRHTT

Over the last year the Crisis Resolution Home Treatment Service (Adults and Older Adults) has been engaged in mapping its services against national Fidelity standards for provision of mental health crisis services. A keen focus of the work has been to engage with and work in collaboration with service users and external partners in gaining feedback on what the service aimed to achieve through working towards the Fidelity standards. The Crisis Services presented to the NHSE Midlands Regional CRT Community of Practice Meeting in late Autumn last year the local benchmarking tool designed by the Derbyshire CRHTT Adults and Older Adults services to benchmark against the Fidelity Standards. It was recognised at the forum that Derbyshire Crisis Services were one of the few services in the Midlands region that were further along their journey in meeting the Fidelity standards and utilising a benchmarking tool to identify gaps in delivery and actions to address the gaps. The team have been asked by the Midlands Regional Team to share their core approach and the benchmarking tool so this can be adopted as good practice in other area Crisis teams.

### Helpline and support Services

Agreement has been reached with Derbyshire Police to reinstate and expand the Street Triage programme in collaboration with the DHcFT Crisis Helpline and Support Services. The agreement follows a pilot that was undertaken during 2022, which showed positive results in reducing police time on scene and police conveyance where mental health issues were involved. The initial pilot involved one car staffed with a police officer and a member of the Helpline clinical team, but the new service will expand to include two jointly staffed cars to cover both the north and south of the county. The service will operate at peak times of 4pm-12 midnight seven days a week and the aim will be to facilitate face to face clinical assessments on site where police are called out, reducing Section 136 detentions and police conveyance to ED, ensuring people with mental health problems are assessed and seen by the right service in the first instance. The service will begin operations from beginning March 2023 and will run initially for one year.

### Work Your Way

*Work your way* employment service is the Trust's name for an internationally proven *Individual, Placement and Support* (IPS) service. The model is recommended as part of the NHS long term plan for supporting people with severe mental illness to find meaningful paid employment as part of their journey to recovery. On average, people receiving IPS keep their jobs longer, earn more, and spend less time in hospital.

Our service covers city and countywide and is fully integrated into the Community mental health teams for adults of working age, those people in outpatients as well as in Early Interventions north and south teams. Individuals can self-refer via the Derbyshire Healthcare Foundation Trust website [www.workyourway.net](http://www.workyourway.net) or service users can speak to their clinical co-ordinator

who can refer on their behalf. Operating for nearly 3 years, the impact has been to support over 200 people into paid employment and here are a couple of quotes from service users:

*“I suffer from bipolar and mood disorder and have been unemployed for 5yrs when I was referred to IPS in January 2022. I used to have a high-power job as a strategic manager for a mining company for many years before falling ill. I now just want a purpose and a reason to get out of the house and I am willing to re locate. The support I have received from Diane has been excellent. She has contacted potential employers on my behalf and helped me gain 2 temporary posts and has also contacted another employer who is inviting me for a look around and an interview. My confidence has definitely improved, and I feel much more motivated since working with Diane.”*

*“I have been in the mental health service for most of my life suffering from depression, anxiety, and hearing voice’s. I have been out of work for 26 years but have now secured a job as a school crossing patrol. Before I became ill the last time (1996), I was a soft drinks salesman I have also volunteered at a school in Derby from 2001 to 2013 as an IT technician and did general maintenances for them. I have been with Louise since December 2021. The support I have had from Louise has been great. Louise is very helpful and explains things in a down to earth way. I was very anxious on the first meeting with Louise which was one to one over the internet, but she soon helped me calm down and now I have a job!”*

### **Allied Health Professional and Social Work Strategy**

Derbyshire Healthcare NHS Foundation Trust is proud to become one of the first UK Trusts to adopt a Board level Chief Allied Health Professional (AHP) position. This sits the AHP and Social Worker professions within the heart of the organisational strategy for DHcFT. AHPs and support staff should have clear career pathways and educational opportunities available, so our workforce plan aims to address these issues.

Allied health professions (AHPs) form the third largest clinical workforce in the NHS and are professionally autonomous practitioners educated to at least degree level standard. They comprise of 14 different occupations. AHPs work across all areas of health and social care; supporting people from birth to end of life. They focus on the prevention of ill-health alongside improving health and wellbeing to maximise the potential for people to live full and active lives within their family circles, social networks, education/training settings and the workplace (Allied Health Professions Strategy for England, 2022-27). Within Derbyshire Healthcare NHS Foundation Trust there are around 175 AHPs and nearly 50 Social Workers. We have:

This strategy highlights DHcFT’s key areas of focus and strategic direction in which our AHPs will be supported to:

- develop professional identity and community for all AHPs and support workers
- deliver quality care, improved health outcomes for all and improved sustainability of health and care services
- work in partnership with our colleagues throughout Joined Up Care Derbyshire

This strategy aligns with the Allied Health Professions (AHP) Strategy for England: AHPs Deliver, DHcFT’s Trust Strategy 2022-2025 and JUCD AHP Strategy.

## Supporting Neighbouring Trusts for Best Patient Outcomes

In 2022/23, Derbyshire Healthcare NHS Foundation Trust offered support to St Andrews Healthcare due to comes in relation to a CQC inspection and the impact this may have on Derbyshire Healthcare patients located within St Andrews Healthcare settings. DHCFT supported St Andrew's by introduced a senior improvement lead into the team. This professional supported the St Andrew's team successfully improve their rating with the CQC.

## Same Sex Accommodation

In 2022/23 DHCFT moved all its wards except two, into a Same Sex Accommodation approach. This saw all wards move to populations of all Male or all Female and fit in line with the Trust Sexual Safety work. In 2022/23, DHCFT saw no breaches and were completely compliant.

## Health Visiting Service

Our aware winning Health Visitor team are qualified nurses and midwives who have completed specialist training in public health for children, young people and families. Health visitors lead on the "Healthy Child Programme", aim to improve the health and well-being of children under the age of five. Furthermore, our Health Visitor Team are part of the Family Health Service.

Data for 2021/2022:

Data for 2021/22												
	Quarter 1%			Quarter 2%			Quarter 3%			Quarter 4%		
	National Target	Regional Target	DHCFT	National Target	Regional Target	DHCFT	National Target	Regional Target	DHCFT	National Target	Regional Target	DHCFT
New-born	85.4	93.9	99.45	83.2	92.1	98.52	82.6	92.7	99.19	79.3	90.9	98.8
6-8 week	84.2	94.0	99.27	81.8	91.4	99.05	81.0	90.0	98.98	79.5	89.0	99.42
12 months	74.2	64.5	96.11	72.6	68.6	96.36	72.2	63.8	96.29	69.3	65.5	92.07
2/2.5 year (ASQ-3)	87.9	83.2	93.81	89.1	83.7	92.88	92.0	86.4	93.63	92.4	91.1	90.43
Data for 2022/23												
	Quarter 1 % DHCFT		Quarter 2 % DHCFT		Quarter 3 % DHCFT		Quarter 4 % DHCFT					
New-born	99.07%		99.44%		99.45%		99.28%					
6-8 week	98.70%		98.03%		98.78%		98.99%					
12 months	96.82%		96.64%		96.91%		92.63%					
2/2.5 year (ASQ-3)	94.60%		93.96		89.17		92.64					

## Patient Experience

The Patient Experience Strategy was published in 2020 and has been reviewed by the Quality & Safeguarding Committee in 2022/23. 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 and Electronic Patient 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.

