

# 2024/25 Quality Account

**NHS**  
Derbyshire Healthcare  
NHS Foundation Trust



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## Contents

### Part 1 – Statements of Assurance

- Statement from Chief Executive
- Statement from Executive Director of Nursing, Patient Experience and Allied Health Professionals
- Statement from Medical Director
- Statement from Lead Governor
- Statement from Derby and Derbyshire Integrated Care Board

### Part 2 – About our Trust

- Our Board
- Our Vision
- Our Strategic Priorities – the Four P's
- Our Clinical Ambition
- Quality Priorities for 2025/26
- Our Services

### Part 3 – Quality Improvements against the National 2024/25 priorities and operational guidance

### Part 4 – Patient/Staff Story

## Part 1: Statements of Assurance

- Statement from Chief Executive
- Statement from Executive Director of Nursing, Patient Experience and Allied Health Professionals
- Statement from Medical Director
- Statement from Lead Governor
- Statement from Derby and Derbyshire Integrated Care Board

### Statement from Chief Executive – Mark Powell

Welcome to Derbyshire Healthcare NHS Foundation Trust's Quality Account for 2024/25. This report evidences our commitment to providing good quality services which deliver safe, effective, and compassionate care across Derby and Derbyshire.

Over the past year, we have made significant strides in embedding our new Trust Strategy for 2024 - 2028, shaped through meaningful engagement with patients, carers, staff, and partners. A Quality Plan is in the final stages of development, which will support the delivery of the Strategy's Patient Focused strategic priority.

This year we made significant progress on our quality priorities for 2024/25 which included reducing restrictive practice. This has been realised through the new model of care which centres on holistic care principles including trauma-informed care and sensory approaches which are proven to decrease restrictive practice, aid recovery and improve patient and staff experiences. Training in the new model has already been rolled out across our new inpatient environments.

Improving the physical health and wellbeing of patients was also identified as a quality priority for 2024/25 and I'm pleased to say that physical health checks are an area of improvement in our new units. In March we fulfilled our commitment to become a smoke-free Trust, with refreshed guidance in place across all of the Trust's inpatient and community services.

Improving the quality of our inpatient environments has been a priority, with many new units opening during the year. The first quarter of 2025 marked the successful completion and operationalisation of our newly refurbished Bluebell Ward for older adults in the north of the county and the 54-bed purpose-built Derwent Unit, also in the north of the county in March 2025. Together these two units replace the services previously offered at the Hartington Unit, providing specialist environments for adults and older adults.

Both projects form part of our wider Making Room for Dignity programme which aims to eradicate dormitory accommodation from our inpatient facilities, providing person-centred and therapeutic care environments. The

opening of the 54-bed Carsington Unit in Derby followed in May 2025 and the refurbishment of the Radbourne Unit is now underway.

The development of the new services have many benefits, improving privacy and dignity for people being supported in our inpatient environments and providing care closer to home, which is beneficial for individuals and their carers and promotes recovery and independence.

I was very pleased with the outcome of our inspection by the Care Quality Commission (CQC) that took place in Winter 2024, following a number of planned improvements across our inpatient services. The overall rating for our acute wards for adults of working age has increased from requires improvement to good, reflecting the improved ratings for safety and well-led domains. The overall rating for Derbyshire Healthcare NHS Foundation Trust remains as good. This is positive news and gives a great foundation to make further improvements during 2025/26.

I am also proud and privileged to have seen a number of significant achievements over the past year that include:

- Successfully implementing the Patient Safety Incident Response Framework (PSIRF). This initiative marks a shift towards a more proactive, learning-focused approach to patient safety, prioritising quality over quantity in investigations.
- Launching a new strategic delivery plan and embedded a personal accountability framework, ensuring that our values are not only aspirational and motivational but also operational.
- Maturing governance structures that enable more robust oversight and assurance across all areas of care quality.

These achievements are a testament to the dedication of our teams and the strength of our partnerships. As we move forward, we remain committed to continuous improvement, transparency, and delivering care that truly meets the needs of our communities.

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. This includes celebrating success through the Trust's internal DEED (Delivering Excellence Every Day) recognition scheme and an update on our community mental health services transformation – Living Well Derbyshire.

Thank you to our Council of Governors, who supported the selection of quality priorities for 2025/26. These are outlined on page xx and highlight important areas where we would like to see focused improvement. I look forward to providing an update on our progress in next year's Quality Account.

## Statement from Executive Director of Nursing, Patient Experience and Allied Health Professionals – Tumi Banda

In 2024/25 there has been valuable contributions from patients, carers, and families that have taken time to give feedback in various means offered by the Trust. We recognise the important work done by EQUAL lived experience experts, volunteers, and peer support staff to improve patient experience and representing the services users. We have made some changes to ensure that we can respond to concerns, and we seen this take effect and issues raised are being addressed. There is still some work to be done to ensure that we hear from all service users and plans are under way to improve this area.

2024/25 DHCFT has worked closely with other partners to improve quality sharing and learning from others. DHCFT has engaged in national initiatives such as Culture of Care quality improvement. There are four wards that are currently in the programme and learning is being shared with other wards and services. We have seen the Perinatal Alliance deliver good performance and quality services. The Beeches achieved its perinatal accreditation. Quality has been enhanced from the partnering approach in Forensic services, LD, Children services Living well, we have worked well with partners in the ICS, Midlands alliance, CQC and Healthwatch to mention but a few. This approach will be taken forward in the strategy with a strategic objective to deliver on partnership working.

We have enhanced quality monitoring, assurance and quality improvement, through a programme of Fundamental Standards of Care, inpatient and community quality cross check. We have had oversight of quality through COAT and various initiatives to improve the services. There has been lot of work put in by all the staff from various professions and disciplines within Acute Services and the support services to improve on the rating of the service following the December 2024 inspection. The service improved from Requires Improvement to Good and Good in all domains. The Trust overall rating remain Good. The learning from Acute improvements have been shared with other divisions and improvements in care plan and risk assessments, and other indicators have improved across all of the services.

Looking ahead, the new strategy is now in place and quality is one of the 4 strategic priorities under Patient Focused. I am excited that we have the Quality Plan in development that will detail how the Patient Focus strategic objective will be met. The plan will aim to deliver the 3 pillars of quality which are safety, experience, and effectiveness. We are looking forward to changes in various legislation, structures the 10-year Health Plan amongst others geared towards delivery of quality and safer services.

We are grateful to all the staff in the Trust that have contributed in various ways to ensure that services are safe for the staff and service users. We have seen each month colleagues nominated and win DEEDs for their effort of exceptional service; some have been nominated for local and national awards. We look ahead with hope and excitement that in the future we will continue to deliver safer services.

### Statement from Medical Director - Dr Arun Chidambaram

I am delighted to share the updates for this year's Quality Account. We continue to make progress in a wide breadth of areas thanks to the dedication of our staff teams and our partnership with service users and carers.

#### **Clinical Strategy**

During 2024/25, we have engaged with the stakeholders - patients and staff - to finalise the clinical strategy. We received good feedback from Trust's EQUAL Forum (a forum representing the views of patients) and helpful suggestions to strengthen the governance and delivery of our clinical strategy. In line with current practice, we will be using the term 'clinical plan' to distinguish the overarching Trust Strategy. The clinical plan will be aligning with the quality plan and the digital plan (strategy).

Our clinical plan will be aiming at reducing health inequalities by looking at population health. To this end we have developed a dashboard that is accessible by all our teams to consider their demography. Clinical teams will be encouraged to assess the demographic data over and above the patients presenting to us and represented in team caseloads. This will help them identify hidden needs and any barriers to accessing and utilising care.

Our clinical plan (2025/26 to 2027/28) is to address health inequalities in access, experience and outcomes through population health measures. We would focus on access in Year 1, experience in Year 2 and outcomes in Year 3.

#### **Continuous Improvement**

We are part of two of the Culture of Care programmes for mental health inpatients (two working age adult wards for trauma informed approach and an older adult ward for lived experience and inclusion). Both these programmes adopted a structured QI (Quality Improvement) approach with coaching support for the teams. Virginia Mason Institute, renowned for its credibility for QI was one of the sponsors. Though we are not part of the inpatient safety workstream in Culture of Care, we have been invited to share the work we did (a service user co-delivers the training with the expert).

#### **Patient safety**

Our approach to suicide prevention is in line with national guidance – to move away from risk stratification to personalised safety planning. We have engaged with HSSIB (Health Services Safety Investigations Body), NCCMH (National Collaborating Centre for Mental Health), NCISH (National Confidential Inquiry into Suicide and Safety in Mental Health) who have all acknowledged our approach to suicide prevention.

Our suicide prevention lead has been working with Network Rail and British Transport to employ a mental health nurse to implement the approach in community (high risk areas - bridges, railway tracks etc.)

We are working with the system suicide prevention leads (primary care lead and system lead) to widen the reach of our approach. We are seeking expert advice of social media lead in the system for managing online incitement of suicide/self-harm.

#### **Therapeutic estates**

We have been successful in recruiting to our new build healthcare facilities and opened Bluebell Ward in January 2025, followed by the Derwent Unit in March.

We continue our journey to the new financial year and will be addressing further challenges ahead. We will be implementing a restructure of the current operating model, and we have commenced the engagement with all the relevant stakeholders. One of the key drivers for this restructure is to improve patient care by strengthening decision-making by having the right structure and governance.

#### **Statement from Lead Governor – Sue Ryan**

As Derbyshire Healthcare NHS Trust faces the emerging NHS challenge the Council of Governors (CoG) will continue to ask pertinent questions. We will seek assurance on behalf of the membership and the public, on the trust's performance, with a particular focus on service quality and sustained improvement, ensuring the Trust is accountable and responsive to the needs of the communities it serves.

During 2024/25, the Council had the opportunity through formal performance assurance reports to the Council of Governors' and in joint Board and Council meetings, to gain assurance regarding the delivery of quality services to our service users, their carers and our workforce. We were able to represent the views of others through the Council to the Trust Board and provide the Trust with independent feedback on the quality-of-service provision.

In the autumn governors were engaged on the development of the new Trust Strategy for 2024 - 2028, the vision and values having been shaped through the involvement and engagement of everyone who interacts with the Trust, including patients, carers and staff members. The remaining priority actions for 24/25 include the completion of Making Room for Dignity, delivery of less than 32 days average length of stay and the delivery of the planned financial efficiencies. These will remain a focus for governors during the 25/26 year ahead.

During 2024/25 governors escalated several items from their engagement activities to the Council of Governors seeking assurance from Non-Executive Directors including:

1. An update on carer support and assurance on carer champions and protected time.

Governors noted that the Trust retained its 'Triangle of Care' and provided assurance on how it would continue to meet the six essential Carer standards that demonstrate continuous improvement and innovation. The Trust also launched a Carer Hub on its website in June 2024 and co-produced a Support for Carers Leaflet in December 2024.

2. An update on the CQC April 2024 inspection visit to the Radbourne Unit in Derby and the Hartington Unit in Chesterfield. Governors sought assurance that actions had been fully implemented including assurance on how improvements would be monitored, sustained, and embedded into practice.

Governors were pleased that following a lengthy and detailed action plan, the CQC revisited in December 2024 and rated our acute wards for adults of working age and psychiatric intensive care units, as GOOD. Governors also noted the heightened visibility of the Freedom to Speak Up Guardian (FTSUG) and the routes for speaking up within the Trust particularly the creation of a network of FTSU Champions across the organisation.

Once again, this year's report reflects the complexity of the work being undertaken by the Trust. The report is comprehensive and balanced, and the contents provide a consistent perspective with other documents that have been received by the Council of Governors or where governors have requested further information on performance and outcomes.

The report continues to demonstrate the enormous amount of work being undertaken and the resilience and commitment of staff. Importantly the report demonstrates the work to increase expert engagement and focus on reducing health inequalities and improving access to high quality care for everyone across Derbyshire.



## Statement from Derby and Derbyshire Integrated Care Board Chief Nurse – Dean Howels

Derby and Derbyshire Integrated Care Board (DDICB) welcomes the opportunity to respond to the Derbyshire Healthcare NHS Foundation Trust's (DHCFT) 2024/25 Quality Account. Throughout the year, DDICB collaborated with DHCFT to monitor and seek assurance that commissioned services were safe and effective.

The information presented has been reviewed and is in line with information provided and reviewed through ICB quality monitoring mechanisms. Commissioners note that the Quality Account provides a positive overview of the Trust, its priorities and commitment to deliver high quality care. Alongside this, the document outlines the important coproduction and engagement work undertaken with patients, experts, family and carers across a range of areas. It is important to support these voices, to be heard and to enable those with direct experience to contribute to oversight for quality of care, learning and improvements. The new Trust strategy and vision for 2024 – 2028 continues to recognise the importance of this work.

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

It is positive to note that the overall rating for Derbyshire Healthcare NHS Foundation Trust remains as "Good". Commissioners also note the work undertaken by the Trust to ensure Radbourne Unit in Derby and Hartington unit in Chesterfield are now also rated as "Good". This follows a previous unannounced CQC inspection to both units in April 2024 which resulted in the Regulator issuing enforcement action due to patient safety concerns at both units. Commissioners acknowledge DHCFT's efforts in addressing CQC concerns through their quality improvement work. Summarising this in the Quality Account would have been beneficial.

### **Progress on the Quality Priorities for Improvement 2024-25**

The Quality Account outlines continued quality improvement during 2024-25 with a commitment to working alongside experts by experience via the EQUAL Forum. Commissioners monitored progress on these through performance reports from the Quality Service Committee to the Board and via ICB chaired assurance meetings. Significant progress was made against Trust priorities. However, three of these remain outstanding at the end of the year. The Quality Account describes that these will transfer into the Trust's work next year and the commissioner will monitor how these are prioritised with the Trust. Those outstanding are:

- Making Room for Dignity (MRFD): The new and refurbished units delivered by the MRFD programme into 2025-26 will enhance patient experience, quality and safety ensuring services meet CQC requirements.
- Deliver less than 32 days average length of stay on Trust Acute Mental Health wards: Ongoing work to enhance flow described in the Quality Account will support this work. Commissioners will monitor pace of improvement with the Trust.
- Delivery planned financial efficiencies: These will support the Trust to ensure it is a sustainable organisation.

### **Clinical effectiveness and performance**

Previously, the Trust has included the quality dashboard within its Quality Account report. This highlighted key areas of performance and quality. A range of clinical effectiveness activities are described in the Quality Account. These include clinical audit, reference to NICE (National Institute for Healthcare Excellence) guidance, research, innovation and outcome measures.

### **Patient, family and carer experience**

The Quality Account provides a summary of compliments made to the Trust. It is positive to note that care, compassion and empathy feature as highest compliment themes.

It is positive to note that the Trust has again retained its Triangle of Care with positive and constructive feedback to our most recent submission. This supports the Trust's commitment to support family and carers. To support this commitment, commissioners acknowledge the work undertaken this year to develop the carer dashboard, enhance carer champion roles and launch a carer hub on the Trust website.

For the past four years, care planning has appeared in the top three complaints and concerns received by the Trust. Commissioners note that as a complaint theme, this has significantly increased during 2024/25. The Quality Account does not provide further information to summarise this theme or link into wider improvement action. Commissioners note, however, that care planning, collaborative working and assessment also feature as the top theme within serious incident actions and examples of learning.

### **CQUINs (Commissioning for Quality and Innovation)**

In April 2024 the national CQUIN team communicated that there would be no mandatory CQUIN schemes for 2024-25.

### **Workforce and staff experience**

Commissioners would like to congratulate DHCFT staff and acknowledge their work and commitment to care as highlighted via the annual Honoring Excellent and Really Terrific Staff (HEARTS) staff awards. We would also like to extend our congratulations to the Trust for being shortlisted for Health Service Journal "Digital Organisation of the Year".

The Quality Account describes the recent annual staff survey results as positive with an improved response rate on the previous year of 64% (up from 62% in 2023/4). It would have been helpful to have noted the national quarterly pulse survey findings and correlate these to staff survey scores. The improved staff survey scores across 38 questions with many of these scoring higher than national average. However, the Trust recognises that it has not achieved as well as expected in relation to whether colleagues would recommend the organisation as a place to work and/ or receive care.

Commissioners note the detailed and positive work undertaken with regards to ensure that the Freedom to Speak Up (FTSU) is embedded across the organisation and across a range of individuals. The Quality Account indicates the Trust has some concerns about the lack of wider cultural improvement in response to FTSU concerns and recognises that the ownership of the FTSU action plan by the Executive Leadership needs to improve. Commissioners will work with the Trust to ensure concerns can be raised and learning implemented to address issues that arise.

### **Patient safety**

It is positive to note the extensive staff training that has been undertaken in relation to the Patient Safety Incident Response Framework (PSIRF). As a national framework PSIRF enhances learning and improvements following incidents and supports a focus on priorities via a Patient Safety Incident Response Plan (PSIRP). These priorities are explained in the Quality Account and commissioners support the identified improvements.

In February 2024 the Trust went live with the new national NHS Learn from Patient Safety Events (LFPSE) service, a centralised system for the recording and analysis of patient safety events and full data is provided across incident types. The new Learning the Lessons Oversight Committee meetings will be a positive introduction to support the early identification of themes and areas for improvement across all levels of incidents within the Trust.

Commissioners acknowledge the work underway in relation suicide prevention and the national expectation that organisations move away from risk stratification/scoring tools to a more personalised approach safety planning. Also positive is the suicide prevention lead work with Network Rail and British Transport as is the work alongside Derbyshire system health and social care suicide prevention leads.

### **Looking ahead**

This Quality Account (2024/25) statement provides assurance to members of the public of the Trust's commitment to high-quality care across commissioned services. Looking ahead, commissioners welcome the opportunity to continue to work positively and collaboratively with the Trust as we collectively support the three major shifts outlined in the NHS 10 Year Plan.

Commissioners note the hard work undertaken to recruit to the Bluebell Ward in January 2025. Commissioners look forward, alongside the Trust, to the opening of further purpose build new hospitals in 2025 under the MRFD programme. These new facilities will enhance acute care and facilities for working age adults admitted to hospital. New units will also enable the Trust to provide local psychiatric enhanced and intensive care facilities, supporting the commitment to bring care closer to home.

**Professor Dean Howells**

Chief Nurse

On behalf of Derby and Derbyshire Clinical Integrated Care Board

30th April 2025

## [Part 2: About our Trust](#)

### [Our Board](#)



DHCFT is proud of its vision, values, and the culture. The new vision and values have been shaped through the involvement and engagement of everyone who interacts with the Trust, including patients, carers and staff members, to create a new Trust Strategy for 2024 - 2028. This quality account will be reflective of the previous strategy.

The Trust Strategy was developed through a collaborative approach, involving Trust colleagues, partners, governors and representatives of our patients, service users and carers. A draft version of the strategy was also shared with external stakeholders for feedback.

The new Trust Strategy was launched in October 2024 and action has since been progressed to develop the associated strategic delivery plan and embed the personal accountability framework.

A draft strategic plan for 2025-2028 has been developed, based on the outputs of a Board Development session in October 2024, and the dialogue on transformational opportunities hosted at the staff conference. The initial draft strategic plan was reviewed and tested through a further workshop-style Board Development session on 18 October.

## Local Priorities

In relation to the previous Trust Strategy, there are three remaining priority actions to be fully completed, updates on progress are included in the

Roadmap for 2024/25. These are as follows:

- Making Room for Dignity: improve the safety, privacy and dignity of patients.
- Deliver less than 32 days average length of stay on Trust Acute Mental Health wards.
- Deliver planned financial efficiencies to ensure the Trust is a sustainable organisation.

All the other local priority actions set out in the strategy have been delivered. It is intended that the remaining three priority actions are transferred to the new strategy.



