



Derbyshire Community Health Services NHS Foundation Trust

Quality Report 2014/15

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Part 1

An introduction

Welcome to our Quality Account for 2014/15 which sets out what we have done to safeguard and improve the quality of our services during the year, where we still need to make improvements and what we want to achieve in 2015/16.

Here at Derbyshire Community Health Services NHS Foundation Trust we and our 4,400 colleagues have a vision around being the best provider of local healthcare and a great place to work. During the year we have implemented a wide range of service developments and quality improvements in support of this vision. This report is an important part of discharging our accountability to the local communities that we serve, describing the progress we have made.

The organisation became an NHS Foundation Trust on the 1st November 2014, increasing this local accountability through the establishment of an elected Council of Governors. This report covers the quality of our services across the entire 2014/15 year including the seven months we were an NHS Trust.

We feel that we have made good progress in the year in continuing to improve the safety, experience and effectiveness of our services for everyone that we care for and support. This progress and the high quality of care my colleagues provide was recognised by the Care Quality Commission during the year when they undertook a full inspection of the Trust. They noted that the Trust provided safe care delivered by staff who were dedicated and compassionate and who demonstrated excellent commitment in providing the best care they could and putting patients' needs at the centre of their care. They did highlight isolated areas where we were not found to be meeting the full range of essential quality standards and we have successfully and effectively addressed these in the year.

Tracy Allen, Chief Executive

Declaration of Accuracy

To be provided by the chief executive.

I confirm that to the best of my knowledge the information presented in our Quality Account is accurate

Signature

Tracy Allen Chief Executive

Full accessibility statement to be inserted here by designers

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Part 2

A bit more about us...

2014/15 Quality Priorities

This quality account demonstrates our achievements for the year 2014/15, describes the areas where we would still like to make improvements and our quality objectives for the coming year.

Our quality improvement priorities are identified within the trust's overarching annual objectives 'The Big 9'. During 2014/15 we set ourselves three overarching quality priorities to focus the whole organisation on quality improvement.

Under the domains of patient safety, clinical effectiveness and patient experience our priorities were:

- keeping people safe – Reducing the number of serious medication errors by 50%
- keeping patients (and families) at the centre of care – to establish 10 active patient engagement groups
- ensuring care was effective - 95% of patients with diabetes to have an appropriate care plan

Picture - Inset Big 3 quality dashboard

In addition to our overarching quality improvement targets in 2014/15 there have been a combination of quality objectives and service improvements which we set ourselves and quality targets which are set out in our contract with local commissioners of health services which we have been working to achieve.

The priorities build on what we already know about our services, what our patients have told us is important to them and in response to both commissioners' and national priorities. We also place a great emphasis on learning from our staff who are at the front line of care delivery and we have developed a network of ways to engage with them and hear their feedback.

Things we want to do better in 2015/16

DCHS continually strives to improve the quality of the services that it provides and to learn from things that did not go well.

For 2015/16 DCHS has set three strategic quality improvement objectives.

- 1) Keeping people safe - to introduce the global trigger tool methodology for assessing adverse events
- 2) Ensuring care is effective - measure the opportunities staff take to offer smoking cessation advice to patients
- 3) keeping patients (and families) at the centre of care - to reduce the time taken to investigate and respond to complaints

Monitoring and Measuring Quality

DCHS places a great emphasis on being able to actively demonstrate the consistency and quality of their services. We want our patients and their families to feel safe and well looked after.

DCHS recognises the need to continuously strive to improve quality assurance and so during 2014/15 we have developed our processes for assuring the quality of our services. The quality improvement and assurance framework (QIAF).

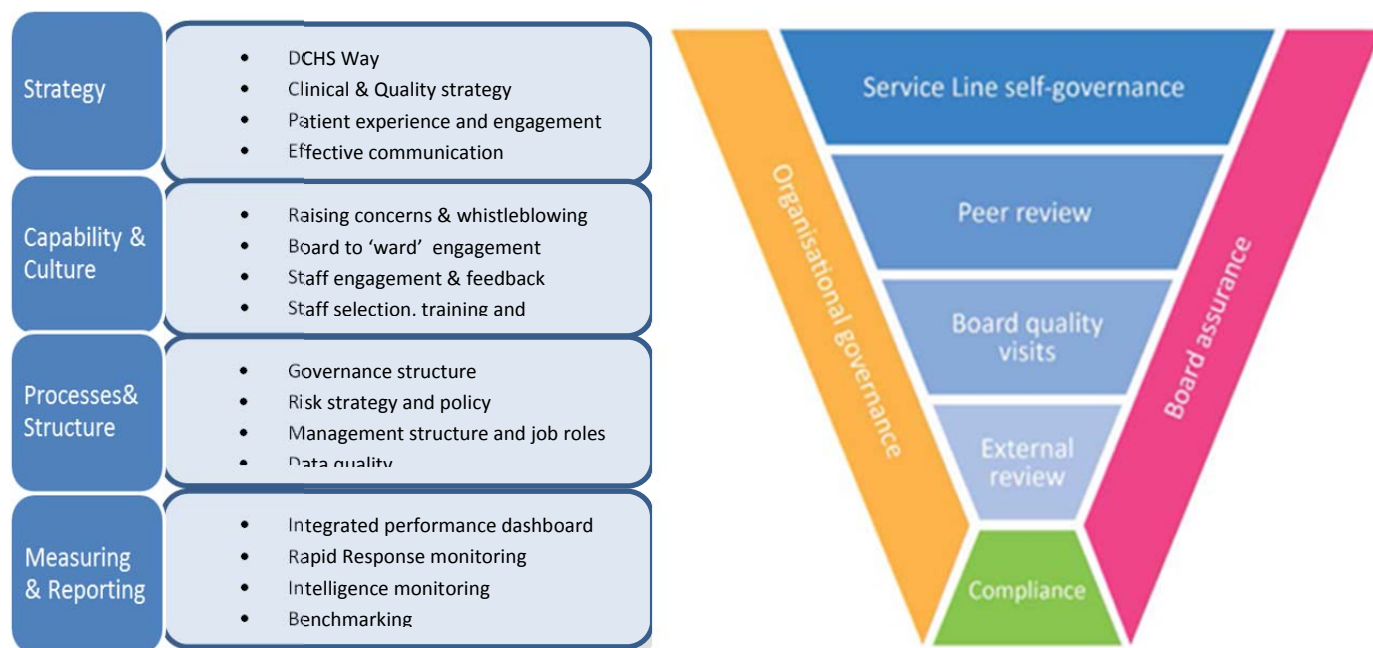


Figure: Quality Improvement and Assurance framework

This tiered approach to quality assurance includes:

- **Individual practitioners and teams** working to agreed standards, policies and professional guidelines.
- **Peer review.** 'Quality Always' is our trust wide clinical assessment and accreditation model which aims to draw together all standards against which clinical teams are measured. Most importantly the essential standards defined by the Care Quality Commission (CQC) are included and as such this will be our primary method for assessing ongoing compliance with CQC standards.
- **Board quality and safety visits** which ensure frontline staff are able to engage with board members, senior managers and governors about things that concern them and stop them providing best care consistently.
- **Independent review** working with our commissioners, external partners and professional bodies to provide independent assurance of the quality of our services.

Quality Always is underpinned by a robust approach to clinical leadership in line with our People and Organisational Effectiveness strategy. A focus on capability and development will ensure that DCHS continues to develop its clinical leaders in line with the rapidly changing health care environment.

In addition to our quality improvement and assurance framework DCHS has a comprehensive governance structure to monitor compliance, the quality of service delivery and progress against key priorities; this is supported by a detailed clinical dashboard to monitor key performance indicators which in turn is supported by a data quality kite assurance process. Monthly reports on the quality of services are presented to the Quality Services Committee and to the Board of Directors and these meetings are underpinned by a broad range of quality groups providing assurance on specialist topic areas.

The trust meets monthly with our commissioners through its Quality Assurance Group (QAG) to monitor and report on our quality schedule, our CQUINs performance and any other issues which positively or negatively impact on the quality of our services.

During 2015/16 we will continue to strengthen our assurance processes and roll out Quality Always our clinical peer assessment and assurance process.

DCHS Services 2014/15

Mandatory Text

During 2014/15 DCHS provided and or sub/contracted

throughout Derbyshire and Leicestershire. Services included rehabilitation services, community nursing, health visiting and school nursing, sexual health services, community dental services for patients with mental health problems and learning disabilities as well as a wide range of planned care services such as podiatry, physiotherapy, speech and language therapy and occupational therapy and podiatry. Strategically we have continued to redesign our services with an aim to support our patients as close to home as possible.

As part of our duty of care we continuously review the quality of service provision and DCHS has reviewed all the data available to them on the quality of care in XXX of these NHS services. Kate Davis year end

It is important that we focus carefully on the way we spend the money allocated to us for provision of our services to ensure we are able to deliver best value for money at all times and whilst striving to provide the very best care for our community. The income generated by the NHS services reviewed in 2014/15 represents X% of the total income generated from the provision of NHS services by DCHS for 2014/15 Kate David year end.

National Clinical Audits

During 2014/15 6 National clinical audits and 0 national confidential enquiries covered NHS services that DCHS provides.

During that period DCHS participated in 83 % national clinical audits and N/A national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that DCHS was eligible to participate in during 2014/15 are as follows:

DCHS Priority Programme Number	Audit Title
16	National COPD Audit
18	Sentinel Stroke National Audit
19	National PROMs Programme
20	National Audit of Intermediate Care
21	National Diabetic Foot Care Audit
22	NCEPOD Sepsis Audit

The national clinical audits and national confidential enquiries that DCHS participated in during 2014/15 are as follows:

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16	National COPD Audit
19	National PROMs Programme

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20	National Audit of Intermediate Care
21	National Diabetic Foot Care Audit
22	NCEPOD Sepsis Audit

NB Our participation in the Sentinel Stroke Audit is currently being scoped both in terms of eligible clinical services and workload implications for data collection. It is anticipated that we will join this audit fully in 2015/16

The national clinical audits and national confidential enquiries that DCHS participated in, and for which data collection was completed during 2014/15, are listed below alongside the number of cases submitted to each audit or enquiry as a % of the number of registered cases required by terms of that audit or enquiry.

DCHS Priority Programme Number	Audit Title	% Number Cases Submitted
16	National COPD Audit	Not completed yet
19	National PROMs Programme	Not completed yet and data feedback slow from PROMs centre
20	National Audit of Intermediate Care	No target set – 12 patients recruited to the PREM part of the audit – 100%?
21	National Diabetic Foot Care Audit	Not completed yet
22	NCEPOD Sepsis Audit	Organisational audit only

DCHS always reviews national reports in conjunction with local results.

The reports of no (to be clarified) local clinical audits were reviewed by the provider in 2014/15 and DCHS intends to take the following actions to improve the quality of healthcare provided.

- The National Audit of Intermediate Care has reported its results and it is planned to review the DCHS results against the national benchmarks in March 2015 and agree an improvement action plan.
- The PROMs results are reported slowly after each quarter and only Q1 so far is available. DCHS is implementing a plan to improve patient recruitment for Groin Hernia day surgery over the next year before it can utilise the pre and post op outcomes data for a local patient outcome improvement plan, given the low level of activity in the DCHS for this surgical procedure.
- The remaining audits have not completed and reported yet.

The number of patients receiving NHS services provided or subcontracted by DCHS in 2014/15 that were recruited during that period to participate in research approved by a research ethics committee were

Dementia and Imagination 12

Nourishing Start for Health 12

Electrical muscle stimulation dysphagia study 3 numbers to be updated at year end

Commissioning for Quality and Innovation (CQUIN)

A proportion of DCHS income in 2014/15 was conditional on achieving quality improvement and innovation goals agreed between DCHS and North Derbyshire Clinical Commissioning Group (CCG) as

the lead commissioner on behalf of our four CCGs. This was part of our contract for the provision of NHS services, through the Commissioning for Quality and Innovation payment framework. Total CQUIN contract value for 2014/15 was **£3,181,922** and we are predicted to earn approx. 95% (94.7%) of this value, taking into consideration that we are unlikely to receive any payment for the Safety Thermometer CQUIN re the stretched target of reducing pressure ulcer prevalence (CQUIN value of £165,460). Further details of the agreed goals for 2014/15 and for the following 12 month period are available in section 3.

