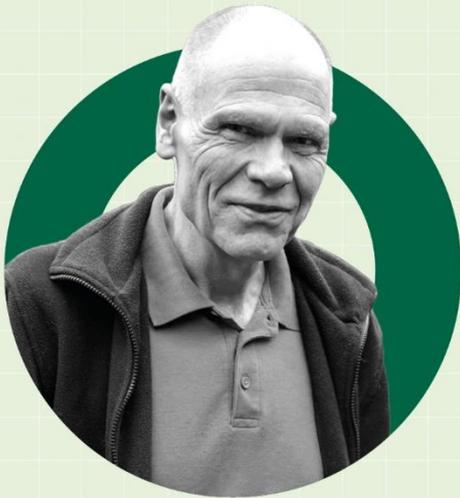


Quality Account 2023/24 April 2024



Derbyshire Healthcare
NHS Foundation Trust



Contents

Statements of assurance.....	3
Trust Board of Directors.....	9
Part 1: About our Trust.....	10
Our vision	10
Our values	10
Our clinical ambition	11
Our services	11
Part 2: Prioritising improvement.....	13
About the Quality Account.....	13
Quality Account governance arrangements.....	13
Priorities for improvement and statements of assurance from the Board	13
Our engagement with service users, carers, families and participants	21
service user engagement.....	21
Staff experience and staff survey.....	24
Part 3 - Quality dashboard and divisional quality	32
Trust quality dashboard	32
Quality performance against the indicators which are being reported as part of NHS Improvement's oversight for the year	36
Divisional quality and clinical excellence.....	38
Quality improvement	47
Research and development	47
Part 4 CQC and Well-Led requirements	56
Trust registration with the Care Quality Commission (CQC).....	56
Quality governance.....	60
Positive and Safe - Reducing the use of seclusion and restraint.....	64
Patient and Carer experience.....	65
Safeguarding.....	70
Medicines safety	82
Physical healthcare and health promotion.....	84
Part 5: Our quality priorities and annual workplan for 2024/25.....	86
Appendix.....	89

Statements of assurance

Statement on quality from the Chief Executive

Welcome to the Quality Account for 2023/24. The quality of the services we deliver is central to everything we do as a local provider of mental health and children's services across Derby and Derbyshire. We aim to provide high quality services, which offer a good patient experience and support people to achieve their recovery goals.

This has been my first full year as Chief Executive of Derbyshire Healthcare and my first Quality Account for the Trust. We have many different measures of quality in place to monitor our progress. The report shares a number of achievements from the year, including progress on the quality priorities for 2023/24.

The Quality Account also shares key highlights from the year including many Trust-wide, team and individual achievements, together with innovative service transformations that have taken place to improve the quality of the services we provide. In some instances this has improved financial efficiencies, as well as people's experiences of our services.

This year we made significant progress on our quality priorities for 2023/24 which included the development of a new strategic approach to involve patients, carers and experts by experience in our work. This is important in ensuring that we continue to learn and shape our services to best meet the needs and preferences of our local communities. This way we can also enhance people's experiences and their willingness to be involved in developing the Trust's services in the future.

We have made important improvements in reducing, managing and mitigating potential risks, particularly within our ward-based environments in order to keep our patients safe. We are committed to making ongoing improvements during 2024/25, in line with feedback from the Care Quality Commission (CQC) to further improve patient safety across all Trust services.

Thank you to our Council of Governors, who supported the selection of quality priorities for 2024/25. These outline important areas where we would like to see focused improvement, including:

- Reducing restrictive practices
- Improving physical health and wellbeing
- Demonstrating evidence-based practice
- Improving the quality of care plans and communication/engagement with families
- Improving people's experiences of transitions of care.

I look forward to seeing progress on each of these important areas throughout the year.

The Trust Board and I are committed to improving the quality of our services through a wide variety of approaches. This includes improving the facilities from which our clinical services are offered, in order to provide therapeutic and recovery-focused environments. The last year has seen significant development of our Making Room for Dignity programme and 2024/25 will be a key year for the Trust as we see our new services and facilities opening, to provide increased privacy, dignity and experience for local people.

Thank you to everyone who has supported the Trust over the last year.

A handwritten signature in black ink, appearing to read 'Mark Powell', written in a cursive style.

Mark Powell
Chief Executive

Statement from Executive Director of Nursing, Patient Experience and Allied Health Professionals

Thank you for taking the time to read and consider this quality account.

The account, captures clearly, the work which the Trust has done to better meet the needs of the people of Derby and Derbyshire in the last year, with the aim of delivering great care and making a positive difference in people's lives.

In doing so, recognising the increasingly complex range of needs that exist for the people who need our services.

In the last year colleagues throughout the Trust have worked incredibly hard, in collaboration with partners and our internal stakeholders such as service users and carers to drive forward changes intended to drive up standards of care quality and to enhance the experience of those who come into contact with our services.

This has included making it easier for people to navigate our services and ensure that we are getting it right first time for patients and that we are focused on maximising patient safety and giving service users the best possible experience of our services.

We have seen the benefits of collaborating with patient and carer experience groups to strengthen the ways in which the Trust can harness the voice of lived experience, to bring about further improvements in the services we deliver; because we recognise that through working together, we will make the right improvements in our services.

In addition, we have focused on making improvements which will bring about reductions in levels of self-harm and ensuring a focus on the delivery of care which has greater levels of personalisation, including improvements in care planning and patient centred care and further improvement in how individual risks are assessed and care individualised in the management of those risks.

The Quality priorities we have agreed for the coming year build on these foundations and will see us supporting colleagues to continually improve the quality of care and levels of safety we deliver; in partnership with patients, carers and our wider stakeholders.

In doing so we will seek to innovate and learn from the best practices nationally.

Dave Mason

Interim Executive Director of Nursing, Patient Experience and Allied Health Professionals

Statement from the Medical Director

I am grateful to all our staff who continue to demonstrate their commitment by delivering compassionate care notwithstanding the constraints of increased demand juxtaposed to resource limitations. Cost of living crisis is having a negative impact on the people we serve and our colleagues. The impact on mental health and children services is disproportionate due to the inherent vulnerabilities. Our staff have risen to this challenge. The other challenges last year were around the continuous change in the governance landscape. Provider Collaboratives are still maturing and they operate on a wider footprint than the local ICB. Joined Up Care Derbyshire, our local Integrated Care Board is now more embedded and our staff are now working closely with ICB and Place.

Our organisation has seen significant transformation in terms of our new community models and the imminent opening of our new builds with a new clinical model. We now have resolution for the industrial action by senior doctors. Unfortunately resolution is yet to be achieved for junior doctors, who continue their industrial action. As an organisation we have implemented robust mitigations through Incident Management Team processes.

Our Board has achieved more stability with more substantive appointments to Executive position.

Clinical Strategy

We have had extensive engagement sessions, both face to face and virtual meetings to seek a wide range of views to develop our clinical strategy. Our biggest challenge was identified as the gap between the rising demand and what we deliver to meet hidden/unmet needs as well as ongoing needs of population. We also had a task and finish group and the colleagues within this group contributed to the development of our new clinical strategy.

We will do further engagement with internal and external stakeholders and align it with our Trust strategy due to be launched in November 2024. We had regular Board sessions, one of these attended by our public health and primary care partners. Early indications are that our clinical strategy will focus on reducing inequalities in access, experience, and outcomes of our citizens. This will require close engagement with community representatives of lived experience expertise at a Place level. A population health approach will be beneficial to identify hidden and unmet needs and to balance demand and need.

Continuous improvement

Our staff continue to evidence their keen interest in continuous improvement. Our Audit programmes now have adopted the continuous learning methodology when they identify actions for improvement using driver diagrams.

Our use of Trust library evidences our willingness to improve services and continues to remain our motto.

Therapeutic estates

We have commenced recruitment for many of the services that will thrive in the new build. The enthusiasm and positive response received from our local communities has been heartwarming. We are thankful to all our staff who have worked hard to achieve this.

Implementation of Patient Safety Incident Response Framework

We have identified patient safety priorities after reviewing our safety incidents using the methodology specified in this new framework. This approach emphasizes systems thinking which will enable sustained positive change. We have fully embedded the new framework in how we categorise, investigate, and learn from safety incidents. We have established forums to share the learning at a Trust level (a central group and several service level groups). Further work is underway to fully embed the actions that arise from the learning at pace.

We continue our journey to the oncoming year, rife with opportunities to improve patient care with the help of the leadership within our staff teams. We are thankful to your commitment, leadership and unrelenting focus on improving care.

Arun Chidambaram

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 2023/24 governors escalated several items from their engagement activities to the Council of Governors (CoG) seeking assurance from Non-Executive Directors relating to:

- What level of assurance do the Non-Executive Directors have that the Trust’s wellbeing support are working and keeping our staff well and how effective is it. If offers of support are not being taken then why is this?
- The NHS Derby and Derbyshire Integrated Care Board (ICB) is responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in Derby City and Derbyshire. Derbyshire Healthcare NHS Trust is a key partner in developing and delivering this plan. Governors seek assurance on how the Trust is represented on the ICB board and sub-groups. In addition, governors also seek assurance on how the views of Derbyshire Healthcare NHS Trust governors and service users are being represented
- Governors seek assurance from the Non-Executive Directors that Occupational Therapists are focusing on their roles rather than being used regularly to fills gaps in a skill mix.



Selina Ullah

Trust Board of Directors

Meet our Board of Directors

Mark Powell
Chief Executive

Selina Ullah
Chair

Vikki Ashton Taylor
Deputy Chief Executive/
Chief Delivery Officer

Dr Arun Chidambaram
Medical Director

Justine Fitzjohn
Director of Corporate
Affairs and Trust Secretary

Tony Edwards
Deputy Chair and
Non-Executive Director

Ralph Knibbs
Senior Independent Director
and Non-Executive Director

Lynn Andrews
Non-Executive Director

Dave Mason
Interim Director of Nursing,
AHPs and
Patient Experience

Rebecca Oakley
Interim Director of People,
Organisational Development
and Inclusion

James Sabin
Director of Finance

Deborah Good
Non-Executive Director

Ashiedu Joel
Non-Executive Director

Geoff Lewins
Non-Executive Director



Part 1: About our Trust

Derbyshire Healthcare NHS Foundation Trust (DHCFT) is proud of its vision and values and the culture they create. These vision and values have been created through the involvement and engagement of those who have contact with the Trust, from patient to carer to staff member. These standards are jointly held and upheld by all.



Our vision

'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.

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.



Internal and external engagement has taken place over recent months to refresh the Trust's vision and values in line with the development of a new Trust Strategy, which is scheduled to launch in September 2024 alongside a new Clinical Strategy.

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
 - Individual Placement 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 Rehabilitation Services

- Mental Health Services for Older People
 - Community Services
 - Inpatient Services
 - In Reach Home Treatment Services
 - Dementia Rapid Response Services
 - Memory Assessment Services

- Specialist Care Services
 - Perinatal Inpatient and Community Services
 - Eating Disorder Services
 - Gambling Harms Service
 - 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

Part 2: Prioritising improvement

About the Quality Account

The Quality Account is an annual report that all NHS providers are expected to prepare about the quality of services provided to their identified populations. Throughout the year partner organisations, integrated care systems, service users, carers and staff are engaged to collate feedback about the Trust and the services we provide. The Quality Account focuses on celebrating achievement, acknowledging challenges, adopting learning and setting priorities for the next financial year. Furthermore, the Quality Account provides essential 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/Practice are engaged in working with clinical and operational staff and service users. Forums such as the Patient and Carer 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 2023/24

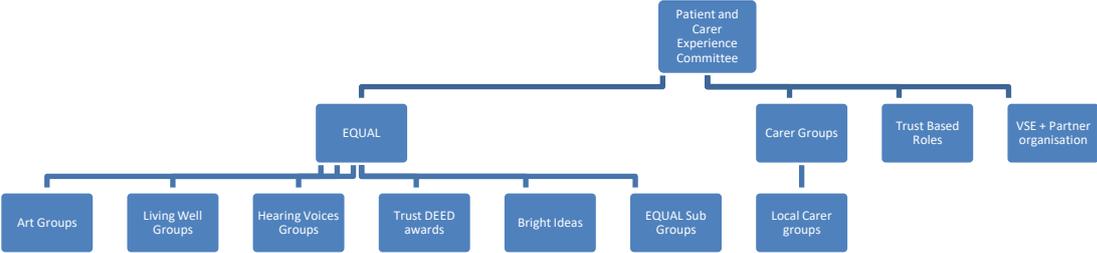
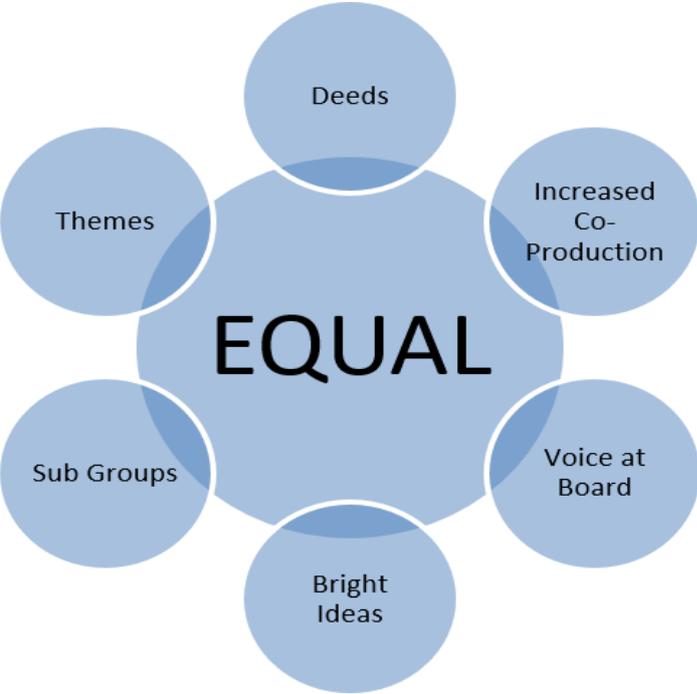
The Quality Account starts with the quality priorities that have been identified as key areas of focus for 2023/24, which the Trust intends to provide or sub-contract.

The quality priorities for 2023/24 were as follows:

- Implementation and development of Expert by Experience and Carer Engagement Strategy
- Focused improvement in the reduction of self harm and ligature incidents
- Focused improvement on care planning and patient centred care
- Focused improvement in risk assessment and formulation
- Focused and improved use of outcome measures

These are also embedded within 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 2023/24

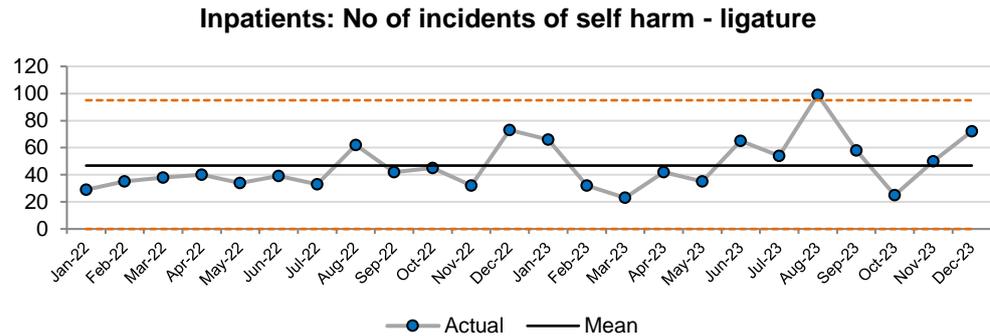
Priorities	Quality priorities 2023/2024
Expert by Experience and Carer Engagement Strategy	<p>In 2023/24 the Trust took a focus on improving how it engaged with, involved, heard, and responded to expert, carer, family and friend feedback. Along with ongoing funding of expert roles within the Trust, there has been joint working to improve the governance and role of working groups and committees. Through engagement, we have developed new structures, terms of reference, and roles and responsibilities which sit alongside existing Trust groups. This fulfils an aim to create operational, functional groups alongside assurance-based groups and frameworks. An example of this is outlined below:</p>  <pre> graph TD PC[Patient and Carer Experience Committee] --> EQUAL PC --> CG[Carer Groups] PC --> TR[Trust Based Roles] PC --> VSE[VSE + Partner organisation] EQUAL --> AG[Art Groups] EQUAL --> LWG[Living Well Groups] EQUAL --> HVG[Hearing Voices Groups] EQUAL --> TDEED[Trust DEED awards] EQUAL --> BI[Bright Ideas] EQUAL --> EQSG[EQUAL Sub Groups] CG --> LCG[Local Carer groups] </pre> <p>This process has also included the creation of an EQUAL approach to engagement. Creating a culture where Trust staff, experts by experience, carers and the family voice are all EQUAL in value and role. The below demonstrates agreed roles and sets the foundations for ongoing growth and development.</p>  <pre> graph TD EQUAL((EQUAL)) --- Deeds((Deeds)) EQUAL --- ICOP((Increased Co-Production)) EQUAL --- VAB((Voice at Board)) EQUAL --- BI((Bright Ideas)) EQUAL --- SG((Sub Groups)) EQUAL --- Themes((Themes)) </pre> <p>Furthermore, to the ongoing development of governance, roles and assurance structures, the Trust has continued to improve the voice of carers and experts through the creation and implementation of an electronic patient experience survey. This has now been rolled out across 100 teams within the Trust, with further teams going live as we go into 2024/25. The improved feedback and success of this survey has also resulted in an agreed approach to create and implement a carer</p>

equivalent survey. This will allow for carers to provide anonymous feedback on the services their loved one's are engaged in. With this the Trust hopes to further improve the care it provides through a lessons learned approach.

Reduction of self-harm and ligature incidents

In 2023/24 the Trust recognised the ongoing challenges relating to patient self-harm and ligature incidents. As can be seen below within the chart, incidents of self-harm and ligature have changed throughout the year, with identified peak periods. Through investigation, improvement plans and quality improvement, projects have been identified to improve levels of safety and reduce the number of incidents across the Trust's inpatient ward settings. Improvements have also been made in staff training through in-house developed packages. Staff have also been supported in their understanding of the risks identified within their own working areas. Taking on a simulation approach to training and learning, staff understanding of risks and their role to reduce them has improved. Alongside this, the Trust inpatient Complex Risk Panel continues to function and has increased its meeting frequency to twice weekly. This has provided further support to staff, to ensure high level reflection and care planning is in place for patients at higher risk of self-harm and ligaturing.

In November 2023, further guidance was published by the Care Quality Commission (CQC), on the expectation of inpatient settings and wards to reduce the risk of self-harm and ligature. The Trust has taken this evidence-based guidance and has implemented changes.



(Data to be updated in April 2024)

Improvement on care planning and patient centred care

Division	Patient Count	Care Plans Present	Amended In The Last 12 Months	Apr, 2024	
				% Present	% Amended Last 12 Months
ADULT CARE ACUTE	286	246	243	86%	85%
ADULT CARE COMMUNITY	3146	2623	2166	83%	69%
CHILDRENS SERVICES	1424	1343	1215	94%	85%
FORENSIC & MH REHAB	92	88	87	96%	95%
NEURO DEVELOPMENTAL	342	297	303	87%	89%
OLDER PEOPLES CARE	1386	1185	1171	85%	84%
SPECIALIST CARE SERVICES	445	281	264	63%	59%

A focus in 2023/24 was around back to basic care, with an aim to improve how people are engaged in their care and to improve how the person's voice leads their care. With this the Trust took a focus on ensuring all patients received and were part of the creation of a care plan. The care plan focusing on the person's voice leading their own care and creating person centred goals. With an 85% target, the Trust created a Fundamentals of Care Group, led by the Trust Assistant Director of Clinical Professional Practice. This group focused on improving care fundamentals, along with the standard and quality of those fundamentals.

Work continues to ensure data correctly represents clinical practice. As can be seen through our Adult Care Community teams, where the expected target of 85% has not been met due to services that do not utilise the conventional care planning process, yet their data has been included in the reporting process. This is also relevant for specialist services, which also includes substance misuse services, where some patients will have one appointment and then no more, or long periods of time between appointments, making reaching the 85% target a challenge.

Improvement in risk assessment and formulation

Division	Apr, 2023	May, 2023	Jun, 2023	Jul, 2023	Aug, 2023	Sep, 2023	Oct, 2023	Nov, 2023	Dec, 2023	Jan, 2024	Feb, 2024	Mar, 2024
Adult Care Acute and Assessment Services	89.2%	89.0%	88.4%	87.6%	93.0%	91.8%	92.4%	91.1%	93.0%	94.1%	96.6%	94.0%
Adult Care Community	71.6%	71.4%	73.4%	74.5%	76.5%	77.4%	77.5%	78.3%	78.2%	77.2%	79.1%	76.3%
Children's Services	89.6%	89.8%	90.1%	85.3%	85.0%	85.3%	85.6%	87.3%	89.9%	91.7%	91.9%	95.4%
Forensic & Mental Health Rehab	67.9%	59.5%	63.6%	63.6%	63.5%	65.0%	71.7%	68.9%	69.9%	69.8%	78.6%	70.6%
Neuro – Developmental Services	70.3%	70.2%	69.8%	70.5%	68.9%	70.3%	70.7%	71.7%	72.4%	73.6%	72.6%	75.3%
Older Peoples Services	88.1%	87.5%	87.1%	87.8%	88.4%	88.5%	88.4%	88.1%	87.9%	88.1%	88.2%	87.3%

Specialist Care Services	72.8%	70.0%	70.0%	68.1%	67.4%	68.0%	68.3%	67.7%	74.2%	74.9%	75.3%	76.7%
--------------------------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------	-------

The completion and presence of appropriate risk assessments and formulation has also been a key part of the fundamentals of care approach the Trust has taken. With improvements in patient centre care, improvements in risk awareness and risk mitigations have been a fundamental area of improvement. An 85% target has been set; however, some areas have not yet met this requirement.