## Progress in Delivering 2024/25 Priorities

Priority	Progress (to include delivery to date, rag rating red, amber, green, actions to recover if off track and expected delivery date)	Delivery Date	Assurance Committee
Making Room for Dignity: Improve the safety, privacy and dignity of patients	Partially completed. Construction / refurbishment completed for Bluebell Ward and Audrey House with some additional works required at Audrey House. Construction nearing completion for new builds. Refurbishment at the Radbourne Unit has been delayed and results in a change to the timeline as set out below. Recruitment progressing for additional posts required. Bluebell Ward, Walton Hospital Derwent Unit, Chesterfield Royal Hospital Audrey House Enhanced Care Unit Carsington Unit, Kingsway Hospital Kingfisher House PICU, Kingsway Hospital Jasmine Ward, Radbourne Unit Orchid Ward, Radbourne Unit – pending additional capital	Ongoing  Go-live 7 Jan 2025 Feb / March 2025 Feb / March 2025 Feb / March 2025 April / May 2025 Spring 2026 Spring 2027 Ongoing	Finance & Performance Committee  People & Culture Committee  Quality and Safeguarding Committee
Deliver Perinatal community MH access standard of 10% of prevalence	Delivered. The target is measured on a rolling 12 month period. The full year 10% target has been achieved in February 2024 (10.1%)	Delivered	Finance and Performance Committee
Develop a consistent approach to people centred leadership	Delivered. Leadership development strategy and approach finalised and discussed at May People and Culture Committee. Senior leadership programme has now been commissioned. Ongoing leadership programmes on offer to colleagues and bespoke team development in place. Assurance will continue to be fed into PCC on progress and delivery.	Delivered - September 2024	Quality and Safeguarding Committee  People and Culture Committee
Deliver less than 32 days average length of stay on our acute MH wards	In progress. NHS England monitors the mean length of stay (LoS) for patients discharged from adult acute inpatients beds, which for the Trust is currently reported as 52.9 days. This is a worsening position and a result of a small number of extremely long LoS patients. For example, 12 patients were discharged in October who had been inpatients for more than 100 days, 1 of whom exceeded 500 days. This position is affected by patients who are ready for discharge but who are unable to be discharged.  The establishment of the ICB Executive Discharge Group now provides a forum for DHcFT to escalate delays to discharge for clinically ready to discharge (CRFD) patients. There has also been an increased focus from partners such as Derby City Council, to reduce delays to social worker allocation, panel decisions and representation at the weekly CRFD meeting held. Year to date, the median length of stay for adult acute inpatients was 33 days. As this number excludes very short and very long LoS patients, the focus therefore continues to be on reducing the longest length of stay patients, where clinically appropriate.	March 2025	Finance and Performance Committee

Priority	Progress (to include delivery to date, rag rating red, amber, green, actions to recover if off track and expected delivery date)	Delivery Date	Assurance Committee
Each division will have its own specific quality requirement standards	The Divisions and services will be assessed through the Single Assessment Framework (CQC). The Fundamental Standards of Care have been revised and reflect the standards of from the CQC and other evidence based standards such as AIMS, NICE Guidance related to each service.	Delivered	Quality and Safeguarding Committee
Work in partnership to progress the harmonisation of learning Disabilities and Autism services	Delivered. A MoU has been developed between executive leaders across the organisations to provide a joined-up approach for citizens, a common vision, objectives and purpose and improved quality, pathways or access to care for patients and carers.  An integrated leadership structure has been implemented via a single Head of Service Derbyshire Healthcare NHS Foundation Trust (DHcFT) employee)	Delivered	Trust Board
Improve processes for those experiencing stress in and out of work	Delivered. In house staff Clinical Psychologist in place and offering support to colleagues both in and out of work. This is to complement the existing offer via Employee Assistance Programme (EAP) and Resolve. Alignment with long term absences in place.	Delivered	Quality and Safeguarding Committee
Successfully implement and lead the provider collaborative for perinatal inpatient services	Delivered. Approval granted by NHS England for Derbyshire Healthcare NHS Foundation Trust (DHcFT) to become Lead Provider in October 2023. Formal governance arrangements are now established in relation to contracting and quality oversight.	Delivered	Quality and Safeguarding Committee  People and Culture Committee
Deliver electronic prescribing and transfer prescriptions element of the OnEPR programme	Delivered. Successful implementation and roll out. Optimisation work underway to improve standard operating procedures in services where improvement opportunities have been identified.	Delivered	Finance and Performance Committee

Priority	Progress (to include delivery to date, rag rating red, amber, green, actions to recover if off track and expected delivery date)	Delivery Date	Assurance Committee
Recover dementia diagnosis rates to national target of 67%	Delivered. The diagnostic rate is above target (67.4%) and has remained over target month on month following extensive continuous quality improvement work undertaken by the team.	Delivered	Finance and Performance Committee
Focusing on the safety domain of practice and preparing for changes in mental health	Delivered : PSIRF is now embedded with improved timeliness in allocation of reviews. We have established Learning forums in divisions. Trust wide learning forum is now part of Executive Safety Incident Group. We have completed the preparation for changes to Mental Health Act during this year.	March 2025	Quality and Safeguarding Committee
Improve recruitment and retention to support new services and ensure safer staffing levels	Delivered. New approaches developed and embedded that consider a more creative and innovative way to attract and recruit and allow a more diverse pool of candidates both at application through to appointment. Ongoing work to improve retention in place, targeting key professions and teams where turnover is above Trust average.	Delivered	Quality and Safeguarding Committee People and Culture Committee
Be a compassionate and inclusive organisation where staff feel they belong, thrive and are valued	Delivered. Strengthened organisational communication and engagement channels to colleagues, including introducing a face to face leadership forum. The staff survey 2023 measures indicate improvements across our key engagement and belonging measures. Bespoke team development programmes arranged where there have been areas of concern or development needed for the team to move to a more compassionate and inclusive approach. Independent review of Michelle Cox lessons learnt has been completed and recommendations feed into the EDI steering group to strengthen our approach on bullying and discrimination. This is a continued priority into the 2024 strategy.	September 2024	Quality and Safeguarding Committee People and Culture Committee

Priority	Progress (to include delivery to date, rag rating red, amber, green, actions to recover if off track and expected delivery date)	Delivery Date	Assurance Committee
Deliver planned financial efficiencies to ensure the Trust is a sustainable organisation. Agree our 3-5 year financial plan	<p>In progress. The full Trust Long Term Financial Model updated 5-year financial plan is still outstanding. Cost Improvement Programmes (CIPs) of at least 5% per annum for 3 years are the minimum expectation. Our 24/25 plan demonstrate a longer-term plan is required to return to financial balance and sustainability. The medium-term options are being scoped further to consider potential financial impact, and priority of any potential wider transformation and service change.</p> <p>JUCD agreed an approach to refresh the 5 year plan across the derbyshire system. All partners have been requested for the work to be developed in system wide standard format.</p> <p>The ask was to complete templates for submission by early September and again in November 24. Initial process builds on 24/25 plans and adjusts for NR and FYE factors to arrive at the updated underlying deficit. This then models simplistic baselines. (Assume no growth money and pre future efficiency requirement). Recognised, will take longer to develop into a full LTFFM.</p> <p>Planning principles agreed for 2025/26. This continues to feed into 2025/26 system planning. 1<sup>st</sup> draft due for completion in January 25</p>	September – March 2025	Finance and Performance Committee
Optimise the use of SystmOne across the Trust	Completed. All standard operating procedures(SOPs) and training completed. To further embed the use of the system and new functionalities system training and SOP will be monitor through the agreed digital governance processes. Communication Annex functionality launched in December 2024. Communication Annex along with improvement in digital competence and clinical practice issues will help resolve data quality issue challenges. Full implementation will be complete in April 2025	September 2024	Finance and Performance Committee



Priority	Progress (to include delivery to date, rag rating red, amber, green, actions to recover if off track and expected delivery date)	Delivery Date	Assurance Committee
Deliver our Long term Plan commitments including TCP and Living Well	Delivered. The Living Well final wave (wave 3) fully mobilised in quarter 4. Focus now on optimising benefits of new model of care.  Full System Development Funding (SDF) mapped out and awaiting approval for 2024/25 to deliver on TCP. System partners engaged with and working with health to ensure objectives and deliverables are realistic, achievable and in line with National Health Service England (NHSE) Learning Disability and Autism (LDA) priorities.	Delivered	Finance and Performance Committee
Develop a workforce plan	Delivered. The workforce plan is complete and is on the board agenda for October	Delivered	People and Culture Committee

## Our Vision & Values

"We make a positive difference in everything we do"



Whilst engaging with people about the development of the Trust Strategy, a recurring point of discussion focused on how we will ensure people adhere to the Trust values, and how we can strengthen colleagues' personal accountability to demonstrate the behaviours our values expect.



**Caring**  
We provide safe care and support people to achieve their goals



**Inclusive**  
We respect everyone in all we do



**Ambitious**  
We offer high quality services, and we commit to ongoing improvement









**Belonging**  
We come together to create a culture that is welcoming, open and trusting



**Collaborative**  
We work together to achieve the best outcomes for our people and communities

To achieve this, we have developed a new Personal Accountability Charter that will sit alongside the new Trust Strategy.

Personal Accountability Charter			 Derbyshire Healthcare NHS Foundation Trust
 <b>Caring</b> We provide safe care and support people to achieve their goals	➔	<b>Caring behaviours</b> <ul style="list-style-type: none"><li>• We are kind</li><li>• We are person-centred</li><li>• We keep people safe</li></ul>	<b>How I can show caring behaviours</b> <ul style="list-style-type: none"><li>• I show kindness to others and think about their needs</li><li>• I don't walk by if something is wrong or needs to be done</li><li>• I meet professional standards</li></ul>
 <b>Inclusive</b> We respect everyone in all we do	➔	<b>Inclusive behaviours</b> <ul style="list-style-type: none"><li>• We are fair</li><li>• We embrace and celebrate difference</li><li>• We are professional</li></ul>	<b>How I can show inclusive behaviours</b> <ul style="list-style-type: none"><li>• I think about the impact of my actions on other people</li><li>• I respect people and my surroundings and speak up when things don't feel right</li><li>• I actively challenge discrimination</li></ul>
 <b>Ambitious</b> We offer high quality services, and we commit to ongoing improvement	➔	<b>Ambitious behaviours</b> <ul style="list-style-type: none"><li>• We learn</li><li>• We are high performing</li><li>• We are innovative</li></ul>	<b>How I can show ambitious behaviours</b> <ul style="list-style-type: none"><li>• I get the basics right, to underpin improvements</li><li>• I listen, learn and improve</li><li>• I deliver continuous improvements</li></ul>
 <b>Belonging</b> We come together to create a culture that is welcoming, open and trusting	➔	<b>Belonging behaviours</b> <ul style="list-style-type: none"><li>• We are honest</li><li>• We are accountable</li><li>• We communicate</li></ul>	<b>How I can show belonging behaviours</b> <ul style="list-style-type: none"><li>• I look after my own health and wellbeing</li><li>• I recognise the value and contributions of all colleagues</li><li>• I take responsibility for what I do</li></ul>
 <b>Collaborative</b> We work together to achieve the best outcomes for our people and communities	➔	<b>Collaborative behaviours</b> <ul style="list-style-type: none"><li>• We work well with others</li><li>• We engage</li><li>• We are good partners</li></ul>	<b>How I can show collaborative behaviours</b> <ul style="list-style-type: none"><li>• I work with others to achieve shared outcomes</li><li>• I break down barriers to achieving the best outcomes</li><li>• I empower people to be partners in their care</li></ul>

Our Strategic Priorities – the Four Ps

Our strategic priorities delineate the key initiatives we will concentrate on to achieve the Trust's vision. These priorities will underpin our decision-making processes and resource allocation, serving as the criteria by which we will evaluate performance and the successful implementation of the Trust Strategy.





## Our Clinical Ambition

- **Person-Centred Care:** We aim to deliver care that is focused on preventing ill health while meeting individual needs.
- **Community-Based Services:** Wherever possible, we strive to provide care at home or within the community through partnerships that enhance individual and community resilience.
- **Efficient Hospital Admissions:** We ensure that any hospital admissions are within Derbyshire and are limited to the shortest effective period.
- **Compassionate and Trauma-Informed Care:** Our services are built on compassion and incorporate trauma-informed practices.
- **Inclusive Participation:** We involve those who use our services in designing their care and treatment plans to meet their personal goals throughout their lives.



## Clinica Priorities 2025/26

### National Priorities:

- Reduce average length of stay in adult acute mental health beds
- Increase the number of children and young people (CYP) accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
- Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction.

### Strategic Priorities: Patient Focused

#### 1.1 Improve safety and effectiveness in line with our quality ambitions

- Develop and implement Quality Delivery Plan, agree improvement ambitions and measures, and establish associated governance
- Monitor performance and implement action plans to address any identified improvement opportunities
- Implement national initiatives including Culture of Care inpatient quality improvement programme and Patient Carer Race and Equality Framework.

#### 1.2 Improve experience for service users, patients and carers

- Define and agree experience measures across all services
- Review and refine feedback mechanisms across all services
- Monitor feedback and implement plan to address any identified improvement aligned to transformation and continuous improvement portfolio.

#### 1.3 Effective quality governance systems and processes that facilitate shared learning and support a positive safety culture

- Review, refresh and embed quality governance systems aligned to new Quality Delivery Plan
- Refine Learning Culture and Safety Group as a mechanism to develop and assure a positive safety culture
- Agree preferred model and design plan for transition from Care Programme Approach to support safe care co-ordination.

#### 1.4 Strengthen patient and carer empowerment

- Develop and agree framework for empowerment
- Design and launch education programme.

## Our Services

DHCFT provides a range of clinical services that are structured within the following divisions:

### Psychological Services

- Forensic - secure inpatient
- Mental Health Rehabilitation and Recovery unit (Cherry Tree)
- Primary Mental Health Treatment Requirement (PMHTR)
- Community Forensic Community Mental Health Team
- Clinical Health Psychology (stroke etc.)
- Perinatal & Maternal Mental Health
- Eating Disorders
- Autism Spectrum Disorder (ASD) & Specialist Autism Team (SAT)
- Learning Development (LD) (Neuro Development) - North & South
- Cognitive Behavioural Therapy (CBT) Psychotherapy
- CBT CAMHS
- CAMHS ID
- Children's Services - Neurodevelopmental Pathway family therapy (adults & CAMHS)
- Psychotherapy
- Learning Development - Forensic support
- Gambling Harm
- Chaplaincy
- Older adults.

### 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/Living Well
- Early Intervention in Psychosis Services
- Outpatient Clinic Services
- 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 3 – Quality Improvements against the National 2024/25 Priorities and Operational Guidance

1.	<p>Improving carers and service users/expert by experience involvement</p> <ul style="list-style-type: none"> <li>- Triangle of care</li> <li>- EQUAL</li> <li>- Celebrating Excellence! DEEDS/Hearts awards</li> <li>- Patient Experience</li> </ul>
2.	<p>Supporting our workforce</p> <ul style="list-style-type: none"> <li>- Freedom to Speak Up</li> <li>- Staff Survey</li> </ul>
3.	<p>Reduce reliance on inpatient care for people with a learning disability and autistic people</p> <ul style="list-style-type: none"> <li>- Reducing Learning disabilities beds</li> <li>- Autism Quality Improvements and reduction of admissions</li> </ul>
4.	<p>Implement the Patient Safety Incident Response Framework (PSIRF)</p> <ul style="list-style-type: none"> <li>- Patient safety report</li> </ul>
5.	<p>Harnessing data, digital and technology</p> <ul style="list-style-type: none"> <li>- Moving forward with digital</li> <li>- Voice recognition software</li> <li>- Video consultation</li> <li>- Literature searches and impact</li> </ul>
6.	<p>Improving patient flow and work towards eliminating inappropriate out-of-area placements/beds</p> <ul style="list-style-type: none"> <li>- Multiagency Discharge Events</li> <li>- Making Room for Dignity</li> <li>- Activity data</li> <li>- CMHT</li> </ul>
7.	<p>Quality Improvement/Clinical Improvements</p> <ul style="list-style-type: none"> <li>· CQC</li> <li>· Pharmacy updates</li> <li>· Delivery of QI Strategy 2021-24</li> <li>· Music therapy pilot</li> <li>· Culture of Care Programme</li> </ul>

	<ul style="list-style-type: none"> <li>· Psychology and psychological therapies</li> <li>· Living-well</li> <li>· Individual Placement and support</li> <li>· Mental health services for older adults</li> <li>· Adult Neurodevelopmental (ND) service</li> <li>· Improvement of audit processes</li> <li>· Safeguarding and sexual safety</li> </ul>
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## Improving Carers and Service Users/Experts by Experience Involvement:

### *Triangle of Care*

The Trust has again 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 Carers Trust Triangle of Care National Leads gave some very positive and constructive feedback to our most recent submission:

*“Ensuring that the carer’s voice is central to everything we do is a key component of the Triangle of Care, as such it was a pleasure to read that the Trust continues to ensure that carers are represented across its Governance structure, with a variety of representation.”*

*“Well done for keeping the Carer Engagement Group going and holding meetings in person as requested, with the option to join remotely and widen involvement. The Carer Representative co-chair arrangement is good practice that we are pleased to hear about.”*

*“We commend the Trust for publishing a Triangle of Care Annual Report within its Annual Quality Report. This helps maintains the profile of carer involvement at a governance level and secure continued strategic buy-in, as well as providing publicly available information for carers about the Trust’s activities.”*

### *Carer engagement*

Carers, Trust staff, Carers Champions, stakeholders and partners from the local health and social care sector continue to attend monthly Carer



Engagement Group meetings. The Carer Engagement Group workplan is aligned to the Trust's Patient and Carer Experience Strategy and the fourth pledge of the Strategy, to "Increase Carer Involvement".

The "Who Cares?" video, produced by carers in September 2023 is now integrated into the Trust Carer Awareness and Triangle of Care training. This has significantly improved the quality and impact of the training, which is consistently well-evaluated.

A co-produced 'support for carers' leaflet was published in December 2024 and is available on the Carer Hub and in booklet form.



#### *Governance and Quality*

The carer dashboard is now available to clinical staff on SystmOne. It is taking time to embed this into practice and work is ongoing with operational and clinical leads to improve performance in this area.

Carer Champions have had their role and value recognised by the Trust with an enhancement to the Trust Supervision Policy that enables Champions to agree protected time with their managers to be able to do justice to the role.

The Trust launched a Carer Hub on its website in June 2024. This is a repository for up-to-date information, news, local contacts and services

and provides a one-stop resource for Trust staff and carers and families alike.

Link to hub here [Carers and families hub :: Derbyshire Healthcare NHS Foundation Trust](#)

### *Collaborations*

The Trust relies on, and values, good working relationships and collaboration with partner services and this is particularly so in carer engagement.

We work alongside the Carers Trust, Local Authority Carer Leads, Carer Service Providers in the Independent Sector, Derby and Derbyshire Integrated Care Board (ICB) Carer Leads and Carers' Champions. Whilst we have Carers Champions in the majority of our teams, we aspire to have at least one Champion in every team. All of these stakeholders are invited to monthly Trust Carer Engagement meetings and enrich the exchange of information and support as a result of their participation.

We greatly appreciate and value the active support of the Trust's Chief Executive Officer, Chair of the Trust Board, Non-Executive Carer Champion member of the Trust Board and Council of Governors Carer Lead.

As part of our accreditation in the Triangle of Care scheme, we are members of the Midlands Regional Triangle of Care Group alongside other health and private sector providers.

DHCFT remains committed to the Triangle of Care as a framework for teams to continuously reflect on and improve their engagement with carers and families.

### *Aspirations for 2024/25*

Our plans for the next year include continued development of a carer survey, improved compliance with regard to the carer dashboard on SystemOne and a greater focus on young carers and carers from world majority backgrounds.

*"This annual report evidences solid progress against all six of the Triangle of Care Standards within a challenging context. Carers Trust can see that there have been significant efforts made and that this report evidences a strong ethos of continual improvement and team effort."*

**Commented [JW1]:** Should this say 'This Quality Account'?

**Commented [LR2R1]:** No it's the ToC report

**Commented [EW3]:** @RUNCIE, Libby (DERBYSHIRE HEALTHCARE NHS FOUNDATION TRUST) is this the kind of thing you wanted?

**Commented [RT4R3]:** beautiful thank you!

## EQUAL Forum



The EQUAL forum is a collective group of experts by experience, carers and staff with expertise and experience to ensure their voices are heard within the Trust. As part of this there is visibility from EQUAL within the wards which also support patients on the wards.

## Supporting our Workforce

### Freedom to Speak Up

**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. How do we ensure staff who speak up do not suffer detriment?**



The Freedom to Speak Up Guardian (FTSUG) at DHCFT is one of the routes for speaking up within the Trust. The Trust has a Freedom to Speak Up Guardian in post, who actively spends time in different areas of the Trust, offering time to staff, for them to have the opportunity to speak up and raise concerns.

The FTSUG has direct contact with senior leaders, heads of practice and Executive Directors and where concerns are raised, action must be taken. The FTSUG reports every six months to the Trust Board and a robust Freedom to Speak Up Policy and Freedom to Speak Up Vision and Strategy are in place.

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 36 Freedom to Speak Up Champions in teams across the Trust. The Trust has also created a Freedom to Speak Up video which involves a number of key senior leaders including the Chief Executive and colleagues 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 has also presented tailored training sessions to the Junior Doctor network and to preceptees within the Trust as well as at team meetings and on request.

The FTSUG has also created a network of FTSU Champions across the Trust who listen and signpost workers to the FTSUG for further support.

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.

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

#### *How We Ensure Staff Who Speak Up Do Not Suffer Detriment*

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

speaking up are removed; and that where detriment is experienced this is addressed and explored, and appropriate and relevant lessons are learned.

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



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

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

The FTSUG reports speaking up themes and learning and development from these themes to the Trust Board on a six-monthly basis. The FTSUG

also makes a six-monthly report to the Audit and Risk Committee and contributes 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.

#### *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 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.

#### *FTSU data for 2024*

During 2024, 203 staff spoke up. Of these, 22.7% were from BAME communities.

#### *Areas of improvement*

Improvements in culture and closed cultures from concerns raised in specific areas across the Trust. For example, as a result of a number of concerns raised in two specific teams, a closed culture questionnaire and quality summit work was undertaken. Staff opinions and suggestions were listened to, feedback was provided on these issues, and steps taken with the General Manager, Area Service Manager, Team Managers and wider team to bring about cultural improvements.

Challenges have included:

- **Senior Leadership Changes:** Changes in senior leadership have provided some challenges in getting feedback on concerns including patient safety concerns. Delays to issues entering investigations whether informal or formal.
- **FTSU Capacity:** Providing the necessary level of support for those speaking up and to FTSU Champions with one part-time FTSUG. High numbers of FTSU concerns for quarter 3 of 2024/2025 which has made providing feedback and getting timely responses an ongoing challenge. A 45% increase in concerns across 2024.
- **Racism and Discrimination:** Ongoing improvements required around getting the Trust to address racism and discrimination both in the form of recruiting an Equality, Diversity and Inclusion (EDI) Lead, developing an EDI strategy and an anti-racism approach at Executive Leadership level, as well as adopting appropriate and relevant policies and guidance around racist abuse and discrimination from patients to staff, and from staff to staff.
- **Lack of wider cultural improvement in response to FTSU concerns:** the ownership of FTSU action plan by the Executive Leadership needs to improve and advance and improvements made as a result of speaking up need to be carried out and embedded within the Trust culture.

#### Staff Engagement

Throughout 2024/25, the Trust has maintained staff engagement through the Staff Forum and various other events. These forums serve as open platforms, providing staff with direct access to the Executive Team and an opportunity to voice their thoughts. Employees are encouraged to share their concerns, highlight good practices, and suggest areas for improvement.

The Trust has continued to support staff in ways such as:

- **Resolve Staff Support Service** - An on-site counselling service which offers free, one-to-one, completely confidential talking therapies to support colleagues with challenges, both at work and at home
- **Coaching** – An opportunity to receive 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 by 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 supports line managers. This service supports staff to stay in work and supports 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.

## Staff Survey Results

On Thursday 13 March 2025, the annual NHS Staff Survey results were published for all Trusts across the country.

There are many positive messages to be taken from the feedback, especially in respect to some of the changes that were put in place to improve areas colleagues highlighted in the 2023 survey.

As always, there are also areas where we can learn, and make further changes to improve experiences of colleagues. The staff survey is a key learning tool which allows us to identify areas where we need to improve and develop. There is a commitment from the Trust's Board of Directors to hear staff feedback, to listen and work together to improve the issues that are important to staff and make a difference.

In 2023/24 the response rate was 64%. This is the highest response rate we have had to date and is an increase on the 62% on the previous year.

Similarly to last year, the questions in the 2023 Staff Survey were aligned to the NHS People Promise and this is how our feedback has been structured.

Our results show that we have improved our scores in 38 questions and in most areas the feedback we received is higher than the national average. Areas in which we have improved compared to the previous year's survey include our response to health and wellbeing, how we have made reasonable adjustments for colleagues with a disability, and more colleagues feeling a personal attachment to their team.

However, as with any Staff Survey, there are some areas where we have not seen the level of improvements we would have liked, and this may reflect some of the challenges we have experienced over the last year.

The areas where the Trust have scored below average include opportunities for career progression, appraisals and how we ensure that errors or incidents are not repeated.

The Staff Survey contains two important questions about whether colleagues would recommend the Trust as a place to work and/ or receive care. This year 68% of colleagues said they would recommend Derbyshire Healthcare as a place to work, compared to 71.8% in 2023/24. Similarly, 63.7% of colleagues also said they would recommend the Trust



as a place to receive care, if a friend and relative needed treatment. This was a drop of 4% from the feedback we received last year. We will be focusing on this during the coming year to ensure that colleagues feel proud of the services that we provide and that they would recommend them to others.

Each team will be focusing on a local action plan to address concerns and harness and continue to improve positive scores.

## 2024 NHS Staff Survey Results Summary

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.

*People Promise*

**NHS**  
Derbyshire Healthcare  
NHS Foundation Trust

**64%**  
Response rate  
Last year: 62%



### Colleagues feedback

Thank you to everyone who completed the NHS Staff Survey in 2024.