The Care Quality Commission (CQC) has published findings from its annual community mental health survey, looking at people's experiences of NHS community mental health services. A summary of the key findings from this year's survey is outlined below.

#### **Context**

The CQC community mental health survey has been carried out almost every year since 2004. For this year's survey, field work took place between February and June 2022. Those aged 18 and over and who had received specialist care or treatment for a mental health condition between 1 September and 30 November 2021 were eligible to take part. This year saw a decline in the number of respondents: CQC received responses from 13,418 people (a 21% response rate) compared to 17,322 people in 2021 (a 26% response rate).

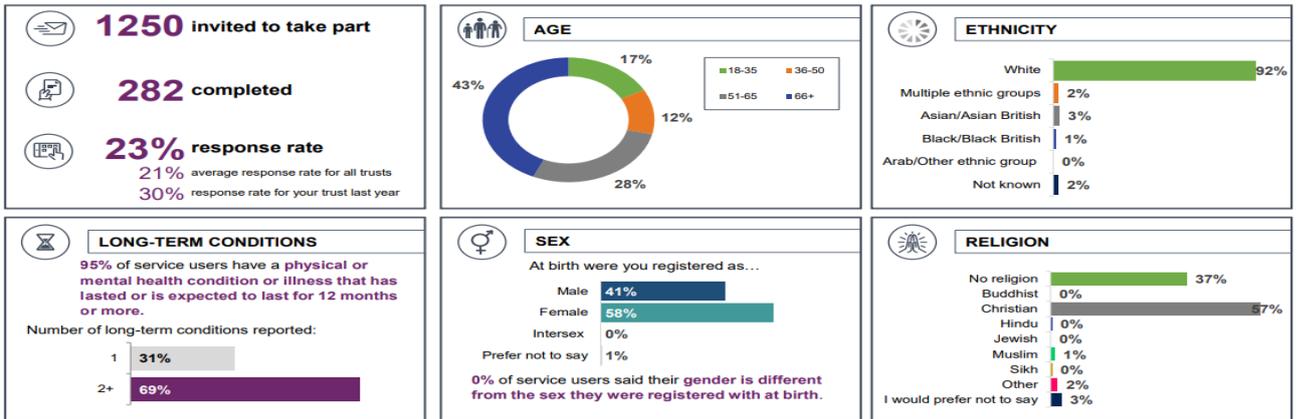
Each participating trust has been provided with a benchmarking report which provides detailed information on how a trust's score compares with other trusts. The results from the survey will be used by CQC to build up the regulator's understanding of the risk and quality of services and those who organise care across an area. It will also be used by other trusts and commissioning services to identify and make the changes they need to improve the experience of people who use their services.

#### **Key points**

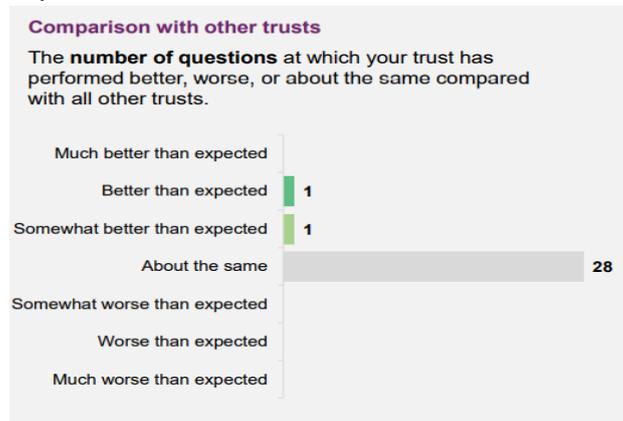
Who took part on behalf of DHCFT:

## Who took part in the survey?

This slide is included to help you interpret responses and to provide information about the population of service users who took part in the survey.

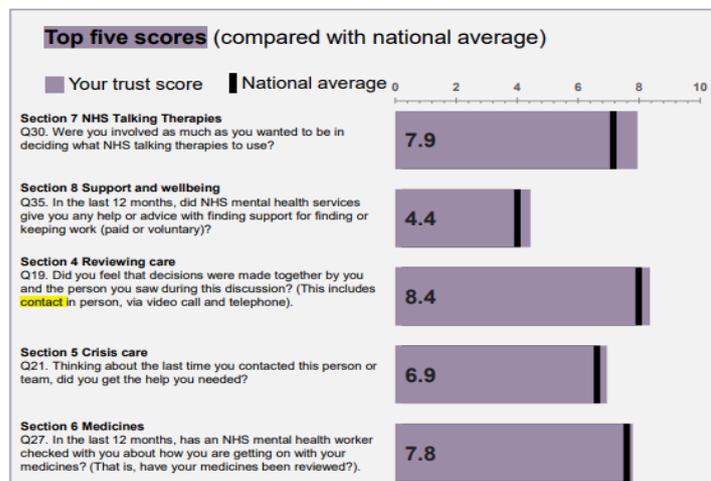


As per the infographic above, 71% of the people who responded were over the age of 51 and the majority were white with a relatively even split between males and females. Based on this, a targeted approach to increase feedback from younger service users and a more diverse range of ethnic groups will be prioritised.

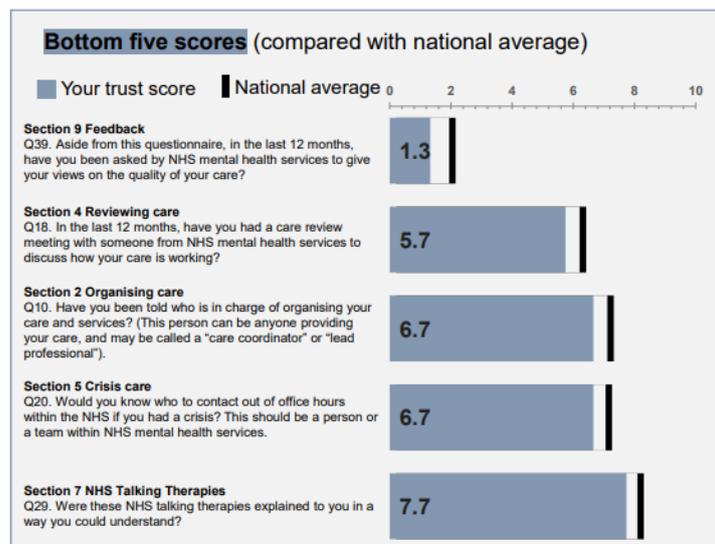


Is positive to see that DHCFT performed better than expected in two categories compared with the other trusts who took part in the survey and did not perform statistically significantly worse than any other trusts who took part

## Positive results



## Areas for improvement



The areas that were identified as needing the most improvement as per the infographic above include getting feedback from the people who use our service which is an area of priority which should see significant improvements due to the work around the electronic patient survey as discussed elsewhere in this paper. It is important to highlight that the Trust has identified this drop has occurred for the second time. Two years prior, DHCFT scored highly in these areas but have dropped since then. The Trust will focus on improving these areas within 2023/24.