Care Quality Commission (CQC)

DCHS is required to register with the CQC and its current registration status is registered with the CQC with no conditions attached to registration.

The CQC has not taken enforcement action against DCHS during 2014/15.

DCHS is subject to periodic reviews by the CQC and the last comprehensive inspection was between 26th February and 4th March 2014 with a further focused inspection between 11th and 12th November 2014. The CQC's assessment of DCHS following that review was that the trust is fully compliant with all essential standards.

DCHS was pleased to receive the reports from this inspection as it highlighted many positive aspects of the work that we have been driving to improve. Particularly pleasing was the recognition of the work that is ongoing in terms of our patient safety culture and incident reporting. Central to all our work is ensuring that our patients have a positive experience when they use our services and so we were delighted to receive such favourable comments from our patients and their carers who consistently reported that they were well looked after and that our staff were kind, caring and conscientious.

DCHS intends to continue to work to improve standards and implement suggested improvements made during CQC's assessment including embedding changes with regard to care of people with mental health conditions specifically personalised care planning and ensuring effective consent for patients with limited capacity. We will continue to strengthen our arrangements for clinical supervision and care planning for all our patients. Ensuring safe staffing levels is a key priority for the trust and with our commissioners will continue to review demand and ensure staffing levels reflect national best practice standards.

DCHS has made the following progress by 31st March 2015 in taking such action.

- **Older Peoples Mental Health**
We have reviewed and implemented new documentation to improve personalised care planning, improved training opportunities for staff with regard to the Mental Health act including taking consent from patients with limited capacity and reviewed our service level agreements with partner organisations. Policies underpinning practice have been reviewed and staff supported in their implementation. We have developed our strategy of care for patients with dementia and are now taking this for approval through our governance processes.
- **Medicines Management**
We have strengthened our governance arrangements regarding medicines storage and revised the processes for monitoring and assessing patient group directions.
- **Equipment Management**
We have reviewed and strengthened arrangements for checking medical equipment
- **Estate management**
We continue to manage our estate to ensure that it meets the needs of our individual patient groups, protects our patient from harm and affords them privacy and dignity when appropriate.
- **Safe Staffing**
We have reviewed the numbers of nurses in line with 'Safer Staffing' for our inpatient wards and monitor this on a continuous basis reporting centrally through the Unify system. We are participating in work nationally to agree safer staffing levels for other community services including community nursing, health visiting, learning disability services and mental health services.

We have completed a review of workload and skill mix with our community nursing teams and are working with our commissioners to agree appropriate staffing levels dependant on acuity of caseload.

We are rolling out our e-rostering tool and associated Safe Care acuity tool which facilitates assessment of patient acuity during the 24hour period.

- **Clinical Supervision**

We have continued to hold staff development events regarding clinical supervision and have provided advice and guidance on documentation of supervision. Participation in clinical supervision is now linked with annual appraisal.

- **Documentation**

We have reviewed staff documentation to streamline risk assessment processes and to support personalised care planning. We are working towards migration of documents onto our electronic patient care system. We continue to audit records on a regular basis to ensure they meet the required standard.

- **Quality Governance and assurance**

We have introduced our quality improvement and assurance model and are rolling out our Quality Always peer assessment and assurance programme across the organisation.

DCHS has not participated in any special reviews or investigations during the reporting period.

Secondary User Service Data

DCHS submitted records during 2014/15 to the secondary users service for the inclusion in the Hospital Episode statistics which are included in the latest published data. The % of records in the published data:

- which included the patients valid NHS number was:

100 % for admitted patient care

100 % for outpatient care

99 % for accident and emergency care.

- which included the patients

- general medical practice code was:

100 % for admitted patient care

100 % for outpatient care

100 % for accident and emergency care

data above for the period April-November 2014 (latest data available on SUS DQ Dashboards© will need updating year end

Information Governance (Hannah Edwards)

DCHS's score for 2014/15 for Information Quality and Records Management, assessed using the information governance toolkit was (%) to be completed at year end.

Clinical Coding Audit

DCHS was not subject to the Payment by Results Clinical Coding Audit during 2014/15 by the Audit Commission.

Part 3

Review of Quality Improvements for 2014/15

Commissioning for Quality and Innovation (CQUIN)

For 2014/15, DCHS jointly agreed 9 Commissioning for Quality & Innovation (CQUIN) measures with our commissioners, demonstrating DCHS's continuous commitment to improving services in terms of quality outcomes for patients, carers and service users.

These quality indicators support and ensure on-going innovation and improvement across all of our services and in defined areas of clinical care. The nine CQUIN were classified into three national, one regional and five local improvement areas.

The three national areas were:

- Friends and Family Test (FFT) – DCHS have been an early adopter of the Friends and Family initiative and have promoted its use across all services as an integral part of our patient engagement strategy as well as asking our staff the FFT question through the annual staff survey. Feedback from the FFT has helped us to improve our services in line with user expectations.
- NHS Patient Safety Thermometer – the national Safety Thermometer tool requires us to collect data on four 'harms' related to patient safety and to better understand how often these harms occur and to put into place strategies which prevent or minimise harm in the future. The four harms include: (venous thromboembolisms (VTE), falls, urinary tract infections and pressure ulcers).
- Training in Dementia awareness-during the last year our primary focus has been on community staff, in conjunction with providing support to carers of patients with Dementia through the First Contact referral initiative. Whilst fully supported across our inpatient wards, the First Contact approach has been particularly successful across our community services, championed by our Care Co-ordinators who support patients and carers in the community with regard to admission avoidance and in receiving the care they need following discharge from hospital.

The regional CQUIN was:

- Improving Patient Experience and Complaints – DCHS committed to undertaking a peer review of our complaints standards and processes against the national Patient Association methodology in order to highlight areas for improvement. The outcome of the report demonstrated that the overarching standard complaints reviewed was satisfactory with one complaint reviewed as demonstrating good practice

The five local targets were:

- **Pressure ulcers:** Our Community Nursing services undertook a review of how our staff engage with patients in preventing the development of pressure ulcers with a view to understanding why this isn't always successful. Supporting work included patient interviews, a review of equipment and the development of comprehensive guidance and documentation for patients and staff. DCHS are continuing to work with staff to embed lessons learned and improve practice and a DVD is currently in development to support staff training.
- **Compassion and Culture:** DCHS committed to delivering against the national agenda for the provision of compassionate care as part of embedding positive culture and values across the organisation. A number of workstreams were developed which aimed to enhance patient experience of compassionate care across the organisation. These included developing a values-based recruitment process, commencing the roll-out of our Quality Always model of accreditation for our inpatient wards and promoting the work of our Care Makers.
- **End of Life:** Following the national review of the Liverpool Care Pathway and its subsequent replacement with a new End of Life 'toolkit', DCHS committed to supporting staff in understanding how to enhance and deliver quality care in the last days and hours of a patient's life within the new framework. This continues to be supported by a comprehensive training programme and cross-organisational workshops.
- **Community Nursing – Staffing for Quality:** This CQUIN focussed on an innovative and comprehensive review of activity across our Community Nursing services in order to determine what safe and effective staffing levels to ensure consistent quality of care for patients are required. Specifically we considered: the time required to deliver quality care; what the patient need is in terms of acuity and dependency, and what the available nursing resource, skill mix and training requirements are across the county is in relation to the demand. This important piece of work will help shape the future community models across Derbyshire in 2015/16.

- **Discharge Planning and Patient Flow:** The indicator continued the good work started in 2013/14 in improving the quality of patient discharge and flow processes and practices across organisations within the local health community, including sharing of best practice, communication across different organisations and supporting a joined up approach to developing solutions to common challenges.

Developing services responsive to our patients needs

Evidence of quality improvements for 2014/15

This section describes in more detail our successes during the last year. We are also keen to present examples of where we could do better, to ensure we give an open and balanced account. To help understand this information we have presented this in the following sections:

How we have improved in 2014/15

What have we done to improve Patient Safety?

Safe care and the safety thermometer

We continue to contribute to the national harm free care agenda and monitor and report on a monthly basis using the patient safety thermometer which looks at prevalence of four harms on a fixed day each month. The four harms include: falls, venous thromboembolism, tissue damage and urinary catheter infections.

Graphs will need updating with year end data



2014/15	Harm free care scores (Target for year 93%)
Across DCHS:	93.78
Rehabilitation wards	85.54
Older people's mental health wards	94.00
District nursing	94.64
Learning disability services	100%

The table above illustrates our overall percentage score of **93.87% (up to December 2014)** and the scores for different services we provide. We met our overall improvement target for the year although

rehabilitation wards did not meet the target primarily due to the number of pressure ulcers being managed on the wards, discussed further on page X

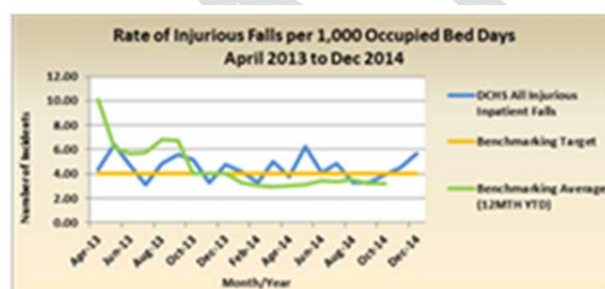
Falls

Encouraging patients to mobilise and maintain independence is a key objective of many of our services and it is to be expected that on occasion some patients may fall. However, this has to be managed in an appropriate way and the risk of injury from a fall avoided. Where injuries occur due to a fall, detailed investigations take place to identify the cause.

In 2013/14 we identified that patients within our older people's mental health services were more at risk of serious injury from a fall than those being cared for in a rehabilitation ward and as a consequence during 2014/15 we improved access to physiotherapists for these patients and introduced a general physician to the team to support the work of the psychiatric doctors. Our general physician reviews all aspects of the patients care and pays particular notice to medications, diet and fluids, mobility and general well-being of individual patients to help improve mobility and balance.

Last year we also improved staff falls training and personalised care planning and are in the process of recruiting a Falls Prevention Practitioner to work with our multidisciplinary team to improve our understanding on predisposing factors to falls and how they can be prevented.. We are also planning to introduce the use of robotic seals which have been found to reduce anxiety and agitation in patients with dementia reducing the risk of a fall. Across our rehabilitation wards we have introduced coloured wrist bands to identify those patients with a higher mobility need and those who are at risk of falling.

Graph will need updating



Falls Partnership Service (FPS)

Managing falls is also a feature of our wider health community work. In November 2013 Hardwick Clinical Commissioning Group (HCCG) commissioned and launched a Falls Partnership Service (FPS) working collaboratively with DCHS, East Midlands Ambulance Service (EMAS) and Chesterfield Royal Hospital (CRH). The FPS provides a fully integrated response to people over 50 years who have fallen in their usual place of residence.

The FPS integrates into the emergency ambulance pathway and is provided as an alternative to an emergency ambulance crew attending the patient following appropriate triage by ambulance control. The FPS also take referrals directly from General Practitioners.

Between 1st April 2014 and 30th September 2014: (will need updating for year end)

- 93% (n= 322) patient referrals into the service were visited by the FPS team.
- 60% (n= 193) of the (n= 322) patients referred into the FPS team avoided a hospital admission and remained at home/usual place of residence following their fall.

Between the 1st April and 30th September 2014 the FPS attended : (will need updating for year end)

(n= 105) callouts for EMAS, this is in addition to the (n= 322) patients already referred into the FPS.

In addition to this we can evidence that between 1st April 2014 and 30th September 2014 (n= 307) patients have not been admitted into hospital 30 days post fall.

The team can now admit directly to the Elderly Medical Unit (EMU) and the Adult Reablement Unit (ARU) when appropriate, thus avoiding unnecessary waiting times for elderly patients in A&E.

The team liaise closely with the Clinical Navigation Team and Rapid Response Team at Chesterfield Royal to improve the patient pathway and ensure safe/timely discharge planning for those that are admitted to A&E. They are also building links with the equivalent team at Kings Mill part of Sherwood Forest Hospitals NHS FT in Mansfield.

Pressure ulcers

Pressure ulcers caused by damage to skin integrity continues to be one of the most challenging areas of quality improvement for our clinical teams. There are a wide range of influencing factors which include input from a variety of care teams across the health and social care community, patient choice and compliance, ability to monitor and supervise in a home setting, use and availability of equipment.

