

Draft

Derby Teaching
Hospitals NHS
Foundation Trust
Quality Report 2016-17

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To be added when completed

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PART 1 : STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE



Statement on Quality from the Chief Executive

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Gavin Boyle
Chief Executive
24 May 2017

Quality Report

PRIORITIES FOR IMPROVEMENT AND STATEMENT OF ASSURANCE FROM THE BOARD

Performance against priorities for Quality Improvement 2016/17

This Account covers the financial year of 2016/17 across Derby Teaching Hospitals NHS Foundation Trust (DTHFT).

The first part of the Quality Account details how we performed against last year's Quality Account, followed by an overview of organisational quality and patient safety, and our performance against national and local metrics in 2016/17.

The priorities for 2016/17 were developed after consultation with a range of staff, patients, carers, and the wider public. In line with the detailed requirements of NHSI these are captured under the headings of Safety, Patient Experience and Effectiveness, as an organisation we have mapped these into our Quality Strategy across the 5 key lines of enquiry:

- Making us Safe - Safety
- Making us Caring - Patient Experience
- Making us Effective - Effectiveness
- Making us Well Led
- Making us Responsive

Priorities for Improvement 2016/17 mapped across the 5 Key Lines of Enquiry

Safety

- Avoidable pressure ulcers with harm
- Reduction in falls with harm
- Implementation of Sepsis 6 (CQUIN)
- Implementation of Year 1 of the Maternity Safety Plan
- Reducing hospital acquired infection

Patient Experience

- Complaints – Reduction of re-opened complaints and referrals to Ombudsman
- Clinically inappropriate Ward moves
- Avoidable delays to discharge
- Just tell me what is happening to me” - named team, clinical advocates
- “All About Me” - embedding ‘making your moment matters’ principles on an individual every day basis
- Involving and engaging carers in supporting our patients recovery

Effectiveness

- Avoidable deaths
- Reduction of Re-admissions
- Monitoring the number of cancelled operations
- Reducing unwarranted clinical variation
- Implement Advanced Recovery in Medicine project
- Using evidence to drive and embed change - mortality reviews

Well Led

- Deliver Human Factors programme
- Embedding and sustaining a culture of continual learning
- Develop and Identify ways to measure success - Introduction of a Quality Dashboard



Responsive

- Use the implementation of the Leadership Strategy as a driver for continual quality improvement and engagement
- Understand and address quality Impact of failed access targets
- “Right Workforce, Right Care” - look to see the introduction of alternative roles, reduced agency usage, recruitment and retention, For-wards Project.

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PART 2: PROGRESS ON 2016/17 QUALITY IMPROVEMENT PRIORITIES

The Statements of Assurance from the Board in respect of the Quality Report can be found in Annex 2.

The Trust continues to ensure that the Quality Strategy is embedded throughout the organisation and that these objectives are achieved.

Monitoring and measurement of progress was undertaken with the appropriate Trust committees and groups. These were reported into the Quality Review Committee, Quality Committee, and the Trust Board.

The priorities for 2016/17 were developed after consultation with a range of staff, patients, carers, and the wider public:

SAFETY – MAKING US SAFER**Reduction of Avoidable Pressure Ulcers with Harm**

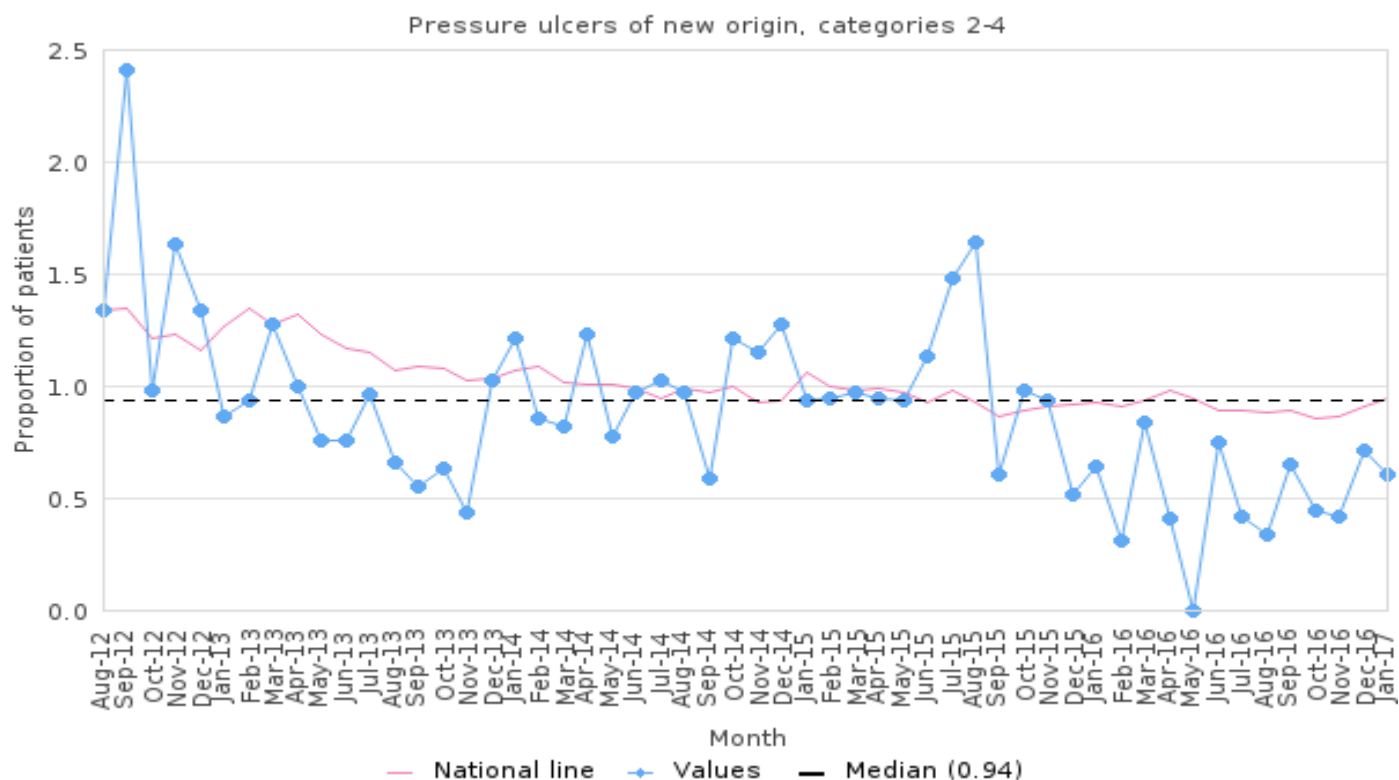
It is nationally recognised that the incidence of pressure ulcers is a key quality indicator and that 80-95% of these are deemed preventable or avoidable. Pressure ulcers are painful and distressing for the patient, and require increased support and input to the patient from a health care perspective. The Trust continues to participate in national and local initiatives to reduce the number of pressure ulcers acquired in the hospital. The numbers of patients with pressure ulcers are monitored through the prevalence and incident reporting systems within the Trust.

The Trust takes a zero tolerance stance to acquired avoidable pressure ulcers, and continues to strive to achieve this. The Trust continues to review and change practice in light of learning from investigations and in relation to key local and national pressure ulcer prevention standards. The culture and positive attitudes towards prevention has become the norm in the majority of areas and this is evidenced by increased vigilance and reporting of pressure ulcers to sites of the body not previously reported, i.e. over the ears, the bridge of the nose, due to oxygen tubing and under plaster casts.

The Patient Safety Thermometer measures prevalence rates in pressure ulcers nationally. The total pressure ulcers prevalence for DTHFT (including all grades of admitted and acquired pressure ulcers in the acute trust) has an average of 4.59% and compares favourably against the performance range regionally and nationally.

The graph below represents the prevalence of all pressure ulcers and demonstrates a slow but steady fall in the rate of pressure ulcers overall with a static rate for newly acquired pressure ulcers.





Source: National Patient Safety Thermometer Data

Pressure Ulcers - New Percent Month Clear Filters Menu Export Print

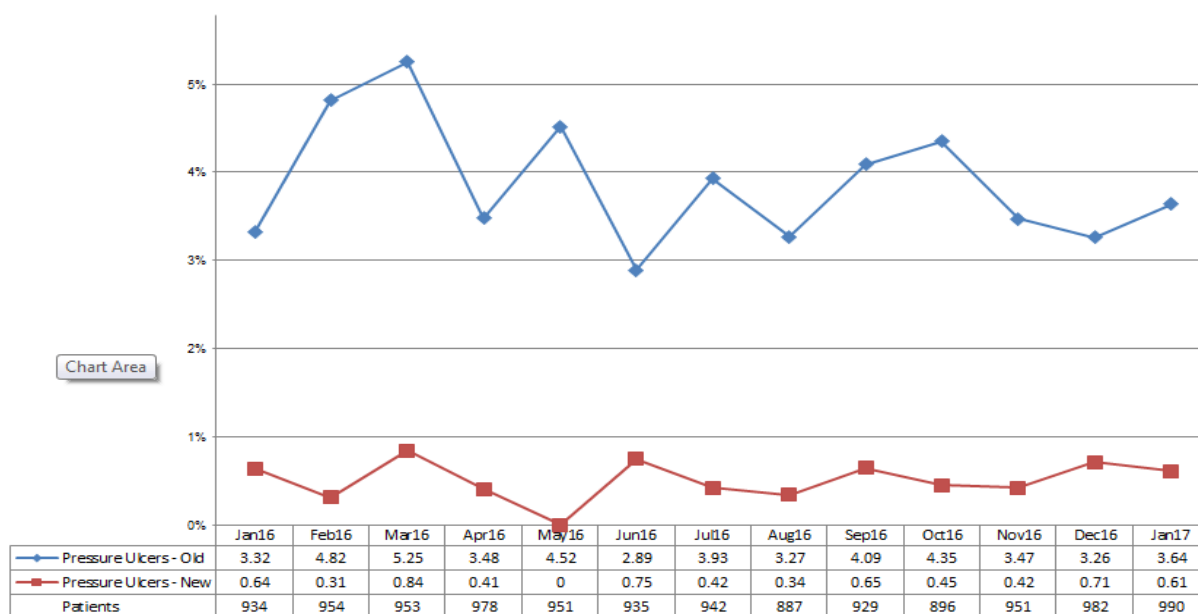
DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST - RTG

All Wards and Teams

All Settings All Services

All Ages All Sexes All Tags

NHS Safety Thermometer



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Source: Trust's own data

Quality Report

Trust acquired pressure ulcers reported as Serious Incidents

The Trust reported 96 stage 3 and 4 pressure ulcers in 2015/16 on the National Strategic Executive Information System (STEIS). To date in 2016/17 the Trust has reported 87 stage 3 and 4 pressure ulcers up. The overall numbers reported have remained stable over the last two years. Of the total fully investigated grade 3 and 4 pressure ulcers reported as acquired in hospital to date in 2016/17, 19 (21.8%) were confirmed as unavoidable and 33 incidents (37%) were found to have had some omissions in care and therefore were deemed avoidable. The remaining 21 (24%) have yet to be confirmed either avoidable or unavoidable, and are classified as unconfirmed. These figures demonstrate a continued downward trend in the percentage of avoidable pressure ulcers to date. It should be highlighted that there has been an increase in number of medical device related pressure ulcers including in the data, which has added to our overall pressure ulcer incident figures, this increase is due to improved awareness.

The implementation of an effective pressure ulcer prevention strategy has been instrumental in the ongoing determination to reduce our incident rate to zero avoidable pressure ulcers. This strategy has been refreshed for 2017/18 in line with the relaunch of the National Stop the Pressure Campaign and includes a combination of training and education, appropriate equipment provision, dissemination of learning from root cause analysis investigations (RCAs) and developing practice accordingly, the provision of risk assessments and documentation that supports good decision making and easy access to expert advice and support via the Tissue Viability Specialist Nurses. The strategy and associated actions are monitored via the Pressure Ulcer Improvement Group (PUIG) to ensure continuous progression and improvement in practice.

An RCA investigation is carried out for all stage/grade 3 and 4 pressure ulcers. If the investigation deems the development of the pressure ulcer as avoidable, action plans are drawn up for the ward involved with regard to any omissions in care. Education and training are put in place to support and reinforce implementation of Trust standards. Additional audits and spot checks are carried out by Senior Sisters to monitor compliance with any change in practice deemed necessary and individual staff are supported with further training and support where required. All RCA investigation reports and subsequent action plans are subject to a robust governance process both internal to the Trust and externally via the Clinical Commissioning Group.

On-going monitoring of pressure ulcer prevention documentation via the Tissue Viability Excellence Audit identifies areas that have consistent issues with compliance to the Essence of Care Standards. The audit enables excellent practice to be celebrated whilst also highlighting what could have been done to prevent potential harm from occurring and gives an overview common themes. The audit is monitored via PUIG which holds ward managers to account where it is evident that harm could or has occurred as a result of the omissions. The Trust's Pressure Ulcer Prevention and Care Pathway has been reviewed and refreshed during 2016 with the new documentation launched in January 2017 underpinned by a programme of education for staff.

Pressure Ulcer prevention is an on-going process. Continuous reinforcement of the use of the SSKIN undles (Surface, Skin Inspection, Keep Moving, Incontinence, Nutrition) within the prevention care pathways and encouraging staff to discuss and find solutions to the specific issues in their areas remains a priority. Innovative ways of engaging staff and patients in the importance of pressure ulcer prevention are constantly being sought. In April 2016 the Trust purchased a number of ForeSite turn assist pressure mapping systems which provides a visual aide for staff and patients of the pressure points when lying in bed or sitting in a chair. This system demonstrates how rapidly pressure can reach damaging levels and will evidence if the assessed frequency of turns/movement is ideal for an individual patient. It is designed as a learning tool that reinforces the principle of Keep Moving in order to prevent pressure damage. The system was piloted during autumn 2016 with a planned roll out across the Trust commencing spring 2017.

Raising awareness in the wider health care community and within the home, stressing the need for early detection and escalation is key to the reduction of grade 2 pressure ulcers. In order to promote this the Trust is part of the Derbyshire Pressure Ulcer Awareness Campaign which has produced patient facing information. The Trust has also reviewed its own patient information in line with this and will be publishing the new information leaflets in the near future.



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Reduction of Falls with Harm

The Trust keeps patients safe by having systems to ensure that Fall Care Pathways are in place, demonstrating learning and change with the aim of reducing falls. The Trust has robust assurance and monitoring systems in place. These include: Datix, monthly Ward Assurance audits, and the National Patient Safety Thermometer monthly audit. Once themes have been identified, initiatives are implemented in an effort to help deliver and sustain measures to improve patient safety around falls management and reduce avoidable harm to patients.

The Falls Group programme of work continues to help support the reduction of falls with harm as follows;

Training: We have seen a gradual improvements noted for all training, particularly in doctors falls prevention: Sept 2015 - 58%, October 2016 - 97%; Hover-jack training compliance is also improving steadily. There has also been the introduction of Mobility Aid training for non-therapy staff to reduce potential for falls in patients transferred between MAU and wards without a mobility aid.

Advice/guidance: We continue to develop guidance for staff making it easily accessible on the Trust Intranet. This includes Footwear/Foot Care and Definitions for 'Supervision & Assistance', Lying/Standing Blood Pressure revised with new aide memoir recently published.

Falls Awareness Day: Stands at both the Royal Derby Hospital (RDH) and London Road Community Hospital (LRCH), we saw a lot of interest from patients, relatives and carers, which included education and information sharing. Derby Teaching Hospitals Foundation Trust (DTHFT) has registered to take part in the National Audit of In-patient Falls for 2017 as part of the Falls & Fragility Fracture Audit Programme.

Patient Information: Documentation is in patient bedside folders which has been reviewed in line with recently published RCP publication: Falls Prevention in Hospital: A guide for patients, their families and carers; appropriate patient information for the LRCH site is in development.

Documentation: Falls documentation is currently being reviewed, focusing on the Royal College of Physicians' publication on assessment of vision.

Falls Champions: We are in the process of looking at a potential role to be incorporated into that of Manual Handling Champions to improve ward level implementation of actions and improvement of patient care in relation to falls.