With regards to reviewing care, and organising care, some of these difficulties could be explained due to challenges related to the pandemic and if the respondents to the survey interpreted this as a face-to-face meeting. As services recover, more face-to-face meetings are happening and there is work ongoing to agree standards for virtual appointments to ensure they meet the needs of service users. This work is being led by the Head of Nursing for Community Services and is due to be completed in December 2022. Furthermore, Derbyshire Healthcare are trying to find out more about people's experiences of virtual/digital appointments in our services and a survey was sent out in December 2022 designed to gather feedback from service users, carers, and family members. We will use the information we gather to put the right support in place for people who may wish to take up the option of virtual appointments.

With regards to crisis care, and service users knowing who to contact in a crisis, action is being taken to improve this information on trust literature, automated responses from the electronic patient survey and work around the promotion of the mental health helpline. This will continue to be monitored and reviewed within the electronic patient survey data. With regards to the talking therapies, this will be fed back to the IAPT service for consideration. The responses to all these items will be taken through the PEC meeting for assurance.

### How experience varies for different groups

In line with last year's findings, nationally, younger people (aged 18 to 35 and 36 to 50) reported worse than average experiences, while those in the older age groups (66 to 80 and those over 80 years old) reported better than average experiences. Findings also showed that people with challenging and chaotic non-psychotic disorders reported worse than average experiences of care across multiple areas. In contrast, those with a diagnosis of first episode psychosis consistently reported better than average experiences. People who expected their mental

health condition to last longer than 12 months also reported worse than average experiences across multiple themes. Those who received face-to-face and video modes of contact reported better experiences of care, whereas those who received telephone-based care were more likely to report worse than average care.

### NHS Providers view

The impact of the pandemic and now the rising cost of living on need is clear: responding to the CQC survey of trust leaders in the summer, the majority of respondents (72%) said they have seen an increase in mental health presentations due to stress, debt and poverty.

We welcome the CQC providing each trust that participated in the survey with a benchmarking report which will support learning and improvement as detailed above. There is clearly work to be done in a number of key areas including ensuring that people are properly involved in decisions about their care, that their care is robustly and regularly reviewed, and that they always feel treated with dignity and respect.

Welcome work is now underway to improve and integrate Community Mental Health services under the NHS Long Term Plan, but we know that delivering its ambitions in full will take time and further funding. As CQC notes, targets and budgets associated with these plans were created before the pandemic and therefore do not account for increased levels of demand we are now seeing.

### 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.

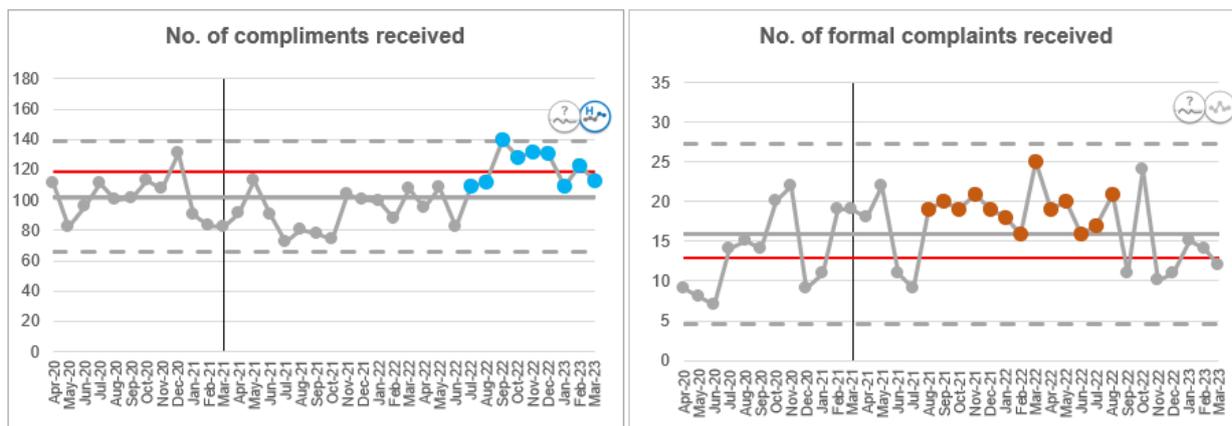
The Patient Experience Team worked with operational teams and people contacting their service to ensure that the best outcomes have been achieved in the timely manner. Our progress throughout the year is monitored, and reported on, in quarterly reports to the Patient Experience Committee and Quality Committee.

### Comparison of Contacts Through the Year

	2019-20	2020-21	2021-22	2022-23	Total
Complaint	140	167	216	190	713
Compliment	1660	1214	1102	1385	5361
Concern	581	481	516	444	2022
Enquiry	59	743	1421	1690	3913
<b>Total</b>	<b>2440</b>	<b>2605</b>	<b>3255</b>	<b>3709</b>	<b>12009</b>

Complaints are issues that need investigating and require a formal written response from the Trust. Investigations are coordinated 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.



### Parliamentary and Health Service Ombudsman

During the year, the Trust discussed five cases with the Parliamentary and Health Service Ombudsman. In four of the cases no further action was required. One required further response however, this was dealt with and resolved at the time.

### Comparison of Concerns, Complaints and Compliments by Top Issues Raised

Top 3 issues raised in Concerns		Top 3 issues raised in Complaints	
2020-21	247	2020-21	141
Availability of Services / Activities / Therapies	105	Care planning	76
Care planning	88	Abruptness / Rudeness / Unprofessionalism	40
Other	54	Availability of Services / Activities / Therapies	25
2021-22	308	2021-22	220
Care planning	134	Care planning	119
Availability of Services / Activities / Therapies	117	Abruptness / Rudeness / Unprofessionalism	52
Other	57	Availability of Services / Activities / Therapies	49
2022-23	196	2022-23	179
Care planning	96	Care planning	92
Appointments (e.g. delays and cancellations)	51	Abruptness / Rudeness / Unprofessionalism	62
Availability of Services / Activities / Therapies	49	Medication	25
<b>Total</b>	<b>751</b>	<b>Total</b>	<b>540</b>