Our results show that we have improved our scores from last year in 38 questions. Although our results are slightly lower than last year, the Trust is committed to making ongoing improvements in response to the feedback we have received from colleagues.

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 year we will be working with colleagues to make improvements in:

- Staff Development
- Staff Experience
- Staff Engagement
- Standards of Care

### Staff Friends and Family Test Scores

☒ LAST YEAR 72% **68%**

Would recommend Derbyshire Healthcare as a place to work.

☒ LAST YEAR 68% **64%**

Would be happy with the standard of care provided by this organisation if a friend or relative needed treatment.

**Higher on both than the sector average!**

We have scored each element compared to the average from the 50 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.

## Celebrating Staff Excellence

### DEED recognition scheme

Our staff recognition scheme, Delivering Excellence Every Day (DEED), recognises and celebrates DHCFT staff and volunteers who have gone 'above and beyond' in their work, and thereby demonstrated one or more of the strategic priorities.

*Partnership – for an individual or team that has gone to significant lengths to involve experts by experience, members of our communities or system partners in shaping their services or their work.*

#### **Jim Cook, Liaison Practitioner, Liaison Team (South), Royal Derby Hospital**

"Jim works in line with our new Trust values at all times in his approach with patients and carers and his interactions (and support for his colleagues). Jim has a keen interest in quality improvement and service development and works closely with our research colleagues to support innovation within our team. Jim has engaged with our Multicentre Study research work adding new 'indicators' to self-harm questionnaires; this allows our Trust and wider academics to investigate the changing nature of presentations to the emergency department which feeds into our national suicide and self-harm strategy. Most recently Jim has facilitated the development of a new emergency department waiting list on SystmOne and provided training manuals for staff, developing an idea by Kashmir Kang, Liaison Practitioner. Thank you, Jim (and Kash), for your support of research and process within the Liaison Team (South). Your efforts to improve systems for the benefit of patients, carers and your own colleagues (as well as the system at large) have not gone unnoticed."

*Productivity – showcasing individuals or teams that have found innovative ways to design and deliver services that demonstrate best value for our population, encourage prevention and self-care, and/or generate efficiencies.*

#### **Helen Croft, Older Adult Clinical Lead, Mental Health Liaison Team, Royal Derby Hospital**

"Helen led and developed a pathway for dementia diagnosis in acute care at Royal Derby Hospital. This work enables people receiving acute care to have their dementia identified, which is vital in ensuring appropriate care and enabling advance care planning. This process also ensures that, whilst in Royal Derby, people can have support from the Dementia Team and, post discharge, that they can have follow-up from dementia support services, and other services as required. This work has been shared at national level and Helen is continuing to work with geriatricians to further improve how dementia is identified across Medicine for the Elderly services at Royal Derby Hospital."

*Patient focused – for an individual or team that has been highly responsive to the needs and values of our service users, patients, children, families and carers.*

**Amy Lunn, Speech and Language Therapist, Specialist Autism Team / Neurodevelopmental - Learning Disability and Autism Services**

“In the Specialist Autism Team, we work in a variety of extremely challenging situations and with often very hard-to-reach individuals. Amy's dynamic, person-centred, caring and supportive approach enabled a young man to, for the first time, feel that he now understands his own communication needs. To put this into context, this is a pretty big deal as this young man has struggled in every aspect of his life, which includes accessing services, building relationships and meeting his individual day-to-day needs, so to receive a compliment from him is something that we should commend and celebrate. The patient writes: ‘I have felt listened to and validated through engaging in Speech and Language Therapy sessions with Amy. The work I have completed with her has led me to have a greater understanding of my own communication needs in a variety of different situations.’ This is a remarkable and fantastic compliment, Amy. Congratulations.”

*People – recognising individuals or teams that have created a positive culture and sense of belonging in their service or their workplace.*

**Sarah Dale, Lead Nurse and North Perinatal Team**

“Sarah Dale and the North Perinatal Team have been an amazing team to work within during my placement as a student nurse. They are so warm and welcoming to new people that have started to work within their service. They are always happy to share their knowledge and insight about the work they do to support individuals. Sarah and the team gave me lots of opportunities to further my learning and learn new skills. Their caring and compassionate nature shines through the work they do with service users and their families. Staff are always checking the wellbeing of others and supporting each other throughout the day.”

*Positive difference (1) – service user / carer / external nominations – for nominations received from service users, carers or external organisations celebrating individual Trust colleagues or Trust teams who have made a positive difference.*

**Pauline Naylor, Community Psychiatric Nurse, Erewash Community Mental Health Team**

“Pauline has been an outstanding support to my niece, and our family, during numerous years of mental health issues. Pauline even supported

my niece during her dad's funeral and supported me as an auntie. Recently, Pauline has gone above and beyond and actually saved my niece's life. Her courage, support, skills and compassion are immeasurable. I will be forever in her debt, forever grateful for what Pauline did that dreadful day. Thank you so much. You're not just a nurse, Pauline, you're a hero without a cape."

#### *Positive difference (2) – EQUAL Forum member nominations*

##### **Dementia Rapid Response Team - High Peak and North Dales**

"Dementia care is of massive interest to many people, including members of our staff and a considerable number of our patients and carers. So, based on positive feedback from our EQUAL representation in High Peak and North Dales, we would like to commend the Dementia Rapid Response Team in that area for their sterling work and professionalism. The remoteness of the area and difficult weather conditions at this time of year make their achievements all the more remarkable. Well done and thank you to the whole team."

#### **HEARTS Awards**

DHCFT held its annual Honouring Excellent and Really Terrific Staff (HEARTS) staff awards ceremony in November 2024. The awards saw some notable winners, including three members of staff in the same team who were celebrated for having a combined length of service of 120 years.

The awards ceremony recognised individual Trust employees and teams who had gone above and beyond the call of duty and performed at a consistently high level to support patients, carers and fellow colleagues. Over 100 nominations were received for the awards from both inside and outside the organisation.

#### *Our categories and winners were:*

**Clinical Team of the Year Award** – For teams that have risen to the challenge of working in ever changing circumstances and have delivered compassionate care to patients.

**WINNER** – Memory Assessment Service

**Continuous Improvement/ Research Excellence Award** – This award is for a team or individual who demonstrates an outstanding and innovative contribution to research, development and/or Quality Improvement.

**WINNER** - Jackie Hughes, Corrine Gale and Phyllis Leung

**Non-Clinical/ Corporate Team of the Year Award** – For working tirelessly, facing challenging issues and working effectively for the wider benefit of the Trust and patients.

**WINNER** – ICARE team

**Rising Star Award** – This award celebrates outstanding performance within the organisation and celebrates growing talent at Derbyshire Healthcare NHS Foundation Trust. This person will be new to the NHS or their profession and have made exceptional contributions to their team and service.

**WINNER** – Sifo Dlamini

**Inspirational Leader Award** – For showing real care and compassion for colleagues, always finding time to listen to concerns, remaining available and open to discussion and offering support and guidance.

**WINNER** – Tom Larder

**Derbyshire Healthcare Lifetime Achievement Award** – To celebrate NHS75, this award is to honour a member of the Trust who has dedicated at least 25 years of their career to the NHS. They will truly reflect the Trust values and will have demonstrated a commitment to providing support and care to patients and staff.

**WINNER** – Children's Community Occupational Therapy (Jan Nicholson, Elaine Rickett and Janet Taylor)

**Outstanding Care and Compassion Award** – This award is for an individual who goes that extra mile to ensure their service is caring and compassionate and makes a difference to the lives of patients, service users, carers and staff.

**WINNER** – Janice Moores

**Environment Impact/ Green Award** – This award is for a team or individual who can demonstrate the achievements and progress being made across the Trust to tackle carbon reduction, implement sustainable practices and improve the health of the community.

**WINNER** – Cherry Tree and Kedleston Occupational Therapists

**Equality and Diversity Award** – This award recognises an individual that has made significant contributions in promoting equality and inclusion for patients and communities and for colleagues in the workplace.

**WINNER** – Enoch (Toby) Marandure

**Making a Difference Award** – For making a positive difference to the lives of the people we serve day to day by taking initiative without being prompted, demonstrating exceptional reliability and a willingness to help,

and embodying our values: Respect, Honesty, People First and Do your Best.

**WINNER – EQUAL**

**50 Years Service Award** – This award celebrates an incredible milestone in terms of long service and has been specifically created with a colleague in mind.

**WINNER – Balbir Kaur**



## Patient Experience

The Patient and Carer Experience Strategy was published in April 2024. The revised strategy was coproduced and reviewed by the Quality & Safeguarding Committee in March 2024.

To further enhance the patient and carer experience, various initiatives have been implemented to streamline processes and ensure the highest quality of care. Emphasis has been placed on listening to feedback and adapting services to better meet the needs of patients and carers alike.

We have renewed our focus on four areas:

- Improve communication
- Improve patient experience from referral to discharge

- Increase co-production
- Increase carer involvement.

Significant progress has been made but areas of improvement include:

- The electronic patient survey roll-out continues across community and inpatient services and work is underway to complete the roll-out across all Trust services.
- 113 teams were live on the platform as of April 2024, with many teams awaiting set-up.
- Action is being taken to provide administrative staff to support the continuation of the roll-out.
- Working groups are in place looking at the four key areas within the Strategy.

#### Area of concern

Administrative support is required for the electronic patient survey to be sustainable going forward.

There is commitment to exploring the resources available following a review of all Trust administrative services.

#### 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 Quality Directorate. The team's aim is to provide appropriate responses 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.

In April 2024, we introduced complaints quick resolution and complaints closer look into our processes, our aim is to improve the timeliness of responses to low level concerns/complaints when they are raised with the Patient Experience team. Quick resolution complaints include previously recorded concerns and some of the less complex complaints. Complaints closer look require an investigation. Complaints quick resolution and complaints closer look are coordinated through the Patient Experience team. Concerns and compliments are logged directly by staff.



The Patient Experience team are working with operational teams to ensure that the best outcomes have been achieved in a timely manner from local services. Our progress throughout the year is monitored, and reported on, in quarterly reports to the Patient and Carer Operational Group and Quality and Safeguarding Committee. Our aim throughout this year is to reduce the length of time reports are waiting to be drafted to within 4 weeks of receipt. We also aim to reduce the number of quick resolution complaints taking longer than 10 working days and improve the number of closer look complaints being responded to within 40 and 60 working days.

We provide real-time data on our Trust website on the numbers of complaints, concerns, compliments, and Friends and Family Test responses.

### Comparison of Contacts Through the Year

	2023/24		2024/25*
Complaint	214	Complaint Quick Resolution	241
		Complaint Closer Look	186
Compliment	1567	Compliment	1743
Concern	375	Concern	87
Enquiry	1669	Enquiry	1701

\*data as of April 2025. There may be further adjustments made due to categorisation during the year.

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

Top 3 issues raised in Concerns		Top 3 issues raised in Complaints	
<b>2023/24</b>		<b>2023/24</b>	
Availability of Services	59	Unprofessionalism by staff	73
Care planning	53	Care planning	56
Unprofessionalism by staff	44	Medication	39
<b>2024/25</b>		<b>2024/25</b>	
Other	15	Care planning	181

Unprofessionalism by staff	10
Availability of Services	8

Unprofessionalism by staff	85
Availability of Services	72

\* From 1 April 2024, concerns are only logged by staff so the numbers have reduced.

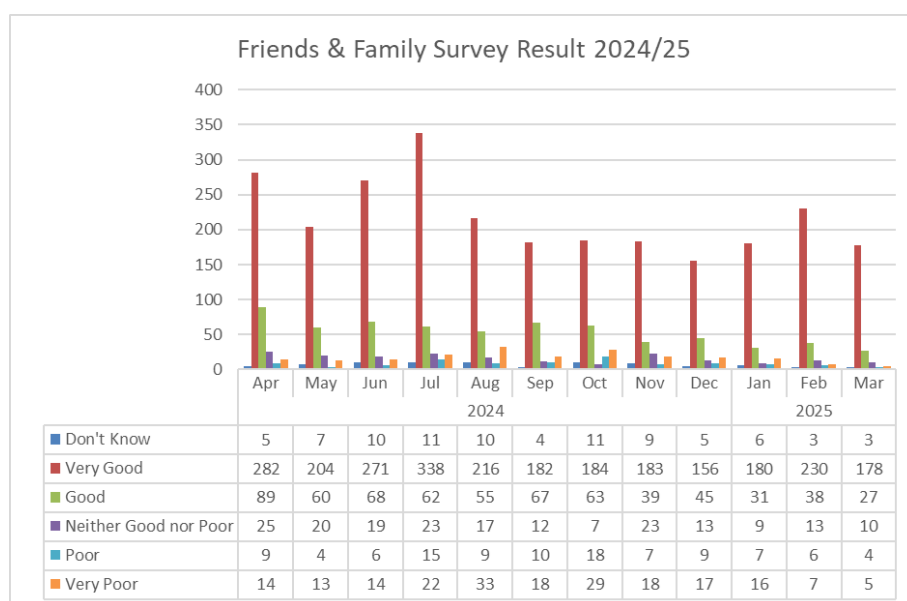
### Compliments

Most of the 1743 compliments received during 2024-25 reflected people's general gratitude for the care, support and help that staff had provided. Individual subjects commented on are noted in the list below.

	2023/24	2024/25
Care	861	1027
Compassion	696	829
Empathy	521	594
Environment	183	219
Facilities	158	175
General gratitude	1182	1340
Information/Advice	580	677
Kindness	755	862
Listening	625	795
Responsiveness	655	658
Support/Help	1115	1225
Other - see description	89	55

## 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, 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.



## Reduce reliance on inpatient care for people with a learning disability and autistic people

In April 2022 the JUCD (Joined Up Care Derbyshire) Mental Health, Learning Disability & Autism and Children & Young People System Delivery Board approved an 'Initial Strategic Outline Case' relating to improvements needed to local Neurodevelopmental (ND) bedded care services.

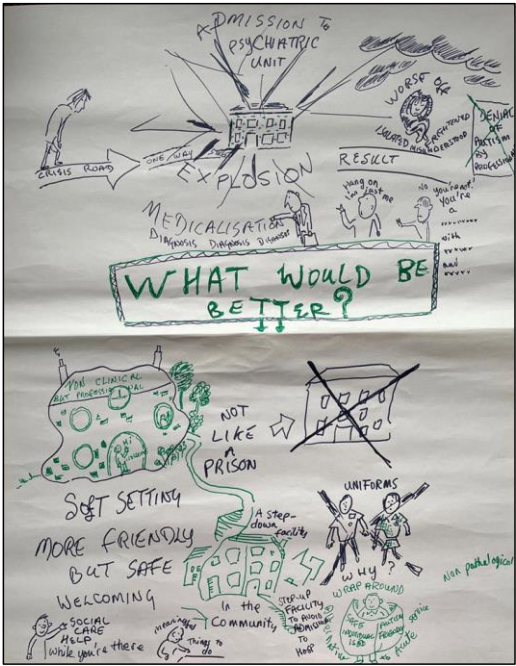
Derbyshire Learning Disability and Autism hospital is a Derbyshire Community Health Services (DCHS) building and commissioned service

with both DCHS and DHCFT staff working into the ward and surrounding communities.



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Following co-production and engagement in the community, there was a clear preference for a 'Home First' principle in the community as a preference for support.



The outline case for change, in line with the quality priorities and long-term plan, were clear that the Ashgreen Hospital Assessment and Treatment Unit was not as effective or efficient as it could be and was not aligned with the long-term plan to address reliance on inpatient care for people with a Learning Disability or Autistic people.

Therefore, following Board agreement (DCHS, DHCFT and JUCD), Ashgreen Hospital was closed to new admissions and once all patients had been discharged, the staffing temporarily transferred to the community teams to shift the culture of care to Home First principle.

*The JUCD (Joined Up Care Derbyshire) Neurodevelopmental (ND) Programme has the aspiration to 'change how neurodivergent people & people with a learning disability & their families receive any support they might need. We aim to move away from reactive & intensive interventions to preventative & flexible support provided in local communities.'*

Achieving this ambition will not only deliver better outcomes for local people but also help address the current financial challenge faced the by ICB and the wider health and social care economy. Preventative, community-based and least restrictive care represents better value for money than pathways overly reliant on emergency care and inpatient services.

#### Autism Quality Improvement to reduce admissions

The Autism Assessment Team and the Specialist Autism Team took home the award at the National Learning Disabilities and Autism Awards ceremony in Birmingham on 20 June 2024 for significantly reducing assessment wait times and contributing towards reducing inpatient admissions for autistic people.

The awards celebrate excellence in the support of people with learning disabilities and autism and aim to pay tribute to those individuals or organisations who excel in providing quality care.



The Autism Assessment Team and the Specialist Autism Team won the 'Great Autism Practice Award', which recognises good autism practice to enhance quality of life for individuals, families and supporters by making

reasonable adjustments or providing support developing strategies to increase happiness and wellbeing in people with autism.

The team was chosen for demonstrating a significant improvement in the patient journey through the service over the last year; while waiting times are still long due to demand for the service, the team has managed to reduce waiting times by almost 50% in the last two years. This was made possible through a much quicker turnaround of assessments. Reports have been made easier to access and write, which has also contributed to the positive reduction in waiting times.

The judges praised the team for their outstanding efforts at supporting patient-centred care, saying:

*“The team is deeply committed to supporting individuals with autism in their community, prioritising efforts to prevent hospital admissions. Remarkably, they achieved a 94% reduction in admissions over the past three years. Taking proactive steps, they assessed the skills of their clients across various services and successfully trained 18 individuals from other teams to conduct assessments, significantly cutting response times by half. Their profound impact on the community is nothing short of remarkable.”*



## Implement the Patient Safety Incident Response Framework (PSIRF)

The Patient Safety Incident Response Framework came into effect within DHCFT from December 2020 and replaced the existing Serious Incident Framework. This framework has a broader scope and moves away from reactive and hard-to-define thresholds for investigation towards a more proactive approach to learning from incidents.

The framework transfers the emphasis from the quantity of investigations to a smaller number of higher quality, more proportionate responses to patient safety incidents as a whole, enabling better development and implementation of improvements. The quality of a learning response 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.

Since the commencement of the PSIRF framework there have been 123 staff trained and functioning in practice, allowing for several staff to have the knowledge and skills to complete learning reviews. The external training will conclude June 2025; at this time there are no plans for any further external training to be commissioned as this is no longer a formal requirement. An internal comprehensive package will be developed alongside other training which has been commissioned to meet the PSIRF framework. Staff have also received oversight training which outlines the key principles of PSIRF to effectively quality assure reports as well as training to improve knowledge and skills around engaging with patients/ families who have been involved in a patient safety incident.

An induction package has been developed for new starters which includes the Level 1 Essentials for Patient Safety Health Education England – to date, 578 staff have undertaken this.

In April 2024 the Trust reviewed its Patient Safety Incident Response Framework and revised the Trust local priorities.

Through 2024/25, the Trust has worked on enhancing its governance processes relating to patient safety learning responses in order to better implement learning from incidents and improve patient and staff safety.

### **Learning From Patient Safety Events (LFPSE)**

In February 2024 the Trust went live with the new national NHS Learn from Patient Safety Events (LFPSE) service, a centralised system for the recording and analysis of patient safety events in health and care, which replaced the National Reporting and Learning System (NRLS). The Strategic Executive Information System (SEIS) currently remains active as the LFPSE is developed.

The below information details incidents which have been reported during this reporting period.

**Table - Incidents reported to LFPSE (Learning from Patient Safety Events) in 2024/25 (01/04/2024-31/01/2025)**

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Total
Self-harm	250	403	415	467	1535
Medication	214	212	183	209	818
Missing and Absent Patients	195	132	121	85	533
Slips, Trips, and Falls	117	112	132	117	478
Abuse / Aggression (Actual or Alleged) - Patient to Patient	93	80	149	125	447
Access, Appointment, Admission, Transfer, Discharge	90	63	92	110	355
Ongoing care review / monitoring	57	82	58	51	248
MH / MC Act process	47	64	54	60	225
Medical issue	70	44	47	43	204
Record Keeping Standards	27	32	65	32	156
Data Security and Missing Records	16	40	37	33	126
Environment / Infrastructure / Facilities issue on Trust premise (incl. team base)	8	33	36	21	98
Alcohol Use	26	17	18	8	69
Accident	21	11	12	22	66
Drug Use (Illicit)	13	18	14	12	57
Equipment issue (medical device)	8	17	11	5	41
Security	12	4	3	10	29
Other - see 'Description' field for details	17	2	6	3	28
Death	10	6	7	3	26
Disruptive or distressed behaviour	10	3	4	5	22
Pressure Ulcer (PU) or Moisture Associated Skin Damage (MASD)	2	4	2	5	13
IT systems / service issue	4	4	2	3	13
Equipment issue (non-medical device)	4	2	4	3	13
Manual Handling	4	3	3	1	11
Fire	4	2	1	3	10
Infection Control	4	5	1		10
Police & DHCFT: Section 136 Pathway	4		3		7
Abuse / Aggression (Actual or Alleged) - Other Party to Patient	1	1	4	1	7
ECT Treatment		1	2	1	4
Abuse / Aggression (Actual or Alleged) - DHCFT Staff to Patient	2	2			4
Abuse / Aggression (Actual or Alleged) - Patient to DHCFT Staff	1	2		1	4
Abuse / Aggression (Actual or Alleged) - Patient to Other Party		1	1		2
Smoking in undesignated areas	2				2
Environment / Infrastructure issue on non-Trust premise		1			1
COVID-19 case	1				1
Abuse / Aggression (Actual or Alleged) - Other Party to DHCFT Staff				1	1
Inoculation				1	1
<b>Total</b>	<b>1334</b>	<b>1403</b>	<b>1487</b>	<b>1441</b>	<b>5665</b>

*Total Number of Incidents Resulting in Severe Harm/Death reported on to the Trust Incident Reporting System, Datix 1 April 2024- 21 Feb 2025*

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Total
Severe harm	2	3	11	12	28
Fatal (Death)	24	28	36	66	154
<b>Total</b>	<b>26</b>	<b>31</b>	<b>47</b>	<b>78</b>	<b>182</b>



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

	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Total
Severe harm	2	2	6	8	18
Fatal (Death)	10	6	7	5	28
<b>Total</b>	<b>12</b>	<b>8</b>	<b>13</b>	<b>13</b>	<b>46</b>

#### The Trust went live using Learning from Patient Safety Events (LFPSE) on 1 February 2024

Total Number of Incidents reported on to STEIS (Strategic Executive Information System – the NHS system used to report and monitor the progress of serious incident investigations). STEIS is used to report incidents that meet a Patient Safety Incident Investigation

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	2024									2025		
	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Reported to CCG/ICB via STEIS	1	0	0	0	0	1	0	0	0	0	0	1
<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>

#### 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. The mortality process has been amalgamated within the Incident process for a seamless process. A process has been implemented within the patient electronic record which aids staff in identifying deaths which meet the threshold for DATIX reporting. This process fulfils stage one of the Learning from Deaths in that all deaths are considered for 'red flags' as identified under the national Learning from Deaths Procedure.