Improved use of outcome measures

2023/24 summary table: Commissioning for Quality Innovation						
Topic	Lower Threshold	Upper Threshold	Q1	Q2	Q3	Q4
Routine outcome monitoring in community mental health services	Paired overall Min: 20%	Paired overall Max: 50%	52%	49%	48%	47%
	Paired Patient Reported Outcome Measures Min: 2%	Paired Patient Reported Outcome Measures Max: 10%	5%	6%	7%	9%
Routine outcome monitoring in Children & Young People and community perinatal mental health services	20%	50%	8% (Perinatal 19% and CYP 5%)	+20% (Perinatal 21% and CYP *19%)	+24% (Perinatal 25% and CYP *23%)	+21 (Perinatal 21% and CYP *20%)

	Routine outcome monitoring in inpatient perinatal mental health services	75% Clinician Reported Outcome Measure	95% Clinician Reported Outcome Measure	100%	60%	83%	75%
		35% PROM	55% PROM	77%	100%	83%	75%
<p>*Data from Trust report “Child & Adolescent Mental Health Services paired Outcome Report”. +(Combined metric) NHS futures figure shows 9%</p>							
<p>As can be seen from the table above, there has been ongoing work to improve the use of outcome measures, however, not all areas have met the expected targets. This has been in line with 2023/24 CQUIN (Commissioning for Quality and Innovation) targets. However, the Trust has decided to continue this work and improvement targets. This will be supported further through ongoing fundamentals of care work and a focus to move away from Care Programme Approach, and onto a new and improved model. A large part of this will be the embedded use of Outcome Measures.</p> <p>Several initiatives are being implemented to change practice and support improvement including:</p> <ul style="list-style-type: none"> • Clinicians being supported to enter data in a consistent way that will be picked up by the Trust reporting mechanism. • Team managers seeking assurance in supervisions and team meetings • The Trust principal data analyst has set up a monthly check of internal paired outcome scores as an excel document to be sent round to appropriate staff in order to identify specific areas of the service who may be low on completion of paired outcomes. • Outcome measures are part of monthly quality audits (from October 2023) • Outcome measure compliance is part of the divisional performance monitoring process (from December 2023) 							

Our quality priorities for improvement 2024/25

For 2024/25 Derbyshire Healthcare will focus on key areas of practice. These are linked to the key lines of enquiry and what are felt to be the key aspects of care management to ensure a positive experience for patients with evidence-based outcomes. Our 2024/25 quality priorities for improvement are as follows:

1. Improvement and reduction of restrictive practice

Through continued working alongside collaboratives, staff and experts, the Trust will improve the use of restrictive practice and reduce the need for restrictive interventions. This will take

into consideration physical interventions, environmental restrictions, blanket restrictions and cultural impact.

- The Trust will focus on the improvement of all processes linked to restrictive practice to ensure data is correct and up to date. Work will occur to improve the outcomes, experience and safety of staff and patients through:
 - o Early identification and improvement of team cultures that may impact on restrictive practice use.
 - o Improvements in environments to support positive outcomes, including sensory and low stimulus environments.
 - o Utilisation of live data to identify learning opportunities.
 - o Reduction in the use of prone restraint and seclusion.
 - o Improvements in feeling of “safe”.
 - o Increase availability of training. This will include the offer of simulation training.
 - o Ongoing availability of the Positive and Safe Support team, in managing complex cases.
 - o Early discussion and review of complex patients to reduce the need for restrictive practice.

2. Improving physical health practice, promotion and monitoring

The Trust is focused on the improvement of physical health practice, promotion, and monitoring, recognising the importance of a mental health trust focusing equally on physical and mental health recovery outcomes. This recognises the close link between physical health outcomes and the impact on mental illness.

- The Trust will focus on improvements in physical health practice, promotion and monitoring of physical health by:
 - o Improving access to information and training through improvement projects focusing on improved oversight.
 - o Through partnership with the Integrated Care Board, the Trust will improve the offer to patients for physical health checks, and the interventions based on outcomes.
 - o Alongside this, the Trust will continue to work alongside the Integrated Care Board to ensure positive relationships with Primary Care and other partners within the Joined-Up Derbyshire System.
 - o On focus on physical health checks for people with a “Serious Mental Illness” (SMI) will also include improvements in health promotion and sign posting. This will also be bolstered through the ongoing expansion and development of the Living Well project across Derbyshire.
 - o Alongside health promotion, staff training and practice improvements, there will be a focus on the use of technology to improve the quality of data and for improved outcomes where appropriate to do so.

3. Improved use of research, service evaluation, audit and quality improvement to demonstrate evidence-based practice.

- The Trust is invested in improving the use and access of research, service evaluation, audit, and quality improvement methodology to improve the outcomes of

patients and their families, safety of staff and patient safety and experience improvements. The Trust is dedicated to ensuring an evidence-based practice approach to care, with innovation focused improvement.

- Through the use of research and partnership working within the Integrated Care Board and the National Institute of Health Research, the Trust aims to improve the outcomes of patients, with a large focus on health-based inequalities, improving the outcomes of those within Derbyshire.
- Working alongside local universities and academia to improve the access to training and fellowships for staff, to increase the Trust's number of Principle and Chief Investigators.
- Continued use and improvement of data through service evaluations and audits to direct the key areas of improvement in clinical practice.
- Improved communication of opportunities to staff for research projects to be identified, and support to complete research.
- Partnership working with local academia to create new roles and programmes to improve the uptake and engagement of research.
- Move from quality improvement methodology use, to continuous quality improvement strategy implementation.

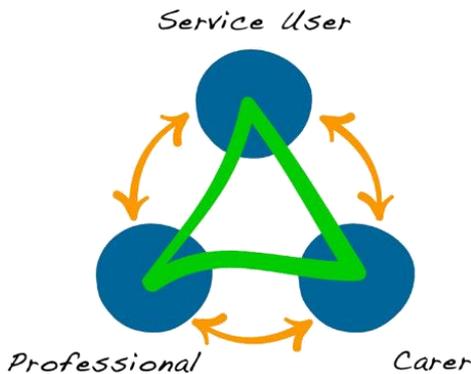
4. Improvement in the quality-of-care plans and collaborative working, including engagement and communication with family, carers and friends

- The Trust is focused on improving the quality and value of care planning for patients within our care. It is essential that a patient centred approach to each person's care is taken, and the persons voice is clearly valued within the care planning and focus on recovery outcomes.
 - Improve the quality-of-care plans through improved access to training and mentoring.
 - Improve use of technology for data availability and qualitative audits.
 - Improve flexibility in the availability of care to best suit the person and their circumstances to reduce health-based inequalities. This may be done through Trust improvements such as the Living Well programme.
 - Improve presence of the voice of the carer or family member of the patient and their role in supporting recovery outcomes.

5. Improvement in the process and experience of key transitions of care

- The Trust is focused on improving the journey of the patient and their family and carers through improvements in the key transitions of their care. This is broken down by:
 - Access to services and the journey someone has taken to get to this point.
 - A focus on how the Trust works with the Integrated Care Board and eradicated barriers that impact on health-based inequalities and access to services.
 - Improved engagement with primary care to improve essential points of information sharing.
 - Increased engagement with primary care to improve skill and experience in relation to mental health service availability and options, including health promotion.
 - Improvements on waiting times and the experience while waiting.

- Transfer across services and improving experiences during this period.
 - Improve the transition between services where age is the key reason for transfer.
 - Improvement in the experience of the person when being transferred from one team to another,
 - Improvement in information sharing when transferred between services.
 - Improvement in handover processes.



- Discharge, ensuring safe discharge and continued recovery.
 - Improved use of the offer by Living Well.
 - Improved flow through services.
 - Reduction in readmissions due to failed discharge process implementation.
 - Improved engagement and involvement of family, carers and loved ones.

The 2024/25 priorities have been taken through relevant governance processes including the Quality and Safeguarding Committee to ensure a core business approach. Furthermore, regular updates will be provided on progress to the Quality and Safeguarding Committee. These priorities will become part of key fundamentals of care across the Trust and work will be completed to improve the relevant metrics.

Our engagement with service users, carers, families and participants

Service user engagement

Carer engagement governance and quality

The Trust works to a model where collaboration and representation is promoted at all levels of the organisation. The Trust has a Non-Executive Director who is a Carer Champion at Board, a Governor Carer Champion, and a Carer representative at Board. The Carer Engagement Group is well-established and has operated over many years, more recently working to the Triangle of Care: Carers Included framework. The Trust is a two-star member of the Triangle of Care membership scheme, which is well recognised nationally as a beacon of good practice.

The Carer Engagement Group reports into the Patient Experience and Carer Committee that, in turn, reports to the Trust's Quality and Safeguarding Committee.

Our carer champions operate at team level and are local sources of information and expertise. There are annual events held for carer champions to come together, share good practice and exchange information from the local areas.



Carer representatives act as “critical friends” to our services and are consulted about and involved in service developments as the Trust aspires to continually find new and innovative ways to work in partnership with carers.

We engage more widely with an extensive network of contacts both within and outside of the Trust across statutory, voluntary, and independent carer support providers and related organisations.

Trust teams and services are supported when they are seeking to work collaboratively with carers and to co-produce resources.

The Trust has developed two key policies that underpin working in collaboration with carers; the Working with and Supporting Carers Policy and the Participant, Carer and Experts by Experience Recognition, Reward and Remuneration Policy and Procedure. These provide essential governance to guide and safeguard our carer engagement activity.

Triangle of Care

The Trust has retained its Triangle of Care: Carers Included two-star status. This means that it has provided assurance that Trust teams have evidenced how they are meeting the six essential carer standards and have action plans that demonstrate continuous improvement and innovation.

The Trust has an electronic platform that holds all the teams’ Triangle of Care information, and this has been refreshed and updated this year to be more user friendly and allow for performance oversight.

The Triangle of Care is promoted at every opportunity throughout the organisation and the Trust Board has a Non-Executive Director carers champion who also attends monthly carer engagement group meetings to facilitate invaluable two-way communication.

Carer engagement

Carers, Trust staff, carers champions, stakeholders and partners from the local health and social care sector attend monthly Carer Engagement Group meetings. Carer issues and carer champions updates are standing agenda items and partners have space on the agenda to give feedback about local news, developments and initiatives which support carers and families.

Workplans for both the Carer Engagement Group and the work undertaken with carers more generally are continually refreshed and updated when pieces of work and projects are completed. The Carer Engagement Group workplan is reviewed at monthly carer engagement group meetings. There has been mutual agreement from all stakeholders that the carer engagement meeting will move towards more hybrid with face to face and remote availability. Carer representatives co-chair carer engagement meetings with a Trust staff member.

In September 2023 a group of carers were supported to make the “Who Cares” video that is available to all Trust staff and will be included in Trust training. The video focuses on the



Carers in Derbyshire speak about their experiences of care and the Triangle of Care Standards

Triangle of Care six key standards and carers talk about the issues they have encountered and their experiences, both positive and less so. Each of the standards has a carer-centred interpretation so that teams can see clearly the importance of the carer role in the care process.

The Trust's Carers Champion Network remains in place and active and continues to attract new champions whilst others have retired or moved on, as is the way in the NHS. The network continues to be dynamic and has lots of enthusiastic and creative members working positively with service users and their carers.

Carers champions have agreed to talk at carer engagement meetings about their roles, clinical pathways, new developments and initiatives within their teams and service lines. This came about because of an extraordinary meeting we held in September 2022 to capture carer feedback about their experience of how Derbyshire Healthcare supported them during the pandemic.

We have taken forward some of the learning shared in a Carer Engagement Group meeting that was held in September 2022 to carry out a "temperature check" of the carers post-pandemic to capture feedback. Carers and carers champions shared their perspectives, and we gathered some very powerful feedback which we have shared with the wider carer engagement group and with appropriate senior leaders in the trust. This has formed the basis of a proposal paper for a Trust-wide carers survey to be carried out this year. Themes of feeling powerless and issues regarding access, discharge and correspondence to patients have informed Trust-wide work on the discharge policy, developments with Electronic Patient Record (EPR) and Trust letters.

The Carer Engagement Group reports into the Trust's Patient and Carer Experience Committee and identifies three topics for discussion/escalation at each quarterly meeting.

Carer dashboard

SystemOne is the Trust's Electronic Patient Record system, and we have been networking with other Triangle of Care partner organisations to share best practice. Our local plan is now in place following expressed support from the Trust's Executive Team and a carer dashboard is in its final development stages before going live. This will lead to improvements in the recording of carer and family information and support better and more flexible communication routes. It will also improve safety standards where essential sharing of information is indicated and there is the facility for Trust staff members to be able to send by email or post essential carer support information to carers on first contact.

Trust training

Carer awareness/Triangle of Care training is delivered as part of the Trust's mandatory training programme. The compliance requirement previously was once-only but this has recently been reviewed to three-yearly to reflect the importance of keeping carers front and centre in Trust consciousness and to be more able to meet the changing needs of carers within our care pathways.

Aspirations for 2024/25

It is anticipated that a carer dashboard on SystemOne will enable improved responses to carers and will enable the Trust to conduct a carer survey to gather feedback, extend the carer network and inform future service improvements.

Carer champions are invaluable for their local profile, and it is hoped to be able to recognise their roles and contribution with protected time for their activities.

The Trust has recently launched a patient, carers and families hub on its website. This will be a repository for up-to-date information, news, local contacts and services and will provide a one-stop resource for Trust staff and carers alike.

The EQUAL Forum

The EQUAL Forum continues to operate, with 2023/24 seeing the group go through a period of evaluation and development. This has focused on improving the Forum's presence across the Trust, widening membership and identifying key measurable outcomes.

The Trust continues to work with the EQUAL Forum to build an understand of the experience of receiving services, using this information for improvement and development of services and care provision. Co-production and improving involvement of experts within service development and improvement remains a priority for the Trust.

Collaborative work with the voluntary sector and community mental health trusts

The Trust continues to work alongside partners in the community. The ongoing Living Well programme has continued to demonstrate the importance and value of working alongside the voluntary sector to improve person-centred care and long-term recovery. As relationships have continued to group, the impact and improvement of Living Well continues to be seen. The Trust values the engagement with voluntary sector partners and values the impact this is having on the care provided to patients.



Patient care activities and service user engagement

The Making Room for Dignity Programme continues to engage and involve experts by experience and carers to make key decisions. The Trust values the insight and joint working this has created.

Insight and learning has also come from the 'patient/Board stories' that have allowed the Board to receive first-hand experiences of service provisions and helped 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.

Staff experience and staff survey

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. 2023/24 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

Through 2023/24 the Trust has continued to engage staff through the Staff Forum and other engagement events. These forums are utilised as open arenas to give staff direct access to the Executive Team and to have opportunity to share their thoughts. Staff are encouraged to share their concerns, good practice, and areas of improvement.

The Trust has continued to support staff 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.
- **Wellbeing support** – Alongside Resolve and psychological support. In 2023/24 the Trust implemented a staff wellbeing support process through engagement with a highly trained psychologist.

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 Derbyshire Healthcare is one of the routes for speaking up within the Trust. The Trust's Freedom to Speak Up Guardian (FTSUG) actively spends time in different areas of the Trust, offering staff time to speak up and raise concerns.

The FTSUG has direct contact with senior leads, Heads of Practice and Executive Directors and where concerns are raised, action must be taken. The Guardian reports every six months to the Trust Board and a robust 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. A Freedom to Speak Up vision and strategy are also in place.

This current postholder is well established, having been in place for five years. 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 who listen and signpost workers to the FTSUG for further support. A Freedom to Speak up video has been created and promoted, which involves a number of key senior leaders, including the Chief Executive and wider staff across the Trust talking about the importance of speaking up. 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 and provides tailored FTSU training to the Junior Doctor network and preceptees within the Trust, as well as at team meetings and on request.

The staff intranet, Focus, also includes access to a reporting portal which allows staff to raise their concerns – where they can also speak up anonymously if they wish to do so.

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>Tam Howard Freedom to Speak Up Guardian tamara.howard@nhs.net Corporate Services</p>	 <p>Jackie Danvers j.danvers@nhs.net Children's Services</p>	 <p>Louise Jenkins louise.jenkins3@nhs.net Children's Services</p>	 <p>Smita Saxena smita.saxena@nhs.net Acute Mental Health Services for Adults of Working Age</p>
 <p>Liz Banahan elizabeth.banahan@nhs.net Specialist Services</p>	 <p>Catherine Dunning catherine.dunning@nhs.net Acute Mental Health Services for Adults of Working Age</p>	 <p>Martha Kaitano martha.kaitano@nhs.net Mental Health Services for Older People</p>	 <p>Jo Sinn joanne.sinn@nhs.net Corporate Services</p>
 <p>Rozina Bashir rozina.bashir1@nhs.net Estates and Facilities</p>	 <p>Justine Fitzjohn justine.fitzjohn@nhs.net Corporate Services</p>	 <p>Ketso Mdlongwa ketso.mdlongwa@nhs.net Acute Mental Health Services for Adults of Working Age</p>	 <p>Victoria Swinard victoria.swinard@nhs.net Children's Services</p>
 <p>Denise Baxendale denise.baxendale@nhs.net Corporate Services</p>	 <p>Kerry Goodchild k.goodchild@nhs.net Children's Services</p>	 <p>Lucy Moorcroft lucy.moorcroft1@nhs.net Corporate Services</p>	 <p>Judy Tansley judy.tansley@nhs.net Children's Services</p>
 <p>Sharon Brazier sharon.brazier@nhs.net Forensic and Mental Health Rehabilitation Services</p>	 <p>Sue Hill susan.hill15@nhs.net Acute Mental Health Services for Adults of Working Age</p>	 <p>Gareth Pritchard gareth.pritchard1@nhs.net Acute Mental Health Services for Adults of Working Age</p>	 <p>Andrew Vallance andrew.vallance@nhs.net Mental Health Services for Older People</p>
 <p>Barbara Chilvers barbara.chilvers@nhs.net Corporate Services</p>	 <p>Dr Kaanthan Jawahar kaanthan.jawahar@nhs.net Acute Mental Health Services for Adults of Working Age</p>	 <p>Dr Aicha Rais aicha.rais1@nhs.net Acute Mental Health Services for Adults of Working Age</p>	 <p>Katherine Webley katherine.webley@nhs.net Eating Disorder Services (Specialist Services)</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 it 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 bi-monthly 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 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 is the Trust's Chief Executive, who 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 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; bullying and harassment; and worker safety and wellbeing to support the national picture of concerns raised across all NHS Trusts and Foundation Trusts in England.

Equality, Diversity, and Inclusion (EDI) steering group & staff networks

The Trust EDI group has continued to meet regularly through 2023/24. The EDI Steering Group has representatives from across a range of EDI staff networks and key functions across the trust. The EDI Steering Group meets 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.

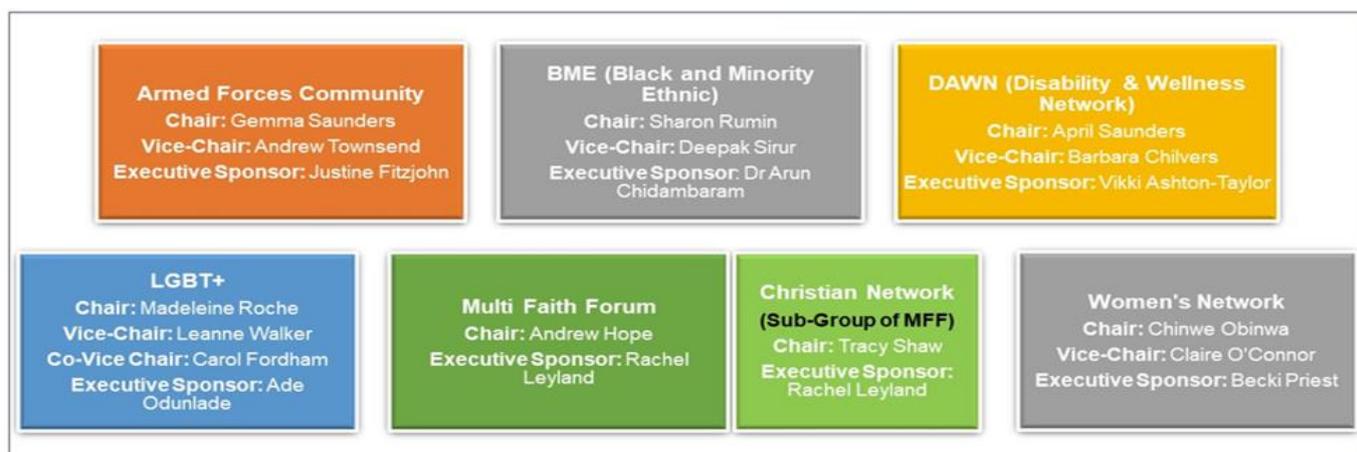
Derbyshire Healthcare has a number of Staff Networks to offer colleagues a safe space where they can receive support, advice and encouragement about work-related issues and provide an open forum to exchange views, experiences and raise concerns.

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.

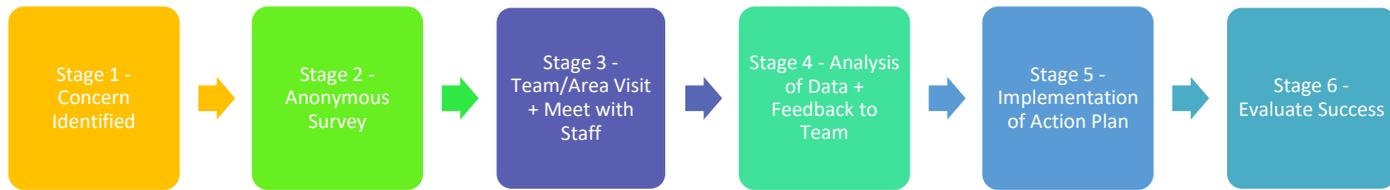
DHCFT Staff Networks



Quality summit

A quality summit is a bespoke approach whose primary purpose is to provide focus for a ward or team within the Trust 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. This process is clinically led, focusing on ensuring positive patient outcomes.

A quality summit Process runs in six 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 2023 Staff Survey presented a response rate of 62% (up from 48% in 2022). The results have demonstrated above average in all areas and Derbyshire Healthcare is proud of the feedback received.

2023 NHS Staff Survey Results Summary

People Promise

The national NHS Staff Survey presents feedback from colleagues aligned to the seven themes of the NHS People Promise. These themes are areas that are central to improving colleagues'

experiences at work. Our Trust results are presented across these themes below, in addition to the Trust's overall scores for staff engagement and morale.



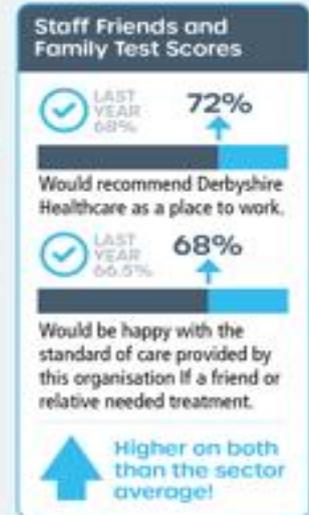
Colleagues feedback

Thank you to everyone who completed the NHS Staff Survey in 2023. The Trust is committed to making ongoing improvements in response to the feedback we have received from colleagues. Our results show that we have improved our scores from last year in 71 questions. Your feedback continues to rate the Trust higher than average when benchmarked against other comparable organisations.