One of the key priority areas relating to quality improvement in 2014/15 was to: reduce the number of pressure ulcers developing / and or deteriorating while patients are in the care of DCHS staff; Operational managers at all levels and clinical teams were required to fully engage in the harm free care agenda – understanding their roles and responsibilities and to provide evidence to both our board and the wider Health Community.

We set out to achieve zero avoidable pressure ulcer cases acquired under our care during 2014/15 i.e. pressure ulcers caused by an omission in our care planning or delivery. Whilst we have seen improvements in a number of service areas unfortunately we have not yet achieved zero avoidable pressure ulcers across all of our services. We are continuing to see a downward trend in pressure ulcer development, within the community setting where data indicates an **X%** reduction over the course of the year. It is also apparent that we are seeing a general reduction within the wider community as collaborative work with other agencies and the public is helping to increase awareness and ownership of the problem.

It is believed that the majority of pressure ulcers are avoidable and we are determined to prevent harm to all of our patients and so we will continue to have pressure ulcer reduction as a key priority going into next year. From our analysis of incidents and data reporting we can see that clinical teams are being more proactive in ensuring all measures are put in place to avoid deterioration of ulcers and that improvements in root cause analysis by managers ensures that learning is shared across the organisation. In addition our multidisciplinary teams are working closer together to ensure more effective communications are in place to help promote continuity of prevention strategies.

Through patient stories our Board of Directors is listening to the views of staff and patients and supporting initiatives that will help us improve and maintain individualised patient centred care. Further through these patient's stories we have raised our awareness on the issues that are important to our patients which have included the use of equipment in the patient's home. As a result we asked our Board Members to experience what it feels like to use such equipment so that we have a greater understanding of the impact on the patient's ability to remain independent and mobile. This has prompted us to review our equipment catalogue so as to include alternative options based on what patients have told us what they want.

09/10; 10/11; 11/12. Is there national/regional data for comparison?

Need to check where this is

Provide simple charts/pie graphs % or numbers and an explanation.

Total acquired/ deteriorated and then separate into inpatient and hospital

Will need graphs of avoidable stage 3 and 4 ulcers for year to date against last years data

And avoidable stage 2 ulcers

Venous thromboembolism (VTE)

Venous thromboembolisms are blood clots in major veins which can lead to serious complications. As a service we ensure all our patients at risk of VTE undergo an appropriate risk assessment and have a personalised care plan for avoidance in place. During 2014/15 we have seen very few VTEs suggesting that our risk management strategies are appropriate.

Insert table of VTE incidence at year end

Catheter Related infections

Some of our patients need help with continence which is supported by the use of a catheter. Catheters bypass the body's natural defences against infection and therefore if not managed carefully can be a source of patient harm. DCHS minimise as far as possible the use of catheters and where infections do occur ensure that each case is carefully investigated to understand the cause.

During 2014/15 there were X cases of catheter related infection

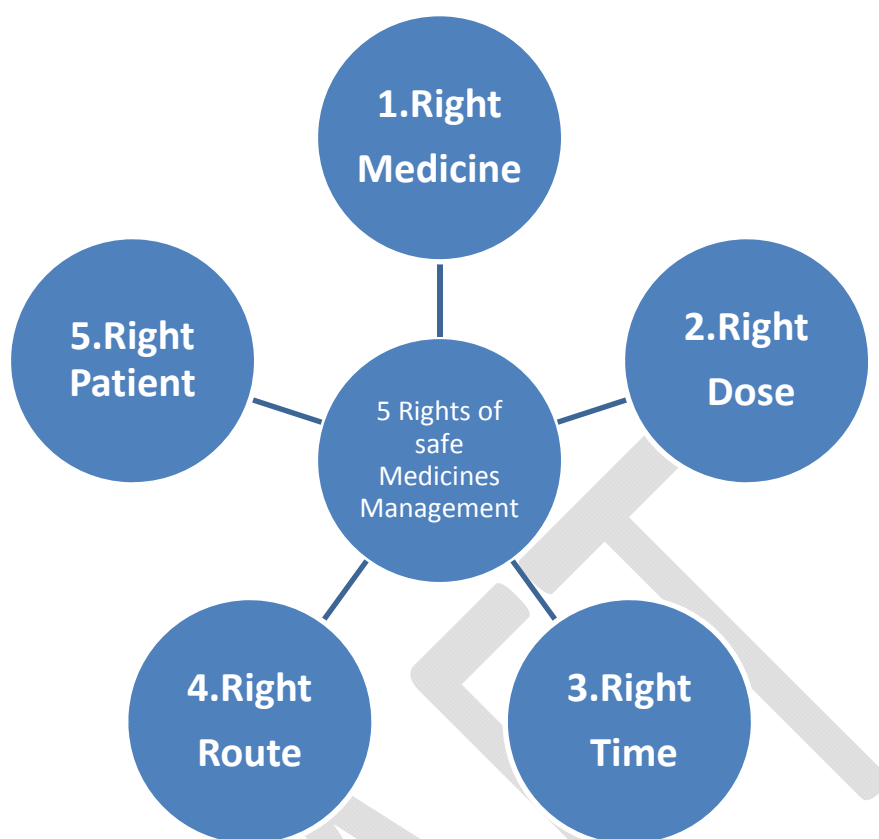
Medicines Management

The use of medicines to support and improve patients health is the most common medical intervention used within the NHS and as an NHS Trust we have a responsibility that this is undertaken by staff who have been adequately trained and who can practice safely. In DCHS we pride ourselves on the fact that we have a rigorous process that provides us with the assurance that the practice of our staff in using medicines is safe.

Given the very large volume of medicines prescribed, dispensed and administered each day across our service it is inevitable that some errors do occur. Our high level of reporting in relation to errors is important and demonstrates that our staff understand the significance of errors and the opportunity to learn from errors when shared with colleagues. By the end of January 2015 we are pleased to say that not one medication error caused significant harm to a patient (edit for year end), and that we have an excellent reputation for the reporting of near-misses from which we can review policies, procedures and training.

All medication errors are reviewed for trends bimonthly by our medication safety team that consists of ward nurses, community nurses, pharmacists, prescribers and staff from our safety and learning teams. Following the identification that many of the administration errors were simply caused by 'human error', there was a widespread campaign within the Trust to remind all staff that administer medicines of the basic '5 Rights' of medicines administration.

Figure: 5 Rights of Safe Medicines Administration



Can someone do a smarter diagram please?

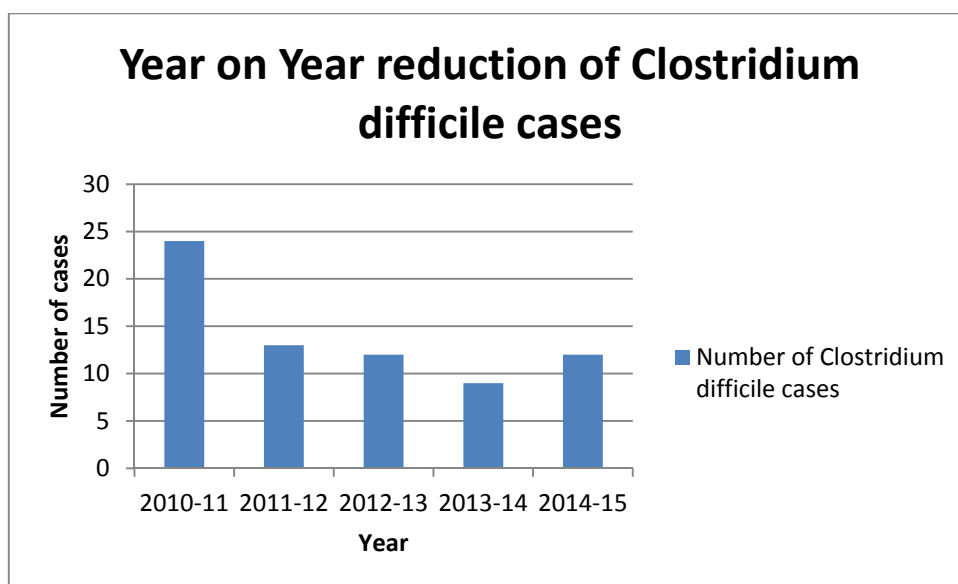
Following on from this, our specialist diabetes nurses have created, with our workforce planning and development team a 5 Rights card specifically for the administration of insulin. This is a diary sized information card that can be carried by our nursing staff, as an aide memoir. To support this, specific training has been delivered to band 6 and band 7 community nurses reiterating safe insulin practice. In addition, the diabetes specialist nurses with the workforce planning and development team are developing an eLearning programme around diabetes and insulin administration for DCHS staff to access online. A bimonthly newsletter continues to be produced and distributed to clinical teams to update them of all current medication-related issues. These include local and national guidance, updated local policies or procedures and articles relating to medication training or audits undertaken.

Infection prevention & control data to be updated at financial year end

Reducing the risk of infection and preventing cross infection continues to be an important aspect of our daily work in our hospitals and in the wider community.

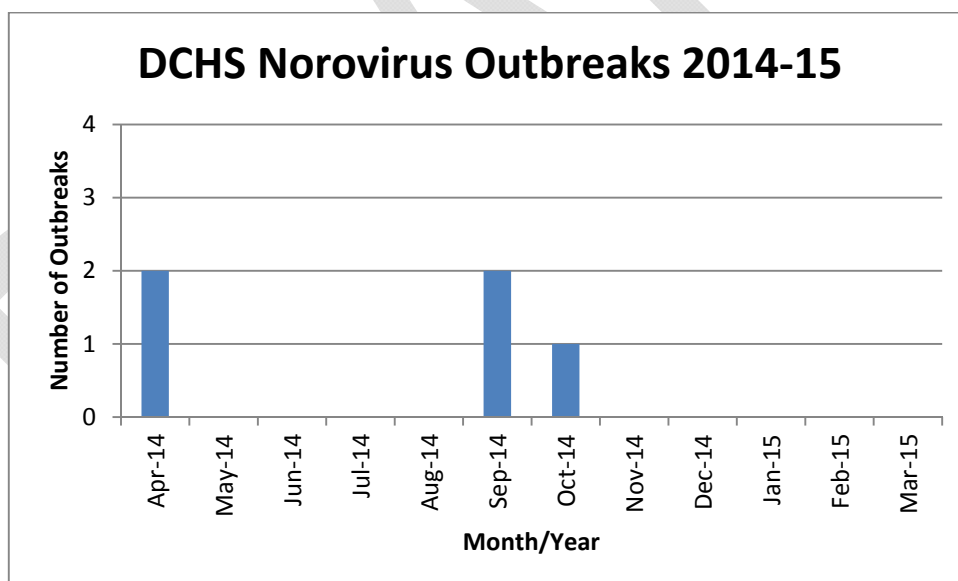
We continue to be monitored nationally on the incidence of Methicillin resistant staphylococcus aureus (MRSA) blood stream infections (bacteraemia) and Clostridium difficile infections. We are pleased to report that for another year there have been no MRSA bacteraemias (blood borne infection) reported within our services.

Over the past year we have had 12 positive Clostridium difficile infections diagnosed within our services. All of the 12 patients have undergone a review and, in line with new national guidance, any lapse in care identified. Of the 12 patients, we have identified one lapse in care relating to a delay in obtaining blood samples on diagnosis of the infection and notification of the result to the infection control team. These issues were addressed at the time with the services concerned and will continue to be monitored through the review process.