The Trust has received notification of 2182 deaths of patients through the NHS Spine since 01 April 2024 to 31 March 2025:

Month	Number of Deaths Recorded
April	185
May	169
June	173
July	171
August	153
September	178
October	200
November	179
December	208
January	219
February	121
March	166

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The table below outlines the number of deaths that have been recorded through the Trust incident reporting system DATIX and the learning response that has been commissioned. All deaths reported through the Datix system that meet the Trust 'red flag' will have an Incident review Tool completed. This is then reviewed and a decision made as to whether a further learning response is required.

Financial Year	Datix	Case Record Review	Patient Safety Incident Investigation
2023/24	119 deaths	39	16
2024/25	141 deaths	23	3

\*Please note- 56 deaths which are currently awaiting a decision

In 2024/25, 25 learning reviews were completed and closed from the previous financial year. When a learning response is commissioned, the review team is independent of the team concerned/involved in the patient's care.

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

The Trust has received one Regulation 28 within the financial period of 2024/25 in May 2024. This PFD was issued following concern of patients being admitted at or near handover time which could lead to a lack of ownership of admission tasks such as observation levels, commencing

safety assessments and plans. Changes have been put in place for patients to not be admitted during handover times so far as is clinically practicable.

Learning from incidents

The newly established Learning the Lessons Oversight Committee will hold oversight responsibility for actions, quality improvement plans, early learning and thematic analysis of incidents within each service line. This will be supported by Learning the Lessons subgroups within each service to improve ownership, accountability, joined up working and quality improvement plans. These groups will also consider the early identification of themes and areas for improvement across all levels of incidents and post Incident Review Tool.

Examples Learning from Incidents and Mortality



As part of our commitment to continuous improvement and patient safety the Trust has identified the following local learning priorities. These priorities guide our ongoing efforts to enhance care delivery and address systemic issues:

Improvement issue	Improvement plan
Transfer, Leave and Discharge.	<b>Transfer of the deteriorating patient.</b> Internal investigations highlighted themes around the transfer and return of patients between inpatient services for the Trust and Acute providers. This includes handover of information, and the way patients are conveyed. A quality improvement project has been undertaken between Derby Hospital and DCHFT to develop a transfer and handover proforma which is now in place.
Suicide Prevention.	<b>Suicide Prevention training</b> The Trust is currently finalising a training package dedicated to Suicide Prevention, Risk Assessment and Safety planning . This training will be mandatory to specific staff roles and support improvement in way clinicians assess record and respond to risk A Trust Suicide Prevention Lead has now been appointed and this links into current training development in relation to Safety Planning, Risk Assessment and Suicide Prevention.
Multi-agency engagement following incidents.	It is known that patients are often known to multiple services both internally and externally. Works have been commissioned to consider agreements needed to enhance multi-agency working with partner agencies when an incident investigation has been commissioned to improve shared learning and enhance family liaison and support.
Physical Health management within inpatient environments.	Quality improvement work in relation to improving physical healthcare management, observation, and care planning within Older Peoples services. Enhancement of wound care management and infection prevention and control investigation and follow up within inpatient services. Introduction of RESTORE2 into ILS training framework including review of current ILS provision. Transition agreed to Level 2 and Level 3 resuscitation training and adoption of more recognition of Deteriorating Patient scenarios in training to aid clinicians (Bluebell ward first adopter). Establish a physical health reporting working group to establish the new system one reporting frameworks to improve reports for assurance. Introduction of RESTORE2 into ILS / Level 2 and level 3 training framework including review of current ILS provision.
MDT process improvements within CMHTs.	Investigations have highlighted themes in relation to MDT processes within CMHTs and works are currently underway to review the EPR and recording documentation and MDT

	process to ensure this is fit for purpose and being adhered to.
Self-harm within inpatient environments including management of contraband.	<p>Adoption of the CQC / MHLN Nurse Directors forum guidance for ligature risk assessment processes.</p> <p>Risk assessment has new section on the risk assessment tool in the EPR.</p> <p>Quality Improvement programme in relation to self-harm via sharps of females within inpatient services (local priority).</p> <p>Improvement to environment – now using convex mirrors and zonal observations on female wards, changed ligature environment risk assessment.</p> <p>Improvement to therapeutic engagements.</p> <p>Improvement to risk assessment and management including observation levels - observation booklet in place.</p> <p>To continue commissioned working group to review handheld clinical devices and compliance with observations including physical health observations.</p> <p>Ligature training package in place and is currently being rolled out including competency assessment.</p> <p>Green zone – within inpatient areas there is an area painted green which holds emergency equipment such as ligature knife, resuscitation equipment so is easily identifiable.</p> <p>Ligature risk reduction working group.</p>
Dissemination of learning and service improvements following incidents including assurance and governance.	<p>Work is underway to improve the way in which the trust learning and improves from incidents, this will include a revision to the processes in place in relation to internal investigation recommendations, Case Record Review learning, Incident Review Tool learning and the revised Trust Mortality process.</p> <p>Develop pathway to offer clear governance processes.</p> <p>Develop service line learning briefings specific to service learning.</p> <p>Trust wide learning the lessons to share high level responses and learning.</p> <p>Develop better ways for monitoring and reporting emerging themes.</p> <p>Joined up working between services.</p> <p>Improved monitoring of high-profile cases and joined up working between services involved.</p> <p>Development of more collaborative Learning Responses.</p>
Application of red flags and flow of incidents resulting in death.	<p>Improvement in the application and identification of red flags for reporting death.</p> <p>Revision of current red flags for relevance given changes both nationally and locally.</p> <p>Redesign the function of the 'Mortality' process within structures through the Learning the Lessons subgroups.</p>

	Review the purpose and function of the Mortality Case Record Review panel and redesign this to one of audit and assurance.
Interface between Mental Health and Substance Misuse service.	Suspected Suicide of a patient who has a dual diagnosis of substance misuse and mental health but has been rejected by Community Mental Health services is an area which has been noted through Case Record Review. This has been selected as a new local priority for the trust. Themes will be feed into Learning the Lessons subgroups for both services to jointly develop and improvement plan.
Substance Misuse services and Adult Acute Inpatient environments.	Learning Responses for unexpected deaths post discharge/ whilst on leave have highlighted gaps around knowledge, support and process for the management and support of risk in relation to addiction and substance misuse. Currently several actions in place. Improvement plan to be developed and managed through the services Learning the Lessons subgroup.
Risk assessment, management, and care planning.	The Trust is currently finalising a training package dedicated to Suicide Prevention, Risk Assessment and Safety planning. This training will be mandatory to specific staff roles and support improvement in way clinicians assess record and respond to risk
Patient Safety and Incident Reporting:	The Trust is in the process of establishing Learning the Lessons groups supported by patients' safety team, operational incident review process and risk. The patient safety team now have a regular slot on Trust induction which provides an induction to the principles of patient safety and Duty of Candour. The risk team maintain a rolling monthly DATIX clinic for all staff where guidance and support is available.

#### Family Liaison work

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

#### Investigation processes

- All Patient Safety Incident investigations commissioned through the incident process are instructed within the terms of reference to consider this point, as well as the involvement of other external providers such as General Practitioners.

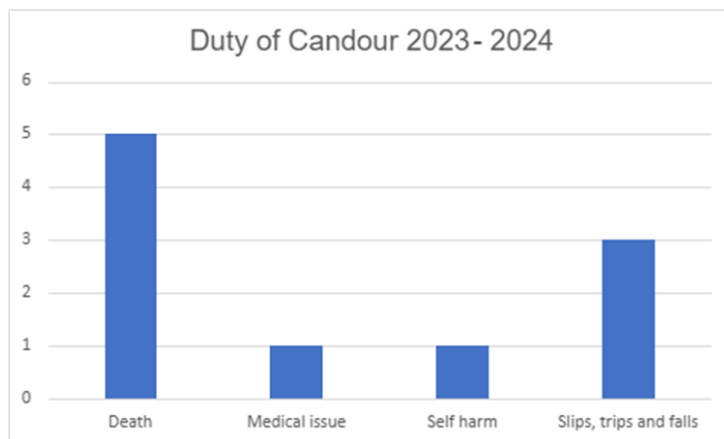
- As with family involvement, the Trust is now moving towards feedback to external providers when involved in the review process.
- All reviews are given Duty of Candour consideration and actively seek to identify issues early on in the process. Patient Safety Incidents (major harm or above) are reviewed via either the Operational Incident Group or the Executive Incident Group. All Patient Safety Incidents (moderate harm and above) are reviewed by the Family Liaison officer in conjunction with operational teams.

#### Family Liaison/Duty of Candour

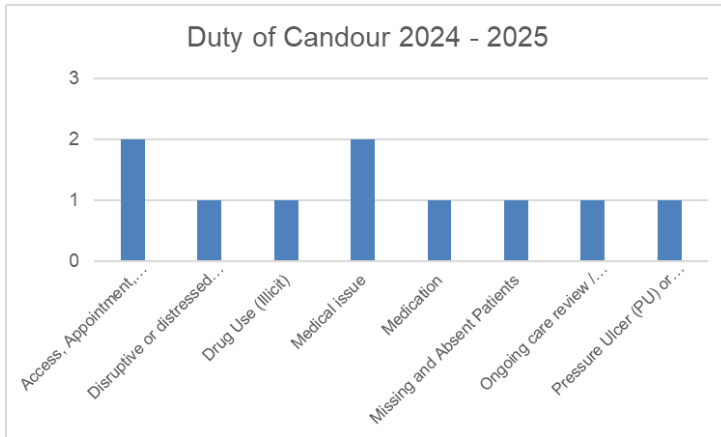
Ten incidents have been assessed to meet the thresholds as defined in Regulation 20 for Duty of Candour.

The Trust had 100% compliance with adhering to regulation 20 during 2024. The table outlines Duty of Candour by incident type.

The table below outlines DOC for incidents from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2024.



The table below outlines DOC for incidents from 1 April 2024 to 31 March 2025.



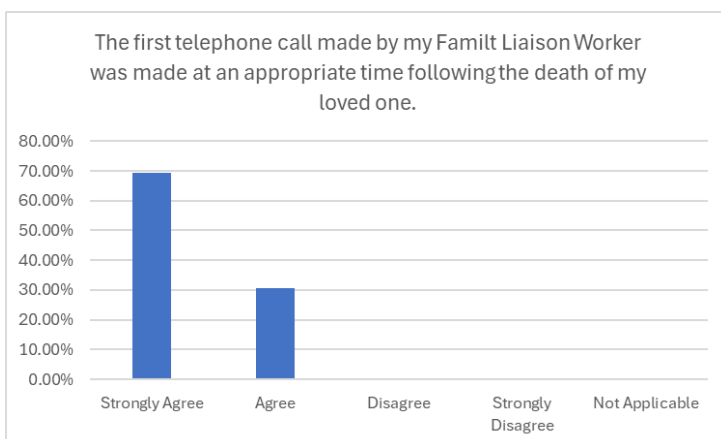
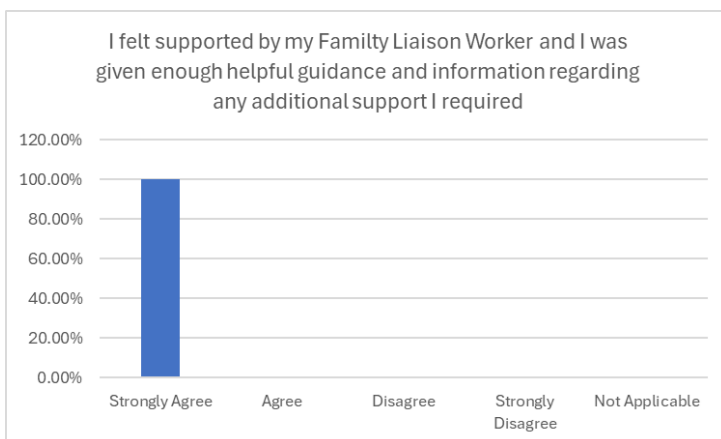
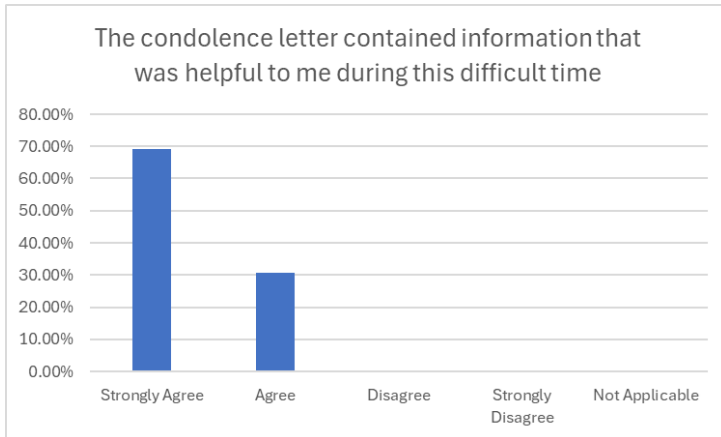
Please note- some incidents remain active through the Operational Incident review process and a decision is awaiting in terms of allocation of learning response or assessing DOC.

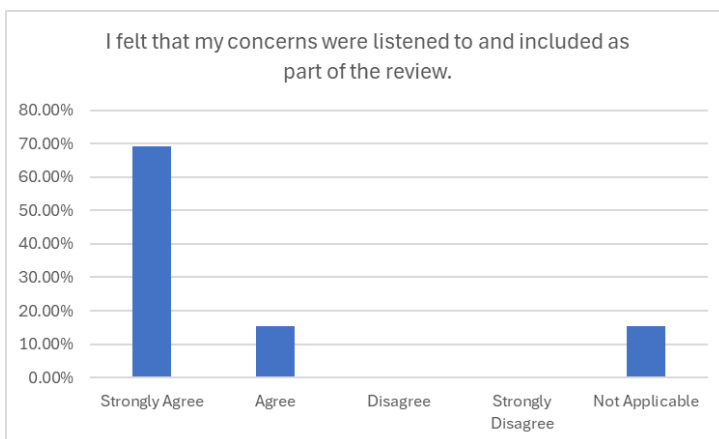
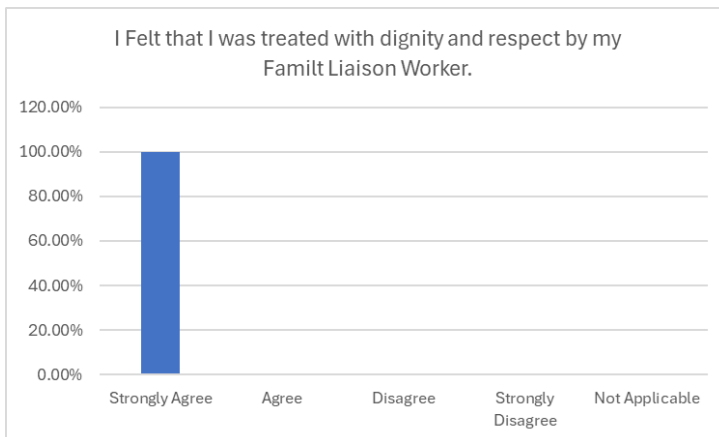
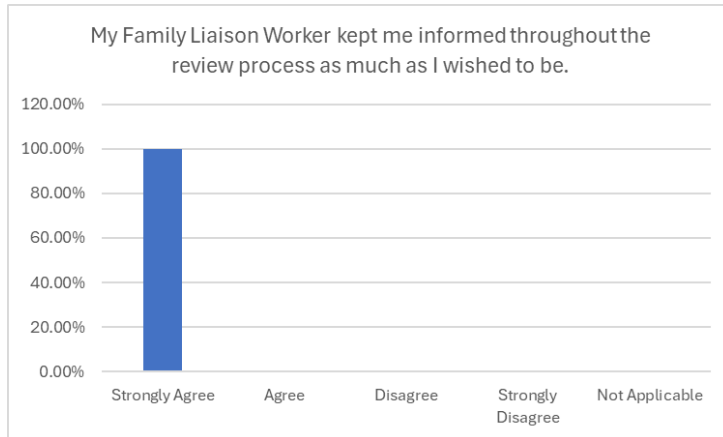
#### Family Liaison Facilitator: evaluation feedback

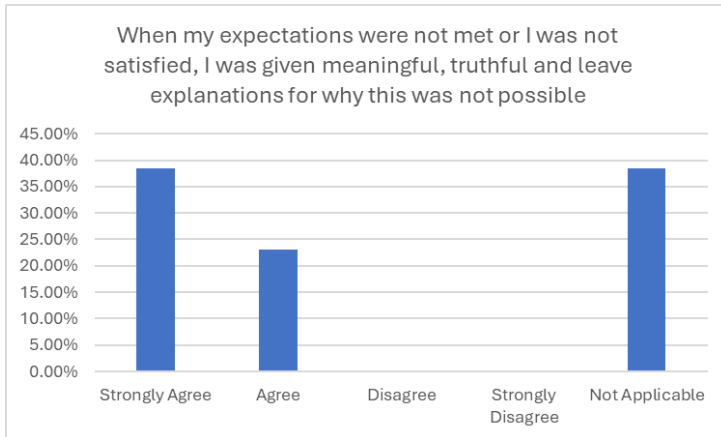
DHCFT is currently undertaking a family liaison survey to understand families' experiences who have engaged with the Case Record Review or Patient Safety Incident investigation process. The survey contains 11 questions and is structured to evaluate the different stages of a family's engagement in this process. There are currently 17 submitted surveys. The results of the survey will be used to make improvements to how DHCFT can respond better to patient, family, and carer engagement in the future.

Below is a summary of the findings:









Quotes provided by families regarding the process:

- “The opportunity to meet the family liaison officer and the case record review writer in person was very important to me, it provided me with a deeper understanding and a meaningful way to contribute to the review and I thank you for that.”
- “I have felt included, kept up-to-date and fully knowledgeable about all aspects of the investigation and I have been truly grateful for the support.”
- “It was quite comforting to have somebody ring me and keep me updated and stay in contact as it was over a long period of time”.

## Harnessing Data, Digital Technology

### Moving forward with digital – Our digital journey

In 2021, DHCFT reviewed its digital vision and set out the Digital and IMT/R strategy to support the digital innovation and delivery across services. The aim is to ensure clinical systems support service delivery and improve operational and clinical efficiency. It was necessary for to ensure digital systems are future proof and support the needs of the services and the population we serve. Digital technology presents an opportunity for us to reimagine and transform clinical practice and in so doing, improve patient, staff, and carers' experience with our service. COVID-19 pandemic has empowered and forced us to think differently, to optimise and modernise service delivery and move away from historical practice to promote patient needs by providing more options to accessing services and increase in clinical and operation productivity.

We have invested in our digital infrastructure and cyber security and Digital Technology Assessment Criteria Compliance (DTAC) compliance. We have a robust digital governance structure and process in place to assurance quality, safety, usability, and value for money with digital investment. It provides robust oversight and manages digital change process through dedicated digital team and leadership Clinical Safety Officers (CSOs), Chief Clinical Information Officer (CCIO) and Assist. Director of Digital Practice/ Chief Nursing Information Officer, digital champions in conjunction Information Management Team /Reporting team (IMT/R).

Our digital ambition is to ensure that all our clinical systems are responsive and for clinicians to have access to accurate, real time clinical information at the point of initiating care; providing services users confidence in the care they received.

The below plan provides a roadmap of our current position and future aspiration and affirms the organisation's commitment and dedication in investing in digital particularly our infrastructure, workforce, clinical platforms, and informatics to achieve financial efficiencies and positive clinical outcomes.

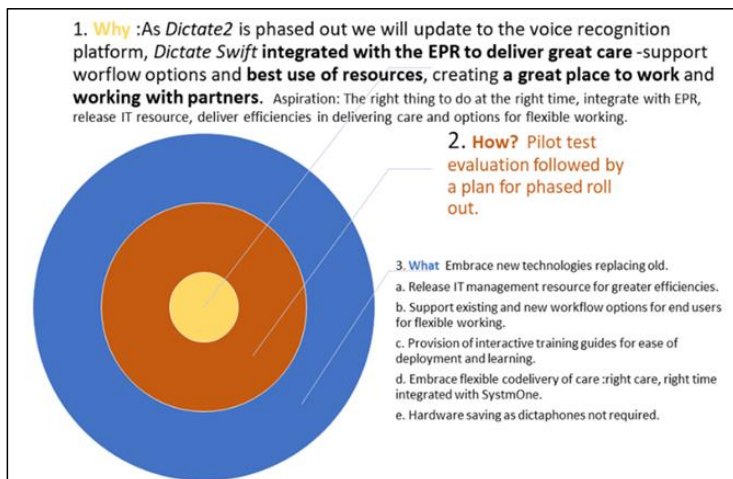
We continue to develop as a learning organisation, and to embrace new technologies and solutions, enabling all staff to use technology productively to improve outcomes for patients. We will ensure new technologies are introduced to improve the working life of staff. We will continue to work and network with our ICS and digital partners to improve our digital standing. We are proud to be shortlisted for HSJ award 2025 as, "Digital Organisation of the Year".

## HSJ AWARDS 2025



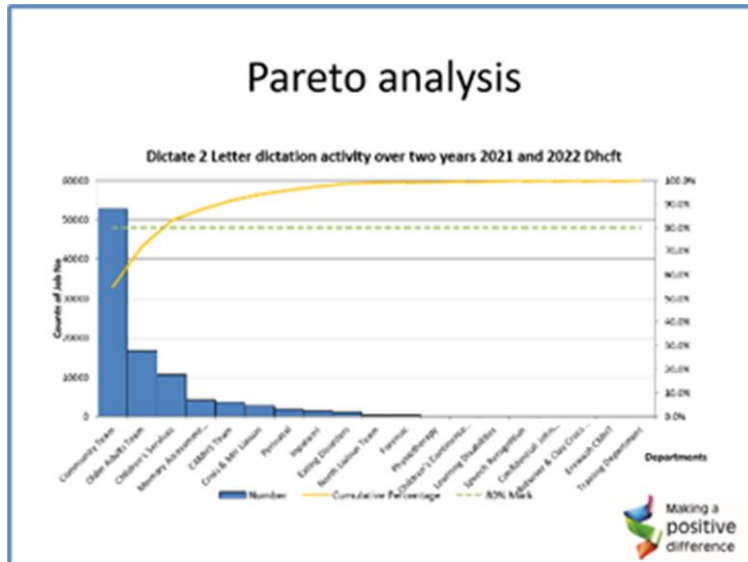
### Voice Recognition Software – administrative flow and productivity

The Dictate platform provides a workflow between clinicians and administrators to generate clinical letters. Several years ago, the introduction of the DVR (digital voice recorder) allowed us to move away from conventional magnetic tapes and share digital files for transcribing. Then following on from this, advances in voice recognition offered an opportunity to use enhanced technology to auto-transcribe.



The Dictate pilot explored the offer with colleagues to see if there could be efficiencies in productivity, notably letter turnaround time. A pareto analysis identified teams where we could see greatest benefit.

Evaluation data has been encouraging showing c10 mins reduced transcription time per letter and an increasing (as it learns) accuracy of transcript to around 90%.