Bed Rails: Review of research of split rails and potential for improving patient care is being undertaken, as well as falls reduction.

DTHFT Falls Conference: Scheduled for September 2017. This will provide the opportunity for staff to learn about the latest in relation to falls assessment and intervention, and to experience the investigation of a fall from the Coroner's perspective.

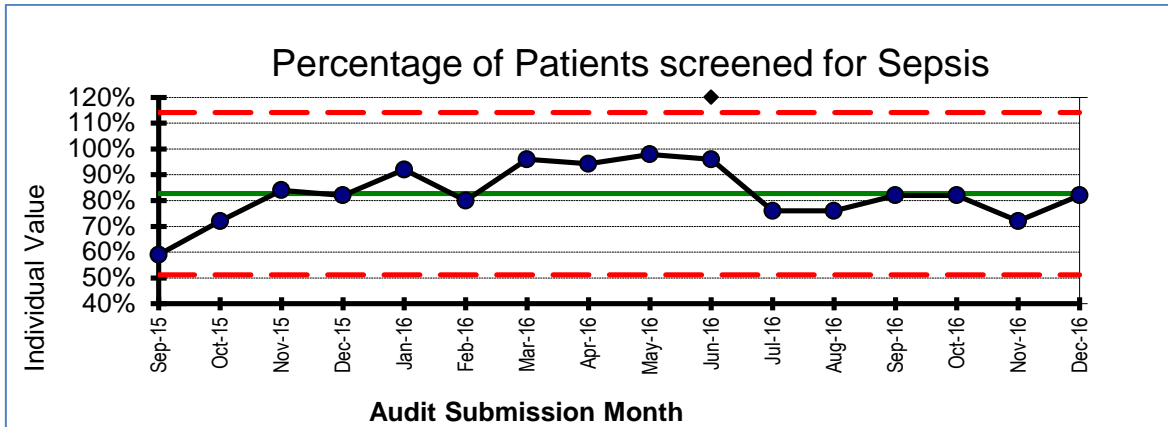
Implementation of Sepsis 6

Sepsis is recognised as a significant cause of mortality and morbidity in the NHS, with around 37,000 deaths attributed to sepsis annually. Of these some estimates suggest 12,500 could have been prevented. Problems in achieving consistent recognition and rapid treatment of sepsis are currently thought to contribute to the number of preventable deaths from sepsis. DTHFT had included sepsis as a topic in its Patient Safety Improvement Plan with the aim of reducing avoidable harm. Each month 50-100 sets of health records of patient who had sepsis are audited to identify how many had screening for sepsis and how many then received their antibiotics within one hour, and then a medication review on day three of their treatment.

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Screening tool

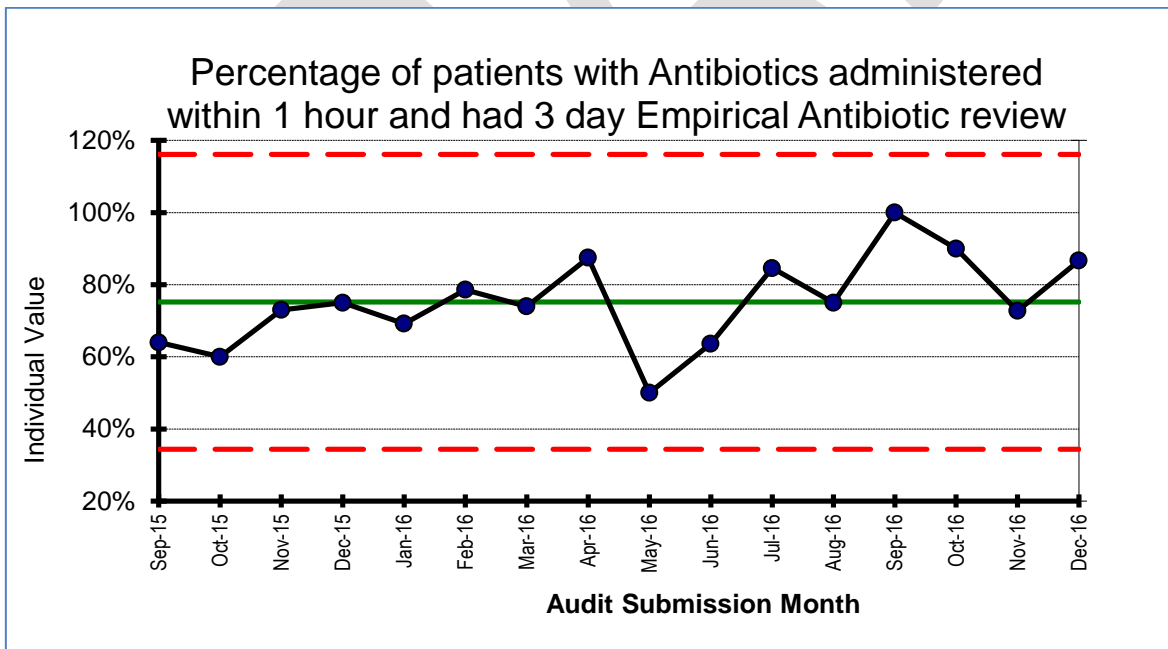
A sepsis screening tool has been created and is being used within the Trust. The tool is design to help all members of the clinical team to recognise when a patient may have sepsis and escalate to a member of the medical team for further action. Currently 80% of patients who require screening are screened for sepsis.



GRAPH TO BE UPDATED

Antibiotic administration

Once patients have been identified as having sepsis there is a requirement to rapidly initiate intravenous antibiotics, within one hour of presentation and review that prescription within three days of treatment. To support the delivery of antibiotics within one hour the Trust has agreed to the use of three front line antibiotics to be used as the first does treatment for sepsis, these antibiotics are stock items across the Trust. Currently 86% of patients receive their antibiotics within 1 hour and have a review of treatment on day three.

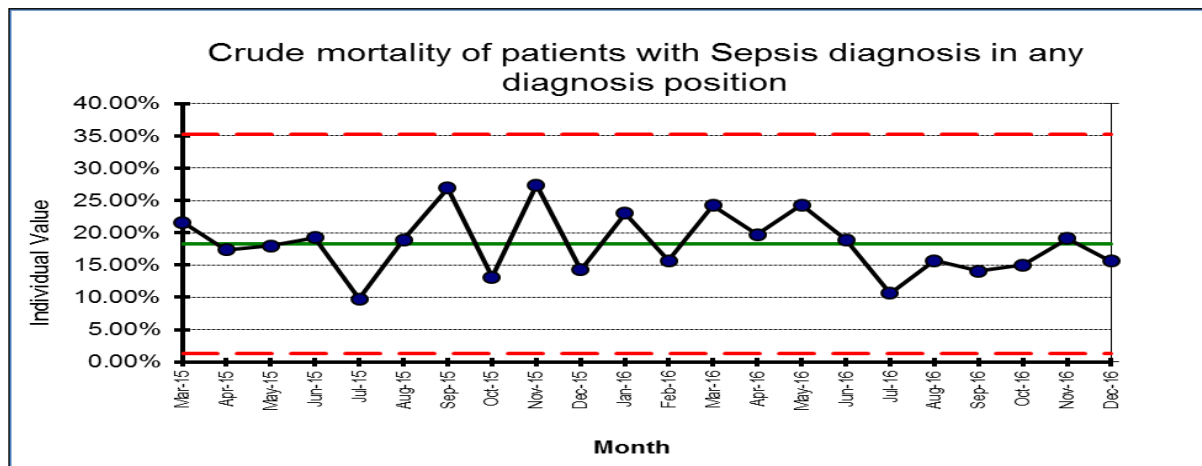


GRAPH TO BE UPDATED

The sepsis screening tool and bundle does appear to be starting to make a difference to the survival rate of our patients.



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GRAPH TO BE UPDATED

Implementation of Year 1 of the Maternity Safety Plan

The Maternity Safety Improvement Plan has been developed in line with recommendations from 'Safer Maternity Care' (DH 2016).

Maternity safety initiatives implemented to date include:

- Neonatal Thermal care bundle (baby hats) to address avoidable admissions to NICU, in line with the national Avoiding Term Admissions Into Neonatal Units (ATAIN) programme
- Small for Gestation Age (SGA) guideline, reviewed in line with the Saving Babies Lives care bundle and new SGA risk assessment tool developed for use by community midwives to identify women who are more at risk regarding SGA babies, and to ensure timely referral to an obstetrician and correct pregnancy pathway and care plan.

Our monthly Perinatal Mortality Review Meeting format has been reviewed and the process changed to incorporate a separate Maternity/Neonatal (midwives/obstetricians/neonatologist) Case Review Meeting, which identifies cases from the previous month that we discuss and share at the Multidisciplinary Team Meeting (MDT) learning. The evaluation of this new process has been really positive and enables the service to audit our MDT learning discussions.

- Derby maternity services applied to be included in the National Maternity and Newborn Safety Collaborative (NHSI) Wave 1 of the National Maternity Safety Programme, and have been accepted along with 43 other Trusts. Attendance by the CH (executive sponsor), Head of Midwifery, and Risk Midwife at the national launch on 28th February 2017 with keynote speaker, the Rt Hon Jeremy Hunt.
- The nominated local improvement leads from maternity will take attend a three day action learning set at the end of May. Monthly meetings from NHSI will support Wave 1 with their local maternity safety programmes.

Reducing Hospital Acquired Infection

The Trust remains fully committed to, and takes very seriously, the responsibility for the prevention and control of healthcare associated infections (HCAI), including Methicillin Resistant Staphylococcus aureus (MRSA) and Clostridium difficile (C.diff).

A key factor of infection prevention and control is the management of specific infections and their risk.

Clostridium difficile

Clostridium difficile (C.diff) is a bacterium that is found in the intestine of approximately 3% of healthy adults. It does not usually cause a problem as it is kept in check by the normal bacteria in the intestine. C.diff causes disease when the normal bacteria in the intestine are disadvantaged, usually by someone

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taking antibiotics. This allows C.diff to grow to unusually high levels. It also allows the toxin that some strains of C.diff produce to reach levels where it attacks the intestines and causes mild to severe diarrhoea.

The national target set for 2015/16 was 53 cases and the Trust ended the year with a total of 64 cases.

For 2016/17 the national trajectory was calculated as rate per 100,000 bed days, and DTHFT was set a rate of no more than 16.6 cases per 100,000 bed days, equating to no more than 53 cases. The Trust ended the year with a total of ?? cases, ?? cases per 100,000 bed days – to be updated.

Continuous assessment and review is crucial to ensure that the Trust is taking all appropriate actions to minimise the risk of patients developing the infection. Root Cause Analysis (RCA) is undertaken by the clinical teams on every Trust acquired C.diff case.

Since April 2014 all Trust acquired cases are discussed at the Healthcare Associated Infection (HCAI) Review Group. This group is chaired jointly by the Chief Nurse and Executive Medical Director and includes representatives from the clinical teams, infection prevention and control, antimicrobial stewardship, Public Health England (PHE) and Southern Derbyshire Clinical Commissioning Group (CCG), as the Trusts coordinating commissioner.

Each case is reviewed to determine whether there has been lapse in the quality of care given to patients, in line with NHS England requirements. The appropriate steps to address the problems identified along with any additional 'lessons to be learnt' are identified and shared across the organisation and discussed and monitored at the Trust Infection Control Operational Group (ICOG) and Infection Control Committee (ICC).

MRSA Bacteraemia

The Department of Health adopted a zero tolerance approach to avoidable MRSA bacteraemia cases in April 2013.

There were three MRSA bacteraemia identified since April 2016, two of which were identified as potentially avoidable infections following investigation.

All cases of MRSA bacteraemia are reported and investigated as a serious incident. A detailed investigation involving all healthcare practitioner's involved in the patient's care, is carried out to consider whether all appropriate actions have been taken and to identify any learning points. All MRSA bacteraemia case investigations, learning points and associated action plans are discussed and monitored at the Trust Infection Control Committee.

Identified Learning:

- Importance of prompt decolonisation therapy when a patient is identified as MRSA positive to reduce the risk of the patient developing a serious MRSA infection.
- Importance of including all relevant areas as part of an MRSA screen to ensure early identification and treatment of MRSA.

Norovirus

Norovirus is a virus which causes diarrhoea and/or vomiting. Although there is an increase in winter months, cases do occur throughout the year. In general the symptoms last 24-48 hours. There are no long term effects from Norovirus and a full recovery is usual within 48 hours. Norovirus is extremely infectious, with around 50% of people exposed developing symptoms. The focus within the Trust is to ensure the spread of the infection is minimised.

Although cases have continued to be reported within the community the 2016/17 Norovirus season has been relatively quiet from a Trust point of view, this is reflected in the table below. The use of the Derby Door and the increased communication, awareness, and control within the organisation continues to have a positive impact on the number of patients affected and the number of bed closures.



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	Number of areas affected	Number of full ward closures	Number of confirmed Norovirus	Number of patients affected	Number of staff affected
2012/13	34	8	18	131	38
2013/14	21	5	16	82	17
2014/15	19	3	14	75	29
2015/16	13	5	8	68	52
2016/17	9	4	4	35	14

Hand Hygiene

Hand hygiene is a key measure in controlling the spread of infections in hospital and remains a key focus for the Trust. Monthly 20 minute observational hand hygiene audits are undertaken in all clinical areas, assessing compliance against the Hand Hygiene Policy.

Compliance is monitored on a monthly basis at the Infection Control Operational Group, along with associated action plans. Areas of concern are escalated to the Infection Control Committee. In addition all clinical staff are required to undertake a competency assessment of their hand hygiene technique on a two yearly basis.

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PATIENT EXPERIENCE - MAKING US CARING

Reduction In re-opened complaints and referrals to the Ombudman

There has been a continuing focus to ensure that we effectively and efficiently answer complaints and concerns in a timely manner and continually use this information to improve and learn as an organisation. The Trust has seen a decrease in the number of reopened complaints through 2016/2017 and has undertaken a considerable amount of work to improve management of complaints, including the introduction of a revised *Policy and Procedure on Handling Concerns and Complaints*.

	2014/15	2015/16	2016/17*
Number of Complaints	819	720	546
Number of reopened complaints	119	100	63
Number of Informal concerns and enquiries	2961	3459	2815

*2016/17 to end of January **Figures to be updated to end of March**

The Trust has undertaken a considerable amount of work to improve the management of the complaints and concerns framework to ensure that we handle them efficiently and effectively. We feel it is important to celebrate success and the Trust has developed a number of areas of good practice:

- Staff are encouraged to acknowledge and respond to concerns locally and guidance is available on the Trust intranet to support them, as well as regular training being offered to lead investigators on how to deal effectively with complaints.
- There is strong leadership and accountability within the complaints department as well as at divisional and executive level for complaints management.
- The predominant feedback from Parliamentary Health Service Ombudsman (PHSO) responses, following their initial reviews, indicates that the Trust's processes and performance with complaints handling remains robust.
- There is a robust triage system, provisional grading of all complaints by senior members of the complaints department, ensuring there are robust complaints management plans, including cross mapping with serious incidents and root cause analysis. This has supported effective management of complaints and concerns.
- The use of the electronic information system DATIX has been consolidated to ensure that complaints and concerns are responded to in a timely manner.
- The Complaints Review Group, Chaired by the Trust's Head of Corporate Complaints is established and carries out regular reviews of the quality of our complaint responses and ethos. The group also feeds back to lead investigators to ensure that learning take place.
- A new lead investigator sign off process has been developed so that there is accountability for the complaint, at lead investigator level, as well as CEO level. This has been a fundamental move to ensure that all staff within the Trust takes responsibility for a positive outcome for the complainant at a local level.
- Ensuring that all key staff are trained to deal effectively and efficiently with complaints and concerns. Effective training has been provided for all lead investigators and continues for new investigators as required.
- Joint working is taking place with the Patient Experience Team and the Complains/PALS Department to ensure that trends are monitored on complaints and concerns and further work carried out to embed learning throughout the Trust.
- Embedding systems and processes to ensure that learning and improvements from complaints and concerns is part of our core activity and robust action is taken to put things right when required. Learning and Action Plan monitoring was conducted through the DATIX system and has been successful. This will be rolled out across the organisation in 2016/2017.
- Further work has been done to promote how we use the learning from Parliamentary Health Service Ombudsman (PHSO) cases.