Team-level feedback has been shared, with a small number of local actions being identified that will make the most difference in your local areas of work.

This is in addition to Trust-wide actions, which include:

- Raising and addressing concerns
- Culture of inclusion and respect for all
- Health and wellbeing.



We have scored each element compared to the average from the 51 other organisations in our benchmarking group

All elements are scored on a 0-10 scale, where a higher score is more positive than a lower score. The People Promise scores are generated by grouping the results from each question into sub-themes.

Celebrate staff excellence

Derbyshire Healthcare is proud of its “DEED Awards” where staff, experts and carers are able to nominate staff for positive practice and where they have made a difference. Some examples of DEED nominations from 2023/24 are:



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.*

Innovation/improvement – *showcasing individuals or teams who have thought ‘outside the box’ to develop innovative ideas to deliver improvements in service quality, to promote parity of esteem, to encourage prevention and self-care, and/or to generate efficiencies.*

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

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.*

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.*

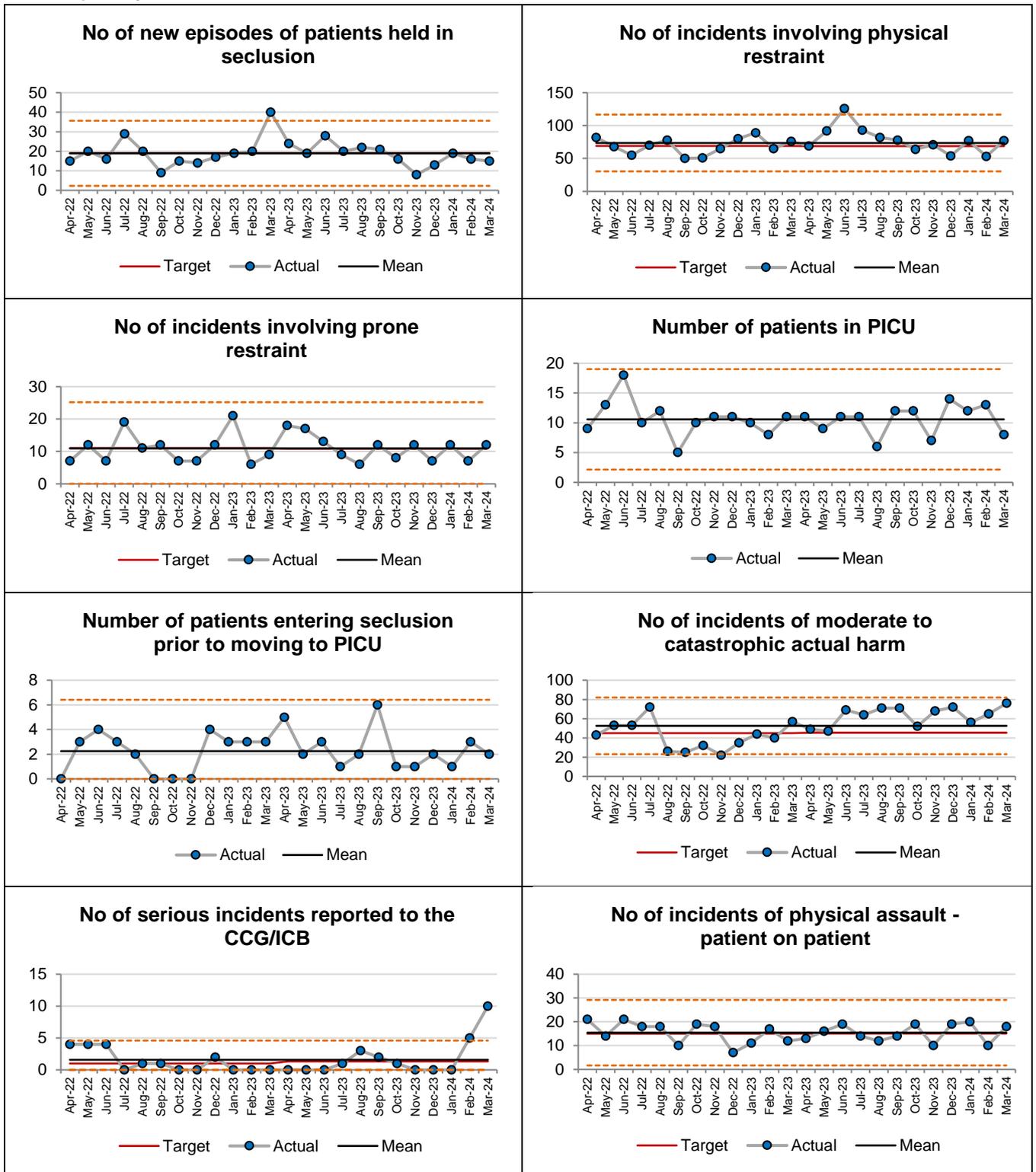
Congratulations to all our winners, who are:

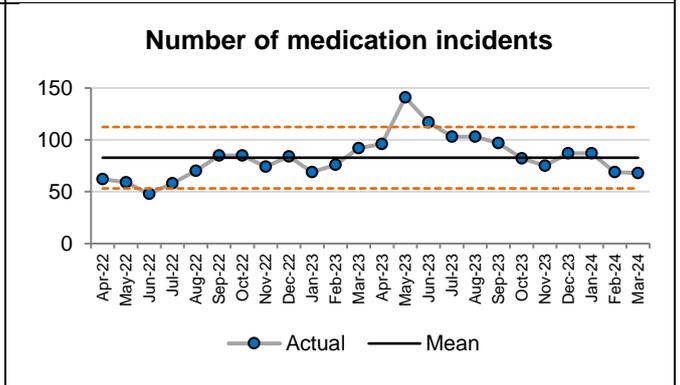
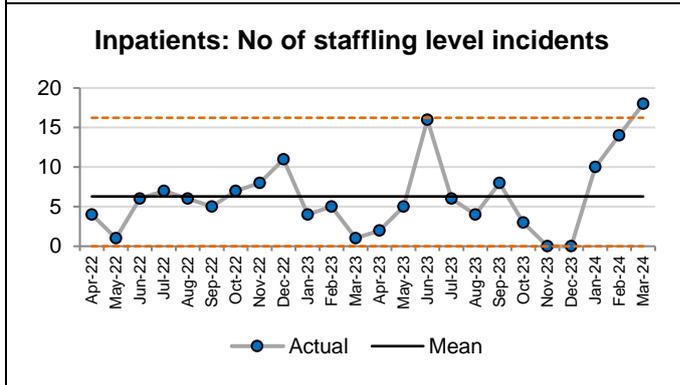
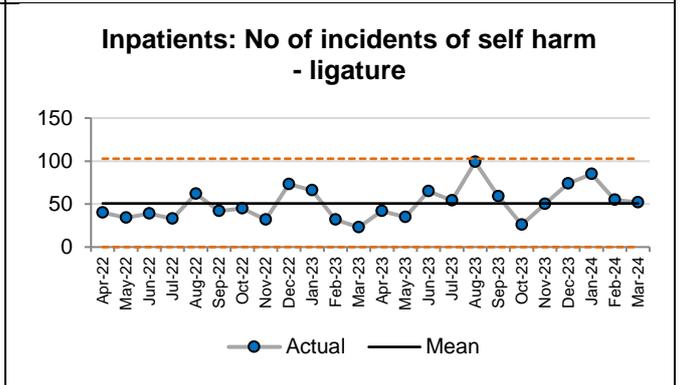
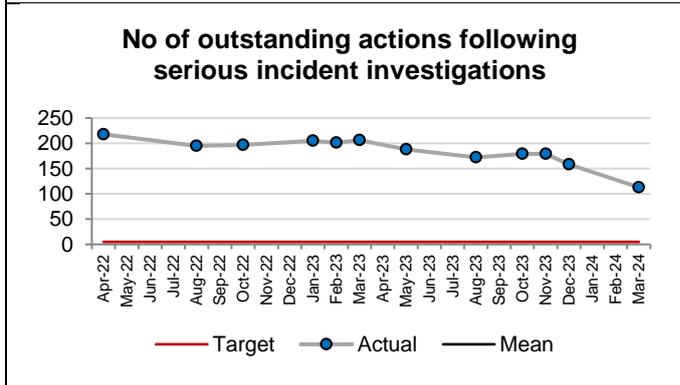
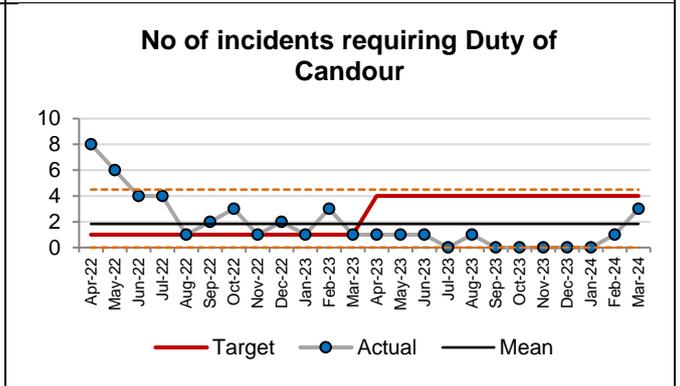
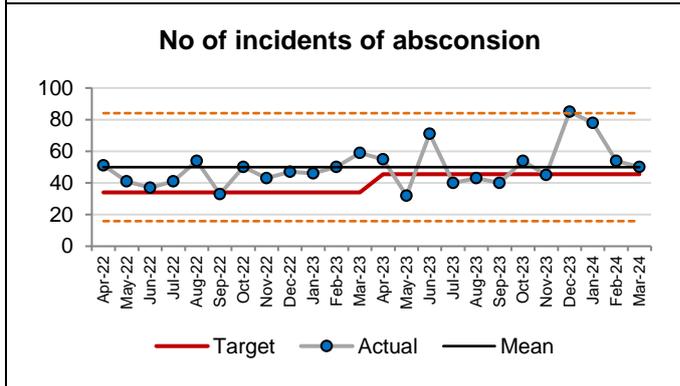
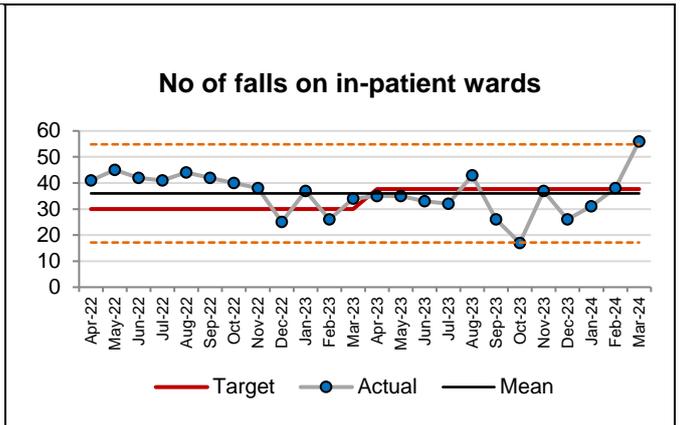
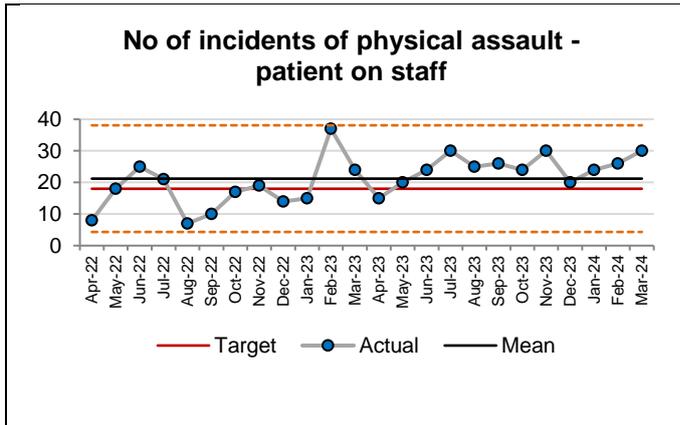
- **Environment Impact or Green Award** – Dr Sarah Hobday
- **Quality Improvement or Research Excellence Award** – Cubley Court and Tissington House Older Adults Inpatient Occupational Therapy Team
- **Outstanding Care and Compassion Award** – Mark Lilleyman
- **Making a Difference Award** – Brett Durant
- **Rising Star Award** – Natalie Sweeney
- **Equality and Diversity Award** – Nick Richards
- **Inspirational Leader Award** – Emily Jepson
- **Non-Clinical or Corporate Team of the Year Award** – Emergency Preparedness Resilience and Response Team (EPRR)
- **Clinical Team of the Year Award** – CAMHS Participation Team
- **Derbyshire Healthcare Lifetime Achievement Award** – Clive Moore.

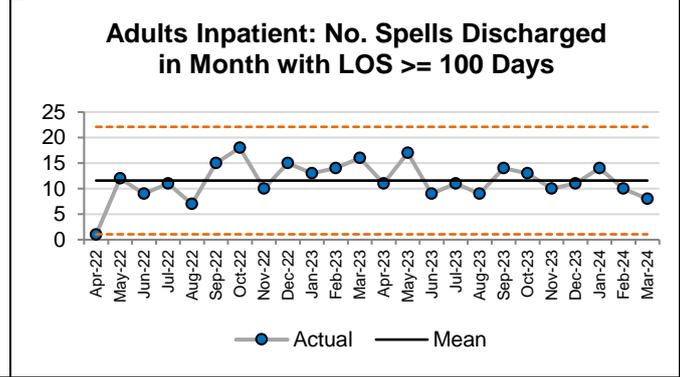
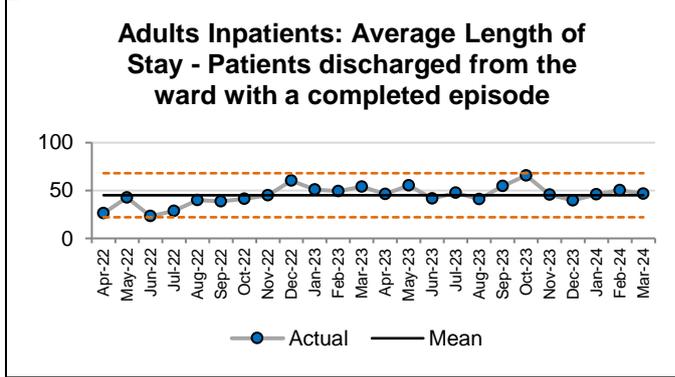
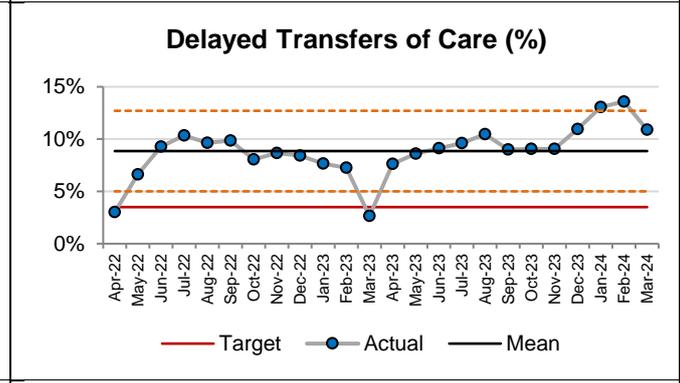
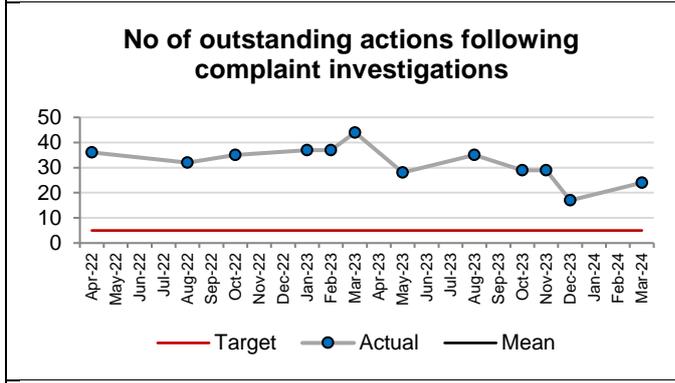
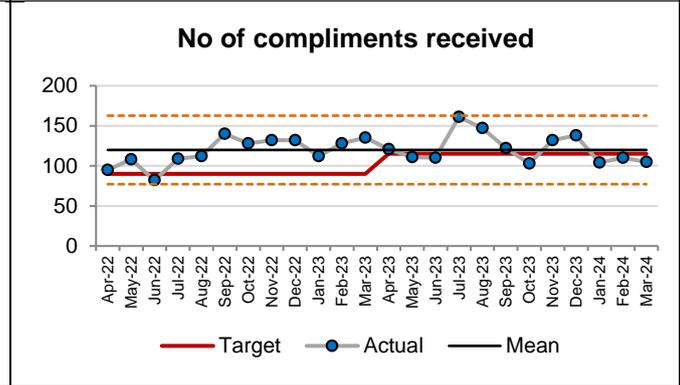
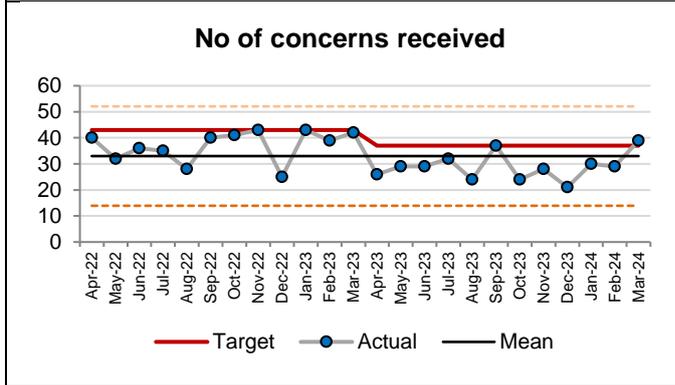
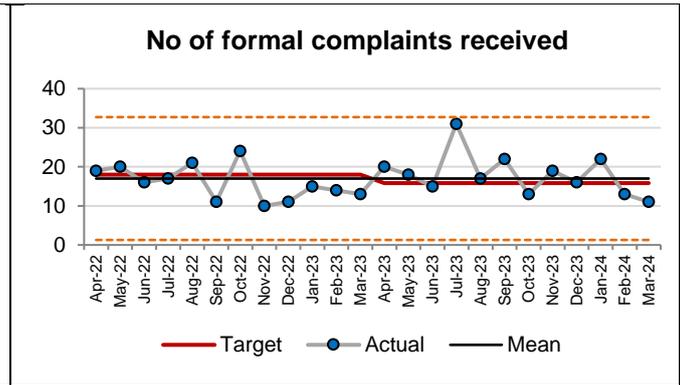
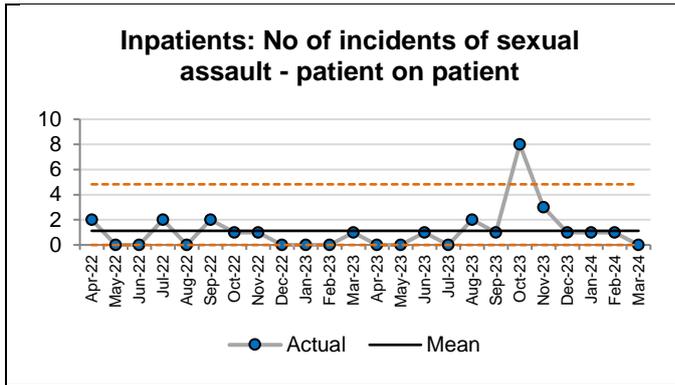


Part 3 - Quality dashboard and divisional quality

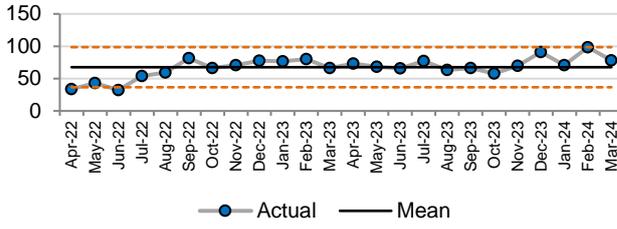
Trust quality dashboard



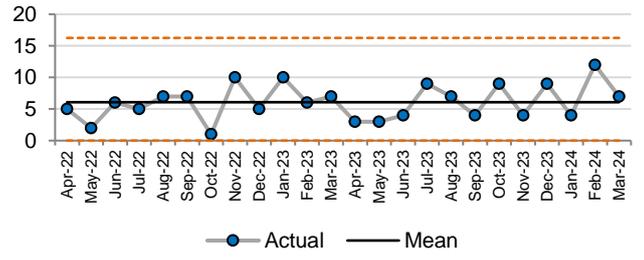




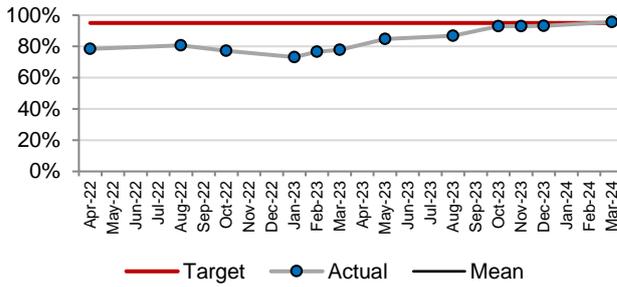
OA Inpatients: Average Length of Stay - Patients discharged from the ward with a completed episode



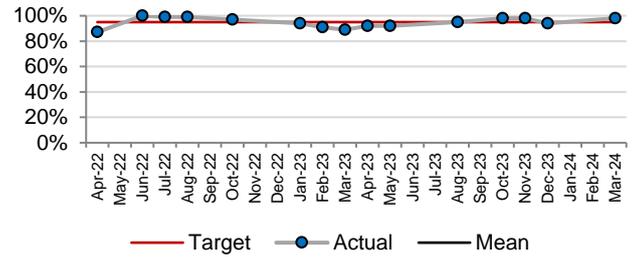
OA Inpatient: No. Spells Discharged in Month with LOS >= 100 Days



% of policies in date



% of risk assessments (as recorded on Datix) in date of review



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

Our activity data during 2023/24



Derbyshire Healthcare NHS Foundation Trust performance dashboard
NHS E/I Targets – Single Oversight Framework

Period	Mar, 2024				
	KPI	Number	Cohort	Performance	Target
CPA 3 Day Follow Up	69	78	88.46%		80.0%
Data Quality Maturity Index (DQMI) - MHSDS Data Score	717,352	734,332	97.69%		95.0%
EIP RTT Within 14 Days - Complete	11	13	84.62%		60.0%
EIP RTT Within 14 Days - Incomplete	5	7	71.43%		60.0%
IAPT People Completing Treatment Who Move To Recovery	272	538	50.56%		50.0%
IAPT Referral to Treatment within 18 weeks	567	575	98.61%		95.0%
IAPT Referral to Treatment within 6 weeks	402	575	69.91%		75.0%
Out of Area - Number of Acute Days	621				
Out of Area - Number of Acute Patients	32				
Out of Area - Number of PICU Days	687				
Out of Area - Number of PICU Patients	31				
Patients Open to Trust In Employment	2,241	18,686	11.99%		
Patients Open to Trust In Settled Accommodation	8,987	18,686	48.09%		
Under 16 Admissions To Adult Inpatient Facilities	0	18	0		0

Schedule 6 Contract

Period	Mar, 2024				
	KPI	Number	Cohort	Performance	Target
18 Week RTT Less Than 18 Weeks- Incomplete	0	0	0.00%		92.0%
Community Paediatrics 18 Week RTT Less Than 18 Weeks- Incomplete	277	2,209	12.54%		92.0%
Consultant Outpatient Appointments DNAs	283	2,421	11.69%		15.0%
Consultant Outpatient Appointments Trust Cancellations	226	3,011	7.51%		5.0%
Delayed Transfers of Care	793	7,272	10.90%		3.5%
Discharge Email Sent in 24 Hours	82	84	97.62%		90.0%
Inpatient 28 Day Readmissions	5	84	5.95%		10.0%
Mental Health 18 Week RTT Less Than 18 Weeks- Incomplete	213	277	76.90%		92.0%
Mixed Sex Accommodation Breaches	0	19	0		0
MRSA - Blood Stream Infection	0	0	0		0
Outpatient Letters Sent in 7 Days	1	1	100.00%		90.0%
Under 18 Admissions To Adult Inpatient Facilities	0	18	0		0

Locally Agreed

Period	Mar, 2024				
	KPI	Number	Cohort	Performance	Target
18 Week RTT Greater Than 52 weeks	0	0	0		0
3 Day Follow Up - All Inpatients	69	78	88.46%		80.0%
Clostridium Difficile Incidents	0	0	0		7
Community Paediatrics 18 Week RTT Greater Than 52 weeks	1,021	2,209	1021		0
CPA Employment Status	1,020	1,129	90.35%		90.0%
CPA Review in last 12 Months (on CPA > 12 Months)	903	1,292	69.89%		95.0%
CPA Settled Accommodation	1,161	1,292	89.86%		90.0%
Ethnicity Coding	21,574	27,154	79.45%		90.0%
Mental Health 18 Week RTT Greater Than 52 weeks	2	277	2		0
NHS Number	69,094	69,097	100.00%		99.0%

Divisional quality and clinical excellence

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 Crisis services, 24/7 Helpline and Liaison teams.