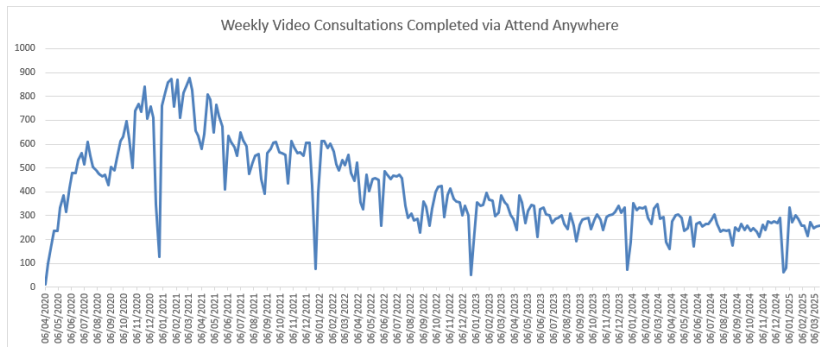


Some doctors have adopted the approach, and it is an established process of clinical record production. Ongoing challenges limiting the spread into wider use remain. These relate to inconsistent phone signals which can mean voice recognition does not work, and proof reading remains a necessary step in the process.

At the current time, it is the case that for many doctors and medical secretaries, it is not the preferred method. Add to this the emerging evidence that for newer doctors, there is less use of dictation with many preferring to write letters and clinical notes themselves via keyboard entry. We continue to explore voice recognition technology as a solution and recognise emerging artificial intelligence (AI) developments which may complement it.

#### Video consultation – patient choice and experience, environmental impact, and productivity

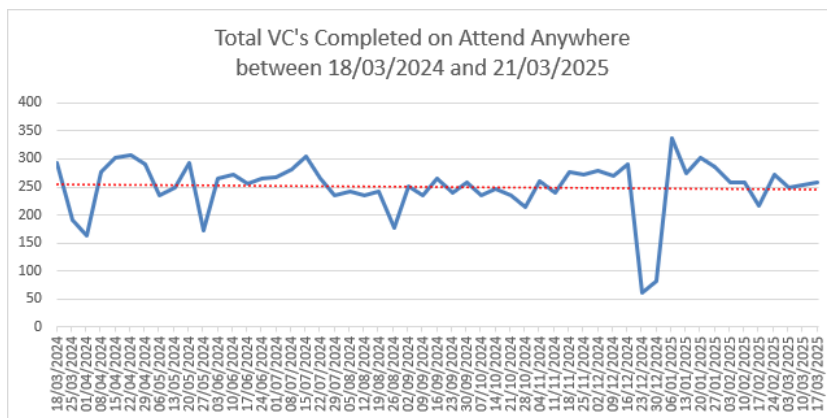
Patient contact via Attend Anywhere was introduced at the start of the Covid pandemic response on 6 April 2020. At its peak, around 15% of patient contact in the Trust was via this method.



As of March 2025, there have been 95,958 consultations undertaken on the system in that time. This will likely correspond with a similar number of avoided journeys with fewer clinicians travelling to patients and patients travelling to clinicians, a significant reduction in mileage claims running into hundreds of thousands of pounds, and an associated reduction in carbon emissions estimated to be in the region of 60 tonnes of CO<sup>2</sup> (based on gov.uk grams per km data and typical journeys of c3 miles or 5km).

However, since Covid restrictions were eased, there has been a steady fall in the number of video consultations, which currently track at around 4%. This is also despite a survey of Trust patients and clinicians that returned 8,119 responses indicating 93.7% in favor of being offered video appointments in the future.

The environment is obviously different to that mid-pandemic response, but it showed us that capability and infrastructure is in place to undertake a greater proportion of video consultations with patients for the identified benefits of patient choice, favorable environmental (green plan) impact, and productivity and cost reduction. Work is progressing to relaunch our video consultation aims.



#### Literature searches and impact info

So far in 2024/25 (to end of Feb 2025) 88 evidence searches have been conducted for Trust staff. The biggest reason was for patient care, followed by service delivery. All recipients are sent an impact survey to complete, nine 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 five people.

Impact Statements from Survey	Percentage
More informed decision making	78%
Contributed to personal or professional development	78%
Improved the quality of patient care	67%
Contributed to service development or delivery	56%
Facilitated collaborative working	56%
Reduced risk or improved safety	33%
Saved money or contributed to financial effectiveness	11%



Impact statements from the follow up emails	Percentage
Saved time	80%
Changed a particular patient's care	40%
Helped us meet targets	40%
Saved money	20%
Changed departmental practice	20%
Changed my practice	20%

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

We are currently working towards our next assessment against the framework and will be submitting the self-assessment in April 2025.

A snapshot of library usage (April 2024 – February 2025):

- 516 document delivery requests
- 963 registered users of the library
- 256 new users
- 611 staff with OpenAthens accounts (our highest number ever!)
- 2184 book loans
- 250 staff trained on evidence sources or search skills.

E-resource usage:

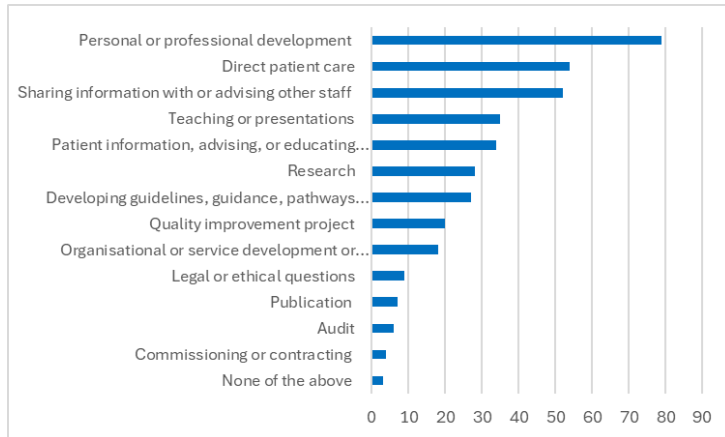
The full rollout of LibKey Nomad to all Trust machines has made access to e-journals easier than ever. It provides seamless access, from anywhere on the Internet to all our locally and nationally purchased journals. Total number of full text downloads for the year to date (Jan 2025) are 2,850 up from 1,258 (128%) the year before.

Impact survey:

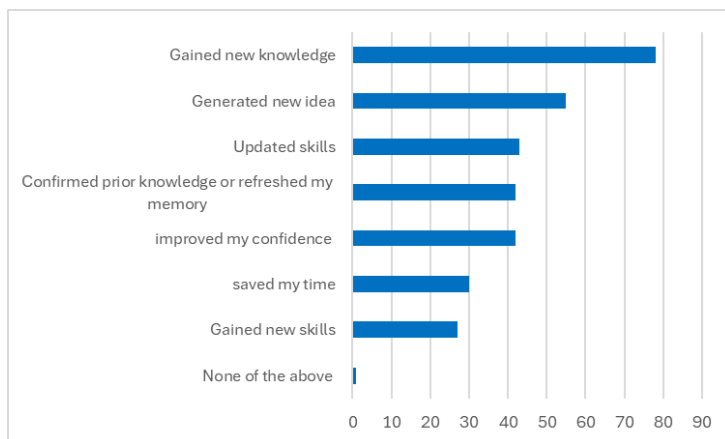
We ran the annual impact survey and received 93 responses.

A summary of some of the results is shown in the below charts.

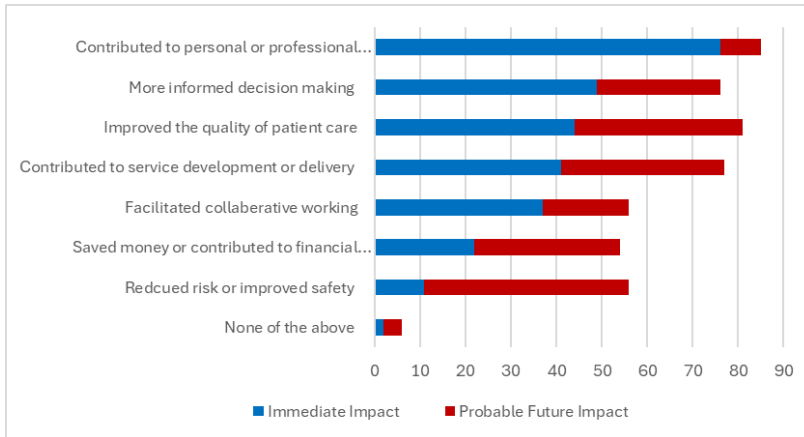
**How did you use, or how might you use, the information, knowledge or skills gained?**



#### How did the information, knowledge or skills gained help?



#### Did your use of library resources or services contribute to any of the following impacts?



## Clinical Research Service

Over the course of 2024/25 the Clinical Research Team have continued to offer a comprehensive portfolio of clinical research projects delivered by our small team of clinical researchers in collaboration with individual clinicians and clinical teams throughout the Trust and external organisations such as universities, other NHS Trusts, General Practice, or commercial pharmaceutical companies. At any one timepoint we have around 25-30 research projects and clinical trials open with our organisation. These projects offer our service users, carers, colleagues and wider community the opportunity to participate in research if they wish to and to be a part of influencing the care of the future. We have had around 1700 service users, carers and staff participate in clinical research this year.

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

Assessing psychological support for people with emotional distress and difficulties in relationships:

### The SPS (Structured Psychological Support) study

Last year we reported on this UK wide project, which was ongoing between Imperial College London, our Emotional Regulation Pathway clinicians and 29 of our service users. The purpose of the project was to ascertain whether the Structured Psychological Support (SPS) intervention could be helpful for those of our service users who are suffering distress associated with probable personality difficulties but whom are unable to access existing treatments offered in DHCFT. This project enabled a number of DHCFT

clinicians to become proficient at delivering and supervising SPS and once the intensive work for the research project had ended a treatment protocol involving SPS was developed and delivered within our Living Well community 'short term' teams. This means that as a direct result of the research we are now able to offer an alternative treatment for a group of people who would otherwise have had very limited options.

*This year the Clinical Research Team has been working on two clinical trials around smoking cessation:*

#### [SCEPTRE](#)

A randomised controlled feasibility study of the SCEPTRE intervention to support smoking cessation and prevent relapse to tobacco following a smokefree mental health inpatient stay offered smokers at the Radbourne and Hartington Inpatient Units the opportunity to participate, with 50% receiving the usual smoking cessation support and the other 50% allocated a My Try Specialist. This specialist provided tailored guidance, access to Nicotine Replacement Therapy, and weekly phone and text support. One participant successfully reduced their smoking from 80 to just 6 cigarettes a day. Feedback from our Participant in Research Experience Survey (PRES) on this project included "The researchers were extremely kind, caring and knowledgeable. They gave me plenty of time to read the information sheet before I decided to take part and I didn't feel pressured. The MyTry Specialist was brilliant, providing me with time each week to talk things through and think about how I could change my smoking habits. I was able to massively cut back on my smoking due to their input and support".

#### [Similarly, the International GENESIS study](#)

A 12-month randomised, double-blind, controlled, international multicentre trial comparing changes in cigarette consumption after switching to high or low nicotine strength e-cigarettes in smokers with Schizophrenia spectrum disorders focuses on smoking reduction through the use of a rechargeable tobacco-flavoured vape. Early results are promising, with one participant reducing their daily smoking by 50% and another quitting entirely. This project was a new collaboration with ECLAT Srl, a branch of the University of Catania in Italy and was one of two projects delivered this year which were commercially sponsored. Commercial research is an area that we striving to improve, further emphasised by The Lord O'Shaughnessy review into clinical trials in the UK.

Beyond informing future practice, both smoking cessation studies are already making a tangible impact on service users in Derbyshire.

[Our long-standing study, PPIP2, also has an update \(Prevalence of Pathogenic Antibodies in Psychosis 2\):](#)

This financial year we offered the opportunity to engage with this study which remains being conducted in over 40 Mental Health NHS Trusts, throughout England and Scotland. Within our trust, PPI2 consented almost 40 service users from six different clinical service areas. This study is offered to those experiencing their first episode of psychosis or a relapse of their psychosis symptoms as evidence suggests some cases of psychosis are due to immune system issues. A quick blood sample tests for at least four specific antibodies, to identify any autoimmune concerns.

Participants who test positive for these antibodies are subsequently provided the opportunity to engage with the SINAPPS trial, an ongoing clinical trial testing a new treatment that may help people who have psychosis due to their specific problem with their immune system. Our PRES feedback reflects a positive participant experience, with participation representing those from a mixture of diverse backgrounds.

### 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 thrive. With the team experiencing a period of consistency and sustainability for the first time since its inception. The following services currently have a substantive embedded researcher role: Liaison (North and South), Alcohol Care Team, Criminal Justice Liaison and Diversion (including MHTR and RECONNECT services), Crisis Resolution and Home Treatment (North and South), Mental Health Helpline, Adult Neuro-developmental and Perinatal (Community and Inpatient).

In the current report, we focus upon our delivery against two R&D strategic aims to demonstrate the crucial role this model of embedded analytical and research skillsets plays in evidencing and improving the quality of the care we as a Trust provide.

#### 1. Influence electronic patient records developments to facilitate routine use of data for research and analysis

A fundamental aim of all our embedded researcher roles is to enable high quality contemporaneous electronic data capture by their clinical service(s). The roles lead on the development of tailored data capture within the electronic patient record system and on accessible activity reports designed to inform clinical and operational decisions in real time. Embedded researchers' expertise in data collection, research methodologies and analytical interpretation skills results in reliable data and accurate interpretation. Essential to achieving this, is the in depth understanding of the nuances in the operational functioning of the clinical services, national reporting requirements and local KPIs, as well as continuous development of

knowledge around the capabilities and limitations of the electronic patient record system, accompanied by outstanding partnership working with IM&T colleagues.

*“For those of us working in IM&T, being involved in capturing data for service improvement or research purposes is incredibly useful and informative. By working collaboratively with the embedded researchers, we gain a deeper understanding of how and why we need to capture this data. This collaborative approach allows us to become more engaged and offer informed solutions on how to record the data within our electronic patient records. We’re always learning and evolving our processes to keep up with the ever-changing landscape.”*

IM&T Colleague, March 2025

*“I am incredibly grateful for the support we get from the embedded research team, particularly from Emma and Katie whom I’ve worked with a lot over the last 12 months. Their understanding of the clinical process and relations with the teams, I think, adds a real bridge between the services and the data.”*

IM&T Colleague, March 2025

#### **Example 1: Alcohol Care Team**

The Alcohol Care Team (ACT) was created in September 2022 as a sub team of the Liaison team at the Royal Derby Hospital, supported by dedicated funding from NHS England (NHSE). Previously, alcohol care provision had been provided as a core component of the Liaison team (since 2013).

Initially, data capture for ACT was set up to satisfy national KPI requirements only and done through the Royal Derby hospital's patient record system. Comprehensive clinical activity data was therefore not routinely available to the service itself, and that which was available, did not adequately provide a full picture of service provision, patient complexity and outcomes.

Additional data capture functionality was set up and added to SystemOne in line with service provision and the scientific evidence base around alcohol care provision in acute settings, which allowed the team to have routine, accurate information about the service.

The funding for the service from NHSE reduced from year 1 to year 2 and this contemporaneous accurate clinical data, supported the team to be recommissioned, with both the acute trust and our trust working in partnership to cover the remaining cost due to the overwhelming benefit demonstrated to both organisations.

Now, two years post implementation no further NHSE funding is expected. This data capture has enabled us to undertake a comprehensive service evaluation, which clearly demonstrates the extensive impact of the service on patient outcomes and clinical demand, forming the foundation of a business case to secure future funding. We were able to show, based on local estimates of a readmission costing £2000 and the readmission rate pre-alcohol care team, the service produced savings of £1.14 million in year 1 and £448,000 in year 2. Taking into account length of stay and operating costs of the service, over the two year period the service produce a local return on investment of 137.64%.

*Example 2: Liaison Team - 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. It is the number one indicator for self-harm in England and directly informs National strategy (Suicide Prevention), policy and guidance (NICE).

More information available here: [The Centre for Self-harm and Suicide Prevention Research :: Derbyshire Healthcare NHS Foundation Trust](#)

In recent years, multiple changes in patient record systems and operational structures of clinical teams has led to delays and backlogs in data collection. Over the past year, the liaison researcher has worked closely with clinicians in both the adult liaison and CAMHS liaison services and IM&T colleagues to produce real time data reports, containing key data around self-harm presentations. This enables the services to have accurate data on number of presentations, changing trends (e.g. novel and lethal methods), and outcomes which can immediately inform local practice.

*Example 3: Criminal Justice Liaison and Diversion, and Reconnect Teams*

Both the Criminal Justice Liaison and Diversion team (based in the courts and custody) and the Reconnect team (based in prison and probation/community) are commissioned by NHS England and require key performance indicators to be submitted on a quarterly and monthly basis.

The embedded researcher has ensured this data collection is embedded within routine clinical practice and is routinely reviewed to ensure data accuracy, quality and completeness. This has led to numerous business cases being developed for service expansion and has also informed a comprehensive service review in 2024/5.

Accurate, longitudinal activity data has demonstrated increased patient demand to be driven by certain patient cohorts, evidencing the need for different clinical roles within the service model, as well as new pathways and processes.

The routine use of such data identified 60% of children and young people decline an assessment in custody, after being referred into the service. This resulted in the development of a children/young people engagement package, informed by observations from occupational therapists, speech and language therapists and feedback from lived experience. These findings also resulted in a request for investment for dedicated roles: Youth Worker, Healthcare assistant, and for an increase in hours for the Speech and Language therapist and an increase in the number of Engagement Worker roles to provide ongoing support to children/young people outside of the custody environment.

Analysis of routine data also resulted in the removal of the “opt-in” service. The service offer had increased by 2300% since 2022, yet the engagement rate by young people following the offer between 2023-2024 was only 2.9%, with a cost to the service of approximately £1,300. Furthermore, feedback from young people with lived experience, indicated that the current approach to “opt-in’s” would not result in their engagement. Consequently, the service ended this provision, resulting in an initial cost-saving and commenced co-production work with young people to develop a more effective and targeted approach to engagement.

Such developments are also to be featured in Best Practice Guidance for the Liaison and Diversion services, produced by the Derbyshire Criminal Justice Liaison and Diversion service in partnership with the NHS East Midlands Commissioning Unit.

#### *Focus on inclusion to act against health inequalities: Underserved Communities Project*

We were successful in bidding for the East Midlands Clinical Research Network’s “Targeting under-served communities in research” 2023/24 funding stream, to undertake some focused work on the above. The project was split into two workstreams. The second workstream was delivered by our embedded research and evaluation service between September 2023 and September 2024, and services with an embedded researcher, aimed to:



Identify underserved communities and address the barriers to their engagement with services and recruitment into research.

### Objectives

- a. Analyse local data and interrogate published literature to identify underserved communities for clinical services.
- b. Raise awareness of who the underserved communities are within the clinical service (at least one awareness raising session to be held with each clinical service and how to enable their participation and contribution to research. These will be tailored using local data.)
- c. Each clinical service develop a plan to identify and address barriers to services and research recruitment.
- d. Identify patient and public involvement members and/or Research Involvement Ambassadors from underserved communities (for current and future projects).

### Outcome

All services with an embedded researcher have analysed local service data in the context of population data, and published literature on known inequalities associated with their clinical populations. This evidence informed tailored training sessions delivered to each clinical service, all leading to the development of action plans to address barriers to service delivery and research participation for underserved communities.

### Impact

#### 1. Awareness and prioritisation of underserved communities

Underserved communities became a priority for the services involved, with each developing and implementing an action plan. There is evidence of increased awareness within clinicians and increased proactiveness to better understand and address barriers to their underserved communities. For example, the Liaison and Diversion service identified that young people more frequently declined service involvement. Amongst a number of action points, the team have worked with PPIE representatives to streamline the engagement process and amend the wording of letters/information leaflets sent to young people.

*"Has made me more aware of the importance of trying to engage children and young people in our service and where the greater declines are. This gives focus of what and where we need to try to improve our service, and each time I engage with*

*a young person, I always try to ask them what they think helps them to engage so we can get fresh ideas.”*

Criminal Justice and Liaison and Diversion Clinician

## 2. Demographic Data Quality

All services identified high levels of missing demographic and individual characteristic information, within routinely recorded local clinical data. It also included very high levels of inaccuracies e.g. services reported the “other ethnicity” category was being used above any other ethnicity category – this category is being chosen when ethnicity data has not been collected from the patient, but system reporting compliances mandated a response. All services have an action related to improving the completeness and quality of routine collection of demographic and personal characteristic data and will work together to share learning and enable improvements to occur across the organisation.

## 3. Increased Patient and Public Involvement and Engagement (PPIE)

There is increased patient and public involvement in the identification and implementation of service improvements related to underserved communities. To date, there are now 15 individual patient and public contributors and organisations engaged with five (out of six) of the clinical services. Examples of changes to services include development of accessible infographics for neurodivergent people accessing Perinatal services and service invitation letters to children and young people.

## 4. Impact on embedded researchers and their clinical services

Every embedded researcher independently identified impact upon how they consider and approach inequalities in their work. Researchers have shared how, the extent to which inequalities were reflected in service provision was surprising to them. The collective drive this project gave embedded researchers to focus upon and prioritise engagement and meaningful involvement with patient and public representatives has been relished by team members.

The funding period for this project ended in September 2024. The full project report, including team’s action plans, can be requested from the Research and Development team via [dhcft.research@nhs.net](mailto:dhcft.research@nhs.net)

Improving Flow

MaDE - (Multiagency Discharge Events)

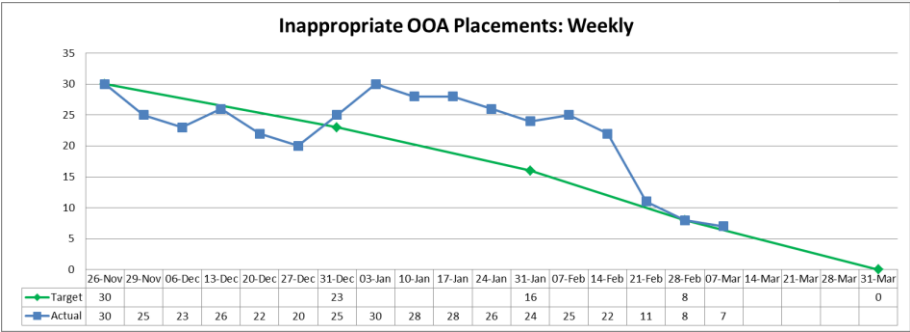
The Multi-Agency Discharge Event (MaDE) in April 2024 generated feedback on patient flow and discharge processes at the Radbourne Unit and Hartington Unit. This feedback was developed into Fishbone and Driver Diagrams to organise into potential quality improvement projects.

Inpatient staff have been approached to prioritise the improvement ideas (n=19) to a smaller number (approximately 3-5). Staff have also been invited to provide additional improvement ideas in relation to flow to address the limited opportunity for their input during MaDE and asked to support the delivery of the QI projects.