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- We have continued to target improvements on the timeliness of complaint responses Work has continued with the Patient Experience team in triangulating data to determine where improvements can be made or best practice can be shared across the Trust. Plans have been implemented to tackle areas identified through effective partnership working with the divisions and through targeted *Making Your Moment Matter* Local training.
- The department has continued to develop and deliver an interactive area for patients and relatives to access real time information in the PALS area, through the development of the Information and Support Hub in joint partnership with the Patient Experience Team.

Complaints Received by the Health Service Ombudsman

The Parliamentary and Health Service Ombudsman (PHSO) represents the second and final stage of the NHS complaints process. The Trust continues to work directly with PHSO to satisfactorily resolve complaints.

A person may refer to the PHSO if they do not feel that the Trust has responded to all of their concerns, or they are unhappy with the way in which we have dealt with their complaint. The PHSO gives the Trust the opportunity to ensure that a local resolution has taken place to try to resolve the issues and will give an independent view on the complaint.

- In 2015/16 there were 18 new referrals received by the PHSO
 - In 2016/17 there were 13* new referrals received by the PHSO
- * (to end of February 2017)

So far this year we have seen a decrease in the number of cases going to the PHSO (to the end of February 2017). The Trust is working hard to ensure that complaints are dealt with robustly first time round but if they are referred to the PHSO, we have introduced a structured approach to dealing with the cases.

Clinically Inappropriate Ward Moves

The Operations Team oversee the movement of patients across the Trust and support teams in the timely repatriation of patients.

The Trust is working hard to ensure that patients are cared for in the right place by the right team. During seasonal pressures a detailed pre agreed plan defines where additional bed capacity will be made available, and speciality medicine agree the speciality teams caring for patients cohorted into these. This ensures patients moving from the assessment areas, into beds outside of their speciality ward are appropriately allocated and clinically reviewed. The Patient Flow Team monitor this daily and provide assurance at the regular operational meetings.

The Trust work within the principle that patients cohorted into the additional seasonal capacity will only ever be repatriated back into their speciality ward and never moved from one cohorted ward to another. This provides all patients with continuity of care from their allocated speciality team.

Over the last year the Trust have embedded the SAFER patient flow bundle:-

- S** - Senior review, all patients will have a senior review before midday
- A** - All patients will have an Expected Date of Discharge and clinical criteria for discharge agreed
- F** - Flow of patients will commence at the earliest opportunity from assessment units to the wards
- E** - Early discharge
- R** - a systematic MDT Review for patients with extended length of stays

The SAFER bundle is similar to a clinical care bundle. It is a combined set of simple rules for adult inpatient wards to improve patient flow and prevent unnecessary waiting for patients. Operations and

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Transformation have worked with the Divisions to develop a SAFER dashboard which is used to facilitate a weekly MDT discussion to drive improvements in the application of SAFER principles for all patients.

This year a Full Capacity Protocol (FCP) has been developed to initiate a hospital-wide response when the Trust is operating at full capacity. Escalating to the FCP allows the hospital to act promptly to care for high volumes of patients as safely as possible whilst restoring patient flow. Escalation to the FCP requires an Executive decision following careful consideration of a number of indicators/triggers. During the winter months the FCP has been activated successfully 7 times. One of the actions within the protocol describes opening up additional escalation spaces (FCP beds). The senior nursing team have risk assessed areas where it would be safe to nurse an additional patient and a standard operating procedure had been developed to support making the room ready. Only one additional patient will be received by the identified wards and these will be carefully selected by the Matron/Senior Nurse ensuring appropriate patient moves are maintained.

Despite the measures in place to prevent clinically inappropriate ward moves there is acknowledgement that there remain occasions where patients may be required to move to a different ward location to accommodate the elective/emergency activity requiring a speciality bed. On these rare occasions the Senior Clinician/Matron will review and determine the most suitable patient to move off the speciality area and will make plans for their ongoing care and review. The true extent of the number of patients moving in this way is not currently captured and work is underway to find a solution to monitor this going forward.

Avoidable delays to discharge

The Trust has made considerable improvements to the way patients are discharged from the Trust and have reduced the number of avoidable delays to discharge.

The Discharge Team was previously disjointed, with two small teams (one Derbyshire Community Healthcare Services (DCHS) and one DTHFT working in silo to ensure flow into Community hospitals. This team became an integrated Discharge Team in November 2015 and now works as a multi-agency, multi-function team looking at all patients within who have complex discharge needs. They assess patients prior to their estimated date of discharge (EDD) to ensure the patients and families are aware of which discharge pathway would be the most appropriate on discharge. They liaise on the patient's behalf with all providers and agencies to ensure the discharge process is clear and the EDD is met. The team work a bundle structure which means they have a set number of wards each that they work across, so the wards have a clear link who to contact within the team when they need assistance.

The team have close working relationships with Derby City and Derbyshire County Council Social Services who now sit within the same office as the team. This has meant a truly integrated approach to discharge planning.

The team had a small number of discharge support officers (DSO) who are band 4 discharge chasers. They liaise with patients, families, Social Care, Nursing Homes, Pharmacy and transport to ensure a timely and safe discharge for patients. They worked across a bundle structure to, however it became apparent that the work load of these staff was too great to cover a large number of wards.

A pilot commenced in 2016 to try a dedicated DSO resource that worked within one ward in medicine. This proved to be a great success and the nursing staff on the ward felt that by having a dedicated resource it released nursing time to care for patients. This dedicated DSO resource of one per ward will be in place across all of medicine and Integrated care by May 2017. These DSO are capturing the Red to Green date for the wards and ensuring the actions to turn a patient from red to green are chased. They also ensure they link in with the Discharge leads for their ward to highlight potential complex patients and delays to discharge. By ensuring the Discharge leads know about complex patients earlier on in the patient pathway it means the discharge lead can be talking to patients and families early to discuss potential issues for discharge and advise them regarding which discharge pathway would be the most appropriate on discharge.

One of the main reasons for delayed transfer of care in the Trust has always been when a patient needs a nursing home. Families and patients find this process stressful and confusing and this can often lead to



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lengthy delays. A new role for a Home of Choice (HOC) co-ordinator has been developed to support patients and families through this period. This role includes liaising with patients, families, Social Services (SS), Continuing Healthcare (CHC) and Nursing Homes (NH). During this time the HOC coordinator has sourced placements with vacancies, Out of Area placements, confirmed funding agreements with SS and CHC, visited Nursing Homes on behalf of and with patients/relatives, and arranged for the NH to assess patients.

Patients and families have been happy for us to share their experiences of this role, how much support the HOC coordinator has been to them during the difficult period, and has proved to ensure quality discharges for these patients. This role has also reduced the length of stay for these patients from 15.96 delayed bed days in 2015 to on average 5.24 bed days in 2016.

Patient feedback:

- *Wife of patient 'I found it a great support. A lady came and took me out to view a nursing home which was good because I wasn't sure what questions to ask when I went. Also I found it useful having them call homes for me as looking in the directory I didn't know where to start!' later in the conversation she added 'N is very settled in bluebell and I can't thank you enough for all your time and effort'.*
- *Daughter of patient 'as you know I found the whole thing really emotional, the thought of mum going into a care home was really difficult to get our head around. For me it was good to have you asking the questions about funding and category of home because I just wasn't taking it all in' she added 'thanks again for your help and your time, mum really has settled well and I know it's the best place for her'.*

The team also manage the flow to all community bed based discharge pathways are trusted assessors for these pathways. This includes LRCH, DCHS, the non-weight bearing (NWB) pathway, Social Services interim beds, and intermediate care beds across the county. The team also case manage the patients within the NWB and interim nursing homes beds to ensure they are discharged from these beds in a timely and safe way. This winter this has been over 60 external beds that the team have managed the patient's long term discharge from.

The changes to how the Integrated Discharge Team works across the Trust has had a positive impact on patient's journeys, and ensures we get the patient's discharge to the right place the first time. It has also reduced the number of delayed transfer of case in the Trust from winter 2015 to winter 2016.

DTCO 2015 - 2016 Winter Comparison				
		01/10/2015	01/11/2015	01/12/2015
Acute	Delays Bed Days	710	685	577
	Occupied Bed Days	26895	25768	25606
	Acute delays % occupied beds	2.64%	2.66%	2.25%
Non-Acute	Delays Bed Days	889	1149	670
	Occupied Bed Days	3290	3605	3862
	Non-Acute delays % occupied beds	27.02%	31.87%	17.35%
All	Delays Bed Days	1599	1834	1247
	Occupied Bed Days	30185	29373	29468
	All delays % occupied beds	5.30%	6.24%	4.23%
		01/10/2016	01/11/2016	01/12/2016
Acute	Delays Bed Days	449	396	410
	Occupied Bed Days	25616	26654	26493
	Acute delays % occupied beds	1.75%	1.49%	1.55%
Non-Acute	Delays Bed Days	596	576	515
	Occupied Bed Days	3930	3801	3930

Quality Report

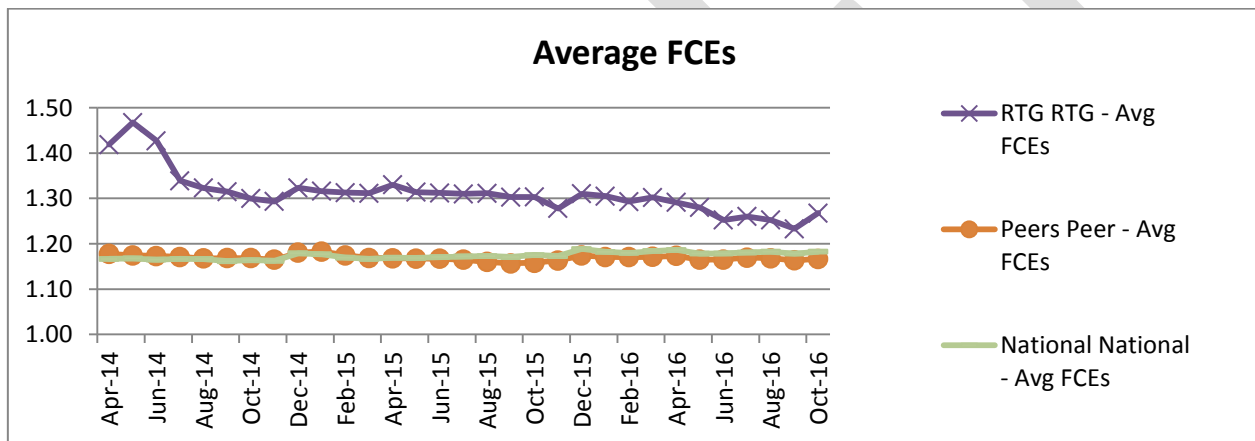
	Non-Acute % occupied beds	15.17%	15.15%	13.10%
All	Delays Bed Days	1045	972	925
	Occupied Bed Days	29546	30455	30423
	All delays % occupied beds	3.54%	3.19%	3.04%

“Just tell me what is happening to me” - Introduction of a named team, clinical advocates

We know from patient feedback either informally or formally, that patients often experience miscommunication or poor communication leading to distress and a perceived poor outcome. The focus has been on reducing the number of consultant transfers experienced by patients, based on the assumption that each move creates the necessity for ‘hand-over’ of information and multiple handovers can give rise to miscommunication and confusion for patients.

The Trust has a higher than national average of fixed consultant episodes (FCEs) per spell. FCEs are created each time a patient’s consultant changes. The focus for this year was initially to ensure that patients who present to the Medical Assessment Unit Triage or Ambulatory care and are then admitted to a bed on the Medical Assessment Unit should not have multiple FCEs. This was implemented from January 2017.

Figure 1: Average FCEs for DTHFT compared with peer and national April ‘14 – October ‘16



TO BE UPDATED

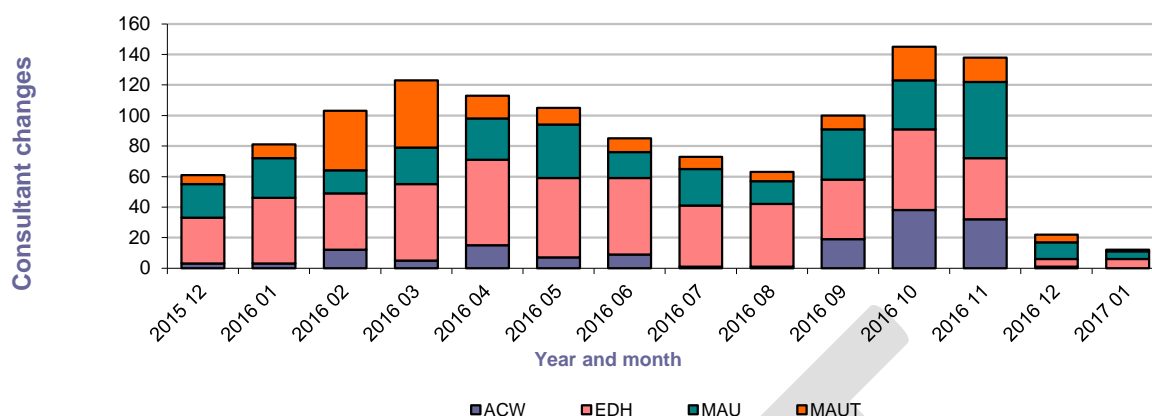
The work to reduce the average FCEs has resulted in a reduction from 1.42 to 1.17.

The impact of the work with MAU can be evidenced in Figure 2 below.

Figure 2: No of MAU patients with more than 1 FCE December '15 – January '17



Consultant changes on EDH, ACW, MAUT, MAU



The next stage is to start work with particular specialties with high levels of FCEs due to multiple changes of consultant. The first priority is Department Medicine Elderly (DME) and Rehabilitation.

“All About Me” – embedding ‘making your moment matters’ principles on an individual every day basis

The patient experience team have developed a new awareness campaign, building on the previous Making Your Moment Matter (MYMM) campaign, rolled out across the Trust during 2013. The new MYMM ‘Local’ package uses the previous campaign as a foundation and reminds staff about the five pledges they have already made which are:

1. **We will** treat you as a person, not just a patient, with dignity and respect at all times.
2. **We will** do everything we can to give you the best treatment.
3. **We will** understand your needs by listening, empathising with you, and keeping you informed.
4. **We will** make the place you are treated in clean, safe and caring.
5. **We will** give you information in a way you can understand, so you can make decisions about your care.

However, the focus of the training is to look at what the data and verbatim comments about their local area is telling them, and this will be followed by mini-workshops for teams to ascertain what they believe their challenges and successes are, and what actions they need to create and fulfil to improve or maintain certain aspects of their care. This data comprises of patient Friends and Family Test (FFT) data, PALS/ Complaints data and staff FFT data. This session is specifically designed to provoke discussion around Staff Attitudes and Behaviours and Information and Communication, topics highlighted in the triangulation of the data across the Trust, with the initial data only acting as an ignition to this discussion. It is also designed for staff to take control of the challenges and successes of their area and take ownership of improving or maintaining them. This awareness package will be rolled out across the Trust over the next year initially and will be reviewed/benchmarked quarterly to see if there is any improvement in the areas requiring improvement. This package will be delivered across the Trust by 2019.

We know from the feedback we receive that the small things that we do often make a big difference to patients, their carers and their families. We want to understand the things that make the difference to our patients and to the member of staff caring for them. The aim of the project was to ensure that we listen to both our patients and staff and that this awareness campaign fits alongside our Taking Pride in Caring Trust vision and objectives, as well as developing a Culture of Compassionate Care. Making your Moment Matter ‘Local’ has now been embedded into the Trust Fundamentals of Care training programme and the Trust induction in “Understanding our patients”.

Quality Report

'Hello my name is....' Campaign has been implemented to encourage healthcare professionals to introduce themselves to patients and carers. This campaign will continue to be embedded through Fundamentals of Care, Trust Induction and MYMM 'Local'.

To ensure that we continually learning from our patients' experience, the Trust has introduced the mobile patient feedback kiosk, and records patient stories to use at board meetings but also in staff training across the Trust on a regular basis. This video booth is designed to capture patient stories that are more succinct and appropriate for use in staff training and areas will receive stories specific to their area, to ensure staff are empowered to implement change as a direct result of the patient story.

