Derbyshire Community Health Services NHS Foundation Trust

Derbyshire Community Health Services NHS Foundation Trust

Quality Account 2022/23

Table of Contents

Part 1 - Introduction

Narrative from CEO

I can confirm on behalf of the Trust's Board that to the best of our knowledge and belief, the information contained in this annual quality account is accurate and represents our performance in 2022/23 and our priorities for continuously improving quality in 2023/24.

Tracy Allen, Chief Executive Date:

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Part 2 - Priorities for improvement and statements of assurance from the Board

2.1 Priorities for Improvement – 2022/23

This quality account demonstrates our achievements for the year 2022/23. We are continually striving to improve the quality of the services we provide and to learn from things that did not go so well. It outlines the areas where we would like to make further improvements and our quality objectives for the coming year. In identifying improvement goals, we always listen to feedback from our patients, staff, and governors about what concerns them and discuss suggestions made via staff meetings to identify those issues where we feel we can make the most difference.

Appendix 1 outlines our operational plan on a page which underpins all the work we have done during the year to achieve the quadruple aim (Appendix 2). A huge undertaking this year in collaboration with our staff was our organisational strategy and this features in detail later in this report with a slide presented at Appendix 3. As well as our organisational strategy we have set ourselves stretching improvement targets across the domain of quality services.

During 2022/23 the three quality priorities focused the whole organisation on quality improvement (QI) in areas of patient safety, clinical effectiveness, and patient experience. Progress on all three objectives was monitored through performance reports to the Board. These priorities in detail were:

Priority 1 – Patient safety

Patient Safety Partners

In response to the Framework for Involving Patients in Patient Safety 2021 we will work to have 2 Patient Safety Partners trained and in place by April 2023.

Priority 2 – Clinical effectiveness

Quality of Life (QoL) Improvement

Following the difficulties in achieving this priority in the previous year (2021/22), the wound care project was redefined, seeking to explore other options for achieving information on QoL impact for people accessing our wound care clinics. By end of March 2023, 80% of patients who are discharged because of wound healed from WCS will have identified an improvement in their wound related health & wellbeing.

Priority 3 – Patient experience

Triangle of Care (ToC)

Launched by The Princess Royal Trust for Carers (now Carers Trust) and the National Mental Health Development Unit, the Triangle of Care highlights the need for better involvement of carers and families in the care planning and treatment of people with mental ill-health. We will implement the Triangle of Care within our Older People Mental Health Services by end March 2023

Table 1: Achievement of quality priorities

Quality Big 3	Objective	Priorities	Target	Achieved end Mar
Quality Service	To deliver high quality and sustainable services that echo the values and aspirations of the community we serve	**Patient Safety Partners**	In response to the Framework for Involving Patients in Patient Safety 2021 we will work to have 2 Patient Safety Partners trained and in place by April 2023	**ACHIEVED**

Quality Big 3	Objective	Priorities	Target	Achieved end Mar
		Quality of Life (QoL) Improvement	80% of patients who are discharged because of wound healed from WCS will have identified an improvement in their wound related health & wellbeing	**NOT ACHIEVED**
		Triangle of Care (ToC)	Implement the ToC within our Older People Mental Health (OPMH) Services	**ACHIEVED**

Areas where we still require improvements

Priority 2 – we were unable to achieve this priority due to difficulties obtaining the data from the electronic patient record.

Improvement action:

1) We will continue with this priority in 2023/24 and this will be monitored through the Wound Management and Prevention Group (WMPG).

2.1.1 Things we want to do better in 2023/24

For 2023/24, conversations have taken place with staff, governors and Board members which have led to three new strategic QI priorities which will continue to be reported monthly to Trust Board via our monthly quality performance report, and these are:

Priority 1 – Patient safety
Having set up the process we will aim that 25% DCHS patients discharged from our inpatient facilities will, have been referred into the Discharge Medicines Services.

Priority 2 – Clinical effectiveness
For each research study we are involved in we are able to share a Clinical Research Network feedback survey with participants which focuses on their experience. During 2023/24 we aim to achieve a % survey response rate.

Priority 3 – Patient experience
We know from our Friends and Family Test (FFT) feedback that our citizens are not always aware how to raise a concern or complaint. Our current internal score is 53% against our internal standard of 80%. We will work with our patient partners to promote our service to increase response rates, seeking to achieve the 80%.

2.2 Statements of Assurance from the Board

2.2.1 Contracted Services

During 2022/23 we provided and or sub-contracted xx relevant health services. We have reviewed all the data available to us on the quality of care in 100% of these relevant health services.

The income generated by the relevant health services reviewed in 2022/23 represents 100% of the total income generated from the provision of relevant health services by us for 2022/23.

2.2.2 National Audits

To ensure that the services we provide achieve meaningful outcomes for patients and carers, we undertake a range of clinical effectiveness activities, and clinical audit is one of these. Our focus is to ensure that all clinical audit activity results in learning and improvements in care. Participation in clinical audit enables us to provide effective, responsive, and safe care.

During 2022/23 there were 10 national audits (including a confidential enquiry) covering relevant health services that we provide, and we participated in 100% (table 2). Our participation in the national Parkinson's disease audit was paused following stakeholder engagement with the service and operational lead and divisional governance members. This was supported and approved by the Clinical Effectiveness Group (CEG) for a 12-month period (please refer to table 2 for details).

Table 2: National audits and confidential enquiry

Title	Participated	Outcome
Learning Disability Mortality Review Programme (LeDeR) 2022/23	Yes	The data results have been discussed with the Mortality Review Group and a bi-annual report shared with the QSC. Reports are also shared with Derbyshire Integrated Care Board (ICB) who work collaboratively with our mortality review facilitator to provide a Joined Up Care Derbyshire (JUCD) overview. **Actions and impact of the audit** - Working with JUCD to share bowel management care resources within DCHS to ensure that easier read guides and information is accessible for patients and carers in a range of formats. Collating information on easier read guides and health literacy within DCHS and feeding into JUCD.
National Audit of Care at the End of Life (NACEL) 2022	Yes	The draft national audit data results have been shared with the end of life (EoL) QI group in February 2023. The audit management assurance Tool (AMaT) action improvement plans have been set with a working sub-group set up to review the QI opportunities. **Actions and impact of the audit** -The impact of the NACEL combined with our EoL QI Group action plans output is a new directory of palliative and end of life care services developed and published on our Intranet; a community EoL care medication safety poster has been developed and shared; a new guidance section in the recognition of the deteriorating patient (Adult) policy in relation to observations of palliative and EoL care patients has been added; reinstatement of our EoL care

Title	Participated	Outcome
		pathway training and influenced and supported the development of the new end of life care plans as part of the Integrated Community Services (ICS) review.
Sentinel Stroke National Audit Programme (SSNAP) 2021/22	Yes	The audit results for April 2021 to March 2022 have been shared with the relevant divisional governance group and the AMaT action improvement plans were spotlighted to CEG within the Improvement, Innovation & Effectiveness team (IIET) report in February 2023. **Actions and impact of the** audit - The impact of this audit is that a QI project and a service evaluation are now being scoped and progressed in response to the audit action recommendations.
National Asthma and COPD Audit Programme - Pulmonary rehab audit 2022/23	Yes	IIET support notes reviews to upload the data to the national reporting system continuously. Data results are shared with service, ICS and the East Midlands Regional Pulmonary Rehabilitation network. The pulmonary rehabilitation (PR) service is involved in the PR re-accreditation scheme which, requires evidence of audit leading to QI. **Actions and impact of the audit** – the 2022/23 audit will be reviewed, and we anticipate actions for 2023/24.
The National Audit of Inpatient Falls (NAIF) 2021 - Part of the National Falls and Fragility Fractures Audit Programme (FFFAP) (results published 2022)	Yes	Significant assurance achieved for audit participation with AMaT audit action improvement plans in place reporting into the CSG. Patient Safety Incident Response Framework (PSIRF) documents have been reviewed and aligned. **Actions and impact of the audit** – There is a QI project looking at improve the uptake of lying and standing blood pressure checks across the six rehabilitation in-patient wards to look at improving the efficiency of care and supporting the work in falls prevention.
National Diabetic Foot Care Audit 2022/23	Yes	Data collection completes 31/03/23, audit results report into divisional governance and service team meetings. A working project group with Derbyshire ICB and Chesterfield Royal Hospital Foundation Trust (CRHFT) partners is providing integration of patient care pathway. **Actions and impact of the audit** – Results have been shared and we have analysed for trends such as areas where referrals of residents are more common and whether there are different outcomes for different age groups. There is also a joint project with CRHFT to look at the implementation and impact of an extra footcare clinic for patients.
National Audit of Cardiac Rehabilitation 2021 (results published 2022)	Yes	Reports into divisional governance meeting, assurance board and with the commissioners during stakeholder meetings. 2021 first year DCHS cardiac rehab (CR) has achieved all 7 KPIs and gained green certification accreditation status. For context 82 programmes (40%)

Title	Participated	Outcome
		met all seven standards achieving a green status and will be certified for the 2022/23 period (based on Jan-Dec 2021 data). **Actions and impact of the audit** - As we are currently achieving all 7 KPIs our new action for the year is to review equality and inclusion, by monitoring uptake by gender and ethnicity. We have worked with IT to ensure we can collect this data, and then we can see if there are gaps in DCHS and produce an action report. We are currently still working on a project to enable electronic upload to the NACR database straight from TPP.
Core National Diabetes 2022/23	Yes	Data collection completed 31/03/23; engagement with service senior management team (SMT) planned. **Actions and impact of the audit** – the 2022/23 audit will be reviewed, and we anticipate actions for 2023/24.
National Diabetes Transition (linkage with National Paediatric Diabetes Audit (NPDA)	Yes	**As above**
Serious Hazards of Transfusion (SHOT): UK National 2022/23	Yes	No reportable incidents in the period
National Parkinson's Disease Audit 2022/23	Paused	Approval from planned care and specialist services (PC&SS) governance sub-group on 10/5/2022 & CEG 17/06/22 for 12 months pause in participation as working to align the services across the county to focus on the implementation of quality improvements.

2.2.3 Research

The number of patients receiving relevant health services provided or sub-contracted by us in 2022/23 who were then recruited to participate in research, approved by a research ethics committee, during this period was 893 (last year 215). This is 678 more recruits when compared to 2021/22 activity.

2.2.4 Commissioning for Quality and Innovation (CQUIN)

CQUINs are quality related goals which support ongoing innovations and improvements in clinical care across our services with achievement being linked to a proportion of the organisation's income.

During 2022/23 we had four national CQUIN measures:

The key areas for the CQUINs were:

- Flu vaccination of frontline healthcare workers
- Malnutrition screening (community hospitals inpatients)
- Assessment, diagnosis, and treatment of lower leg wounds (community nursing)
- Assessment and documentation of pressure ulcer risk (community hospitals inpatients).

Nationally a total of 1.25% of contracted income was set as conditional upon achieving the milestones for these indicators; however, following discussion with commissioners, and as part of a system-wide

approach to risk-sharing, it was confirmed that no financial adjustments would be made for CQUINs in 2022/23.

Progress update 2022/23
Initial risk assessments were undertaken in relation to the achievement of CQUINs throughout 2022/23 and it was anticipated that some of the targets would be difficult to fully achieve due to the significant clinical pathway development required, specifically in relation to the lower leg wound CQUIN.

The 2022/23 flu campaign also promoted staff Covid-19 vaccinations as part of a "Winter Ready" approach. For the third year in a row, we participated in the UNICEF pledge to vaccinate three children for every member of staff who had the flu immunisation. As a result, we achieved 62.8% of frontline staff being vaccinated against the 90% national target.

We achieved xx% and xx% in relation to the malnutrition and pressure ulcer CQUINs against 70% and 60% targets respectively. Our main challenges related to the completion of all care plan goals within 24 hours. Some assessments and subsequent care planning were delayed because of the time of admission e.g. late at night, during mealtimes, or if patients were tired or in pain. Audit into those patient records where the targets were missed identified that most inpatients had care planning actions undertaken before the formal care plan was completed and all required actions were taken within 48 hours of admission. Engagement is being pursued at a national level to understand further the rationale behind the 24-hour threshold for all elements of the care plan so that this can be embedded further as part of the continuation of the CQUIN indicators into 2023/24.

The results for the lower leg wound CQUIN was xx% against the target of 50%. Whilst the target threshold was met for the assessment and compression therapy elements of the CQUIN, we were unable to refer patients onwards for assessment for surgical intervention due to the lack of a commissioned pathway with local secondary care services. Discussions are now underway to consider how this can be addressed going forward.

2.2.5 Care Quality Commission (CQC)

We are required to register with the CQC, and our current registration status is registered. We have no conditions on registration.

The Trust continues to be rated '**outstanding**' overall and '**outstanding**' from our last well-led inspection.

The CQC has not taken enforcement action against DCHS during 1st April 2022 – 31st March 2023.

We have not participated in any special reviews or investigations by the CQC during 2022/23.

Ratings for Primary Care Services
Within DCHS there are four GP practices, 3 of these practices were last inspected in 2016 and each rated **good** overall. In August 2022 St Lawrence Road Surgery was inspected by the CQC and rated '**good**'.

2.2.6 Secondary uses service data

We submitted records during 2022/23 to the secondary uses service (SUS) for inclusion in the hospital episode statistics, which are included in the latest published data.

The percentage of records in the published data

- which included the patient's valid NHS number was:

- 100% for admitted patient care
- 100% for outpatient care
- 99.6% for accident and emergency care.

- which included the patient's valid general medical practice code was:
  - 99.93% for admitted patient care
  - 99.97% for outpatient care
  - 99.1% for accident and emergency care

2.2.7 Information Governance

DCHS' data security and protection toolkit overall rating for 2022/23 was Standards Met with all mandatory assertions having been completed.

Graph 1: DCHS compliance against the 10 national data guardian standards detailed in the toolkit:
Needs graph

2.2.8 Payment by Results

Unfortunately, due to the pandemic there was no payment by results audit this year as day-case activity was suspended for the year.

2.2.9 Learning from deaths analysis (Schedule 27)

The data provided in this section relates to the number of deaths derived from our monthly SystmOne data and relates to any death logged via SystmOne.

It is important to note that the people whose deaths have been included in this report will usually have received care from us as part of a wider health and social care system and our staff involvement in care provision can vary from minimum contact once every 3 months e.g., people receiving Vitamin B_{12} injections to daily contact e.g., people in community hospital rehabilitation beds.

The number of death notifications received by the Mortality Review Group (MRG) relates to notifications received for potential review via triggers, if the death is thought to be unexpected or that there is learning for the Trust, these include 1) Datix notification or a serious incident 2) complaint via the patient

experience team 3) Coroners reported via the chief exec department 4) end of life (EoL) / mortality audit or 5) mental health death 6) learning disability or autism diagnosis 7) Nosocomial Covid-19 infection.

Schedule 27.1
During 2022/23 7,379 of patients who had received care from us died. This comprised the following number of deaths which occurred in each quarter of the reporting period

Table 3: Quarterly reporting of deaths

Reporting quarter 2022/23	Q1	Q2	Q3	Q4	Total
Total number of deaths reported via SystmOne	1,677	4,797	1,921	1,984	**7,379**
Number of deaths notifications received via the triggers to MRG	27	28	23	17	**95**
Number of death notifications received appropriate for full case note review by MRG following the IDR screen	14	12	11	10	**47**

Schedule 27.2
By 31 March 2023, 51 case record reviews and 0 investigations had been carried out in relation to 47 of the deaths included in 27.1.

In 0 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out is shown in table 4:

Table 4: Quarterly reporting of case reviews

	Q1	Q2	Q3	Q4
Case note reviews	7	23	12	10
Investigations	0	0	0	0

Case note review: A review of the clinical notes to determine if there were any problems in care provided to the patient who died.

Investigation: A systematic, in-depth analysis of what happened, how it happened and why. Investigation draws on evidence, including physical evidence, witness accounts, policies, procedures, guidance, good practice, and observation, to identify any problems in care or service delivery that preceded an incident to understand how and why it occurred.

Patient Safety Huddle: This method has been supported by the PSIRF to bring the clinicians and experts involved in the patient's care together to have an open and reflective discussion around the care provided including QI opportunities and areas of excellence. Learning and actions are owned by the teams involved and supported through the wider organisation.

Schedule 27.3
Of the patient deaths during the reporting period, 0, representing 0%, are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this is detailed in table 5.

Table 5: Quarterly reporting of deaths judged to be more likely than not to have been due to problems in the care provided to the patient

	Q1	Q2	Q3	Q4
Number of Deaths	1,677	1,797	1,921	1,984
Number and (%) deaths judged to be more likely than not to have been due to problems in the care provided to the patient	0 0%	0 0%	0 0%	0 (0%)

There is currently no prescribed methodology for case note reviews in community trusts. We have developed a hybrid of the community section of the global trigger tool, investigation tools and this template has been used for the case record reviews. We use this methodology to determine whether there were “problems in care.”

Our locally determined death classification scale includes category 1 – these are cases where, following case record review it is deemed that the death was more likely than not to have been contributed to by problems in care. We do not apportion death causation.

Schedule 27.4
The following is a summary of what we have learnt from the case record reviews and investigations conducted in relation to the deaths identified:

- The importance of documenting reason for not taking clinical observations in end-of-life patients
- The delay in obtaining a wound swab when infection is suspected
- The importance of supporting clinicians and team leads when they are involved in a difficult and emotional incident
- Staff awareness surrounding bowel management

The information gathered will continue to inform themes and trends as data increases, this information is shared with colleagues throughout the organisation.

Schedule 27.5
Because of learning from the case reviews and investigations undertaken, we have taken several actions during the reporting period (27.4) and propose to take the following actions forward after the reporting period:

1. The Recognition of Deterioration (adult policy) has been agreed and updated to reflect the information regarding end-of-life observations to support clinicians
2. Wound swabbing practice to be reviewed in the coming months at Wound Improvement Group, and for clinical lead to ensure this is considered in caseload reviews
3. Shared a case review alongside the team lead of an incident where the after care of the team was paramount for their wellbeing. Discussed this with clinical psychologists within our Trust on how all teams can be supported if required
4. Continue to share bowel awareness resources within our Trust and continue to work with the LeDeR (Learning Disability Mortality Review team) to ensure this is considered in patient assessments.

Schedule 27.6
An assessment of the impact of the actions described in (27.4) taken by us during the reporting period have identified the following:

1. Improved process for clinicians to follow when caring for end-of-life patients regarding taking and documenting clinical observations
2. Wound improvement group aware of the case review
3. A greater awareness of the needs of the teams following a distressing incident and the support that we can provide
4. Improved links between specialist services to promote bowel awareness

Schedule 27.7
After 1 April 2022, 13 case record reviews and 0 investigations were completed which related to deaths which took place before the start of the reporting period and were not included in 27.2 in the relevant document for the previous reporting period.

Schedule 27.8
From the information included in 27.7, 0 of the patient deaths occurring before the reporting period, representing 0%, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the methodology outlined in 27.3.

Schedule 27.9
From the information stated in 27.3 of the relevant documents for the previous reporting period and considering the deaths referred to in 27.8, 0 representing 0% are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3 Reporting against Core Indicators

Since 2012/13 all NHS foundation trusts are required to report performance against a set of core indicators using data made available to them by NHS Digital. Many of the core indicators are not relevant to community services. Those that are applicable to us appear in table 6 below. For completeness the full set of core indicators can be found in appendix 4.

Table 6: Core indicators applicable to DCHS

	Prescribed information	Related NHS outcomes framework domain and who will report on them	2020/21	2021/22	2022/23
21	The data made available to the Trust by NHS Digital with regard to the percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.	4: Ensuring that people have a positive experience of care **Trusts providing relevant acute services**	Suspended Covid-19	91%	84%
We consider that this data is as described for the following reasons: it is disappointing to note that our score has reduced this year, however, we have the highest scores in the sector in comparison to our benchmark organisations.					
We intend to take the following actions to improve this percentage score and so the quality of its services, by continuing to actively engage with staff and to build upon its well-developed staff engagement processes and to continue its roll-out work related to staff wellbeing.					
Comparative data taken from NHS England Staff Friends and Family Test website When asked whether, if a friend or relative needed treatment, they would be happy with the standard of care provided by their organisation, 85% of staff agreed or strongly agreed (the average for community trusts is 73%) (data for 2018/19 = 82%).					
21.1	Friends and Family Test – patient. The data made available to the Trust by NHS Digital 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 **Trusts providing relevant acute services**	Suspended Covid-19	92%	94.4%
We consider that this data is as described for the following reasons: we have worked with our patients to ensure effective and robust feedback from across the breadth of our services and this is monitored by our patient experience and engagement group.					
We have taken the following actions to improve this percentage score: engage with patients and carers, actively seek feedback, encourage completion of FFT cards, collate the findings from feedback and report on changes through our patient experience and engagement group. Develop patient engagement groups for specific service areas and undertake engagement events on key issues. During 2020/21 we will explore options for electronic recording of patient feedback to increase capture of data.					
Comparative data taken from NHS England Friends and Family Test data website					

	Prescribed information	Related NHS outcomes framework domain and who will report on them		2020/21	2021/22	2022/23
23	The data made available to the Trust by NHS Digital 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 **Trusts providing relevant acute services**		99.4%	97.9%	97.1%
We consider that this data is as described for the following reasons: We have a robust audit process in place and has clear clinical policies.						
We have taken the following actions to improve this percentage score and so the quality of its services by reviewing in detail any venous thromboembolism case to ensure any learning is shared throughout the organisation.						
Comparative data for community trusts is not available.						
25	The data made available to the Trust by NHS Digital 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.	**All trusts** 5: Treating and caring for people in a safe environment and protecting them from avoidable harm	**Total** - Patient safety incidents	6,574	7,081	7,643
			Severe harm or death	1	3	0
			% severe harm or death	0.01%	0.04%	0%
We consider that this data is as described for the following reasons: We have a culture of high reporting of clinical incidents as reported by the National Reporting and Learning Scheme (NRLS). There has been a focus during the year on improving the timeliness of reporting.						
We have taken the following actions to improve this percentage score: we have promoted the culture of transparency in patient safety by supporting staff and sharing the learning from incidents as well as excellence across the Trust and making the shift to Safety II.						
NRLS do not provide the same community breakdown anymore, so we are unable to compare processing rates as previously. However, we can compare number of incidents reported monthly and we remain the 2nd highest reporter of incidents which is looked favourably upon and on average 99.5% of our incidents are no or low harm.						

Part 3 - Review of quality improvements 2021/22

This section of our annual quality account provides information on performance against our quality and performance indicators agreed internally by our Trust and against relevant indicators and performance thresholds set by our regulators.

- **Performance indicators**

We have chosen to include performance against a broad range of quality and performance indicators which are reported to the Board of Directors monthly rather than specifically selecting three patient safety, three clinical effectiveness and three patient experience indicators Performance against this range of indicators is included in table 7 below. Some of this national reporting was suspended due to the pandemic but assurance processes have continued to be undertaken within our services.

In addition, our Board performance report now includes health inequalities data reporting against deprivation and ethnicity. We are involved in work nationally with NHSE/I to refine the reporting methodology to ensure it is in a format to drive improvement.