Norovirus

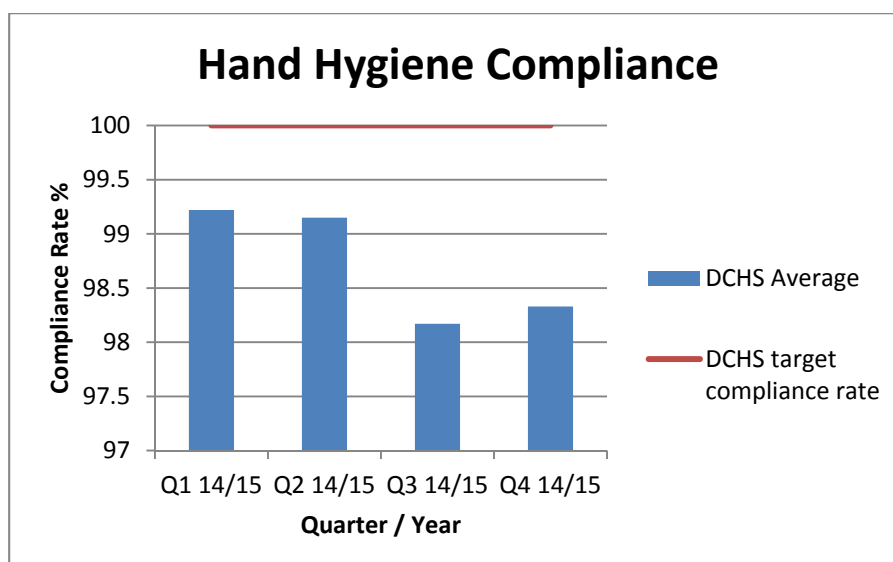
Seasonal diarrhoea and vomiting caused by Norovirus can have a significant impact on inpatient wards and care homes due to its highly contagious nature. The graph below shows how many norovirus outbreaks we have had this year. Each outbreak is reviewed and any lessons to be learnt shared across the organisation. The main trend identified relates to communication between the different services to ensure that the correct information is shared to enable effective and timely decision making.



Need to be updated at year end

Hand hygiene compliance

Our infection control champions have continued to promote good hand washing practice through regular audits and training sessions with their teams. We have seen a slight dip in the overall compliance rate to 98.3% against our target of 100% compared to last year. We continue to work with the teams and champions to ensure that good practice is consistently adopted across the whole organisation.



Patient manual handling team

Ensuring that our patients are moved safely - and our staff are protected from injury is a high priority. Our specialist team work with our staff to ensure we provide our patients with equipment and techniques that are effective in supporting maintaining their level of independence and safety when moving. Our specialist team have continued to provide and see an increase in the number of referrals for the following specialist and complex care need assessments:

- bariatric
- therapeutic
- special circumstances
- emergency handling
- dental
- non concordance
- environment issues

We have continued our ongoing work with our staff to reduce the incidence of musculoskeletal injuries by ensuring that they have the skills to assess patients' needs and provide appropriate care. Training is designed to give staff the skills they need specific to their role. We have also invested in a new specialist bed for patients being cared for in our community hospitals with complex care needs which will support staff to care for patients safely and provide an improvement to our wards. The specialist team and our clinical navigation service have reviewed our admission processes to effect a smoother transfer of patients into one of our community hospitals or services.

Safeguarding Children and Adult Team

Safeguarding our clients from actual or potential harm continues to be a fundamental responsibility delegated to all of our staff.

The safeguarding team employ specialist safeguarding nurses who work with staff and patients to ensure that as an organisation we discharge that function effectively. During 2014/15 the safeguarding team has continued to provide specialist safeguarding training, advice and supervision for our staff.

The key improvements this year include:

- bespoke safeguarding training that has been delivered to staff working in children's services, minor injury units, learning disability services and older people's mental health units
- delivery of the 'Think Family' national agenda via staff training and briefings. Think Family encourages staff to consider where there may be a risk to a child or vulnerable adult in a family where another adult is being treated.

- external partnership work with partners regarding the Prevent agenda. The Prevent agenda raises staff awareness with regard to potential terrorist activity.
- development of a Prevent policy
- an update to the safeguarding adult, children and security policy to reflect the issues raised by Sir David Nicolson in relation to the Savile Inquiry
- continued collaborative working with partner agencies, including projects focusing on domestic violence, substance misuse, safeguarding thresholds and IT solutions
- working with partner agencies such as co-location arrangements of health staff in social care, attendance at court and legal meetings, multi-agency risk assessment conferences (MARAC), and multi-agency public protection arrangements (MAPPA)
- participation in multi-agency information sharing events such as the development of Vulnerable Adults at Risk Meetings (VARM) to discuss safeguarding cases
- introduction of regular supervision and advice clinics for DCHS staff in hospital and clinic environments
- funding for 'Best Interest' assessor training for the safeguarding adult team
- Monday to Friday (9-5) safeguarding advice line for children and adult services
- funding of an additional safeguarding nurse to lead on the care home and community agenda
- establishment of a safeguarding governance group that reports to Quality Services Committee.

Patient Safety

Data will need to be updated at financial year end

Incident Reporting

Reporting actual or near miss events are an important part of our work and a high number of reported incidents is recognised nationally as organisations having a positive and open culture. Learning from these incidents helps to prevent future occurrences. Our Staff continue to retain a strong safety culture of reporting patient safety incidents. This is assisted by the provision of a monthly report outlining incidents and risks due a review to enable improvements to occur. Generally, the process of review has developed in vigour and incidents and risks now form a standing item for discussion within all directorate governance meetings.

The following figures represent rudimentary numbers of incidents reported during January to December 2014. During this period no Never Events were reported.

The Patient Safety team review every Patient Safety incident reported, providing quality checks which include: seeking additional detail or clarification; removing patient identifiers when these have been accidentally included in text description and spellchecks. The data is then shared with the National Reporting and Learning System (NRLS).

Table 1: During 2014, a total of 9568 patient safety incidents (PSIs) were reported, of which

- 8947 (89%) resulted in No or Minor harm;
- 614 (6%) resulted in Significant harm (262/43% of these were inherited incidents i.e. pressure ulcer incidents observed on admission to DCHSFT).
- 4 (0.04%) resulted in Major harm (one of which was an inherited incident, one incident was rejected, one related to a fall which developed further complications and the fourth was a Grade 4 pressure ulcer which deteriorated in DCHSFT care).
- There were 3 Catastrophic incidents reported, two relating to notification of infant death and one death of deteriorating patient on ward (incident rejected deemed not an incident as death anticipated and all care measures in place).

During this reported period a total of 477 (5%) incidents were rejected either considered a duplicate or deemed not an incident.

Need to update data at year end

Table 1

Patient Safety Incidents reported during 2014	
No injury or harm	3728
Minor harm/injury	5219
Significant harm/injury	614
Major harm/injury including permanent disability	4
Death or multiple deaths or catastrophic event affecting DCHS (e.g. flood/fire)	3
Totals:	9568

Table 2 below illustrates the top 5 reported incidents and trends over the past 3 years.

Top 5 Patient incidents 2014		Top 5 Patient Incidents 2013		Top 5 Patient Incidents 2012	
Pressure relief care total (Inherited)	3955 (1985)	Pressure relief care total (Inherited)	3388 (1791)	Pressure relief care total (Inherited)	2520 (1407)
Slips, trips and falls (patient)	1249	Slips, trips and falls (patient)	1580	Slips, trips and falls (patient)	1448
Ambulance/Taxi Transport Issue	496	Ambulance/Taxi Transport Issue	665	Violence/abuse/harassment	509
Injury or Damage to Skin (not Pressure ulcer)	479	Violence/abuse/harassment	647	Ambulance/Taxi Transport Issue	477
Medication	423	Medication	523	Medication	394
Totals:	6622	Totals:	6803	Totals:	5348

Pressure relief care - there has been an increase by 17%. Some of this will be related to increased reporting as our training and education programme raises awareness amongst clinical staff, we also know that our staff are treating more and more patients each year. Significantly, 11% of which relates to inherited pressure ulcers i.e. those occurring prior to admission to DCHSFT care. Focussed and dedicated care improvements, support and monitoring is provided to clinicians by the specialists within the Safe Care Group and work continues in partnership with our commissioners.

Ambulance / Transport / Taxi issues - There has been a 25% decrease in reported incidents. It is difficult to determine if care by ambulance transport providers has improved or whether staff have reduced reporting due to awareness concerns are being addressed. The current service is subject to a competitive tender at the time of this report being written.

Violence / abuse / harassment - There has been a marked decrease (46%) in patient violence incidents which is attributed to a reduction in bed numbers, improved staff/patient ratios resulting in improved levels of observation by staff and increased anticipatory/intervention measures.

Table 3 shows the number of falls reported in 2014 has reduced overall by 28% compared to 2013. Improvements made following root cause analysis include increasing medical and physiotherapy provision in our Older People Mental Health wards, ensuring the continued acuity of patients are met.

Table 3

Patient Falls 2014		Patient Falls 2013	
No injury or harm	744	No injury or harm	982
Minor harm/injury	439	Minor harm/injury	537

Significant harm/injury	31	Significant harm/injury	29
Major harm/injury including permanent disability	1	Major harm/injury including permanent disability	2
Death or multiple deaths or catastrophic event affecting DCHS (e.g. flood/fire)	0	Death or multiple deaths or catastrophic event affecting DCHS (e.g. flood/fire)	0
Totals:	1215	Totals:	1550

Risk Management and Protecting Quality

The Risk Management Policy has undergone a periodic review with significant assurance received from 360 Assurance (our internal auditors) for the risk management processes in place. The review has streamlined and strengthened areas of responsibility to enable improved understanding and implementation of policy contents. Additional to this, to assist in achieving increased awareness and ownership; each Assistant Director receives a monthly report of all open risks for their directorate (excluding Board Assurance Framework) - to confirm and challenge that risks are being reported, escalated and appropriately addressed.

New last year was the introduction of a quarterly Quality Services Committee meeting to provide review the while risk register and provide additional conform and challenge. Incidents are being mapped to ensure that risks appropriately reflect areas of concern. Risk management is based on a fair culture that encourages an organisation-wide environment of openness and learning.

Training & other Patient Safety Resources

Following popular and really good evaluation, root cause analysis training and risk management training continued to be provided by the patient safety team during 2014/15 and will be available on a monthly basis with additional sessions arranged as required and bespoke sessions available to services. There is currently a dynamic and interactive e-learning risk management package being developed which is anticipated to be launched in the Spring increasing staffs opportunities to improve their risk management knowledge base.

Central Alert System & STEIS

The central alert system is a national reporting system alerting health organisations to safety issues. During 2014 a total of 170 alerts were received by DCHS, however, only 39 (23%) were applicable to our services. Each alert was distributed and followed up without any breeches occurring in meeting any required actions and set deadlines identified by NHS England.

Will need altering for reporting period

Table 5 Central Alerting System 1/12/2014 to 31/12/2014)					
Alerts Received During Period	Total	Relevant	Not Relevant	On-going	Response not required
Medical Devices Alerts (MDA)	48	24	22	2	
Chief Medical Officer Messaging	8				8
Estates & Facilities Notification (EFN)	74	6	58	10	
Drug Alerts	19				19
MHRA Dear Doctors Letter	3				3
NHS England PSA	18	9	6	3	
TOTAL	170				

National Framework for Reporting and Learning from Serious Incidents requiring Investigation. (STEIS)

The National Framework for Reporting and Learning from Serious Incidents requiring Investigation requires NHS organisations to report incidents resulting in harm, unexpected death, pain or abuse. During 2014, 204 serious incidents have been reported under this framework, with a formal root cause analysis to understand the incident in detail provided to the Clinical Commissioning Group. Actions and recommendations from root cause analyses are disseminated across the organisation through the Learning the Lessons group.

Table 6 STEIS Reportable Incidents 01/12/2014 to 31/12/2014	
C. Diff & Health Acquired Infections	1
Communicable Disease & Infection Issue	9
Delayed Diagnosis	1
Pressure Ulcer Grade 3	152
Pressure Ulcer Grade 4	6
Slips, Trips & Falls	27
VTE	8
Total	204

Evidence for improvements in clinical effectiveness

Clinical Effectiveness

We ensure that the services we provide achieve meaningful outcomes for patients and carers in a variety of ways:

- **Clinical Audit** Measures care and treatment against established standards
- **Service Evaluation** Monitors how well a service delivers care and treatment
- **Evidence-Based Practice** Ensures that care and treatment follow proven best practice.
- **Patient Outcomes** Measures improvements in the health and well-being of the people who use them.

We have maintained a commitment to improve patient outcomes through the use of clinical audit. This approach has also influenced service improvements. One of our audits in 2014 involved a review of wheelchair use. The results from this audit enabled us to develop our staff training to improve the safe use of wheelchairs.

Audit continues to influence care of our patients at the end of their life and ensure we achieve the highest standard at this very sensitive time. To ensure that the individual needs of our patients are met we audit the records of patients who receive End of Life Care.