### Compliments

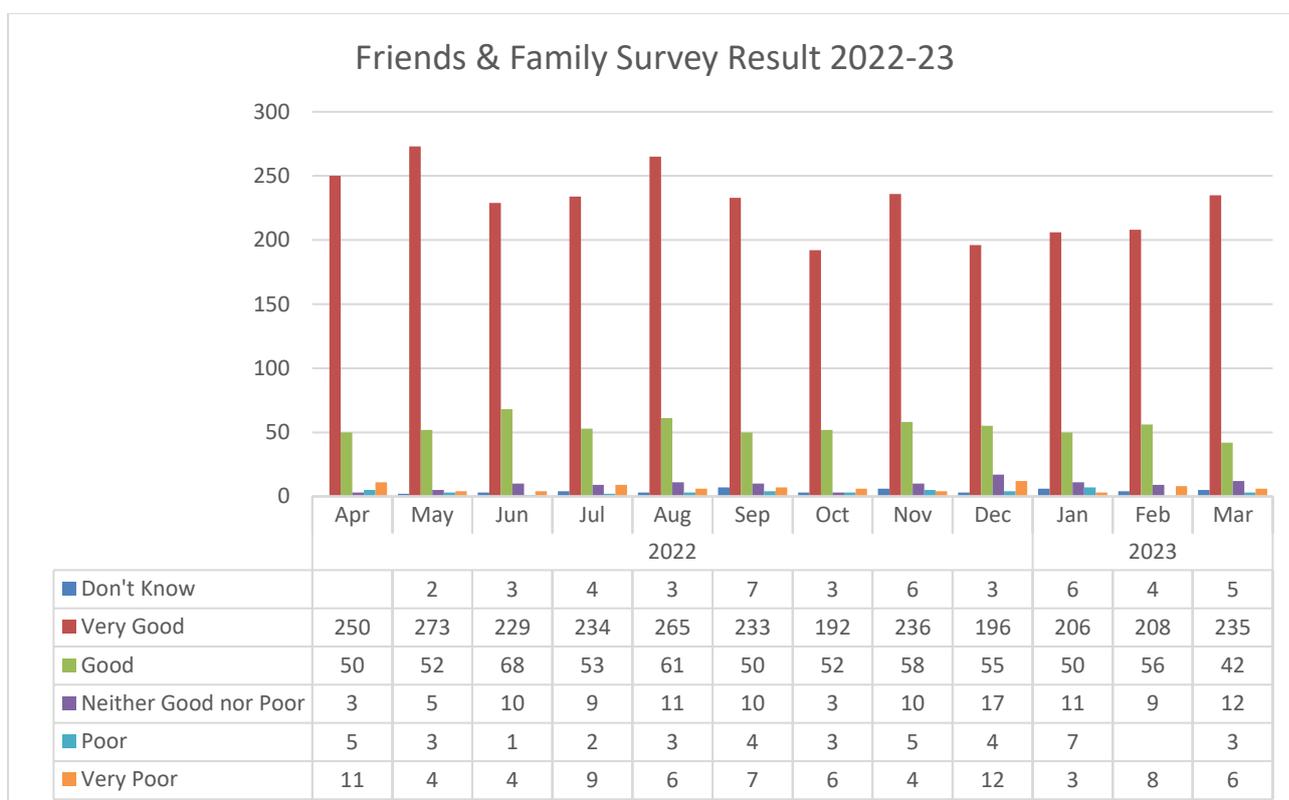
Themes from the 6443 compliments received reflect people's gratitude for the care provided and appreciation of the support and help given, with the highest identified point being general gratitude. There has been an increase in compliments in 2022/23. An electronic patient survey has been created and is in the process of roll out across the Trust to tackle this alongside the move toward face-to-face contact being stood back up.

	2019-2020	2020-21	2021-22	2022-23
Care	1033	674	660	779
Compassion	719	500	489	619

Empathy	518	341	346	496
Environment	305	146	145	169
Facilities	255	121	113	130
General gratitude	1060	875	775	983
Information/Advice	665	374	403	480
Kindness	847	563	567	690
Listening	700	449	439	586
Responsiveness	619	454	395	520
Support/Help	1036	804	728	889
Other - see description	82	70	37	102
<b>Total</b>	<b>7839</b>	<b>5371</b>	<b>5097</b>	<b>6443</b>