Table 7: Range of indicators

Indicator Description	Standing Board Measure	Local Data Source	Annual Target 22/23	Actual 2020/21	Actual 2021/22	Actual 2022/23
Friends & Family Test recommended score (%)	Friends and Family Score	Datix	90%	No returns	91%	94%
Friends & Family response rate (%)		Datix	4.1%	No returns	4.5%	9.4%
Complaints received (no.)		Datix	For Information	49	52	62
Time to respond to complaints Under 25 days (%)		Datix	80%	80%	100%	100%
Agency spend as a % of total workforce costs (%)	As indicator	Ledger	0.8%	-	-	0.9%
Staff Turnover (%)	Staff Turnover	ESR	10%	8.7%	10.9%	8.6%
Staff Sickness - WTE lost through staff sickness (%)		ESR	5%	5.0%	7.1%	5.5%
Sickness - long term (%)		ESR	For Information	2.6%	3.1%	3.05%
Sickness short term (%)		ESR	For Information	2.4%	3.9%	2.66%
Vacancy rate (%)	Overall Vacancy Rate	ESR	4%	3.7%	4.4%	2%
Vacancies - average length of time to recruit (days)	As indicator	ESR	60	-	57	59
Staff with appraisal completed (% compliance)		ESR	96%	88%	83%	85%
Essential learning completed (% compliance)	Essential Learning	ESR	96%	96%	96%	97%
PSIRF - Duty of Candour - Medication (no)		Datix	For Information	0	0	0

Indicator Description	Standing Board Measure	Local Data Source	Annual Target 22/23	Actual 2020/21	Actual 2021/22	Actual 2022/23
PSIRF - Duty of Candour - Falls (no.)	Severe Injury Falls	Datix	9	7	8	9
PSIRF - Duty of Candour - Pressure Ulcers (no.)		Datix	For Information	4	6	16
PSIRF - Duty of Candour - New Incidences in Month (no.)		Datix	For Information	-	20	32
Never Events (no.)	Never Events	Datix	0	0	1	0
Pressure Ulcers developed or deteriorated - multiple grade 3 & 4 (no.)		Datix	For Information	59	46	37
Patient safety incidents - all wounds (no.)	As indicator	Datix	34	-	11	20
Zero harm - RIDDOR reportable injuries (no.)	RIDDOR reported injuries	Datix	17	-	20	17
Community Rehabilitation Inpatients – Clinically Ready for Discharge- (%)		TPP		-	-	32%
OPMH & Inpatients Delayed Transfers of Care - (%)		TPP		No returns		
UTC Time to Treatment (% within 2 hours)	As indicator	APC	100%	-	97.8%	99.2%
Data Quality Maturity Index (DQMI) Compliance - National (no.)	DQMI	National	95	86	88	95

The data quality maturity index (DQMI) is a nationally recognised way of measuring data quality in the NHS. NHS organisations make returns on a regular basis to NHS Digital.

- **National Data Quality Performance**

The Data Quality Maturity Index (DQMI) is a monthly publication from NHS Digital that assesses and compares indicators of data quality across several nationally submitted datasets and provides a barometer for organisational and regional compliance to core standards of data quality. DCHS are subject to this national scrutiny against a set of key performance indicators for inpatient, outpatient, accident & emergency, community services, and mental health mandated minimum datasets.
The latest national report available was published in February 2023 that covered the period of November 2022. DCHS' overall compliance score was 94.5%, against a national average of 82.8%. Data quality remains a fundamental priority for DCHS and the performance against national standards echoes this commitment to ongoing improvement.

- **Trust risk ratings (Single Oversight Framework (SOF))**

Trusts are segmented according to the level of support they require across five themes of quality of care, finance and use of resources, operational performance, strategic change and leadership and improvement capability.

Consistently, we have been allocated in Segment 1, which is maximum autonomy, where although some data will be collected monthly and reviewed as for providers in other segments, NHSE/I will review the segmentation of us on a quarterly basis, unless there is information giving cause for concern.

Table 8: Table of analysis

Year	Segment	Q1	Q2	Q3	Q4

2022/23	Segment 1	Segment 1	Segment 1	Segment 1	Segment 1
2021/22	Segment 1	Segment 1	Segment 1	Segment 1	Segment 1
2020/21	Segment 1	Segment 1	Segment 1	Segment 1	Segment 1

Mechanisms for receiving assurance on quality of services

- **Our Quality Improvement and Assurance Framework**

QI continues to be the driving force and a 'golden thread' in everything we do. We recognise that the quality of care delivered to our patients is the most important element of our work and that being able to provide assurance to our patients, their families and carers and our commissioners is an essential part of our governance processes.

Working collaboratively with operational divisional representatives we continue to review our approach, to support the national and local transition towards proportionate, and shared governance and reflects the positive progression of 85% of teams with the local Clinical Assessment and Accreditation Scheme (CAAS).

Our assurance framework is built on quality and improvement visits, which enable multiple opportunities to demonstrate assurance through different lenses, from Executive-led insight visits to those caried out by operational / clinical teams with the ambition to introduce peer reviews between our services and teams. An electronic book and video outlining the approach is in development and will be used to support staff awareness and participation.

The national introduction of a Single Assessment Framework reflects the new CQC inspection methodology. We are taking the opportunity to develop the WECare Assurance Reporting (WECare) templates. The quality visit templates will align with the announcement of the CQC Quality Statements. The focus will be on dissemination of learning, capturing of themes, and identifying overall service improvement opportunities rather than being action plan focused.

Clinical Assessment and Accreditation Scheme (CAAS)

Throughout 2022/23 the clinical assessment and accreditation process reached a significant milestone whereby all clinically facing teams from all operational divisions across our services were included in the process.

- In total 141 CAAS assessments were undertaken between April 2022 and March 2023. 41 of these were earned autonomy assessments completed with teams sustaining gold accreditation
- 11 Gold panels were held between April 2022 and March 2023, 9 teams achieved gold accreditation for the first time and 2 teams were rewarded with gold after returning to the process. 8 teams have already triggered a review by the accreditation panels throughout 2023
- All the gold teams are now invited to join our QI community. They are also invited to complete a QI project, piece of research, publication, or buddy another team. From August 2022 10 teams have completed one of these projects which reinforces their gold accreditation status
- 40 teams have sustained gold accreditation for a further year via the "earned autonomy" process and a further 6 are in progress at the time of writing. A process of "spot checks" to triangulate the effectiveness of the earned autonomy process was approved and commenced in January 2023. Twelve of these visits will be undertaken by the quality always team in support of gaining robust assurance of the quality always processes

- Over 1200 quality and safe care champions across 11 key safe patient care and experience domains remain an integral element in sustaining quality standards and QI. The champions are supported by digital platforms and links with specialist leads for each domain, as well as specific training and update sessions to ensure evidence-based practice is shared across the Trust. The champion program has been recognised Nationally as a beacon of excellence by the Chief Nursing Officer for England's Policy and Strategy Unit
- From January 2023 we adopted, in house, the Derbyshire Dignity Award process which is facilitated by the quality always team in alliance with public representation, staff network leads and other quality professionals from the Trust.

Audit Management assurance Tool (AMaT)

- The capture of quality and assurance data and information had previously been collated on a Business Intelligence (BI) platform, Electronic Reporting in Care Assurance (ERiCA). It is essential that we continue to strive to triangulate data. The process of triangulation enables and strengthens its influence on leadership, decision-making and maintaining consistency in the quality of care delivered. Reflective of this we are in the process of moving the data and information that we hold from our quality visits to our Audit Management Assurance Tool (AMaT). By further investing in AMaT we increase accessibility to data, enabling teams to view and analyse information gathered from quality visits and build on learning opportunities. Storage of information on AMaT supports triangulation with other quality and safety mechanisms such as audit results, QI, and the PSIRF that sets out the NHS's approach to developing and maintaining effective systems and processes for responding to patient safety incidents. The progressive utilisation of AMaT's functionality will support leaders to have a responsive reporting framework to guide local assurance.

Virtual Insights – Listening events

- Virtual Insights take place via MS Teams, with an executive, non-executive director, public governor (senior team) and a team / service from within our Trust. These calls are facilitated by the Head of Improvement, Innovation and Research. The conversation lasts 60 minutes. The purpose of the virtual insight is to support connection between the Board Members, Governors and our colleagues' delivering services. It is an open, honest, confidential space where staff can share their stories and experiences directly with the senior team. Some MS teams calls are now being replaced with face-to-face conversations. During 2022/23, 23 teams took part in an Insight visit, 2 of these were face to face.

Themes emerging

- Strong sense of team working and resilience but the need to be able to meet in a physical space is critical and often hard to do
- Positive about making change happen locally and willingness to try things out
- Learning about the need to be smarter about how we share improvements across teams and geography
- How to demonstrate impact and measure success of team impact can be challenging at times
- Need to raise the profile of non-clinical teams within DCHS and the work they do, what are the career opportunities?
- Career progression for AHP's.

Quotes received following Insights calls:

"It was such a positive experience for us, and the team were rapturous about it afterwards and had found it quite emotional! We really appreciated your clarity, focus, and being appreciated – your way of being made a real difference for us all – it was very worthwhile so thank you!" – Clinical Lead

"...thanks for really listening to the team during our visit, and for acknowledging and valuing the work they're doing. The way you all showed interest in the work they have so much passion and energy for meant a lot to the team. There was space for everyone to talk and shine and it was a confidence building experience for the team, which I am grateful for. A great DCHS initiative" - Team Leader.

QI initiatives in the Operational Divisions

Integrated Community Services (ICS) Division

- We are currently working towards delivering the two-hour community response target with our Urgent Community Response (UCR). This response is provided by rapid response nursing and therapy teams to allow a rapid multidisciplinary input which can support people to stay at home and prevent an unnecessary admission to an acute hospital. The current response rate is nationally mandated at 70% and the UCR teams have sustained a 78% 2-hour response
- In February a team of self-management facilitators commenced a 12-month pilot in Derby City Community and University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) surgical wards of a new service that empowers more patients to maintain independence and safely manage their clinical needs at home with support from a dedicated workforce, reducing demand on community services. The pilot will evaluate the impact and return on investment and formulate proposals to develop, enhance and scale up the Derby City model to be countywide
- In Derby City having implemented the processes and systems of our community rapid response service, work is now underway to develop the model to create the social care element of our urgent response. We are working alongside Derby City Council Adult Social Care to develop the service to mirror the step-down provision incorporating core elements including enablement and occupational therapy. Working in partnership with our established rapid response service, Home First will establish the Rapid Integrated Independence at Home Team alongside its existing services under the umbrella of Urgent Community Response in Derby City. The proposal will deliver an integrated pathway to manage demand from community, acute and primary care with a joint triage team co-located at the discharge assessment unit at Royal Derby Hospital

Working in Partnership

Thinking differently about Organisational boundaries- shared goals, processes with partners, leadership, IT systems

- Community Access Point (CAP) resilience – Following the change to the call handling system to StormLite, a review of the CAP processes / operational metrics / staffing and working patterns and practices was completed. Staff have been equipped with laptops so they can work in a hybrid manner and independent of a specific location (London Road or other DCHS premise) to provide operational resilience. Demand and capacity have been modelled based on improved data captured as part of the review. KPIs have also been agreed and are being reported and reviewed with the team bi-monthly
- Data and documentation optimisation – over the last 12 months work has been underway to improve the quality and safety of patient care across the county, improve the clinician's experience of work, empower use of clinical judgement while completing only the relevant documentation required with the aim to deliver better care for patients and to improve job satisfaction for staff. This would also provide more time for care and raise the digital maturity of the Trust to support further developments including auto-scheduling
- A clinically led review of the documentation used by community services has taken place. All care plans associated templates and questionnaires within the ICS TPP SystmOne units have been reviewed and redesigned. A robust training package has been developed alongside these, utilising digital learning supported by Q&A sessions. However, technical issues have been identified relating to how the information in the new documentation is accessed and reported. A programme of work is underway to resolve the identified issues and ensure documentation is future proofed whilst supporting 'doable' jobs.

- 12-hour shift model – The inpatient wards have now fully piloted the use of 12-hour shifts and most staff now use this longer shift model except for those for whom it is not suitable. Further minor adjustments to shift times are now going to be explored to improve the ward handover experience and in response to requests from staff
- Effective use of skills – Over the last year the division has developed standardised role competencies across registered and non-registered community nursing as well as non-registered community therapy with our clinical leads, operational leads and specialists (registered OT/PT competencies currently under development).These will be implemented using an online competency management software solution, eQuals, providing an easy and efficient method to record, identify and monitor progress; enabling quick, real-time access to reports and increased levels of automation e.g., sign off, certification and re-training notifications. This has begun as a pilot in Derby City and Amber Valley but if successful will be rolled out in phases across localities and roles.
  Individuals and teams will be assured they are working with the competencies required and in scope of their roles to provide safe and effective care. The skill mix within services will be optimised and there will be the ability to identify staff with the necessary competencies to deploy if needed to enable greater resilience and flex
- The national ageing well programme in Derbyshire is delivered through the development of 'Team Up'. This was successfully piloted with our services supporting primary care home visiting, enhanced health in care homes and urgent community response for housebound patients. Team Up is continuing to expand across the geography of JUCD, with the aim of building integrated neighbourhood teams from an existing resource

- Team Up Transformation (County) – our leads have been developing conversations with County Adult Social Care colleagues to develop partnership working like that in Derby City
- People structure, management & career pathways - Review undertaken of existing operational structure and leadership roles with the aim to identify opportunities that will improve recruitment and retention, provide insights for further service improvement, integration, and better care, and create opportunities to increase flexibility and productivity of workforce.
  A road map has been developed for band 2 to band 8 with links to roles within the system that staff would have relevant transferable skills for. Plans have been agreed to upload career pathway documents onto the JUCD careers app and are being shared with system partners through the AHP faculty. Recommendations for AHP workforce structure are also being finalised

Healthy Communities

Communities at the centre- Those communities not accessing our services, prevention and addressing health inequalities

- We recognised that patients may be harmed because of being on a waiting list for clinical treatment therefore we implemented our clinical harms standard operating procedure (SOP). This harm may include deterioration of patients physical or psychological well-being. This is particularly relevant in the current context of the pandemic which has resulted in patients waiting longer to be seen. Our approach has been developed to minimise clinical harm through the development of service level SOPs the purpose of which is to utilise a proactive method of risk stratification to minimise clinical harm and the impact on patient outcomes because of delays in care. We have taken health inequalities into account and monitored waiting times against defined thresholds across pathways of care. This will aid us in managing waiting lists accordingly to mitigate potential harm and maximise all available capacity. The data will be shared at Board to track our progress with recovery targets
- Making every contact county (MECC) is an approach to using the potential contact points we have with patients / public to support health and wellbeing, proactively and to address health inequalities. Our staff were supported to engage with the work and the result was a poster MECC project including floor stickers, back of chair stickers and vaccination pod stickers. The project led to national interest due to its innovation and the way that we have worked with MECC
- Health Literacy project Diabetes - NHS Diabetes Education Service mid pandemic identified that a significant number of people invited to the service, did not opt-in. Data analysis found individuals from more deprived communities were more likely not to engage with diabetes education service than those from less deprived communities. Given the importance of diabetes education, and inequalities in health among those with Type 2 Diabetes, this finding led the service to addressing a known service barrier of health literacy, in more deprived communities. This collaborative implementation project, which included a pre- and post- health literacy audit, has transformed the Diabetes Education Service into a health literate organisation; and the methodology drawn on has had an impact at both the trust and system-level creating national interest. For example, because of this work a system-wide health literacy officer post has been funded
- We have recently participated in the Benson community benchmarking review to consider skills, capacity and resource allocation within our community nursing services. Our focus for improvement for 2023/24 is to implement the learning and recommendations of this work into the integrated community services division to improve the clinical and cost effectiveness of our delivery model.

Health, Well-being & Inclusion Division

- Covid-19 vaccination response – during December 2021 we were notified of the acceleration to the booster programme and needed to plan a surge response to vaccinate 15,000 patients a week in an approximate 4-week timeframe. This equated to approximately 2,150 patients a day. We worked closely with people services and co-ordinated with Midland House becoming a site to work alongside the Armed Forces. We achieved 3,400 vaccinations a day during this period, trialling different models of assessment to enable non-registered staff to clinically support the programme
- Our school age immunisation service also responded to the national challenge to increase the cohort size for childhood flu and meet the requirements of the national 12-15 year Covid-19 vaccination programme. Both elements were mobilised within a 3-week timeframe and offered flu and Covid-19 vaccinations to all children in the eligible cohorts and delivered to every primary and secondary school in Derbyshire and Derby City including special schools
- Surge wards to support system response – during the Omicron wave significant pressure was placed on patient flow through the Derbyshire system. We worked with system partners and an independent provider to provide a safe place for patients who were unable to return home, whilst

awaiting support from social care. In total 28 patients were received between the 2 wards. Our quality always CAAS observed the wards to gain assurance of the quality of care

- Our integrated sexual health service rapidly responded to the emerging situation due to the increased incidence of monkey pox infections in June 2022. We mobilised an emergency response, services to diagnose and treat infected patients and went onto set up and deliver the required vaccination programme. We have now vaccinated all eligible people who wanted to receive the vaccine and are delivering the vaccine opportunistically to other patients who may be at risk.
- Since our county integrated sexual health services entered a Section 75 agreement with the Local Authority in April 2022, we have jointly developed the Sexual Health Alliance, which brings together commissioners, providers, and associated organisations from across the city and county sexual health systems. With a needs-based focus, the alliance is becoming increasingly established within the ICS landscape as a collaborative space to receive governance, support, and challenge to ensure the best sexual healthcare for the Derby and Derbyshire population.
- Our integrated sexual health service has also been doing focused work to address the sexual health needs of ethnically diverse communities. The rates of gonorrhoea and chlamydia in ethnically diverse populations are three times that of the general population. Minority communities also have a higher rate of late HIV diagnoses than the rest of the population, and women from ethnically diverse communities account for 80% of women living with HIV. To ensure that we support all our ethnically diverse populations, we have appointed a sexual health promotion practitioner covering both Derbyshire County and Derby City to achieve a greater understanding of the impact of cultural diversity, beliefs, and religion on sexual health discussions in different communities. The goal is greater support and engagement for sexual health services for our ethnically diverse communities. Our sexual health promotion team have also been working in collaboration with third sector organisations to provide resources and training to meet the needs of the local community such as working with the Mojatu Foundation and the African Institute of Social Development to promote sexual health in the African communities in Derby.

- Our improvement plan for progressing compliance against the learning disability improvement standards has been shared with our Equality, Inclusion and Diversity leadership forum subgroup for tacking population health inequalities. Work is ongoing to demonstrate compliance with standards by June 2023.

Planned Care and Specialised Services Division

- Integrated working wound care / podiatry collaboration – to support the transition of wound care from primary care to us, the podiatry service worked with our nurse led wound care clinics to support taking and managing an appropriate cohort of patients. The interdisciplinary diabetes clinic enables involvement of the wider clinical team and access to prompt diagnostic care that these patient with complex needs often require and demonstrates the benefits of joined up care and leadership

Urgent Treatment Centres (UTC)

- In year 2022/23 the 4 Urgent Treatment Centres have seen a return to pre-pandemic activity levels which has been both welcome and a challenge. The UTCs have been supporting the wider system with the emergency department (ED) pressures and there are now significant opportunities to support further, with the implementation of the new Community Diagnostic Centres (CDC) planned in the county.
- The CDC at Whitworth opened in March 2023 and has seen x-ray provision increase from 5 to 7 days 8am-8pm to match the UTC opening hours. This gives the ability for patients to be x-rayed as close to their attendance time as possible rather than having to wait up to 3 days over a

weekend as was previously the case. Patient care is much timelier with quicker diagnosis or reassurance, depending on the outcome.

- There is a second CDC planned to open in 2023/24, as part of the national programme to improve access to diagnostics, an issue pre-Covid-19 and significantly worsened because of it. Along with the diagnostics provision which will include phlebotomy and point of care tests (benchtop testing, rapid results) these are part of the national standards expected for the commissioning of UTCs. The service is now able to consult with GP leads daily to support complex presentations, along with remote electronic prescribing taking place on every unit as there is now a cohort of non-medical prescribers who can safely manage a range of injuries and illnesses. This has proved most useful given the increase of illness presentation over the year due to primary care's exceptional challenges.

The change to bookable appointments from 111 has also increased activity, educating patients on how to access the right service at the right time, and there has been an increase in this over the year. The workforce skill mix required the initiative of introducing an Advanced Clinical Practitioner (ACP) role specialising in urgent care presentations. There was allocated funding for 2 members of staff to commence the master's programme and develop the concept of providing greater skill sets for more comprehensive assessments and subsequent management of the increasing complexity of patients arriving at all 4 units.

***Picture 1**: Derbyshire Dales MP Sarah Dines visits the new diagnostic facilities at Whitworth Hospital*

We now have 4 staff members on the pathway and are working towards a full-time workforce of 6 ACPs in 2024 to lead the units clinically, daily over 7 days a week. There is a training and development lead to support the qualified staff undertaking various master's modules to achieve full practitioner at enhanced level in urgent care status which has proved very supportive with regular supervision sessions.

- Complaints have increased slightly, themes identified, and learning applied to individuals and wider team members to maintain the gold standard that is expected of the high performing service, evidenced by retaining earned autonomy in February in the QA process.

Physiotherapy / Musculoskeletal (MSK) Service

- We have piloted the (former) Public Health England (PHE) Health Equity Assessment tool in our post Covid-19 clinic and MSK services to identify opportunities where we can review and improve access, experience, and outcomes of patients
- The outpatient physiotherapy and occupational therapy services have introduced online booking for some appointment types, allowing people to choose their own appointment at a time that suits them
- All physiotherapy groups are now being offered face to face. We continue to offer remote sessions (via video or phone) on an individual and group basis for people who prefer this option
- Our outpatient occupational therapy service has expanded to provide a First Contact Practitioner (FCP) role in a local Primary Care Network. The occupational therapist works in a similar way to

our established FCP physiotherapists, by seeing people who contact the GP practice with certain conditions that the occupational therapist is best placed to manage. This ensures quick access to the expertise of an occupational therapist without needing to see the GP
- Direct self-referral into our physiotherapy and occupational therapy remains an option
- The physiotherapy, occupational therapy and MSK services were successful in a bid to NHS England for funding to appoint a personalisation lead to work with our services. The personalisation lead aims to improve our communication with people who access our services.

Sentinel Stroke National Audit Programme (SSNAP)

Data capture

- The early support stroke discharge (ESSD) team lead has delivered training on recording goals on S1 ensuring data is accurate for SSNAP. Teams are adhering to this and a review of goal setting process / outcome measures underway
- Discharge template, completed by administrative staff, to release clinician time
- Discharge template has now been rolled out across ESSD teams.

Improvement

- Speech & Language Therapy (SLT) activity improved considerably for the audit period (2021/22) with the return of the SLT Clinical Lead from maternity leave. SLT's within ESSD are continuing to use telehealth (virtual consultations) to maximise capacity, particularly given the large geographical area covered by the team
- Scoping to understand why Amber Valley & Erewash ESSD response times are above the national picture and standard, at 3 days, and work with the team to explore strategies to improve this response time, including reviewing the core ESSD criteria
- Amber Valley and Erewash ESSD team consistently receive the highest number of referrals and carry the largest caseload of the 3 teams. There have been various staffing changes/maternity leaves in recent years which have impacted on capacity
- Successful recruitment of additional staff to help increase team capacity. For the following audit period 2021/22 the response time had reduced to 2 days and continuing work is ongoing aiming towards the target 1 day response time, particularly using telephone / virtual initial assessments where appropriate.

Collaboration

- Leads and administrative staff to continue to develop links with acute hospital trusts to ensure patients are recorded on SSNAP. Specifically working with Burton Hospital to improve referral pathway.
- Regular meetings established with key stakeholders at Royal Derby Hospital (RDH), UHDB and Nottingham Hospitals to enable strong communication links across the pathway and opportunity to reflect on challenges/successes. ESSD Admin staff have regular contact with the SSNAP teams at the acute hospitals to ensure timely transfer of records and accuracy of data.