We will continue to develop the concept of clinical effectiveness within our services. This will ensure our patient care is led by clinicians and continues to be effective and responsive. We will improve the way we measure the outcomes of treatment.

National Audits

We have taken part in National Audits that have been selected as relevant to the clinical services provided by us. We are participating in 6 national audits; compared to only two we joined last year. We review outcomes from these audits to inform service development and improvements in patient care.

National Audits from the NCAPOP list for 2014/15

Audit title	Percentage of cases submitted	Outcome if known	Actions to be taken
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Audit title	Percentage of cases submitted	Outcome if known	Actions to be taken
National COPD Chronic Obstructive Pulmonary Disease	No data yet available as the clinical audit has just started in January 2015 and will complete in July 2015	This audit has commenced and the results will be available in November 2015	Data collection for both parts of the audit has commenced.
Sentinel Stroke National Audit	We will be participating in the future		Scoping of services to include in this audit is underway
National PROMs Programme	The % of cases submitted is awaiting analysis		To ensure that the results are fed back to the Ilkeston DTC and any improvements required are planned for.
National Audit of Intermediate Care organisational audit			To ensure that the results are fed back to DCHS Intermediate Care services and any improvements required are planned for.
National Diabetic Foot Care Audit	data will be available in June 2015 when this audit has been completed	Report due in March 2016.	To ensure that the results are fed back to DCHS Podiatry services and any improvements required are planned for
NCEPOD Sepsis Audit	There was a pre-set sample of 13 questionnaires from the audit organisers for DCHS		To ensure that the results are fed back to DCHS Medical and Nurse prescribers and any improvements required are planned for

Research & development

The DCHS Research Team provides support to staff across the Trust, to Derbyshire County Public Health and the four Derbyshire Clinical Commissioning Groups. We work in partnership with other key research organisations in Derbyshire, including:

- Collaboration for Leadership in Health Research and Care – East Midlands
- Clinical Research Network East Midlands
- Derby Hospitals NHS Foundation Trust
- East Midlands Academic Science Network

In 2014 DCHS patients have been recruited to the following national research studies which were approved by a research ethics committee:

- Dementia and Imagination
- Nourishing Start for Health (NOSH)
- Electrical muscle stimulation dysphagia study

DCHS has also participated in the national guidance for measuring assistive technology, domestic violence and women with learning difficulties studies which involve clinical staff.

All these studies are on the National Institute of Health Research portfolio. This means that this research is seen as having national significance.

A total of 19 clinical staff participated in these projects. They work in three specialties within DCHS: speech and language therapy, older people's mental health and health visiting.

In addition in the NOSH study 15 health visitors attended an induction session. The project research team were invited to attend a Chesterfield health visitor general meeting on two occasions to give brief presentations, one introducing the project and one giving a brief summary of feasibility findings.

A further 5 portfolio studies are in the process of being approved or set up at the moment.

- Big CACTUS- A study to assess the clinical and cost effectiveness of aphasia computer treatment versus usual stimulation or attention control long term post stroke
- Comprehensive geriatric assessment
- CODES - Cognitive behavioural therapy vs standardised medical care for adults with Dissociative non-Epileptic Seizures: A multicentre randomised controlled trial
- Rehabilitation of memory following traumatic brain injury
- Confidence after Stroke Measure

Our participation in clinical research demonstrates our commitment to improving the quality of care we offer and to making our contribution to wider health improvement. It means that our clinical staff are more likely to stay up to date with the latest possible treatments and active participation in research leads to successful patient outcomes.

In addition, work continued on one other local study which was approved by a Research Ethics committee. This concerned a financial incentive to stop smoking in pregnancy, the project has involved DCHS stop smoking staff, the research team and midwives at Chesterfield Royal Hospital.

Focus on Dementia

Our clinical strategy has a key workstream on dementia care and to underpin this we have participated in a local research project 'Dementia and Imagination.' This £1.2 million national research study, aims to improve the quality of life of patients with dementia by helping them to engage or stay engaged in social activities and relationships through a visual arts intervention. The project delivers 12 weekly sessions of arts based activities, specifically designed for people with dementia. The study has taken place on two inpatient wards in two hospitals in Derbyshire, as well as involving patients from the community via a day unit. The session activities are facilitated by trained artists and include the display and discussion of current exhibitions at Nottingham Contemporary Gallery (a Research Partner). The sessions engage participants in thinking and discussing various artworks, before all are invited to create their own works of art using a wide variety of media and techniques.

At the end of each 'wave' of sessions, a community exhibition takes place in order to engage the public in thinking about dementia in more dementia friendly ways.

??photo opportunity

What we have done to improve Patient Experience?

Caring Always – The DCHS experience

During 2014/15 we worked with patients, staff and our public governors to agree 8 promises about what it should feel like to use our services.

We call these promises '**Caring Always**'.

1. During your time with us you will feel welcomed and valued. You will feel that your care meets your individual needs.
2. You will have the opportunity to discuss with us what is going to happen at every stage.
3. You will understand the choices that you can make about your care. You will be supported to make the best choices for you.
4. You will have all the support you need to feel comfortable and safe.
5. You will know who is providing your care and what to expect. You will have clear information about how and when they can be contacted.
6. You will feel confident that you are being looked after by well trained staff who have the time to care.
7. You will feel able to choose how much we involve your family, friends and carers.
8. You will feel able to tell us how we could improve.

Feedback

The promises tell patients and their families what they should expect to feel. We ask them to feedback to us about how we keep those promises. We can use their feedback to make improvements. There is a growing number of ways for people to give us that feedback:

- By telling any of our staff
- friends and family test
- contacting the Patient Experience Team – by phone, email or through the DCHS website.
- By making a formal complaint
- A new 'Raising Concerns' App
- By telling their story
- Through a follow-up phone call after discharge from hospital
- Online: using Twitter, Patient Opinion, NHS Choices, or our DCHS website
- Through a patient participation or service user group
- Through Healthwatch Derbyshire

We are proud to say that of the **1,200** patients who completed the Friends and Family Test this year, over 90% would recommend us to a loved one who needed similar care. We also ask them to tell us about their experience and about how we could improve the service they used. The comments we receive are used to make changes in local services.

Complaints

Responding to patients and carers whose expectations of service have not been met continues to be a priority for DCHS. During the year we have worked on improving our complaint response times and the content of our responses.

Every complaint or concern is handled by the patient experience team in accordance with the local authority social services and NHS complaints (England) regulations (2009). The Patient Experience Team support complainants through the process, in line with principles of good practice published by the Parliamentary and Health Services Ombudsman and endorsed by the Local Government Ombudsman. During 2014/15 the Patient Experience Team received and responded to XXX enquiries, concerns and complaints compared with 627 in 2013/14. (These figures have not been adjusted for any change in our service or activity). Of these, XXX complaints required an investigation under the NHS complaints process. Y of the XXX accessed the second stage of the complaints process through the Parliamentary and Health Services Ombudsman. This case We also received ZZ Ombudsman decisions during 2014/15 from previous years. Complaints received are categorised. The most common categories of complaint during the year were:

- all aspects of clinical care - XXX
- communication - YY
- etc To be completed with year end data

Following the second Francis Report (2013) we are making improvements to the way we manage complaints so that we learn lessons and support people who have made a complaint more effectively. Chart here for Complaints summary

In line with new national guidance we have participated in our first External Complaints Peer Review Panel held during November 2014. We were pleased with the overall results of this first peer review which stated ***"It is exceptional that Derbyshire Community Services NHS Trust demonstrated satisfactory practice or above for all six complaints"*** This worthwhile process will continue to be developed in conjunction with our commissioners and will continue to support us in driving up our performance in relation to complaints management.

Friends and family test (FFT) process

DCHS continue to perform well with regard to the question would you recommend this trust to your friends and family?

We take feedback across all our services on a monthly basis and have worked specifically on getting feedback from some of our harder to reach groups including children and patients with a learning disability.

Include data for year end on FFT compare with other organisations if possible

Patient stories

Patient stories are a rich and valuable source of feedback from our patients and their carers and are used regularly across the organisation including at our monthly board meeting, quality service committee and safeguarding meetings. We have also introduced in year a staff story at our quality peoples committee to learn more about the support our staff have received and need. These stories provide a platform for sharing learning across our organisation and further afield and have been used to inform partner organisations and our commissioners of service user needs.

Dignity in care

DCHS continues to work with Derbyshire County Council (DCC) towards its dignity in care awards. Currently we have 78 services engaged in this scheme which drives improvement in dignity in care and is assessed independently by colleagues from our CCG and DCC. During 2014/16 4 teams have achieved their Silver dignity in care awards

PLACE 2014

NHS England recommends that all hospitals providing NHS-funded care undertake an annual assessment of the quality of non-clinical services and the condition of their buildings. These assessments are referred to as Patient-Led Assessments of the Care Environment (PLACE).

The Assessment teams for us consisted of Patient Assessors and Staff Assessors of equal proportion (i.e. 4 and 4).

The CQC will use data from the PLACE collection in formulating Quality and Risk Profiles of DCHS as a healthcare provider.

Scores Summary for DCHS for 2014

The **percentage scores** for each category below have been awarded by the NHS Information Centre based on the information returned by us for 2014 Assessments.

HOSPITAL	CLEANLINESS	FOOD	PRIVACY & DIGNITY	CONDITION & MAINTENANCE
ASH GREEN	99.91%	92.86%	86.93%	97.59%
BABINGTON	98.76%	97.47%	91.83%	91.88%
BOLSOVER	99.60%	97.45%	89.22%	98.00%
CAVENDISH	99.78%	94.89%	81.80%	95.92%
CLAY CROSS	99.72%	96.61%	80.47%	96.15%
ILKESTON	98.75%	96.06%	91.83%	98.29%
NEWHOLME	99.79%	96.88%	87.20%	95.63%
RIPLEY	99.35%	93.54%	92.61%	96.97%
ST OSWALDS	100.00%	94.99%	94.15%	98.71%
WALTON	100.00%	90.83%	92.42%	95.08%
WHITWORTH	99.78%	93.13%	85.20%	98.40%

The overall scores for our hospitals were very favourable, as indicated below:

DCHS overall Organisational Scores:

CLEANLINESS	FOOD	PRIVACY & DIGNITY	CONDITION & MAINTENANCE
99.59%	94.97%	88.51%	96.60%

And this is how it compared to the National Averages:

PLACE Results National Averages

CLEANLINESS	FOOD	PRIVACY & DIGNITY	CONDITION & MAINTENANCE
95.75%	85.42%	88.90%	88.78%

All our Hospitals have achieved a score above the National Average for Cleanliness, Food, Condition and Maintenance.

Food, Nutrition & Hydration

August saw the National launch of the new NHS Catering Standards for both patients and staff. We have reviewed the standards and agreed an action plan to address any shortfalls. One of the main changes we will be looking at will be the provision of catering services within the staff and visitor dining rooms and our vending machines, to ensure that we offer healthy eating options on all of our menus.

We continue to produce freshly cooked food using fresh produce from local suppliers. This year we have completed a number of food evaluations, including the supply to our community hospitals of fresh fruit and vegetables and the supply of fresh meat.

In December new legislation was introduced relating to the presence of allergens in food. Patients, staff and visitors should be informed of the presence of any one of the 14 Allergens that could be found in the food prepared or bought in by external suppliers.

We have reviewed how we cater for our most vulnerable patients who may be at risk of malnutrition. In order for patients to receive the assistance they require during mealtimes, we have reviewed our Protected Mealtime Policy to ensure that the mealtimes are protected and that a Registered Nurse is always available to supervise the meal service.

We have also purchased new crockery and water jugs that are coloured coded orange to identify patients who are at a risk of dehydration or who need nutritional support. We have undertaken a food evaluation of the textured modified food we supply for patients with swallowing difficulties to optimise the presentation, taste and overall quality of the food.

We have recruited a Nutritional Nurse Specialist, who offers support, advice and guidance to patients and clinicians. The Nutrition Nurse Specialist has been concentrating on arranging the training for clinical staff around the Malnutrition Universal Screening Tool (MUST) and training relating to completing the nutrition treatment plans. Nutrition link leads have been established on all the wards, providing training and support through regular meetings. This will be extended out to our community teams over the next year.