### Friends and Family Test

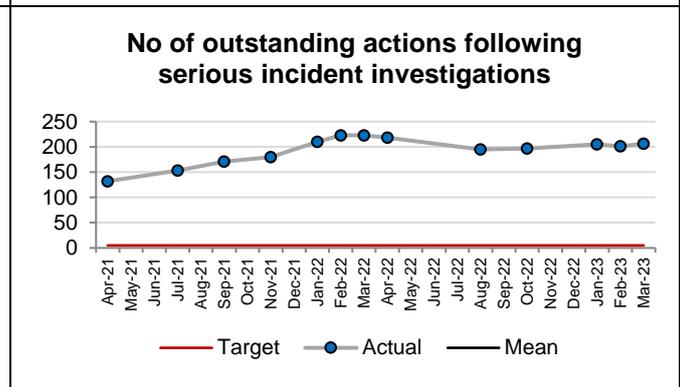
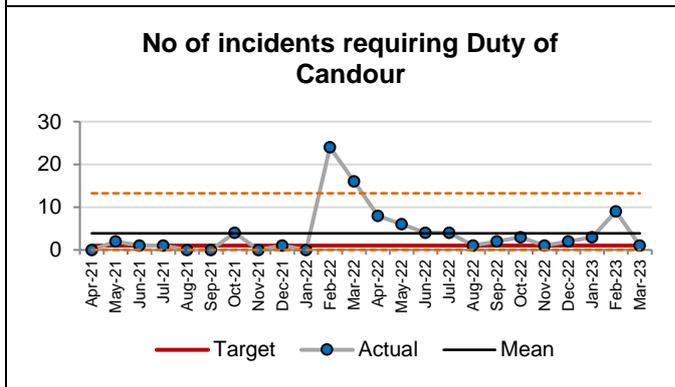
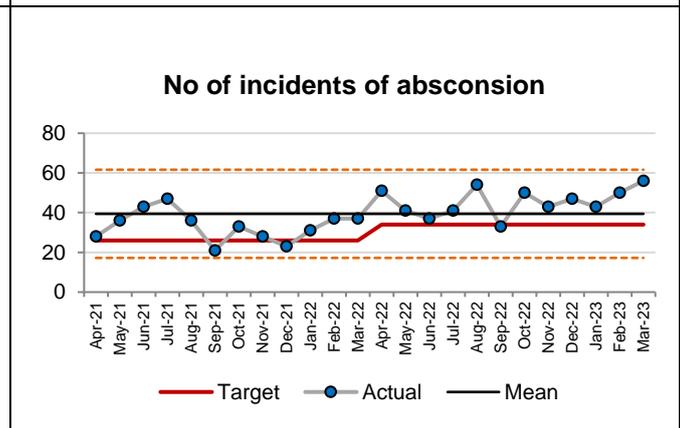
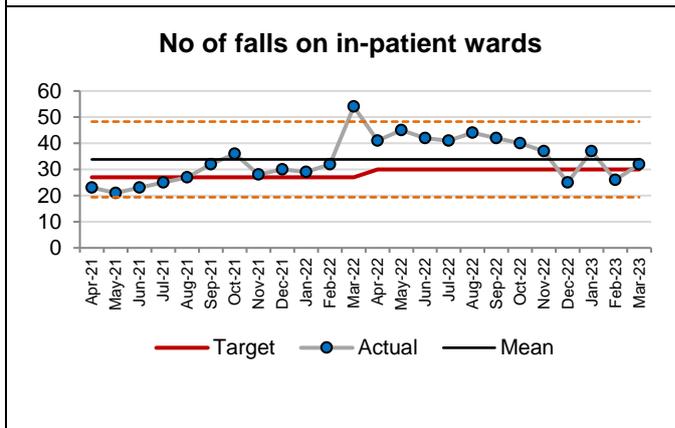
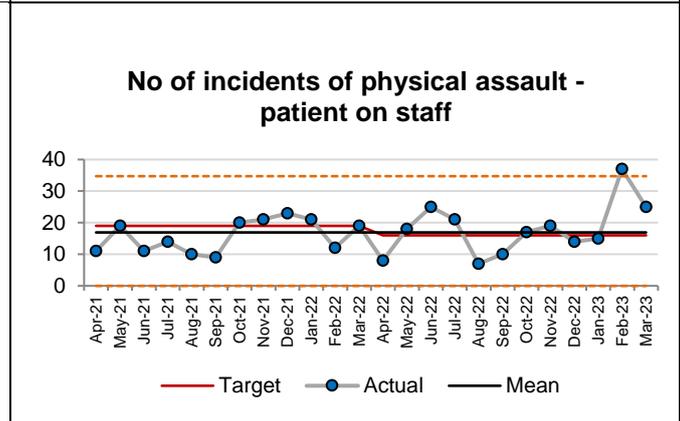
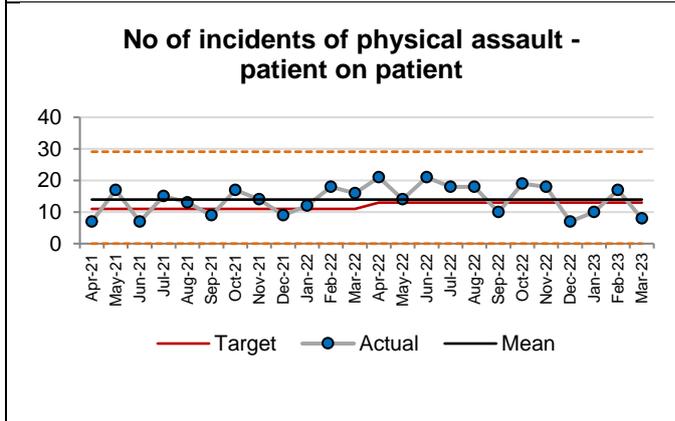
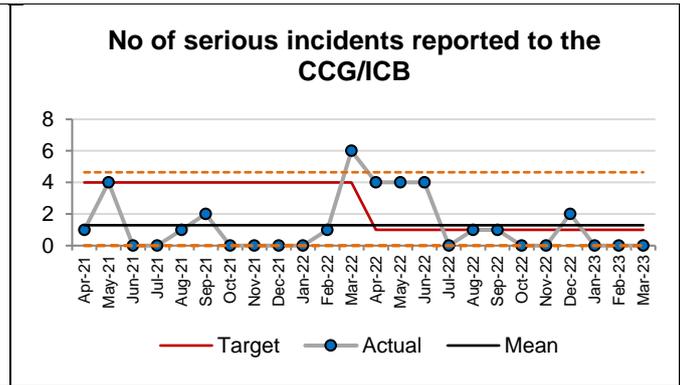
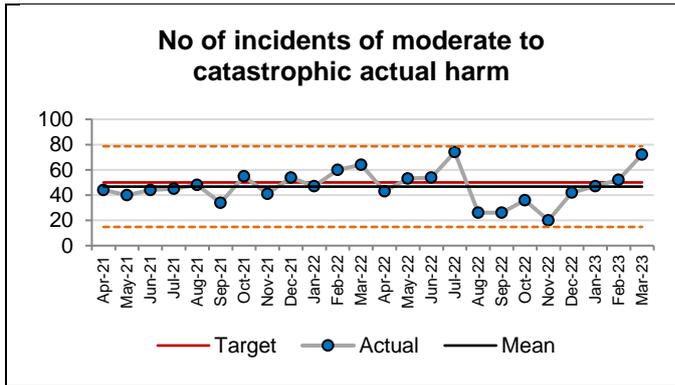
The Friends and Family Test asks people, if they would recommend the services, they have used to others who are close to them if they were also in need of similar care and treatment. It offers a range of responses to choose from, and when combined with supplementary follow-up questions, provides an indicator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