The video booth does not discriminate patients based on their language or potential disability and is accessible by ALL patients. The video booth will be accessible for anyone with a disability as it can be altered to face a sitting position, standing position or patients in bed. It will also allow patients who speak a different language or use BSL to record their story in their own language, as this usually means they do not lose their meaning whilst they try to translate, or does not interrupt flow if accompanied by a translator. Patients can also record without any staff presence which may liberate some patients to talk more honestly which will ensure that any issues are addressed and service improvement can really tackle concerns patients may have.

We will also continue to use live patients at Public Trust board, to promote transparency but also bring the very real patient stories to life.

Involving and engaging carers in supporting our patients recovery –

We aim to improve the way in which we involve carers, families, and friends in the care, treatment and support of the person they care for, ensuring that their views are taken into account. We also aim to engage with and involve carers, families and friends in decisions around the planning, development and review of our services, and create a culture in which collaborative working with carer's friends and families is actively sought.

Along with this we aim to raise the awareness of our staff of the needs and issues of carers, families and friends, so that they are more confident in identifying carers, families and friends, and working alongside them as partners in care.

The maternity ward - 314, is currently developing an initiative to involve support partners for women who will be able to stay overnight. This is based on positive feedback and evaluation from other maternity units. A recent survey of 50 women showed that 98% were in favour of having a an individual of their choice i.e. partner, close relative stay with them for the first couple of nights to provide support and help. Guidance for women is currently being finalised including an agreement of acceptable behaviours etc whilst on the ward.

Within the DME Wards we have introduced the Dementia Key Workers who are central to being able to understand from carers and family members small, but significant, pieces of information about our patients, that will help support their recovery. An example of this from one of the wards where it has been successful was with the care of a patient that didn't speak English and also had an advancing dementia. The patient was understandably frightened in the ward environment, but the ward staff supported the family to create a rota of familiar faces to stay with the patient. This not only helped this patient settle whilst here, but was most helpful in engaging the family to understand what the care needs would be on discharge. As a result, the patient was able to go home with a combination of a supportive care package and family support.

More information about the above role and John's Campaign is within part 3 of the report .

CLINICAL EFFECTIVENESS – MAKING US MORE EFFECTIVE

Preventing Avoidable Deaths



Quality Report

The Trust is committed to implementing the National recommendations in relation to review of, and learning from, deaths. The long term aim is to review every death, identify where quality of care fell short of the expected high standard and ensure actions are put in place to prevent future lapses. As part of the review process deaths that can be classed as 'avoidable' should also be identified and escalated to Board.

A review process has been implemented and is overseen by the Mortality Committee, chaired by the Divisional Medical Director for Medicine and Cancer. Standard electronic documentation and access to electronic copies of cases notes has been developed to support the process. A number of actions have been implemented as a result of the findings from mortality reviews, including revision, or development, of guidelines and training. However, there is further work required to ensure every death is reviewed and also to develop a culture whereby clinicians feel safe to identify deaths which could be considered 'avoidable'.

Published national data describes variation in mortality for those patients admitted at weekends compared to on a weekday. NHS England set 4 priority clinical standards to be put in place by 2020 to reduce weekend variation in service that might be contributing to this. DTHFT has developed significant changes to working practices at weekends to deliver these standards.

Overview of DTHFT position in relation to the four priority 7 day services Clinical standards

Clinical Standard 2: Time to 1st Consultant Review

Standard:

All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of arrival at hospital.

Derby

70% are seen by a consultant regardless of day of week. Because of the registrar residency overnight and the training needs of registrars on ward rounds the next day – no plan to increase this to 100%

Clinical Standard 5: Access to diagnostics

Standard:

Hospital inpatients must have scheduled seven-day access to diagnostic services such as x-ray, ultrasound, computerised tomography (CT), magnetic resonance imaging (MRI), echocardiography, endoscopy, bronchoscopy and pathology.

Consultant-directed diagnostic tests and completed reporting will be available seven days a week:

- Within 1 hour for critical patients
- Within 12 hours for urgent patients
- Within 24 hours for non-urgent patients

Derby

Diagnostic test	Immediate		Urgent	
	Weekday	Weekend	Weekday	Weekend
CT	98%	95%	100%	94%
Echo	88%	50%	82%	46%
Histopathology	81%	38%	84%	38%
Microbiology	95%	92%	95%	92%
MRI	90%	59%	89%	52%
Ultrasound	98%	88%	95%	82%
Endoscopy	100%	98%	100%	94%

Standard diagnostics are as available at weekends as at weekdays. Echocardiographers are a hard to fill post – so less available to man out of hours rotas, but there is a cardiology registrar and consultant on at weekends so they will do an Echocardiogram as necessary; its just a limited service. MRI is available for critical conditions eg spinal cord compression.

Quality Report

Clinical Standard 6: Access to interventions

Standard

Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols, such as:

- Critical care
- Interventional radiology
- Interventional endoscopy
- Emergency general surgery

Derby

Interventions	Weekday	Weekend
Cardiac Pacing	94%	97%
Critical Care	100%	100%
Emergency General Surgery	98%	98%
Interventional Endoscopy	98%	89%
Interventional Radiology	91%	70%
Primary PCI	100%	100%
Renal Replacement	100%	100%
Thrombolysis for Stroke	97%	100%
Urgent Radiotherapy	90%	55%

Most interventions are readily available. At the time of this last survey there was an issue with staffing of interventional radiology – this has been addressed – staff have been recruited and are being trained. This will be resolved later in the year. Radiotherapy is available but staff are on call rather than onsite but can come in to deliver. No action required for this intervention.

Clinical Standard 8: Ongoing Review

Standard

All patients on the AMU, SAU, ICU and other high dependency areas must be seen and reviewed by a consultant twice daily, including all acutely ill patients directly transferred, or others who deteriorate. To maximise continuity of care consultants should be working multiple day blocks.

Once transferred from the acute area of the hospital to a general ward patients should be reviewed during a consultant-delivered ward round at least once every 24 hours, seven days a week, unless it has been determined that this would not affect the patients care.

Derby

Consultant Reviews	Weekday	Weekend
Patients requiring twice daily	95%	80%
Patients requiring once daily	98%	94%

There is embedded speciality ward rounds/ board rounds every day – weekdays some ward rounds are by Registrar rather than the Consultant. On those days, the Consultant does a Board round as a minimum. Weekends, there is good Consultant speciality cover across all clinical areas. Future work will focus on any changes to the Consultant contract and job plans.

REDUCTION OF RE-ADMISSIONS

A Trust level data set has been built using the 30 day emergency readmission PbR definition in order to review readmissions data in more detail. The Readmissions Dashboard in Data Warehouse shows



Quality Report

performance by division, business unit, specialities and ward so that readmissions can be monitored by each area, this also helps to identify any trends which need to be looked at in more depth.

During 16/17 in depth audits were carried out in the following specialities and areas: Cancer, MAU, Gynaecology, DME and Respiratory (COPD). These audits provided recommendations to reduce readmissions, and ongoing improvement work in areas has been initiated.

To support specialities in identifying ongoing improvements, a trust wide readmissions audit is currently being carried out. This will provide specialities with some themes around readmissions. The audit will review 250 randomly selected notes (out of 726) from readmissions in May 2016 and will identify the proportion of readmissions which could have been avoided, including where the responsibility for avoiding the readmission lies. Trust level readmission themes will be identified as well as at a speciality level.

The Transformation Team have managed and developed the readmissions work programme over the past two years for the Trust, it has now reached the stage where it is no longer transformational and requires embedding into operational and management teams as part of normal business. Therefore, during 17/18 readmissions will be managed at Divisional level and ongoing improvements to reduce readmissions will be managed within each area.

MONITORING THE NUMBER OF CANCELLED OPERATIONS

Operations are sometimes cancelled for clinical reasons; the patient may be unwell or their condition may have changed. However on occasion operations are cancelled for non clinical reasons; a bed may not be available or there may be theatre scheduling problems. Such cancellations can cause great anxiety, distress and inconvenience for patients and their families.

As Trust we have a predictor tool which gives us an early indicator of pressures in the system relating to elective bed availability. This allows our Bed Managers and Patient Flow Team to put actions into place to minimise the risk of cancellation due to bed availability. This predictor can not predict how many actual patients will attend or be admitted as an emergency – if this number is higher than predicted they will take priority over a patient having a planned procedure.

The Trust monitors the number of cancelled operations through the Refer to Treatment (RTT) Group on a weekly basis. Patients that are cancelled on the day, or the day before an operation are validated by the management teams to ensure the reasons for these are accurate. The group also monitors the number of urgent patients that are cancelled. For both of these there are contractual targets – any patients cancelled on the day for non-clinical reasons should be offered a date within 28 days. Patients who are considered 'urgent' should not be cancelled twice.

Information below demonstrates Derby Hospitals performs better than the national average. We are unable to provide cancelled operations and breach numbers prior to 2015/16 as we have only implemented and carried out an extensive monthly validation process since 15/16.

Priority Clinical Indicators	Derby Hospitals			National Average		
	2014/15	2015/16	2016/17	2014/15	2015/16	2016/17
Cancelled Operations						
Cancelled Operations on the day for non-clinical reasons	Not Available	367		-	444	
Operations cancelled for non-clinical reasons on the day of admission, or later, to be offered another binding date within 28 days	Not Available	20		-	30	

REDUCING UNWARRANTED CLINICAL VARIATION

Quality Report

The Trust has been working on the implementation of a Patient-Level Information and Costing system (PLICS). The system offers an opportunity to understand resources consumed at patient level and the associated costs and thus analyse and challenge apparent clinical variation.

Key benefits:

- Discovery of previously unknown costs
- Understand variability of costs for same patient pathway
- Internal benchmarking
- External benchmarking

PLICS was officially launched (alongside an overview of a number of other supporting information systems such as the theatre and outpatient dashboards and Model Hospital) on 23rd February 2017. At the launch consultants from Nottingham presented their experiences of the system and how they have used it to target improvement efforts.

Beyond the launch the Trust will be rolling out use of the tool to a few specialities a month, offering support and guidance whilst they gain confidence in the system. Feedback and suggestions from the early phases will help to further refine the reporting and look of the system going forward.

IMPLEMENT ADVANCED RECOVERY IN MEDICINE PROJECT

During the course of the year this piece of work has altered and now forms part of the Red2Green project. We want to make every day count for those patients who are in hospital. This winter we are turning red days, when nothing happens to progress a patient's discharge, into green days, a positive day when we're actively helping to move their care forward.

This Red2Green campaign is all part of our focus to ensure patients don't stay in hospital any longer than they need to. By reducing the length of stay, it also releases space for the next patient who needs our care. We know that some of our patients spend a red day waiting, for example, for an investigation or a review by a senior doctor. Others may be waiting for help from services outside our hospitals and we are looking closely both within the Trust, and across the Derbyshire health system, to see what we can do to improve this.



MAKING US WELL LED

DELIVER HUMAN FACTORS PROGRAMME

Increasing awareness of Human Factors in health care allows staff to understand how human beings perform in different circumstances and can allow them to design systems to make it easier for members of the multi-disciplinary team to do their job in the right way and so improving patient safety and outcomes.

Human Factors awareness training is now essential to role for all staff. All new starters have a 45 minute session as part of their Trust induction to introduce them to the concept of human factors.

Historically investigations carried out when things "go wrong" have not focused on the systems and processes being used by the staff and often resulted in the cause being identified as human error. By using human factors science in our investigations we now understand that human error is the consequence of a



Quality Report

number of actions. Investigators are actively encouraged to focus on systems and process at all levels in the organisation to better understand how the error occurred. Currently work is being undertaken to adopt a specialist model which will provide guidance and a standard approach to incident analysis.

Culture is better understood “as the way we do things around here”. A positive safety culture helps to sustain and deliver quality commitment through supporting safer clinical practices, addressing staff competencies, incorporating patient-centeredness in the system, building systems resilience and a learning system. Safer care, by reducing harm, also addresses cost effectiveness. During 2016/17 the Trust has engaged with a US company, Pascal Metrics who are recognised as the leading experts in measuring and improving patient safety. Over a three year period we will work with Pascal Metrics and the East Midlands Safety Collaborative to complete surveys of our culture and staff dynamics (safety climate) in the Emergency Department and The Maternity Service. Results from the first survey were received in October 2016.

Safety domain	DTHFT score	East Midlands mean score ¹	East Midlands range of scores ²
Overall perceptions of patient safety	56%	48%	21% - 60%
Safety climate	71%	65%	49% - 75%
Teamwork	66%	63%	50% - 75%
Job satisfaction	62%	59%	48% - 78%
Working conditions	53%	44%	31% - 56%
Exhaustion / resilience	38%	40%	29% - 54%
Perceptions of senior management ³	24%	21%	12% - 35%
Perceptions of local management ³	52%	50%	39% - 64%
Non punitive response to errors	30%	34%	26% - 49%

The top three areas identified for the Trust as good were safety climate, team work and job satisfaction and the bottom three areas identified were exhaustion and resilience, non punitive response to errors and perceptions of senior management. The Trust is now working with the support of Pascal Metrics to improve its safety culture and will take part in a further survey to measure progress.

EMBEDDING AND SUSTAINING A CULTURE OF CONTINUAL LEARNING

Learning from incidents

The Trust's Incident Learning Group continues to identify learning from individual incidents that can be shared across the organisation. The group commissioned further work and learning in the following topic areas:

- Methotrexate prescription
- Positive Patient Identification
- Insulin safety
- Errors with sample labelling
- First does enoxaparin omissions
- Transfer of patients from the Medical Assessment unit and the Emergency Department
- WHO and Consent

These groups are now working to understand the processes involved in the issues and seek Trust-wide solutions that will improve our safety.

The Methotrexate prescription group found that there had been six “Near Miss” incidents. Conversations with doctors and nurses found that the errors were originating because the prescribers were being requested to choose from a pick list of previously prescribed regimes for that particular patient. A simple IT fix of reducing the list so that the prescriber can only see the last prescription has reduce the “Near miss” errors and improved the working conditions for the staff involved.

Quality Report

Patient Safety News letter

A Trust Patient Safety Newsletter is circulated monthly this contains stories and updates about our learning from incidents see exert below:

What have we learnt?

Following an incident and investigation, one of the main purposes is learning where we can improve. Some of the common themes highlighted in investigations are:

- Positive Patient Identification. This has been a factor in a significant number of incidents including
 - Giving medication to the wrong patient
 - Carrying out a test on the wrong patient (x-ray, blood test, CT etc.)
 - A patient receiving the wrong treatment
 - Giving patients the wrong medication when going home
- Drug errors
 - Incorrect dose of medication
 - Medications not checked correctly and/or second checked
 - Medication not prescribed and not followed up
- Consent
 - Patients consent for incorrect procedure
- Patients with conditions you don't normally care for
 - If you are unsure of the plan of care for your patient, please check the appropriate policy
- Report, Report, Report
 - Incidents coming to light in other ways that have not been escalated

5 Steps to Learning Lessons



Developing a Learning Culture

- **Just Culture:-** The best people can make the worst mistake, systems will never be perfect and humans will never be perfect
- **Local Ownership of incidents**

1

Incident Feedback

Timely feedback to those involved

Focus on solutions

Highlight and share good practice



2

Debrief After Incidents

Support for patients and families

Support for staff

Feedback from serious incidents



3

Monthly Bulletins

Patient safety news

Monthly Incident learning group



DECEMBER 2016

ENOXAPARIN

As you are aware the Trust is on a mission to reduce harm from hospital acquired thrombosis by ensuring patients are administered their prescribed Enoxaparin on the day it is prescribed.

Currently, compliance in giving prescribed enoxaparin (especially on the first day of admission) is 33% this means that 67% of our patients do not get the enoxaparin they need to prevent a Hospital Acquired Thrombosis.

Between July to September 2016 there were 39 Hospital Acquired Thrombosis of which 1 was found to be avoidable. If Enoxaparin is prescribed, please ensure it is given.



Taking pride in caring

Inside this issue:

Enoxaparin	1
Old Patches	1
Device Related Pressure Ulcers	2
Guidewires	2
Medicines Administration	3

REMOVE OLD PATCHES BEFORE APPLYING NEW ONES...