Table 9: UK Parkinson's Audit Update

UK Parkinson's Audit: (incorporating Occupational Therapy, SLT, Physiotherapy Elderly care and neurology) 2019	
	Data capture 1) Neurology nurses now have a specific neurology assessment template on SystmOne capturing relevant information. Power of Attorney option needs to be added to this

UK Parkinson's Audit: (incorporating Occupational Therapy, SLT, Physiotherapy Elderly care and neurology) 2019	
	2) Guidance given to SLTs to document in SystmOne notes when audio/video recordings have been made and explore appropriate storage of these recordings. Agreed with SLT through sharing of Service improvement plan and feedback by SLT lead into team meetings **Improvement** 3) Introduction of triage matrix to ensure patients are prioritised according to need 4) After difficulties with recruitment, all vacancies now recruited to but there remains a shortfall in capacity to meet demand. Some services also remain challenged by long term sickness absences following Covid-19 5) Waiting list initiatives introduced to minimise delays and manage the risk of clinical harms 6) Power Of Attorney advice is now offered to all patients as they reach the complex phase of Parkinson's Pathway via the SystmOne assessment template, and this is documented accordingly in patient's notes 7) All service areas are aware of access to Parkinson's training materials through Neuro Portal. Parkinson's information resources are stored on Stroke -Neuro shared drive. Parkinson's UK Excellence Network Learning Hub advertised through Neuro Network. Portal offline currently but plans to develop DCHS Stroke & Neuro website 8) Remote groups introduced and offered during pandemic restrictions, continued to be offered alongside face to face where more appropriate. Current research trial on remote exercise group being trialled, learning from ESSD virtual secondary prevention groups will provide best practice options to explore for future group planning 9) Guidance in place to staff to ensure all patients are issued with Service telephone number/email to be able to access relevant discipline 10) All patients are directed towards the Parkinson's UK website for up-to-date information, or provided with newly diagnosed packs/ information leaflets if not able to access the internet 11) All SLTs are informed of the need to ask patients specifically about word finding difficulties at initial assessment 12) All staff informed to ensure they use SystmOne or discharge template for updating referrer 13) Standard Operating Procedure for Therapy and Nursing Provision for patients with Parkinson's developed **Collaboration** 14) Support Consultant gaining access to SystmOne to allow access to records and improve communication. Access to SystmOne arranged for consultant enabling a monthly multidisciplinary team (MDT) meeting with Consultant to discuss shared patients and improve communication.

Speech & Language Team (SLT)

- During 2022 work has continued to develop more integrated working for the Speech, Language & Communication Needs (SLCN) pathway for children and young people. Our team is involved in this work which brings together providers, including both health and education. The specific focus of this work is on the development of a jointly commissioned approach. This work will result in a more cohesive provision of services to meet the communication needs of children and young people. A project funded by Derby City Education has enabled delivery of targeted inputs to schools in areas of highest need using quality conversations methodology to embed a whole school approach to supporting SLCN. Further funding from the Youth Offending Service in Derby will also enable the service to deliver a more equitable offer for Young People with SLCN across the footprint. SLT has continued to link closely with CRHFT, to develop a more integrated approach to service delivery for adults needing SLT. This has involved a secondment to support Adult SLT leadership at CRHFT, the use of honorary contracts for SLTs to work across providers and joint advertising for roles. Further work on provider collaboration is underway to review the delivery of a more integrated SLT pathway to children across JUCD.

The SLT service has an established research culture which is actively contributing to the development of a wider evidence base for the profession nationally and has continued to grow in 2022.

Stroke & Neurological Services

- Leads for our Stroke and Neurological service continue to be actively involved in a JUCD task and finish group to develop the Stroke and Neurological rehabilitation pathway. This work aims to support a reduction of variance in access to services and improve compliance with national guidance around the pathway. Continued focus on developing new ways of service delivery have continued within the teams, including access to virtual groups, and liaison with 3rd sector resources (leisure centres) to enable community participation and support.

3.1 Patient Safety - What have we done to improve patient safety?

The provision of healthcare by its nature is a risky business and so one of our key clinical governance priorities is the provision of safe care and the management of risk. The following section provides examples of work undertaken by the quality directorate during the year to improve and monitor patient safety across the Trust.

3.1.1 Patient Safety Incident Response Framework (PSIRF)

Throughout this year DCHS has been embedding PSIRF and the patient safety specialist has ensured that, as a Trust, we have addressed patient safety incidents as per the patient safety incident response plan (PSIRP).

The 4 local criteria for patient safety incident investigations as identified in the PSIRP are:

Tissue viability

- Incidents involving patients with a wound (including pressure ulcers) that has occurred or deteriorated in our care where the degree of harm is identified as significant and on investigation it is noted that clinical observations were either not taken or not acted upon

Mortality review:

- Patients in the community who have had CPR performed in the absence of their valid ReSPECT / DNACPR form whilst having a palliative +/or end of life prognosis
- Mortality Review: Deteriorating patients over the age of 80, in the community with a minimum of 2 co-morbidities and clinical observations not taken (excluding patients where deterioration is wound related)

Violence and aggression:

- when harm occurs due to restraint of a patient in our care.

In addition, we have been utilising alternative methodology to ensure proportionate investigation and effective incident response in line with PSIRF. We have used Appreciative Inquiry through After Action Reviews as one of the many quality improvement tools available to be used when reaching safety actions and investigation recommendations. This approach encourages an asset focused approach to improvement and so embraces what can be done to improve safety rather than a deficit focus that impedes growth and quality improvement.

Throughout 2023 we will be reviewing our PSIRP to identify our organisational priorities for patient safety moving forwards in line with the national implementation of PSIRF.

3.1.2 Risk management

By continuously identifying, reporting, and managing risks effectively the Trust can reduce the likelihood of occurrences that could result in a negative impact. In addition, by horizon scanning for risks, positive opportunities may present that could be utilised as part of continuous improvement. The patient safety team continuously monitors incidents to identify any clusters, which could reflect trend or shortfall in service. They are regularly reviewed to ascertain possible risks have been considered, if so, this is raised with the appropriate service and registered on our risk management system (Datix) for which there are robust governance processes in place to mitigate.

3.1.3 Risk reviews

Risks are reviewed weekly by the risk management team, to ensure review dates and expected implementation dates (EIDs) of further control measures (FCs) are maintained and achieved. The risk owners are required to update risks monthly through a written summary of actions taken to achieve the FCs set out and any additional measures taken to support the mitigation of the risk, through established

governance meetings in accordance with risk strategy and policy. To quantify and assist with measuring the level of risk, a risk grading matrix is used to identify the likelihood of a risk occurring along with perceived consequence (see table 10). During the year we have strengthened our approach to risk management to ensure qualitative management is maintained and monitored at all levels:

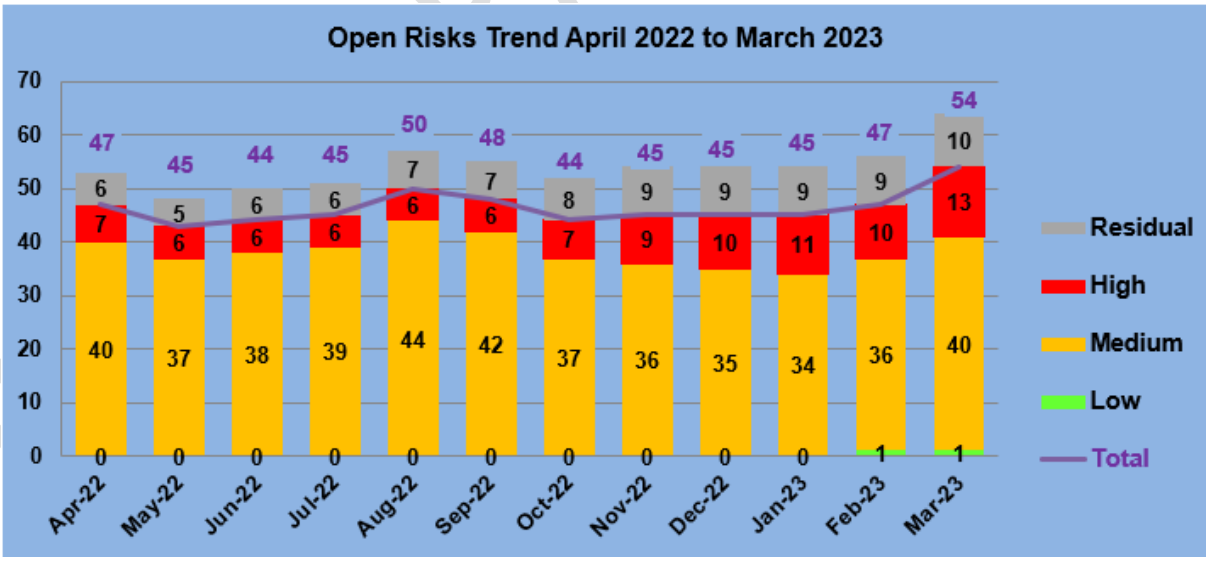
- All high risks scored 15+ are reported to the Trust Board monthly
- Each relevant quality sub-committee reviews all their risks bimonthly – quality services, quality business & quality people (QSC, QBC & QPC)
- Each Q Committee then refers up to 3 of their risks for consideration at the QSC risk review meeting which is held 3 times per year. In addition, executives are expected to review their allocated risks with their teams prior to the Board reporting

Table 10: Risk grading matrix

LIKELIHOOD							
	Almost certain	5	5	10	15	20	25
	Likely	4	4	8	12	16	20
	Possible	3	3	6	9	12	15
	Unlikely	2	2	4	6	8	10
	Rare	1	1	2	3	4	5
			1	2	3	4	5
			Insignificant	Minor	Moderate	Major	Catastrophic
			CONSEQUENCE				

Risks are a standing agenda item discussed at each divisional governance meeting, with updates captured. An overall trend line of risks through the year is shown in graph 2.

Graph 2: Open risks - April 2022 – March 2023



3.1.4 Risk controls

Following recommendations from our auditors the KPI of 80% of all further controls in place within or on expected implementation date, has been replaced. Instead, from September 2022, requests to extend further control expected implementation dates require executive lead approval. The risk management team monitor all extension requests and articulate these through reports submitted to the QSC, QPC, QBC and board report.

Where a control reaches 3 extension requests this will be highlighted within the reports and will be referred to the QSC risk review meeting for discussion, with the risk owner in attendance, to identify the barriers / challenges that are having an impact upon the control completion to allow for further support / unblocking of barriers.

If the estimated date of closure of any risk is breeched by more than 3 months, then the risk will be referred to QSC risk review meeting, with the risk owner in attendance, to discuss barriers / challenges to the risk mitigation.

This provides visibility to the Board and enables a measure of effectiveness for risk mitigation when implementing further controls and facilitates the identification and unlocking of barriers to further control implementation.

3.1.5 Board Assurance Framework (BAF)

The Board Assurance Framework (BAF) is a simple but comprehensive method which NHS organisations use for the effective and focused management of principal risks to meeting their corporate objectives.

3.1.6 Risk Assurance

Risk assurance is an evaluated position of confidence, based on evidence gained from review on an organisation's governance, risk management and internal control framework. The Audit & Assurance Committee is the body responsible for our risk assurance.

Risk strategy and management serves three main purposes for us: 1) it is part of the integrated governance mechanism, ensuring a coherent and well-maintained system of internal control; 2) It allows evaluation of risk in terms of strategic impact upon achievement of organisation objectives; 3) Practically it provides an effective and well managed platform to promote & enable effective prioritisation and decision making to manage risk. This is underpinned by swiftly identifying priorities for action and revealing operational or clinical activity for improvement.

3.1.7 Responsibility of Board

The Board has a duty to assure itself that the organisation has properly identified risks; that processes and controls are in place to mitigate those risks that could possibly impact upon the organisation and stakeholders. The Board delegates this duty to quality committees, directorates & departments who carry out & report activities to mitigate risk by:

- Demonstrating personal involvement and support for risk management
- Approval and review of strategies for risk management on an annual basis
- Ensuring there is a structure in place for effective risk management within the organisation
- Authorising directors, assistant directors, heads of service and managers to manage and control risks at a local level, in line with strategy.

3.1.8 Medical Devices

The risk manager has taken on the additional role of medical devices safety officer (MDSO) during 2022/23; participating in the National Medical Devices Safety Network, receiving national updates relating to medical devices, reviewing them, and sharing the relevant detail to the Medical Devices Group and key colleagues for wider distribution and learning.

3.1.9 National reporting and learning system (NRLS)

All patient safety incidents reported onto Datix which meet the reporting requirements are communicated to NHS England's NRLS through an established coding system (with NRLS guidance) set up within Datix

and administered by the patient safety team. Incidents shared at this national level are pertinent in determining national trends and promoting national improvements.

NRLS is being replaced in September 2023 by a new national reporting platform – Learn from Patient Safety Events (LFPSE). We are currently reviewing and developing our local incident reporting forms, Datix, to ensure a smooth transition and meet the national requirements.

During the period 1 April 2022 to 31 March 2023, there have been a total of 7,796 patient safety incidents reported (excluding 602 rejected reports). Of these, 6,793 have already been communicated to the NRLS. At the time of reporting there were 153 (211 last year) patient incidents in the Datix system in the review process i.e., 77 (167 last year) awaiting review by manager, 34 (15 last year) actively being reviewed by manager and 42 (29 last year) waiting follow-up by the patient safety team.

Table 11: Patient safety incidents on Datix

	2020/21	2021/22	2022/23
In holding area, awaiting review	**98**	**167**	**77**
Being reviewed	**23**	**15**	**34**
Awaiting final approval	**44**	**29**	**42**

Table 12 compares incident rate by severity classification. The proportion of incidents with harm has remained stable whilst the number of incidents reported has increased. Increased reporting is a measure of an open reporting culture, and a positive indicator of safety is in line with national trends. The mortality review process continues to ensure that where there is a query of whether our care may have contributed to an unexpected death that this is thoroughly reviewed, and the lessons learnt disseminated.

Table 12: Incidents by severity (after final approval)

Incidents by severity comparable data	2020/21	2021/22	2022/23
No injury or harm	2,501	3,209	3,437
Minor harm/injury	4,030	3,814	4,148
Significant harm/injury	41	55	56
Major harm/injury including permanent disability	1	0	2
Death/multiple deaths or catastrophic event (e.g. flood/fire)	1	3	0
Totals:	**6,574**	**7,081**	**7,643**

Table 13: The top five reported incidents and trends over the past three years

2020/21		2021/22		2022/23	
Pressure relief	**3,252**	Pressure relief	**2,851**	Pressure relief	**2,969**
Discharge problem	**541**	Discharge problem	**564**	Medication	**553**
Medication	**518**	Medication	**525**	Discharge problem	**517**
Slips, trips & falls (patient)	**502**	Slips, trips & falls (patient)	**420**	Slips, trips and falls (patient)	**485**
Safeguarding adults	**417**	Safeguarding adults	**369**	Safeguarding adults	**397**
Totals:	**4,712**	Totals:	**4,729**		**4,921**

Of the 553 medication incidents, 122 related to discharge / transfer issues into our care; an increase from 110 the previous year. After taking these figures into consideration there has been an overall decrease of discharge problems to 639 (674 in 2020/21).

Managing the transfer of patients safely between different health care facilities is essential. The patient safety team continues to send details of all discharge / transfer incidents to our acute Trust partners. Responses are shared through our incident reporting system to the relevant manager so that any lessons learned are communicated.

The patient safety manager has been part of a quality improvement group with UHDB, the Trust where most incidents are reported, to improve discharges from their Trust to us. The work has focussed on a collaborative approach to improving community nursing referral documentation which was a key theme identified from incident reporting.

Safeguarding adult incidents are those reported by our staff who have raised concerns which they have observed when administering care to adult patients. These incidents are usually related to influences external to the Trust and as such are not further communicated to the NRLS. The notification system within Datix allows the safeguarding teams to be aware of an incident as soon as it is reported.

3.1.10 Never Events

Never Events are defined as incidents that are wholly preventable. During 2022/23 there have been 0 Never Events recorded within our Trust.

3.1.11 Central Alert System and Strategic Executive Information System (StEIS)

The Central Alert System (CAS) is a national reporting system which distributes alerts from NHS England, alerting health organisations of safety issues. During the financial year of 2022/23 a total of 90 alerts (CAS and MHRA Medicine Recall Alerts) were received compared with 102 in the previous financial year. Each alert is reviewed for its relevance to us and distributed to the services where the alert applies. All alerts were responded to within the required time frames and the implementation of any required actions is followed up by the patient safety team to ensure it has been executed.

With the transfer over to PSIRF the only incidents identified as requiring a Patient Safety Incident Investigation (PSII) under PSIRF were required to be reported on StEIS under the category of *Incident reported under the PSIRF Early Adopters*. In 2022/23 no incidents have met the criteria for StEIS reporting.

3.1.12 Human Factors (HF)

The PSIRF promotes analysis techniques that facilitate a systems approach to identification of the interconnected contributory, human and causal factors.

HF is part of the investigation training delivered by the patient safety manager and the patient safety team have also published a booklet which describes each of the factors and gives examples of incidents and the factors involved to assist staff in the understanding of them. This continues to be incorporated further by using the well renowned systems-based HF framework in patient safety investigation; Systems Engineering Initiative for Patient Safety (SEIPS) model.

HF and systems thinking is incorportaed into Health Education England patient safety training syllabus. Level 1 training is available to all our staff and has been promtoed throughout this year to raise awareness and knowledge in patient safety. At the end of March 2023 this training has been completed by 91.92% of all staff. Compliance rates for this training continue to be monitored and report to CSG on a bimonthly basis.

3.1.13 Just Culture

Embedding a 'just culture' focusses on being fair: supporting a just and learning culture for staff and patients following incidents in the NHS. This ensures we can provide the best possible experience to support, staff, patients, and carers, and has continued to be a priority within our Trust. We have used appreciative inquiry with staff to assist in quality improvement within their teams / services which in turn improves safety as well as staff morale. This connects with the wider cultural work in this area, which is a core operational planning priority for 2023/24 and will be underpinned by a new 'Respect, Civility and Resolution' policy.

3.1.14 Duty of Candour (DoC)

We expect that our staff will always be open and honest with the patients and families they care for. This is especially important where care does not go as planned and where serious harm has occurred. During the reporting period 2022/23 there were 32 incidents meeting the duty of candour criteria. Patients or the relevant other persons have been contacted and a full explanation provided following investigation.

Table 14: Incidents requiring Duty of Candour

Category	DoC incidents 2020/21	Category	DoC incidents 2021/22	Category	DoC incidents 2022/23
Pressure ulcers	19	Slip / trips / falls	8	Pressure ulcers	16
Slip / trips / falls	4	Pressure ulcers	6	Skin (not pressure)	3
Unwellness/Illness	1	Infection Prevention & Control (IP&C) - Hospital acquired Covid-19 infection & patient passed away within 28 days	2	Falls	9
Wrong, delayed or misdiagnosis	1	Treatment Problem / Diagnosis Delay	2	Catheter Acquired Urinary Tract Infection (CAUTI)	1
Unwell / Illness	1			Treatment problem	2
Medication – Controlled Drugs	1			Contact with hazard	1
Treatment problem	1				

Category	DoC incidents 2020/21	Category	DoC incidents 2021/22	Category	DoC incidents 2022/23
Total	**27**	**Total**	**18**		**32**

Duty of candour is a thread throughout our Trust induction, investigation training and incident managers' Datix training.

The shift from Safety I to Safety II as detailed in the NHS Patient Safety Strategy has continued:

- **Shout Out** has continued to inform the Learning from Experience Group to allow the Trust to learn from excellence. In the year of 2022/23 there have been 218 Shout Out's submitted
- **PSII's and after-action reviews** ensure that good practise is also recognised within the investigation and report in addition to safety recommendations.

3.1.15 Ligature management work

- All site ligature surveys for 2022/23 have been completed in accordance with policy with clinical staff engaging well to carry out this requirement
- Continued support has been provided by the patient safety team to our sites to assist with use of the assessment tool

We will continue to maintain a high standard of on-site ligature risk assessments & anti-ligature device management, awareness, and training.

3.1.16 Prevention and Management of Violence and Aggression

Our staff are increasingly reporting incidents where patients are demonstrating challenging behaviours of one sort or another. Whilst we have policies and practices in place to support the management of violence and aggression, we have some incidents on our sites that are not manageable by staff.

We have worked with Derbyshire Constabulary on a strategy to manage and reduce violence, anti-social behaviour and other criminality within our community health service locations and have developed a Memorandum of Understanding (MoU).

This MoU is designed with the hope of developing clear boundaries and expectations of both us and Derbyshire Constabulary, making both partners more accountable to each other. Each agency has agreed to some overarching assurances.

We have also agreed an approach for police visibility on our main sites, this will help build positive working relationships between us and the police, will hopefully increase staff confidence and act as deterrent for any unwanted behaviours.

3.1.17 Clinical documentation

During 2022/23 there has been a continued positive organisational move towards proportionate governance which has seen the restructuring and simplifying of approval routes for policies, procedures, and guidelines. We have continued to develop the pathway and processes for all clinical literature to receive thorough effective reviews and approval at the right groups.

The work to streamline the governance processes for clinical documentation and patient information has continued and divisional representatives have reported greater confidence in the more devolved routes along with a true sense of ownership of the literature. This work has culminated in the stepping down of a central approval group in favour of providing clear guidance and support to enable divisional approval.

Throughout 2023 we plan to strengthen our audit of these devolved processes whilst continuing to promote the principles of health literacy within clinical literature.

Our new website was launched at the beginning of 2022 and support has been provided throughout 2022/23 to ensure all clinical literature is accessible to both staff and the public.

3.1.18 Safeguarding Service

The Head of Safeguarding oversees the safeguarding service, a dedicated team of nurses, health professionals and administration staff. The safeguarding team provides advice, support, supervision and training to our staff and other care providers within Derbyshire and Derby City. The Starting Point health team which is a commissioned service of nurses and an administrator, provides the health contribution to multi-agency information sharing, assessment, management of concerns about children and safety planning, as part of the first point of contact for Derbyshire Children's Social Care.

We promote a Think Family focus throughout all child and adult safeguarding work; promoting the importance of listening to the voice of the child and making safeguarding personal for adults at risk, so that their lived experiences are heard.

Responsibilities for safeguarding are embedded in international and national legislation. It is our responsibility, alongside other NHS funded organisations, to ensure that the principles and duties of safeguarding children and adults are holistically, consistently, conscientiously applied and are embedded in every service we deliver, with effective governance processes evident. The well-being of children and adults is at the heart of what we do, and it is **everybody's business** to keep children, young people, and adults free from abuse, neglect, and harm.