Through 2023/24, both acute inpatient services and assessment services have taken on projects to improve the quality of care and the operational function of the service.

Acute Mental Health and Assessment Services are collectively build-up of the services:

- Inpatient Mental Health Ward Services
 - Radbourne unit – Currently undergoing refurbishment.
 - Hartington Unit – Due to transfer to new building – Carsington Unit
 - Future Psychiatric Intensive Care Unit – Kingfisher House
 - Future Acute Inpatient Unit – Derwent Unit
 - Future Enhanced Care Unit – Audrey House
- Crisis and Home Treatment Services
 - City Crisis and Home Treatment Team
 - South County Crisis and Home Treatment Team
 - Chesterfield Crisis and Home Treatment Team
 - High Peak Crisis and Home Treatment Team
- Liaison Services
 - South Team – Based in the Royal Derby Hospital
 - North Team – Based in the Chesterfield Royal Hospital
- Mental Health Helpline

Inpatient Mental Health Services - Making Room for Dignity programme

As we move into 2024/25, the completion of several components of the Making Room for Dignity programme is coming to a close, with the Carsington Unit and Derwent Unit both due to be completed in November 2024.



As the Hartington Unit transfers into the new Carsington Unit, and the Derwent Unit becomes a new male acute focused inpatient setting, the reduction in utilised wards at the Radbourne unit allows for refurbishments to continue. As the final touches to the Carsington Unit and Derwent Unit are being made, the previously known Enhanced Care Ward based at the Radbourne Unit is well underway in its refurbishment. As services move over to the Derwent Unit, a refurbishment of Ward 35 will commence, moving the Radbourne Unit into an up-to-date, single en-suite unit for females. This work focuses on improving dignity and safety for all who use Derbyshire's inpatient mental health acute services.

To further improve aspects of safety and dignity, Derbyshire Healthcare NHS Foundation Trust has also commissioned the construction of a male Psychiatric Intensive Care Unit (PICU) and the refurbishment of Audrey House, into a Female Enhanced Care Unit. These improvements aim to eradicate the use of out-of-area Psychiatric Care Unit Use and Out of Area Acute bed use, bringing people closer to home for their treatment and care.

With these exciting new opportunities comes the possibility to future proof Trust inpatient wards, for optimal clinical care standards and experience. All areas being equipped with low stimulus suites, sensory suites and best use of outdoor space and technology to create an environment that is less restrictive and requires fewer blanket restrictions. Furthermore, these improvements in the environment, allow for further focus on developing and implemented Trauma Informed Care practice and strategy.

Derwent Unit at Kingsway Site



Crisis and Home Treatment Services

As Acute inpatient services have undergone renovation and reinvention, Crisis and Home Treatment Services have done the same. With the publication of the Fidelity Model, Crisis and Home Treatment Services have an evidence-based model for assessing their services to ensure they meet the care requirements of a “core-24” services. This has further highlighted the importance of flow and the persons journey through services, and the importance of smooth transitions of care and key parts of a person’s journey. If followed, evidence has demonstrated that the Fidelity Model for Crisis and Home Treatment Services will reduce the need for people to be admitted to inpatient acute ward settings, improve the experience of care within the home setting, reduce length of stay and improved patient outcome and experience. With evidence, Derbyshire Healthcare has invested in the implementation of the Fidelity Model.

Clinical excellence

Alongside ongoing projects to improve clinical effectiveness and the environments within Derbyshire Healthcare, there are also continued projects to improve clinical practice through confidence and competence. An example of this is the introduction of the Band 5-6 Competency Programme, which focuses on improved clinical practice and patient outcomes through the development of staff. This programme utilises a competency framework based on key and essential aspects of clinical practice. For inpatient acute settings, newly qualified nurses are encouraged to complete the Band 5-6 Program to further improve and develop their clinical practice within the setting, improving patient outcomes, reducing restrictive practice, and improving retention by also developing career pathways. It is recognised that within acute inpatient settings, nationally Trust experiences the highest number of newly qualified members of staff within these settings, caring for patients at the most acute periods of their care. The Band 5-6 Programme introduces a formal process for developing staff to be clinically effective at caring for people during their acute admission stay.

Community Mental Health Services for adults of working age

Community Mental Health services are provided across Derbyshire for people with mental health needs that require specialist mental health interventions and care. These teams focus on supporting people to recovery and receive care within the community, reducing inpatient admissions, and a living well approach.

Community Mental Health Services for adults of working age are broken down into:

- Community Mental Health Teams
 - Bolsover Mental Health Team
 - Killamarsh Mental Health Team
 - Chesterfield Central Mental Health Team
 - North Dales Mental Health Team
 - High Peak Mental Health Team
 - South Dales Mental Health Team
 - South Derbyshire Mental Health Team
 - Derby City
 - Team B
 - Team C
- Early Intervention in Psychosis Services

- Derby City and South Derbyshire Early Intervention Service
- North Derbyshire Early Intervention Service
- o Outpatient Clinic Services
- o Individual Placement Support Team
- o Physical Health in Mental Health Team

Living Well

Derbyshire Healthcare has continued its work to implement the Living Well Framework. The Trust has taken the decisions to integrate this framework into its existing community mental health framework. This decision was taken to remove any barriers in care and to ensure a positive and effective relationship with its voluntary sector partners and primary care services. In 2023/24, Derbyshire Healthcare saw the implementation of all remaining Living Well teams, paving the way for 2024/25.

Living Well aims to provide a range of opportunities and experiences to ensure that a person's care is focused on all support needs. Through engaging with voluntary sectors and improving engagement with primary care, Living Well aims to reduce waiting lists, improve experience, and improve outcomes for recovery, longer term for people. By working collaboratively, Joined Up Care Derbyshire is dedicated to improving care through eradicating barriers.

Derbyshire Healthcare is focused on the success of Living Well and so has implemented time out sessions for teams, carers and experts to meet, review the Living Well Implementation and focus on future improvements and the long-term plan.

ARMS Pathway Early Intervention Service

Derbyshire Healthcare has invested in the implementation of ARMS (At-Risk Mental State) pathways. This focuses on engaging and having an extended assessment for people who do not present with the normal Early Intervention presentation of a first episode of psychosis but identifies similar experiences that may be less intense or frequent. This aims to reduce gaps in services and supports people who may not clearly fit within standard services.

Mental Health Practitioner role

Alongside processes to reduce the amount of time people are placed on waiting lists and to widen the opportunities for people to access support, Derbyshire Healthcare has also invested in the implementation of Mental Health Practitioner roles. These roles work within and alongside Primary Care Networks, to improve advice and access to mental health support, including social prescribing. As relationships with Primary Care Networks improve and the roles become more embedded, the Trust expects improvement in patient experience and outcomes.

Use of technology

In 2023/24, Derbyshire Healthcare introduced a pilot, where the MaST (Management and Supervision Tool) has been implemented across Community Mental Health Services for working age adults. This tool utilises improved oversight for managers, to focus on improved quality of care. By improving oversight of staff caseloads and clinical metrics e.g. care plan completion, managers are more able to ensure high levels of care. This then improves the experience of patient and ensures improved outcomes. Furthermore, through the use of "actions on a page", MaST improves productivity of teams and individuals. The Trust is

focused on improving care and efficiency through high standards of data quality aimed at further improving productivity.

Forensic and Mental Health Rehabilitation Services

Forensic and Mental Health Rehabilitation Services across Derbyshire are spread across inpatient services, community services and services embedded within other services. Where Forensic Services focus on guidance identified by the Ministry of Justice and close working with the IMPACT collaborative and legal systems, rehabilitation services across Derbyshire focus on the ongoing recovery of patients with long and enduring mental illness. Along with the care and management of patients within their services, teams also offer support and advise to other services across Derbyshire, to ensure people are receiving care within the most appropriate setting or team.

Forensic and Mental Health Rehabilitation Services is built up of:

- Community and Inpatient Forensic Services
 - The Kedleston Unit – Low Secure
 - Forensic Community Mental Health Team
- Criminal Justice Team
- Liaison and Diversion Services
- Placement Review Team
- Community and Inpatient Rehab Services
 - Cherry Tree Close
 - Community Rehab Team

IMPACT

The Trust continues to have a positive relationship with the IMPACT Collaborative, remaining and maintaining its bed occupancy., ensuring that inpatient settings remain within variable compliance rates, through Quality Impact Surveillance. Alongside this, the Kedleston unit has continued to meet its requirements through Quality Network Inspections. Meeting the standards set out by the Royal College of Psychiatry.

The Trust inpatient unit has also proactively engaged in the IMPACT co-production programme, hosting the Surge Road Show, where services users meeting in different environments to discuss service development, their experiences and peer support.

The Trust has also been leading the workforce improvement plan for IMPACT, focusing on improving and reducing vacancy rates within forensic inpatient settings across the East Midlands.

Rehabilitation team pilot

Throughout 2023/24, the Trust has continued to develop and improve its rehab services. As part of this, the Community Rehab Project has gone live in 2023/24. Staff have been employed and phase one of the project has commenced. This looks to focus on community-based rehab support for patients, aiming to improve recovery and reduce the need for inpatient admissions.

The Trust inpatient rehabilitation unit, Cherry Tree Close, has recently introduced a Clinical Practice Lead role and Clinical Lead. These roles are leading improvements on accessing Rehabilitation services through the creation of a Single Point of Access approach and Rehab

Assessment Pathway. Furthermore, they have been supporting the service to engage in Royal College of Psychiatry Frames. A recent Peer Review highlighted positive feedback along with some service improvements.

Mental Health Services for older people

Derbyshire Healthcare's services for older people are broken down into community and inpatient services. These services are further broken down into functional mental health services and organic mental health services. Older people services focus on provide care for people over the age of 65. Teams work closely with primary care networks, social care and care home settings to ensure old people in the community received the most appropriate care for their needs. With this, teams are focused on close engagement and communication with carers and loved ones to ensure every person received the most appropriate care to them with the appropriate levels of support.

Mental Health Services for older people are built up of:

- Community Services
 - South Derby and Dales Older People Community Team
 - Amber Valley Older People Community Team
 - Erewash Older People Community Team
 - Derby City Older People Community Team
 - Chesterfield Older People Community Team
 - Killamarsh Older People Community Team
 - Bolsover Older People Community Team
 - High Peak and North Dales Older People Community Team
- Inpatient Services
 - Cubley Court – Dementia wards
 - Tissington House– Functional Older People Ward – South County
 - Bluebell Ward – Future Functional Older People Ward – North County
- In Reach Home Treatment Services
 - North Team
 - South Team
- Dementia Rapid Response Services
 - South County and City Team
 - Chesterfield Team
 - High Peak and North Dales Team
- Memory Assessment Services
- Day Services Team
- Discharge and Liaison Team.

Service improvements

As with other divisions focusing on quality and service improvements, the older adult division is the same. A focus on leadership, their roles and expected outcomes has resulted in a new clinical lead structure being implemented within inpatient settings, this being focused on bolstering the clinical oversight provided by the Head of Nursing and Matron for the areas. This increase in clinical leadership has been focused on ensuring high levels of clinical quality, providing assurance, and improving governance structures to ensure appropriate collection and use of data. With this comes the ongoing use and improvements in a quality

and audit cycle for ongoing monitoring of services. This level of oversight has provided positive means for ongoing service development.

To ensure continued high levels of clinical care, older adult inpatient services have implemented an improved induction programme for newly qualified nurses. This is to work alongside national Preceptorship programmes and aims to develop newly qualified nurses, into well-established clinicians, capable of caring for patient at a high level.

Care home project

Older adult services across Derbyshire are proud of the work they are doing to improve the transition in care patients' experience when in, or moving into, a care home setting. Community teams are working alongside care homes to improve this transition period and improve outcomes for patients. Working with care homes, professionals from Derbyshire healthcare are in-reaching to settings and supporting with training opportunities, time for support and working as a multi-disciplinary team to reduce the need for inpatient admissions.

Specialist Care Services - Derby and Derbyshire Recovery Partnership Consortiums

Specialist services across Derbyshire are broken down into a range of specialisms. Specialist Care Services are broken down into:

Perinatal inpatient and community services

These services are broken down into Inpatient Perinatal Services on the Beeches Ward based at the Radbourne Unit. This ward provides treatment for women who experience mental health problems either during pregnancy or after pregnancy. Services are also available in the community from the team, also working closely with maternity services across the county to offer mental health support for women during pregnancy or up to one year after giving birth. The community teams focus on caring for people within their own homes and supporting family and carers.

2023/24 also saw Derbyshire Healthcare become the Lead Provider for the East Midlands Perinatal Mental Health Collaborative. This moves away from previous NHS England specialised commissioning led models, providing Trusts with direct oversight and responsibility. This collaborative is responsible for maintaining the high quality of perinatal services and is already in place across the East Midlands and to continue further improvement of services.

Eating Disorder Services

Eating disorder services across Derbyshire are broken down into Adult Eating Disorder Services and CAMHS Eating Disorder Services. Both services offer treatment to individuals with anorexia nervosa.

Adult Eating Disorder Services will also see people presenting with physical health issues that is impacting on their weight, such as Crohn's Disease. This team will also work in an advisory role for other community mental health teams. CAMHS Eating Disorder Services work with children experiencing a range of eating disorders, up to the age of 18

IAPT Services

IAPT (Improvement Access to Psychology Therapy) services focus on providing short-term, evidence-based therapies at step 2 (guided self-help) and step 3 (counselling for depression, interpersonal therapy, dynamic interpersonal therapy, eye movement desensitisation and processing, couples therapy, psychosexual therapy and mindfulness for depression). The teams focus on treating mild and moderate severity health problems.

Substance misuse Services

Substance misuse services across Derbyshire are broken down into drug and alcohol services, provided within the Derbyshire Recovery Partnership (DRP). This sees the united approach from Derbyshire Healthcare, Derbyshire Alcohol Advice Services, Phoenix Futures and Intuitive Thinking Skills. Collectively DRP provide services to meet the health and harm reduction needs of people within Derbyshire with a drug and/or alcohol problem. The teams offer a range of support options from brief advice and harm reduction to intensive structured 1-to-1 work. The teams promote a recovery-focused attitude which supports people to address their problems and develop skills and behaviours to promote long-term recovery.

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 are broken down into three distinct sectors. These are:

Children and Adolescent Mental Health Services

Children and Adolescent Mental Health Services support children, young people and their families and carers in Derby City and South Derbyshire. 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 working within collaboratives. These services are broken down into:

- Early Access Team
- Supported Care Team
- CAMHS Intellectual Disability Teams
- CAMHS Eating Disorder Team
- CAMHS County Services
- CAMHS Amber Valley Team
- CAMHS South Derbyshire Team
- Urgent Care Liaison Crisis Resolution and Home Treatment Team

0-19 Universal Child Health

o Health Visiting (0 to 5 Years)

The Health Visiting Team in Derbyshire focuses on leading the "Healthy Child Programme". This aims to improve the health and well-being of children under the age of 5. Using evidence-based screening and review tools, the team supports parents and helps them give their child the best chance of staying healthy and well.

- **School nursing service**

Working alongside schools in providing essential health support within schools, this team supports schools with vaccination programmes, essential physical healthcare needs of students and supports health promotion and training and support to team staff. The team works collaboratively to support the best outcomes for the children accessing the school.

- **Breakout 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. The Breakout team offers treatment and support, along with one-to-one support, detox programmes and work on coping mechanisms.

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

In 2023/24, the Neurodevelopmental service has worked closely to join and unify services across Derbyshire. Historically, Derbyshire Healthcare led on Neurodevelopmental services for the south of the county. However, as a new collaborative has been created with Derbyshire Community Health Services NHS Foundation Trust, a joint county approach has been created. This ensures all services are in line, offering the same level of service, to reduce and eradicate health-based inequalities when it comes to neurodevelopmental support.

- Autism Assessment and Treatment Teams
- Integrate Support Team
- Strategic Health Facilitation Team
- Community Support Team
- Case Management Team

Quality improvement

Autism assessment team waiting list pilot:

This project has been implemented and focuses on reducing the waiting list for assessment. The pilot has identified an improvement in completed assessments from approximately 26 per month to approximately 70 per month. The project has focused on ensuring a continued high level of assessment, however, with changes to the approach by staff and the utilisation of evidence-based practice, the team has shown over a 150% increase in assessments completed.

Patient feedback survey:

A quality improvement project is underway, focusing on the implementation of an electronic patient survey for patients who use the service. This has filled a substantive gap for improved patient feedback for the division. By having a collective focus on the survey's implementation, a format specific for the service users of the division has been positive for improved feedback and learning lessons opportunities.

Initial assessment clinics completed by neurodevelopment psychology:

The neurodevelopment psychology team has completed a quality improvement project to reduce the time it takes to complete initial assessments for patients referred to psychology in order to improve patient flow, increase the number of initial assessments being completed and reduce the amount of clinical time it takes to complete. The psychology team set up an initial assessment clinic where patients attended an appointment, where the psychologist completed the assessment and an assistant documented the information at the same time. As a result of this work, the average waiting time for the waiting list has decreased from 27.6 weeks to 9.5 weeks, despite an increase in referrals.

Research and development

This year we have had over 1,261 of our service users, staff and carers participate in clinical research.

Some of the projects and initiatives we have been involved with this financial year are as follows:

Clinical research

PRES – Patient Research Experience Survey

For the last few years, our clinical research team has taken part in the Participant Research Experience Survey (PRES) which is carried out to give research participants an opportunity to provide feedback based on their experience and to make suggestions about how we can make taking part in research even better in the future.

Participants are able to complete either paper or digital surveys and they are fully anonymous. Research participants at DHCFT (who can be service users, carers or staff) are provided with the means to provide us with feedback at a suitable point in their research journey. For 2023/24 we received 54 responses to our PRES. We have included a selection of our results below:

98% of respondents agreed or strongly agreed that research staff valued their taking part in research and treated them with courtesy and respect.

98% of respondents agreed or strongly agreed that they would consider participating in research again.

These are both areas where we have consistently high results in previous years.

But there are still areas for improvement, for instance, 34% of respondents felt that they did not know how they would receive the results of the research. We know that many research participants would like to know the results of the research they have been involved with and so this is an area we would like to improve on over the coming year.

iACT4CARERS

this is a clinical trial of online, self-help Acceptance and Commitment therapy (ACT) sessions, with an allocated therapist for supportive calls and feedback throughout the programme. This is a National Institute for Health Research project led by University of East Anglia with various NHS sites around the country, of which DHCFT is one. The project aims to reduce the anxiety, distress and worry associated with the role of being a carer for a family member with dementia. The prevalence of anxiety and depression in family carers of people with dementia is around 32%. These estimates are substantially higher than reported prevalence rates in the general population in the UK, indicating a clear need for support with mental health.

In order to spread the word about this project, we are developing connections and becoming a familiar face with community groups around Derby and Derbyshire with a particular focus on under-represented groups such as those who are more culturally diverse. We are also working closely with the memory assessment service and older adult day services.

There are almost 200 carers participating in this project, 43 of them participating locally, 22 of whom are randomised to the intervention arm and therefore receiving the iACT sessions. There are almost 200 carers participating nationally and we have five clinicians trained to support the online therapy.

This project has received some positive feedback thus far:

"The programme made me think about ME!..... I have made changes which enable me to feel better about myself and the caring/life balance."