The survey is currently still open for completion and has been extended due to a low response rate (n=8), which is an ongoing challenge in the inpatient adult acute setting, in part due to the concurrent multiple transformations and requests to work differently.

The survey responses will be reviewed by the MaDE Quality Improvement (QI) project team, and ideas for improvement selected by November 2025. Working groups will be assembled to explore their QI idea with coaching and training available from the Improvement and Transformation team to deliver project outcomes by March 2025.

The use of out of hours bed



Flow Improvement Plan Variance:

An initial off plan position was initially generated by a spike of 18 acute adult inappropriate placements over an eleven day period from 28 December 2024 and through the new year.

A review of these patients is in progress to establish learning and any missed opportunities for admission avoidance. We have to date identified that:

- All crisis services including community drop-in centres, safe havens, crisis houses, and mental health response vehicle were operating to usual working hours over the period under review. Whilst there were no patients for whom an alternative existing crisis service would have been suitable, 13 patients may have been suitable for the new MH Assessment Centre pathway.
- 13 of the 18 patients were open to CMHT with 4 of these flagged on MaST as Urgent 7 but not discussed in the safety huddle. An associated plan is under development to address this, alongside a broader plan to increase use of MaST.

We are now commencing phase 2 review to further consider earlier pathway missed opportunities for the 9 patients open to CHMHT not flagged as urgent by MaST, and the four patients open to other trust services but not CHMHT.

As of the end of March 2025 the out of area bed position is 8 with the continued plan to reduce to 5 over the next month.

#### Flow Improvement Plan Operational Controls:

- Additional operational controls have been implemented which have supported the plan to date including:
- Enhanced acute leadership
- Medical and Nursing Director approval for consideration of any OOA placement in hours
- Second on call approval for consideration of any OOA placement in hours
- A series of enhanced operational controls have been implemented and are being continually developed, including a daily 'huddle' to review dashboard reporting, track agreed actions for example on discharge planning, and establish forward action for the day.

#### Making Room for Dignity (MRFD)

The new and refurbished units delivered by the MRFD programme will provide 'fit-for-purpose' wards and units, which are compliant with CQC standards, remove residual ligature areas and have an autism- and sensory-informed design. Acute mental health service users will benefit from: improved privacy; improved physical and sexual safety; access to outside space from each ward with sporting facilities, more personal choice to change light, noise and other environmental controls in each bedroom – all designed to improve wellbeing and reduce distress.

In addition, the separation older adult service from shared facilities enables age-appropriate environmental adaptations: to enable equitable and safe access, with a flexible male / female room ratio to meet demand and will be colocated with and organic mental health service adjacent ward, allowing synergies between specialist older adult clinicians and supporting people who present with both functional and organic mental health needs.

The new and refurbished wards and units provide therapeutic environments, specifically designed as low stimulation with de-escalation areas as well as sensory rooms, all reducing the need for seclusion and physical restraint. The developments have spaces that foster positive therapeutic relationships and promote social interaction, communication, and physical activity. Recognising recovery as a comprehensive process involving physical, mental, and emotional well-being whilst emphasising its continuous nature towards achieving optimal health. However, these environmental improvements form only part of the service transformation planned for the acute mental health services.

The new environments are delivered alongside a new model of care.



*Carsington Unit*



*Derwent Unit*

### Our philosophy

Our new model centres on holistic care principles including trauma informed care and sensory approaches which are proven to decrease restrictive practise, aid recovery and improve patient and staff experience. We will integrate physical mental and social care elements for goal-based patient support, aligning with the bio-psychosocial approach.

Our new environments have been designed in partnership with staff and people who use the services. They have integrated the latest technology to ensure safe and effective practise. This includes specialist alarms, remote patient monitoring systems which are able to detect vital signs without touching a person at the latest sensory technology.

## Our three aims



**1. Purposeful admissions**



**2. Sensory interventions**



**3. A trauma-informed approach to care**

A programme of tailored staff training and support has been devised to ensure safe and effective use of the environments. This includes quick reference guides and how-to videos alongside standard operating procedures.



**1. Purposeful admissions**

- Prompt access to the best hospital provision available for a person's needs, which is close to home, so they can maintain their support networks and community links.
- The admission is clear to the person, their carers, the inpatient team and any supporting services.
- Care is focused on clear recovery goals.

The new environments required more than 200 additional staff so we have engaged in a wide scale recruitment programme whilst also working hard to retain the existing staff talent within our services. This has been supported by a dedicated recruitment team and has seen us innovate with new recruitment ideas including fast track approaches for retaining third year students, as well as diversifying our staff mix with new exciting career paths.





## 2. Sensory interventions

- Provide a calmer and less stressful ward environment.
- Interventions that are aimed at improving wellbeing with goal-based outcomes.
- Gathering an understanding of each patients' sensory needs from the start of admission, efficiently communicating those needs to the wider team.
- Sensory modulation care plans for each individual.

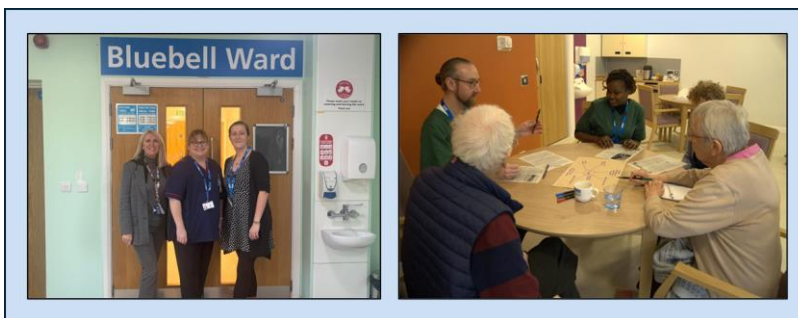


## 3. A trauma-informed approach to care

- **Realise** how common the experience of trauma is and how people can reclaim their lives.
- **Recognise** the different ways trauma can affect people, families and communities, and how this can present within services.
- **Respond** in ways that welcome people by opening doors rather than shutting them.
- **Resist** activities that re-traumatise.
- Understand the importance of **relationships**.

Our older adult ward, Bluebell Ward, opened in January 2025 and received lots of positive feedback from patients, staff, and regulators. The Derwent Unit opened in March 2025.

### Bluebell Ward:







### Bluebell Ward

Bluebell is our refurbished 12 bedded functional older adult service. This has been designed to ensure our older adults have the specialist support and oversight from our older adult division and have a space where they can feel safe to support their recovery.

We moved into the new space in January 2025 and the feedback and comments have been overwhelmingly positive. Moving forward, it provides an opportunity for us to develop our pathways and manage the increasing population over 65.

We have received lots of positive feedback in relation to the environment including:

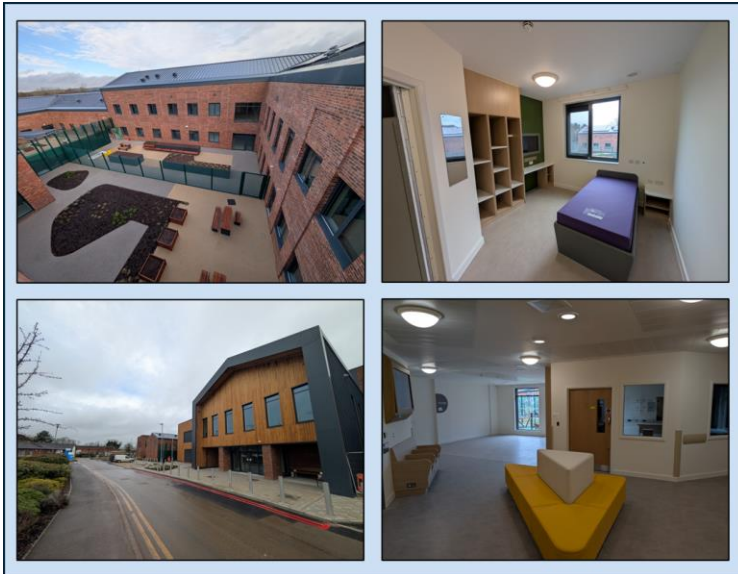
- A calm and therapeutic atmosphere with staff clearly visible and interacting across the ward with patients.
- Good use of signage and creatively painted walls to support people to navigate around the ward.
- Welcoming and spacious lounge area with an additional family visiting room, although there are plans to relocate this room to make provisions for a patient gym.
- Adjustable temperatures and lighting across patient bedrooms.
- TVs in bedrooms and the ability for individuals to connect their own music.
- Outdoor areas across all wards.
- All rooms were accessible and able to accommodate the mobility and equipment needs that older adults may have.
- Specific staff areas such as staff room, locker areas, changing rooms and quiet office space.

- All bedroom doors were anti-barricade and anti-figure trap with vision panels into bedrooms and isolation switches outside in terms of making any switches and electrical supply in bedrooms safe.

We are very proud of the new ward and the positive impact it can have on our patient group going forward.



The next project to complete within the Making Room for Dignity was the 54-bed adult acute Derwent Unit on the Chesterfield Royal Hospital site. The Trust welcomed patients from the Hartington Unit, also on the Chesterfield Royal Hospital site, in March 2025. This will be followed by the opening of the Carsington Unit, at Kingsway Hospital, Derby, in April, which will receive patients from the Radbourne Unit on the Royal Derby Hospital site.

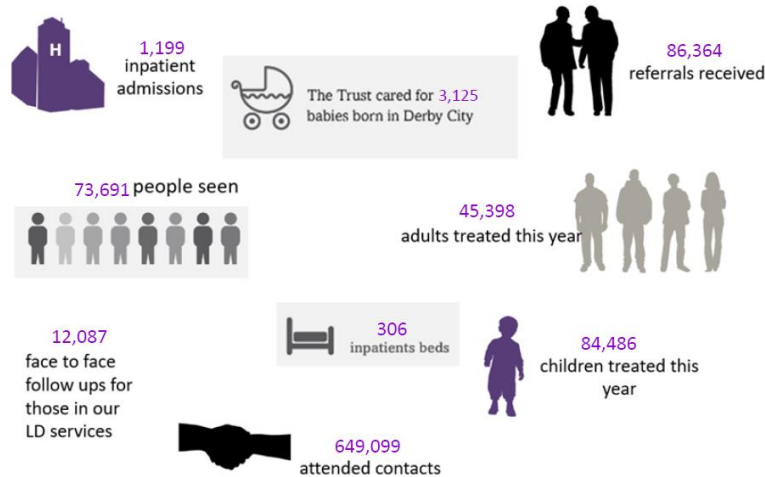


*Images of Carsington Unit*



*Images of Derwent Unit*

## Our activity data during 2024/25



## Community Mental Health Team (CMHT) seven-day pilot offer and safety huddle

To support improvements with flow, the Community Division of Adults of Working Age established an initial pilot of eight-weeks to provide a weekend CMHT service which started at the beginning of January 2025. The offer supported 24 slots on each weekend day and was targeted for those patients at high risk of crisis and complexity (pre-crisis stage). The pilot is supported by using risk and complexity data from the Management & Supervision Tool (MaST), with weekday safety huddles across each of the CMHTs; the safety huddles took effect from 16 December 2024. There is a positive response from the CMHTs in terms of the safety huddles and these will continue. The pilot has demonstrated an initial success, with positive feedback from patients and has been extended. A full evaluation will take place following the extension.

## At-Risk Mental State (ARMS) Pathway Early Intervention Service

Derbyshire Healthcare has invested in the implementation of ARMS 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 and increase flow across the system.

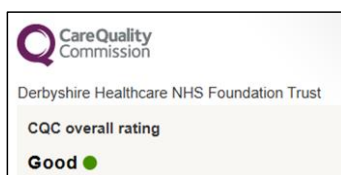
## Clinical Improvements

#### CQC – Care Quality Commission

In April 2024 the Radbourne Unit in Derby and the Hartington Unit in Chesterfield received inspection visits from the CQC. Initial feedback raised some immediate safety concerns.

Following a lengthy and detailed action plan, the CQC revisited in December 2024. Following this inspection, the admissions restrictions were lifted at the Radbourne Unit due to significant safety improvements. The overall rating for acute wards for adults of working age and psychiatric intensive care units, as well as the ratings for effective, caring and responsive are rated good again, and safe and well-led have improved from requires improvement to good.

The overall rating for Derbyshire Healthcare NHS Foundation Trust remains as good.



Steven Paisley, CQC interim deputy director of operations in the Midlands, said:

*“When we inspected the Radbourne Unit, we were pleased to see that leaders had taken prompt action to address the safety concerns we identified that placed people at risk of harm. It was also positive that staff gave great feedback about leaders and how everyone worked well together for the benefit of people in their care”.*

The report evidenced that leaders shared learning across the whole service and had been proactive in making changes to improve people's care and experience. For example, wards were now checked regularly for ligature risks and any blind spots where people could potentially harm themselves were monitored.

Senior leaders reached out to other trusts to learn from them and implemented this into practice. Staff said they'd noticed improvements and a more positive culture and working environment since we last inspected.

It was positive that people felt safe and supported at the unit and were now more involved in their care journey.

We will continue to monitor the Trust, including through future inspections, to ensure the level of care is sustained and any further improvements are made so people can receive safe and appropriate care.

Inspectors found:

- Leaders and the culture they created promoted high-quality, person-centred care.
- Staff worked with external agencies and community mental health teams to ensure people's care provision was appropriate to their needs.
- Staff had access to a freedom to speak up guardian who supported them to speak up.
- The service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, wellbeing and communication needs with them.
- Leaders completed a daily report to provide assurance that risk management plans were in place to keep people safe.
- Staff felt that all leaders were skilled and knowledgeable.

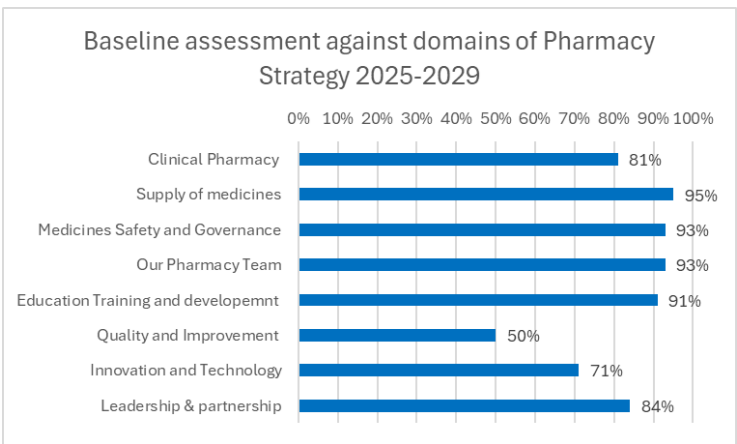
#### Pharmacy update

The pharmacy landscape continues to change, creating a need for evolution and adaptation within the team. As part of an approach to delivering and developing high quality service the Pharmacy Strategy has recently been updated. This will guide the annual business planning and objective setting processes between 2025 and 2029. This update has been based upon a self-assessment against a framework adapted from

the Royal Pharmaceutical Society [Professional Standards for Hospital Pharmacy Services](#), aligned to the Trust's own "Pharmacy on a Page" graphical representation of our objective, functions and enablers:



Assurance that pharmacy Key Performance Indicators (KPIs) are being met is provided by the Chief Pharmacist to the Medical Director. The Chief Pharmacist's annual report to the Quality and Safeguarding Committee also reports on pharmacy service assurance and progress against our strategy.



### Pharmacy functions

Clinical Pharmacy services support the optimisation of medicines use the level of the individual patient. The service continues to complete medicines reconciliation for all patients admitted to inpatient care to ensure that

prescribing is congruent with their immediate medicines' history. The pharmacy team also contribute to the [NHSE Discharge Medicines Service](#) making over 400 referrals of inpatients for community pharmacy follow-up on discharge in a 12-month period December 2023-November 2024, which was estimated from national data to have created net savings of over £400,000 to the Derbyshire health economy through avoidance of re-admissions. These figures are very similar to the previous 12-month period. During the last year the pharmacist workforce has stabilised and developed a presence within Community Mental Health Teams. Two of our specialist mental health. Pharmacists are now prescribing actively and regularly with more expected to begin their own clinics over the coming year, providing teams with additional expert capacity and patients with more choice about who can best meet their needs.

Medicines Safety and Governance are those activities that optimise the organisational relationship with medicines, both for the Trust and the wider Integrated Care System. The pharmacy team ensures that the Trust supports a [Medicines Safety Officer](#) (MSO) to encourage medication incident reporting and learning.

The MSO actively works within the Trust, alongside the Chief Pharmacist, to understand and address medicines safety risks, including the provision of data and reports for assurance to the ICB. They also liaise with MSOs in other Derbyshire organisations and with MSOs in mental health trusts across the Midlands to ensure collaboration on issues of shared concern. Underpinning medicines safety is the pharmacy team's support to the creating and maintenance of medicines policies, guidelines and standard operating procedures for the Trust and our contribution to such documents with the Derbyshire healthcare community, such as shared care guidelines, antidepressant prescribing guidelines and antipsychotic prescribing guidelines.

This year they have been able to negotiate a change in formulary status for liothyronine in the treatment of resistant depression, linked to a pharmacy-authored clinical guideline defining expected standards in specialist services and general practice in Derbyshire.

The pharmacy team provides the infrastructure to support the Medicines Management Committee (MMC) and its subcommittees to ensure that these are productive forums for multidisciplinary discussion, debate and scrutiny.





To aid in the provision of assurance and escalation of concerns the Trust has adopted a “3A” methodology into our support of the MMC process with each meeting producing a two-page document detailing any Alerts, Assurances and points of Awareness that other groups should be aware of. These reports are used for vertical transmission of key points to the Quality & Safeguarding Committee and also horizontally to meetings such as divisional Clinical and Operational Assurance Teams (COATs). If there are points of more general importance, they are incorporated into medicines newsletters shared across the whole Trust workforce. Newsletters in 2024 have focused on: clozapine initiation, high-dose opioid prescribing and review, measuring liquid medicines, valproate safety measures and new regulations around prescribing valproate medicines to male patients, high dose antipsychotic prescribing and the risks of cyclizine misuse.

The pharmacy team maintains robust procedures to respond to national recalls of medicines and to notifications of medicines shortages. For the latter we also contribute to multidisciplinary and multi-organisational dialogue when needed to manage large-scale disruption to medicines supply. In 2023 and 2024 members of the team contributed actively to the management of ADHD medicines shortages, involving colleagues from relevant Trust clinical services, Trust communications, Chesterfield Royal Hospital, Primary Care and the ICB and authoring locally focused guidance for prescribers across all settings that helped ensure patients received the best possible care and consistent information, while fostering stronger relationships within our integrated care system (ICS). Through 2024 and into 2025 the team has also contributed to the system-wide valproate working group, ensuring that the Trust has an up-to-date policy and supporting material to assist clinicians to meet [MHRA standards](#) in the prescribing of valproate-containing medicines, and that pharmacy procedures ensure that these medicines are dispensed in accordance with required safety standards.

The pharmacy team contributes to the wider agenda for Integrated Pharmacy and Medicines Optimisation (IPMO) within the Derbyshire ICS, including the IPMO Delivery Board and the System Prescribing Efficiencies

Group. The Trust Chief Pharmacist chairs the Derbyshire Pharmacy Faculty and represents the pharmacy workforce at the Derbyshire Health Academy, System Funding Oversight Group and (jointly) at the Clinical and Professional Leadership Group. In 2025 this will expand to include co-chairing the Midlands Pharmacy Faculties Oversight Group alongside the Pharmacy Lead from NHS Midlands Workforce Training and Education. The team also contributes to regional forums for Chief Pharmacists, Mental Health Chief Pharmacists and Mental Health Clinical Pharmacy Leads. In 2024, we provided an update to the bipolar affective disorder chapter of the “Introduction to Mental Health and Therapeutics”, a nationally available resource for all healthcare professionals entering a mental health environment for the first time, which is jointly produced by NHS mental health trust pharmacy departments across the Midlands.

The pharmacy team itself maintains a comprehensive suite of standard operating procedures governing our medicines procurement and supply processes. These align well to the newly-produced General Pharmaceutical Council [Standards for Chief Pharmacists](#) and the pre-existing [Standards for Pharmacy Professionals](#), both Pharmacists and Pharmacy Technicians.



In 2024, the pharmacy team was directly responsible for the procurement of £1.8M of medicines and related items across 7,900 order lines and over 950 products. These were issued in more than 75,000 medicines transactions, turning over the value of our stock 15 times. Ordering and stock management is via the EMIS Hospital Pharmacy IT system and we have begun to use [Exend+](#) analytic software to review the cost-efficiency of our ordering to better ensure we are purchasing medicines at the best available prices and that when items are not available at a contracted discount, overspend is claimed back, wherever this is possible. In the most recent 12-month period, the off-contract overspend was £145k, however at least £120k will be reimbursed through the off-contract claim process, leaving an overspend of just 1.4% (below the NHSE target of 2%).

In addition to medicines supplied by the department, the pharmacy team also provided oversight of £65k of medicines issued by Chesterfield Royal Hospital and £770k of medicines dispensed by community pharmacies against FP10 prescriptions issued by DHCFT (excluding substance misuse). The primary tool for monitoring medicines transactions and expenditure is the [Refine](#) analytic tool from the same suite as Exend+, although we also make use of [Define](#) to benchmark our medicines expenditure and prescribing volumes against other Trusts. An overview of prescribing trends and costs is provided as part of the Chief Pharmacist's Annual Report, and we work closely with finance colleagues throughout the year to identify cost pressures arising from medicines prices or changes in prescribing activity on wards or in teams.

To support Trust prescribers to better understand their own, team and divisional prescribing practices, the pharmacy team has demonstrated to the Medical Senate "proof of concept" dashboards showing all FP10 prescribing recorded within SystmOne and will progress this work if any division or divisions wish to work with us. We have also produced an analysis of community antipsychotic prescribing to begin identifying variation across the Trust that clinical teams can use for their own reflection. In 2025 we will begin to analyse prescribing data for inpatient services within SystmOne and demonstrate its potential to our medical colleagues.

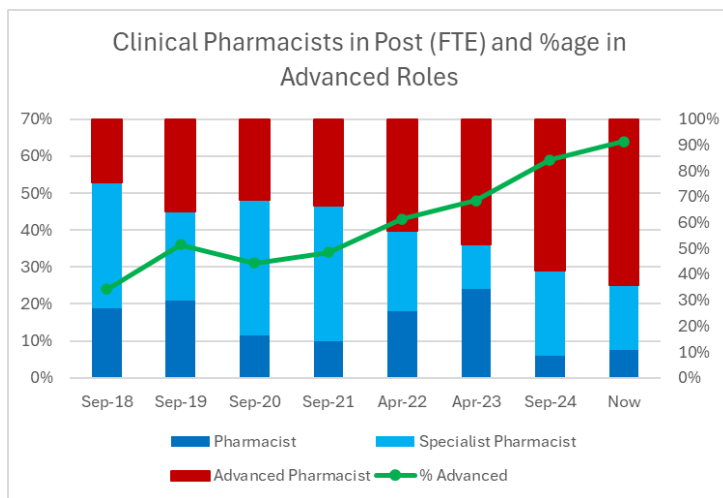
#### *Pharmacy enablers*

Over recent years the team has taken a strategic approach to building the team and increasing resilience and sustainability. There is a clear management structure with defined responsibilities, facilitating effective delegation. Whenever a vacancy does occur, skill-mixing is considered to achieve the optimum delivery of our services. Two Pharmacy Technician posts have been re-configured in 2024, one to support the team's use of information technology and one to further the presence across Community Mental Health Teams where patients can be directly supported and work with colleagues to optimise the use of medicines. While we do not yet have sight of our departmental data for the NHS Staff Survey 2024, we do know that we increased our participation rate to 75% from 45% in 2023, which is our highest level of engagement since 2019.