The Trust reviewed a patient safety incident where a patient was admitted with advanced Parkinson's disease. As part of her Parkinson's regime she was already using Rotigotine patches. The morning after her admission, the Doctor asked for the Rotigotine dosage to be reduced due to drowsiness. Later that day (2 days after admission) the lady was found to be wearing 4 Rotigotine patches. The review concluded that the delay in removing the old patches was unlikely to have been the cause of the lady's collapse due to the short therapeutic half-life of the drug. However, for all patches it is important to ensure that old patches are removed before applying a new one.

listen • often

4

Quarterly Sessions

Quarterly days with 1 hour sessions

Open to all staff

Focus on learning from incidents

Incorporate human factors

ON-SITE SAFETY TRAINING



DEVELOP AND IDENTIFY WAYS TO MEASURE SUCCESS – INTRODUCTION OF A QUALITY DASHBOARD

Quality Report

The Head of Contracts & Performance has worked with key stakeholders – Quality Committee, Quality Review Committee and its sub-committees, to develop key performance measures (KPIs) to monitor adherence to nationally and locally agreed quality targets, and measures to demonstrate improvements in line with the Quality Strategy.

The first phase of the KPIs has been implemented and the Trust Information Team commissioned to develop an interactive dashboard to enable the measures to be viewed at Trust, Directorate, Business Unit and Specialty level. The dashboards can be accessed from the desktop and it is envisaged that as the functionality is improved they can be utilised within the meetings to escalate key concerns and provide assurance that the Trust is delivering against key targets.

The next phase of the dashboard is to build the outstanding metrics and enable trend and comparative views. The targets and thresholds will continue to be reviewed to ensure they are in line with national guidance and the Trust's strategic ambitions.

MAKING US MORE RESPONSIVE

Use the implementation of the Leadership Strategy as a driver for continual quality improvement and engagement

Collective Leadership Strategy

Introduction

To meet the challenges and maximise the opportunities of the future, Derby Teaching Hospitals NHS Foundation Trust, together with our surrounding health and social care organisations, need to develop strategies and create the organisational cultures which will support the changes which will be required.

Over the past few years we have witnessed the impact of organisational culture on quality of care, safety, and organisational effectiveness with prominent failures in organisations being well documented. It is necessary to have a good organisational culture for an organisational strategy to succeed, and leadership is the most significant influencing factor for organisational culture.

Whilst there is no easy way for our leaders and teams to adapt to the rapidly changing environment, it is clear that developing a sustainable leadership culture is compulsory to being able to deliver a safe, integrated and compassionate service to our patients within a challenging budget. Research clearly demonstrates that quality leadership can improve the effectiveness of individuals, teams and ultimately organisations. However this can often be reduced if effort is purely at a leadership development level rather than encompassing a collective leadership philosophy.

The collective leadership philosophy challenges some basic operating assumptions in that the key principle is collaboration and ensuring that an organisation's culture is one of continual learning for individuals, teams and the organisation. It also means that teams and organisations must expand their boundaries and work together, rather than implement effective leadership within organisational silos.

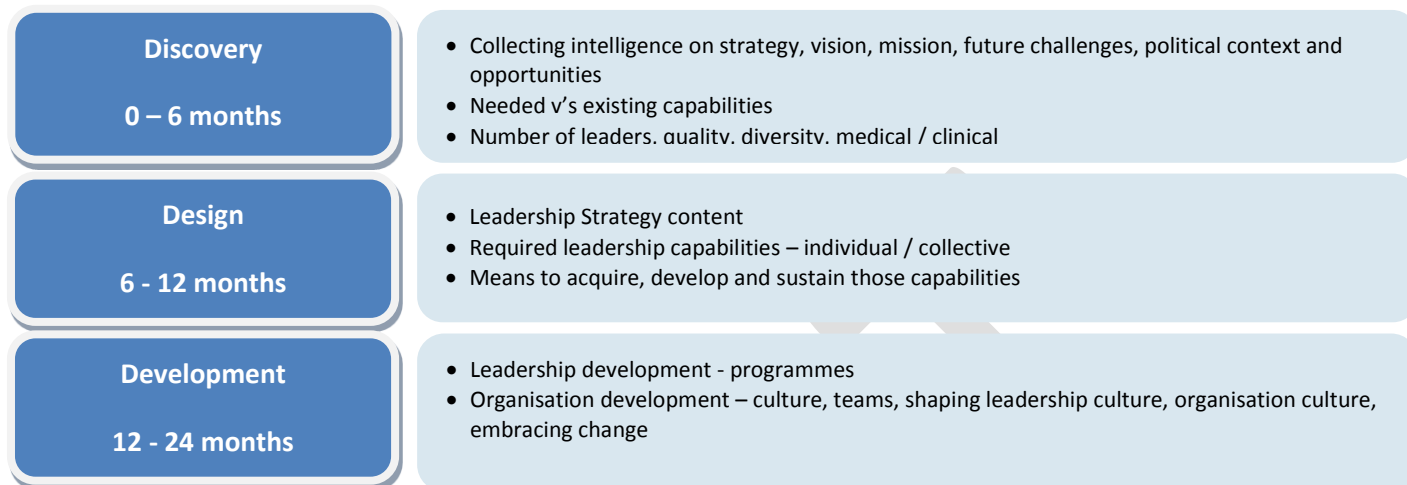
Leaders in formal roles must create the conditions in which responsibility, power, authority and decision-making is distributed within and throughout an organisation rather than at the top of a hierarchy, in a command and control system. They must redefine their leadership role to focus on empowering collective leadership amongst all staff, and embrace their responsibility for ensuring that these staff are valued, supported and engaged in fulfilling the organisation's values, behaviours and strategy (CARE and PRIDE).

However, for a sustained positive impact on organisational culture, collective leadership needs to be implemented strategically. It is not simply the number or quality of individual leaders that determine organisational performance, but the ability of leaders at every level to pull together in support of the organisation's goals and ambitions (PRIDE objectives).



Our Approach - Collective Leadership Journey

A working partnership was developed at the beginning of 2015 between Derby Teaching Hospitals NHS Foundation Trust and the Kings Fund to assess and develop leadership within the Trust. The Kings Fund Collective Leadership methodology is illustrated below.



Fourteen Lead Ambassadors were enrolled in the Trust both clinical and non clinical to support the project and establish a leadership baseline through desk top research. The DISCOVERY phase assessed the current leadership culture within the organisation, asking over 500 staff about their leadership experiences through Focus Groups, and analysed staff data currently being gathered by the organisation.

The main questions asked were:

- What do you think great leadership looks like?
- What do you think of leadership within the Trust?
- What do you think of leadership within your teams?

The results were presented to the Board in November 2015 who supported the project to advance to the DESIGN phase, asking staff what would enable them to lead well and what would you like leaders do differently.

The main questions to this phase included:

- How can leaders make themselves available / more accessible?
- What can help to make teams more effective?
- How would you like to be more involved in decision making?
- How can leaders show compassion?
- How would you like to be communicated with?

During the DESIGN phase the definition for Derby Teaching Hospitals regarding Collective Leadership was created; "Everyone is empowered to be a leader" in Derby Teaching Hospitals. This means that everyone at every level leads and contributes to achieving high quality care at Derby Teaching Hospitals.' Support mechanisms for the Lead Ambassadors were also created to ensure the collective leadership message is consistently disseminated.

The conclusion of the DESIGN phase is the development of this document to steer the implementation of collective leadership within the Trust. It leads into the final phase DEVELOPMENT phase of the project which outlines the action plans and recommendations for the organisation to enable our leaders to lead in a collective way.

What we did in the Discovery Phase

- Formed a group of passionate and skilled individuals - now working as an inseparable team

Quality Report

- Further development of a talent management system to focus on Succession Planning

UNDERSTAND AND ADDRESS QUALITY IMPACT OF FAILED ACCESS TARGETS

In order to provide assurance to the Board that no harm has been caused by delays to treatment through the failure to meet key access targets, the Trust has defined a new measure 'Harm due to delays'. It is a combined metric which sums any harm identified from the following areas:

- Harm identified following review of patients waiting 40 weeks or more from referral to treatment
- Harm identified following review of on the day cancelled operations not re-booked within 28 days
- Harm identified following review of 62 day cancer breaches
- Harm identified following review of patients spending more than 12 hours in the Emergency Department.

These reviews have recently been established and will be reported one month in arrears.

“RIGHT WORKFORCE, RIGHT CARE” ALTERNATIVE ROLES, REDUCED AGENCY USAGE, RECRUITMENT AND RETENTION, FOR-WARD PROJECT

For-ward project

The For-ward Project, led by the Transformation scheme, is designed for staff to make a pledge to “work as a team bringing everyone together, showing how thinking differently to gain a better working day can benefit everyone. To be more efficient and have more time for patients.”

In 2016/17 we have built on the success of the For-ward project undertaken in 2015/16. In addition to embedding the project on Wards 206, 310 and 402 the project was commenced on Elderly Care wards 401, 405, and 406 in April 2016. The project was successful with many examples of how the teams increase the amount of contact time the staff have with patients and improving team working across all staff disciplines leading to quicker decisions and less waiting for patients. The focus for For-ward in 2017/18 is the Emergency Department and the wards at LRCH.

Ward staffing model

A review of the ward staffing model was commenced in 2016/17. This project arose out of the For-ward project and its purpose is to review the roles of ward staff in light of the changing needs of patients and how they can be cared for most effectively. The project also reflects the national shortage of registered nurses.

There have been several new roles introduced in nursing over the past year, including the following:

Nursing Associate

An exciting development is the commencement of 20 trainee nursing associates in the Trust in January 2017. We have been working with other Derbyshire healthcare providers and the University of Derby and have been successful in being chosen as part of a national pilot for this new nursing role. It is intended that the role will provide valuable support to the registered nurse in the future. The Nursing and Midwifery Council (NMC) has now formally agreed to a request from the Department of Health to be the regulator for the new nursing associate role. The role will continued to be reviewed as part of the national pilot and it is expected that it will become a key component of the core nursing workforce over the next three-five years.

Dementia Keyworker

We recognise that the numbers of patients who suffer with dementia is significantly increasing and we have introduced a dementia keyworker role to enhance the care we give to these patients and their carers. The role has been introduced as part of the introduction of 'John's campaign' in the Trust; a campaign that promotes the involvement of patient's carers in their hospital care. Eight key workers commenced in the Trust in 2016/17 and following extensive training now work on the wards that care for high numbers of

Quality Report

patients with dementia. This is a pilot that will be evaluated in September 2017 although we already know that the feedback from patients, carers and other staff groups has been extremely positive. The evaluation will also include the impact that the keyworkers can have on preventing escalation of behaviour in patients with dementia, as we realise that this can be very distressing for the patients themselves, their carers and other patients on the ward. It is also expected that the keyworkers will reduce the numbers of patients who fall and injure themselves.

Discharge Support Officers

Working closely with colleagues at Derby Community Healthcare Trust we introduced the role of Discharge Support Officer (DSO) in the medical and Elderly care wards in 2016/17. In all, eight DSOs commenced in the Trust and the focus of the role is ensure that all potential discharge delays are managed early so that the patient does not need to spend longer in an acute hospital bed than they need to.

We are continuing the ward model work in 2017/18. Eight wards have volunteered to pilot further new roles in 2017/18 and it is anticipated that the work will build on engagement already done with wider staff groups such as domestic staff, pharmacy, porters and therapists.

Agency Nursing

It is known that patients receive safer and more effective care when they are cared for by staff who are employed by the trust and are more familiar with the ward and departments. The work undertaken in 2016/17 to reduce the reliance on agency nursing staff has been successful as demonstrated in the graph below. We will continue to maintain this focus in the coming year.

INSERT GRAPH AT YEAR END JIM – FROM CHIEF NURSE REPORT

Allied Health Professionals

The therapy teams have also been reviewing their roles during 2016/17. Examples of initiatives include the following:

- Physiotherapy Acute Shoulder Injuries Triage – this change is concerned with patients with significant shoulder injuries seen in the Emergency Department which enables them to be treated faster. The physiotherapists have received additional training for x-ray interpretation, injections, and prescribing so that only patients who need surgery are referred to the doctor
- The Dieticians have received additional training in treating patients with cow's milk intolerance. This has improved the patient experience, and also reduced the waiting times and need for patients to see a doctor.
- Work is underway between Occupational Therapists and health and social care to remove barriers between providers to avoid duplication and improve patient experience. The intention is to provide additional training for both health and Social Care staff during 2017/18 to make this happen.

Faculty of Advanced Practice

Advanced practitioner roles within the Trust have been developed as part of blended sustainable workforce which complements both nursing and medical. The Faculty of Advanced Practice provides strategic vision and oversight for the development, training, and governance of non-medical advanced practitioner roles in the Trust, and has the responsibility to champion non-medical advanced practitioner roles to support the Trust meeting its Strategic Objectives and Pride Values. The membership includes the Head of Graduate Entry Medicine, Consultant, Human Resources, pharmacy, corporate lead for Advanced Practice, the Associate Director for the Medical Director's office, and workforce representation.

Advanced Clinical Practitioners (ACPs)

Recruitment in 2016-2017 saw 11 more trainees join Derby, two of which were part trained ACPs who had heard of Derby's supportive and flexible reputation for the ACP role. The Trust now has a total of 66 ACPs, working across nine business units, and from five different professional backgrounds including speech and language therapy, operating department practitioner, physiotherapy paramedics and nurses. The wide



spread of the ACP role throughout the Trust also enabled the maintenance of relatively safe staffing levels in ward areas during the multiple junior doctor strikes.

Discussions have begun with Burton as to how Derby can support them developing the ACP role. This is alongside supporting Chesterfield Royal in the introduction of the ACPs to the acute Trust. Two qualified ACPs attend CRH once weekly working alongside trainees and consultants offering insight into training, expectations and how to embed. Whilst providing support to Chesterfield it also supports the development of our ACPs in alternative settings, developing leadership skills.

Physician Associates (PA)

The business case for the Physician Associate programme in Nottingham has now been agreed, but is deferred until January 2019 due to lack of staffing capacity. However Birmingham University has requested placements for PA students throughout Derbyshire and currently a scoping exercise is underway to see how many students Derby hospitals can support.

Non-Medical Prescribing

The numbers of non-medical prescribers within the Trust continues to rise amongst both pharmacy and nursing as well as a few AHPs. Derby Teaching Hospitals hosts continuing professional development (CPD) on a bi-monthly basis, and has this year collaborated with University of Derby and Derbyshire Community Healthcare service (DCHS) to provide joint CPD sessions across both north and south of the county.

Medical Staffing

The Trust has continued to use innovative solutions to gaps in medical staffing. For example Certificate of Eligibility for Specialist Registration (CESR), Medical Training Initiative (MTI) and Clinical Fellow posts, alongside the non-medical solutions developed and overseen by the Faculty of Advanced Practice.

The Trust has recruited 12 CESR posts in ED since 2013 and two in Acute Medicine. These are appointed on a one yearly renewable basis subject to satisfactorily progressing towards CESR. Other specialties such as the Department of Medicine for the Elderly are also looking to use this type of role to fill gaps in rotas.

Medical Agency and Locum

In order to improve the quality of agency bookings the booking process was centralised in January 2017. All agency bookings are now undertaken by the Flexible Staffing Team. Further work is being undertaken to strengthen authorisation and escalation and improve activity reporting. In addition an internal Locum bank has been set up to support greater use of the Trust own staff to cover gaps. This is being rolled out in line with implementation of new Junior Doctor Contract. The Trust is working with regional partners to agree a Memorandum of Understanding in relation to rates of pay.

INSERT GRAPH AT YEAR END - LORNA

Recruitment and Retention

The Trust has developed a recruitment and retention incentives guidance to help provide options and a consistent way of managing offers for hard to fill posts.

Of all the options available in the full guidance such as additional leave, golden hello the Trust has offered relocation expenses to nine doctors on one and two year fixed term and an enhanced package to six. This has helped recruitment into hard to fill posts that would not otherwise have been successfully filled.

The Recruitment and Retention Incentive Guidance was developed and implemented in response to, in particular, the challenging climate with regards to recruitment to posts both nationally and also locally for particular 'hard to recruit to' posts. A range of incentives are available to offer to prospective employees for those posts which appear on the Trust's Shortage Occupation List (SOL) which is a combine list of posts on the national SOL and also local posts.