SPS study

SPS structured psychological support

This project is an NIHR clinical trial on which DHCFT is collaborating with Imperial College London. It aims to discover whether a new type of one-to-one psychological support can help people who have difficulties with emotional distress and relationships. Psychological interventions can help people diagnosed with personality disorder, but existing treatments are usually highly intensive and require people to attend group sessions over many months or years. Evidence shows that some people diagnosed with personality disorder do not have

access to these intensive interventions and when they do, as many as half do not engage with them. As a result, very few people with personality disorder receive any evidence-based treatment.

We have 29 service users participating in this project, half of whom (50/50 randomisation) have been offered 6-10 sessions of the SPS support with a trained DHCFT clinician. There are over 320 people participating in this project overall and we believe that this may be the biggest clinical trial ever of its type with this population and have high hopes for some positive outcomes.

Improving inclusion in research with under-served communities.

In last year's quality account, the clinical research team reported on the ReBALAnCE project (Research Building Alliances for Action with Community Enterprise). This year we are building on this using the Race Equality Framework. This framework is a tool to help organisations deliver the change needed to address systemic inequities in health and care research. The self-assessment questions are probing; they will challenge your thinking, approach and practice. Moving forwards we aim to:

- Work on additional training for staff to promote research inclusion.
- Continue to network with community groups, specifically identifying those deemed as under-represented, collaborating with Links CVS, Community Action Derby and other community groups/researchers.
- Identify gaps in demographic data we collate to help identify under-represented communities and such involvement in our research studies.
- Identify potential barriers, and how such communities may wish to be approached regarding research opportunities.

Embedded research and evaluation service

The hub and spoke model of research and evaluation, with roles managed by the research department and embedded within clinical services, has continued to flourish and grow. There has been growing interest in our unique model, with other NHS Trusts visiting the team to learn how they may replicate it within their organisations, and with our Lead Health Services Researcher presenting the model at regional and national events.

The number of clinical services in the Trust with embedded researcher roles has increased within the past year and includes:

1. Liaison psychiatry workstream

Derby monitoring study of self-harm/ multicentre study of self-harm in England

Our embedded research and evaluation model developed from a single research assistant role within the Liaison Psychiatry service. This original research assistant role was supporting the service with their pioneering work monitoring 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 in children and young people, women in midlife and real time self-

harm monitoring. The study team also won the CAMH best paper of the year award 2023 for "Life problems in children and adolescents who self-harm: findings from the multicentre study of self-harm in England".

Biopsychosocial assessment CQUIN audit - Following last year's self-harm biopsychosocial assessment CQUIN audit, a number of recommendations have been implemented including improved data capture around patients who leave before being seen and developing a leaflet for patients waiting to see the team. The latter aimed to reduce the number of patients declining an assessment or absconding due to long waiting times and uncertainty around service provision. The team was also able to have patient and carer input into the creation of this, utilising a PPIE framework put together by the research team. The impact of these recommendations is due to be reviewed this coming year.

Neuropsychiatry clinic pilot - Within the South Liaison Team, a service evaluation focusing on a new neuropsychiatry clinic pilot has been completed and submitted for publication, allowing the service to contribute to the limited evidence base in this area. The evaluation has informed the development of a business case to commission this new service. The service also received funding in 2022 for an Alcohol Care Team. This new provision has been evaluated which demonstrated £1.14 million saved through a significant reduction in re-admission rates. The evaluation played an important role in demonstrating the efficacy of the team and supported in obtaining continued funding for the new provision despite the current system-wide financial pressures.

Quality of dementia assessments - A clinical audit on the quality of assessments of dementia has been completed in the South Liaison team. Long community waiting lists have led to delayed hospital discharges, which has required the team to provide assessments of dementia outside of the service's commissioning remit. The audit aimed to measure the quality of the assessments provided and a quality improvement approach is being followed to increase compliance in identified areas. This work has been shared in multiple forums where it has been well received by colleagues and a poster presentation has been accepted at the Older Adults Faculty annual conference at the Royal College of Psychiatrists due to its novelty. A large proportion of the team have been actively engaged in this project with some undertaking quality improvement training to support further.

Leadership change - The North Liaison Leadership Team has undergone significant changes within the last 12 months, so a survey was undertaken to look at the impact of these changes on the team. Survey responses were positive and provided a few suggestions for improvements. The results provided an opportunity for the whole team to reflect, celebrate successes and identify areas for improvement to benefit the team and patient care. Improvements are due to be implemented in due course and the impact measured.

2. Perinatal service

Community outreach - To reduce inequalities in healthcare access, a number of service developments have been implemented over the last 12 months. Some actions undertaken as part of this work have involved the completion of Health Equity Assessment Tools, which has assisted in identifying actionable steps for reducing health inequalities. It has also facilitated a focus group for younger mothers and birthing persons to capture detailed

insights of their experiences of accessing the perinatal service to inform service changes and support improvements in access for this group.

Building on initial exploratory analysis of baseline service-level data, current data has shown an increase in service access for those living within the top 20% of deprived areas identified locally, individuals from a Black, Asian or minority ethnic background and individuals aged 25 years and younger. Outcomes from the community outreach work have been presented at the Equality Delivery System for Derby and Derbyshire (2023/2024) as well as at a Stakeholder Event attended by professionals referring into, and commissioning, the service.

Data dashboards - Dashboards created to monitor performance and quality have provided perinatal teams with an accessible insight into service level data on a monthly basis. The dashboards are shared with colleagues during team meetings, Clinical Reference Groups, displayed on noticeboards and shared externally with the Perinatal Quality Network as supporting evidence for service accreditation reviews. The dashboards have supported understanding of service performance in light of service changes introduced to improve service access, monitoring onward impact of service changes on other areas of service performance e.g., wait times and DNAs, assisting with informed clinical decision-making regarding patient care, while also increasing operational efficiency and the overall quality of care that is delivered. In light of service developments, as of March 2024, the community mental health service has reached the target set out in the NHS Long Term Plan (2019), with the service now providing 10% of the local birthing population of Derby City and Derbyshire with a perinatal mental health assessment.

New projects/workstreams - New projects include evaluating the offer of peer support within the service and evaluation of new perinatal outreach roles which have been funded as part of the new Family Hubs and Start for Life Programme from the Department of Education. There has also been involvement in a fathers and partner's working group, set up for the provision of evidence-based assessments and signposting for fathers and partners of women accessing specialist perinatal mental health services.

3. Criminal Justice Liaison and Diversion Team

Launch of the Reconnect Service

The Liaison and Diversion Service compiled a business case to the Commissioning Unit to provide a Reconnect Service, within which the Embedded Researcher provided baseline data and research evidence to support the case. This was successful, resulting in the implementation of the new service, including recruitment of a new team. By July 2023, the service was embedded within the Liaison and Diversion team. The Embedded Researcher supported with the implementation of the service through regular engagement with the SystemOne development team. This was to ensure the performance data required by the new service was embedded within the patient record. Due to the successful business case, the Embedded Researcher utilised the existing evidence base to support the development of data recording provisions and maintain these on a regular basis. The service has continued to be able to provide the minimum datasets for the performance review on a monthly basis as a result of the Embedded Researcher role input.

New working model for the Community Sentence Treatment Requirement team

The Community Sentence Treatment Requirement team was commissioned to provide the service as delivered by a Clinical Lead (0.5WTE), and two Assistant Psychologists

(1.0WTE). When the service had been operational for 18 months, the team noticed an increase in demand. The Embedded Researcher undertook a wide variety of small and large analytical pieces on the workflow for the service, i.e., referral numbers, assessments, caseloads and waiting lists. As a result of the analysis, the Embedded Researcher and the Clinical Lead were able to identify further resources were required to support with the increase in demand and to be able to provide a continuity of care to its current patients, including those on the waiting lists. A business case was compiled, from which short-term funding was provided to support with the current demand and a review to be put in place for further funding to be requested should the demand continue. Within five months of the business case being submitted, another business case was developed to change the existing model on a permanent basis to become three Assistant Psychologists (1.0WTE) as opposed to two. This was also successful, such that the Service was able to continue with this model and is currently still reviewing to ensure it is able to continue to meet the demand in service, which the Embedded Researcher continues to support, as well as compile a service evaluation since the service was implemented in January 2022.

4. Crisis Resolution and Home Treatment

Evaluation of a new gatekeeping multi-disciplinary meeting - Gatekeeping informal admissions to acute mental health inpatient beds is a core function of CRHT services. The gatekeeping process has been reviewed and revised to reflect best practice guidelines and principles including formulation-based, trauma-informed and least restrictive care. All admission requests must first go through a gatekeeping MDM where services involved in a person's care discuss the most appropriate support for the individual.

The embedded researcher in the team has been instrumental in developing an ongoing evaluation process for this, gathering feedback from colleagues taking part, exploring case studies and conducting an audit. This project is in the early stages but there has already been positive feedback about the gatekeeping MDMs.

Development of a care plan quality audit - the CRHT services want to maintain and improve the quality of their care plans as they move to using a new care plan documentation. The embedded researcher has supported with developing an audit tool to assess the quality-of-care plans and with developing a questionnaire to understand staff experience of completing care plans. This will be used alongside learning sessions to improve the quality-of-care plans for the CRHT teams.

Minimum standards audit and patient feedback - The embedded researcher analyses and presents the minimum standards audit data and patient feedback to the teams in their quarterly Service Development meeting. In these meetings, the service leads discuss the areas of success and improvement and make action plans to make service developments which are supported by the researcher when appropriate.

5. Children and young people mental health urgent care services

Within 2023-2024, the Children and Young People Mental Health (CYPMH) Urgent Care Pathway was supported by a Research Project Manager. This embedded research role supported the CYPMH Urgent Care Pathways at Derbyshire Healthcare NHS Foundation Trust and Chesterfield Royal Hospital NHS Foundation Trust and worked closely with the Integrated Care Board and the NHS Provider Collaborative across the Midlands.

The main aim of this role was to evaluate the day offers at Derbyshire Healthcare and Chesterfield Royal Hospital, which act as an alternative to hospital admission for young people in mental health crisis. The evaluation included analysing routine service delivery data and outcome measures, collecting specific feedback from service users and exploring how the services work together through interviews with staff. This evaluation is being used to make service developments and was instrumental in securing a further year's funding.

6. Derbyshire Mental Health Helpline and Support Service

The embedded researcher role for the Derbyshire Mental Health Helpline and Support Service came into effect June 2023. Although relatively new, the role has supported the team with implementing a few changes. A review of patient feedback received for the Helpline from 2020-2022 was conducted by the researcher. The findings from this review influenced the development of some workstreams and QI projects:

Management of call waiting times – supported the team to develop a new voice message on the telephone system, which is more informative and compassionate with the aim to support and signpost callers adequately.

Management of frequent callers – An investigation into the performance activity for the Helpline highlighted there is a selection of callers who use the service significantly more than others. An evidence-based policy on how these callers can be supported to meet their needs is being developed.

Aggressive/abusive callers – an increase in Datix incident reports completed by staff led to a QI project to improve and manage the frequency and impact of these calls as well as developing an evidence-informed standardised approach to managing the calls.

Deaf/hard of hearing telephone line – Derbyshire was identified as having a high number of people who are deaf or experiencing hearing loss. The Helpline has implemented a dedicated line for those who are deaf or hard of hearing to enable them to access mental health support. The embedded researcher will be supporting with the evaluation of this new pathway within the service.

Electronic patient feedback survey – the team was supported to create a tailored patient feedback survey that has now been embedded within the Trust-wide electronic patient feedback survey and will contribute to our understanding of patients experiences and views of the Helpline service.

NHS 111 'Mental health' option – the service is currently transitioning to become embedded within the national NHS 111 service. The research role is supporting with this

transition, specifically focusing on monitoring, and reporting on performance activity as well as staff wellbeing and readiness for change.

7. Adult neurodevelopmental service

Improvement of audit processes - Audit dashboards were created and monthly spot checks were introduced to encourage Teams to regularly assess their case notes in between the six-monthly audits. Overall, there have been improvements in care plan and risk screen compliance. The Psychology team's quality improvement project on reducing waiting lists was successful and results were presented at the Trust's psychology conference in September 2023. The method was shared with other teams and the length of the initial assessment waiting list continues to be monitored, as well as the intervention waiting list. The Nursing team's electronic feedback pilot has come to an end and there has been a small increase in the **amount** of patient feedback received in the last six months. This process will be rolled out to the rest of the adult neurodevelopmental service.

Patient and public involvement - The service recognises the importance of coproduction, and we are currently working on a project looking at implementing the patient public involvement framework developed by the research team. There are also various ongoing projects to improve the data collection process for service improvements and evaluations of the single-point of access (SPOA), Strategic Health Facilitation Team and Annual Health Checks.

8. Electronic patient survey project

The electronic patient survey was rolled out across the Trust from September 2023 due to additional support provided to add teams on to the platform. As of April 2024, there are over 100 teams (including sub-teams) that are live on the platform, with 599 patient feedback responses across the teams received within this time frame.

It should be noted that although the EPS has been well-received and had a positive impact thus far, aside from the short-term admin funding to add teams to the platform, no dedicated resource has been attributed to the project and the project has only progressed due to ongoing leadership and contribution from the Research team and the assistant director of clinical and professional practice, despite this being outside of their dedicated roles.

Without dedicated resource being attributed to the project, it will not be sustainable. For this reason, the wider impact of the survey is currently being evaluated by the research team with a view to creating a sustainability plan to ensure the continuation and success of the project going forward.

Library and knowledge service 2023-24

Literature searches and impact info

72 evidence searches have been conducted for Trust staff. The biggest reason was for service development, followed by patient care. All recipients are sent an impact survey to complete, 18 of these have been completed. We also send follow-up emails to people who haven't completed the survey to capture more basic impact information and received responses from another 10 people.

The impact statements about the evidence search results from the survey were chosen as follows:

More informed decision making	50%
Contributed to service development or delivery	44%
Improved the quality of patient care	44%
Contributed to personal or professional development	39%
Facilitated collaborative working	22%
Saved money or contributed to financial effectiveness	11%
Reduced risk or improved safety	11%

The impact statements from the follow up emails were:

Changed a particular patient's care	20%
Changed a service	20%
Changed departmental practice	10%
Changed my practice	50%
Had little or no impact	10%
Helped us meet targets	30%
Saved money	10%
Saved time	60%

Knowledge and Library Services Quality Improvement Outcomes Framework (QIOF)

There was only one required action from our last assessment which was to: “Review capacity requirements with the knowledge and library services team as part of service planning. Consider using the Health Education England (HEE) Staff Ratio Policy to inform the review.” We completed this and used an increase in funding from the education tariff to increase library staffing and employ a part-time assistant librarian. Our next assessment against the amended framework will be in 2025/2026 and we are working towards achieving compliance.

A snapshot of library usage (April 2023 – March 2024)

- 558 document delivery requests, 82% delivered same or next day
- 771 registered users of the library
- 277 new users
- 604 staff with OpenAthens accounts (our highest number ever!)
- 2,514 book loans
- 300 staff trained on evidence sources or search skills

E-resource usage:

E-book usage has more than doubled this year to 791 accesses. E-journal downloads have also increased with use of the new LibKey tools increasing significantly. The introduction of LibKey and LibKey Nomad has made accessing e-journal content much easier, with one-click access to thousands of journal articles. This has been made possible by the library and knowledge service purchasing relevant content, managing the systems in the background to enable access, providing training on its use and promoting it widely to DHCFT staff.

Part 4 CQC and Well-Led requirements

The current CQC ratings for the Trust are shown below:

Overall trust quality rating		Good 
Are services safe?	Requires improvement 	
Are services effective?	Good 	
Are services caring?	Good 	
Are services responsive?	Good 	
Are services well-led?	Good 	

	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 

Trust registration with the Care Quality Commission (CQC)

Through 2023/24, the Trust has received 7 separate Mental Health based inspections of inpatient wards across a range of inpatient settings. The Trust has also received one compliance visits across the Hartington Unit and Radbourne unit.

The Trust has continued to utilise feedback from the CQC to improve its services. Along with its own internal processes. The Trust is dedicated to ensuring its services are of a high standard and that patients are receiving a great experience with high levels of safety. As a result, the Trust has opted to become an early adopter of the new CQC inspection process.

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, 2022/23 and 2023/24.

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, Forensic and Neurodevelopmental services.

In January 2024, the Trust became an early adopter of the new process that the CQC will be using to regulate providers. As a result, the Trust has been engaging with the CQC regularly.

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 has 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.

Board visits and compliance visits

In 2023, the Trust took the decisions to review and change how the board engages with teams and how assurance is received in relation to clinical compliance. As a result, the Trust took the decision to separate the previously-known quality visit process and create two separate processes. Quality visits historically have been an opportunity for Board members to visit and observe clinical and non-clinical teams across the Trust, along with providing soft and hard evidence relating to quality, culture and the key lines of enquiry. Furthermore, it provided an opportunity for members of the board of Governors, members of the Integrated Care System, Carers and Experts by Experience to visit teams and areas together. These visits provided an opportunity to identify improvements within services, alongside members within the service raising support needs. However, teams found the process unproductive and it created anxiety for the team.

In order to ensure a gap was not left with the stand-down of the Quality Visit Process, a two-pronged approach has been taken to oversight and engagement of services.

1. CQC internal inspections – These have taken the form of mock inspections of varying nature and degree. These visits focus on preparing services and providing assurance that the quality of care within each service/team is in line with the Key Lines of Enquiry. The CQC Internal Inspections focus on ensuring that services are ready for any CQC formal Inspection and will be rated “Good” or higher. From these visits, teams have been required to complete improvement plan, that have had oversight within the Clinical Operation Assurance Team and Division Performance Review groups in order to provide time-specific improvements. These visits are led by the Deputy Director for Regulated Practice and are supported by a range of DHCFT staff. Furthermore, future plans for this process are to be developed and lead into an internal accreditation process.
2. Board visits – These visits have taken the form of a more informal visit, completed by members, Executive Directors and Non-Executive Directors. This has also provided an opportunity for Carers, Experts by Experience and Governors to be part of the visits. The focus of the visit is for a free-flowing conversation with staff, patients, and carers. The Executive Directors have provided updates to the Executive Leadership Team and where concerns arise, they have been escalated and rapid actions have been identified with clear outcome expectation.

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 Safeguarding team has highlighted 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.

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 who visits our inpatient areas, talks to people in our care and 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 Leadership Team Meeting, 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 invested 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 governance and assurance overview

The Trust has developed a suite of dashboard quality governance systems that enables monthly reports to be analysed at divisional and team 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.

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. As the Trust continues to work alongside the Integrated Care Board, these gaps are reducing.

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 Board through groups such as the Clinical Quality Review Group, continued audit and sustained work from previous and current CQUINs. Trust Quality Dashboard is also a key tool for monitoring performance through the use of SPC charts. This information, along with other Key Performance Indicators are also viewed through Trust groups and committees e.g. Divisional Performance Reviews.

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).

Quality governance

Patient safety

Through 2023/24, the Trust has worked on its governance processes relating to the patient safety investigations. This has come in the form of new training, improved investigation processes and improved learning lessons approaches. 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 ICB for the period 1 April 2023 – 31 March 2024

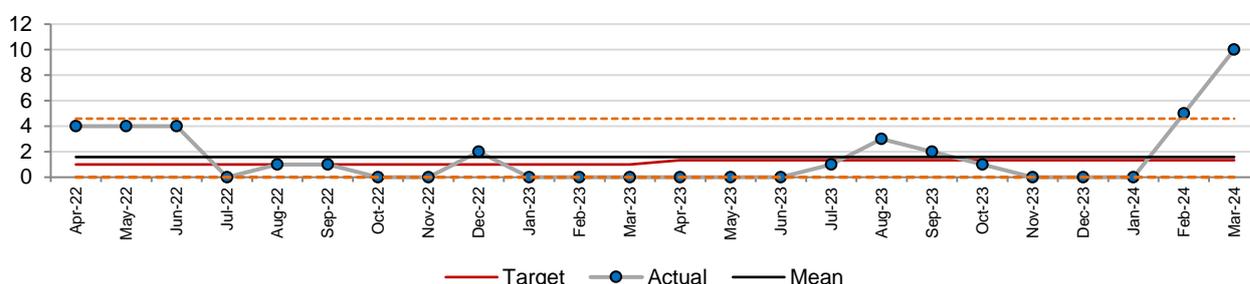
	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Abuse / Aggression (Actual or Alleged) - DHCFT Staff to Patient	6	1	3	2	12
Abuse / Aggression (Actual or Alleged) - Other Party to Patient	6	1	2	0	9
Abuse / Aggression (Actual or Alleged) - Patient to Patient	106	102	121	46	375
Access, Appointment, Admission, Transfer, Discharge	69	71	97	36	273
Accident	17	12	24	10	63
Alcohol Use	16	20	9	6	51
COVID-19 case	0	0	4	0	4
Data Security and Missing Records	29	24	33	9	95
Death	11	13	6	2	32
Disruptive or distressed behaviour	0	0	0	1	1
Drug Use (Illicit)	12	15	10	23	60
ECT Treatment	4	1	2	2	9
Environment / Infrastructure / Facilities issue on Trust premise (incl. team base)	13	13	11	5	42
Equipment issue (medical device)	8	13	13	2	36
Equipment issue (non-medical device)	3	3	1	1	8
Fire	2	2	1	0	5
Homicide	1	0	1	0	2
Infection Control	5	4	7	1	17
IT systems / service issue	1	2	4	0	7
Manual Handling	2	1	0	0	3
Medical issue	36	49	62	20	167
Medication	462	371	335	119	1287
MH / MC Act process	31	30	32	23	116
Missing and Absent Patients	164	132	194	85	575
Ongoing care review / monitoring	17	12	29	4	62
Other - see 'Description' field for details	1	1	2	1	5
Pressure Ulcer (PU) or Moisture Associated Skin Damage (MASD)	2	4	2	0	8
Record Keeping Standards	45	42	26	16	129
Self-harm	327	465	349	149	1290

Slips, Trips and Falls	122	113	91	36	362
Staffing levels (operational challenges)	5	10	10	3	28
Total	1523	1527	1481	602	5133

Total number of incidents resulting in severe harm/death

	23/24 Q1	23/24 Q2	23/24 Q3	23/24 Q4	Total
Severe harm	1	8	3	4	16
Fatal (Death)	30	34	24	40	128
Total	31	42	27	44	144

No of serious incidents reported to the CCG/ICB



The Patient Safety Incident Response Framework (PSIRF)

From December 2020, the Patient Safety Incident Response Framework replaced the existing Serious Incident Framework. The framework transfers the emphasis from the quantity of investigations to a smaller number of higher quality, 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.