Making equality, diversity and inclusion a reality at DCHS

As an organisation, we are passionate about people – our service users and our employees – and want to make a real and positive difference to people's lives.

DCHS's vision for equality, as clearly stated in our Equalities Strategy, is that we are: 'a healthcare community that promotes equality, values diversity and radiates inclusive practice in both employment and service delivery. We want to attract, recruit and retain a wide range of staff from all sections of society to work in a positive, inclusive and nurturing environment. We also want to deliver, with dignity and respect, inclusive and accessible services that meet our patients' individual needs.'

Over the past year, we have made further progress in embedding improved equalities practice in everything we do. Some of our achievements include:

- Developed and signed off our new Equalities Strategy that clearly communicates our equalities aspirations for the future and how these will be achieved
- Created a new Equalities Action Plan, based on our priority objectives that were identified through public consultation. This is being actively performance managed by our Equality, Diversity and Inclusion Leadership Forum that reports directly to our Quality People and Quality Service Committees
- Developed two new equalities policies – our new Trans Equality Policy and Equality, Diversity and Inclusion Policy
- Established an Equalities Forum Theatre group, which has travelled across the County to deliver engaging and participative training sessions tackling issues of inequality and discrimination
- Procured equalities e-learning and created an 'Introduction to Equality and Diversity at DCHS' video that is being used for the Induction of new employees into the Trust and at the Essential Learning which all employees undertake every 2 years

- Continued to deliver our Sexual Orientation Equality Masterclasses across all service areas to raise awareness of homophobia, Transphobia and heterosexism and to support staff to improve their equalities practice
- Delivered a training session on equality, diversity and inclusion to Public and Staff Governors
- Improved our approach to Equality Impact Assessments or Analysis so that it is undertaken for all key decisions that are relevant to equality
- Run sessions promoting the importance of equality monitoring to all staff as part of the Staff Briefing sessions delivered across the County
- Produced a comprehensive Workforce Equality Data and Analysis report (for 2013), a copy of which is available on our website
- Produced a Service User Equality Data and Analysis report (for 2013), which is also available on our website
- Undertaken a comprehensive equality analysis of our 2013 Staff Survey results, which resulted in additional equalities-related actions being embedded within the Trusts Staff Survey Action Plan
- Established a third Employee Network Group for our staff with a Disability or long-term health condition; this brings our total number of groups to three, as we have already established groups for our lesbian, gay, bisexual and Trans staff and our Black and other ethnic minority staff. Membership of all three groups is open – and actively promoted - to equality allies, irrespective of characteristic, who are passionate about equality and want to help DCHS to achieve it
- Had undertaken a 360 Assurance review of our approach to embedding good equalities practice. This review gave the organisation significant assurance that the work being undertaken to progress the equalities agenda within the organisation is fulfilling its legal duties under equalities legislation and the requirements of Department of Health's Equality Delivery System 2
- Increased our ranking in the Stonewall Workplace Equality Index in 2014 (to 168th from 230th the previous year)
- Made further progress on embedding Health Care For All (HC4A) to improve our approach to providing services to people with a learning disability, and their overall experience of our services
- Celebrated LGBT History Month in February 2014 and commemorated the International Day Against Homophobia and Transphobia (IDAHO), and celebrated Black History Month in October 2014;
- Worked with the British Deaf Association (BDA), local Deaf Forums and service users to sign the BDA's British Sign Language (BSL) Charter
- Established our first Access to Healthcare Forum which is representative of all protected characteristics. This Forum will help us to check our equalities practice and identify new priority equality objectives and actions for 2015 and beyond.

Further information about DCHS' approach to equality, diversity and inclusion can be found on our website at: http://www.dchs.nhs.uk/home/about/equalityand_diversity



Picture of members of our Employee Network Groups

Can we get a picture of the signing of the British Deaf Association charter?

Making every contact count

Making every contact count (MECC) has been a successful initiative across DCHS since 2010, raising staff awareness of their responsibility to help patients, carers, families, friends and colleagues to adopt a healthier lifestyle. We have increased staff awareness of MECC by providing training and awareness raising sessions to over 3,500 DCHS staff. We have amended our documentation to make sure we can identify and audit MECC activity, which helps patients and staff to address lifestyle choices that are impacting on their personal health. We have evaluated training given to planned care services with very positive outcomes. The initiative is now truly embedded in the culture and ethos of the Trust with staff seeing MECC as part of their role.

A team of staff participated in the DCHS Improving Leaders Capability Programme, were tasked with reviewing the MECC programme, within their own areas, and reported:
'The conclusion was that MECC discussions were happening on a daily basis. We found that MECC was about changing attitudes and culture within teams – the importance of promoting health and conversations being individually tailored to patient needs. It was noted that MECC was not just a tick box exercise but about lifestyle choices, having everyday conversations about health promotion.'

Being a responsible employer we have used MECC to engage with our own staff and ensure that we provide them with the opportunity to improve their own wellbeing. DCHS received the Royal Society for Public Health (RSPH) Health and Wellbeing Award for 3 years (the highest classification) for the Trusts commitment to promote health amongst its workforce the impact this has had on staff wellbeing and attitudes to health. We were proud to be recognised nationally in 2014 by being shortlisted for the Nursing Times Award for Excellence in Supporting Staff Health and Wellbeing.

Healthcare for all (HC4A)

Throughout 2014/15 DCHS continued to monitor and seek to improve access to its services and processes for people with a learning disability.

As in previous years our focus has been about improving the ways in which we identify service users with a learning disability and then assessing and making the necessary reasonable adjustments that that individual or their carer needs to ensure they achieve their optimum clinical outcomes along with the best healthcare experience possible.

This is the essence of true 'patient centred care' and our approach in DCHS continues to be that reasonable adjustments, though essential for, are not just for people with a learning disability and should be identified, implemented and shared for all our patients as part of patient centred care and discharge planning.

"Quality Always" and the DCHS "Equality and Diversity Strategy" and the new "Equality Delivery System" are the mechanisms by which we now monitor how well we are doing and the delivery of improvements identified by individual services and the organisation.

The principles of "Healthcare for All" and how it fits with patient centred care remained a "golden thread" in our new Corporate Induction and "Fundamentals in Care" programmes for new staff and our "Essential" training programmes for new and established staff.

In January 2015 DCHS participated in the Derbyshire Joint Health and Social Care Learning Disability Self Assessment Framework and our Specialist Learning Disability Services lead on our input and commitment to the "Derbyshire Transforming Care" care concordant.

Things we are Proud of

Development of a Multidisciplinary Foot Care Service at Buxton Hospital.

Safe Care

Patients with diabetes are at risk of developing complex foot conditions which can severely impact on their quality of life. In January 2014 in conjunction with our colleagues at Stepping Hill Hospital we

established a new foot care service. The service is led by the Consultant Podiatric Surgery team in liaison with a Consultant Diabetologist.

This service enables patients who have complicated foot problems to be seen locally by a multidisciplinary team instead of having to be seen within an acute hospital. The staff have developed their clinical skills to be able to offer intravenous antibiotics to patients who require these, this allows the patients to receive intravenous antibiotics either as an outpatient at Buxton Hospital or an inpatient at the Cavendish Hospital, thus enabling patients to receive a local service and reducing demand on our acute hospitals.

DCHS In Reach Services

Responsive services

DCHS has been commissioned to provide an In Reach Service to our Derbyshire Acute Hospitals. The purpose of the service is to provide a multi-disciplinary team to work in partnership with Social Care to assess patients in acute hospitals and clinically navigate the patient to the most appropriate service to meet their on going care needs. Currently DCHS has teams based at Chesterfield Royal Hospital (CRH) and Royal Derby Hospitals. In addition, the Chesterfield Royal in-Reach team also provides a weekly service to Kingsmill hospital, Mansfield, Stepping Hill and Macclesfield acute hospitals.

The teams have developed positive working relationships with acute hospital staff improving timely access to the wide range of available community services and facilitating safe discharges or transfers of care. The CRH in-Reach team operate 7 days per week which has reduced surges in activity and improved patient flow to Community Services, enabling patients' needs to be met in the right place, at the right time by the right service. It is the intention that the RDH team will become a 7 day service.

The teams collect data to evidence the impact of the service. During December 2014 and January 2015 there was a 30.5% increase in transfers from acute hospitals to DCHS Community Hospitals and a 15.2% increase in transfers at weekends which has supported the reduction of acute hospital bed pressures.

The team also collate evidence of gaps and duplication in community service provision to support future service improvement initiatives.

"Working together to deliver the best possible care for the people of Swadlincote locality, when and where they need it"

Responsive Services

This is the vision of the Swadlincote Integrated Community Team who continue to make phenomenal progress developing partnership working with adult social care, GPs, voluntary sector, mental health services, the CCG and with cross border health and social care providers. The integrated team comprises of Community Matrons, community nurses, therapists, care coordinators, support workers and admin staff who work together to provide responsive high quality care around the needs of their community.

With a rapidly increasing ageing local population and with areas of deprivation partnership working with adult social care is vital in meeting the challenge of providing great care. The teams work together to provide preventative and responsive services. The teams are fully engaged in the working with the newly commissioned Care Coordinators supporting the new community support teams. Other recent partnership developments are the formation of the Single Point of Access rapid response service and the Intermediate Care beds at Oakland Village. Some members of the team work jointly with social care in the reablement service providing short term care and rehabilitation.

At Oakland Intermediate Care unit the therapists work together with adult care providing rehabilitation and care for patients who are either "stepped up" from the community or "stepped down" from Queens Medical Centre ,Nottingham.. The team have been praised for the flexible open minded approach they have which helps to facilitate the partnership working, trust and respect has been built by both partners The Single Point of Access (SPA) responds to referrals for urgent rapid response assessments within 2

hours. The team have had considerable success together with adult social care in maintaining some very complex patients in their own homes - reducing unnecessary hospital admissions and making a real difference to patients.

The team take a lead role in the Swadlincote Integrated Care group, a local forum of health and social care leads, the voluntary sector and the CCG. At this forum service transformation is discussed with engagement from all parties. The team are not standing still and further developments are already underway with the virtual ward, the voluntary sector and with mental health to enhance local services. We are immensely proud of the partnership working achieved by this team and the benefits it is bringing to patients every day.

Telehealth Pilot Effective Care

In 2013 £250,000 of non-recurrent funding was identified by the four Derbyshire Clinical Commissioning Groups (CCGs), for implementation of a Telehealth service which was delivered by the DCHS Heart Failure service. The Heart Failure Telehealth Service went live in September 2013.

Telehealth Services offer a way to remotely monitor patients with long term conditions (LTCs) such as heart failure, in order to reduce unplanned admissions to hospital and to allow clinically appropriate interventions to be made in a timely manner. Heart failure patients on the Heart Failure Specialist Nurse (HFSN) caseload were recruited using a set of agreed clinical criteria.

A monitoring profile was created for each individual patient with parameters set for vital signs recordings, such as blood pressure and weight. If a patient failed to complete their readings within the agreed timeframe then the Telehealth system produced a Non-conformance Alert. If a patient returned vital signs readings outside their set parameters or indicated via their answers to a questionnaire that their condition may be deteriorating then a Red Alert was produced.

All alerts are monitored by Heart Failure Nurses (HFNs) five days a week and are triaged and actioned according to special alert pathways.

Data below is in relation to the 250 patients involved in the HF Telehealth Service pilot.

Patients and carers were invited to participate in a Patient Satisfaction Survey and heart failure staff were surveyed as to their opinion of the Telehealth Service.

Heart failure related inpatient admissions costs for patients before the use of Telehealth amounted to £168,978 while during the period of Telehealth use the heart failure inpatient costs were £35,814. This is a saving of **£133,164**.

Before the use of Telehealth a total of 55 patients were admitted to an acute hospital for heart failure related activity a total of 61 times using 637 bed days. During the period of Telehealth use a total of 13 patients were admitted to an acute hospital for heart failure related activity a total of 20 times using 222 bed days. This is a reduction in the number of admissions by **41**, the number of patients admitted reduced by **42** and the number of bed days saved was **415**.

The cost for running the Telehealth service during the period of the evaluation was approximately £152,000. It should be noted that costs of approximately £17,000 were associated with set up of the service and will not be incurred again.