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Since its implementation in October 2015, the Trust has successfully used recruitment incentives for both UK and international recruitment. Examples of this are incentives for UK trained newly qualified nurses (approx. 120 to date) and also international nurses, either directly from overseas (5) or already working in the UK at another Trust (1). Prospective candidates offered incentives as part of the 'recruitment offer' are required to sign a Commitment Agreement whereby they agree to repay some or all of the money should they leave the Trust's employment within a specified time period. This does provide some financial protection for the Trust in the event that an employee leaves, as is the case with the 5 overseas nurses who have now resigned and will leave the Trust after one year of employment. The Commitment Agreement is enabling the Trust to recover 50% of the incentives paid.

The guidance and SOL are reviewed quarterly by the Workforce Review Committee and formally approved by ME.

2.6 Priorities for Improvement during 2017-18

The first Trust Quality Strategy was jointly developed by the Chief Nurse and Medical Director in line with local and national quality drivers. The Strategy has subsequently been refreshed to ensure alignment with key priority areas, through consultation with Staff, Governors and Patients and Carers. The Quality agenda is jointly owned by the Chief Nurse and Medical Director and the purpose of the quality strategy is to create direction, focus and priority to enable achievement of nationally driven quality domains.

Monitoring and measurement of progress will be undertaken with the appropriate Trust committees and groups. These will be reported into the Quality Review Committee, Quality Committee, and the Trust Board.

We have identified a number of priorities for quality improvement which covers the effectiveness of care and treatments that patients receive, patient safety and patient feedback. The following priorities have been chosen as they reflect the quality of care across the organisation and are key indicators within the Trust's Quality Strategy these are mapped across the 5 key lines of enquiry.

Making us safer: - Safe

- Reduction in Hospital Acquired infection rates related to lapses to care
- Reduction in Sepsis rates
- Reduce Stillbirth and maternal death rate

Making us more caring - Patient Experience:

- Rollout of 'Making your Moment Matter' local
- Increased evidence of learning from patient feedback and experience
- Improved delivery of person-centered care
- Increase response rate of Friends and Family Test
- Increase opportunities for staff to reflect on the emotional and social experiences associated with their work

Making us more effective: -Effective

- Increase in use of audit findings to improve outcomes for our patients
- Continue to reduce unwarranted clinical variation
- Increase evidence of learning from Mortality reviews

Making us more responsive:

- Increase learning from incidents
- Act upon national recommendations
- Deliver the 4 priority clinical standards for 7 day services

Making us well led:



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- Identify leadership potential and deliver appropriate support to empower staff at all levels
- Increase in staff feeling actively involved in making improvements
- Deliver Derby Improvement Approach training

2.7 Review of Services

During 2016/17 Derby Teaching Hospitals NHS Foundation Trust provided and/or sub-contracted 99 relevant health services. The Derby Teaching Hospitals NHS Foundation Trust has reviewed all the data available to them on the quality of care in 99 of these relevant health services.

The income generated by the relevant health services reviewed in 2016/17 represents 100% of the total income generated from the provision of relevant health services by the Derby Teaching Hospitals NHS Foundation Trust for 2016/17.

2.8 Participation in National Clinical Audits and National Confidential Enquiries

Clinical Audit is a quality improvement process that is defined in full in "Principles for Best Practice in Clinical Audit". It allows clinicians and organisations to assess practice against evidence and to identify opportunities for improvement. At a national level it provides organisations with information that enables them to measure the effectiveness of their own organisation and practice against national benchmarks.

Derby Teaching Hospitals NHS Foundation Trust endeavours to participate in every relevant national audit, survey, database and register considered to be likely to provide the organisation with the opportunity to improve patient care.

During 2016/17 98 national clinical audits and four national confidential enquiries covered relevant health services that Derby Teaching Hospitals NHS Foundation Trust provides.

During that period Derby Teaching Hospitals NHS Foundation Trust participated in 65% of national clinical audits and 100% of national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Derby Teaching Hospitals NHS Foundation Trust participated in, and for which data collection was completed during 2016/17, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry:

Audit Title	Participated in 2016/17	Completed	No of Cases Submitted	% of required/ eligible cases
National Vascular Registry	✓	✓	Data at 31/3	100%
National Emergency Laparotomy Audit (NELA)	✓	✓		100%
Procedural Sedation in Adults (care in emergency departments)	✓	✓	52	100%
Smoking Cessation	✓	✓	62	100%
Society for Acute Medicine's Benchmarking Audit (SAMBA) - annual since 2012	✓	✓	103	99%
VTE risk in lower limb immobilisation (care in emergency departments)	✓	✓	57	100%
National Audit of Dementia - Staff Questionnaire	✓	✓	79	100%
National Audit of Dementia - Carers Questionnaire	✓	✓	28	56%
National Audit of Dementia - Casenote Review.	✓	✓	56	100%

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National Cardiac Arrest Audit (NCAA)	✓	✓	114	100%
Diabetes (Paediatric) (NPDA)	✓	✓	269	100%
6th National Audit Project of the Royal College of Anaesthetists (NAP)	✓	✓	2	100%
Case Mix Programme (CMP)	✓	✓	1419	100%
Elective Surgery (National PROMs Programme)	✓	✓		
National Diabetes Audit - Adults	✓	✓		
National Prostate Cancer Audit	✓	✓	456	100%
Oesophago-gastric Cancer (NAOGC)	✓	✓	164	100%
Paediatric Pneumonia	✓	✓		
Medical and Surgical Clinical Outcome Review Programme Physical and mental health care of mental health patients in acute hospitals Physical and mental health care of mental health patients in acute hospitals	✓	✓	4	80%
Child Health Clinical Outcome Review Programme Chronic Neurodisability NCEPOD	✓	✓	10	100%
Child Health Clinical Outcome Review Programme NCEPOD Young People's Mental Health	✓	✓	1	100%
Medical and Surgical Clinical Outcome Review Programme Non-invasive ventilation	✓	✓	4	80%
National Comparative Audit of Blood Transfusion programme (we are doing "Audit of Red Cell & Platelet transfusion in adult haematology patients")	✓	✓	57	100%
Consultant Sign-off (Emergency Departments)	✓	✓	300	100% for AED categories (75% overall).
Falls and Fragility Fractures Audit Programme (FFFAP)	✓	✓	30	100%
National Joint Registry (NJR)	✓	✓	1681	100%
National Ophthalmology Audit (National Cataract Audit)	✓	✓	573	90%
Severe Sepsis and Septic Shock - care in emergency departments	✓	✓	63	100%
Sentinel Stroke National Audit programme (SSNAP)	✓	✓	666	Varied by reporting period:
National Lung Cancer Audit (NLCA)	✓	✓	390	100%
Adult Asthma	✓	✓	51	100%
Head and Neck Cancer Audit	✓	✓	269	100%
BAUS Cystectomy Audit	✓	✓	45	100%
BAUS Nephrectomy audit	✓	✓	121	86%
BAUS Percutaneous Nephrolithotomy (PCNL)	✓	✓	49	91%
BAUS Radical Prostatectomy Audit	✓	✓	75	100%



Inflammatory Bowel Disease (IBD) Programme	✓	✓	748	100%
National Heart Failure	✓	✓	700	100%
Diabetes in Pregnancy Audit	✓	No	N/K	N/K

National Confidential Enquiries

Study title	Did the Trust participate	No. of cases submitted as a percentage of the number of cases required for 2016/17

The reports of ?? national clinical audits were reviewed by the provider in 2016/17 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

Description of actions to be added

The reports of ?? local clinical audits were reviewed by the provider in 2016/17 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided.

2.9 Research

The NHS aspires to the highest standards of excellence and professionalism – in the provision of high quality care that is safe, effective and focused on patient experience; in the people it employs, and in the support, education, training and development they receive; in the leadership and management of its organisations; and through its commitment to innovation and to the promotion, conduct and use of research to improve the current and future health and care of the population. Respect, dignity, compassion and care should be at the core of how patients and staff are treated not only because that is the right thing to do but because patient safety, experience and outcomes are all improved when staff are valued, empowered and supported. (Principle 3 of the NHS Constitution, 26 March 2013)

Research

DTHFT is a research-active teaching hospital with research taking place in most disease areas and specialties across the organisation. Activity in clinical research is a hallmark of high quality service and it places our Trust at the leading edge of patient care and treatment.

In 2016/17, research studies and clinical trials took place in obstetrics, maternity and gynaecology, paediatrics, cardiology, dermatology, hepatology, gastroenterology, renal medicine, cancer and palliative care, lymphoedema, diabetes, stroke, rheumatology and musculoskeletal disease (including physiotherapy), hand surgery, vascular surgery, breast surgery, ophthalmology, neurology and Parkinson's Disease, general surgery, respiratory medicine, rehabilitation and accident and emergency.

In 2016/2017, for studies listed on the UKCRN Portfolio:

- 41 new studies were approved and opened in the Trust,
- making a total of 213 actively recruiting studies in this year.
- The number of patients who received relevant health services provided by, or sub-contracted by, Derby Teaching Hospitals NHS Foundation Trust that were recruited during that period to participate in research approved by a research ethics committee is 1,858.

(All data as at 22nd February 2017)

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In addition to this, patients were recruited to non-portfolio studies, including commercially-sponsored clinical trials not adopted onto the UKCRN portfolio, local Investigator-led pilot studies and student studies (e.g. Doctor of Medicine (MD), Doctor of Philosophy (PhD), Master of Science (MSc) etc.) all of which support the growth and development of research capacity and capability within Derby Teaching Hospitals and the wider NHS.

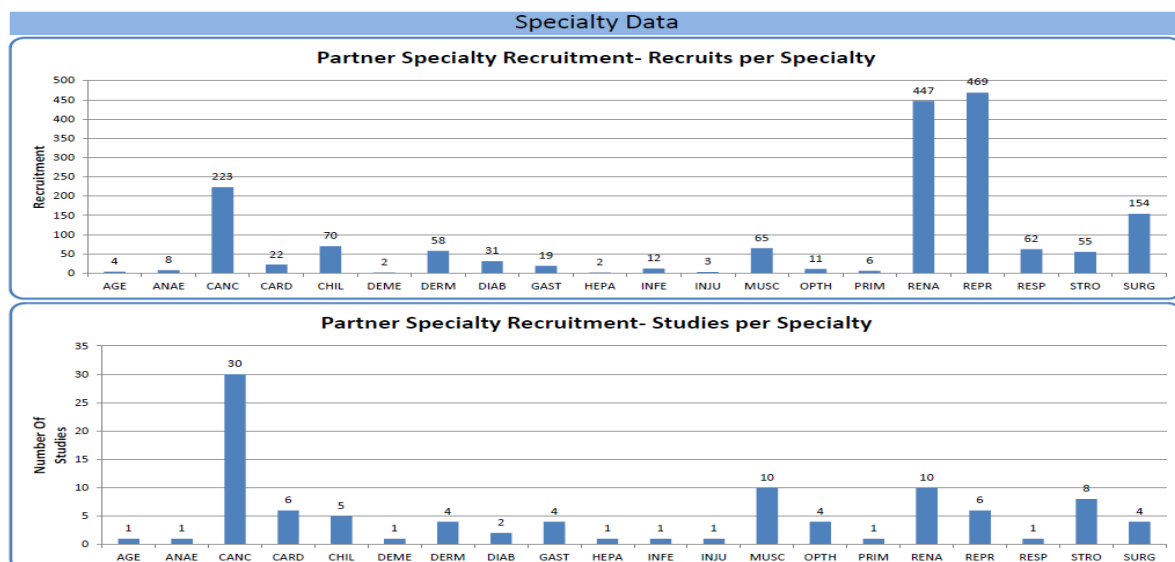
In 2016/17, for studies not listed on the UKCRN Portfolio:

- 12 new studies were approved and opened in the Trust,
- making a total of 98 actively recruiting studies in this year.

(All data as at 22nd February 2017).

This level of participation in clinical research demonstrates the Trust's commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinicians stay abreast of the latest treatment possibilities and active participation in research leads to successful patient outcomes. Our engagement with clinical research also demonstrates the Trust's commitment to testing and offering the latest medical treatments and techniques.

2017-02-22 Derby Teaching Hospitals - Partner Dashboard 2016/17 February CRN East Midlands



Sources: EDGE and NIHR Open Data Platform
Data cut 13-02-2017

At the time of writing this report, the specialty which recruited the greatest number of patients in 2016/17 is Renal Medicine. Kidney disease is common, affecting approximately 1 in 10 people.

Professor Maarten Taal (Hon. Consultant Nephrologist) and colleagues have established the Centre for Kidney Research & Innovation (CKRI) within the University of Nottingham, based at DTHFT. The aim of the Centre is to deliver an innovative programme of clinical and translational research in the areas of kidney disease and dialysis therapy, which will directly lead to improvements in treatments and outcomes for patients.

Information about this exciting development can be found on the website:

www.nottingham.ac.uk/research/groups/renal/index.aspx





Above: Professor Maarten Taal, Hon. Consultant Nephrologist

The Centre for Kidney Research and Innovation is embarking on a new initiative in collaboration with the Institute for Innovation in Sustainable Engineering (IISE) from the University of Derby. The IISE has a mission statement of helping manufacturing and engineering companies in the East Midlands to innovate and grow, and works with industrial partners such as Rolls Royce, Toyota and Bombardier. By working together, the two groups aim to develop technologies to improve patient monitoring during dialysis that will inform and feed refinements in the delivery of dialysis treatments that will ultimately improve patient outcomes. This innovative project is generously funded by local entrepreneur Mr Mel Morris, and they are now in the planning and set up phases for a three year programme of collaborative work.

In collaboration with the Sir Peter Mansfield MRI Centre (School of Physics and Astronomy, University of Nottingham) Professor Taal and Dr Nick Selby, Hon. Consultant in Nephrology at the Royal Derby Hospital (RDH) who is involved in the CKR, have been awarded a prestigious MRC Discovery Grant to establish a platform centre for high and ultra-high field $^{23}\text{Na}^*$ clinical imaging and translate this to clinical studies.



Above: Dr Nick Selby, Hon. Consultant Nephrologist

^{23}Na allows direct visualisation of sodium in the human body and has a number of potential clinical uses, from assessing cellular integrity, through evaluation of kidney disease to improving understanding of mechanisms of hypertension. The technique also has specific relevance to understanding sodium and water balance in dialysis patients. After development of the technique, these measures will be applied to study kidney disease as an exemplar clinical application to facilitate development of a wider range of ^{23}Na imaging applications, including brain, lung, gut and the musculoskeletal system.

There will be a further expansion in the renal research team with a new Clinical Lecturer post and two new Research Fellow posts.

** ^{23}Na is a stable (non-radioactive) isotope of sodium*

The Renal Research team also had great success at the East Midlands Clinical Research Network Awards.

The following DTHFT teams/individuals were nominated for the Exceptional Research Delivery Award:

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ARID study team - Dr Nick Selby, Dr Kerry Horne & Mrs Rebecca Packington (Winner)
Derby Stroke Research Team (nominee)
MaGPie Clinical Trials Nurse Team (Maternity, Gynaecology & Paediatrics) (nominee)
Elaine Coulborn, Research Midwife (nominee)

The ARID (Acute kidney injury Risk In Derby) study team won in their category for Exceptional Research Delivery which was regional recognition for this hardworking team, especially as all the work they have done on the ARID study is based on participants from within and around the Derbyshire community. The impact of the ARID study can also be seen with recent attention from the wider medical press, please go to <http://bit.ly/1TLH9ph>



The ARID study team from left to right—Dr Kerry Horne - Research Fellow, Mrs Rebecca Packington-Study Co-ordinator, Dr Nick Selby— Associate Professor of Nephrology with Dr Nia Wyn Jones - Associate Professor in Obstetrics and Gynaecology who presented the award to the ARID team.

The award for “Significant Contribution to Research Delivery by Trainee Healthcare Professional” was won by Dr Adam Shardlow, Research & Specialist Renal Registrar.



Winner: Dr Adam Shardlow- Research Fellow with Dr Jon Dorling, Honorary Consultant Neonatologist who presented the award to Dr Shardlow.