Family Liaison

In the majority of cases, the Family Liaison Team initiates contact with the family to offer family support and to ascertain if the family would like to engage in the review or feedback on the outcome, dependent on family wishes. In 2023/24 the Trust recognised the importance and value of Family Liaison support services and as a result also implemented a working into the Patient Experience team.

Investigation processes

- All investigations commissioned through the serious incident process are instructed within the terms of reference, which includes 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 the Integrated Care Board 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. Both are attended by a range of the Multi-Disciplinary Team, with a focus on senior clinical and operational leadership.

The Trust has received notification of 2302 deaths of patients since 01 April 2023 to 31 March 2024:

Month	Number of deaths
April 2023	166
May 2023	183
June 2023	156
July 2023	182
August 2023	153
September 2023	162
October 2023	171
November 2023	184
December 2023	209
January 2024	210

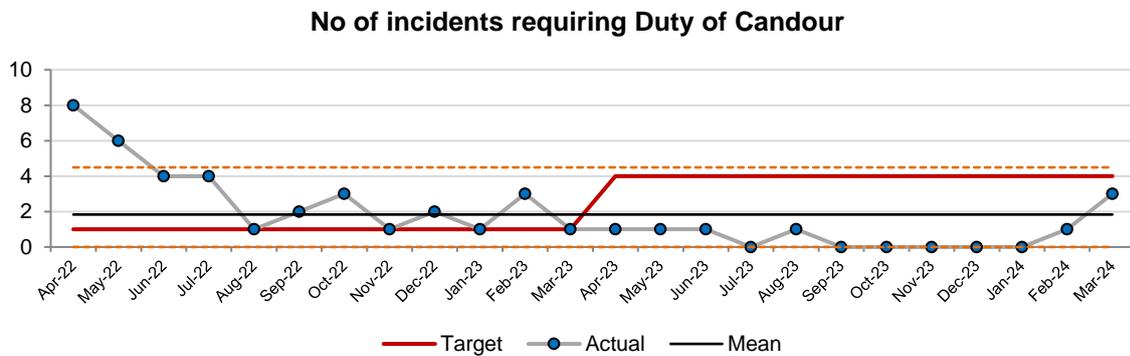
February 2024	194
March 2024	192

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.

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

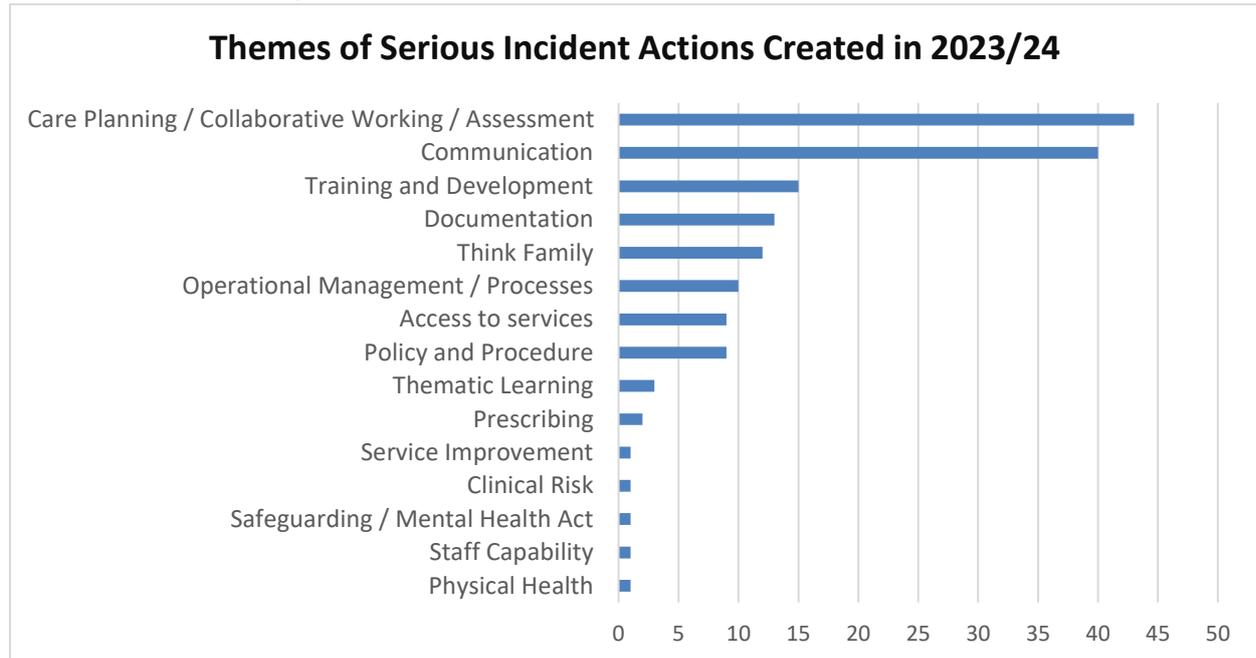
There have been a total of six incidents assessed to meet the thresholds as defined in Regulation 20 for Duty of Candour for April 2023 to March 2024



Coroner Regulations 28 Conclusions - Prevention of Future Death Reports

Though the Trust was involved in several inquests, as indicated below, one regulation 28 order was issued by Her Majesty's Coroner. The Trust continues to embed learning lessons themes from inquests in the weekly Serious Incident Executive Group chaired by the Medical Director. Learning has been taken from the Regulation 28 and the Trust has placed processes to prevent this occurring again.

Examples of learning from Serious Incidents and mortality



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 and rehab settings based on improving local practice and engaging clinicians in development of strategy, practice, policies, procedures, projects, and NICE guidelines.

This group focuses on involving clinicians and Experts by Experience in the development of clinical practice to reduce restrictive practices such as seclusion and prone restraint. The group is working collaboratively to review and re-create the Trust's Reducing Restrictive Practice Strategy. This comes in line with a self-assessment the Trust has carried out in partnership with the East Midlands Community of Practice.

The Trust in 2023/24 also took the decision to move its training department into a phase to become fully "BILD" accredited. At present the Trust outsources its training for other "BILD" accredited services. By bringing this process into the Trust, there will be an option to develop training and made it need specific and Trust specific.

Changes in practice over time

	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24	Total
Chemical restraint	252	269	291	202	261	208	231	308	2022
Clinical holding						4	36	18	58
Long term segregation						1	2	1	4
Personal search			10	73	55	62	59	71	330
Physical restraint	727	691	625	644	630	552	828	938	5635
Seclusion	190	230	279	215	223	238	270	264	1909
Ward doors locked	44	33	60	376	341	1457	1499	1514	5324
Total	1213	1223	1265	1510	1510	2522	2925	3114	15282

Patient and Carer experience

The Patient Experience Strategy was reviewed during 2023 and published in April 2024. The revised strategy was co-produced and reviewed by the Quality and Safeguarding Committee in March 2024. Significant progress continues and areas of improvement include:

- During 2023-24 we rolled out the electronic patient survey across community and inpatient services and work is underway to complete the roll-out across all Trust services. Over 100 teams have submitted a request to join the platform and over 60 teams are now live on the system.
- We have renewed our focus on co-production with carers and service users

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.

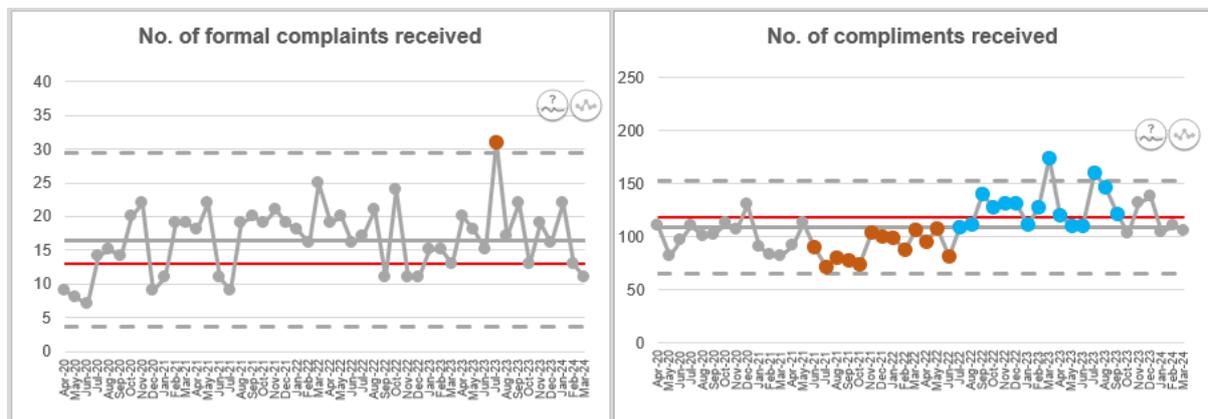
Work was undertaken within the Trust in 2023/24 to discuss the findings from the Complaints Standard Framework documents provided by the Parliamentary and Health Service Ombudsman. As an outcome, from 1 April 2024, we are introducing Complaints Quick Resolution and our aim is to improve the timeliness of our responses to low level concerns/complaints when they are raised with the Patient Experience Team. The Patient Experience Team is working with operational teams to ensure that the best outcomes have been achieved in the timely manner from local services. Our progress throughout the year will be monitored, and reported on, in quarterly reports to the Patient Experience Committee and Quality Committee.

Comparison of contacts through the year

	2021/22	2022/23	2023/24*
Complaint	216	194	219
Compliment	1102	1479	1468
Concern	516	443	349
Enquiry	1421	1685	1669
Total	3255	3801	3705

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

Complaints are issues that need investigating and require a formal written response from the Trust. Investigations are co-ordinated through the Patient Experience Team. Concerns can be resolved locally and require a less formal response. This can be through the Patient Experience Team or directly by staff at ward or team level within our services. Compliments are logged directly by staff.



Parliamentary and Health Service Ombudsman

Parliamentary and Health Service Ombudsman

During the year, the Trust discussed 10 cases with the Parliamentary and Health Service Ombudsman. In eight cases no further action was required. Two assessments are ongoing.

Local Government Ombudsman

During the year, the Trust had one contact involving the Local Government Ombudsman, this investigation has yet to be concluded.

Comparison of concerns, complaints and compliments by top issues raised

Top 3 issues raised in Concerns		Top 3 issues raised in Complaints	
2023/24		2023/24	
Availability of Services / Activities / Therapies	60	Abruptness / Rudeness / Unprofessionalism	74
Care planning	48	Care planning	55
Abruptness / Rudeness / Unprofessionalism	45	Medication	39
2022/23		2022/23	
Care planning	96	Care planning	96
Appointments (e.g. delays and cancellations)	51	Abruptness / Rudeness / Unprofessionalism	63
Availability of Services / Activities / Therapies	50	Medication	26
2021/22		2021/22	
Care planning	134	Care planning	119
Availability of Services / Activities / Therapies	117	Abruptness / Rudeness / Unprofessionalism	52
Other	57	Availability of Services / Activities / Therapies	49

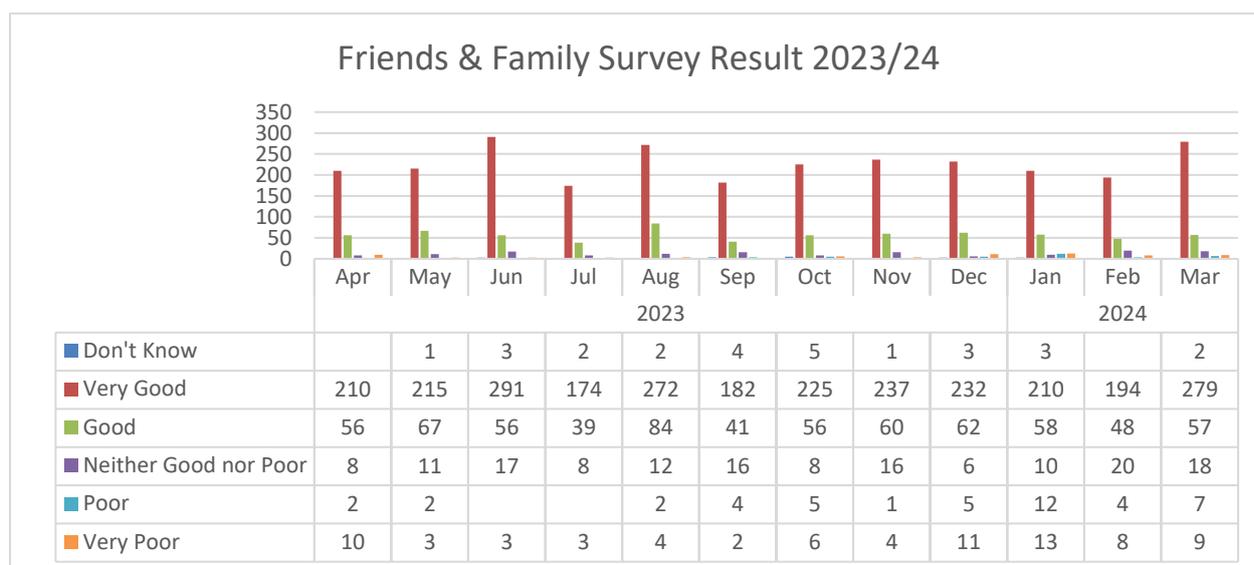
Compliments

Most of the 1,468 compliments received during 2023-24 reflected people's general gratitude for the care, support and help that staff had provided.

	2021/22	2022/23	2023/24
Care	660	813	809
Compassion	489	653	657
Empathy	346	505	494
Environment	145	172	173
Facilities	113	134	153
General gratitude	775	1068	1110
Information/Advice	403	548	549
Kindness	567	703	713
Listening	439	603	589
Responsiveness	395	594	625
Support/Help	728	969	1045
Other - see description	37	105	85

Friends and Family Test

The Friends and Family Test asks, Thinking about the service we provide, overall, how was your experience of our service? 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 incorporated the Friends and Family Question into our electronic patient surveys that are asked at regular intervals after appointments. Most people reported that their care was good or very good.



Electronic Patient Survey

The electronic patient survey was rolled out across the Trust from September 2023 due to additional support provided to add teams on to the platform. As of April 2024, there are over 100 teams (including sub-teams) that are live on the platform, with 599 patient feedback responses across the teams received within this time frame. It should be noted that although the EPS has been well received and had a positive impact thus far, aside from the short-term admin funding to add teams to the platform, no dedicated resource has been attributed to the project and the project has only progressed due to ongoing leadership and contribution from the Research team and the assistant director of clinical and professional practice, despite this being outside of their dedicated roles. Without dedicated resource being attributed to the project, it will not be sustainable. For this reason, the wider impact of the survey is currently being evaluated by the research team with a view to creating a sustainability plan to ensure the continuation and success of the project going forward.

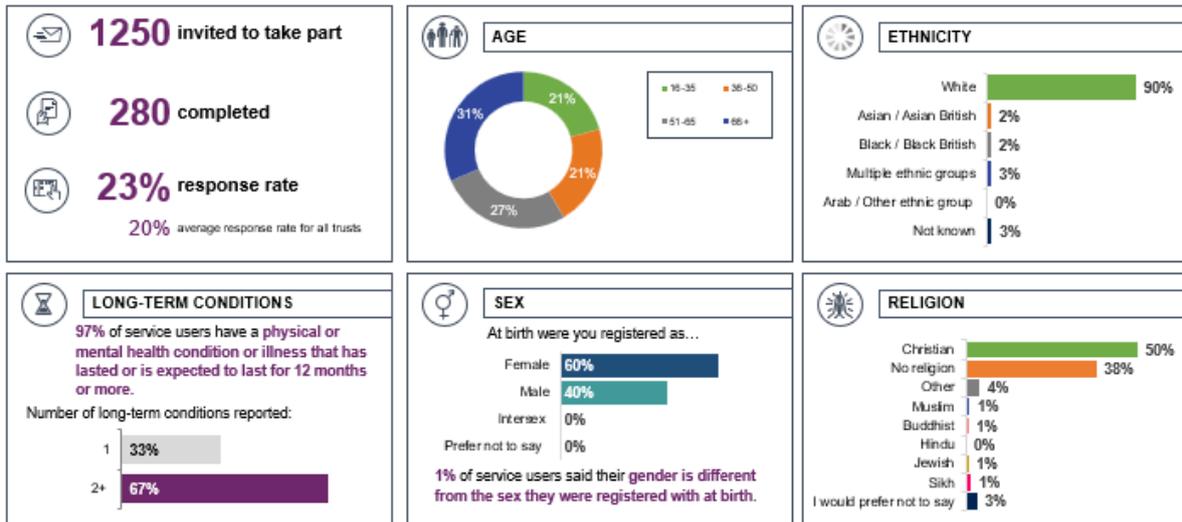
Community Mental Health Survey

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

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.



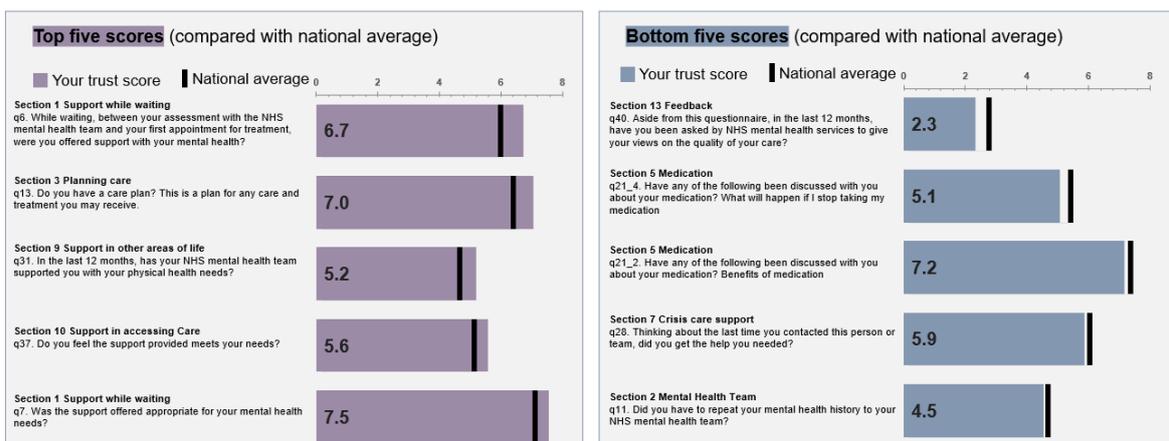
8 Community Mental Health Survey | 2023 | RKM | Darbyshire Healthcare NHS Foundation Trust

As can be seen from the infographic above, there has been a 23% response rate to the survey on this occasion. This represents the same response rate as the previous year. The Trust recognises that this response rate is low and so is keen to receive increased feedback. This will be through works to increase response rates to the Community Mental Health Survey and also through other means, such as the Electronic Patient Survey mentioned above.

Best and worst performance relative to the national average

These five questions are calculated by comparing your trust’s results to the national average.

- **Top five scores:** These are the five results for your trust that are highest compared with the national average. If none of the results for your trust are above the national average, then the results that are closest to the national average have been chosen, meaning a trust’s best performance may be worse than the national average.
- **Bottom five scores:** These are the five results for your trust that are lowest compared with the national average. If none of the results for your trust are below the national average, then the results that are closest to the national average have been chosen, meaning a trust’s worst performance may be better than the national average.



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 that should see significant improvements due to the work around the electronic

patient survey as discussed above. The Trust will have a continued focus on improving these areas within 2024/25.

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.

Concerns in relation to medication will be taken through the Trust Medication Management Committee, where a range of clinicians and professionals ensure improvements to practice are made and monitored for assurance.

Through the ongoing work to establish and improve the Living Well Project, the Trust hopes that patients/service users will not need to repeat their history and experiences to different members of the team. The process, along with the introduction of SystmOne, hopes to improve this through 2024/25.

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 co-operation.

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 include 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 and 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.

Safeguarding Children's Performance Dashboard

Item	Metric	Quarter 1, 2022-2023	Quarter 2, 2022-2023	Quarter 3, 2022-2023	Quarter 4, 2022-2023
1	Number of advice calls received and reported	271	201	222	118
2	Number of supervision/group sessions	99	135	166	122
3	Number of Information Exchange Form Research completed / strategy discussions or meetings attended	174	157	128	133
4	Number of child Protection medicals – Suspected NAI & Neglect	51	52	52	57
5	Number of children discussed at CHANNEL	0	1	0	2
6	Number of MARAC cases with children discussed at MARAC	145	95	171	186
7	Number of referrals to CSC	17	19	14	8
8	CIC Caseload - Born In Lives In	243	244	246	230
	CIC Caseload - Born In Lives Out	392	388	372	368
	CIC Caseload - Born Out Lives In	5	5	10	10
	CIC Caseload - Unknown	1	4	23	41
	Team Unknown	2	2	2	2
	Total CIC Caseload	643	643	653	651
9	Number of Child Deaths	16	13	14	13
10	Number of children referred for risk of FGM	1	0	2	3
11	Number of children on a child in need plan	239	250	216	197
12	Distinct count of children affected by DV during the Quarter	729	276	327	303
13	Number of children on a child protection plan	431	408	396	383
14	Number of children admitted to an adult inpatient bed	1	1	0	1
15	Number of young carers	11	10	9	11

Key for acronyms within Dashboard:

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, the Safeguarding Team delivers flexible supervision and a cascade model is in place. This has worked extremely well, ensuring staff received their safeguarding supervision in a timely manner.
- S47s and strategy meetings remain high, which contributes to the pressure on the resources of the Safeguarding Children Team. The complexity of issues and number of adult mental health issues adds significant pressure.
- MARAC cases and children impacted by Domestic Abuse continue to be at a consistently high level.
- Referrals to Children's Social Care have reduced, this is due to the work around referrals and thresholds which is ongoing within training, supervision and advice which has had a positive impact.

Safeguarding Adult's Performance Dashboard

	METRIC	QTR1	QTR2	QTR3	QTR4
1	Number of adult safeguarding referrals made where allegation is within their own service	121	87	99	101
2	Number of PiPoT referrals made by the Trust	N/A	4	3	2
3	Full attendance at MAPPA 3 meetings (monthly)	100%	100%	100%	100%
4	MASH Health strategy discussions for children	88	113	108	120
5	MASH Health strategy discussions for adults	26	37	29	22
6	Number of domestic violence medium cases discussed at triage	259	245	233	258
7	Number of urgent DoLs authorised.	10	7	6	7
8	Number of Standard DoLs applied for to the LA.	10	7	2	6

9	Number of people with an authorised DoLS granted by Supervisory body.	0	2	5	1	
10	Number of referrals to coroner for people who have passed away and have an authorised DoLS granted by Supervisory body	0	0	0	0	
11	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.	Other Party to Patient	N/A	N/A	6	2
		Patient to Other Party	N/A	N/A	2	3
		Patient to Patient	N/A	N/A	4	2
		Patient to Staff	N/A	N/A	20	1
		Staff to Patient	N/A	N/A	3	1
		Staff to Staff	N/A	N/A	0	0

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.