The mean Length of Stay (LoS) prior to use of Telehealth for all patients was 11.5 days with inpatient spells ranging between 0 days and 30 days. In contrast the mean LoS post introduction of Telehealth rose to 18.5 days with inpatient spells ranging between 0 days and 49 days. This showed an increase of mean length of stay by 7 days. This was not an expected outcome but may reflect a change in the complexity of

the patients admitted to hospital as part of the Telehealth Service. This indicates that more complex patients were admitted to hospital during the pilot of the Telehealth Service while less complex patients, who may previously have been admitted to an acute bed, were managed at home by HFSNs.

A Patient Satisfaction Survey was issued to Telehealth Service patients, who had been using the equipment for between 0 and 12 months, with a 46% rate of return. The results of the patient survey showed that 91% either agreed or strongly agreed that they felt more involved in their care by participating in the programme. 82% either agreed or strongly agreed that using the equipment gave them peace of mind and reduced their anxiety about their heart failure. 82% of respondents also strongly agreed or agreed that they felt that the Telehealth service helped their heart failure specialist nurse manage their care better.

The results from the staff survey were also encouraging with 100% of respondents agreeing or strongly agreeing that the Telehealth Service helped them to provide better care for their patient. 100% of respondents also agreed or strongly agreed that the service gave their patient more peace of mind on discharge from hospital. All respondents agreed or strongly agreed that information gained from the Telehealth Service enabled them to look after their patient more efficiently.

Non-Weight Bearing Pathway

Effective care

The non-weight bearing pathway pilot is an initiative utilising System Resilience monies which has been set up to provide a service for patients who are unable to weight bear for a period of time and would otherwise remain in an acute hospital bed for their non-weight bearing period. It is a therapy led service with a small team of clinicians including therapists, a nurse and generic support workers.

Patients are referred by Chesterfield Royal Hospital once they have been assessed as unable to return home for their non-weight bearing period, are medically stable and able to safely be discharged into a community setting. The patient is then assessed by the team and once accepted onto the pathway a bed is commissioned for the non-weight bearing period, usually in a residential or nursing home. During this time the patient is monitored by the team and an individual exercise programme is set up by the therapist's and is visited regularly by the generic support worker to help keep the patient as mobile as possible in the non-affected limbs until they have a follow up outpatient appointment at the hospital. A member of the team accompanies the patient to follow up appointments and once the patient is able to weight bear they are assessed and referred to the most appropriate rehabilitation service. This may be at home with Intermediate Care, an Intermediate Care Bed or a Community Hospital. The non-weight bearing team then hand over patient care back into mainstream community services.

Erewash Care Home Support Service

Responsive services

Erewash Clinical Commissioning Group have commissioned a new service to provide the local care homes with dedicated specialist nursing support to provide continuity of care, via a rapid response service and regular ward rounds with the aim of reducing unnecessary admissions to hospital and to reduce the number of visits to care homes that GP's make and therefore enabling more appointments to be available in the GP surgeries.

The service is delivered by a small team of Advanced Nurse Practitioners (ANP's) linking closely to the GP practices and supported by care coordinators. ANP's are able to assess, diagnose, investigate and treat a wide range of conditions and illnesses.

Although the service only started towards the end of 2014 the early information is demonstrating a real impact on reducing the number of care home patients admitted to hospital and who continue to be successfully cared for in the environment in which they are familiar.

Erewash Welcome Home Service

Responsive services

We recognise that settling in at home following a spell at an acute hospital can be difficult, sometimes resulting in a readmission if the necessary components are not in place. This may be as simple as not having food in the fridge, or not being able to make it upstairs to bed on the first night, to more complex issues e.g. not having the right equipment or medications in place.

The Erewash Welcome Home Service was established with the aim of reducing the number of older people readmitted to Nottingham University Hospital (NUH) shortly after discharge. The service forms part of the Erewash Integrated Care Team and involves care coordinators, linked to GP practices, proactively contacting by telephone, every patient over the age of 65 as near to the day of discharge as possible, they check their awareness of their health needs, understanding of their medication, mobility, access to appropriate food and drink, and that their home is adequately heated.

If any concerns are identified the care coordinators make relevant contact / referrals to address them. The partnership working enables patients to remain at home and avoids readmissions to hospital.

Dental Services

Responsive services

Topic heading: Accessible information – patient information leaflets

The dental service is currently striving to ensure the availability of identified ranges of patient information leaflets. These will be on oral and dental care for those people with a learning disability. A good way for us to improve our communication is by using different written formats. In addition to our Communicate in Print - Widgit symbols package, we have now purchased Photo-symbols to create further Easy Read information.

It is important to be responsive to our patient's needs and inform our patient's how to continue self care once they are within their own home environment. The range of key subjects in Easy-read will also explain 'the process of and risk' as well as 'instruction' leaflets on oral health or dental treatments.

The Oral Health Promotion team are currently working with the public and multi-agency teams at Health Care For All and the Learning Disability Good Health Group meetings. These groups have given valuable suggestions in presenting these leaflets.

Dental nurses who have attended our Certificate in Special Care Dental Nursing course were asked to create Easy Read leaflets. This awareness of other accessible information formats was to highlight the need and importance of providing Easy Read leaflets to the public accessing general dental practices within the Midlands.

Appendix 1 - The Francis Report – how have we responded?

Not sure this needs to be a separate appendix, could include in the main body of text

In response to the Francis Report (February 2013) DCHS established a Francis Working Group which reported monthly to our Quality Services Committee(QSC) until March 2014 with a detailed outcome report going to QSC in March 2014 prior to a detailed report on the actions in response to Francis featuring in the Quality Account 2013/14. In addition the DCHS Board approved the Derbyshire Community Health Services' Response to the Government Response to the Robert Francis QC's Inquiry into Mid Staffordshire NHS FT at the January 2014 Board and this was published on the public facing website.

It was agreed at March 2014 QSC that the reporting mechanism for each remaining work stream (Safe staffing, clinical supervision, Developing an Open and Transparent Culture, Complaints reporting and better complaints information and Patient Safety) would be monitored by the Deputy Chief Nurse formally reviewed and reported 6 monthly to QSC. These key elements form strands of work that are embedded within our established governance processes.

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Appendix 2 - Workforce Commentary

2014 NHS Staff Survey

In 2014 we used our NHS Staff Survey to invite staff to take time out to tell us what they thought about the organisation and their working lives. This was performed independently by the Picker Institute Europe which ensured absolute confidentiality and supported detailed analysis. We received a **XX%** response rate which enabled us to have a rich source of data to look at the key areas we can improve for our staff.

NHS England published its Staff Survey results in February 2015, taking a sample to provide results across 28 key findings, benchmarked against all other Community Trusts.

	2013/14		2014/15		Trust improvement / deterioration
Response rate	Trust	National average	Trust	National average	
	X%	X%	X%	X5	Increase / decrease in % points

When considering these ratings it is important to remember that we provide a different range of services to many other Community Trusts and provide independent care for some patients with very challenging behaviour in our Learning Disability and Older People's Mental Health Services. This reflected in some of our lower ratings regarding violence and aggression from patients towards staff.

The table below gives a summary of ranking, compared with all Community Trusts in 2014.

28 Key findings:

	2014
Above (better than) average	
Below (better than) average	
Average	
Above (worse than) average	
Below (worse than) average	

Overall staff engagement

The overall staff engagement score for 2014 is **X.XX**. The overall indicator of staff engagement is calculated by NHS England using the questions that make up key findings 22, 24 and 25. These key findings relate to the following aspects of staff engagement:

- Staff members' perceived ability to contribute to improvements at work
- Staff members' willingness to recommend the trust as a place to work or receive treatment

In terms of the Community Trusts, there has been a welcome improvement across the board according to staff working in community organisations since 2013. Particular congratulations go to Tracey Allen and her team at Derbyshire Community Health Services FT for their leadership position in the 2015 standings, having seen a huge shift in both performance and trend from staff since 2013

Listening into Action 2015

- The extent to which staff feel motivated and engaged with their work

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Staff friends and family test questions

The table below shows how we compare with other Community Trusts in England to the two key staff friends and family test questions:

	I would recommend my organisation as a place to work	If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation
Birmingham Community Healthcare NHS Trust		
Bridgewater Community Healthcare NHS Trust		
Cambridgeshire Community Services NHS Trust		
Central London Community Healthcare NHS Trust		
Derbyshire Community Health Services NHS Foundation Trust		
Hertfordshire Community NHS Trust		
Hounslow And Richmond Community Healthcare NHS Trust		
Kent Community Health NHS Trust		
Leeds Community Healthcare NHS Trust		
Lincolnshire Community Health Services NHS Trust		
Liverpool Community Health NHS Trust		
Norfolk Community Health And Care NHS Trust		
Peninsula Community Health		
Shropshire Community Health NHS Trust		
Solent NHS Trust		
Staffordshire And Stoke On Trent Partnership NHS Trust		
Sussex Community NHS Trust		
The Gloucestershire Care Services National Health Service Trust		
Torbay and Southern Devon Health and Care NHS Trust		
Wirral Community NHS Trust		

This page highlights the 5 key findings for which DCHS compare most favourably with other Community Trusts in England.

Add in top 5

	2013/14		2014/15		Trust improvement / deterioration
Top 5 ranking scores	Trust	National average	Trust	National average	
Question 1	X%	X%	X%	X%	Increase / decrease in % points
Question 2					Increase / decrease in % points
Question 3					Increase / decrease in % points
Question 4					Increase / decrease in % points

This page highlights the 5 key findings for which DCHS compare least favourably with other Community Trusts in England. It is suggested that these areas might be seen as a starting point for local action to improve as an employer.

Add in bottom 5

	2013/14		2014/15		Trust improvement / deterioration
Bottom 5 ranking scores	Trust	National average	Trust	National average	
Question 1	X%	X%	X%	X%	Increase / decrease in % points
Question 2					Increase / decrease in % points
Question 3					Increase / decrease in % points
Question 4					Increase / decrease in % points

Pulse checks

The DCHS pulse check was launched back in July 2013 and provides an indicator throughout the year as to how staff, as employees, are feeling. The pulse checks are run on a quarterly basis and provide an opportunity for staff to give anonymous feedback on how well they feel they are being managed, engaged and supported. This is now linked with our Staff Friends and Family Test.

It allows DCHS senior leaders to work closely with their teams about the issues that are important to them. The pulse checks provide information to facilitate focus and relevant action to be taken each quarter rather than once a year. The way they are structured facilitates swift feedback after the questionnaire has been completed. The positive impact high staff engagement can have on other Trust KPIs - such as attendance, patient safety and productivity - is recognised and well researched. It is also a significant measure for the leader as to how well they are engaging with their teams to deliver the results we need, primarily around quality care for our patients.

? Pulse check scores by quarter

Raising concerns

DCHS is committed to achieving the highest possible standards and actively encourages openness and honesty in the workplace. This year we have developed an 'App' to assist staff who wish to raise a concern as part of our ongoing commitment to creating a culture where members of staff are encouraged and empowered to raise concerns without fear of recrimination.

We have reviewed our Whistleblowing Policy to make it simpler for staff to understand and clarified how concerns will be dealt with. We are looking at new ways of feeding back to staff so that they feel confident we have dealt appropriately with the concerns they have raised.

In the last year we have received a small number of formal concerns raised through our Whistleblowing Policy. All of these have been thoroughly investigated and detailed action plans have been produced to ensure that any issues that need addressing are dealt with. We have implemented a new process which entails the Chief Executive, Senior Independent Director and Trust Secretary reviewing the action plans on a regular basis and receiving assurances from the relevant managers that they have been implemented

How we develop and support our staff

- Staff appraisals
- Staff Training
- Learning and Development
- Leadership Development

Appraisals

The introduction of a revised leadership appraisal system in 2012 has enabled alignment of the NHS Leadership Framework, DCHS Way appraisal process and KPI's. The process is now embedded within the Trust providing a valuable mechanism for measuring performance whilst, also identifying the development areas and support required by staff so as to enable them to achieve their full potential.

In 2015 we intend to enhance e-appraisal systems piloted in April 2014 and we will roll out the use of e-appraisals across all directorates. Appraisal training continues to be offered across the Trust to ensure both the appraiser and appraisee are equipped with the knowledge and skills to develop and receive an effective, meaningful appraisal. 86% of our staff received an appraisal within the year and we will be working hard during the coming year to improve on this.