Quality assurance

Safeguarding Adults

- The Safeguarding Adult Assurance Framework (SAAF) reflects the requirements of us as a health provider to demonstrate safeguarding leadership, expertise, and commitment at all levels in the organisation and that we are fully engaged and in support of local accountability and assurance structures. It also requires us to be involved in regular monitoring meetings with our commissioners, as directed by the Safeguarding Children, Young People and Adults at Risk in the NHS Safeguarding Accountability and Assurance Framework (2022). Our SAAF site visit took place on the 13 June 2022 with the following feedback received:

May I begin by congratulating you and your team on a comprehensive SAAF submission, the evidence provided provides significant assurance that DCHS are supporting staff to protect patients from abusive behaviour and practice

Safeguarding Children

- The Section 11 audit is a strategic and organisational self-assessment audit tool that is requested by the Derby and Derbyshire Safeguarding Children Partnership and the NHS Derby and Derbyshire ICB to provide evidence to support compliance with safeguarding standards. The audit was submitted on the 30 September 2022 and a review meeting took place on the 29 November 2022. We received the following feedback:

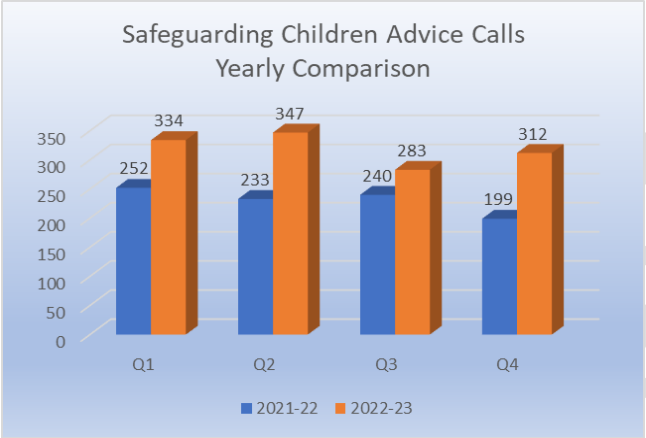
We would like to take this opportunity in thanking you and the Safeguarding team for your hard work and strong commitment to safeguarding children, young people and families in Derby and Derbyshire

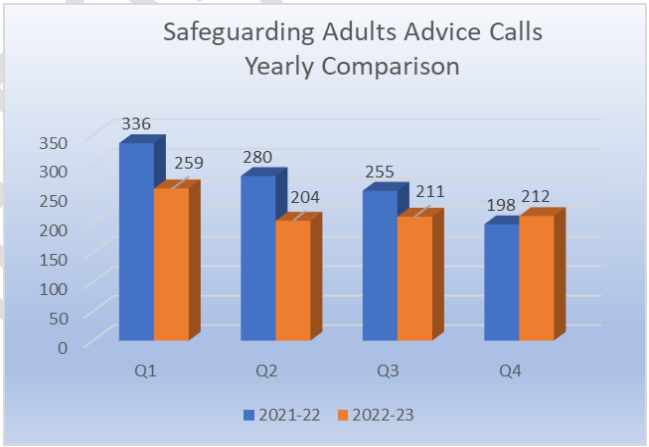
- The Markers of Good Practice audit is part of the safeguarding children assurance process and is the support / challenge performance management tool used to seek assurance for the ICB quality schedule with regards to Looked after Children. The audit was submitted on the 2 March 2023 and we are awaiting feedback.

Advice and support

- Our safeguarding service is available for advice and support to the full range of specialities within the organisation and as part of the wider safeguarding community on the day-to-day management of children, adults at risk and families, where there are child/adult safeguarding concerns. Calls for safeguarding advice for children have seen an increase of 33% when compared to 2021/22; and advice calls regarding adults showed a 22.5% decrease. The impact of the Covid-19 pandemic is not fully known, although it is acknowledged that children and adults are only recently starting to disclose abuse that occurred during the lock downs. It is noted that cases are more complex for both adults and children, with an increase in concerns regarding domestic abuse, sexual abuse, self-neglect, including living conditions and the current cost of living crisis which reflects the national trend.

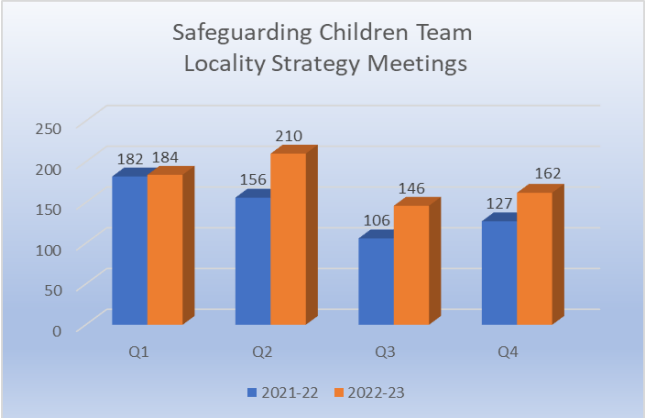
Graph 3: Safeguarding Service Advice Calls; children and adults

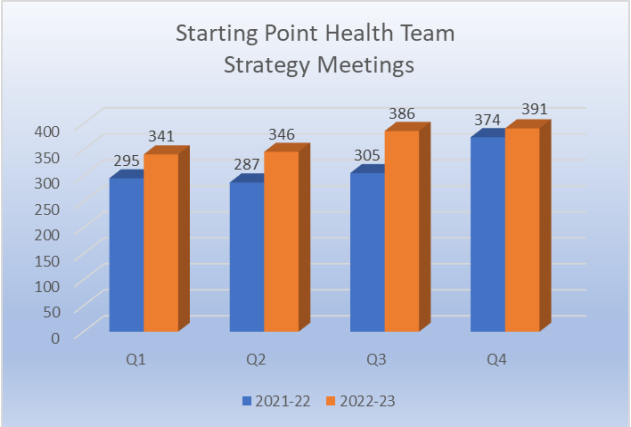




Both the safeguarding children team and the starting point health team support multi-agency decision making and safety planning; where there are concerns regarding immediate harm to a child that requires a strategy meeting. The starting point health team attends the strategy meetings in starting point, as part of the multi-agency front door response to referrals. The safeguarding team attends locality strategy meetings, where there has been no 0-19 Children's Service or Child and Adolescent Mental Health services (CAMHS) or Child in Care (CIC) involvement in the past 6 months. The graphs show the data from SystmOne regarding the number of children discussed at strategy meetings.

Graph 4: Strategy meetings





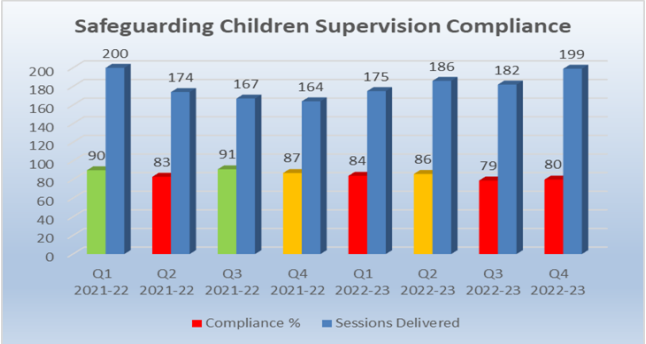
The safeguarding children team have discussed a total of 702 children during Q1 to Q4 which is a 23% increase when compared to the same time frame in 2021/22. The Starting Point Health Team has discussed a total of 1,464 children during Q1-4 2022-23. This is a 16% increase when compared to the same period in 2021-2022. The data reflects the increase in significant harm concerns across both Starting Point and the localities.

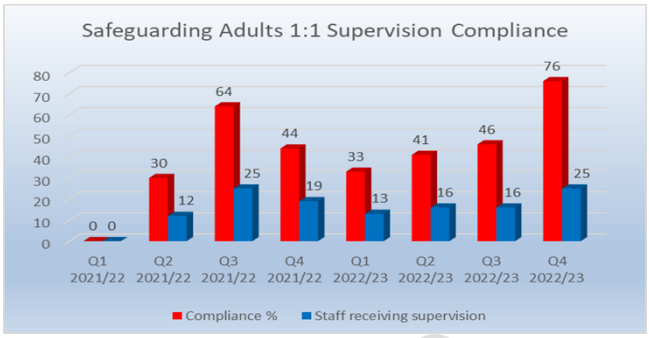
Safeguarding supervision

- We have a safeguarding supervision policy that identifies the staff that require safeguarding supervision, including where it is a statutory requirement. Safeguarding supervision is either children or adult or joint (children and adult). The delivery of safeguarding supervision is recorded to ensure compliance.

Identified staff in the 0-19 Children's Service are offered one to one supervision, 3 monthly, which reflects the complexity of issues and safeguarding concerns. The number of sessions delivered has increased in 2022/23 which reflects attempts to reduce any backlog and an increase of staff in some teams. Compliance has remained below 90% with the biggest contributory factors being the impact of long-term sickness and vacancies in both the Safeguarding Service and 0-19 Children's Service.

Graph 5: Safeguarding Children supervision delivered versus compliance





The policy identifies those staff that require one to one or group safeguarding adult supervision. It is acknowledged that there are several contributory factors that are impacting on compliance, including the shift from guidance to a supervision policy for adult supervision. The safeguarding service has worked closely with the learning disability service and older people's mental health to ensure that supervision sessions are available, and staff are released to attend. Sickness and unexpected circumstances in the safeguarding service and vacancies in the services have also impacted on compliance. It is noted that the learning disability service has seen an upward trend of compliance over the year.

Training delivery:

- Safeguarding adult and children training is delivered to all our staff, volunteers, Governors, the executive and non-executive team. The level of training required is decided by the Intercollegiate Documents (2018, 2019 and 2020).

Table 15: Safeguarding and Prevent training compliance

Safeguarding Training Compliance	2022/23
Think Family Level 2	**87.23%**
Think Family Level 3	**87.63%**
Safeguarding Children Level 3A	**90.98%**

Prevent Training Compliance	2020/21	2021/22	2022/23
WRAP Training - (Clinical staff Level 2 and above)	**94.9%**	**95.2%**	**94%**
BPAT Training - (non-clinical staff Level 1)	**91.8%**	**95.9%**	**92%**

We have continued to work with the people services and people development teams to review compliance, ensure that staff are aligned to the correct level of safeguarding training for their job role and that the reporting of Think Family level 3 reflects the complexities of the 3 annual elements.

We have maintained a safeguarding focus and have responded to safeguarding workstreams both internally and externally as part of partnership working with the Derby and Derbyshire Safeguarding Children Partnership, the Derbyshire Safeguarding Adult Board and Derby Safeguarding Adult Board.

We have continued to work with, and support, the leaders and staff on Hillside following further Local Authority Section 42 enquiries. This has included the delivery of safeguarding supervision sessions, attendance at meetings, contributing to the action plan, raising safeguarding concerns and supporting the implementation of learning.

We have worked with and supported the leaders and staff on OPMH following Local Authority Section 42 enquiries. This has included ensuring safeguarding supervision sessions are available and staff are able to attend, raising safeguarding concerns and the implementation of learning.

Modern slavery statement

This statement is made in accordance with Section 54 of the Modern Slavery Act (2015). It sets out the steps that we have taken and will continue to take to ensure that modern slavery or human trafficking is not taking place within this organisation or those with whom we are affiliated.

Modern slavery is defined as the recruitment, movement, harbouring or receiving of children, women, or men using force, coercion, abuse of vulnerability, deception, or other means for the purpose of exploitation. It encompasses slavery, servitude, human trafficking, forced labour, sexual exploitation and forced criminality and is a crime under the Modern Slavery Act 2015.

We have **zero tolerance** to any form of abuse and thus modern slavery is incorporated within both children and adults safeguarding work streams.

We are committed to acting ethically, with integrity, requiring transparency in all our business dealings and putting effective systems and controls in place to safeguard against any form of modern slavery across the NHS and associated sectors.

Through implementation of robust recruitment policies and procedures we ensure that comprehensive checks are in place to negate the likelihood of an individual being employed by the organisation who has been trafficked or who is the victim of modern slavery.

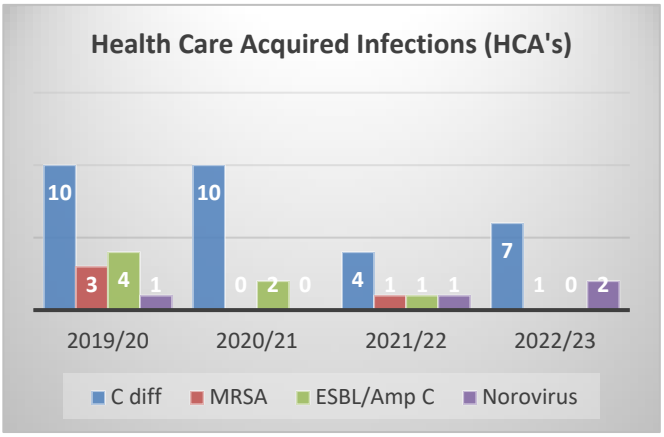
We are responsible for providing a range of health services for people living in Derby and Derbyshire. The care we provide is monitored by the ICB across the area through regular compliance visits and processes to ensure that we are compliant with the Modern Slavery Act (2015). More details about our work in this area can be found on our website www.dchs.nhs.uk.

3.1.19 Infection, Prevention & Control (IP&C)

Through this year our strong track record of IP&C continued to be given additional and necessary emphasis as we managed additional waves of Covid-19 ensuring we minimised risk and effectively managed outbreaks. We implemented changes in the use of personal protective equipment, Covid-19 testing and physical distancing adopting a step-up, step down approach in response to a continually changing and emerging picture in relation to Covid-19 and other respiratory infections. Alongside this we also managed the re-emergence of other infections that had been less of a challenge during the pandemic such as Norovirus. We remain committed to ensuring that effective IP&C is embedded into everyday practice. Robust IP&C systems remain essential to continue to protect both patients and staff.

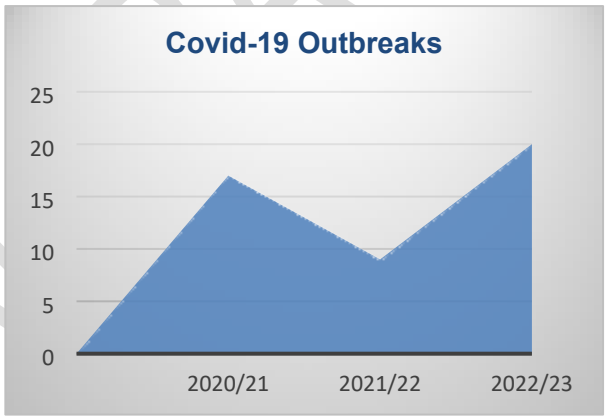
Our continued good performance remains reliant on the continued commitment of the team in promoting best practice alongside the commitment of staff, patients, and visitors in ensuring that we keep healthcare acquired infections as low as possible. Throughout the year our infections have remained low. The graph below shows a year-by-year comparison.

Graph 6: Comparing infections between 2019/20, 2020/21, 2021/22 and 2022/23 (updated graph to be provided)



During 2022/23 the team have managed 24 outbreaks. This is an increase from previous years and possibly reflects the changing management of Covid-19 that has occurred throughout the year. There has and continues to be differences between Covid-19 management in the NHS and Covid-19 management within the general population. For example, Covid-19 testing of the general population ceased during 2022 as the Government set out steps for living with Covid-19 for the public. This presented challenges as we and partner organisations worked collaboratively to manage the continued pressures on NHS services whilst continuing to manage IP&C risks. The outbreaks have given us the opportunity for learning which has been shared across the Trust and with partners, but it is thanks to the continued hard work and vigilance of all the IP&C team and all services across DCHS that we continue to identify outbreaks early and manage them effectively.

Graph 7: Number of Covid-19 outbreaks



We continue to maintain the positive relationships with external partners such as NHSEI, UKHSA and the ICB alongside regional NHS Trust and continue to work closely with system partners.

We continue to demonstrate full compliance with the criteria within the Health and Social Care Act 2008: Code of Practice, an IP&C Board Assurance Framework and we continue to assess our IP&C position against the NHS England published National Infection Prevention and Control Board Assurance Framework. In Q4 were able to demonstrate full compliance against all the requirements.

Throughout the year we have continued with our schedule of IP&C mandatory audits, reviewing as guidance changed. Compliance rates can be found in table 16 below

Table 16: IP&C mandatory audit compliance

Audit	Compliance rate
Hand hygiene	98.6%
Personal protective equipment (PPE)	97.5%
How safe is your space	98.1%

These audits alongside our IP&C audits and QA audits provide assurance around IP&C practices and provide the opportunity for early interventions to support services if required. As we came to the end of March 2023 these audits were again under review to ensure they remain aligned with current practices.

3.1.20 Sharps safety

We entered the National Health Service Journal Congress Poster Awards and won the category 'Protecting the Workforce' which shows the work we have been doing around sharps safety (see poster overleaf). The Sharps Safety Working Group aims to work collaboratively to raise awareness of the potential risks related to sharps injuries, promoting continuous improvements for staff and to patient safety.

We continued the Sharps Safety campaign throughout the year and provided sharps posters and stickers for all sharps boxes, email headers, learning packages, a sharps package for bank staff, guidance documents and added mandatory questions to Datix to enable a deeper dive into sharps incidents. We produced a guidance flow chart for community staff where patients require a sharps container, and this has been embedded on SystmOne. We also participated in Sharps Safety Week across the organisation. We are just completing a review in terms of progress and the results will inform our campaign going forwards into 2023/24.

Reduction of Sharps Injuries

Derbyshire Community Health Services NHS Foundation Trust

Ruth Mitchell - Quality Improvement Lead for Clinical and Professional Standards

Introduction

In 2019/20 there were 35 harmful sharps incidents (Baseline figure) and an ambitious target was set to reduce these incidents by 75%. The Needlestick and Sharps Injuries Improvement Project was established to reduce incidents with harm within a Community NHS Foundation Trust. The project aims to work collaboratively to raise awareness of the potential risks related to needlestick and sharps injuries, promoting continuous improvements for staff and to patient safety.

Work Undertaken by the Group to Reduce Harmful Sharps Incidents

- Comprehensive Trust wide Campaign around Sharps Safety, including staff questionnaire on sharps safety equipment and safety boxes.
- Eye-catching poster campaign with a "Keep Safe" message to raise awareness and stickers developed to fit on all sharps boxes (Image 1).
- 'Sharps Safety Week' launched in July 2021 using social media
- Collaborative working with Royal College of Nursing Regional Lead
- Engaging key stakeholders including Clinical Teams, Management, Quality Always, Health and Safety, Infection Control and Prevention , People Development, Occupational Health and Pharmacy;
- Divisional Leads responsible for taking actions back to their teams
- Learning package for Quality Champions and E-learning Training Package on Sharps
- Surveillance Visits and Quality Assessments
- Additional mandatory questions for managers on incident reporting system designed to support staff and gather further understanding of contributing factors.

1:1 Guided reflection offered after all sharps incidents

Harmful Sharps Incidents: Contributory Factors

The Group has investigated the factors that contributed to the harmful incidents. Reviewing all incidents since April 2019, shows that 'Restricted Staff Posture' and 'Unfamiliarity with the needle/ sharp' were the main contributing factors (Chart 1).

Chart 1 contributory factors to harmful sharps injuries:

Image 1 sharps awareness poster and sticker:

Chart 2 Comparison of harmful sharps incidents:

Chart 3 percentage change in harmful sharps incidents:

Conclusion and Next Steps

Although there has been an increase in harmful sharps incidents in both years since 2019, (Chart 2, blue bars) there has also been increased activity with the introduction of vaccination clinics. Vaccination clinics accounted for 7 harmful incidents and removing these (as they were not undertaken in 2019/20) reduces the number of harmful incidents to 36 (Chart 2, Pink Bars). Using these new figures, there was an initial increase of 17% in 2020/21 but this has reduced back down to 36 for 2021/22. Resulting in a 2.9% increase from 2019/20. (Chart 3)

The work of the group has successfully reduced the number of harmful incidents since 2020/21. Targeted work will continue into 2022/23 to further improve safety and reduce harm.

The Working Group will continue through 2022/23 to focus on the relaunch of the Trust wide promotional campaign, organise a further Sharps Safety Week and new initiatives to promote this important work across the Trust to keep our staff and patients safe.

June 2022

3.1.21 National Early Warning Score (NEWS2)

We have been participating in a National Patient Safety Collaborative led by a Chief Nursing Officer Senior Clinical Nurse Fellow within NHS England since July 2022. The project aims to identify and share good practice in recognising and escalating patient deterioration concluded in March 2023.

Failure to recognise deterioration causes increased mortality and morbidity which will have a financial impact on the wider healthcare system. Improving the identification of illness and deterioration will promote equality of access to healthcare. Older, frail, and vulnerable people have limited access to health services and may therefore present with acute illness at a later stage. It is therefore important that every one of our contacts with these patients is meaningful.

A survey amongst our community nursing teams highlighted a high level of confidence regarding the identification of acute physical deterioration, use of the NEWS2 to escalate concerns and appropriate local training programmes. The survey also highlighted room for improvement in supporting and debriefing staff after a patient safety incident and in raising awareness of the recognising deterioration policy.

Two clinical leads from the community nursing teams have formed a working group with the clinical lead for advanced practice and have agreed the following action plan:

Aim	Actions
To improve the psychological safety of our staff	• Liaise with the clinical psychology team to ensure equitable support to staff after patient safety incidents across the organisation • Support the implementation of guidance to support staff after an extraordinary event, soon to be released by the wellbeing team
To raise awareness of the “Recognising the Deteriorating Patient” policy	• Create and disseminate a one-page summary of the policy
To raise awareness of improvement work in relation to recognising deterioration	• Collect staff and patient stories • Present project at JUCD QI Community Forum

Our legacy work in improving the recognition and escalation of patient deterioration completed between 2018 and 2019 was presented by the clinical lead for advanced practice at a national webinar series on 3 November 2022 that highlighted case studies and collaboratives aimed at supporting hospital discharge.

3.2 Clinical Effectiveness - Ensuring services are clinically effective

Clinical effectiveness is the application of the best knowledge, derived from research, clinical experience, and patient preferences to achieve optimum outcomes of care for patients (Department of Health, 1996). To ensure that the services provided by the Trust achieve meaningful outcomes for patients and carers, we undertake a range of clinical effectiveness activities. These include clinical audit, NICE guidance review and implementation, participation and promotion of research and innovation and the use of clinical and patient-reported outcome measures.

3.2.1 Audit Management and Tracking (AMaT)

We commenced using AMaT in 2020. This allows the Trust to gain assurance from a larger portfolio of clinical audits and ensure that all clinical audit activity leads to improvement. The system supports clinicians to view all relevant national and local audit activity. It also hosts QI projects; service evaluations; staff and patient questionnaires. The platform enables the organisation to respond to identified themes and risks. Currently there are 1,551 registered Trust users of AMaT.

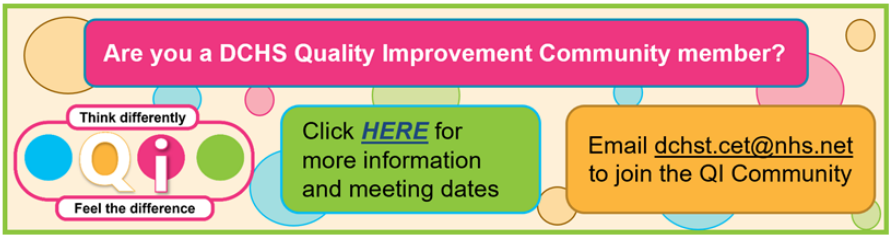
3.2.2 Implementation of evidence-based practice

In December 2022 CEG approved the 'Implementation of National Guidance' policy, which sets out the process for the dissemination and implementation of national NICE guidance. The AMaT platform is used to host our NICE guidance evidence, which is updated in line with NICE national updates. This makes it possible to share NICE guidance, capture compliance statements and track their implementation and associated action improvement plans, including any associated audit and QI project activity.

3.2.3 Quality Improvement

Our Improvement, Innovation and Effectiveness Team (IIET) continue to embed QI strategies to enable and foster a culture of QI across their workstreams. Local or system-wide projects are identified in response to identified areas of improvement, the implementation of new or amended clinical practice, and by our own inquisitive / innovative staff. Expert use of QI methodology in a facilitating and coaching approach to empower our colleague Project Leads ensures such projects are planned to lead to meaningful improvement outcomes. Overall, in the last 12 months, 17 staff across the IIET and DCHS colleagues across 5 divisions have been trained to NHS Improvement Quality, Service Improvement and Redesign (QSIR) Practitioner level. Six staff have achieved QSIR-Associate level and we meet monthly to co-ordinate how IIET can contribute to the JUCD system capacity to train more QSIR-Practitioners.