Dr Shardlow has been a co-investigator on a number of studies at DTHFT including the RRID (Renal Risk In Derby) study. During the 5 year follow-up for the RRID study, Dr Shardlow reviewed 1059 patients face to face (i.e., nearly 60% of the total number of patients recruited).

Another DTHFT nominee, Dr Huda Mahmoud, a Research Fellow in Renal Medicine, was also chosen as a finalist from the 10 nominees.

Non-Medical Clinical Research

One of the seven Principles in the Trust’s Research, Development & Innovation Strategy 2015-2020 is: To build on the Trust’s strategy to develop its expertise in teaching and training, as embodied by the name change to Derby Teaching Hospitals NHS Foundation Trust, we will support staff development (including AHPs and non-clinical staff), postgraduate studies, student projects or pilot work by supporting smaller (non-portfolio) research projects to be conducted. Thus, this strategy supports the organisation’s



commitment to develop Clinical Academic Careers in Nursing, Midwifery and Allied Health Professions, recognising their unique contribution to research. This may require the Trust to be the sponsor of the research in many cases, but some non-portfolio studies are still industry funded and sponsored.

To this end, we encourage and support non-medical, clinician colleagues to apply for HEEM (Health Education England East Midlands) Clinical Scholar Awards, NIHR Fellowships and other Fellowship awards and higher degrees. The HEEM Clinical Scholar Awards are prestigious awards that are offered to a limited number of non-medical health care professionals each year following a competitive application process.

Table showing HEEM Clinical Scholar Awards made to DTHFT applicants

	Year 2014/15	Year 2015/16	Year 2016/17
Silver Clinical Scholar Award	Alison Booth (Lead Clinical Trials Nurse/Rheumatology)	No applicants from DTHFT	Cathy Johnson (Renal Nurse Consultant)
Bronze Clinical Scholar Awards	Kelly White (Renal Nurse)	Katie Gray (nee Travis) Podiatrist*	Jo Hamilton. (Renal OT)

*Katie Gray (nee Travis) (Podiatrist) is employed by DCHS, but works with Professor Fran Game on research studies and trials under an SLA. Professor Game has supported Katie's development as an independent researcher and Katie has embarked on a Masters in Research Methods course at the University of Nottingham.

Non-Medical Clinical Research Fellowship Awards

Mr Ben Smith, Senior Physiotherapist, is a NIHR/HEE Clinical Doctoral Research Fellow and is in the first year of his studies. The study is entitled "A loaded, self-managed exercise programme for patellofemoral pain: a mixed methods feasibility study". Ben secured this highly prestigious award in a fiercely competitive selection process. It is the first NIHR Fellowship that has been awarded to a member of DTHFT staff and has been a source of inspiration and motivation for a number of our non-medical clinician colleagues.

Ms Fiona Willingham, Team Leader Dietician (renal), was awarded a Research Fellowship by Kidney Research UK in December 2016. Fiona's study is entitled "Pre-Emptive Rehabilitation to Prevent Dialysis-Associated Morbidity (PREHAB): A study to assess the impact of exercise, nutritional intervention and multidisciplinary education upon outcomes in patients approaching and commencing dialysis".

Chronic kidney disease (CKD) and end stage renal disease (ESRD) are associated with increased hospitalisation and mortality, adverse clinical outcomes, and reduced quality of life. The development of complications of CKD and ESRD is multifactorial and complex, occurring particularly during the transition to dialysis, and often leading to reduced ability to perform routine activities of daily living. In order to prevent these, interventions that focus upon appropriate nutritional intervention, regular physical activity, and education are of paramount importance. Previous work within our Trust demonstrated the feasibility of an exercise and education programme delivered to 22 patients approaching dialysis, which resulted in improved exercise capacity, muscle strength, and functional capacity.

The aim of this study is to determine the efficacy of a programme of exercise, nutrition intervention, and multidisciplinary education, in patients approaching and commencing dialysis compared to standard pre-dialysis and dialysis care.

Non-Medical Clinical Research Community of Practice

A Community of Practice for non-medical clinical researchers is being established to further grow and develop non-medical, clinical research activity and expertise within the Trust. Communities of practice are formed by people who engage in a process of collective learning in a shared domain of human endeavour.

A number of research-interested/research-active non-medical clinicians have been invited to form this group including those who hold/have held HEEM Scholar Awards, those undertaking higher degrees and those who engage in research studies. The purpose of the group is to further support each other and to act

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as non-medical, clinical Research Champions, disseminating information and encouraging research engagement amongst their colleagues.

Research Funding

In 2016-17, by 22nd February 2017, eight applications had been made by Chief Investigators within the Trust for National Institute for Health Research (NIHR) and other high quality research funding. Applications have been made to NIHR Health Services & Delivery Research (HS&DR); NIHR Doctorate Fellowships; HEE/NIHR Integrated Clinical Academic Programme; The Dunhill Medical Trust; British Association of Hand Therapists; Action on Hearing Loss; Kidney Research UK.

As of 22nd February 2017, two of these research funding applications had been successful, bringing a total of £298,097 of new research funding to the Trust in this year to date. The outcome of a further two grant applications submitted in January is awaited.

This is a further indication of the high quality research environment within the Trust which supports the delivery of high quality patient care.

One of the successful grant winners was Professor Fran Game, Consultant Diabetologist, who has an international research reputation in the treatment and care of the diabetic foot.



Above: Professor Fran Game, Consultant Diabetologist and Clinical Director of Research & Development

Professor Game was awarded an NIHR Programme Development Grant (PDG)

“REDUCE: reducing the burden of diabetic foot ulcers on patients and the health service” in conjunction with Professor Kavita Vedhara, Professor of Health Psychology, University of Nottingham and colleagues in Southampton, Manchester, Cardiff, Swansea, London and Edinburgh.

It is known that foot ulcers may affect up to a quarter of people with diabetes in their lifetime and are a source of much distress to patients and costs to the health service. They are difficult to heal, and unfortunately even when they do heal about a third of patients develop another ulcer within a year. Patient education is recommended to prevent further ulcers from occurring but unfortunately no education package has been shown to have any impact on the prevention of ulceration. Our group, and others, have shown that people's thoughts feelings and behaviours affect the risk of getting an ulcer and ulcer healing. We have previously trialled a psychological intervention which looks promising for preventing ulcer recurrence, and have now received this grant funding to explore this further. Firstly we will be refining the intervention in the light of new knowledge, then looking at making the existing intervention more accessible using on-line resources, phone apps etc We will be making sure that if we perform a large definitive study of this intervention in the future we can capture outcomes that are important to patients and health care professionals as well as costs. The PDG funding will last for 18 months and we hope that we will gain a lot of useful information from patients and health care professionals about this important and often neglected area of work, as well as providing information to apply for funding for further research.

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Raising the profile of Research

Each year, we celebrate International Clinical Trials Day by placing a number of posters and stands, manned by Research & Department staff, in key locations around the Trust where they can be seen and visited by patients, staff and visitors to the Trust.



Above: Randomisation game created by the statisticians for children to play in order to understand an important process of Clinical Trials



Above: Senior Medical Statistician, Apostolos Fakis, discusses clinical trials with a member of the public

The aim of International Clinical Trials Day is to raise awareness of health research and to highlight how important it is that partnerships develop between patients and health care providers. Throughout 2016-17, the Trust, in partnership with the National Institute for Health Research (NIHR), promoted the fact that "It's OK to ask" about clinical research.

Innovation

Derby Teaching Hospitals NHS Foundation Trust continues to enhance the quality of its services and develop new sources of income through its innovative staff and the support provided by the Research & Development Department.

One such innovation is the limb disinfection sleeve. The Limb Disinfection Sleeve (the final product name is yet to be confirmed) was invented and developed by Mr Chris Bainbridge, Consultant Hand & Plastic Surgeon, to improve the current method of preparing legs and arms for surgery, reducing theatre time and potential post-operative infections.

In January 2017 Derby Hospital formalised a partnership through a licence agreement with Pentland Medical Ltd to bring the Limb Disinfection Sleeve to the European market during 2017. Working with Health Enterprise East, our NHS Innovation Hub, the Trust has supported the project through intellectual property

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protection, prototype development, and completed the deal with Pentland Medical to bring this novel product to market.

Pentland Medical Ltd focus on providing unique clinical products for healthcare with focus on Anaesthesia, Operating Theatres, Gastroenterology, Emergency Care, and Infection Prevention where advances in technology offer improvements in healthcare.

The longer the sleeve is applied to the limb and the disinfectant in place the better. It is generally recommend that as soon as the patient arrives in the anaesthetic room, the limb for surgery is checked by the Operating Department Practitioner and the tourniquet and sleeve applied. The sleeve incorporates a very effective rubber seal which totally prevents contamination under the tourniquet from alcoholic skin disinfectant (preventing burns) and making the use of other seals or Slick unnecessary around the tourniquet.



Above: Limb disinfection sleeve being used on a leg

Collaborating with the Healthcare Industry to bring Innovation to the Bedside

The staff of the Research & Development Department work closely with our clinicians and with healthcare companies to bring innovative products to the bedside for the benefit of patients and for improved patient care.

We work collaboratively with a number of Small/Medium-sized enterprises (SMEs) in the healthcare and social care arenas, to design and deliver high quality studies and trials that provide the evidence for the efficacy and cost-effectiveness of a number of innovative products. This evidence is published in peer-reviewed journals, which informs other clinicians of the efficacy of the products and facilitates the dissemination and wider uptake of innovations.



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The annual Medilink Innovation Day is the foremost East Midlands life science event which regularly attracts 250+ delegates and over 30 exhibitors. The aim of Medilink EM is to help small and medium sized companies to establish contact with over 700 organisations, in the hope of gaining assistance with the development and growth, from concept through to commercialisation, and to nurture the collaborations between academics, clinicians and industry. Medilink EM is also a founding member of Medilink UK which is a national network supporting over 3,000 companies across the entire UK.

Last year's Medilink Innovation day in June was attended by our Derby Clinical Trials Support Unit (DCTSU) represented by the Director of DCTSU, Dr Teresa Grieve, Mr Apostolos Fakis, Medical Statistician and Dr Ramila Patel, Research Governance and Clinical Trials Manager. The DCTSU have attended this event for the past 5 years and have utilised their display stand to promote the services they offer to Small and Medium-sized Enterprises (SMEs) which comprises literature search, governance, statistics, developing funding applications, trial management, research pharmacy and finance along with links to specialist clinicians.

In attending this event, and networking at various points throughout the day, the DCTSU acquired some new contacts and collaborations as well as partnership working with a number of SMEs that wish to set up clinical trials within Trust DTHFT.

This was a particularly successful event for Derby CTSU and DTHFT with a number of new collaborations under discussion and new trials being taken forward and developed. This enhances further our drive towards 'Ensuring Value from Partnerships'.

2.10 Goals Agreed with the Commissioners - Clinical Quality and Innovations Measures (CQUIN)

The Commissioning for Quality and Innovation (CQUIN) payment framework enables commissioners to reward excellence by linking a proportion of providers' income to the achievement of national and local quality improvement goals.

A proportion of Derby Teaching Hospitals NHS Foundation Trust income in 2016/17 was conditional on achieving quality improvement and innovation goals agreed between the Derby Teaching Hospitals NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.

Further details of the agreed national goals and guidance for 2016/17 are available electronically at:

<https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-16-17/>

The monetary total for income in 2016/17 conditional upon achieving quality improvement and innovation goals was £9.05M (£0.73M from NHS England and £8.32m from Clinical Commissioning Groups). For the associated payment in 2015/16 the value was £8.83M and we achieved £8.13M.

A summary of developments and achievements and specific performance achieved against each CQUIN scheme in 2016/17 is detailed in the tables below.

Clinical Commissioning Group CQUINS

Topic	Development and Achievements
NHS Staff Health and Wellbeing	The Trust has introduced several health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues. The CQUIN has also led to a step change in the health of the food offered on Trust premises with price promotions and advertisements for sugary drinks and foods high in fat, sugar and salt banned, and also these foods have been removed from checkout areas and more healthy options are available for staff instead. The Trust has also had a very successful flu campaign

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	with 75% of frontline clinical staff taking up the flu vaccination.
Sepsis	The Trust has continued to use the sepsis care bundle in the Emergency Department and is now also rolling this out across inpatient wards, and has seen an improvement in the number of patients screened for sepsis and with antibiotics administered within one hour, which now needs to be sustained.
Antimicrobial resistance	The Trust has also taken positive action to reduce antibiotic consumption levels across specific groups of antibiotics, and reviews nearly all antibiotic prescriptions for appropriate use.
Maternity – Smoking Cessation	The Trust continues to offer CO monitoring for pregnant women (with a high level of uptake) to help reduce smoking and midwives signpost women to smoking cessation services.
QIPP linked CQUIN	A range of QIPP related schemes have been worked up across the Trust, for example ambulatory heart failure service and reduction in outpatient attendances to offer an improved patient experience

NHS England CQUINS

Topic	Development and Achievements
Dose banding of chemotherapy	The Trust has adopted national dose banding principles and standardised the doses of particular chemotherapy treatments which has improved patient safety and increased efficiency, and also helps to ensure parity of care across all NHS providers.
Activation system for long term condition patients	The Trust has adopted a "patient activation measurement" (PAM) survey instrument for use with asthma patients to measure the skills, knowledge and confidence needed for patients to self-manage their condition. This will then lead to "activation interventions" being offered to help patients self-manage their condition and improve adherence to medication and treatment, helping to improve patient outcomes and experience.
Orthotic service improvement	The orthotic service has improved the service offered to patients, reducing waiting times and ensuring that patients are seen in a timely and effective manner
Two year follow up for very pre term babies	The Trust now ensures that all preterm babies born more than 10 weeks early have a follow up evaluation two years after their due date, which helps to ensure they are developing normally and any effects of prematurity are managed for the best outcome for the child.
Pre term babies hypothermia prevention	The Trust has ensured that the majority of preterm babies admitted to the neonatal unit have their temperature measured within one hour of admission and any corrective action is taken to ensure babies do not suffer from hypothermia.

Performance achieved against 2016/17 CQUIN schemes – with milestones set throughout the year

Topic	Target date	Target	Achievement	Status
NHS Staff Health & Wellbeing Staff Wellbeing	Q1 Q4	Action plan Report	Achieved all targets	✓
Healthy Food	Q1 Q4	Action plan Report		
Flu vaccinations	Q4	75%		
Sepsis Emergency Department Screening	Quarterly	90%	Achieved Q1, partially achieved other quarters	



Quality Report

Emergency Department antibiotics administration & 3 day review	Q1 Q2 Q3 Q4	60% 65% 75% 80%	Achieved all targets	
Acute wards Screening	Q1/Q2 Q3 Q4	Action plan 80% 90%	Achieved all targets	
Acute wards antibiotics administration & 3 day review	Q1/Q2 Q3 Q4	Action plan 80% 90%	Achieved all targets	
Antimicrobial resistance Reduction in antibiotic consumption	Q4	1%		
Empiric review of antibiotic prescriptions	Quarterly	90%	Achieved all targets	✓
Maternity Smoking Cessation Offer CO Monitoring	Quarterly	95%	Partially achieved	
Uptake CO Monitoring	Quarterly	85%	Achieved	
Dose Banding of Chemotherapy	Quarterly	80%	Achieved	✓
Activation system for long term condition patients	Quarterly	Reports	Achieved	✓
Orthotic service improvement	Q2 Q4	Reports	Achieved	✓
Two year follow up for very pre term babies	Q2 Q3 Q4	Reports	Achieved	✓
Pre term babies hypothermia prevention	Q2 Q3 Q4	85% 90% 95%	Achieved	✓

2.11 Registration with the Care Quality Commission (CQC)

Derby Teaching Hospitals NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without any conditions. Derby Teaching Hospitals NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Derby Teaching Hospitals NHS Foundation Trust during 2016/17. Derby Teaching Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Care Quality Commission Planned Inspection

The Care Quality Commission carried out a planned re-inspection of the Derby Teaching Hospitals between the 16th and 17th of August 2016, followed by an unannounced visit on 20th October 2016. This inspection was a focused follow-up inspection following the comprehensive inspection in 2014.