Training

We have a dedicated development centre which provides a wide range of in-house training opportunities for the workforce. The development centre houses a skills lab, IT training suite plus clinical and non-clinical training rooms. Training programmes are also commissioned from external providers to meet workforce needs.

In 2015 we plan to revise our annual training needs analysis process so as to ensure better alignment with Health Education England commissioning cycle. The development of divisional training plans linked

to organisation objectives and business plans will also assist in the identification of workforce development needs particularly, in relation to the knowledge skills and competences required for delivery of integrated care.

We also plan to strengthen the clinical practice facilitator role, to provide training locally and support changes in delivery of care while ensuring quality is maintained.

Learning and Development

We are committed to provide a learning environment that supports and enables our workforce to attain the right skills, competence and professional capabilities to deliver excellent care in a challenging and changing environment.

As we develop new services and models of care we will use a broad range of development opportunities to equip our staff with the qualities, skills and competencies to fulfil and enhance their roles and career progression to deliver high quality, efficient and effective services. This will be achieved through the provision of development opportunities such as rotations to enhance job enrichment and growth opportunities supported by strong preceptorship and mentorship. In addition increasing the number of Advanced Clinical Practitioners will be key in supporting new models of care delivery.

All new staff undertake an in-house induction programme over 5 days to ensure they receive all training relevant to their role prior to commencing in post. We launched a new induction programme in 2014 and we are pleased to say that 100% of staff attended the corporate induction within the first month of employment.

Training programmes reported against a target of 95% of available staff	% attainment at April 2014	% attainment at December 2014 update year end
Essential learning	95% compliant	94% compliant
Information governance	91% compliant	91% compliant
Fire training	91% compliant	90% compliant
Appraisal	92%	86% compliant

Whilst, current figures demonstrate a slight decrease in compliance rates compared to 2014. It is anticipated we will achieve target compliance rates by year end.

All clinical support staff undertake a 10 day fundamentals in care course prior to commencing in post. The fundamentals in care course will ensure all clinical support staff meet the criteria for the Care Certificate to be launched in April 2015. Staff will be supported to undertake a diploma in health / health and social care within 18 months of commencement in post.

In 2014 we recruited an e-learning co-ordinator/developer. In the past 12 months we have seen a steady increase in staff undertaking some elements of mandatory training via e-learning. We will continue to increase the number of e-learning packages and provide IT access and training to all staff to enable increased productivity, efficiency and engagement in the work place.

The Mental Health Lead Trainer has successfully delivered Dementia Friend courses across the trust. Dementia training is a key priority so as to ensure patients with Dementia and their carers receive excellent care. We aim to significantly increase the number of Dementia champions within the trust this year.

Future plans include a review of existing essential and clinical essential training programme so as to streamline programme delivery, increasing apprenticeship and traineeship opportunities across the trust, in particular, encouraging clinical apprenticeships. There will be an increased focus on the impact of Quality Account 2014/15

learning and development on practice. This will be captured by reviewing and implementing effective evaluation of learning and development programmes.

During 2015 we plan to submit a 5 year learning and development strategy to the board for approval, outlining our learning and development priorities for 2015-2020. It will provide a framework for improvement and success, a key aspect of the strategy will be the commitment to continue to develop as a learning organisation promoting a culture of reflection, innovation and shared learning and passion for continuous professional development.

Leadership Development

Leadership Development is a key priority for 2015, we will continue to develop our leaders through a range of targeted leadership interventions so as to equip our clinical leaders, business leaders and people managers with the necessary values, skills, behaviours and experience to maximise their potential in leading the trust forward. We will build the capacity and capability of our clinical leaders through a robust development and assessment model through our Quality Always programme both developing the capability of our clinical leaders as well as further developing our systems of assessment and outcome measures in care delivery.

Fire Safety Training

Since April 2014 fire training figures as reported to the board have continued to be around the 90% mark based over rolling 12 month period, i.e. March 2014 – April 2015 the figure is XX. This figure includes all staff who have attended essential training, induction, e-learning, completed the internal fire workbooks or attended a face-to-face fire training session at one of our sites. In addition to the standard fire training sessions specialist training sessions are also held for Nominated officer fire and fire warden roles and also training in the use of evacuation equipment such as ski sheets, pads and evacuation chairs where required.

Reporting of Injuries, Diseases and Dangerous Occurrence Regulations (RIDDOR)

Staff Health and Safety

At DCHS we take Health and Safety very seriously, our objective is to ensure that **ALL** our staff to go home safely at the end of each and every day. Our approach to Staying Safe is simple.

We believe that all injuries are preventable and through good leadership and engagement of staff you can create a safety culture in which everyone takes responsibility for health and safety both on a personal and a collective level.

In 2014/2015 we have had ... reported incidents versus ... in 2013/2014

Table of incidents to be inserted here at year end

In 2014/2015 we have....% increase/ decrease in incidents.

Reporting of injuries, diseases and dangerous occurrence regulations (RIDDOR)

This requires us to report any workplace incident that falls into a specific category to the Health & Safety Executive (HSE). Workplace injuries are reportable to the HSE if they are a result of our work activity and constitute a major injury or absence from work for more than seven days. If a visitor or member of the public visiting one of our hospitals suffered a major injury as a result of our work activity we would also have to report this to the HSE. We had TBC RIDDOR reportable injuries to staff in 2014/15 and none to members of the public or visitors.

Appendix 3 - Information Governance Toolkit submission for 2014/15

We are required to make sure that the information we hold about patients and staff is held and managed safely and confidentially and that it is used only for the purpose for which it was collected. The Information Governance Group is responsible for maintaining and improving the Information Governance Toolkit scores.

We can confirm that we had no requirements that were not applicable and all requirements were answered.

Assessment	Level 0	Level 1	Level 2	Level 3	Total Req'ts	Overall Score (%)
Information Governance Management						
Confidentiality and Data Protection Assurance						
Information Security Assurance						
Clinical Information Assurance						
Secondary Use Assurance						
Corporate Information Assurance						
Overall						

Appendix 4 - Organisational patient safety data results for year end

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Appendix 5 – Care Quality Commission (CQC) Registration

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Appendix 6 - Third party statements – CCGs/Health watch

Letters to be scanned and included

DCC Letter

DRAFT

Appendix 7 - Statement of Directors' responsibilities in respect of the Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

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

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

- The content of the Quality Account meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2014/15
- The content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes and papers for the period April 2014 to March 2015
 - Papers relating to Quality Account to the Board over the period April 2014 to March 2015
 - Feedback from commissioners dated XX/XX/XXXX
 - Feedback from Governors dated XX/XX/XXXX
 - Feedback from LINKs dated XX/XX/XXXX
 - The trusts complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated XX/XX/XXXX
 - The national patient survey dated XX/XX/XXXX
 - The national staff survey dated 02/2014
 - The Head of Internal Audit's annual opinion over the trust's control environment dated XX/XX/XXXX
 - CQC quality and risk profiles dated.

The Quality Account presents a balanced picture of the NHS foundation trust's performance over the period covered; the performance information reported in the Quality Account is reliable and accurate:

- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- Data underpinning the measures of performance reported in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Account Regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Account (available at www.monitor-nhsft.gov.uk/annualreportingmanual)

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

By order of the Board

Appendix 8 - Independent Auditors

MONITOR, AUDIT COMMISSION, PICKER, KPMG

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Appendix 9 - The Core Quality Account Indicators

Annex 2 - The Core Quality Account indicators

The last indicator, Friends and Family Test – Patient, is for consideration and is not a statutory requirement

<i>Prescribed Information</i>	<i>Related NHS Outcomes Framework Domain & who will report on them</i>	DPC
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to— (a) the value and banding of the summary hospital-level mortality indicator (“SHMI”) for the trust for the reporting period; and (b) The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period. *The palliative care indicator is a contextual indicator.	1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions Acute trusts	No
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients on Care Programme Approach who were followed up within 7 days after discharge from psychiatric in-patient care during the reporting period.	1: Preventing People from dying prematurely 2: Enhancing quality of life for people with long-term conditions All trusts providing mental health services	No
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of Category A telephone calls (Red 1 and Red 2 calls) resulting in an emergency response by the trust at the scene of the emergency within 8 minutes of receipt of that call during the reporting period.	1: Preventing People from dying prematurely Ambulance trusts	No
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of category A telephone calls resulting in an ambulance response by the trust at the scene of the emergency within 19 minutes of receipt of that call during the reporting period.	1: Preventing People from dying prematurely Ambulance trusts	No
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the trust during the reporting period.	1: Preventing People from dying prematurely 3: Helping people to recover from episodes of ill health or following injury Ambulance trusts	No

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	1: Preventing People from dying prematurely 3: Helping people to recover from episodes of ill health or following injury Ambulance trusts	No
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	2: Enhancing quality of life for people with long-term conditions All trusts providing mental health services	No
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's patient reported outcome measures scores for— (i) groin hernia surgery, (ii) varicose vein surgery (iii) hip replacement surgery, and (iv) knee replacement surgery, during the reporting period.	3: Helping people to recover from episodes of ill health or following injury All acute trusts	No
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients aged— (i) 0 to 14; and (ii) 15 or over, Readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period.	3: Helping people to recover from episodes of ill health or following injury All trusts	Yes
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's responsiveness to the personal needs of its patients during the reporting period.	4: Ensuring that people have a positive experience of care All acute trusts	To include FFT final score
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the trust's "Patient experience of community mental health services" Indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period.	2: Enhancing quality of life for people with long-term conditions 4: Ensuring that people have a positive experience of care All trusts providing mental health services	No

The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm All acute trusts	Yes
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the rate per 100,000 bed days of cases of C difficile infection reported within the trust amongst patients aged 2 or over during the reporting period.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm All acute trusts	We use per 1,000 occupied bed days
The data made available to the National Health Service trust or NHS foundation trust by the Health and Social Care Information Centre with regard to the number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.	5: Treating and caring for people in a safe environment and protecting them from avoidable harm All trusts	Number of incidents (causing harm or otherwise) per 1,000 WTE budgeted staff (no) We also record never events
Friends and Family Test - Question Number 12d – Staff – The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre 'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation' for each acute & acute specialist trust who took part in the staff survey.	4: Ensuring that people have a positive experience of care All acute trusts	We just record the friends and family score on the Board report
Friends and Family Test – Patient. The data made available by National Health Service Trust or NHS Foundation Trust by the Health and Social Care Information Centre for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from Accident and Emergency (types 1 and 2)	4: Ensuring that people have a positive experience of care. This indicator is not a statutory requirement. All acute trusts	

Glossary

APO	–	Autonomous Provider Organisation
AQP	–	Any Qualified Provider
ARU	-	Adult Reablement Unit
AV	–	Amber Valley
BAF	–	Board Assurance Framework
CCG	–	Clinical Commissioning Group
CFD	–	Chesterfield
CFT	–	Community Foundation Trust
CQC	–	CQC
CQUIN	–	Commissioning for Quality and Innovation
CRHFT	–	Chesterfield Royal Hospital Foundation Trust
DCC	–	Derbyshire County Council
DCHS	–	Derbyshire Community Health Services NHS Foundation Trust
DHFT	–	Derby Hospitals NHS Foundation Trust
DHU	–	Derbyshire Health United
DTC	–	Diagnostic & Treatment Centre
EoL	–	End of Life
EMU	-	Elderly Medical Unit
ERE	–	Erewash
FT	–	Foundation Trust
GP	–	General Practice
HCAI	–	Healthcare Associated Infection
HCCG	-	Hardwick Clinical Commissioning Group
KPIs	–	Key Performance Indicators
LD	–	Learning Disabilities
LoS	-	Length of Stay
MIU	–	Minor Injury Unit
MRSA	–	Methicillin-resistant Staphylococcus aureus
MUST	–	Malnutrition Universal Screening Tool
NED	–	North East Derbyshire
NHS	–	National Health Service
NICE	–	National Institute for Clinical Excellence
OPMH	–	Older Peoples Mental Health
PLACE	–	Patient-Led Assessments of the Care Environment
PROMS	–	Patient Reported Outcome Measures
SLT	–	Speech & Language Therapy
SPA	–	Single Point of Access
VTE	–	Venous-Thrombo Embolism
WTE	–	Whole Time Equivalents