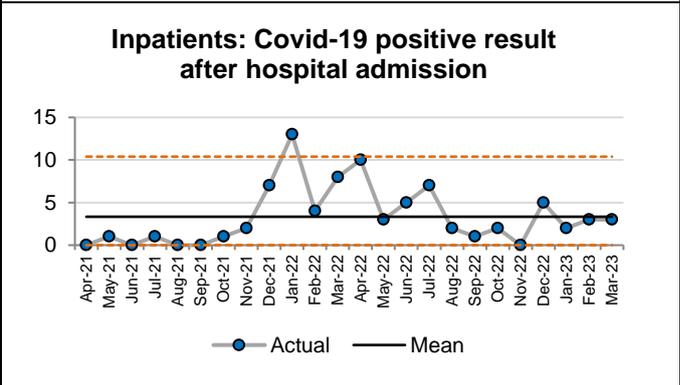
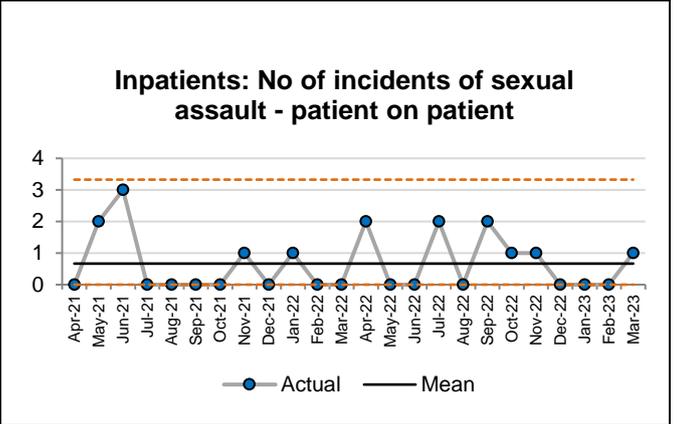
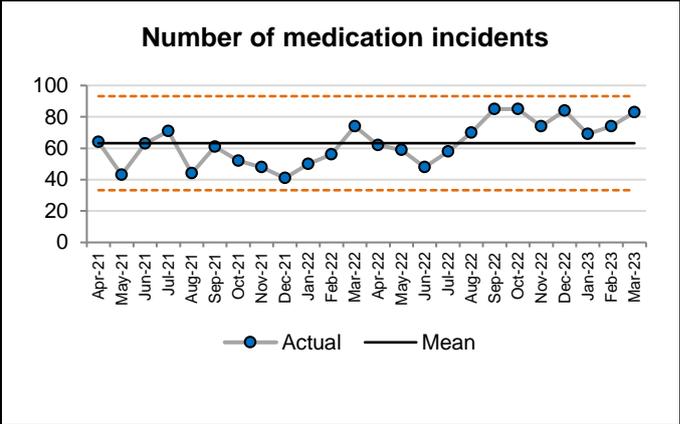
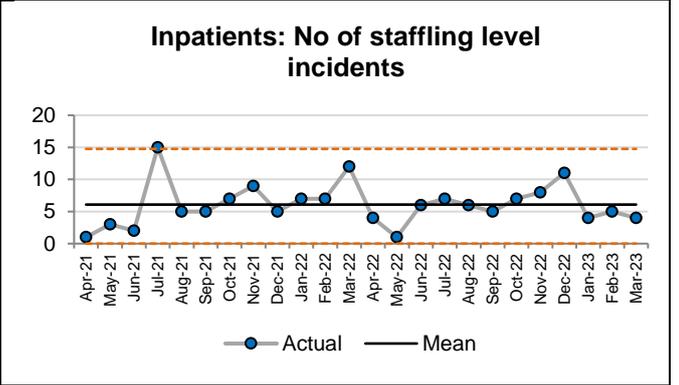
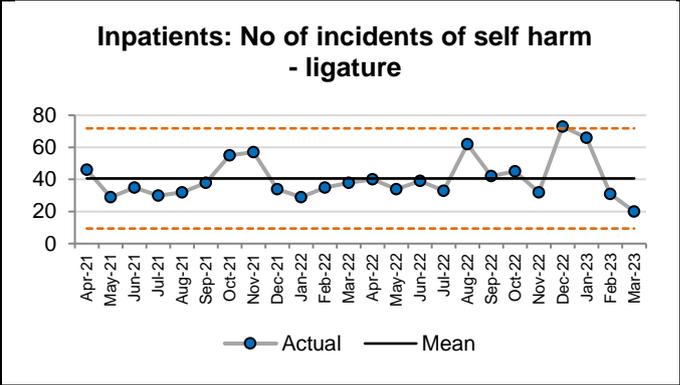


# Part 3 - Quality Dashboard and CQC

## Quality Dashboard

Use of Force	
<p><b>No of new episodes of patients held in seclusion</b></p> <p>— Target    ● Actual    — Mean</p>	<p><b>No of incidents involving physical restraint</b></p> <p>— Target    ● Actual    — Mean</p>
<p><b>No of incidents involving prone restraint</b></p> <p>— Target    ● Actual    — Mean</p>	
PICU + Out of Area	
<p><b>Number of patients in PICU</b></p> <p>● Actual    — Mean</p>	<p><b>Number of patients entering seclusion prior to moving to PICU</b></p> <p>● Actual    — Mean</p>
Patient Safety	





## CQC Inspection Rating

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 14 separate Mental Health based 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, 2021/22 and 2022/23.

## Part 4: Our Quality Priorities and Annual Workplan for 2022/23

Our 2023/24 Quality Priorities for Improvement are as follows:

Strategic Quality Priorities	Priorities: 2022-2023
A. Implementation and development of Expert by Experience and Carer Engagement Strategy	<ul style="list-style-type: none"> <li>• Focusing on expansion of Peer Support Workers across the Trust</li> <li>• Expansion of Co-production across the Trust</li> <li>• Developing Policies and Procedures to involve and engage Experts in their creation, development, and review</li> <li>• Development and expansion of an Expert by Experience structure with future planning and expansion</li> <li>• Improvements in Trust culture and engagement with Experts and Carers</li> <li>• Implementation of feedback processes and visibility of Expert Voice at all levels of the Trust</li> </ul>
B. Focused improvement in the Reduction of Self Harm and Ligature incidents	<ul style="list-style-type: none"> <li>• Links with Making Room for Dignity Program and New Build hospitals to create environments fit for those using them and the risks associated.</li> <li>• Working alongside experts by experience to review and develop strategy, training and education for staff, patients, carers, experts, and the public.</li> <li>• Development of Simulation Training and roll out across the Trust and Joined Up Care Derbyshire.</li> <li>• Support across Joined up Care Derbyshire and the Integrated Care System to support the reduction in Self Harm and Ligature incidents across non-mental health settings.</li> </ul>
C. Focused improvement on Care planning and Patient Centred Care	<ul style="list-style-type: none"> <li>• Improved completion of care planning by clinicians and with patient involvement throughout</li> <li>• Development of training and improved access to training for staff</li> <li>• Improved use of technology for care planning in the community</li> <li>• Improved use of psychoeducation to support the creation, development, and review of care plans with patients, carers, and their families</li> <li>• Focused approach to formulation and its relation to effective and meaningful care planning</li> <li>• Training and focus on ensuring health inequalities are understood by staff to support the most appropriate plan of care. This must include Serious Mental Illness (SMI) groups</li> </ul>

	<ul style="list-style-type: none"> <li>• Engagement with wider services to create safe systems and trauma informed approaches for the best patient centred outcomes</li> <li>• Ensuring that carefully focuses on the person and not just their mental health, including milestones and links with services</li> <li>• Review of current technology and electronic systems to ensure they are fit for purpose and do not limit clinical outcome</li> </ul>
<p>D. Focused improvement in Risk Assessment and Formulation</p>	<ul style="list-style-type: none"> <li>• Improvements in training availability for staff in completion of risk assessment documents and in identifying, recognising, and responding to risk</li> <li>• Improvements in the use of formulation and the benefits of hearing the persons voice in risk assessment</li> <li>• Improvements in how the multi professional and multi-agency team works together to identify and manage risk.</li> <li>• Development and improvement of risk assessment and formulation for those who sit across multiple services and agencies, including across Neurodevelopmental and Mental Health Services</li> <li>• Improvement and development of more effective transition through services, include from Children’s services to Adult Services</li> </ul>
<p>E. Focused and improved use of Outcome measures</p>	<ul style="list-style-type: none"> <li>• Improving the availability of training to support staff in the use of outcome measures within their day-to-day roles</li> <li>• Improving electronic systems and technology to support the use of outcome measures within care, while acknowledging the challenges faced in some rural areas of Derbyshire and without restricting and creating health inequalities.</li> <li>• Improving how outcome measures are utilised within the Multi-Disciplinary Team to support and guide plans of care.</li> <li>• Developing strategy and commissioning through the use of outcome measures to truly create best places of care</li> <li>• Ensuring evidence and data-based care planning for transitions through care and engagement with primary care.</li> </ul>

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 2023/24**

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.