Where we see themes emerging, we have endeavoured to provide more learning for staff. We identified themes around domestic violence which has focussed bespoke learning from Domestic Homicide reviews for in-patient staff.

The Adult Safeguarding Trainer remains in post, safeguarding training compliance has improved and the evaluations continue to be positive. This is felt to be due to the delivery of safeguarding training on MS Teams.

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.

The safeguarding teams continue to maintain clinical standards by ensuring consent to refer to a safeguarding referral is recorded on the referral proforma. Scrutiny and focus by the Health Advisors in the MASH is helping to improve compliance and outcomes in this area.

MASH Health Advisors continue to consistently meet the required Key Performance Indicators as part of this Trust contracted activity.

The quality priority and improvement work around professional boundaries and sexual safety is ongoing and visible throughout DHCFT. We have responded to all sexual safety incidents in a timely manner, offering support and assurance to our service users, staff and our multi-agency partners.

The performance and evidence provided in this Annual Report demonstrates that we have continued to meet our statutory and Public Protection duties and also reflects the key

strategic priorities of the Derby and Derbyshire Safeguarding Adult Boards, Prevention: Making Safeguarding Personal and Quality Assurance.

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 2023 and covers the period of April 2022 to April 2023

Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Change from last year
C Safeguarding Children Level 1 Annual	539	493	46	91%	Up 12%
C Safeguarding Children Level 1 once only	1914	1858	56	97%	Same
R Safeguarding - Children Level 2 3 yearly	518	432	86	88%	Down 5%
R Safeguarding - Children Level 2 once only	1447	1388	59	96%	Same
R Safeguarding - Children Level 3 3 yearly	1162	1006	156	87%	Up 9%
R Safeguarding - Children Level 3 Annual	306	257	49	84%	Up 4%
R Safeguarding - Children Level 4 Annual	7	7	0	100%	Same

During the last training year, there has been no cancelled training by the Incident Management Team in response to the Covid 19 pandemic and no significant disruptions to impact on training delivery planning. The expected standard is over 85%.

All level 1 and 2 training during this last year has been via E-learning. Level 2 sessions are also being delivered by MST.

Within this training period there have been 60 level 3 sessions offered, which is 12 sessions more than last year. As a result, 1031 staff have received their level 3 training, which is 311 more staff than last year. There were 1163 spaces made available, meaning 132 more staff could have attended a session. This data has improved from last year, where over 300 spaces were not utilised. All sessions were via Microsoft Teams (MST).

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.

There are 137 staff within DHCFT who are non-compliant for level 3 and have not booked on a session. This data is 79 staff for level 2 learning across the Trust. These staff members are being re-contacted and targeted by the training administration team as the priority area.

DHCFT safeguarding adults training position

This report provides an update to the 383 Safeguarding Adults Level 3 (inc. Level 1&2 plus DOLS, MCA & Wrap/PREVENT) training in DHCFT as of 30 April 2023 and covers the period of 1 April 2022 to 31 March 2023

Training Name	Target Group	Compliant	Non-Compliant	Compliant %	Change from last year
383 LOCAL C Safeguarding - Adults Level 1 (Non Clinical) (3 Yearly)	576	518	58	90%	Up 10%
383 LOCAL C Safeguarding - Adults Level 1+2 (All Clinical) (3 yearly)	1875	1729	146	92%	Up 5%
383 LOCAL R Safeguarding - Adults Level 3 (3 Yearly)	117	108	9	92%	Down 1%

All level 1 and 2 training during this last year has been via E-learning. All Level 3 sessions are full day classes and are delivered via MS Teams. These classes also include Mental Capacity Act (MCA; Deprivation of Liberty Safeguards (DoLs); PREVENT Level 3.

In the period 1 April 2022 – 31 March 2023 there were 62 Level 3 classes delivered, compared to 42 between 1 April 2021 – 1 March 2022. As a result, 824 staff have received their level 3 training, which is 106 up on the previous year. Each class has availability for 22 attendees, giving a potential target of 1,364 spaces. However, 540 spaces were not utilised.

There has only been one class cancelled during this period - at last minute due to the trainer's close family bereavement.

However, this should not detract from the extremely positive direction in which Safeguarding Adults Level 3 (Inc. Levels 1 & 2), MCA, DoLs, Prevent and WRAP is on course to achieve targets. This is especially pertinent due to increase in compliancy requirements with additional staff recently having need to access the Level 3.

The Safeguarding leads take a highly proactive stance and recognise the preventative nature of a competent workforce. This includes the trainer liaising personally with staff known to be out-of-date to offer them last-minute class cancellation spaces and taking other blended approaches to encouraging staff participation – by encouraging Clinical Leads to use supervision to encourage their staff, and to send 'bcc'd' emails to all staff identified through monthly reporting as not having compliance, or near to end dates.

The Trainer and leads are also offering 'bespoke' classes for specific Safeguarding Adults requirements to teams/units in the Trust, as requested by managers. This approach has been welcomed by the Teams and has resulted in significant improvements.

Safeguarding children advice themes

Top five Advice Themes:

	2021/22	2022/23
1	Parenting Skills/Capacity/Basic Care	Parenting Skills/Capacity/Basic Care
2	Domestic Violence	Neglect
3	Neglect	DHCFT procedures
4	Child's Mental Health	Physical Injury/Abuse
5	Emotional Abuse	Community Resources

We continue to analyse the calls for advice into the Safeguarding unit:

- In comparison to the last annual report period, Domestic Abuse is not in the top five themes. This is quite surprising considering the figures we monitor and the children impacted on with regards Domestic Abuse. One reason for this is that the team believe our staff are becoming more confident and competent in dealing with Domestic Abuse in their practice. This is partly due to training and also the lessons cascaded from the multi-agency Domestic Abuse audit that have been completed.
- Neglect is still present which has always been a significant issue in our organisation. This is partially around our staff's consideration re thresholds and poverty faced by our specific patient group within the area, and the very real feedback and experience from our staff's concerns with regards to the presentation and living conditions of families. We have also seen this issue and a crossover with parenting skill/capacity and basic care.
- Due to the nature of a large proportion of the Trust patient group, we also have a large number of staff concerns around the capacity to parent if there is impact as a consequence of their mental health, substance misuse and or learning disability.
- Community resources remain a concern for staff as resources often associated with prevention are being reduced or stopped, and this has a significant impact on families who need services to prevent family breakdown.
- Our colleagues making calls around procedures is welcomed and actively encouraged as our message to staff is always to refer to procedures and do not assume you know them. Staff checking out procedures against thresholds appropriately, is a positive sign of the service.

Learning From Reviews

Child Safeguarding Practice Reviews (CSPR):

The Derbyshire Healthcare NHS Foundation Trust Safeguarding Children Team has contributed to 11 Child Safeguarding Practice Reviews within the time frame of the annual report. Two of the reviews were including two cases each as the themes and learning were similar.

Activity includes providing reports based on agreed terms of reference regarding children and adults in the family home and their contact with Trust Services. There is also a requirement to attend panel meetings, practitioner learning events, sign off panels to agree final reports and meetings about publication and publicity arrangements.

The Trust attends all partnership action planning meetings also to ensure actions are completed and evidence is provided to assure against recommendations for each review. 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. Due to the sensitive and distressing nature of Child Safeguarding Practice Reviews, the Safeguarding Team provides support to staff and management.

Support for the Safeguarding Team is available as required via Trust wellbeing support services and supervision.

Domestic Homicide Reviews (DHRs) & Safeguarding Adult Reviews [SARs]

The Trust is actively involved in Domestic Homicide Reviews and Safeguarding Adult Reviews. Work continues to complete outstanding actions from previously published reports. These actions are overseen by the relevant Adult Safeguarding Board and Community Safety Partnership. We are currently working on three SARs and five DHRs.

Learning briefs are developed by the Adult Safeguarding Board to disseminate the learning to partner organisations. The Trust cascades learning via various routes including professional meeting and organisation reports. The recommendations and learning are incorporated into our level 3 safeguarding training.

Focussed learning has been undertaken within the trust around specific themes identified from SAR/DHR recommendations. This year there have been focussed sessions within the Trust around the theme of domestic abuse.

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 integrated Care Board (DDICB) and Derby and Derbyshire Safeguarding Children Partnership (DDSCP) completed the Section 11 self-assessment and a virtual safeguarding children quality meeting on the 10 November 2022.

NHS Derby and Derbyshire integrated Care Board (DDICB) were pleased to report that they were fully assured with the evidence provided in the Section 11 self-assessment and the further information/assurance received from the Safeguarding Children Team during the safeguarding children quality meeting.

The table below shows FULL compliance:

The standards are:

1. Accountability structure
2. A culture of listening to children, young people, carers and staff
3. Information sharing
4. Safe recruitment and dealing with allegations against people working with children
5. Effective appropriate supervision and support for staff, including training.

Section 11 compliance rating (2021/22)	
Standard 1	Full Compliance
Standard 2	Full compliance
Standard 3	Full compliance
Standard 4	Full Compliance
Standard 5	Full compliance

Looked After Children Markers of Good Practice (MOGP)

In February 2023, the Children in Care Team submitted the Markers of Good Practice assurance tool to the Integrated Care Board for Derby City and Derbyshire (DDICB). The Markers of Good Practice assurance tool, which is 'RAG' rated, provides the Children in Care Team with a productive opportunity to showcase the service to the Integrated Care Board and Designated Professionals.

With the submission of evidence and 'RAG' rating, the assurance tool supports the Children in Care team to highlight progress, any gaps or improvements that are required to assure the Integrated Care Board 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.

Following the MOGP action plan submission, representatives from the Integrated Care Board and Designated Professionals completed the feedback in written format with a decision as to whether a meeting face-to-face with the provider is required. A discussion was held between the commissioners from DDICB. Each standard was discussed, and it was confirmed whether the 'RAG' rating provided by the Provider was in line with that of the commissioners' assessment.

Strengths and challenges were identified, agreed by both parties and an action plan will be developed by the provider to work through within the year 2023-2024 to achieve compliance in the areas that were not yet rated as green. The Markers of Good Practice action plan will be fed back to the Safeguarding Children's Committee by the Director of Nursing and Patient Experience, and at the Safeguarding Operational Leads meeting and the Children's Clinical Reference Group held by the Organisation by the Named Nurse Children in Care.

Derby and Derbyshire Integrated Care Board (DDICB) fed back that the evidence clearly demonstrates the Organisation and Team's commitment to meeting the needs of Children in Care at every stage of their journey in the care of the Local Authority and beyond. DDICB have been significantly assured about the quality of the service provision and appreciate the providers' honesty whereby further progress is required.

Safeguarding Adult's Assurance Framework (SAAF)

The SAAF was reported on in last year's report. The next SAAF is due September 2024.

Carers

I can confirm that Derbyshire Healthcare NHSFT retain the Triangle of Care Star. This is a comprehensive submission, backed by clear evidence, describing the activities and progress that has been made to retain the two-star rating despite pausing through the pandemic.

Comments: There is a clear thread of carer involvement, participation and co-production through the Triangle of Care standards that is embedded in activities across the Trust. The implementation of the Participant Carers and Experts by Experience Reward and Recognition Policy, clearly show that the expertise and experience of carers is valued appropriately, and I would like to use this as an example for other Trusts and, indeed, our own work at Carers' Trust when involving carers.

Not all Trusts have made training for staff mandatory and again this shows the importance of including carers within the Trust.

It was particularly useful to hear how the carer's voice is embedded at all levels of the Trust and how this meets the Carer Experience Thermometer from board level, through to quality accounts and the importance of the Carer Engagement meetings.

What might be perceived as small actions, such as the grab bags and regular newsletters, show that system-wide carer inclusion feels embedded at all levels of service.

Support: Carers Survey. Carers' Trust are looking at measuring impact and surveying carers and including the system questions from the Carers Engagement Thermometer. Once finalised there would, therefore, be an option for Trusts to use a standardised questionnaire. The Carers' Trust National Steering Group are looking at this at their June 2023 meeting and we aim to have a template available by the summer.

There is a new section on discharge within the Triangle of Care Handbook, 3rd edition which will be available online by mid-June.

We hope that a new web area for Triangle of Care and the re-launch of Regional Hubs will support more shared learning and resources.

Exploration of hosting a Regional Hub for the Midlands is being considered.

Sexual safety

Work continues to strengthen our understanding around sexual safety for people who use our service and people who work within our service. Involvement in the East Midlands Community of practice continues with sharing of policies and work around sexual safety.

Reporting from both units have improved. Staff have completed a sexual safety questionnaire which evidences they know how to recognise and respond to sexual safety incidents.

There has been a DHCFT video produced to alert staff to recognise issues around behaviours and boundaries. This is widely shared throughout the Trust.

There has been a video for patients produced and circulated throughout DHCT and Inpatient Units for patients to increase understanding about their sexual safety.

Sexual safety has been embedded into the Icare programme. Following the success of the Icare programme for new starters, and recognising increasing requests to book longer serving Support Workers onto the programme, we have developed two training days which are aimed specifically at existing Healthcare Support Workers within the Trust. The training will build on existing knowledge and understanding with more in-depth material and will also aim to address closed cultures and attitudinal issues.

The first training will cover the below topics and is aimed at Support Workers from all services:

- Mental illness
- Communication and empathy
- Professional boundaries
- Therapeutic engagements
- Effective documentation.

A further day will be offered to Acute Inpatient Support Workers with additional content around psychological interventions, sexual safety and patient-centred care. The expectation would be for Acute Inpatient Support Workers to attend both days, in any order. Dates for the second session will become available later in the year.

Sexual safety has been included in the new Supervision Policy, to include the importance of discussing sexual safety and helping staff understand that people are better protected when they are empowered to speak out about unwanted sexual behaviour and can speak openly about their sexual safety concerns.

The non-recent abuse guidance has been reviewed by the Safeguarding Unit and the Derby and Derbyshire Safeguarding Children's Partnership. Our newly-reviewed non-recent abuse support leaflet for service users has also been reviewed and reprinted and is included in the guidance.

Public Protection

MARAC - Multi Agency Risk Assessment Conference

MARAC meetings are held every week, alternating between the south of the county and the north. This allows cases from both areas of the county to be discussed fortnightly.

From 5 April 2022 – 21 March 2023 South Derbyshire MARAC discussed 748 cases.

Themes discussed at MARAC include:

- Physical assault/ abuse
- Emotional abuse
- Sexual assault/ abuse
- Coercive control
- Abuse of the victim via the children
- Malicious allegations to services about the victim
- Stalking
- Harassment

- Breaches of bail conditions/ Non-Molestation Order/ Restraining Order (RO) by the perpetrator
- Victim not engaging with criminal justice processes regarding the domestic abuse
- Psychological abuse
- Strangulation
- Victim isolated from friends/ family
- Victims prevented from attending health services
- Threats to kill the victim/ children/ victim's family/friends
- Victim pregnant; miscarriage before or after incident
- Use of weapons or items to harm the victim
- Use of drugs (victim/ alleged perpetrator)
- Use of alcohol (victim/ alleged perpetrator)
- Honour based violence.

PREVENT:

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.

Our level 3 safeguarding adults training supports this process by focusing on understanding the risk of radicalisation to ensure staff understand the risk and build the capabilities to deal with it, communicate and promote the importance of the duty; and ensure staff implement the duty effectively.

A pathway for referral into CAMHS and working age adult community teams has been developed by the DHCFT Prevent Lead to ensure the need for clear information to identify those at risk of radicalisation and a commitment for the prevent team to outline the mental health presentation so a conversation can be held around balancing the risk of radicalisation and the clinical need. This was well received by the Prevent Board in April 2023.

SOCEX:

SocEX tactical meeting has replaced the Multi-Agency CRE Tasking and Local Organised Crime Partnership Boards. Following an inspection it was recommended that Derbyshire Constabulary engages with its safeguarding partners and reviews its assessment and information sharing processes to ensure vulnerable children are identified at the earliest stage and referred without delay to the most appropriate level of support.

The Multi-Agency Serious Organised Crime and Exploitation Meeting (SocEx) structures will allow operational, tactical and strategic oversight of exploitation and serious organised crime disruption across the County of Derbyshire.

This will be underpinned by information and intelligence sharing which will have, or has the potential to have, an impact on the communities of Derbyshire, across each Local Authority and Operational Policing Division.

MAPPA (Multi-agency Public Protection Arrangements):

DHCFT continues to maintain 100% attendance at MAPPA 3 meetings and case reviews. DHCFT attends out of area MAPPA 3 meetings where the offender is known to Derbyshire.

Adult MASH (multi-agency safeguarding hub)

The intention of Derby City MASH is to bring together partner agencies in one location on a permanent basis 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. There were approximately 2578 adult referrals and 431 Section 47 child protection referrals received into MASH Health and of these, 423 strategy meetings were held.

MASH Health Advisors

A Multi-Agency Safeguarding Hub (MASH) is a team which brings together agencies (and their information) in order to identify risks to children and adults in Derby at the earliest possible point and respond with the most effective interventions.

We have 2 WTE working in the MASH The Derby City Health Team are based in the multiagency safeguarding hub in order to provide a face-to-face health contribution to multiagency information sharing, discussion, assessment and management of individual concerns about children and adults and will communicate outcomes of concern and agreed plan of actions to relevant health professionals and services.

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:

- The Pharmacy Faculty leads on the Pharmacy Workforce Strategy and 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)

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.

Making Room for Dignity Programme and Living Well

The pharmacy team is proactively supporting DHCFT with the new Making Room for Dignity programme including recommendations around requirements for medicine storage and review of the pharmacy service to meet patient needs. There has been extensive development of the pharmacy service into community teams including Living Well to prioritise patient care where taking high risk medicines, such as use of pharmacy technician to deliver targeted medicine consultations.

Electronic Prescribing and Medicines Administration (ePMA)

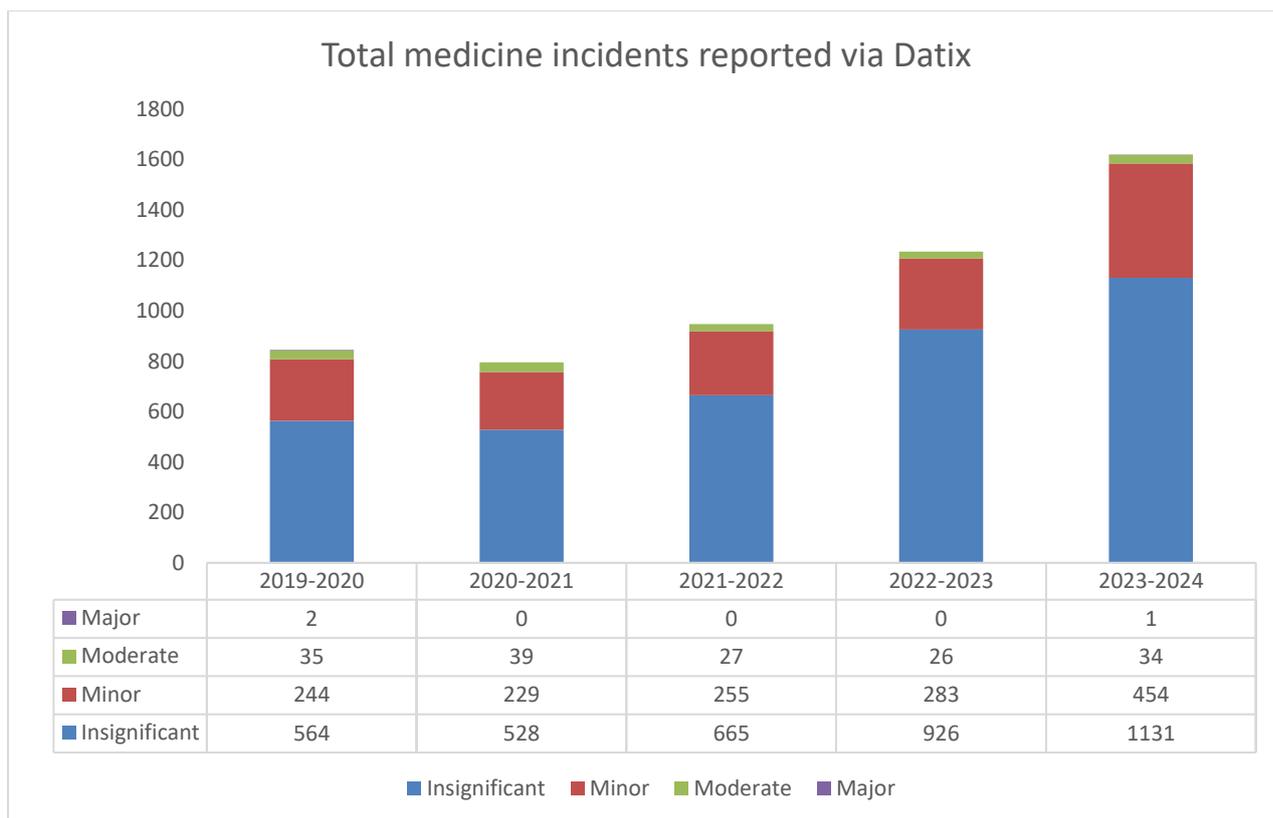
The DHCFT Pharmacy team has contributed to the implementation of ePMA all services including across CAMHS, CMHT, inpatient and assessment services with inpatient and assessment services being implemented last in May 2023. The use of ePMA presents a significant opportunity to improve our confidence and assurance about the safe use of medicines and to guide practice. There is ongoing work at utilising ePMA data and real-world feedback to target safety initiatives and develop useful and safe functionality. 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
- National Medicine Safety Officers Network
- East Midlands Education and Training Network
- Midlands Mental Health Clinical Pharmacy Network.

Pharmacy continues to increase its offering of Trainee Pharmacist and Pre-registration Pharmacy Technician posts, as well as expanding the pharmacist independent prescribing workforce in line with the regional Pharmacy Faculty agenda and national priorities.