We gain assurance about our team capacity and skill mix through benchmarking our ESR data with peer organisations.

We have seen growth and stabilisation in our specialist and advanced pharmacist workforce despite difficulties in recruiting directly into specialist and advanced roles, thanks in a large part to our previous establishment of a Band 6 to 7 transitional pathway into specialist practice. This has enabled us to recruit less-experienced pharmacists and develop their skills, knowledge and confidence through in-house support, access to

post-graduate study and training as independent prescribers. This produces specialist mental health pharmacists who are high-quality candidates for advanced roles when vacancies occur. Over time this has facilitated the growth of our clinical pharmacy service in-line with the NHS Long Term Plan's ambitions for community mental health and supported recruitment to meet the needs of the new Trust inpatient services that are opening in 2025.

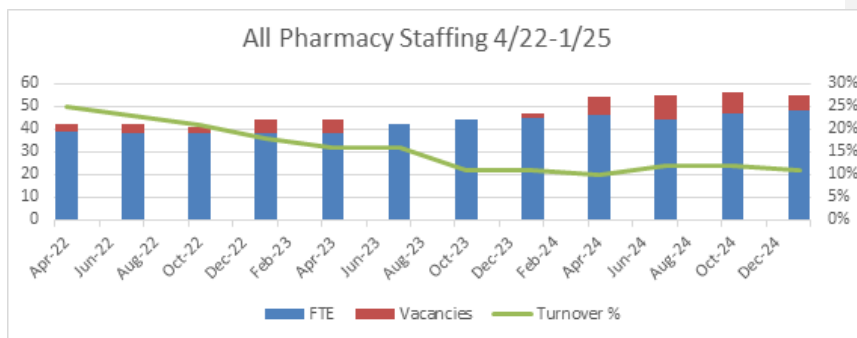


In-line with the NHS Long Term Workforce Plan, we have worked collaboratively with pharmacy colleagues across Derbyshire to increase our capacity to offer Foundation Year Training to Pharmacy graduates and have seen uptake of Derbyshire places for the 2025 intake increase to 42, from 31 in 2023. This includes two placements hosted by our own Trust, with training shared with a community pharmacy partner organisation in a reciprocal manner. For the last two years we have also offered undergraduate placements within the mental health pharmacy team to MPharm students from the University of Nottingham as part of their essential learning and development.

Collaborative pharmacy workforce development has also seen Derbyshire and our own team maximise the training of Pharmacy Technicians through a two-year level 3 apprenticeship programme using funding provided by NHS England. This has allowed us to provide the opportunity for existing Pharmacy Support Workers in our team to train and register as Pharmacy Technicians, and two of our initial cohort have now been offered Pharmacy Technician roles within the department. Engagement with this process is offering us a more sustainable workforce and contributing to stability of Pharmacy Technician capacity in Derbyshire with a view to expected increases in posts for this profession now that the law has been changed to widen the scope of their role.

Our non-registered staff are a vital component of the pharmacy service, but recruiting to vacancies has been and remains challenging for many reasons. To address this, we are increasing the number of level 2 apprenticeships offered. This will help us to meet the capacity requirements we have for Pharmacy Support Workers, while bringing more people into a development pathway towards the Pharmacy Technician profession for those who want it. To widen awareness of our opportunities we are working with Joined-Up Careers Derbyshire to reach into schools and colleges more effectively.

Overall, the effect of the focus we have given to implementing an effective workforce plan has been to support the growth of the team in line with national and local plans, while bringing down our average staff turnover.



Our education and training commitment extends beyond supporting the pharmacy team. We have seen particular success in developing a programme that brings together medical students and pharmacy undergraduates to undertake joint learning about taking medication histories from mental health patients and developing pharmaceutical care plans. This will be the subject of a poster presentation by our Advanced Pharmacist for Education and Training, at the upcoming NHS Midlands Innovation Symposium.

Our team has continued to support audit of medicines practice. We complete quarterly audits of medicines handling and storage for all inpatient wards and community team bases, including specific audit of Controlled Drugs practices. The results of these audits are available via the Trust's data hub to support wards and teams to meet expected standards and identify areas for improvement. We also support audit of the clinical use of medicines, such as rapid tranquilisation. The gap we have noted in our approach to quality and improvement is not collecting information from users of our services and using this to support our own reflection and improvement plans. This has been clearly highlighted in the Pharmacy Strategy and will be addressed incrementally in the coming months and years.

The pharmacy team were very active in supporting the introduction of electronic prescribing and medicines administration (ePMA) across the Trust in 2023 and have continued to be engaged in supporting maintenance of the system and identifying where it isn't being used as expected or required. Where there are significant concerns, these are noted on the Trust's risk register. In 2024 we further supported the evolution of ePMA to offer prescribers in community settings access to the electronic prescription service (EPS) meaning they no longer need to print and sign prescriptions but can instead transmit them to the patient's nominated community pharmacy for dispensing. This is a more secure, convenient and cost-effective process that benefits professionals, services, patients and carers. It should be noted that the pharmacy team's ability to contribute to the quality of ePMA functionality, its use and any risk mitigation is limited as no capacity for this contribution was funded by the Trust beyond initial implementation.

#### *Summary*

By taking a comprehensive, strategic approach to delivering and developing our service, the Pharmacy Team is able to provide significant assurance that we are fit for purpose and able to anticipate and adapt to changing needs.

#### *Delivery of Current QI Strategy (2021-24)*

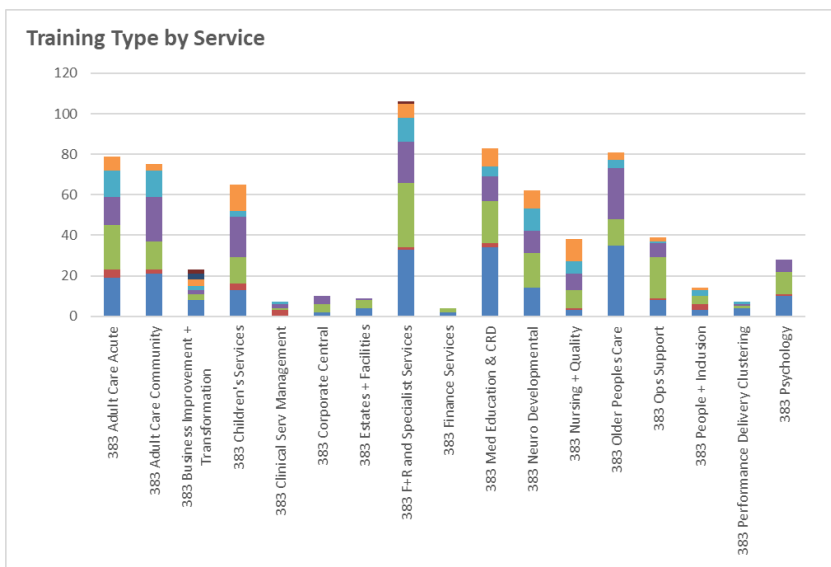
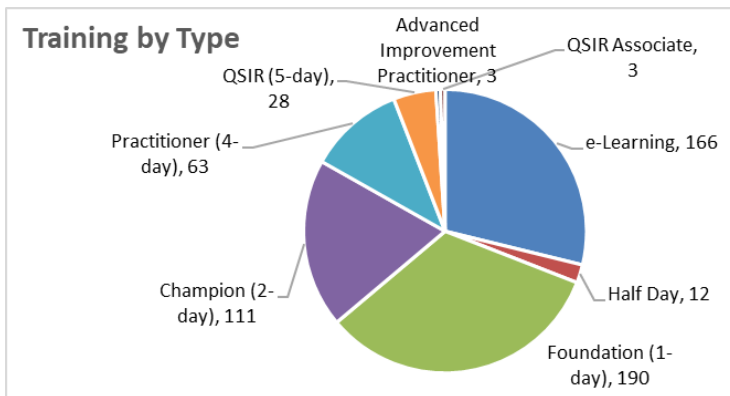
##### *Update on QI Training*

There are 639 staff who have been formally trained at a level of quality improvement methodology, with 55 currently booked on and waiting for their course to start. This does not include induction and other leadership trainings for which QI forms a part, for example Aspiring to Be.

34% of staff trained are at the higher levels of Champion (two-day) and above.

There is a spread of the training across service areas and corporate functions with all areas having multiple trained staff across the different levels.

Training has been targeted at areas where there is improvement and transformation work planned or in action, and there has been focus on identified senior and leadership roles where it is important to demonstrate commitment to our QI approach and lead by example. Areas where there are identified deficits, including across senior leadership roles will continue to be targeted.



*\*Note these are numbers of trained staff so smaller teams may have fewer trained.*

In addition, in Q3 we explored the move to mandatory QI training for roles in the organisation that have expected improvement and transformation accountabilities.

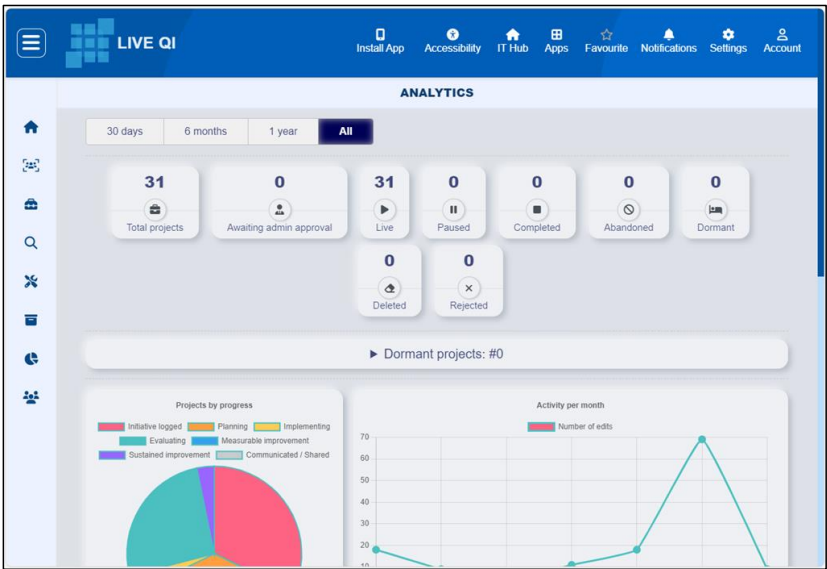
#### LiveQI replaces LifeQI

Over the previous three years the trust has purchased LifeQI which is a platform for collaborating on QI work. As discussed in previous updates,

during 2024 we have been working on a replacement for this platform with an in-house developed system.

LifeQI had served us well and helped us work on around 120 projects, with 200 staff licensed to use the system. However, it wasn't without limitations, particularly around its user interface, the limit on licenses and the £10k annual cost. The system we have developed, with the help of our Trust IT colleagues, went live in September and has focused on simplifying the interface, making it easy and intuitive to use. There is no cap on users (can be accessed and used by all Trust staff) and has no ongoing financial expenditure (saving £10k per year).

Of particular benefit, the new system will provide the ability to quickly identify projects which may be stalling or have become dormant and enable the improvement team to provide support. It has been the case with the old system that projects can be started and not completed and become dormant, or at times do complete but not fully evaluate benefits. There is focus going forward on 'getting things over the line' and the new system will help with this.



There are 31 live projects on the system and this number is growing daily as we transition some work from the old system and all new work goes on the new system. We anticipate the number of projects to exceed 50 in October and get back to and surpass previous levels of around 100 and similarly users to increase beyond the old cap of 200.

We have monthly scheduled meetings with our IT colleagues in October and November for post-go-live review and to address any required



adaptations that may require greater data for evaluation. Typically, these are minor relating to some functionality and layout, and the analytics data.

With research and development colleagues, we have also begun the process of expanding LiveQI for use on audits. The way the system is developed means we can build templates (without the need for IT support). This is progressing over October and November.

#### The impact of QI training and Infrastructure in QI Projects and their benefits

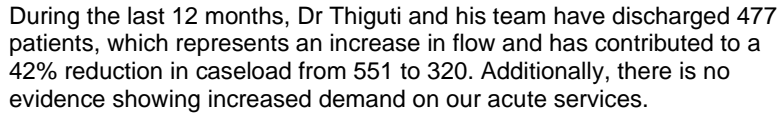
There are a number of QI projects currently live. These focus on improvement initiatives in:

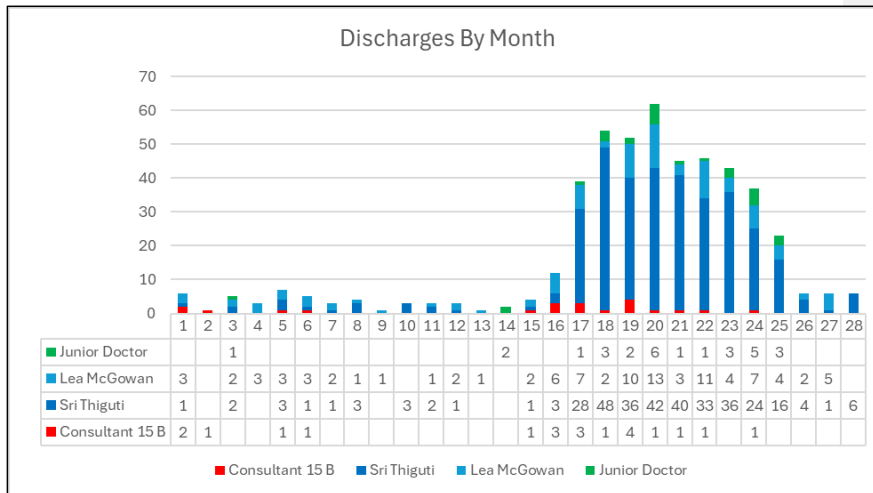
- ACP CAMHS Physical Health
- Inpatient leave
- Clean air at schools
- MaDE QI project
- New Models of Care
- Culture of Care Programme
- ACP comprehensive geriatric assessment
- Oxehealth
- Paliperidone Pharmacist-led clinic
- Diversifying skill mix
- CERT/CTC pathway
- PET process
- Patient communications
- MH111
- Medic caseload reduction
- MPAC pilot
- QI Junior doctor induction
- Relational security pilot
- Taxi usage project
- Bluebell project
- Day Hospitals
- MAS
- Psychiatric Liaison Assessment of Dementia project
- MaST
- Reducing falls
- Bilateral base pilot
- Clinical triage algorithm
- Duty desk function
- Trust meetings
- Increase video consultation
- ASD nurse pilot
- PA project
- OA inpatient roster
- Responsible clinician pilot
- Medical bank

#### Illustrations of QI work in Q2 and Q3 supported by the Improvement team

##### Medic Caseload Reduction – patient experience, staff wellbeing, productivity

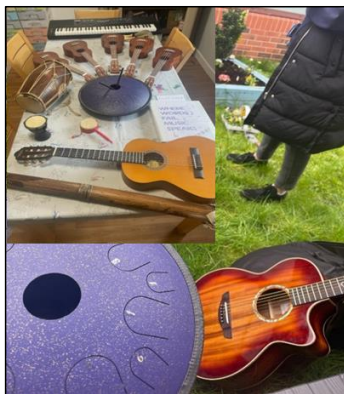
Dr Thiguti has progressed work with his operational colleagues and the improvement team to support a project looking at reducing high consultant caseloads.





#### Music therapy pilot on The Beeches and extended to Radbourne Unit – patient outcomes

In Q2, The Beeches completed a pilot project exploring the clinical impact of music therapy utilising a Music Therapy Masters student from Derby University two days per week. Patients responded well, with one mum who arrived selectively mute writing a love song for her baby within three months, and another mum writing a lullaby for her baby in her home language. Nursery rhyme groups also gave the mums confidence and attunement time with baby and each other. One-to-one sessions helped mums process emotions and want to provide more care.



Having musical instruments in the lounge, alongside the arts and crafts table, worked well and provided a homely feel, and activities away from

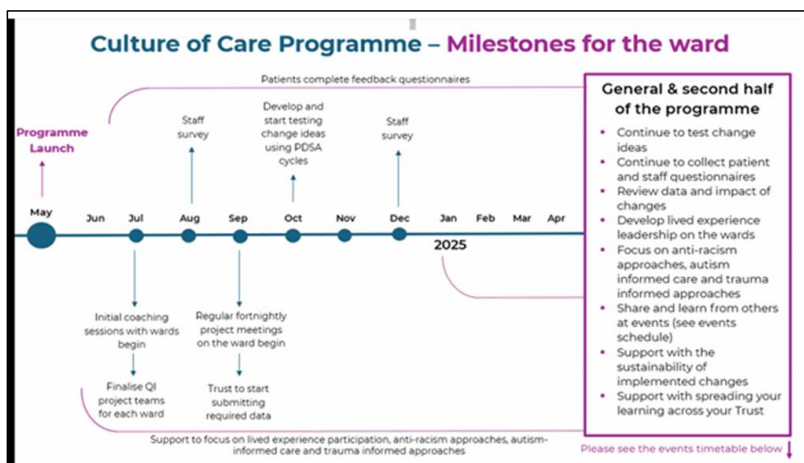
screens. The clinical team provided a fantastic lead and foundation for the music therapy student to provide joint-themed art and music afternoons. More singing and nursery rhymes started to be heard throughout the ward.

As part of the pilot, and to acquire more instruments, the unit and student ran an event in conjunction with local partners and raised £300. This led to the purchase of the instruments seen in the picture which remain at the unit. One of these is the tongue drum which hums at a frequency designed to calm the nervous system.

On the back of the results from the Beeches pilot, music therapy is being further explored with further sessions in perinatal, and a project planned in the Radbourne Unit, likely to start in November 2025.

#### Culture of Care Programme – patient experience and outcomes and staff wellbeing

The Culture of Care Programme is a national quality improvement initiative. It is a whole quality improvement approach across over 200 wards nationally and is the largest QI project in the mental health sector ever undertaken. We are participating and, within the scope of our project are focusing on the four wards of Morton, Tansley, Ward 33 and Ward 36 (recognising these wards will/have transferred to the new wards), who will be bringing their QI ideas to life in line with our vision for patients to be able to access therapeutic support and be and feel safe, and for their care and treatment to be trauma-informed, autism-informed and culturally-competent.



The programme comes with a supporting team, consisting of a lead coach,

QI coach and lived experience support. Our improvement team is working closely with them to guide the work and align to our Trust QI methodology and processes.

At the current stage in the programme, wards are generating ideas. This will lead to a number of initiatives being agreed per area, which, as they become projects, will be supported by typical QI tools in their testing, measurement and evaluation stages and will be collaboratively worked on within the new LiveQI platform.

### Psychology and psychological therapies

The review the development of a new vision for division;

“To reduce distress and improve wellbeing by applying a psychologically informed approach and supporting psychologically informed practice for individuals, teams and services, to make a positive and meaningful difference in people’s lives. To enable the people of Derbyshire to have the life they want to live, by empowering them in their choices and care with a psychologically informed approach”.

We continue to grow as a division and demonstrate high quality leadership with this being highlighted in the response in the staff survey in ‘your managers’ section which highlighted significantly higher in every area in this section above the trust average. This despite this being during the backdrop of cost efficiencies and the decision not to engage in the bidding process of Talking Mental Health Derbyshire services.

Therapeutic space has been a challenge for us, so we have been working with estates in identifying a suitable therapeutic space for therapy in Chesterfield for clinicians to run 1 to1 and group sessions. We hope to be moving into to these new premises in the final months of 2024/25.

### Training/education

In response to the national shortage of clinical psychologists and future planning, this year we have increased our cohort trainee clinical psychologists from 16, to increase to 24 in September.

The development of a Trauma Informed video, which helps support awareness has been produced. The development of a new platform for bitesize training and monthly Cognitive Behavioural Therapy (CBT) training sessions, which allows training sessions to be recorded and uploaded.

### *Team achievement & Innovations*

- Reduction in waiting list for CBT (CAMHS & adults)
- Early Intervention team in North achieving National Clinical Audit of Psychosis (NCAP) standards
- Successful running of a Compassion Focus Therapy group in Learning Disability services in the South.
- Fully recruited to the Learning Disability psychology team in the North in a year of having the service. In the previous 2 years (before moving DHFT) DCHS had been unable to recruit to a single post.
- Working Age Adults trialing and rolling out of formulation first approach to address waiting times. Emotional Regulation Pathway evaluation of drop out /non-attendance prior to group workshops.
- Living well Innovation in designing and piloting new 1:1 (Structured Psychological Support) and groupwork
- Learning disabilities psychology service creative use video to promote and successfully recruit staff to the service.
- Rough sleeping response - as part of our commitment to improve psychological thinking within the system we are working in partnership alongside Derby Homes and the Police to support staff working with the homeless.

### *Individual achievement*

- Heart Awards – Winners for Continuous Improvement / Research Excellence Award was won Corrine Gale, Phyllis Leung & Jackie Hughes
- Jon Taylor Derby University Professorship
- Jon Taylor 2 x book deal regarding Compassion Focused Therapy Group one as author and the editor
- Liam Ennis, a clinical psychologist, has secured the prestigious a National Institute for Health and Care Research (NIHR) Doctoral Clinical-Academic Fellowship (pathways for people who have personality needs)

### *Living Well Derbyshire*

Living Well (Derby Wellbeing in Derby city) is an integrated service delivered in partnership between health, social care, and the voluntary sector, and supports the seamless movement of people between the short-term offer and long-term offer to enable them to access the right care at the right time. While the Living Well long-term offer continues to provide care and treatment for those who experience complex mental health needs, the Living Well short-term offer is an additional offer for those whose needs are too complex for primary care but do not meet the criteria for secondary services.

The service takes a holistic approach to mental health care, recognising that support should be based on the individual needs of the person and

does not always require a health-led approach, with interventions delivered by a range of clinical and non-clinical staff members such as nurses, occupational therapists, social care practitioners, wellbeing coaches, and peer support workers. Living Well offers support that is place-based, and through connections with the wider community we are able to support people to access services that enable them to keep well in the community and to support them in moving forwards from services.

With all Living Well teams now mobilised across the Derbyshire footprint, we are beginning to see some early indicators of the impact the transformation is having across the system. While the Living Well teams are still relatively embryonic, this is a positive indicator that the aims and ambitions of the Community Mental Health Framework (CMHF) are beginning to be realised in Derbyshire.