## Appendix 1 – Statement from Commissioners, Local Healthwatch organisations and overview and Scrutiny Committee

### Feedback from Derby and Derbyshire Integrated Care Board

#### General Comments

The Derby and Derbyshire Integrated Care Board (DDICB) welcome the opportunity to provide a statement in response to the 2022/23 Quality Account (QA) from Derbyshire Healthcare NHS Foundation Trust (DHcFT). DDICB 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 reviewed through the quality monitoring mechanisms.

#### Measuring and Improving Performance

Despite the operational pressures throughout the year, DDICB noted the progress and achievement of their quality priorities set out last year. There are examples with relevant evidence to support statements of implementation and we recognise that in 2023/24 the Trust will focus on their continual development and integration into practice. The QA clearly evidences where the Trust will target its resources to deliver service improvements in the next twelve months.

Commissioners agree that the QA 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. Within the Trust Strategy there were four key priorities for 2022/23:

1. Sexual Safety.
2. Implementation of a Trauma Sensitive Services Strategy.
3. Implementation of the new Mental Health Legislation, including the Mental Health Act (MHA) and Liberty Protection Safeguards (LPS).
4. Implementation and delivery of all named CQUINs or contractual targets.

Commissioners supported these priorities and thanked DHcFT for their flexible and pragmatic approach to embedding these into clinical practice. The QA reflects the hard work that has taken place to achieve these priorities. As recognised in the QA, the Trust moved all its wards except two, into a Same Sex Accommodation approach. This saw all wards move to populations of all Male or all Female and fit in line with the Trust Sexual Safety work. In 2022/23, the Trust saw no breaches and was compliant.

It would have been helpful to provide a brief narrative around performance in the Quality Dashboard on pages 110-112.

The Trust has collaborated closely with Commissioners in their implementation and quality assurance mechanisms. Whilst CQUIN targets were not achieved Commissioners note the Trusts continued commitment to the program.

#### Patient Safety and Clinical Effectiveness

The Trust continues to ensure that there is continuous improvement regarding the quality of incident investigations and Trust-wide learning. The Trust is compliant with the national requirements set by NHS England/Improvement about collecting patient safety data and its use in improving patient safety. However, several assurances given about patient safety are data heavy with limited analysis or narrative. For example, the Trust's performance with LeDeR, which again is presented as data rather than objective analysis of its successes and areas for improvement. Outside of this QA Commissioners are aware of the great strides taken by the Trust to embed LeDeR into practice, but these are not reflected in the account.

Comparatively, over the last year the Crisis Resolution Home Treatment Service (Adults and Older Adults) has mapped its services against national Fidelity standards for provision of mental health crisis services. A keen focus of the work has been to engage with and work in collaboration with service users and external partners in gaining feedback on what the service aimed to achieve through working towards the Fidelity standards. Commissioners welcome this work and congratulate the team on their achievements.

Additionally, agreement has been reached with Derbyshire Police to reinstate and expand the Street Triage programme in collaboration with the DHcFT Crisis Helpline and Support Services. The agreement follows a pilot that was undertaken during 2022, which showed positive results in reducing police time on scene and police conveyance where mental health issues were involved. The initial pilot involved one car staffed with a police officer and a member of the Helpline clinical team, but the new service will expand to include two jointly staffed cars to cover both the north and south of the county. The service will operate at peak times of 4pm-12 midnight seven days a week and the aim will be to facilitate face to face clinical assessments on site where police are called out, reducing Section 136 detentions and police conveyance to ED, ensuring people with mental health problems are assessed and seen by the right service in the first instance. The service will begin operations from beginning March 2023 and will run initially for one year. Commissioners welcome this work and thank the Trust for reinstating this valuable programme.

### **Patient and Staff Experience**

The Patient Experience Strategy was reviewed by the Trust Quality & Safeguarding Committee in 2023/24. Commissioners note that 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.

Commissioners will monitor further improvement in these areas over 2023/24 and will support the Trust in this ongoing work.

To ensure the Trust understand the experiences and satisfaction of people who receive care and treatment in its community mental health services, it takes part in the annual national Mental Health Community Service User Survey. In 2022/23 71% of respondents were over

the age of 51 and the majority were white with a relatively even split between males and females. Going forward, the Trust will adopt a targeted approach to increase feedback from younger service users and a more diverse range of ethnic groups will be prioritised.

Commissioners acknowledge the positive feedback received for Talking Therapies, Support and Wellbeing, Reviewing Care, Crisis Care and Medicines Management. Comparatively, areas for improvement are patients being offered opportunity to feedback on care, participation in a care review meeting, and a named patient care coordinator or lead professional. Commissioners will work with the Trust in addressing these areas of improvement.

The 2022 Staff Survey presented a response rate of 48% (2% below the median) and a total of 1,412 questionnaires completed, a drop from 1,703 in 2021. Whilst the documented feedback is positive, the QA does not explain why uptake in 2022 was less than half the workforce nor the drop in respondents from 2021. Additionally, there is no plan to increase uptake in 2023.

### **Care Quality Commissioner (CQC)**

In the last four years DHcFT has undergone a full Trust-wide inspection. Visits highlighted an area of 'Outstanding' in Children and Young Peoples Services (Derby City and South)

Currently, CQC rate the Trust as 'Good' which is a positive continuation from 2021/22. Commissioners are eager for DHcFT maintain this rating.

Commissioners feel that it would have been useful to include an update in relation to the implementation of the areas of improvement previously identified by CQC that are either closed or ongoing. As well as compliance against recommendations/actions which were raised following the mock CQC inspections. The outstanding actions continue to report to the Trust Board and the Clinical Quality Review Group.

### **Quality Priorities for 2023/24**

In addition to restoration and recovery of services, the Trust has identified five key priorities for 2023/24.

1. Implementation and development of Expert by Experience and Carer Engagement Strategy
2. Focused improvement in the Reduction of Self Harm and Ligature incidents
3. Focused improvement on Care planning and Patient Centred Care
4. Focused improvement in Risk Assessment and Formulation
5. Focused and improved use of Outcome measures

Commissioners recognise the importance the Trust attaches to each of these priorities.

### **Looking Ahead**

This Quality Account (2023/24) statement provides assurance to members of the public that the ICB is committed to ensuring it assesses and provides a high quality of care across its commissioned services. Within this statement DDICB recognise and thank DHcFT for working positively and collaboratively with commissioners and key stakeholders to ensure our service users receive a high quality of care at the right time and in the right care setting.