Physical healthcare and health promotion

Health Protection Unit

In 2021, the Health Protection Unit was created as a means of supporting vaccination and support programmes in relation to the COVID-19 pandemic. However, as the requirements for COVID related vaccines has reduced, the Health Protection Unit has continued to grow and expand its programme of work relating to outreaching to the Serious Mental Illness (SMI) cohort of patients across Derbyshire. This work focuses on improving the physical health oversight and needs of this group of people, reducing health inequalities by improving their access to physical health care and health promotion. The Health Protection Unit has begun bridging gaps of inequality for those with enduring mental health diagnosis to ensure they receive the most appropriate care.

Health positive project

In 2023/24 work has commenced within the Health Protection Unit for a 12-month pilot to evaluate the effectiveness of a medium support offer across Derbyshire. This will be to improve the access of patients categorised as having a Serious Mental Illness (SMI) to physical health checks, vaccinations and for support in health screening e.g., cancer screening. This pilot and the team will focus on engagement with patients and embedded reasonable adjustment processes.

Tobacco dependence

In 2023/24 Tobacco Dependence Advisors have been taken on by the Trust. The roles will support ongoing work to reduce the amount of tobacco used by patients within the Trust. This will focus on providing health information, monoxide screening, pharmacological support, along with coaching and training for teams.

Simulation training

The Trust has been proud to work alongside the South London and Maudsley NHS Foundation Trust (SLaM) in developing a simulation training suite.. and simulation training model.. This has provided an opportunity to train staff in a variety of ways, to improve the outcomes for patients and also provides the Trust with an opportunity to create bespoke training in line with a lesson-learned approach.

Part 5: Our quality priorities and annual workplan for 2024/25

Our 2024/25 quality priorities for Improvement are as follows:

Strategic Quality Priorities	Priorities: 2024-2025
A. Improvement and reduction of restrictive practice	<p>The Trust will focus on the improvement of all processes linked to restrictive practice to ensure data is correct and up-to-date. Work will occur to improve the outcome, experience and safety of staff and patients through:</p> <ul style="list-style-type: none"> - Early identification and improvement of team cultures that may impact on restrictive practice use - Improvements in environments to support positive outcomes, including sensory and low stimulus environments - Utilisation of live data to identify learning opportunities - Reduction in the use of prone restraint and seclusion - Improvements in feeling of “safe” - Increase availability of training. This will include the offer of simulation training - Ongoing availability of the Positive and Safe Support Team, in managing complex cases - Early discussion and review of complex patients so reduce the need for restrictive practice.
B. Improving physical health practice, promotion and monitoring	<p>The Trust will focus on improvements in physical health practice, promotion and monitoring of physical health by:</p> <ul style="list-style-type: none"> - Improve access to information and training through improvement projects focusing on improved oversight - Through partnership with the Integrated Care Board, the Trust will improve on the offer to patients for physical health checks, and the interventions based on outcomes - Alongside this, the Trust will continue to work alongside the Integrated Care Board to ensure positive relationships with Primary Care and other Partners within the Joined-Up Derbyshire System - On focus on physical health checks for the “Serious Mental Illness” cohort of patients will also include improvements in health promotion and sign posting. This will also be bolstered through the ongoing expansion and development of the living well project across Derbyshire - Alongside health promotion, staff training and practice improvements, there will be a focus on the use of technology to improve the quality of data and for improved outcomes where appropriate to do so.

<p>C. Improved use of research, service evaluation, audit and quality improvement to demonstrate evidence-based practice.</p>	<p>The Trust is invested in improving the use and access of research, service evaluation, audit and quality improvement methodology to improve the outcomes of patients and their families, safety of staff and patient safety and experience improvements. The Trust is dedicated to ensuring an evidence-based practice approach to care, with innovation focused improvement.</p> <ul style="list-style-type: none"> - Through the use of research and partnership working within the Integrated Care Board and the National Institute of Health Research, the Trust aims to improve the outcomes of patients, with a large focus on health-based inequalities. Improving the outcomes of those within Derbyshire - Improved access to training and fellowships for staff. Working alongside local universities and academia to improve the access to training to increase the Trust number of Principle Investigators and Chief Investigators - Continued use and improvement of data through service evaluation and audit to direct the key areas of improvement in clinical practice - Improved communication of opportunities to staff for research questions to be identified, and support following to complete research - Partnership working with local academia to create new roles and programmes to improve the uptake and engagement of research.
<p>D. Improvement in the quality-of-care plans and collaborative working, including engagement and communication with family, carers and friends</p>	<p>The Trust is focused on improving the quality and value of care planning for patients within our care. It is essential that a patient-centred approach to each person's care is taken, and the person's voice is clearly valued within the care planning and focus on recovery outcomes.</p> <ul style="list-style-type: none"> - Improve the quality-of-care plans through improved access to training and mentoring - Improved use of technology for data availability and improved qualitative audits - Improved flexibility in the availability of care to best suit the person and their circumstances to reduce health-based inequalities. This may be done through Trust improves such as Living Well - Improve presence of the voice of the carer or family member of the patient and their role in supporting recovery outcomes.
<p>E. Improvement in the process and experience of key transitions of care</p>	<p>The Trust is focused on improving the journey of the patient and their family and carers through improvements in the key transitions of their care. This is broken down by:</p>

	<ul style="list-style-type: none"> - Access to services and the journey someone has taken to get to this point. <ul style="list-style-type: none"> o A focus on how the Trust works with the Integrated Care Board and eradicated barriers that impact on health-based inequalities and access to services o Improved engagement with primary care to improve essential points of information sharing o Increased engagement with primary care to improve skill and experience in relation to mental health service availability and options, including health promotion o Improvements on waiting times and the experience while waiting. - Transfer across services and improving experiences during this period. <ul style="list-style-type: none"> o Improve the transition between services where age is the key reason for transfer o Improvement in the experience of the person when being transferred from one team to another o Improvement in information sharing when transferred between services o Improvement in handover processes. - Discharge, ensuring safe discharge and continued recovery. <ul style="list-style-type: none"> o Improved use of the offer by Living Well o Improve flow through services o Reducing in readmissions due to failed discharge process implementation o Improved engagement and involvement of family, carers and loved ones.
--	--

Our Trust executives 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 in this decision.

Appendix

Appendix 1 – Statement from commissioners, local Healthwatch organisations Derbyshire Healthcare NHS Foundation Trust (DHcFT) Quality Account 2023/24 Derby and Derbyshire Integrated Care Board Statement

Derby and Derbyshire Integrated Care Board (DDICB) welcomes the opportunity to provide a statement in response to the 2023/24 Quality Account 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.

Care Quality Commissioner (CQC)

Commissioners note that whilst the Trust has not undergone a full inspection by regulators in the past twelve there have been a number of compliance and/or Mental Health based inspections of inpatient wards across a range of inpatient settings. During this period the organisation has maintained its current CQC rating of 'Good'. There is no reference to the CQC focused inspection in September 2023 to Ward 35 at the Radbourne Unit. Whilst there were no changes to the ratings, regulators identified a number of concerns in relation areas including environmental risks, care planning and risk assessments. The required action plan is monitored through the Board and by Commissioners. A number of these actions were still outstanding at the end of the financial year. It would have been beneficial to mention these in the Quality Account with assurances for completion in a timely manner. In addition, it would be good practice to summarise improvements implemented made following the inspection for assurance.

In January 2024, the Trust became an early adopter of the new process that the CQC will be using to regulate providers. It would have been beneficial to outline the key differences around the new regulatory process and the governance process adopted to meet the new requirements.

Progress on the Quality Priorities for Improvement 2023/24

Throughout the year the NHS has faced considerable operational challenges (including strike actions). DDICB note that whilst not all elements were achieved, there was considerable progress and achievement against the five quality priorities set out last year.

It is positive to note significant work to engage with people who have lived experience, and those who care for them. This is important to support their voices, to be heard and to enable those with direct experience to contribute to oversight for quality of care, learning and improvements.

For the past 3 years, care planning has appeared in the top three complaints and concerns received by the Trust. In addition, it was the highest number of themes identified from serious incident investigations. In 2023/24 there was a focus on ensuring all patients received and were part of the creation of a care plan. Improvements against the 85% target were seen across most services apart from Adult Care Community & Specialist Care Services. Whilst the improvement in the quality-of-care plans is brought through into 2024/25 Quality Priorities it would have been beneficial to understand how the trust is going to either

ensure all services are above 85% compliance or increasing the stretch to above an 85% threshold.

Similarly, an 85% target was set for the completion and presence of appropriate risk assessments and formulation which was a key part of the fundamentals of Care Approach the Trust has taken. Unfortunately, by the end of 2023/24 there were only three out of the five services which had achieved or exceeded the required threshold. Commissioners note it would have been beneficial to have included an outline in the Quality Account about how the organisation will ensure that this is improved going forward. This is because this area is not identified a quality priority for the forthcoming year.

The ongoing work in relation to the reduction of self-harm and ligature incidents will be supported through the Inpatient Mental Health Services work and the Making Room for Dignity Program. This will allow the possibility to future proof Trust inpatient wards, for optimal clinical care standards and experience. The Trust report that they have benchmarked themselves against the 5 principles identified by the CQC to further reduce harm from ligatures. It would have been beneficial to identify the outcome of this work and actions identified.

Quality Priorities for 2024/25

Following feedback from stakeholders, staff and EQUAL, the Quality Account clearly evidences where the Trust will target its resources to deliver service improvements in the next twelve months.

- Improvement and Reduction of Restrictive Practice
- Improving Physical Health Practice, Promotion and Monitoring
- Improved use of Research, service evaluation, audit, and quality improvement to demonstrate evidence-based practice.
- Improvement in the quality-of-care plans and collaborative working, including engagement and communication with family, carers, and friends
- Improvement in the process and experience of key transitions of care

Measuring and Improving Performance

Commissioners note the inclusion of the Trust Quality Dashboard with Divisional quality data also included. However, it would have been helpful to have provided a summary narrative to explain this data, noting any outside variation in addition to improvement areas identified. The dashboard data, by itself does not achieve this. Similarly, the Trust Performance Dashboard is included in the Quality Account although no narrative is provided alongside this to explain the data.

The Trust also has a collaborative and lead system role across Derbyshire for people with a diagnosis of a Learning Disability and/or Autism who are cared for under the Transforming Care Programme. It would have been helpful to have provided some information about this role and the quality outcomes it supports to deliver. Likewise, the Trust has a collaborative and lead system role across the Right Care, Right Person initiative. This approach involves working across partner agencies to identify the most appropriate agency to give vulnerable people the care and support they need. It would also have been helpful to have provided some information about how this work is progressing.

CQUINs

Commissioners note the limited progress around CQUINs and the fact that some of the factors for achieving were outside the organisations control. The decision to continue to improve the use of outcome measures is welcomed as this will be supported further through ongoing fundamentals of care work and a focus to move away from Care Program Approach, and onto a new and improved model.

There is no reporting of the outcomes for the staff Flu Vaccinations for frontline healthcare workers or reducing the need for restrictive practice in adult/older adult settings.

Patient Safety and Clinical Effectiveness

It is positive to note that 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. DHcFT were one of the pilot sites for implementing the Patient Safety Incident Response Framework (PSIRF) which replaced the previous Serious Incident Framework. This has allowed higher quality reviews with a more proportionate responses to patient safety incidents, enabling better development and implementation of improvements.

As part of PSIRF, the Trust has a plan for each year which will include a number of organisationally identified improvement priorities. It would have been helpful to have outlined what the priorities for this year were, also going forward into the next year.

The Trust continues to ensure that there is continuous improvement regarding the quality of incident investigations and Trust-wide learning. However, data is provided about incidents that occurred and were reported. This demonstrates variance in trends over time. However, this isn't explained further or compared to previous years which would have been helpful and better demonstrated learning/outcomes in place.

Patient and Staff Experience

The 2023 Staff Survey was positive and presented a response rate of 62% (up from 48% in 2022). The results have demonstrated above average in all areas and Derbyshire Healthcare is proud of the feedback received. Work is ongoing to increase the staff experience in relation to learning, recognised/rewarded and safe/healthy. There are a number of examples which show staff getting well deserved recognition for their work not withing just the Trust but the wider system.

The Quality Account highlights the collaborative work built around implementing and developing the Expert by Experience and Carer Engagement Strategy. The Trust is a two-star member of the Triangle of Care Membership Scheme which is well recognised nationally as a beacon of good practice. There is good evidence of technology being used to help and support different groups such as the "Who Cares" video and a Carer Dashboard to improve the recording of Carer and Family information and support better and more flexible communication routes.

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.

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 continue to build system collaborative services that facilitate the priorities highlighted in this Quality Account and the wider priorities for the Derbyshire system as a whole.

Professor Dean Howells

Executive Director / Chief Nurse

On behalf of Derby and Derbyshire Clinical Integrated Care Board

May 2024

Derbyshire Healthcare NHS Foundation Trust Response to ICB Feedback Care Quality Commission

The Trust received an unannounced inspection of ward 35 at the Radbourne Unit in September. Areas of improvement were identified and actions taken in respect of including management of ligatures, safety of medicines, staff sickness and managerial supervision.

Care Planning, Risk assessment and Formulation

Governance processes are in place for monitoring and addressing any shortfalls in performance through the revised Divisional Performance Reviews, with the Trust demonstrating sustained improvement in performance beyond the period in the scope of the Quality Account.

CQC Five Principles to Reducing Harm from Ligatures

The Trust has deployed an action plan against the five principles of ligature risk management as defined by the CQC in relation to the following:

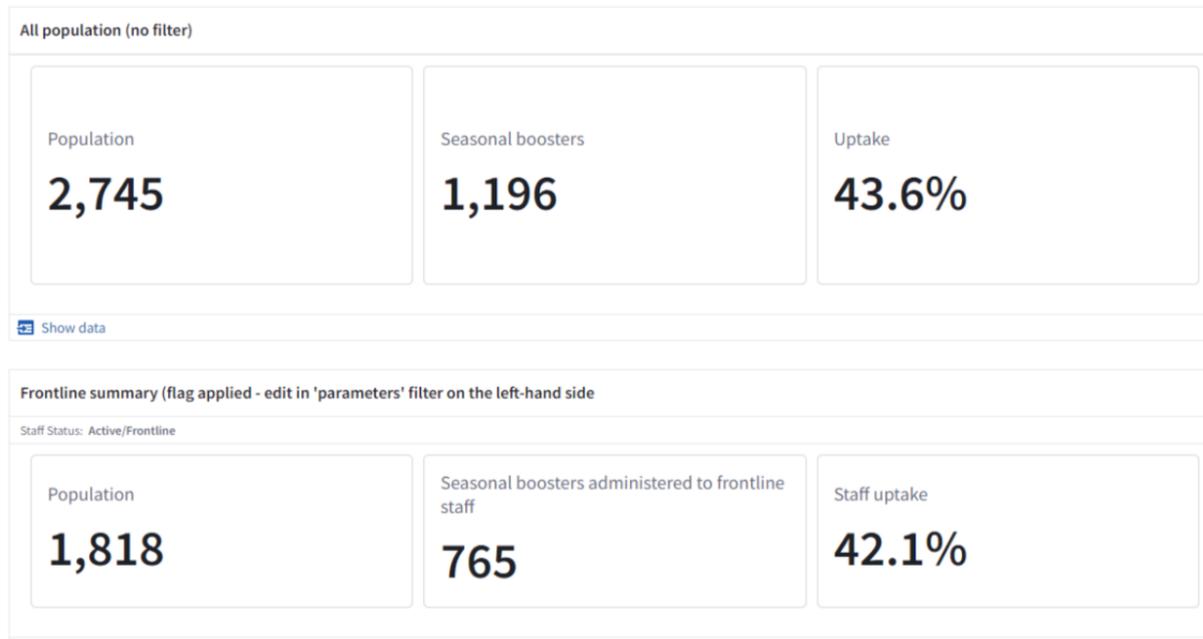
Therapeutic engagement: focusing on the quality of the interaction between staff and patients, which can positively influence the effectiveness of safety plans which are person-centred and plan how to manage times of distress that may result in causing harm to themselves.

- The Built environment: Controlling the built environment reducing opportunities fixtures, fittings, or furniture or personal items (such as clothing) to be used as ligatures or ligature points.
- Staffing and skills: Having the right staff with the right skills and support and the time to spend with patients to build trust and rapport. Engaging staff in robust training and cohesive and effective teamwork.
- Technology: Seeking opportunities to use technology to play a part in keeping patients and staff safe.
- Procurement: Buying the right things and using them to best effect." (CQC, 2023)

Right Care Right Person

The Trust remains committed to working with system colleagues to identify and address and gaps arising from new national guidance on how the Police will respond to people in distress.

Flu Vaccination CQUIN Data



The broad headings of access, availability and complacency have had a significant part to play in the reduction in uptake, this is the trend regionally and nationally. There is a deep dive into the local reasons as Derbyshire as a system has worked hard to understand and address the barriers to access. Of note the reporting framework has changed this year and the figures reviewed on the NHS Futures website are a consolidation of staff ESR data and National Immunisation data, this has replaced the self-reporting mechanism used to collate the national data from ImmForm. The denominator for DHCFT has changed significantly during the reporting period and the trust has attempted to seek clarification in regards to this as it has fluctuated between 3400 and 2700. NHS digital have indicated there has been a programme of adjustments to the reporting algorithm, as they are developing the system.

PSIRF Priorities

The table below outlines the patient safety incident types which will be prioritised for a learning response during the timeframe of this plan.

The Trust reserves the right to commission a learning review into any newly emerging theme or area of potential learning/ concern regardless of whether this is a local or national priority or not.

Patient safety incident type	Planned response	Anticipated improvement route
Following receipt of a referral from a 'trusted referrer', a patient has suffered Major/ Catastrophic Harm and initial review shows potential problems in care.	Learning response After action review A minimum of 4 will be undertaken followed by a thematic review.	Develop local safety actions following investigation.
Suspected Suicide of a patient who has a dual diagnosis of substance misuse and mental health but has been rejected by CMHT within 12 months of their death.	Learning response Patient Safety Incident Investigation (PSII) A minimum of 4 PSIIIs will be undertaken followed by a thematic review	Develop local safety actions following investigation.
Non suspended ligature of females on adult inpatient wards moderate/major	Learning response Swarm or After-Action Review.	Feed areas of improvement identified into the Trust Medication Safety Improvement Delivery Plan.
Suicide of a patient open to CMHT who has a long term chronic physical health condition with pain management needs	Learning response A minimum of 4 PSII PSIIIs will be undertaken followed by a thematic review.	Develop local safety actions following investigation.

Feedback from local Healthwatch

Healthwatch Derbyshire (HWD) is an independent voice for the people of Derbyshire. We listen to the experiences of local people using health and care services and give them a stronger say in influencing how services are provided.

We gather experiences from patients and members of the public using a variety of methods including face-to-face engagement, social media, and direct feedback from telephone conversations, emails, through our website and letters.

The Patient experience feedback we receive is fed through to health and care organisations throughout the year to give an independent account of what is working well, and what could be improved. We routinely share feedback with the Patient Experience Team at the Trust. We send feedback that needs a response weekly and feedback that doesn't require a response quarterly.

We carry out themed engagement work to explore topics in greater detail. The findings of themed engagement work are analysed and written up into reports, including recommendations for improvement. Service providers and commissioners are then asked to respond to these recommendations. All our reports, including the responses we receive, are published on our website and the Public and Patient Insight Library.

On reading the quality account, we recognise the challenges faced by the NHS, and the work done at DHCFT to continue to deliver quality services.

We would like to thank DHCFT for supporting our themed engagement work. We regularly visit the Hartington and the Radbourne units to gain patient feedback. This feedback is shared with DHCFT every 3 months. There have been many positive changes made from the patient feedback we collected at our engagements at both units.

We will continue to share patient feedback and look forward to working with the Trust in the year ahead.

Response to consultation feedback from Trust Governors

During 2023/24, the Council of Governors (CoG) had the opportunity, both through formal performance assurance reports to the Council meetings and in joint Board and Council meetings, to seek and gain assurance regarding the delivery of quality services to our service users and their carers.

This year's report reflects the complexity of the work being undertaken by the Trust. The report is balanced, and the content triangulates with other documents that have been received by the Council of Governors or where governors have requested further information on performance and outcomes.

Governors recognise the changing landscape of the NHS and the value of partnership working. We were pleased to see examples of collaborative working in action, including the unification of the neurodevelopmental services across Derbyshire, creating a new collaborative, ensuring all Derbyshire residents are offered the same level of service, and the expansion of perinatal services, which saw Derbyshire Healthcare become the responsible partner for the East Midlands Perinatal Mental Health Collaborative.

Another area of note has been the 'Making Room for Dignity' programme, particularly the planned construction of a Male Psychiatric Intensive Care Unit and the refurbishment of Audrey House into a Female Enhanced Care Unit. During 2023/24, Governors asked questions about the use of out-of-area placements and the impact on service users. Governors were therefore delighted that this part of the Making Room for Dignity programme aims to eradicate the use of out-of-area placements, bringing people closer to home for treatment, ensuring service users, their families, and communities remain an integral part of treatment and recovery.

In 2023/24, waiting lists continued to be the most frequently raised question from constituents. Governors were pleased to see that Derbyshire Healthcare saw the implementation of all remaining Living Well Teams, paving the way for 2024/25. Over the next year, Governors look forward to seeing further engagement between Living Well teams and partners across the voluntary sector and primary care, working together to remove barriers and delivering a positive impact on waiting lists and improved experience.

Importantly, the report continues to demonstrate the enormous amount of work undertaken during a time of unprecedented challenge to the NHS. The resilience and commitment of staff to meaningful engagement, coupled with a focus on work to reduce health inequalities and improve access to high-quality care, upholds the vision and values set out by Derbyshire Healthcare NHS Foundation Trust.

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 2023/24 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 2023 to March 2024

Papers relating to quality reported to the Board over the period April 2023 to March 2024

Feedback from Commissioners dated 24th May 2024

Feedback from local Healthwatch organisations dated 14th June 2024

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 2023/24

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: 2023/24.

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 131 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



Mark Powell,
Chief Executive

Derbyshire Healthcare NHS Foundation Trust
Trust HQ, Ashbourne Centre,
Kingsway Hospital, Derby DE22 3LZ

[@derbyshcft](#)



DHCFT

www.derbyshirehealthcareft.nhs.uk



Derbyshire Healthcare NHS Foundation Trust HQ
Ashbourne Centre, Kingsway Hospital
Derby DE22 3LZ