The volume of referrals to Living Well has been steadily increasing, and NHSE access targets for Derbyshire are on track. Psychiatric Liaison access data suggests a correlation between the mobilisation of the Living Well teams and a reduction in A+E presentations. As the teams have mobilised, the data has reflected a reduction in caseload numbers within the Living Well Long-Term Offer, with increasing caseload numbers within the Living Well Short-Term Offer, this is representing a shift away from people being treated within secondary services. Referral to Treatment Time data suggests the numbers of those seen outside of the 4-week NHSE target is reducing, with an improvement having been seen since December 2023.

#### Individual Placement and Support (IPS)

IPS (Individual Placement and Support) is the nationally recommended, evidence-based approach supporting people using mental health services back into employment. This model of working is recommended as part of the NHS Long Term Plan as part of a new care model for Mental Health.

In 2023/24, The IPS Service met the access targets for the first time and received the National IPS Grow Quality Mark following the Service Fidelity Review. The Service achieved 100/125 which indicates good Fidelity, and the quality mark was awarded for a 37% conversion rate of engagements to job starts, with the target being 30%. The Service had a further review of the South County team in Autumn 2024 and achieved a score of 110/125, which shows strong alignment to the Fidelity model and demonstrates the really positive outcomes the service is having with regards to supporting people back into work and sustaining employment.

#### 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 providing 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 receive 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 receives the most appropriate care for them with the appropriate levels of support.

Mental Health Services for older people are built up of:

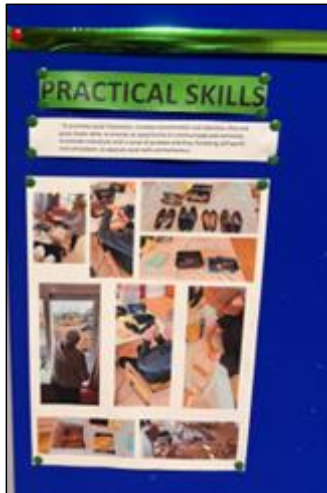
- Community Services
- South Derby and Dales Older People Community Team
- Amber Valley Older People Community Team
- Erewash Older People Community Team
- Derby City Older People Community Team
- Chesterfield Older People Community Team
- Killamarsh Older People Community Team
- Bolsover Older People 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

#### Cubley Court

Our organic mental health wards at Kingsway Hospital have a positive and inclusive therapeutic offering for both male and female patients and have been showcasing the different sessions and impact of these for the individual patients. The whole multi-disciplinary team encourages and works well to enhance people skills and wellbeing on the ward.

There are large spaces including a cafe (free of charge and looks like and works like a working cafe) where patients can have drinks and cake, alongside a duke box.





The ward leadership and nursing team recognize the value of sensory environments and therapeutic spaces for patients. Recently, they collaborated to transform a ward area into a space specifically designed for patients who may not always be able to participate in larger group sessions. This area is available at any time of day, accessible with the support of the nursing team or recreational staff.

The space features music, visuals and decorations such as those resembling the inside of a train carriage. These elements help encourage reminiscence, foster conversation between patients and staff, and create a pleasant setting for private visits and activities. The ward team has contributed creative ideas, and many items have been donated to make this space truly unique.



#### Adult Neurodevelopmental (ND) service

##### Improvement of audit processes

Audit dashboards are in place for six-monthly qualitative audits of clinical documentation and for monthly spot checks for compliance of patient demographic information risk screens and care plans. These are used by Clinical Operational managers to monitor compliance, clinical quality and identify action plans with their teams to recognise good practice and identify areas for improvement. Overall, the care plan compliance is consistently above 85% for the Adult ND division and the data is reviewed to identify mitigating reasons for people who do not have a care plan in place, which are addressed as required; for example, if there is clinician error in how the care plan is created, then training refresher sessions are provided. The Physiotherapy team completed a waiting list review to reduce waiting time and improve patient flow. The actions undertaken resulted in 22 patients in February 2024 waiting an average of 126 days, and in June 2024, following completion of the project, there were 17 patients waiting an average of 43 days. In February 2025 there are 16 patients waiting an average of 55 days. This shows that the waiting time over a 12-month period has reduced by 56% and that this has been sustained.

The Nursing team have continued to use the Trust-developed electronic patient survey. This resulted in a 400% increase in responses. However, this has not been able to be rolled out to the other community teams in the ND service due to funding implications and therefore patient and carer feedback for the ND service continues to be limited.

**Patient and public involvement** – A list of co-production top tips was devised by the ND Senior Research Assistant and the Speech and

Language Therapy Professional Lead, which was shared at a coproduction workshop in February 2024, hosted by the ICB. This was created using recommendations from the evidence base and clinicians' experiences. This was well received and is shared with the research team as well to support their neurodiverse service users.

The patient public involvement and engagement (PPIE) framework in research for the health inequalities project and the framework is currently being refined. There is a challenge in Adult ND to recruit service users as the recruitment route involves adding a question to the Electronic Patient Survey, which is not currently in place for all ND teams. Once this is available to all ND community teams, this will be reviewed.

An ND coproduction database has been developed to contact people with lived experience who have expressed an interest in supporting projects and this is currently under review to ensure it remains purposeful and effective.

## Safeguarding

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

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

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

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

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

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

#### Safeguarding Children's Performance Dashboard – 2024/25

Metric	Quarter 1, 2024/25	Quarter 2, 2024/25	Quarter 3, 2024/25
Number of advice calls received and reported	357	371	375
Number of supervision/group sessions	146	139	88
Number of Information Exchange Form Research completed / strategy discussions or meetings attended	114	99	100
Number of child Protection medicals – Suspected NAI & Neglect	46	49	21
Number of children discussed at CHANNEL	4	8	9
Number of MARAC cases with children discussed at MARAC	212	226	293
Number of referrals to CSC	14	13	20
CIC Caseload - Born In Lives In	231	215	215
CIC Caseload - Born In Lives Out	357	347	348
CIC Caseload - Born Out Lives In	11	8	5
Total CIC Caseload	599	570	568
Number of Child Deaths	14	12	17
Number of children referred for risk of FGM	2	2	1
Number of children on a child in need plan	169	155	140
Number of Early Help Assessments (EHA) completed	149	101	132
Distinct count of children affected by DV during the Quarter	301	262	154

Number of children on a child protection plan	320	315	319
Number of children on an Education Health Care Plan (EHCP)	267	153	123
Number of children on an EHCP who are on a Child Protection Plan	2	0	0
Number of children on an EHCP who are on a Child In Need Plan	0	0	0
Number of children admitted to an adult inpatient bed	1	0	0
Number of young carers	16	13	13
How many babies on the Trust Mother & Baby Unit	12	16	14
How many of these are on a Child Protection Plan	1	0	0
Number of LADO Referrals made	0	0	2

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 deliver flexible supervision, consisting of group and 1-1, a cascade model is place. This has worked extremely well ensuring staff received their safeguarding supervision in a timely manner. Drop-in sessions have been trialled throughout the year at the Trust inpatient sites. This has been successful in raising the safeguarding team's profile supporting staff off site and face to face.
- S47s and strategy meetings remains high and complex.
- MARAC cases and families impacted by Domestic Abuse continues to fluctuate but remains at a consistently high level.

### Safeguarding Adults' Performance Dashboard – 2024/25

METRIC		Quarter 1, 2024/25	Quarter 2, 2024/25	Quarter 3, 2024/25
Number of adult safeguarding referrals made where allegation is within their own service		104	98	102
Number of PiPoT referrals made by the Trust		0	2	1
Full attendance at MAPPA 3 meetings (monthly)		100%	100%	100%
Number of MAPPA cases within the Trust.		1	4	4
Number of cases discussed at CHANNEL.		11	15	15
MASH Health strategy discussions for children		104	123	120
MASH Health strategy discussions for adults		12	34	18
Number of domestic violence medium cases discussed at triage		316	355	310
Number of urgent DoLS authorised.		2	9	5
Number of Standard DoLS applied for to the LA.		2	8	0
Number of people with an authorised DoLS granted by Supervisory body.		0	0	0
Number of referrals to coroner for people who have passed away and have an authorised DoLS granted by Supervisory body		0	0	0
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	9	8	1
	Patient to Other Party	1	1	1
	Patient to Patient	4	1	4
	Patient to Staff	2	3	4
	Staff to Patient	5	2	5
	Staff to Staff	0	0	0

#### Analysis of the main features within the safeguarding adult dashboard

- 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 and the 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 Team continues to ensure clinical standards in 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. We have provided training to the I-care programme around sexual safety and boundaries which has had positive feedback.
- 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

Data as at 24/03/25:

Safeguarding Children L1	92.47%
Safeguarding Children L2	88.83%
Safeguarding Children L3 (1 year)	92.20%
Safeguarding Children L3 (3 yearly)	84.26%

#### DHCFT Safeguarding Adults Training Position

Data as at 24/03/25:

Safeguarding Adult L1	89.72%
Safeguarding Adults L2	92.46%
Safeguarding Adults L3	91.55%

#### Safeguarding Children Advice Themes

Top 5 Advice Themes:

2022/23	2023/24
Parenting Skills/Capacity/Basic Care	Parenting Skills/Capacity/Basic Care
Neglect	Neglect
DHCFT procedures	Physical Injury/Abuse
Physical Injury/Abuse	Domestic Abuse
Community Resources	Emotional Abuse

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

- In comparison to the last annual report period domestic abuse is again in the top 5 themes. Staff are becoming more confident and competent in dealing with domestic abuse in their practice, are more familiar with procedures and the impact on families. Domestic abuse remains a Trust priority and is covered extensively in safeguarding training. The high number of calls related to physical injury and or emotional abuse also relates to domestic abuse.



- Neglect is still a significant issue/challenge within our organisation. This is partially around staff's understanding around impact and thresholds. Parenting skills/capacity, basic care, and self-neglect features regularly.
- Due to the nature of a large proportion of the Trust patient group we have a large number of staff concerns around our patients/client's capacity to parent were mental health, substance misuse and or learning disability features.

#### Safeguarding Adult Advice Themes

- We have begun to record and analyse adult advice themes.
- Domestic abuse is in the top 5 themes and remains a significant issue for users of our services. Mental health and historical sexual abuse, substance misuse and self-neglect are all key themes for adult calls. We respond to a number of calls around acts of admission and organisational abuse. These present as a significant challenge to professionals.

#### Children's Audits

##### Trust Internal Audits

Audit Title: Do referrals to Adult Social Care consider the impact of the cause for referral on children within the family (Think Family).

##### Aims and Objectives

To establish if professionals document / consider / analyse the impact of the adult's mental health issue / substance misuse / learning disability / reason for referral on the person's child / young person/ other vulnerable people within the household when making a safeguarding referral to Adult Social Care.

##### Purpose

In accordance with Working Together to Safeguard Children 2023, DHCFT as a healthcare provider, has a duty under Section 11 of the Children Act 2004 to ensure our staff consider the need to safeguard and promote the welfare of children when carrying out their functions. Therefore, cases will be reviewed to establish whether safeguarding referrals to Adult Social Care include consideration of the needs of other vulnerable people in the family and impact of the reason for the referral on them, in accordance with Think Family.

##### Conclusion

In accordance with safeguarding legislation and guidance (including Working Together 2023, Care Act 2014, Information Sharing Guidance and Think Family) it is appropriate for details of the safeguarding referral and the

potential impacts on others within the family/ household to be clearly documented. Whilst this audit has not demonstrated this overall, it is positive that there was evidence of Think Family in relation to concerns about children being noted in some referrals to ASC and subsequent safeguarding children referrals being made.

There is evidence that appropriate messages regarding the need to do so are routinely shared in training.

It is unclear why the majority of cases had no copy of the safeguarding referral to Adult Social Care (ASC) on the individual's record. The majority of the cases audited (86.36%) included detail of the impact of the reason for referral on adults at risk in the household, although it would be expected for every safeguarding referral to ASC to include this.

It is positive that 100% of cases audited had evidence of information sharing in the records and that the quality of this information was noted as minimum and above.

### Recommendations

- Each staff member making a safeguarding referral must ensure that they have added a copy (either electronic or scanned) of the referral on the person's record.
- Managers must ensure the necessity of staff putting the referral on the patient's record.
- Managers/ Clinical Leads/ Heads of Nursing to audit that safeguarding referrals are on patient records as part of the existing record keeping audits. For this information to be shared with the COATS annually.
- To ensure the referrer capture the individual's capacity to consent, consent and people's wishes and feelings when making a safeguarding referral.
- To ensure the referrer receive a response of the referral from Adult Social Care, share this with the individual / their representative as appropriate and that the outcome is documented in the person's record.

The Trust took part in a Safeguarding Children Partnership Audit.

### Adult Audits

Multi-agency audits are undertaken three-monthly by City and County Adult Safeguarding Boards. DHCFT contribute to these. The learning from the audits is reflected in level 3 training and disseminated throughout DHCFT via

information sharing documents, by the Learning on one page document (LOOP).

Older Adult Wards are in the process of creating a presentation which summarises the MHA audit processes, which includes MCA and DOLS.

Themes for the last year have been:

- Learning Disability and sexual abuse
- Transitions
- Self-neglect
- Domestic Abuse in over 65-year-olds
- Financial abuse

### [Learning From Reviews](#)

#### Child Safeguarding Practice Reviews (CSPR):

DHCFT have been involved in eight Child Safeguarding Practice Reviews (CSPR) throughout the year. The reviews are at different stages of completion within the formal processes. The Trust are fully engaged with all Partnership activity.

DHCFT has engaged with all relevant reviews and shared and applied the learning from these reviews into the Organisation and teams. The Quality and Safeguarding Committee within the Trust are kept abreast of all CSPR via reports which intern updates the Trust Board. Actions and recommendations are shared with the appropriate teams, evidence of actions is then collated and shared with the Safeguarding Children Partnership as a way of quality assurance.

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 provide support to staff and management.

Support for the Safeguarding Team is available as required via Trust Wellbeing Support Services and supervision. This process ensures the Trust have strong oversight of the actions, and assurance regarding embedded learning.

#### 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.

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

Below is the outcome of DHCFT held for 2023/2024

NHS Derby and Derbyshire integrated Care Board (DDICB) and Derby and Derbyshire Safeguarding Children Partnership (DDSCP) would like to thank you and your Safeguarding and Children in Care Teams, for completing the Section 11 self-assessment which included specific questions, this year, relating to Looked after Children/Children in Care, and for undertaking the virtual safeguarding children quality meeting on 20 March 2024, to go through the evidence that has been provided for the assurance process.

We are very pleased to report that we were assured with the evidence provided in your Section 11 self-assessment and the further information / assurance we received from you and your Safeguarding Children team during the safeguarding children quality meeting. We are also pleased to report that we were assured with evidence provided in the Section 11 tool, relating to Looked after Children/ Children in Care.

Section 11 compliance rating 2023/2024	
<b>Standard 1</b> <b>Accountability Structure:</b>	<b>Full Compliance</b>
<b>Standard 2</b> <b>A culture of listening to children, young people and carers, staff:</b>	<b>Full compliance</b>
<b>Standard 3</b>	<b>Full compliance</b>

<b>Information Sharing:</b>	
<b>Standard 4 Safe Recruitment and Dealing with Allegations Against People working with children:</b>	<b>Full Compliance</b>
<b>Standard 5 Effective appropriate supervision and support for staff including safeguarding training:</b>	<b>Full compliance</b>

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

The SAAF was reported on in last year's report. The new SAAF was submitted in November 2024. This requires reporting to NHSE and the ICB around Organisation Compliance with NHS Standard Contract (SC32): Safeguarding, Mental Capacity and PREVENT. Areas of assurance are around:

- Is safeguarding a standing agenda item on the organisation Executive Board /Safeguarding Committee?
- How is safeguarding assurance and risk escalated to the organisation Executive Board/Committee?
- What safeguarding items are detailed on the agency's Risk Register and Action Planning?
- Is safeguarding training compliance (90%) against your agencies national standard and what is the mitigation?
- Safeguarding procedures
- Safeguarding supervision
- Lessons learnt.
- Audit activity.
- Service improvement.

We have a proposed date for our ICB assurance meeting in May 2025.

#### Sexual Safety

Work continues to strengthen our understanding around sexual safety for people who use or 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 have 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

#### 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 05/04/2022 to 21/03/2023 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 focus 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 which 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 core functions of the Derby City MASH. The intention of the MASH is to bring together partner agencies on a permanent basis in one location to share information relating to Children and Young People and adults where there are concerns regarding potential or actual significant harm. This will enable the sharing of vital information across agencies in order to make better informed and timely decisions about Section 47 (Child Protection) referrals being made regarding children and young people. Approximately 2578 adult referrals. There were 431 Section 47 child protection referrals received into MASH Health and of these 423 strategy meetings were held.

MASH HEALTH ADVISORS 2023/24

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.



### Development Opportunities and Succession Planning

Due to a secondment opportunity, we were able to offer development opportunities working within the Safeguarding Team. This consisted of a total of five days.

This has provided an excellent opportunity for staff interested in safeguarding to join the team to gain an insight, experience, skills, and competencies within this exciting area of work.

The rationale behind this initiative is for the members of the team to take their expertise gained by this opportunity back into the workforce to support and advice their colleagues at base.

The success of this has also led to succession planning as one of the workers were successful in successfully getting a Named Nurse position within the team.

Due to the stage of several team members leading up to retirement age, this is also planning ahead to increase the skills, experience and competencies for the future of safeguarding within the Trust.

### Objectives 2024/25

Led by the operational group and assurance on progress provided to the Quality Committee.

Objective / Initiative	
1.	To provide strategic influence and support to DHCFT.
2.	To strengthen and improve the quality of safeguarding across DHCFT.
3.	To respond to national amendments to legislation and statutory guidance.
4.	To continue to develop and integrate the Children's and Adults Safeguarding Team within the Trust. Option paper available.
5.	To ensure that succession planning, develop expertise within the workforce and consider talent management and support development by secondments into the safeguarding unit.
6.	To continue to support staff around complex cases and to provide safeguarding leadership to the organisation.
7.	To support CQC actions / standards / improvements and initiatives and ensure it remains a golden thread throughout the organisation.

8.	To work in partnership with agencies with regards to multi agency audits and to continue to undertake internal safeguarding audits and disseminate the learning.
9.	To continue to ensure that Think family remains the focus in everything we do.
10.	To continue to undertake a joint City / County Section 11 and SAAF. To ensure actions are identified and completed.
11.	Assuring Sexual Safety within Trust services continue for patients and staff, in line with this being a Trust Quality priority.
12.	To work alongside staff around quality of referrals, threshold, and escalation
13.	To commission annual level4 safeguarding training 2024.
14.	To ensure full participation in multi-agency child safeguarding practice reviews, learning reviews and Domestic Homicide reviews and SARs. Ensuring that all recommendations are completed and learning disseminated throughout DHCFT.
15.	To work alongside both Children's safeguarding partnership and the Adult safeguarding board around their agreed priorities for 24/25.
16.	To ensure safeguarding representation on relevant internal, external meetings and subgroups. Carry out any related activity/actions.
17.	To ensure quality, assurance and governance to the Trust Quality and Safeguarding Committee.

#### Part 4: Patient/Staff Story - Rosie



It was during her third admission to Derbyshire Healthcare's Radbourne Unit that Rosie made a life-changing decision.

Inspired by the nursing staff caring for her, Rosie vowed that the next time she set foot on the ward, she'd be the one wearing the uniform.

Rosie, 23, already had a degree in Security and Offender Management and experience working with vulnerable adults and in medical response, but her time as a mental health inpatient led her to consider a new career path.

*She says: "I met some really great staff members in the Radbourne Unit. Lisa was a healthcare assistant who knew exactly how to make someone feel better about themselves. She would see the positive in most situations and that really inspired me. I will be forever grateful to her."*

*"And two nurses in particular were such an inspiration to me. Nom, who works nights, was fabulous. The humour and high energy she brought to the ward would lift everyone's spirits. Nom understood me. She knew I get unsettled at night so would work with me to set little tasks to keep my brain occupied."*

Rosie had already encountered Lea during a previous admission to the Radbourne Unit.

*"When I first met Lea, I was in a very low state of mind. Lea knew straight away what to do to de-escalate the situation."*

*"The pride she takes in her work is beyond belief."*

Rosie has struggled with her mental health since childhood but was always reluctant to seek help.

*"I was taught from a young age to not talk to anyone about my problems or show emotions. This taught me behaviours that are hard to unlearn. I would bottle up my emotions, my trauma; everything."*

*"I was holding everything in and would get defensive if any teacher or friend asked if I was okay. I guess I still do that but I am much better at being upfront about my struggles and feelings."*

Holding in her emotions began to affect Rosie's work as emergency medical responder for a private company.

*"I witnessed some very traumatic scenes from the age of just 16 through to 19. These were so bad that I would become more and more panicky before each shift."*

Eventually Rosie left to become a support worker, a job she loved for two years until she injured her back.

*"During my time off, I had too much time to think and eventually had a massive breakdown. I was having a lot of flashbacks; I wasn't sleeping nor was I eating very well. I felt like life was not worth living and I self-harmed"*

*frequently. The thoughts were getting more overpowering each day and led me to an attempt to take my life."*

Rosie initially contacted mental health helplines but after further attempts to end her life, and talking to the liaison team in A&E, she realised she needed more help and was admitted to the Radbourne Unit.

*"It was a very hard struggle. It took me a while to be kind to myself and allow myself to get the treatment and help I needed. It took a lot of one-to-ones and group sessions to help me discover the acceptance and kindness I needed to show to myself."*

Rosie was discharged from the Radbourne Unit in July 2023 and is now in her first year of a degree in mental health nursing at the University of Derby, on her first work placement and finally wearing that nurse's uniform.

*"After my last admission I thought 'enough is enough'. The Radbourne had given me all the resources they could give and I needed to take accountability for my own mental health."*

*"Suicidal thoughts or thoughts of self-harm do not just go away unfortunately. Acute wards are not for curing you. They teach you coping skills and emotional regulation so you can calm yourself and seek help without being a danger to yourself. With the resources I gathered, I have continued to thrive."*

Rosie firmly believes her university studies have helped her mental health.

*"This is the longest I've been out of hospital since my first admission. I feel I haven't struggled as much this time. Uni is really helping me to keep myself accountable for my own mental health by focusing my mind."*

*"I am very proud of myself because I have received some really good feedback at uni which has given me a wave of confidence. I particularly enjoy clinical skills and placement where it is hands on and busy."*

Rosie is determined to make a difference having experienced the devastation of losing two friends to mental ill health. She says their tragic loss gave her another reason to keep fighting when she felt like giving up.

*"I kept thinking, if you are ever in doubt, you should think of the people who need you to be a voice for them, as they are no longer able to be a voice for themselves."*

*"If I can be a mental health nurse who is anything like Lea or Nom, then I'll be happy. I truly believe if it wasn't for Lea and Nom I would not be where I am today. For that, I am forever grateful."*

*"I want to thank all of the staff at the Radbourne Unit. You are all amazing in your own unique ways and I wish you all the best."*