Our QI Community continues to meet to foster a network within our Trust and JUCD colleagues have started to join too. This is a group of people who are passionate about "making work better" and supporting each other to learn, develop and share. The community membership can influence the Trust growth of QI to reflect the QI principle of staff lead. We have developed a QI Community Microsoft Teams channel for regular engagement. We continue to build relationships and networks with those involved in QI across the country as well as within our own system. Joined Up Improvement Derbyshire is our local system group bringing together colleagues with a role within QI to work together on transformation improvement projects.



The IIET website including QSIR, and QI resources and templates offer has expanded for our colleagues which, has reinforced the need for a Communication, Engagement and Project Officer (CEPO) proof of concept role to be piloted in the team. Over the last 12 months the IIET training offer has included Learn at Lunch training; 3-day virtual conference; bespoke training and uploaded recordings of trainings to our website. IIIET are increasingly supporting our colleagues to be involved in funded projects including NHS England and Improvement.

We recognise that culture is at the heart of our ambition and as an organisation we are exploring how we move from a culture of assurance to one of improvement at the heart of all we do. To enable this, we have adopted 8 QI principles developed with, and by, our colleagues. IIET representatives are currently involved in the organisational strategy and assurance process review to facilitate and embed our 8 QI principles, QSIR QI tools and the Model for Improvement – PDSA methodology. QI has received significant assurance at CEG and QSC.

Over the next 12 months we will:

- Foster our engagement and collaboration with Joined Up Improvement Derbyshire including utilisation of a new digital platform to capture and project manage improvement ideas and establish a sharing route for our projects to their JUCD system-wide forums
- Increase QSIR associate capacity within our Trust and contribute to the JUCD system-wide capacity to deliver this programme
- Develop our QI training programme for 2023/24 to build capability and capacity within our Trust in a way that is sustainable
- Embed QI as an approach when considering delivery against the quadruple aim
- Celebrate, share, and learn from the improvements made by others across DCHS and the JUCD system
- Nurture our QI Community to be a place to share, learn and develop
- Health literacy awareness to be embedded into improvement activities.

3.2.4 Research and Innovation Strategy

Our Research and Innovation strategy addresses the key strategic priorities outlined below:

- Increasing patient and public participation, involvement and engagement in the research and innovation agenda
- Ensuring our staff have the skills and support they need to enable them to develop research, innovation, capacity and capability
- Promoting and embedding a culture of research and innovation to improve the quality of care in service delivery, to drive a process of continuous QI throughout our Trust
- Using research and innovation to deliver evidence-based practice while making the best use of resources.

Key research and innovation successes this year include:

- Our GP practices have been successful in achieving the Research Site Initiative (RSI) Scheme level 2
- Selected as a research site for STMULATE-ICP - The trial aims to establish and look at the different ways that long Covid clinics are set up in the UK, it looked at drug treatments through a trial and management of long Covid using an app “Living Well with long Covid” with the aim of informing a new integrated care pathway for people with long Covid. There will also be a focus on health inequalities. So far 94 patients have taken part
- Increased capacity within the team including research nurses, research assistants, research physiotherapists and the introduction of a new research and innovation lead
- Our colleagues have successfully published their research in academic journals

- Our colleagues have successfully secured places on academic programmes to progress their research experience and expertise
- Successful outcome from a test of concept post, enabling a colleague to be published, present at a conference, and secured funding for future research with the University of Nottingham
- Development of a strong relationship with Derbyshire Knowledge and Library Service
- Collaboration with Chesterfield Royal and Lincolnshire Community Trust to learn from their experience of delivering research
- Able to track patient experience of research for the first time
- Provision of student nurse insight days within the research team
- Development of a DCHS research forum for colleagues with a passion for research
- Secured additional research champions across the trust.

Research activity

- The National Institute for Health Research Clinical Research Network (NIHR CRN) portfolio is a database of high-quality clinical research studies that are eligible for support from the NIHR Clinical Research Network. Our portfolio studies opened in 2022/23 can be supplied upon request. During 2022/23 we opened 22 portfolio studies and 1 non-portfolio study. The research and innovation team, supported by our research champions and colleagues has enabled research to focus on the following topics: Musculoskeletal, leg ulcers, influenza, domestic violence, chronic kidney disease, Covid-19, social isolation, and loneliness, long Covid, and podiatry
- To support the growing research evidence base in relation to Covid-19 we have taken part in the Sirens study, psychological impact of Covid-19 survey, STIMULATE-ICP, a long-Covid study and profiling recovery of discharges in the community with Covid-19 research.

Focus for research and innovation over the next 12 months:

- Continue to promote and embed a culture of research and innovation within our Trust
- Enable colleagues to have the skills and support they need to participate in research and innovation
- Increase patient and public participation in research and innovation. Use patient experience feedback to improve our practice within research and celebrate our strengths
- Use research to make best use of evidence-based practice and promote population health and reduce inequalities
- Work collaboratively with other organisations to identify and develop new opportunities in research and innovation
- Work in collaboration with our GP practices to enable research to flourish
- Create stability within the research and innovation team, welcoming new members and building a sense of shared values and vision
- Invest in the continued professional development of our research team
- Deliver on our commitments to research delivery across the trust increasing the diversity of clinical areas exposed to research.

3.3 Patient experience understanding and improving the patient experience

We are responsive to the voices of our patients and their carers. Patient stories, sometimes personally presented by the patient / carer, continue to open every Public Board and Quality Service Committee (QSC) meeting. Services also invite patients to join team meetings / service forums. These opportunities ensure the patient's voice is 'in the room', an opportunity to hear both when things go right but also when things go wrong for our patients supporting continuous Trust-wide learning.

3.3.1 Patient experience

Patient experience can be described as 'what the process of receiving care feels like for patients. Understanding patient experience can be achieved through a range of activities that capture direct feedback from patients, carers, other service users and the wider community; from surveys to working together to co-produce services.

Ultimately good patient experience and involvement is evidenced to result in better clinical outcomes for patients, as one of the three pillars of high-quality care alongside patient safety and clinical effectiveness. We value the feedback of our patients and carers and need to seek and understand their views, so that we can work towards meeting their needs and expectations.

Understanding patient experience is a key step in moving toward patient-centred care. By looking at various aspects of patient experience, we can assess the extent to which patients are receiving care that is respectful of and responsive to individual patient preferences, needs and values.

Patient care is at the heart of what we do, and we are committed to improving the experience of our patients. We receive a significant amount of positive feedback about the services we provide but we know that we do not always get it right. We measure and monitor feedback in lots of different ways to help us improve services. This includes complaints, concerns, compliments, the NHS FFT surveys and online options such as NHS UK, Care Opinion, and social media.

The feedback from Healthwatch and our patients about experiences of video consultations have been used to inform a guide for our staff on safe and effective use of video consultations with patients, which will be launched with interactive training sessions for colleagues. The innovative practice has been adopted across a range of services. We are mindful of the increasing risk of digital exclusion which has been raised at both QSC and at our Equality Diversity & Inclusion (EDI) leadership forum.

3.3.2 Patient stories

A patient story is an individual's personal account of their healthcare experience as described in their own words. At its simplest, it is a conversation with a patient or someone close to them, such as a relative or carer, which is recorded and transcribed.

Patient stories provide excellent feedback opportunities; as well as showcasing service provision they also provide examples of areas in need of improvement and review. Patient stories provide a powerful way of sharing experiences from both the patient and the service, with the aim of understanding what the organisation needs to do better.

We recognise that patient stories are a continuous improvement tool which help us to identify areas where we need to improve the quality of services and transform patient and carer experience, through listening and learning from the patient voice.

3.3.3 NHS Friends and Family test (FFT)

The FFT was created to help service providers and commissioners understand whether patients are happy with services provided, or where improvements are needed. It is a quick and anonymous way for patients to give their views after receiving NHS care or treatment.

Alongside the FFT question, we ask our patients a suite of additional quality questions

How good were our services at:

- Listening to you
- Communicating with you?
- Treating you with respect?
- Involving you in decisions about your care
- Making a positive difference to your health and wellbeing?
- Were you aware of how to raise a complaint or concern?

During the year we have received 20,493 responses to our survey with an average FFT rating of 94%.

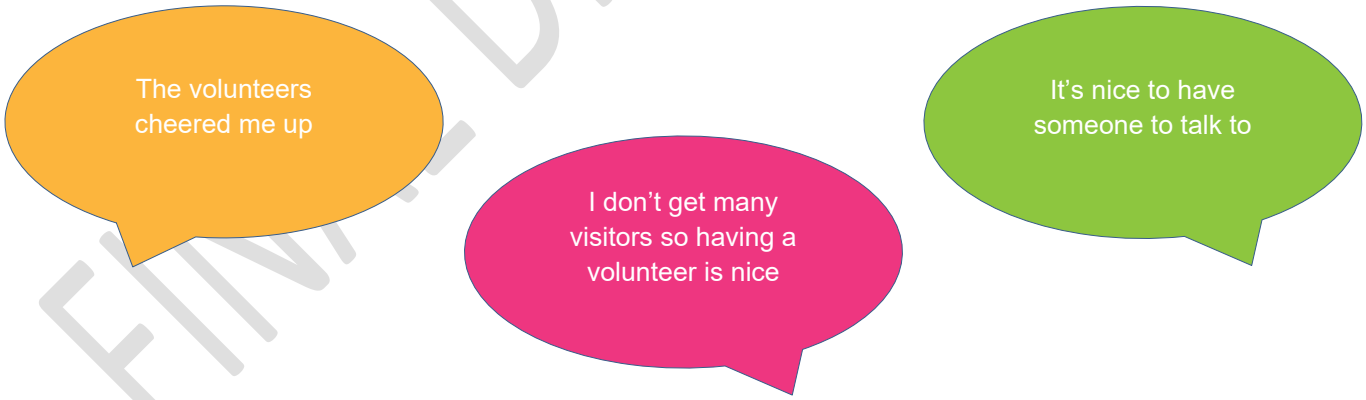
3.3.4 Involvement

We are represented at the Derbyshire system insight group. This group was developed to support a move to involvement and engagement activity that provides a Derbyshire wide platform for community learning and the sharing of feedback through insight data. The vision of the insight group is to 'develop a culture of being insight-led across the system when making decisions'

This group meets monthly and has gained support from services across the Derbyshire footprint.

3.3.5 Volunteers

Our new volunteering programme provides volunteers with the training and support they need to gain a meaningful volunteer experience. The support volunteers provide enhances our patient's experience, adds value to services whilst improving staff satisfaction and organisational culture. The feedback received for the volunteering programme has been extremely positive with patients saying:



Our volunteers play an instrumental role within our trust, mainly due to their desire to make a difference to patient care. Volunteers help to contribute to the Trust's vision of being the best provider of local health care and a great place to work. It is a personally rewarding experience and a meaningful contribution to their community which also provides them with the opportunity to develop existing skills as well as learning new one. Since April 2022 we have developed a robust infrastructure to ensure we are compliant with the key recommendations from the Lampard review.

Our 5 core values for our volunteers are we

1) Care about them
2) Let them know they are valued
3) Provide opportunities for them to make decisions and try out ideas
4) Show confidence in their ability
5) Help them develop new skills.

A thank you event was organised for volunteers in February 2023 where they were personally thanked for the support that they provided to staff and to patients on the wards.

***Picture 2**: Volunteers event, February 2023*

3.3.6 Carers

We want to be a welcoming and supportive trust for carers.

We recognise and value the vital role that carers play in the health and well-being of the people they care for. It is important that services which are provided by us are flexible and responsive to the needs of carers. Staff should be able to recognise the diverse range of caring roles to both involve carers and provide support and signposting.

We have a carers policy that sets out a framework to enable clear and effective communication between the Trust and patients' carers. The policy also aims to guide staff around raising awareness and informing good practice around carers' needs.

The Triangle of Care (ToC) guide was launched in July 2010 by The Princess Royal Trust for Carers (now Carers Trust) and the National Mental Health Development Unit to highlight the need for better involvement of carers and families in the care planning and treatment of people with mental ill-health.

Although the ToC was originally developed for use in mental health services, the standards have been found applicable in other care settings. It was developed by carers and staff to improve carer engagement in acute inpatient and home treatment services. It emphasises the need for better local strategic involvement of carers and families in the care planning and treatment of people with mental ill-health. However, this can be adapted for Community Trusts.

What does the ToC mean for carers?

The ToC, led nationally by the Carers Trust, brings together many years of research with carers into what they feel will benefit them when involved with health services. It is based on six principles that trusts can use to include and support carers.

The six key principles:

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

As can be seen at the beginning of this report one of our QIs for 2022/23 was to apply the key principles of the ToC on our Older Peoples Mental Health Wards (OPMH). This has been fully achieved with a plan to roll this out across our community inpatient wards and ultimately all our services.

3.3.7 Complaints & concerns

We know that occasionally patient experiences don't meet the high standards we strive to provide. We have a complaint handling process ensuring patients, relatives and carers can tell us about their care and treatment and let us know if their experience of our care requires improvement. On 1 July 20, our timescale changed to responding to complaints from 40 days to 25 working days.

The NHS Constitution and NHS Complaints Regulations 2009, clearly set out the rights of patients in relation to raising complaints and expectations on how these should be managed. We take this duty very seriously. We want to know when someone is unhappy with the treatment or service they have received. This means we can put things right and learn from the experience of our service users.

We are committed to resolving complaints to the satisfaction of the complainant and to learn from what has happened and, where appropriate, make demonstrable improvements to services.

We recognise that every concern or complaint is an opportunity to learn and make improvements in the areas those patients, their relatives and carers say matter most to them. We understand that handling concerns, and complaints effectively matters for people who use our services who deserve an explanation when things go wrong. They want to know that a meaningful change has been made to prevent something similar happening to anyone else.

It is always our aim to address concerns and resolve problems quickly and effectively at the point of care to ensure the satisfaction of all involved. We always seek to apologise for any substandard or inadequate care that has been provided and therefore we follow the principles of the duty of candour to complaints.

Table 17: Complaints responded to within timeframe

3.3.8 Complaints Peer Review Panel

Our independent complaints peer review panel ensures best practice in complaints management. The panel provides independent oversight of randomly selected closed complaints files considering their management from beginning to end, following the principles of the Patients Association good standards, including timelines, plain English, communication, and complainant satisfaction.

Since May 2021 to January 2023, we have held 3 complaints peer review panels with external panelists from Healthwatch Derby and Healthwatch Derbyshire, a volunteer and a Governor. Overall, 21 complaints were reviewed in this timeframe.

3.3.9 Responding to patient feedback

Below are several examples where complaints received by the Trust have been used to improve the quality of services.

Podiatry:

- Following concerns raised by a patient regarding access to the podiatry service the service undertook a comprehensive review of its access criteria and assessment for eligibility for continued podiatry care. Whilst the staff involved had followed the criteria that assesses for eligibility for continued podiatry care, on this occasion, the system / criteria in place, had not supported an equitable outcome for the patient. The concerns the patient has raised has

challenged the service to improve how it develops and applies the criteria for eligibility for continued access to the service, that ensures an equitable outcome for all our patients.

Long Covid Clinic:

- A common symptom of long Covid is 'brain fog', one patient recently got their appointment time / date mixed up and this had a negative impact on their mental health. The service is therefore currently investigating if it can send text messages for just appointment times to patients via S1 or an email when the appointment has been booked.

Children's Services:

- Following several complaints, videos have been produced for parents and young people around consent and Gillick competency to ensure all are clear on what the term is, how we use it and why young people can consent. Appointment clinics have been restarted to support parents wanting to access a health visitor without a home visit. A new Instagram page and branding has been set up for young people between the ages of 11-19 which will focus on their health needs and information written specifically for them in a format / platform they like to use, this was as a direct result of work undertaken with young people to look at our social media communications with them.

3.3.10 Patient Led Assessments of the Care Environment (PLACE)

NHS England and The Department of Health recommend 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 PLACE programme offers a **non-technical** view of the buildings and non-clinical services provided across all hospitals providing NHS funded care.

The full PLACE assessment was launched again in 2022 after a period of PLACE Lite being undertaken due to restrictions during the pandemic. The programme was undertaken between September and November and is delivered through self-assessment. The PLACE assessment team consisted of Patient Assessors and Staff Assessors of equal proportion (i.e. 3 and 3).

The PLACE assessment is made up of six broad categories:
Cleanliness – this element covers all items commonly found in healthcare premises including patient equipment; baths, toilets, and showers; furniture; floors and other fixtures and fittings
Food and Hydration – this element includes a range of questions relating to the organisational aspects of the catering service (e.g., choice, 24-hour availability, mealtimes, access to menus) as well as an assessment of the food service at ward level and the taste and temperature of food
Condition Appearance and Maintenance – this element covers appearance and maintenance as well as a range of other aspects of the general environment including décor, tidiness, signage, lighting (including access to natural light), linen, access to car parking (excluding the costs of car parking), waste management and the external appearance of buildings and the tidiness and maintenance of the grounds
Privacy and Dignity – this element includes infrastructural/organisational aspects such as provision of outdoor/recreation areas, changing and waiting facilities, access to television, radio, computers, and telephones; and practical aspects such as appropriate separation of sleeping and bathroom/toilet facilities for single sex use, bedside curtains being sufficient in size to create a private space around beds and ensuring patients are appropriately dressed to protect their dignity

Dementia-Friendly Environment – this element is drawn up from environmental assessments produced by The King's Fund and Sterling University. The assessment covers: flooring, toilets, toilet signage, general signage, décor, and catering for patients with Dementia
Disability – this element considers how well the organisation caters for the needs of patients/visitors with disabilities.

Table 18: PLACE results 2022

Site name	Cleanliness	Food	Organisation food	Ward food	Privacy, dignity & wellbeing	Condition & appearance	Dementia	Disability
Walton Hospital	99.45%	91.86%	89.41%	94.87%	98.08%	99.44%	98.66%	98.31%
Whitworth Hospital	99.58%	95.38%	90.96%	100%	94.92%	100%	98.95%	97.58%
Ash Green	98.86%	90.19%	89.93%	90.48%	95.92%	100%	97.80%	95.89%
Cavendish Hospital	97.70%	90.14%	91.31%	88.57%	94.34%	96.51%	96.13%	93.91%
Clay Cross Hospital	99.44%	93.93%	90.25%	97.78%	98.11%	99.44%	99.73%	99.65%
Ilkeston Hospital	99.59%	95.02%	90.25%	100%	96.55%	100%	99.78%	98.61%
Ripley Hospital	99.59%	95.83%	92.38%	100%	98.28%	100%	99.79%	98.64%
St Oswalds Hospital	99.44%	94.48%	89.89%	100%	94.55%	100%	98.74%	96.56%

National results against DCHS results

Unfortunately, due to not having the correct number of assessors on the PLACE assessment, nationally we could only input scores for Whitworth, Claycross, Ripley and Ilkeston sites. These areas have been measured against the national average and we can compare the rest of the scores for each site locally.

Work is currently underway to ensure we have the correct number of assessors for the 2023 assessment.

Table 21: National / DCHS results

	Cleanliness	Food	Organisation food	Ward food	Privacy, dignity & wellbeing	Condition & appearance	Dementia	Disability
National average score 2022	98.01%	90.23%	91.03%	90.26%	86.08%	95.69%	80.60%	82.49%
DCHS all sites	99.21%	93.34%	90.55%	96.46%	96.34%	99.42%	98.70%	97.39%
DCHS national scores	99.55%	95.07%	90.97%	99.49%	96.88%	99.87%	99.54%	98.57%

Following the PLACE assessment programme, action plans have been compiled and progress reports on the "actions required" will be obtained on progress throughout 2023 in preparation for the next PLACE Assessment programme starting in September 2023.

Patient feedback

Assessor feedback

1) Food selection on menu was good including vegetarian options
2) Clean and tidy environment
3) Would be confident in receiving good care
4) Great staff starting from reception through to the wards
5) Outside main entrance of Clay cross hospital, requires cleaning of glass to make it more inviting on arrival

3.3.11 Quality Conversations

We led the expansion of the JUCD Health Coaching programme, increasing the number of health, social care and voluntary sector colleagues who have these skills so essential to support good patient centred care. This programme has now been accredited by the Personalised Care Institute (PCI).

3.4 Patient Experience - Ensuring our services are responsive to patients' needs

3.4.1 Integrated Health Hub – Bakewell

August 2022 saw the start of building work on a £10.5 million NHS integrated health hub in Bakewell which will provide brand new facilities for community health services and an ambulance service base. The scheme has been developed in partnership between us and East Midlands Ambulance Service NHS Trust to rejuvenate health facilities for people living in Bakewell and the Derbyshire Dales. The new health hub will be open for healthcare in early 2024.

***Picture 3**: Turf cutting at Newholme Hospital*

***Picture 4**: Newholme Hospital League of Friends*

Newholme Hospital's League of Friends, which has done so much to support the work of the hospital's staff and patients over many decades, is due to wind up its charity and to transfer its residual funds towards the new building. Pat Lunn, Chair of the League of Friends, was a VIP guest at the turf cutting ceremony, and was thanked for the league's generosity and for many years' service in support of local patient care.

All 14 NHS outpatient specialties provided at Newholme Hospital will to be moving across into the new building when it is ready. These include audiology, children's services, complex wound care, continence clinic, diabetes education, diabetic retinopathy, health psychology, integrated community nursing and community therapy, older people's mental health (Living Well with Dementia), Parkinson's clinic, physiotherapy and musculoskeletal services, podiatry, speech, and language therapy and long Covid research (via the Stimulate project).

3.4.2 Ongoing Covid-19 Vaccination

As an active partner within the JUCD ICS, we took a lead role in the provision of the Covid-19 vaccination programme, transitioning from Derby Arena to Midlands House. This led to 82% of adults in Derbyshire receiving their 3rd booster (63.34% including children), despite sustained operational pressures from the Covid-19 Omicron variant. During this time, we also continued to support primary care networks in local vaccination centres alongside inpatient wards, staff vaccinations and housebound patients. Responsive to the Derbyshire population, a wealth of work was undertaken to increase vaccination uptake, with focused attention on addressing vaccine inequalities. We played our part, both in terms of staff and public

uptake. Work was undertaken in collaboration with system partners, drawing on our expertise such as medical colleagues, and Derbyshire psychological insights team. There were hyper-local engagement events, large-scale campaigns such as the Covid-19 facts campaign, the young people's campaign, and bespoke staff communications.

For the vaccination of children 5-11 years old we needed to do something special to ensure the experience of receiving a Covid-19 vaccination was as supportive an experience as possible. One of our lead marshals set about designing posters, certificates, and decorations to convert what looked like a clinical environment into a much more child friendly environment. One of our lead nurses sourced toys and distraction tools as well as ensuring staff all undertook the additional training requirement to work with this group of patients. The children's area was ground-breaking and received attention from national media as well as being shared nationally as best practice. Feedback from parents and children was exceptionally positive.

***Picture 5**: Distraction tools at a Covid-19 clinic*

3.4.3 Patient Focus Group - Wound Clinic Service

Our Wound Clinic Service is committed to providing a service that meets the needs of the people of Derbyshire. As such, they continue to run regular patient focus groups to give those who use the service a voice. Initially set up in 2021, these patient focus groups run every 2 or 3 months and provide a patient driven forum for feedback, learning and service development. Patients, carers, and family members are invited to attend so they can speak to a senior manager from the wound clinic service and voice their experiences and ideas. Most recently, the patient focus groups have supported the wound clinic service work with Public Health to develop a health literacy initiative to ensure that reading material services the population needs and is accessible.