The Trusts role is fundamental to system development and transformation of Derbyshire Healthcare It plays a leading role within the development of the Mental Health and Learning Disability and Autism Integrated Delivery Board and management of the Transforming Care Programme. This provides a valuable opportunity to coordinate and lead partnerships and relationships across Joined Up Cared Derbyshire.

Commissioners welcome the investment and construction of the new Psychiatric Intensive Care Unit (PICU) and the planned redevelopment of the adult inpatient services which are financed from the Trust capital plan. This will allow Derbyshire to provide a local PICU facility within the county. This supports the system commitment to the 'Long Term Plan' and bringing care closer to home.

As we move towards further system integration DDICB looks forward to working with the Trust to build system collaborative services that facilitate the four priorities highlighted in this Quality Account.

Brigid Stacey

Chief Nursing Officer and Deputy Chief Executive

On behalf of Derby and Derbyshire Clinical Integrated Care Board

28<sup>th</sup> April 2023

## **Derbyshire Healthcare NHS Foundation Trust Response to ICB Feedback**

### **Quality Dashboard Narrative**

The Quality Dashboard is created by staff who focus on the Quality and Governance of care across the Trust. This is reviewed across Clinical Operational Assurance Teams and assurance is provided through the Quality and Safeguarding Committee, along with public Board.

For 2022/23, the recovery from the COVID-19 pandemic can be seen through the data presented. SPC charts are utilised to demonstrate patterns and trends and to allow for leaders to implement change and imbed support where needed.

As the pandemic created levels of uncertainty, there has been periodic impacts of some quality indicators. An example of this is data linked to restrictive practice. During 2022/23, there have been periods where use of restrictive practice has increased, however, only on rare occasions has this reached upper thresholds. When this has occurred, the Quality dashboard and assurance processes have allowed for quick response and improvements. This has linked closely with admissions to PICU, which in periods of increase restrictive practice, has seen increased levels of PICU referrals and admissions.

The quality dashboard has a heavy focus on Patient Safety. As the PSIRF model has been further developed and implemented the Trust has seen a drop in incidents reported to the ICB. In February 2022, the data demonstrates a spike in incident requiring Duty of Candour. This comes as guidance was changed resulting in a large increase in those incidents

meeting the thresholds. The Trust took the decision to review incidents prior to February 2022 in line with best practice, which resulted in a above higher threshold number for the month. After March, this data is seen to drop to the expected threshold.

It is important to also acknowledge that due to acuity of patient need, there are periods where a small number of patients have large impacts on the number of incidents occurring in a short period of time. This can be seen with data such as assaults, absconsion, self-harm and ligatures. This then has direct impact on staffing levels and staffing need.

### Staff Survey Narrative

The 2022/23 Staff Survey presented a response rate of 48% (2% below the median) and a total of 1,412 questionnaires completed, a drop from 1,703 in 2021. This drop from the previous results in 2021 raises cocerns for the board. The Trust has utilised live engagement events, area visits and Quality Visit process to engage with staff and hear them to understand morale and culture. The move from COVID-19 management, back to “business as usual” has seen a large number of staff feeling tired and an increased need to support morale and culture. In order to hear staff and respond, DHCFT has invested time and finances into improving staff wellbeing through a range of approaches. This is through routes such as training, wellbeing sessions, RESOLVE, coaching, 1:1 support sessions and a Trust push to increase team away days and time together. The Trust aims to utilise this time to encourage teams to refocus, rebuild relationships and plan their own local team priorities in line with Trust priorities.

### CQC Narrative

The Trust has continued to focus on CQC preparedness and action completion throughout 2022/23. Through the continued employment of a CQC lead, alongside further investment the Trust has completed all, but 2 actions identified within previous CQC visits. The Trust has continued to review completed must and should do actions, to ensure they continue to be a priority through mock CQC inspections and local audit frameworks. Work has continued to work with front line staff to ensure an understanding of the importance in keeping with the Key Lines of Enquiry so that clinical care is in line with best practice. Furthermore, there has been continued engagement and oversight with the board.

### **Feedback from local Healthwatch**

Healthwatch Derby commends the Trust with its successes in the last year. The recognition is showing that all the hard work pays off in the end and that the Trust is moving forward. It is pleasing to see that the experiences of patients and staff are helping to drive improvement. Healthwatch Derby will continue to support the Trust in its endeavours and will continue to act as a conduit for patient voice and be a critical friend.

James Moore  
CEO Healthwatch Derby  
18<sup>th</sup> April 2023

## Response to Consultation Feedback Trust Governors

At a time of unprecedented challenge in the NHS colleagues across the organisation have continued to deliver services and contribute to the Trusts COVID-19 recovery plan. During 2022/23 governors have been pleased to see the trust continue to develop services in line with the NHS Long Term Plan and keep people and improving performance at the centre of planning and service delivery.

This year's report is considerably longer and reflects the complexity and enormous amount of work being undertaken by the Trust. The report is balanced and provides detail on the work taking place across the trust. The content of the report triangulates with other documents that have been received by the Council of Governors or where governors have requested further information on performance and outcomes.

Issues that stood out for the governors during the year focussed heavily on waiting lists. This is probably the most frequently commented aspect of feedback that they receive. Governors were pleased that investment in Neurodevelopmental services included the autistic spectrum disorder assessment service and as such we hope to see an improving picture in waiting time performance during the year ahead. Similarly, meeting the increased demand in Children and Young people's services is imperative. Governors were pleased to see the ongoing quality improvement work in this area, in particular the Perinatal services reaching out to Health Visitors to improve performance in access to Perinatal care.

Governors recognise the changing landscape of the NHS and the value of partnership working when planning and providing healthcare in Derby and Derbyshire. Governors were pleased to see that different sections of the report reflected collaborative working, including working with our community partners across organisational boundaries. Importantly, throughout the report it demonstrated the important work being undertaken to increase expert engagement and work focused on reducing health inequalities and improving access to high quality care for everyone.

3<sup>rd</sup> May 2023

## Appendix 2 - 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 2022/23 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 2022 to March 2023

Papers relating to quality reported to the Board over the period April 2022 to March 2023

Feedback from Commissioners dated 28<sup>th</sup> April 2023

Feedback from local Healthwatch organisations dated 18<sup>th</sup> April 2022

The Trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated (To be confirmed on publication)

The national staff survey 2022/23

**Note:**

*The Head of Internal Audit's annual opinion of the Trust's control environment and Feedback from Governors on the Quality Account is not required this year*

The Quality Account presents a balanced picture of the NHS foundation Trust's performance over the period covered: 2022/23.

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.

**By Order of the Board:**



**Selina Ullah,**  
**Trust Chair and Chair of the Council of Governor**  
**31<sup>st</sup> May 2023**



**Carolyn Green**  
**Interim Chief Executive**  
**31<sup>st</sup> May 2023**

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