3.4.4 Dementia Palliative Care Team (DPCT) "A Model of Best Practice"

The primary goal of the team is to enable improved palliative care for people living with advanced, dementia, with mental and physical health needs in care homes / supported living or their own home. The resource has been focused on ensuring the person remains at home (wherever home is) and avoiding unnecessary acute care admission.

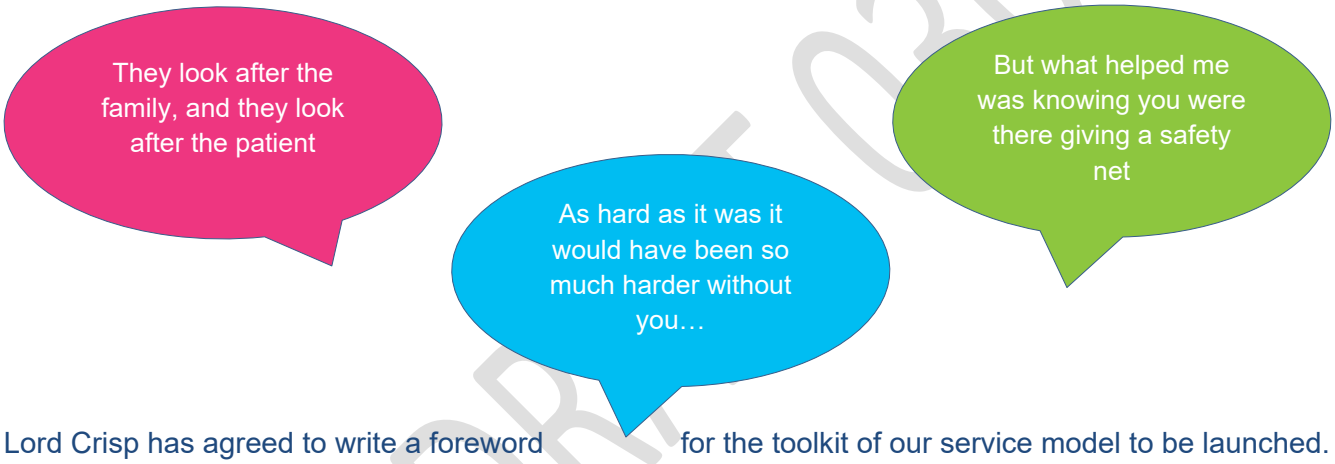
The aims of the team:

- Close the gap in the pathway for people with dementia and complex, high-level needs
- Reduce system impact – Length of stay (LoS), inappropriate referrals & bed days, readmission rates, challenging discharges
- Improve dementia pathway – clinical quality and equity
- Support care home staff with supporting the palliative care needs of people with dementia
- Improve training and education – (dementia, delirium, end of life, symptom management, palliative care)
- Implement National guidance and evidence-based practice in end of life and dementia care

We have been funded to work with NHS E/I to develop a 'Gold Standard national model' including the development of a toolkit and a 'how to' guide to aid replication to other service providers. The aim of the toolkit and guide is to:

- Prove value for money
- Ensure positive patient and carer outcomes based upon national standards of best practice
- Enable others to replicate the toolkit for their use
- Include the overarching national measures we are adhering to and the 10 outcome measures which we are measured against
- Enable quantitative and qualitive data collection

Interview and collections of data have been analysed by the team and key findings from a quantitative perspective have shown that healthcare usage levels post first contact fell significantly, with an overall reduction in healthcare usage of 32%, a reduction in non-elective inpatient spells, and the DPCT experienced reductions in both activity and cost for each healthcare area. The team have undertaken semi-structured interviews with several carers and families previously supported by the DPCT and the overarching themes was the sharing of the caring burden. Some examples of comments received are below:



Lord Crisp has agreed to write a foreword for the toolkit of our service model to be launched. He will also pose a verbal question at the House of Lords at the end of March 2023 to support with awareness raising of the dementia palliative care team and the toolkit.

3.4.5 "She will" Group

Erewash school nurses joined forces with "She will" a group run by experienced youth worker volunteers aimed at young girls aged 13-19. The group aims to empower any 13-19-year-olds who identify as female. The school nurses deliver workshops around female health, well-being, and mental health. The project has appealed to some of the more vulnerable clients and offers many opportunities for them to participate in including, water sports, pole dancing, yoga, gymnastics, and swimming to name but a few. These would not normally be accessible to this client group. School nurses report that they feel privileged to have been able to support such an innovative project which empowers the young girls on their caseload and improves their self-esteem and confidence.

3.4.6 5-19 year old service

Our 5-19 year old service participated in a summer safety group, along with colleagues in the local authority as well as those from the independent and voluntary sectors. The group aimed to share information about targeted activities that are available for children and young people over the summer as well as ensuring each agency has awareness of each other's roles and how to refer into the services over the summer break to keep children and young people safe during the break from school when they can be more vulnerable.

3.4.8 Winter pressure wards

We have responded to support pressures within the system by providing extra bedded capacity. The 36 temporary beds support the discharge pathway P2a - *a discharge to a community support bed – in a residential setting with 24-hour care (not nursing) for assessment of need, recovery, rehabilitation and reablement from health and/or social care services to return to the place called home.*

We have contracted CHS Healthcare to operate and staff both settings and have previously operated the surge ward at Ripley Hospital during the pandemic.

- Hopewell ward at Ilkeston Community Hospital was re-opened in November 2022 providing 16 P2a beds, funded by the NHSE/I Winter fund until the end of March 2023. This reflected the concept of 'surge' ward capacity that had originally been cited at Butterley
- 20 P2a beds were opened in February 2023 in a new and unused floor of Bennerley Fields Care Centre, Ilkeston, owned by Derbyshire County Council (DCC). The beds were established at pace, in response to a JUCD ICB system's declaration of critical incident status. DCC agreed to provide the venue and we operate the beds. They are funded via NHSEI to support discharges, using the national Discharge fund, and agreed ICB spend from February until mid-May 2023.

NHS provided P2a beds, within a local authority care home is a new activity for us and the service at Bennerley Fields is a joint venture with system partners DCC and DHU Healthcare.

3.4.9 All-in-one integrated NHS and local authority social care record for each resident

The Derbyshire Shared Care Record went live in March 2022 and provides clinicians across the county with the ability to see what healthcare or social care support an individual has received. This new confidential computer record joins up these different records to create a more comprehensive and up-to-date record about individual service users. Over time this will help improve the care each person receives. This covers Derby City Council, DCC, CRHFT, UHDB, DHcFT, DHU Healthcare, One Medical Group, and primary care / GP services and us. This helps professionals provide a better service, based on a fuller picture of a person's health and care needs, rather than just the jigsaw pieces of information stored on their own organisation's records.

3.4.10 Tier 3 weight management services

In 2021, our Tier 3 service secured a year's funding from NHSE/I to examine health inequalities in relation to this service. The research and data analysed leads to the conclusion that people with lower socio-economic status, ethnic minorities, older adults, men, and people with learning disabilities all face additional barriers and require adaptations to ensure fair access to, engagement with, and outcomes from, Tier 3 weight management services. The service has now completed focus groups and is running a GP survey to gain an understanding of the barriers to access for those groups who are underrepresented.

3.4.11 Our GP Practices

Quality Standards

- The quality always process is well-embedded across the service, with Ripley Medical Centre and St Lawrence Rd Surgery achieving green ratings, Castle St Medical Centre successfully progressing to a gold rating, and Creswell & Langwith Medical Centre maintaining its gold status.

  During August 2022 the CQC inspected St Lawrence Rd Surgery and awarded a rating of '**good**' against each of the five domains.

Research

- The GP service continued its support of the National Institute for Health and Care Research by sustaining its RSI Level 2 status.

  The service renewed and extended sentinel practice agreements with the Royal College of GPs and Oxford University's *Research & Surveillance Centre*. This is a network of around 1,700 practices across England and Wales which support the use of pseudonymised clinical data for analysis. For example, sharing influenza virology data to help monitor cases of influenza, allowing the impact of other diseases to be understood, determining vulnerable populations, and supporting the evaluation of efficacy of vaccines.

Registrars & Medical Support Workers

- The GP service has continued with its commitment to train new GPs and support them into the Derbyshire system, with several GP Registrars undertaking placements across the service.

  The GP service also engaged with NHS England's medical support worker programme to bring in five international doctors on a nine-month placement, for them to gain experience of working within a clinical setting in the UK and supporting them along their journey to become registered with the General Medical Council. It is hoped that in the future these will develop into hospital doctors or work towards GP roles.

GP Patient Survey

- The practices have mostly outperformed the ICS and national ratings, with some exceptional areas. The national average across the whole survey was 74.7%, whereas our services were 79.8%, over 5% above the national average. A key aspect that is commonly used as a measurement for practice performance is the final question: "*Describe their overall experience of this GP practice as good*" in which we rated very highly, all comfortably exceeding the ICS and national averages.

Veteran Friendly GP Practice

- Leads from across the service worked with the Royal College of GPs (RCGP) to gain *Veteran Friendly GP Practice* accreditations for all our surgeries, helping to increase our team's understanding of the health needs of veterans and the services available to them. This helps the service to align with the key commitments from the NHS Long Term Plan: "*to ensure all GPs in England are equipped to best serve our veterans and their families*".

Prescription Only Medication Support (POMS) Pilot

- The GP service worked with colleagues in the psychological insights team and from Derbyshire Healthcare NHS Foundation Trust to develop a one-year pilot *Prescription Only Medication Support* service. The aim of the pilot was to work with patients to support a reduction in opioid prescribing and the development of knowledge for other options for pain management. Patients referred to the pilot received support from a peer support volunteer with lived experience of prescription only medication. Results from the pilot have been encouraging, with many patients achieving significant reductions in opioid usage.

  A case study, including patient story, can be found below – with reflections from both the patient and peer support perspective. Full consent to share has been provided.

Case study
Patient view: "I'm a 48-year-old woman, got one daughter and 4 grandkids. I got referred to the service by my GP from my local medical centre. I was addicted to prescription drugs, and I was put on these tablets by a private doctor just before Christmas 2021. I couldn't afford to go see that doctor because of Christmas so I turned to the

Internet. I bought some diazepam from an online pharmacy which I thought would solve my problem. I wanted help getting off these tablets in any way that would help me. I got contacted by the volunteer from the POMS services (via GP). My biggest success is that I'm now diazepam free. It took 5 months to taper until off. I'm nearly 12 weeks off now and have the continued support of the (POMS) service I have online meetings every week, and one to one meeting with the peer support volunteer and he calls me to check everything is going well. There is also a smart meeting every Monday that's online too. I also know that if I need to talk my peer support volunteer he is always there to listen. He gives me advice on most things and is very easy to talk to. The meetings are really good, and I get to speak to lots of other people going through similar things. The service has given me lots of support when I needed it".

Pilot peer supporter reflections: "The patient is now 12 weeks free of Benzodiazepines. By using ongoing support, on-line support, and SMART recovery tools they are also now 8 weeks free of Cannabis. Sleep pattern has greatly improved. Mental Health has greatly improved. Overall appreciation and enjoyment of life in general has greatly improved. Patient states they now have a new lease of life. The patient stated that they benefitted mostly from feeling understood, listened to, and by connecting with and talking to others who really understood those struggles… Every person is different, and every patient should be treated as such. De-prescribing or tapering medication is not a one size fits all and is very complex, it is therefore imperative that a person-centred approach be always used, and that person needs to feel supported and have a sense of control over their medication titration".

3.4.12 School nurses

Our school nurses conducted a survey of year 6 pupils in Derbyshire to gain a better understanding of the public health needs of the young people. The results identified themes of poor sleep and poor sleep hygiene, the school nurses developed and delivered a sleep programme to the schools who took part which both the young people and the schools found valuable. The survey also revealed higher numbers of young people vaping, so the team are now developing resources for schools of public health information about vaping.

3.4.13 Infant Feeding Team Specialists

Our health psychology team have worked closely with our infant feeding team specialists, young parents in Derbyshire and the marketing & communications team to devise and launch a new campaign across the county. The "I Choose" campaign has a focus on encouraging new / younger parents to feel more confident in parenting choices in relation to infant feeding. We tackle some of the trickier questions that pregnant people have in relation to their bodies, the judgement of others and pros and cons of different feeding options available: I Choose :: Derbyshire Family Health Service

3.4.14 Health Visiting

Ten of our health visitors attended the Changing Conversations: Ambassadors for Autism facilitated by the institute of Health Visiting. The Ambassador one day event has been designed to equip Health Visitors to act as advocates for parents with children who may be autistic.

3.4.15 Urgent Treatment Centre (UTC) waiting times

Our Minor Injury Units were designated as Urgent Treatment Centres (UTCs) enabling them to provide a more responsive service to local populations including near patient testing. Our UTCs provide urgent care as part of the wider out of hours and emergency care pathway across the health community. Ensuring our patients receive timely care is a key priority. This is measured against a four-hour standard set by the Department of Health. As the table below illustrates, we have performed well in this area.

We consider that this data is as described for the following reasons**:** there are proper internal controls for the collection and reporting of this measure of performance and the controls are subject to quality assessment using the Trusts data kite mark quality assurance system.

This data is governed by standard national definitions.

Table 19: UTC four hour waits

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Full Year
2022/23	99.99%	99.97%	99.94%	99.92%	99.95%
2021/22	99.99%	99.98%	99.97%	99.99%	99.98%
2020/21	99.9%	99.9%	99.9%	99.9%	99.9%
2019/20	99.9%	99.9%	100%	99.9%	99.9%

Data Source Systm1 PAS

We will continue to monitor the quality of our services using our QIAF. We will work with the wider health community to maintain the high performance within our UTCs.

Comparative data A&E four hour wait
It should be noted that our emergency provision is limited to four UTCs and that comparative data includes data from type 1 accident and emergency departments.

Table 20: Comparative A&E 4 hour wait data

Period	Performance	Rank	Total In cohort	National average	Highest	Lowest
2022/23	100%	Joint 1st	203	71.5%	26 Trusts	Hull University Teach Hospitals NHS Trust **Data for March 2023 used as proxy for full year*
2021/22	100%	Joint 1st	207	74.7%	56 Trusts	University Hospitals Sussex NHS Foundation Trust ** Data for March 2022 used as proxy for full year*
2020/21	100%	Joint 1st	212	86.1%	45 Trusts	University Hospitals Birmingham NHS Foundation Trust ** Data for March 2021 used as proxy for full year*

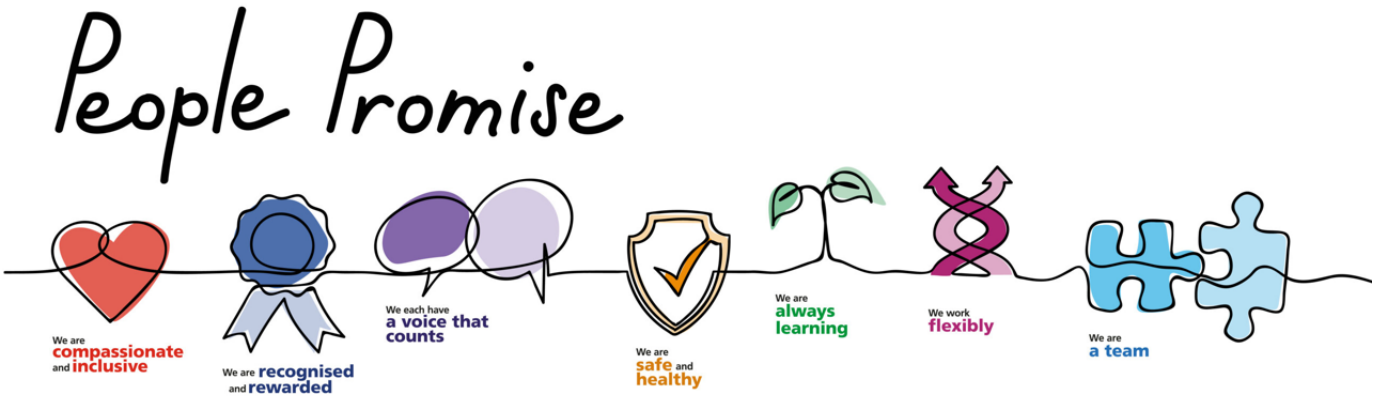
Source NHS England March 2022 A&E wait figure

Criteria for percentage of patients with a total time in minor injuries unit of four hours or less from arrival to admission, transfer, or discharge
The Trust uses the following criteria for measuring the indicator for inclusion in the quality account: The indicator is expressed as the percentage of unplanned attendances at minor injuries units (whether admitted or not) in the year ended 31 March 2021 that have a total time in minor injuries unit of four hours or less from arrival time (as recorded by the clinician (nurse or doctor) carrying out initial triage, or minor injuries unit reception, whichever is earlier) to admission, transfer, or discharge home.

3.4.16 Right to Reside

The previous metric Delayed transfers of care (DToC) has been replaced by the new measure Right to Reside.

3.5 Staff Experience - Ensuring our services are well led



3.5.1 Supporting Practice Education

We are hosting 5 new medical support worker roles and additional speciality registrars in public health and clinical psychology. These roles will support training and development opportunities which aim to create more specialist skills and capacity in hard to recruit to roles. This will support our work in general practice and in developing further our population health focused aspirations at the same time as helping the system with a pipeline of new professionals in these highly specialised roles.

3.5.2 Allied Health Professionals (AHPs)

We have been completing job plans for our AHPs and have completed the initial role out which will support oversight of skill mixing, capacity, and demand planning. Although further development work is required, including moving them all onto one electronic system, this has supported staff and leads with clarifying how much clinical time is available and is supporting staff to be able to take the appropriate time for essential non-direct clinical work such as training, CPD, supervision etc., which helps to ensure a high-quality service.

3.5.3 Preceptorship

Preceptorship is a period of structured transition to guide and support all newly qualified practitioners from student to autonomous professional to develop their practice further. This is a structured period for newly qualified nurses, nursing associates, midwives, or allied health professionals when they start employment in the NHS. During this time they should be supported by an experienced practitioner, a preceptor, to develop their confidence as an independent professional, and to refine their skills, values, and behaviours. Having expert support and learning from best practice in dedicated time gives a foundation for lifelong learning and allows them to provide effective patient-centred care confidently (NHS Employers, 2021).

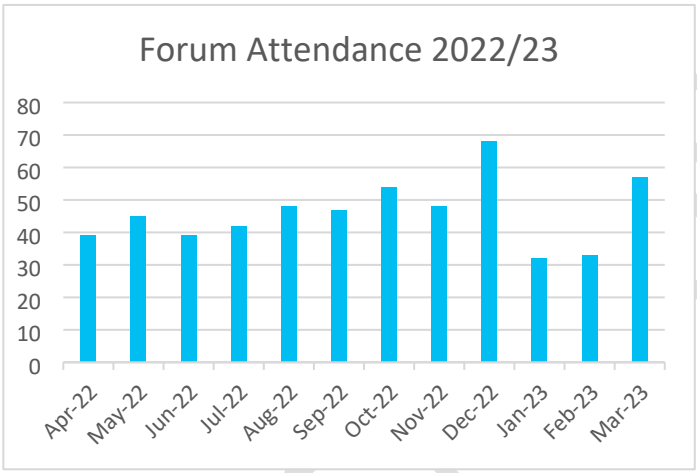
We offer a 12-month rolling preceptorship programme to staff who are new to community, newly qualified, return to practice and staff identifying they could benefit from the programme. The preceptorship forums offer four sessions a month and these are available twice a day over the first two weeks of each month and have a mixture of days available to allow flexibility to accommodate all staff including those who work part-time. Our programme supports clinicians who are registered with the Nursing and Midwifery Council (NMC) and the Health and Care Professions Council (HCPC).

As a Community Trust, we are aware of the complexities of lone working and critical decision making in non-healthcare establishments, therefore we not only support newly qualified professionals through

preceptorship, but also extend the offer to those who are returning to practice, those who are new to the NHS and new to working in a community environment.

Attendance has always been very good and the feedback from staff confirms that they find these sessions invaluable to developing confidence as clinicians and to support reflective practice and learning from each other. Clinical pressures and absences have shown a decline in forum attendance in some months however, any missed sessions can be attended later when revisited on the rolling programme. Support in practice continues with the Clinical Practice Facilitators.

Graph 8: Preceptorship forum attendance



3.5.4 Trainee Nurse Associates (TNAs)

The Trainee Nursing Associates (TNAs) programme is a Nursing and Midwifery Council (NMC) registrable foundation degree. We are investing in this apprenticeship route to support health care support workers (HCSWs). We are committed to growing this workforce and recognise training nursing associates as our preferred pathway for developing and upskilling HCSWs and growing the future nursing workforce.

The staff completing this training spend a minimum of 22.5 hours a week working in practice and 7.5 hours at university. The NMC requires each apprentice to complete placements, and these are supported across our organisation and JUCD partners. All TNAs are exposed to all four fields of nursing: adult, child, mental health and learning disability in a variety of settings - home, close to home and hospital.

Challenges during Covid-19 initiated a focus on new learning styles / ways of learning / facilitating sessions. Some of these effective ways of working continue to be incorporated into the programme such as using Microsoft Teams to facilitate workshops and 1:1's.

We are now on the 10th Cohort of TNAs with 38 TNAs currently on the programme. We will be welcoming our 11th cohort of TNAs in April 2023. The continued investment into TNA apprenticeships enable staff to fulfil their career aspirations and provides an opportunity to develop further to become registered nurses.

We deliver an internal workshops pathway to supplement university studies and these sessions also offer the opportunity for peer networking and reflection. This includes a final workshop to celebrate the TNAs achievements. Cohort 7 are due attend their celebratory event in May.

Recognising that the completion of the TNA apprenticeship is not the end of the learning journey, all our NMC Registered Nursing Associates complete 12 months of preceptorship and continue to consolidate learning in their chosen field of nursing.

3.5.5 Newly qualified nursing (NQN) system rotations programme

Recently celebrating its first year, the NQN programme is open to newly qualified adult and mental health nurses within their first 18-months of qualification. This programme was designed after listening to current students at the University of Derby and the initiative was initially funded by Health Education England (HEE) and continues to be supported by JUCD and the University of Derby.

Rotations last for a total of 18 months, consisting of three rotational workplaces for a duration of no longer than 6 months each. The rotations are designed to include a range of clinical environments and successful applicants can express preferences for their rotational areas. There is also opportunity to choose a geographical area in either the north or the south of the county.

Clinical areas available for adult nurses include:

- Practice nursing
- Community nursing and rapid response
- Community hospitals
- Wound clinics
- Urgent treatment centres
- Care homes
- Hospice care
- Acute hospitals
- School nursing
- Dementia/End of Life
- Mental health

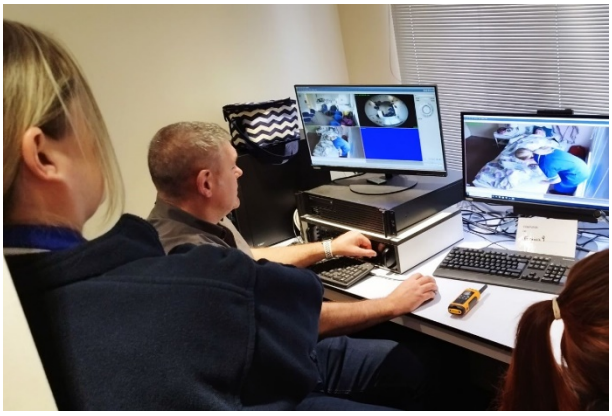
***Picture 6**: Cohort 1 of the NQN System Rotations Programme, who commenced in post in September 2022*

There are bespoke pathways available for mental health nurses to include rotational choices, again across both the north and south of the county within the following areas:

- Functional
- Organic
- Forensic
- Rehab
- Older adult community teams.

Support is a vital element in retaining NQNs in the nursing profession. That is why we offer:

- 12-month preceptorship programme within our Trust
- Monthly support from the project team's dedicated practice learning facilitator for the entirety of the rotations
- Professional nurse advocate support
- Bi-monthly workshops
- Clinical simulation sessions
- Project team line management, drop-ins, and support
- Supportive clinical areas that have worked with the project team.



***Picture 7**: NQNs observing their peers during a simulation session at the University of Derby*

Feedback from cohort 1 and why they joined the programme:

I was unsure of where I would like to work once qualified and this rotation will give me the opportunity to work as a qualified nurse in the different fields

The opportunity to extend my knowledge and gain some further experience for a range of settings in my pathway of choice

The support is fantastic in my first rotational area, and you also have a dedicated preceptorship programme and practice learning facilitator to support with developing your competencies alongside your area

3.5.6 Band 6 Leadership Programme

The ICS division has continued to develop additional cohorts of B6 clinical leaders, the programme equips them with a range of skills/tools and builds confidence in their leadership capabilities. Following a review, a redesigned format was introduced from April 2022 of a further six cohorts with six planned sessions, targeting the elements reported to be the most impactful on skills and confidence which also lent themselves to developing relationships within a consistent group of delegates, allowing more disclosure and insight. This has been more resource-efficient and the trade-off has been the quality of overall refection and learning attributed. The programme has evaluated extremely positively. The single biggest impact noted by delegates is improved confidence in their abilities (along with being better equipped with some interpersonal insights form topics covered).

3.5.7 Queens Nursing Institute (QNI)

We now have a total of 40 Queens Nurses including 21 new Queens Nurses who were awarded the title in 2022. We continue to actively support nurses from across all our community services to apply for the title of Queen's Nurse. The title is available to individual nurses who have demonstrated a high level of commitment to patient care and nursing practice in the community. The application process is managed by the community nursing charity, The QNI, which supports the highest standards of nursing care in the community and is one of the longest standing nursing charities supported by the National Garden Scheme.

Our Queens Nurses are part of a national network of Queens Nurses who are committed to the highest standards of patient care and can access funding to develop ideas and skills through training programmes. The QNI offer a myriad of information and support for Queens Nurses from a personal and professional perspective. Queens Nurses can apply for educational grants to enhance clinical and leadership skills and knowledge and contribute to influencing government and policy makers in the campaign to increase investment in high quality services.

During 2023/24 we will be launching a QN project to demonstrate the impact of having Quenns Nurses within the organisation.

3.5.8 Professional Nurse Advocate (PNA)

It is widely recognised that all sectors of the healthcare workforce were already experiencing widespread stress, mental health problems and burnout. The spread of coronavirus (Covid-19) across the globe and the associated morbidity and mortality has challenged nations and their health services by several means. These existing levels of work-related health problems are likely rise further due to the exceptional pressure that many nurses have experienced during the pandemic (Kinman et al 2020; NHS Confederation 2020; West et al 2020). Bespoke mental health support for our nurses is needed now more than ever.

The role of a Professional Nurse Advocate (PNA) and use of A-EQUIP model (advocating for education and QI) is well placed to facilitate support during this time. To provide further wellbeing, there is a need to increase the number of PNAs across the country across a broad range of services.

As a level 7 accredited programme, the PNA course offers solid credibility. The training provides nurses with the skills to facilitate restorative supervision to colleagues and teams in services they work within and beyond. In addition, the training equips nurses to lead and deliver QI initiatives in response to service demands and changing patient requirements.

We now have 19 qualified PNAs with an additional 5 currently on the course.

3.5.9 Community Nursing Safer Staffing Tool (CNSST)

Our community nursing services shaped the approved version of the Community Nursing Safer Staffing Tool (CNSST), providing quality data for the alpha and beta stages of the CNSST development. We have since secured the CNSST licence, drafted a training plan and have 6 registered clinical staff as approved CNSST trainers. We have developed a robust CNSST SOP to futureproof the ongoing training, operationalisation, and real time feedback for our community nursing teams.

The initial CNSST cycle will focus on staff training primary care network (PCN) by PCN. Following the safer staffing faculty recommendations, a minimum of 70% of relevant staff must be trained before census week begins, then census (data collection) week can go ahead. Each community nurse will be required to complete an electronic daily record, collating the acuity / dependency for each patient visited, including deferred visits, over a 7-day period. Team leads will submit the total staff allocation statistics per team, for the same 7-day period. This includes actual whole-time equivalent's (WTE), actual WTE, temporary WTE and time out WTE (i.e., sickness / annual leave / maternity leave etc.). The data will then need to be transferred into the CNSST spreadsheet to give the safer staffing calculation to inform workforce planning. Data will also evidence case mix, workload index, staffing establishments required to meet the current workload and ultimately, facilitate benchmarking between organisations

Our process will map community core and rapids teams and follow a cycle of training, reflection, census collection, data analysis with Plan, Do, Study, Act (PDSA) feedback for individual teams. After the first DCHS CNSST cycle the process will be reviewed, refined, and set as a 6 monthly rolling programme including regular refresher training to establish a sustainable model within our Trust. Ongoing 6 monthly seasonal data collection and analysis will identify changing demographics and health care needs which can be utilised to support work force planning to assure safe care for community patients.

Regionally some organisations within the East Midlands have activated the CNSST and begun to feedback preliminary findings to the regional task force. We were scheduled to commence the first round

of the CNSST in January 2023, however due to pressures within ICS the activation has paused, with plans to recommence in later in 2023.

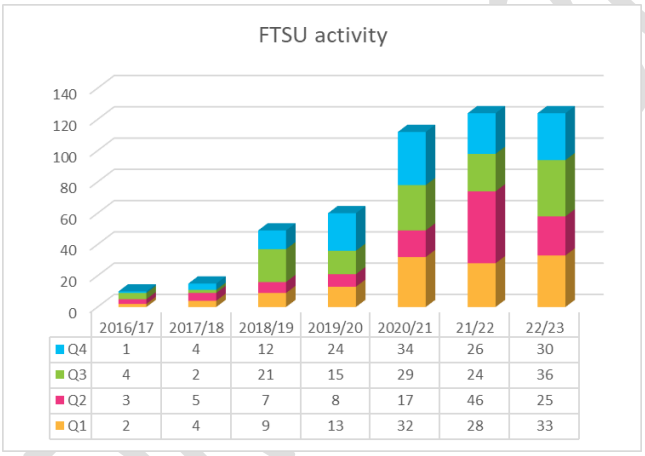
3.5.10 Raising concerns (Freedom to Speak Up)

We have a well embedded Freedom to Speak Up (FTSU) process and are currently in the top 10 organisations of the National Freedom to Speak Up index which is echoed in the most recent staff survey, 'We have a voice that counts' where we had one of the leading sector scores. Themes and learning from our FTSU guardian are shared to ensure improvements are made.

During 2022/23

- We have supported staff to raise 124 concerns through the FTSU process which, coincidentally, is the same number as the previous year. The trend of staff utilising the FTSU process is demonstrative of the positive and open culture that we strive to achieve (see graph 9 below).

Graph 9: FTSU activity



	2016/17	2017/18	2018/19	2019/20	2020/21	21/22	22/23
Q4	1	4	12	24	34	26	30
Q3	4	2	21	15	29	24	36
Q2	3	5	7	8	17	46	25
Q1	2	4	9	13	32	28	33

- The FTSU Guardian (FTSUG) is responsible for providing a specialist advice and 'speak up' service across the organisation to enable staff to raise concerns safely, as well as supporting work to reduce barriers and to develop an open and psychologically safe culture, enabling learning and improvements in patient care and staff working lives
- The FTSUG has developed effective working relationships with teams and services across the trust to support data and information triangulation with the staff network groups, as well as the following teams: equality, diversity and inclusion, leadership development, patient safety, quality always, and staff engagement, leading to proactive identification of emerging themes
- 25 FTSU ambassadors currently support the guardian in a signposting role and improve accessibility to the service, this has increased by 7 during 2022/23 with a particular focus on recruitment from within our 4 staff network groups to increase diversity of the FTSU service
- The service is delivered with a mixture of virtual and face to face support enabling flexibility to meet staff needs
- Promotion of the service has been a key element during 2022/23 with site visits, attendance at team meetings and regular training and development opportunities
- Excellent working relationships exist between the FTSUG and the executive team enabling prompt and effective actions to be agreed and undertaken to improve staff experience and reduce risk
- Data collection remains a valuable indication of where groups of staff may not feel as confident and able to speak up as others, enabling improved planning

- During 2022/23 the FTSUG supported our Trust board to complete the FTSU board self-assessment which demonstrated high compliance with national requirements
- During the period, a comprehensive gap analysis was completed to enable learning from case reviews at other organisations to be benchmarked and implemented
- Our FTSU performance remains nationally high, positioned 2nd nationally based on the 2022 staff survey raising concerns sub-score
- Positive feedback has been received about the FTSU process with 88% of staff who responded advising they would raise a concern again.

Examples of feedback from staff are:

I did not feel judged or that I had wasted the guardian's time. I felt like I was listened to, and my concern was real.

It was a lifeline to me as I didn't know who else I could talk this through with.

I felt that my concerns were listened too and acknowledged. I received feedback and was kept up to date in the process.

Challenges during the period 2022/23:

- There is continued evidence of the impact of behaviour and relationships and perceived bullying and harassment on the workplace. This is helping to influence our developing work on civility, respect, and resolution. However, the output of this may take time to embed
- Effective and ongoing promotion of the FTSU service. Despite a range of site visits, team meetings and training opportunities, feedback often identifies that more communication and promotion is required. This will be a focus during 2023/24
- The support to staff who fear or experience detriment because of speaking up. This will also be a focus during 2023/24
- Enabling and supporting staff from minority groups to feel safe to speak up about their experiences of working in our Trust. The closer working arrangements with the equality diversity and inclusion team, and the staff network groups, as well as the increased diversity of the FTSU ambassador group will help to develop this further.

3.5.11 Staff wellbeing

With the support of our Charitable Trust, we have been able to offer financial support to colleagues who are struggling to meet the rising cost of living. The objective of the fund is to act as a last resort for anyone who can demonstrate financial hardship because of the rising cost of living and where all other opportunities for support have been exhausted via a referral the to the Citizens Advice service. Alongside this grant other efforts which have been made to support include Citizens Advice direct helpline, £100 salary advance, an increase in the mileage rate and other links to external agencies to support financial management.

3.5.12 LGBTQ+

The LGBT+ Staff network works collaboratively with colleagues from across the trust to advise, promote and support LGBT+ inclusivity across our health services, for all staff and patients who identify as LGBT+ within our community.

The LGBT+ staff network has worked closely with the 0–19 children's team who demonstrate how activism can genuinely influence the care and experience of service users. In the last 12 months improving inclusion for children, young people and families has been integral to the work of the 0-19 service. The service sees first-hand the impact that inequalities have on LGBT+ young people and families and they strive to make the service more equal and inclusive for all. The service has influenced both policy and front-line work on the ground in relation to inclusion for the LGBT+ community. Their work has included: Trans awareness training for all 0–19 staff provided by Gendered Intelligence, developing a LGBT+ resource for staff specific to age 5-19, encouraged staff to sign up for rainbow lanyards and pins, and the team hosted a stall at one of the Pride events achieving great engagement and were able to have some fantastic conversations and promotion of (and how to access) the service, followed by a paper to board containing recommendations because of feedback gained.

The LGBT+ staff network was delighted that our revised Trans equality policy was approved and endorsed by Unison as an excellent example. The network led a small task and finish group who re-wrote the policy. The network has also completed some work to support the practical application of the policy, including allowing the provision of ID badges that contain the persons pronouns, and multiple ID badges for people who are gender fluid or non-binary.

The LGBT+ staff network was awarded the Allocate Diversity and Inclusion award in 2022 awarded to any trust, team or individual that has actively sought to eliminate discrimination and championed equality across the protected characteristics.

3.5.13 Health care worker flu vaccination programmes

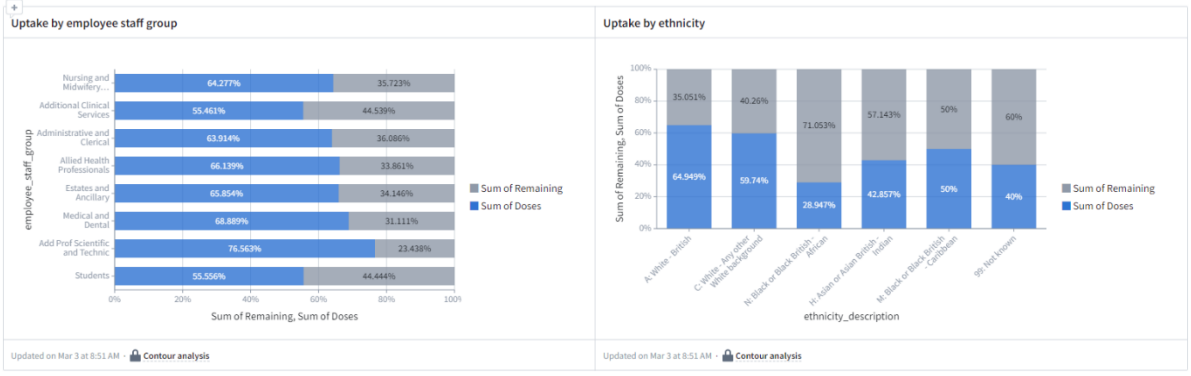
We ran a 'Make an Informed Choice' campaign around vaccinations to ensure staff were able to make an informed choice around vaccinations for both Flu and Covid-19. Again, this year we adopted a clinic-based approach with staff able to pre book appointments or attend drop-in clinics.

We achieved an overall position of 5th in terms of vaccine uptake in the region, we were the top community trust in the region in terms of vaccine uptake and first in respect of vaccine uptake within JUCD.

Despite this we acknowledge, as has been the picture nationally, that uptake this year for vaccinations of both Flu and Covid-19 has been lower than in previous years. We have already reviewed our lessons learnt from this year's campaign and have commenced planning for the 2023/24 campaign with due consideration of these lessons learnt.

All staff total = 5,245 of whom 3,293 (62.8%) have had the seasonal flu booster.
Substantive staff only = 4,176 of whom 2,697 (64.5%) have had the seasonal booster.

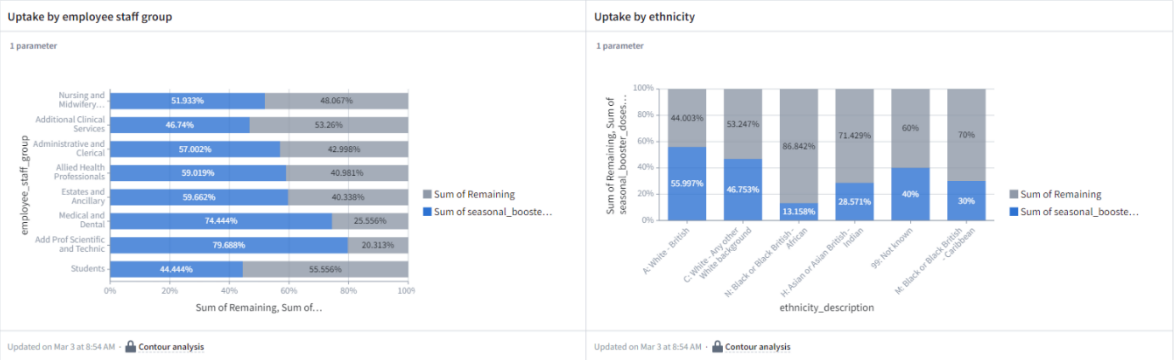
Graph 10: Staff vaccinations



Health care worker Covid-19 vaccinations:
We signposted staff in terms of how to obtain the Covid-19 vaccine and included the Covid-19 vaccination within our 'Make an Informed Choice' campaign.

All staff total = 5,245 of whom 2,841 (54.2%) have had the Covid-19 autumn booster.
Substantive staff only = 4,184 of whom 2,239 (53.5%) have had the Covid-19 autumn booster.

Graph 11: Health care worker Covid-19 vaccinations



3.5.14 Patient Manual Handling & Bariatric Care

The Patient Manual Handling & Bariatric Care Team have worked to ensure equality of equipment provision for our patients. Adjustable armchairs and beds have been purchased to support safe and dignified care for bariatric/plus size patients during their stay on our inpatient wards.

This work has extended out into the community where we have supported the supply of equipment to assist staff with supporting patients with very heavy legs move into bed in a safe and dignified manner that reduces the risk of injury to staff and patients.

We have also been influential in the development of a patient flow pathway for patients with bariatric/plus size needs to receive timely, appropriate, and safe transfers from acute hospital care to community care, be that a return to their home, to one of our community hospital inpatient beds or to a care home placement.

3.5.15 Falls Prevention

We have been working with system partners across Derby and Derbyshire as part of the larger Aging Well community transformation programme. We have contributed over the last 6 months with clinical and project leadership in testing new models / pathways which will support long term improvements to community falls response service delivery.

3.5.16 Engaging with our staff

We actively encourage staff to get involved in what's happening across the organisation, to be able to express their views and play an active role in how the culture of the organisation develops - and we also want to be able to thank people. We have several established ways in which we provide information to staff on matters of concern to them as employees and to encourage involvement by individuals in our organisation's performance. We have a strong staff representation on our Council of Governors who are involved in making decisions affecting our workforce and the services we provide.

A quarterly Staff Forum brings together staff representatives with executives to discuss matters of interest and concern to staff, on topics chosen by staff. Over the past 12 months the Staff Forum has discussed items including mileage rates, inclusion and belonging and flexible working.

3.5.17 Saying thank you

We think it is important to celebrate the achievements of individuals and teams whose dedication and commitment shines through, including those who devote decades of their working life to the NHS and to our organisation. Nominees are a combination of colleagues who have been nominated, who are receiving their long service awards and teams who have achieved or retained their gold 'Quality Always' accreditation.

Throughout the pandemic, we have had to get creative to ensure we were still able to recognise and thank our colleagues via our 'Thank you, Time and Tea party' (TTT) reward and recognition scheme. During 2020 we transformed these events into a virtual alternative and featured colleagues across our social media platforms, ensuring a certificate, badge (if applicable) and letter were sent to recipients by post. Nominees, both individuals and teams, received a box of treats including cakes, to celebrate with one of our executives and our Chair in a celebratory MS Teams event to acknowledge and discuss their experience and success. Towards the end of 2022 we were able to hold our first face-to-face TTT since 2020 and plan to continue a combination of both virtual and face-to-face events.

***Picture 8**: Staff at the December 2022 TTT*

On 10 August 2022 we held a 'celebration day', to say thank you to all our staff for everything they do, every day. This involved a 'party in the park' held in the grounds of Chatsworth House, with party boxes and vouchers sent to those staff who were unable to attend the event due to work commitments, allowing all teams across the Trust to take part.

***Picture 9:** Staff at our celebration day*

3.5.18 NHS Staff Survey (appendix 5)

The 2022 NHS Staff Survey was conducted between 3rd October and 25th November. For the first time this year there was also a separate survey specifically targeted at bank staff. The response rate for substantive staff stood at 51.4% (2,225 respondents from a sample of 4,331 staff) and bank staff at 20.6% (80

respondents from a sample of 388 staff). There is no comparator information available for the bank staff survey but for substantive staff, the average response rate was 57% for Community Trusts, meaning that we have a lower-than-average response rate.

The annual NHS Staff Survey provides us with valuable feedback on how individuals feel about the NHS and our organisation as a place to work. The results are widely shared and discussed through all our established staff engagement channels, including team talks, executive briefings, leadership, and staff forums, to ensure staff at all levels have the opportunity to feed into the conversation about what the results tell us.

The results are grouped together under the 7 NHS People Promise themes (see below) on a 0-10 scale, where a higher score is more positive than a lower score. These theme scores are created by scoring question results and grouping these results together. The themes are as follows:

1) We are compassionate and inclusive
2) We are recognised and rewarded
3) We each have a voice that counts
4) We are safe and healthy
5) We are always learning
6) We work flexibly
7) We are a team

People at the centre

Staff and patients- wellbeing, JUST Culture, great place for all to work and experience care

Scores for each People Promise theme together with that of our benchmarking group of other community trusts are presented in the table below. Additionally, there is a Trust rating for both 'staff engagement' and 'morale'. Our feedback is above the average amongst our comparators for seven of the nine areas, our feedback for the remaining two areas is in line with the average. Any downturns in our feedback this year compared with 2020 reflects drops in the same areas nationally. Full survey results are shared on our intranet site, My DCHS and via our all-staff weekly email, My Download. All these channels help to feed into the detailed action plan to address areas where the survey shows we need to improve.

Benchmarking with Other Trusts

The infographic at appendix 5 highlights our ratings in each of the NHS People Promise areas, as well as our scores for 'staff engagement' and 'morale', benchmarked against all other Community Trusts. We ranked top in our sector in three areas and achieved the highest score in the Midlands region for 'we are compassionate and inclusive', 'we each have a voice that counts' and 'morale'.

3.5.19 National Quarterly Pulse Survey (NQPS)

From July 2021 the national process around pulse checks changed, to mandate NHS Trusts to participate in the National Quarterly Pulse Survey (NQPS) on pre-defined dates each quarter. In 2022/23 these surveys ran in April 2022, July 2022, and January 2023.

The NQPS asks 9 questions, which are then aggregated to provide overall scores for employee engagement, advocacy, involvement, and motivation. DCHS results, compared with other community Trusts and national Trusts, are shown in the table below.

Table 22: Our results, compared with other community Trusts

Theme	2022/23	2022/21	Community Trust Median	National Median
Employee engagement	7.3	7.3	6.5	6.4
Advocacy	7.7	7.8	6.4	6.3
Involvement	6.9	7.0	6.4	6.4
Motivation	7.2	7.2	6.6	6.6

3.5.20 Our Staff Networks

We have four staff networks aimed at fostering positive relations and advancing equality of opportunity between people who share the same protected characteristics and those who do not:

- **Armed Forces and Veterans Network**: supports our colleagues and community with armed forces connections. They exist to enhance the welfare and wellbeing of colleagues who have served in the Armed Forces, as well as for those with family members currently serving. We also provide services to many Armed Forces members and Veterans within the local community, and we aim to make them aware of healthcare services they can access to ensure they get the care and support they need. The network is in its third year and meets three times per annum.
- **Black, Asian and Minority Ethnic Staff Network**: meets bi-monthly to promote positive change through improving workforce race equality, diversity, and inclusion within our Trust. The network intends to sign up to the Race Equality Code.
- **Disability and Long-Term Conditions Staff Network**: meets three times annually to promote positive change through improving workforce disability equality, diversity, and inclusion within our Trust.
- **Lesbian, Gay, Bisexual, Trans+ (LGBT+) Staff Network (see also 3.5.11)**: offers support and guidance for our LGBT+ colleagues as well as promoting positive cultural change to ensure LGBT+ people who work for us and receive care through our services are treated with dignity and respect to allow colleagues to feel comfortable bringing their whole self to work. The network meets monthly and was actively involved in completing the Trust's recent application for the Stonewall Workplace Equality Index, part of the Diversity Championship Scheme.

All our staff networks have gone from strength to strength over the past 12 months. A more robust governance framework, easier access to budgets, more flexible use of the 'backfill' money for Network Leads, alongside an approach (led by four strong Network Leads) that has moved from support to activism, has seen an increase in membership across the Board. Some of their achievements have included:

- Working together to commission an animated video on microaggressions and raising the profile of the networks through a quiz at the Celebration Day
- Marking key events through the year, including Remembrance Day and Black History, LGBT+ History and Disability Awareness Months
- Raising the profile of staff experiences of discrimination
- Input into policy development, including leading on a Trans Equality Policy
- Key workshops to mark both Black History Month and International Day of Disability

All our staff networks are open to colleagues who want to be allies, are financially supported, and have executive sponsorship. In addition to the networks, we also support several informal staff groups such as the Neurodiversity Working Group and Christian Network.

We offer colleagues protected time to attend network meetings and each Network Chair is offered paid day release per week to focus solely on work for their respective networks.

A face-to-face celebration of the achievements of the networks took place in March 2023, which was attended by our Board members and staff from across JUCD.

3.5.21 Schwartz Rounds

Schwartz Rounds provide a structured forum where all staff come together regularly to discuss the emotional and social aspects of working in healthcare. By hearing colleagues' stories, staff are more likely to identify with their own experiences, and process some of the emotional challenges we face. Talking about experiences openly, enables people to feel less isolated and more likely to seek support. Schwartz Rounds create compassion, empathy, and connection with colleagues.

Feedback from staff suggest that those who attend find the experience helpful with comments including:

3.5.22 Inclusion and Belonging

There are now two key sub-committees feeding into QPC, which receive assurance of everything related to our inclusion and belonging agenda:

- The Wellbeing, Engagement and Leadership Group is the key place to report all matters related to 'belonging', and
- The Equality, Diversity, and Inclusion Leadership Forum (EDILF) for Workforce Inequalities receives all matters related to inclusion.

We have recently appointed a permanent Head of Inclusion and Belonging, who we expect to start in post in May 2023.

In October 2022, KPMG conducted an internal audit on Equality, Diversity, and Inclusion (EDI). The audit found 'significant assurance with minor improvement opportunities' and commented that 'there is a clear appetite for progress at a senior level, which has been recognised by members of staff across the organisation'.

We are taking a leading role in our JUCD system approach to EDI. This has included opening our conferences to all system staff, we also piloted the Equality Delivery System (EDS) 2022 and have shared our learning with others in readiness for its implementation across the NHS next year and take an operational lead role for collaborative working in EDI. This has included:

- Leading on the drive to increase cultural awareness across JUCD, through a project to review and rewrite recruitment processes and practices and to roll out cultural awareness training across all our staff
- Running a series of 'inclusive talent development' workshops to raise the profile of our black, Asian and minority ethnic staff
- Developing a plan to support the rollout for 'Active Bystander' training.

Our workforce Race Equality Standard (WRES) indicator 2 data has shown improvement over the past 12 months. Our published data in autumn 2022 (which utilised data up to the end of March 2022) showed a reduction from 2.76 to 2.26, with early indications being that this has reduced further for 2022/23. We featured as one of England's best performing Trusts against the Workforce Disability Equality Standard (WDES) indicators.

3.5.23 Sustainable workforce

We are investigating how to grow a sustainable workforce. We are working to expand the number of clinical placement offers by working to support the Clinical Placement Expansion Programme (CPEP). We want to be able to baseline the number of AHP student placements that we offer in comparison to the other organisations within JUCD and we will be supporting the JUCD CPEP lead to maximise opportunities to increase the number of AHP student placements offered to help ensure a viable long-term workforce.

To help create a long-term sustainable workforce we have also been exploring international recruitment. We have appointed several direct applications from AHPs from other countries and are participating in a collaborative system bid to HEE for financial support to develop AHP international recruitment further with a focus on podiatrists and occupational therapists.

3.5.24 Oliver McGowan Mandatory Training on Learning Disability and Autism

Following a long campaign led by Oliver McGowan's mother Paula McGowan OBE, HEE, and partners at the Department of Health and Social Care (DHSC), NHS England and Skills for Care launched The Oliver McGowan Mandatory Training on Learning Disability and Autism e-learning.

Oliver McGowan was a bright, kind, and happy young man with a mild learning disability and autism. Oliver tragically died on 11 November 2016 in an NHS hospital and his death shone a light on the need for health and social care staff to have better training in understanding, communicating with and treating people with a learning disability and autistic people.

The Oliver McGowan Mandatory Training aims to provide the health and care workforce with the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability. This requirement is set out in the Health and Care Act 2022.

The Oliver McGowan Mandatory Training has been co-produced, trialled with over 8,300 health and care staff and independently evaluated. It has been designed in two tiers so all staff working across all CQC registered services receive the right level of mandatory training. The e-learning is the first part of The Oliver McGowan Mandatory Training and everyone in health and care needs to do this no matter where they work and what tier of training they need to complete. Latest numbers show that 2,631 staff (59.4% of our workforce) have completed the training.

3.5.25 Professional excellence across our IT services

We were one of the first NHS organisations nationally to be recognised officially for embracing and recognising the professional development of our own staff and their role in delivering our trailblazing use of digital data and the good use of IT in healthcare.

We earned a gold approval rating from the British Computer Society for our commitment to "make IT good for society and to share and advance the benefits of technology". We are therefore one of only six gold approved NHS partners nationally in advocating for the highest professional standards in

technology. We are empowering our staff to embrace new technologies and to keep moving forward in the work of IT.

Digital Innovation

The past year has seen the informatics team advising and working alongside the musculoskeletal, physiotherapy and occupational therapy service to embrace new online communications with patients. This has involved technology to assess patients virtually by sending questionnaires to be completed online via text, email or the patient facing app 'Airmid', allowing patients to complete personal assessments in the comfort of their home with no time restrictions and in a stress-free environment. This technology has also allowed the submission of photos by patients and the ability to cancel appointments via the app without contacting the service. In June of 2022 occupational therapists started sending out appointment invitations allowing patients to select their own appointment, this has reduced cancellation and DNA rates as well as having a cost saving. As we move forward more services are all looking to embrace this new technology.

Digital transformation has been a key means of helping clinical services to shape our recovery plans. This has included support to reduce waiting times and alternative service provision - learning from what worked well during the height of the pandemic. This work continues throughout 2022/23.

Setting up the digital infrastructure for establishing mass Covid-19 vaccination centres and providing our school-age immunisation service with mobile technology enabled us to reach as many people as quickly as possible for vaccinations.

Robotic processes are being introduced to replace onerous manual tasks with software-led solutions. This reduces the burden on staff - both clinical and administrative – and results in a speedier response, as work can continue out-of-hours.

Within our hospitals, we are providing our nurses with smartphones to easily capture and see information at the patients' bedside. This allows us to accurately and actively monitor our patients to ensure that we notice any changes to their condition as quickly as possible.

A greater reliance on digital information and ways of working means the risks of cyber-attack could be more far-reaching. We have systems to give us advanced warning of potential cyber-attacks, protecting our systems and information.

In the past year we have worked to build a governance matrix to warn us when services are under stress and need extra support.

The integrated facilities management team has completed a successful bid for resources to support the implementation of a digitalised patient meal system which is a mandatory requirement of the National Hospital Food Review.

A review of telephony needs was conducted to assess the impact of increased home working during the pandemic. With support from the procurement team, this has resulted in savings of £300,000 per year.

Part 4 - Assurance process

To assure ourselves that the information presented is accurate, and that the services described and the priorities for improvement are representative of the Trust, the Trust Board designated the Director of Nursing, AHPs and Quality to lead the process of developing the quality account for 2022/23. She has ensured that our main stakeholders were given the opportunity to comment and provide an objective view regarding the content of this quality account and the goals it set itself for improvement for the coming year.

A copy of the draft quality account 2022/23 has been shared with the Council of Governors, Healthwatch (Derby and Derbyshire), and our commissioners to ensure that it represents a balanced view of the quality of care delivered by us and their responses can be found in Annex 1.

We are scheduled to attend the Oversight Scrutiny Committee on Monday 15 May 2023 and final comments will be included once they are received.

All the comments have been considered and changes have been made where appropriate. Consultation with staff and Public Governors has taken place through our committee structures including the Council of Governors and the Governor Quality sub-group with the whole process being overseen by QSC.

Due to the pandemic, external assurance was not gained through external auditors, although the content of the quality account was matched against the requirements of NHSE/I published guidance 2022/23.

In addition, again due to the pandemic, we did not test any mandated indicators.

Annex 1 Third party statements

Annual Quality Account 2022/23
Derbyshire Community Health Services NHS Foundation Trust
Commissioner Statement

NHS
Derby and Derbyshire
Clinical Commissioning Group

General Comments

2022/23 DCHS Governor statement

2022/23 Derbyshire County Council Improvement and Scrutiny Committee

2022/23 Health Watch Derbyshire statement

2022/23 Health Watch statement

Annex 2 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 to prepare quality accounts for each financial year.

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

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

- The content of the quality account meets the requirements set out in the NHS foundation trust annual reporting manual 2022/23 and supporting guidance
- The content of the quality account is not inconsistent with internal and external sources of information including:
    - Board minutes for the financial year, April 2022 and up to the date of this statement
    - Papers relating to quality account reported to the Board over the period April 2022 to the date of this statement
    - Feedback from the commissioners dated XXXX
    - Feedback from governors dated XXXX
    - Feedback from local Healthwatch Derby and Derbyshire organisations dated XXXX
    - Feedback from Health Scrutiny Committee dated XXXX
    - The Trust's 2022/23 complaints report (presented to the Patient Experience Engagement Group on June 2020) and bi-monthly 2022/23 complaints reports to the Patient Experience and Engagement Group
    - The latest NHS Staff Survey 2022
    - Care Quality Commission inspection report, dated 2019
- 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
- The data underpinning the measures of performance reported in the quality account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review
- The quality account has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the quality account's regulations) as well as the standards to support data quality for the preparation of the quality account.

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

By order of the Board

…… Date..... Julie Houlder.....Chairman

..... Date..... Tracy Allen.....Chief Executive

Annex 3 Independent auditors

NHS England have reported that there is no national requirement for NHS trusts or NHS foundation trusts to obtain external auditor assurance on the quality account or quality report, with the latter no longer prepared. Any NHS trust or NHS foundation trust may choose to locally commission assurance over the quality account; this is a matter for local discussion between the Trust (or governors for an NHS foundation trust) and its auditor. For quality accounts approval from within the Trust's own governance procedures is sufficient.

Our quality account is presented for external scrutiny to our Integrated Care Board, local Healthwatch organisations and for internal scrutiny by our Council of Governors. Their statements can be found at Annex 1.

The National Quality Board (NQB) has been undertaking a review of Quality Accounts to determine how they could be improved and updated. This review does not affect the 2022/23 Quality Accounts requirements; however, it is anticipated that changes may come into effect for the 2023/24 requirements, and we will keep monitoring this.

Appendix 1 DCHS 2022/23 Operational Plan on a Page

DCHS 2022/23 Plan on a page

NHS
Derbyshire Community Health Services
NHS Foundation Trust

Quadruple aim

- Improve p opul aton health
- Improve patient experience
- Improve staff experience
- Reduce per capita cost of care

Our priorities:

1. Delivering our People Plan
2. Supporting patients with urgent needs
3. Recovery of services
4. Focus on Prevention and Population Health
5. Digital Transformation
6. Supporting the development of key System Partnerships and pathways
7. Delivery of National initiatives

How?

- Using our resources more effectively
- Taking a Digital First approach
- Supporting staff welfare during recovery
- Taking a Transformation and Quality Improvement approach
- Measures which matter

Outcomes:

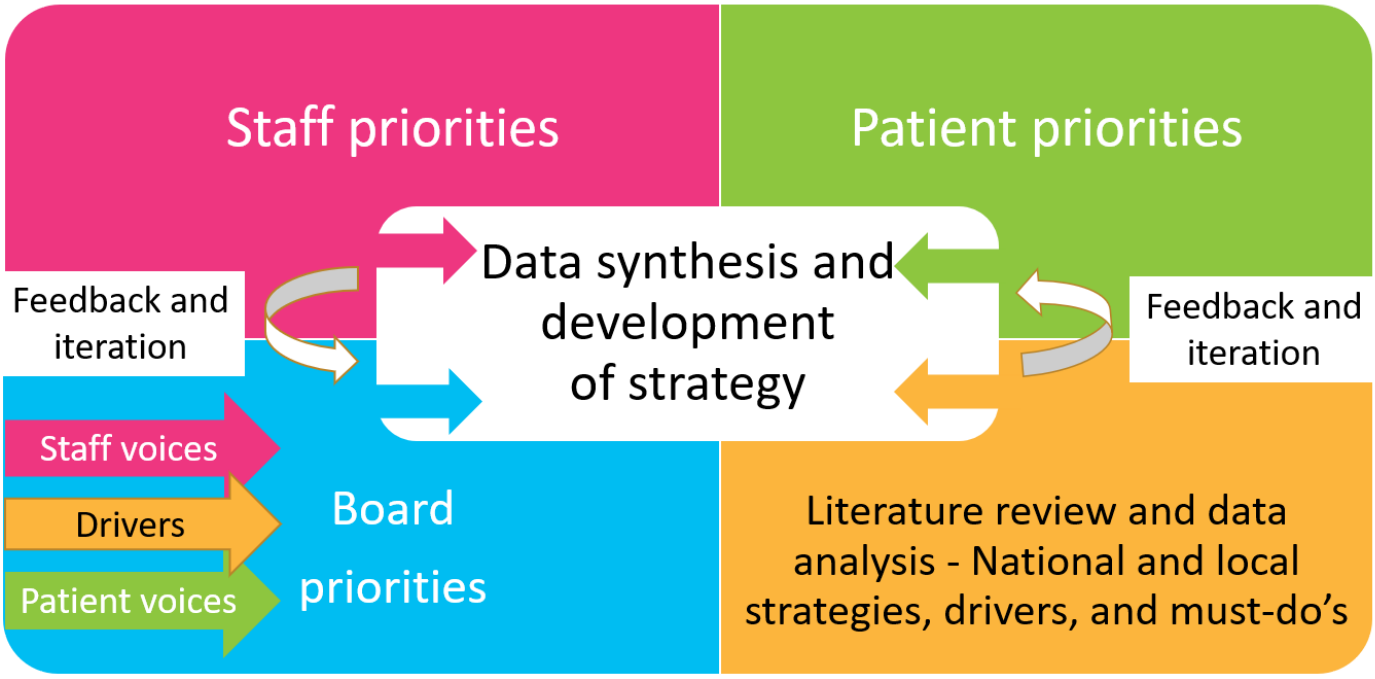
1. Lower sickness absence rates, lower turnover rates and high retention rates. Our workforce will have "do able jobs". An inclusive and compassionate culture. Attract and retain a diverse workforce reflected throughout the hierarchy. A 'plan for every post'. Different skill mixes in teams to respond to the needs of new ways of working within the Derbyshire ICS.
2. Patients are seen by the right service at the right time. Maximising the number of patients who will be supported to remain in a place they call home reducing clinically unnecessary conveyances and the need for hospital admissions.
3. Patients will receive timely, clinically appropriate care to meet their needs in the most efficient way.
4. An increased focus on prevention and health equity in service design and delivery to improve equity of access, experience and outcomes, and a positive impact on reducing health inequalities.
5. Using digital opportunities to improve productivity, drive transformation and help our workforce to deliver their work effectively.
6. Improved collaboration with partners to achieve the quadruple aim; improving staff wellbeing, patient outcomes, population health and ensuring we use our resources wisely
7. Ability to demonstrate clearly report how we comply with key national initiatives and targets.

June 2022

Appendix 2 Our Quadruple Aim

Appendix 3 Development of our Organisational Strategy

Development of our organisation strategy



Consultation mechanisms for the organisational strategy

- Initial staff survey 'If it matters to you, then it matters to us'. Responses received were slightly short of 95% confidence in saturation of themes
- Priorities from the Board
- Provision of 15 staff executive drop-in sessions confirmed saturation of themes
- CoG Strategy sub-group
- Staff network feedback
- Patient survey feedback (4,384 responses analysed) – Healthwatch Derbyshire endorsement of patient themes
- ICB and DHIP community insight projects
- Focus sessions with line managers
- Focus sessions with local teams
- 2 leadership development sessions
- Relevant national and local literature / guidance
- JUCD Partner views
- Council of Governors

Next steps will be reported in our 2023/24 report but will include

- During March and April:
  - Focused engagement with non-exec and exec colleagues
  - Further development of the outcome and goal statements from the 4 identified themes
- April and May quantitative survey with staff "Have we heard what matters to you?"
- May- June engagement with stakeholders
- June-July finalise strategy and receive Board approval

Appendix 4 Core Quality Account Indicators

Where the necessary data is made available to the NHS Trust and non NHS bodies by the Health and Social Care Information Centre, a comparison of the numbers, percentages, values, scores or rates of the Trust and non NHS bodies (as applicable) should be included for each of those listed in the table with

a) The national average of the same; and
b) With those NHS trusts and NHS foundation trusts with the highest and lowest of the same for the reporting period.

	Prescribed information	Type of trust	2020/21	2021/22	2022/23
12	(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.	**Trusts providing relevant acute services**	n/a	n/a	n/a
13	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.	**Trusts providing relevant mental health services**	n/a	n/a	n/a
14	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.	**Ambulance trusts**	n/a	n/a	n/a
14.1	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.	**Ambulance trusts**	n/a	n/a	n/a
15	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.	**Ambulance trusts**	n/a	n/a	n/a
16	The percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.	**Ambulance trusts**	n/a	n/a	n/a
17	The percentage of admissions to acute wards for which the crisis resolution home treatment team acted as a gatekeeper during the reporting period.	**Trusts providing relevant mental health services**	n/a	n/a	n/a
18	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.	**Trusts providing relevant acute services**	n/a	n/a	n/a
19	The percentage of patients aged - (i) 0 to 15; and	**All trusts**	n/a	n/a	n/a

	Prescribed information	Type of trust	2020/21	2021/22	2022/23
	(ii) 16 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.				
20	The Trust's responsiveness to the personal needs of its patients during the reporting period.	**Trusts providing relevant acute services**	n/a	n/a	n/a
21	The percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the trust as a provider of care to their family or friends.	**Trusts providing relevant acute services**	Suspended Covid-19	91%	93%
21.1	Friends and Family Test – patient. The data made available by National Health Service Trust or NHS Foundation Trust by NHS Digital for all acute providers of adult NHS funded care, covering services for inpatients and patients discharged from accident and emergency (types 1 and 2). Please note: there is not a statutory requirement to include this indicator in the quality accounts reporting but NHS provider organisations should consider doing so.	**Trusts providing relevant acute services**	Suspended Covid-19	92%	
22	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.	**Trusts providing relevant mental health services**	n/a	n/a	n/a
23	The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism during the reporting period.	**Trusts providing relevant acute services**	99.4%	97.9%	
24	The rate per 100,000 bed days of cases of C difficile infection reported within the Trust amongst patients aged two or over during the reporting period.	**Trusts providing relevant acute services**	n/a	n/a	n/a
25	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.	**All trusts**	6,571 1 0.01%	9,355 0 0%	Data not collected in same way now?

Appendix 5 2022 Staff Survey

Glossary

AAR	-	After Action Reviews
AHPs	-	Allied Health Professionals
AI	-	Appreciate Inquiry
AMaT	-	Audit Management and Tracking
BAF	-	Board Assurance Framework
BI	-	Business Intelligence
CAMHS	-	Child and Adolescent Mental Health Services
CAP	-	Community Access Point
CAS	-	Central Alert System
CAAS	-	Clinical Assessment and Accreditation Scheme
CDC	-	Community Diagnostic Centre
CEG	-	Clinical Effectiveness Group
CiC	-	Child in Care
CoG	-	Council of Governors
CPEP	-	Clinical Placement Expansion Programme
CQC	-	Care Quality Commission
CQUIN	-	Commissioning for Quality and Innovation
CRHFT	-	Chesterfield Royal Hospital Foundation Trust
CSG	-	Clinical Safety Group
CSDS	-	Community Services Data Set
DoC	-	Duty of Candour
DToC	-	Delayed Transfer of Care
DQMI	-	Data Quality Maturity Index
DCHS	-	Derbyshire Community Health Services NHS Foundation Trust
EDILF	-	Equality Diversity and Inclusion Leadership Forum
EoL	-	End of Life
ERiCA	-	Electronic Report in Care Assurance
ESR	-	Electronic Staff Record
ESSD	-	Early Support Stroke Discharge
FCs	-	Further Control (measures)
FCP	-	First Contact Practitioner
FFT	-	Friends and Family Test
GP	-	General Practice
HF	-	Human Factors
HSE	-	Health and Safety Executive
ICB	-	Integrated Care Board
ICS	-	Integrated Community Services
IM&T	-	Information Management & Technology
IP&C	-	Infection Prevention & Control
IG	-	Information Governance
IIET	-	Improvement Innovation & Effectiveness Team
JUCD	-	Joined Up Care Derbyshire
KPIs	-	Key Performance Indicators
LD	-	Learning Disabilities
LeDeR	-	Learning Disabilities Mortality Review
LFPSE	-	Learn from Patient Safety Events
MCA	-	Mental Capacity Act
MDSO	-	Medical Devices Safety Officer
MECC	-	Make Every Contact Count

MIU	-	Minor Injury Unit
MoU	-	Memorandum of Understanding
MRG	-	Mortality Review Group
MRSA	-	Methicillin-resistant Staphylococcus aureus
MSK	-	Musculoskeletal
NACEL	-	National Audit of Care at the End of Life
NAIF	-	National Audit of Inpatient Falls
NEWS2	-	National Early Warning Score (Revised)
NHS	-	National Health Service
NICE	-	National Institute for Health and Care Excellence
NIHR	-	National Institute for Health Research
NRLS	-	National Reporting and Learning System
OPMH	-	Older People's Mental Health
PC&SS	-	Planned Care and Specialist Service
PCN	-	Primary Care Network
PCI	-	Personalised Care Institute
PHE	-	Public Health England
PLACE	-	Patient-Led Assessment of the Care Environment
PMVA	-	Prevention and Management of Violence and Aggression
PNA	-	Professional Nurse Advocate
PR	-	Pulmonary Rehabilitation
PSII	-	Patient Safety Incident Investigation
PSIRF	-	Patient Safety Incident Response Framework
PSIRP	-	Patient Safety Incidence Response Plan
QA	-	Quality Always
QAAS	-	Quality Always Accreditation Scheme
QI	-	Quality Improvement
QBC	-	Quality Business Committee
QIAF	-	Quality Improvement Assurance Framework
QNI	-	Queen's Nursing Institute
QoL	-	Quality of Life
QPC	-	Quality People Committee
QSC	-	Quality Service Committee
QSCC	-	Quality & Safe Care Champions
RCA	-	Root Cause Analysis
RTT	-	Referral to Treatment Times
RSI	-	Research Site Initiative
SAAF	-	Safeguarding Adult Assurance Framework
SEIPS	-	Systems Engineering Initiative for Patient Safety
SLCN	-	Speech, Language & Communication Needs
SLT	-	Speech and Language Therapy
SOP	-	Standard Operating Procedure
SSNAP	-	Sentinel Stroke National Audit programme
STEIS	-	Strategic Executive Information System
SUS	-	Secondary Uses Service
TNA	-	Trainee Nurse Associate
ToC	-	Triangle of Care
UCR	-	Urgent Community Response
UHDB	-	University Hospitals of Derby and Burton NHS Foundation Trust
UTC	-	Urgent Treatment Centre
WCS	-	Wound Care Service

WMPG - Wound Management Prevention Group