The services and Key Lines of Enquiry re-inspected were as follows:

Maternity Services – safe
End of Life – effective
Medical care, including DME – safe

Royal Derby Hospital Ratings

Good 

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and Emergency Services	Good	Good	Good	Good	Good	Good
Medical Care	Requires Improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Good	Good	Good
Maternity and Gynaecology	Requires Improvement	Good	Good	Good	Good	Good
Services for Children and Young People	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Good	Good	Requires Improvement	Requires Improvement	Requires Improvement
Outpatients and Diagnostic Imaging	Good	Not rated	Good	Good	Good	Good
Overall	Requires Improvement	Good	Good	Good	Good	Good

The Trust overall rating remains good overall and some outstanding practice and innovation was highlighted.

The compliance actions following the original inspection were as follows:

1. DNA – CPR Forms were not recorded accurately in line with Trust Policy.
2. Ensuring that at all times there were sufficient numbers of suitably qualified, skilled and experienced District Nursing staff to carry out their duties.
3. Ensuring that there were suitable arrangements in place for district nursing staff to attend mandatory training.
4. Ensuring that at all times there were sufficient numbers of suitably qualified, skilled and experienced staff to carry out their duties in the Medical Assessment Unit, Stroke Unit and Coronary Care.
5. Ensuring that suitable arrangements were in place to ensure staff always act in the best interest of patients without capacity and in accordance with the Mental Capacity Act 2005.
6. Ensuring that the electronic patient record was available in the patients home before providing care and treatment.

* Following the move of Community Services in October 2015 we are no longer responsible for compliance actions two and three.

The Inspection Team were satisfied that the Trust now met these requirements. However, there were areas where the Trust needs to make improvements. Compliance actions have now been superseded by new regulations and are now known as “Requirement Notices”.

The Requirement Notices following the re-inspection were as follows:

- The Trust must review arrangements for Maternity Services Staff in Level 3 Safeguarding to ensure timely compliance with the intercollegiate guidelines of 2014.



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- The Trust must ensure patients notes are stored securely on medical wards to ensure timely compliance.
- The Trust must ensure staff are trained in the screening, management, and treatment of sepsis.
- The Trust should ensure staff on the medical and elderly care wards adhere to, and follow, the Trust guidelines in relation to the escalation of deteriorating patients.
- The Trust must ensure compliance with same sex guidance in the monitored bay on the Medical Assessment Unit.

Clearly the Trusts services can always improve and, in response to the recommendations, a detailed action plan has been developed with support from senior clinicians and managers, and will be monitored by the Trust Risk & Compliance Committee.

2.12 Data Quality

Derby Teaching Hospitals NHS Foundation Trust submitted records during 2016/17 to the Secondary Uses Service 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:

	Trust %	National %
For admitted patient care	99.8	99.2
For outpatient care	99.9	99.5
For accident and emergency care	99.2	96.6

which included the patient's valid General Medical Practice Code was:

	Trust %	National %
For admitted patient care:	99.6	99.9
For outpatient care: and	99.4	99.1
For accident and emergency care	99.0	98.9

** All of the above data is at month 09 – no further data available at time of report*

Information Governance (IG) Toolkit Attainment Levels

Derby Teaching Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2016/17 was ??% and was graded green – satisfactory.

Derby Teaching Hospitals NHS Foundation Trust was subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commissioner and the error rates reported in the latest published audit for that period for diagnosis and treatment coding were ??%

Clinical Coding Audit

Derby Teaching Hospitals NHS Foundation Trust has a regular programme of internal clinical coding audit. These are performed by the Trusts Clinical Coding Manager and her deputy. The Coding Manager is a Health and Social Care Information Centre (HSCIC) approved Clinical Coding Auditor and both are accredited Clinical Coders. These audits aim to cover a random sample of the coding in all specialties. Auditors must conform to the Auditor's Code of Practice and the Clinical Coding Audit Methodology version 9.0 must be adhered to for any audits during 2017-2018.

All reports and action plans from audits are submitted by the Clinical Coding Manager to the relevant Information Governance groups for approval. Where audits have focused on the coding of deceased patients these reports are discussed at the Trust's monthly Mortality Committee meeting; clinical involvement in these audits is secured wherever relevant.

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In addition to the programme of internal audit, Trusts are required to complete an audit of a random sample of 200 Finished Consultant Episodes each year to support Information Governance requirement 505. The 2015-16 Information Governance audit were carried out during February 2016, and the most recent Information Governance Audit for 2016-17 was completed in December 2016. The results of these are as follows:

200 FCEs	Primary diagnosis (200 audited, 193 correct)	Secondary diagnosis (929 audited, 904 correct)	Primary procedure (107 audited, 106 correct)	Secondary procedure (233 audited, 229 correct)	Episodes where HRG changed as a result of incorrect coding
June – July 2016	96.5% correct	97.3% correct	99.1% correct	98.3% correct	8

The above table demonstrates that the Trust's coding accuracy has met the required standards for Information Governance Level 3. The Information Governance Level 3 score achieved at audit in 15-16 has been maintained with an increased level of accuracy in the coding of secondary diagnoses, which is down to a huge amount of work within the department to increase the depth of coding.

These levels are as follows:

To achieve Level 3 – Primary diagnosis 95%, Secondary diagnosis 90%, Primary procedure 95%, Secondary procedure 90%

Depth of Coding

Derby Teaching Hospitals NHS Foundation Trust will be taking the following actions to improve data quality:

Awareness of the need for accurate and comprehensive documentation has been raised either through attendance of coding representatives at junior doctor induction days or through attendance at divisional governance meetings.

Trust wide initiatives have been implemented, for example a Medicode encoder has been purchased, this allows the diagnosis codes for chronic comorbidities to be recorded for allocation on subsequent hospital spells. A document "steve" is contained in the casenotes for clinicians to record a patient's co-morbidities which aids coders to identify and code these. An electronic version of the document called "e-steve" has recently been introduced and the coding department are promoting the use of this to retain a patient's comorbidities electronically.

Monthly reports regarding Depth of Coding are now circulated to each Business Unit, thus further highlighting their importance. High quality clinical coding ensures that service performance, commissioning, and payment data is accurate. A monthly report detailing where chronic comorbidities which have previously been recorded have been omitted on subsequent admissions allows the coding department to insert the omitted comorbidities.

A Data Quality Improvement Programme report which focuses on breaches of ICD10 diagnostic, and OPCS 4.7 procedural coding rules is produced each month to identify any coding and data quality errors which can be amended before coding freeze date and attract the appropriate tariff.

As a result of this raised awareness and investment in the Clinical Coding team, improvements in Depth of Coding have been evidenced. Much work has been done within the Coding department to ensure that coders fully understand the need to record documented comorbidities. As a result the average secondary diagnoses per spell is now 5.51 for non-elective activity, and 2.83 for elective activity.



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2.13 Delivery of National Targets **To be completed at year end**

The following table reflects the national targets the organisation is required to report as part of its Board reporting:

Indicator	14/15	15 /16	16 / 17	Target	Achieved
Referral To Treatment : Admitted	82.31%	84.01%		90%	
Referral To Treatment: Non Admitted	93.46%	95.2%		95%	
Referral To Treatment: Incompletes – 18 weeks	90.06%	92.52%		92%	
Total time in A&E (95% seen within 4 Hours)	95.47%	93.07%		95%	
Cancer 2 Week Wait	93.09%	95.72%		93%	
Cancers: 2 Week Wait: Breast Symptoms	96.07%	97.55%		93%	
Cancers: 31 Day Standard	96.66%	96.01%		96%	
Cancer: 31 Day – Subsequent Treatment – Surgery	95.18%	89.60%		94%	
Cancer: 31 Day – Subsequent Treatment – Drugs	99.06%	99.16%		98%	
Cancer: 31 Day – Subsequent Treatment – Radiotherapy	95.60%	95.77%		94%	
Cancer: 62 Day Standard – Urgent Referral to Treatment	79.92%	79.08%		85%	
Cancer: 62 Day Screening	94.05%	93.87%		90%	

Reporting against Core Indicators

The data made available to the National Health Service Trust or NHS Foundation Trust by the Health & Social Care Information Centre with regard to:

Quality Performance Information 2016/17			
Core Clinical Indicators	Derby Hospitals		
Mortality	2014/15	2015/16	2016/17
<i>Data Source: NHS Digital > Summary Hospital-level Mortality Indicator (SHMI)</i>			
The value and banding of the Summary Hospital-level Mortality Indicator (SHMI) for the Trust for the reporting period.	1.015 (Band "as expected")	1.011 (Band "as expected")	
National Average (Average of Provider SHMIs):	1.002	1.003	
Highest performing Trust Score:	1.210 (Band 'higher than expected')	1.1783 (Band 'higher than expected')	

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Lowest performing Trust score:	0.670 (Band 'lower than expected')	0.678 (Band 'lower than expected')	
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period:	2014/15	2015/16	2016/17
<i>Data Source: NHS Digital > Summary Hospital-level Mortality Indicator (SHMI)</i>			
Combined rate reported			
Derby Hospitals Score:	26.70%	21.80%	
National average:	25.84%	28.50%	
Highest Trust Score:	50.85%	54.60%	
Lowest Trust Score:	0%	0.58%	
Patient Report Outcome Measures (PROMS)			
The Trust's patient reported outcome measures score for:	2013/14	2014/15	2015/16
<i>Data Source: NHS Digital Patient > Reported Outcome Measures Statistics</i>			
Health gain score reported			
Groin Hernia Surgery			
Derby Hospitals Score:	0.088	0.064	0.097
National Average:	0.085	0.084	0.089
Highest Score:	0.139	0.154	0.157
Lowest Score:	0.008	-0.005	0.021
Varicose Vein Surgery			
Derby Hospitals Score:	Not enough patients to record a value	Not enough patients to record a value	Not enough patients to record a value
National Average:	0.092	0.095	0.097
Highest Score:	0.161	0.154	0.150
Lowest Score:	-0.021	-0.009	-0.005
Hip Replacement Surgery (Primary)			
Derby Hospitals Score:	0.397	0.407	0.428
National Average:	0.434	0.435	0.439
Highest Score:	0.544	0.524	0.544
Lowest Score:	0.311	0.331	0.320
Knee Replacement Surgery (Primary)			
Derby Hospitals Score:	0.318	0.306	0.336
National Average:	0.321	0.312	0.319
Highest Score:	0.425	0.418	0.398
Lowest Score:	0.213	0.183	0.186
Readmissions			
<i>Data Source:</i>			
The percentage of patients aged:			
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.			
0 to 15			
National Average:			
Highest Score:			
Lowest Score:			
16 or over			
National Average:			



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Highest Score:			
Lowest Score:			
Responsiveness to the personal needs of patients	2013/14	2014/15	2015/16
<i>Data Source: NHS Outcomes Framework > Domain 4 - Ensuring People Have a Positive Experience of Care (Indicator P01779)</i>			
The Trust's responsiveness to the personal needs of its patients during the reporting period.	73.20	69.60	71.2
National Average:	68.7	68.9	69.6
Highest Score:	84.2	86.1	86.2
Lowest Score:	54.4	59.1	58.9
Friends and Family Test - Staff who would recommend the Trust	2014	2015	2016
<i>Data Source: NHS Staff Surveys</i>			
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	77%	81%	
National Average (Acute Trusts):	65%	69%	
Highest Score (Acute Trusts):	89%	85%	
Lowest Score (Acute Trusts):	38%	46%	
Friends and Family - Patients who would recommend the Trust - Accident & Emergency	Mar-15	Mar-16	Mar-17
<i>Data Source: NHS England > Statistical work areas > Friends and Family</i>			
The trusts score from a single question survey which asks patients whether they would recommend the NHS service they have received to friends and family who need similar treatment or care.	80%	81%	
National Average (England):	87%	84%	
Highest Score:	99%	99%	
Lowest Score:	58%	49%	
Patients admitted to hospital who were risk assessed for venous thromboembolism	2014/15	2015/16	2016/17
<i>Data Source: NHS England > Statistical work areas Venous Thromboembolism (VTE) Risk Assessment</i>			
<i>Quarter 4 figures shown for years 2014/2015 & 2015/16, Quarter ? Figures shown for 2016/17</i>			
The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.	96.14%	96.80%	
National Average:	96.00%	95.53%	
Highest Score:	100.00%	100.00%	
Lowest Score:	79.23%	78.06%	
Rate of Clostridium Difficile	2014/15	2015/16	2016/17
<i>Data Source: Public Health England > Clostridium difficile infection: Annual Data</i>			
The rate per 100,000 bed days of trust apportioned cases of C. difficile infection that have occurred within the trust amongst patients aged 2 or over during the reporting period.	17.3	18.3	
National Average:	15.0	14.9	
Highest Score:	62.6	66.0	
Lowest Score:	0.0	0.0	
Rate of Patient Safety Incidents	2014/15	2015/16	2016/17

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Data Source: National Reporting and Learning System (NRLS)			
Figures for 6 months reporting period October - March for each year			
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.			
Number of patient safety incidents reported	6573	5337	
National Average (Acute Non Specialist Provider):	4539	4818	
Highest Score (Acute Non Specialist Provider):	12784	11998	
Lowest Score (Acute Non Specialist Provider):	443	1499	
Rate of patient safety incidents reported	37.4	29.9	
National Average (Acute Non Specialist Provider):	37.1	39.6	
Highest Score (Acute Non Specialist Provider):	82.2	75.9	
Lowest Score (Acute Non Specialist Provider):	3.6	14.8	
Percentage of patient safety incidents that resulted in severe harm or death	0.33%	0.11%	
National Average (Acute Non Specialist Provider):	0.62%	0.55%	

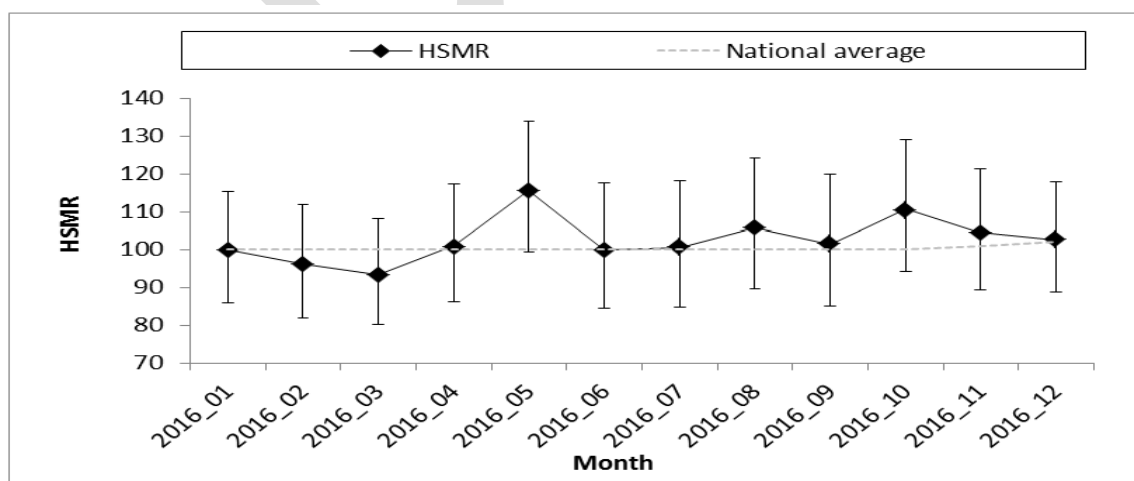
Mortality Indicator

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

There are two established benchmarking measurements for mortality across the country: The Hospital Standardised Mortality Ratio (HSMR) and the Summary Hospital Mortality Indicator (SHMI). The HSMR looks at only deaths which occur within hospital, and only at the diagnostic groups which account for around 80% of those deaths. SHMI examines all deaths from all diagnostic groups and also includes analysis for those patients who died within 30 days of having been discharged. For both measures, the national index score is 100, with higher scores in each representing a greater proportion of unexpected deaths.

Overall, DTHFT monthly HSMR score has not been significantly different from the national average, as shown by figure 1. The HSMR for the 12 months to December 2016 was 102.3 and not significantly different from the previous 12 months of 102.56. The monthly figure for December 2016 was 102.5, a decrease from November (104.4). This is within expected range.

Figure: HSMR Trend from January 2016 – December 2016 (Source: HED)

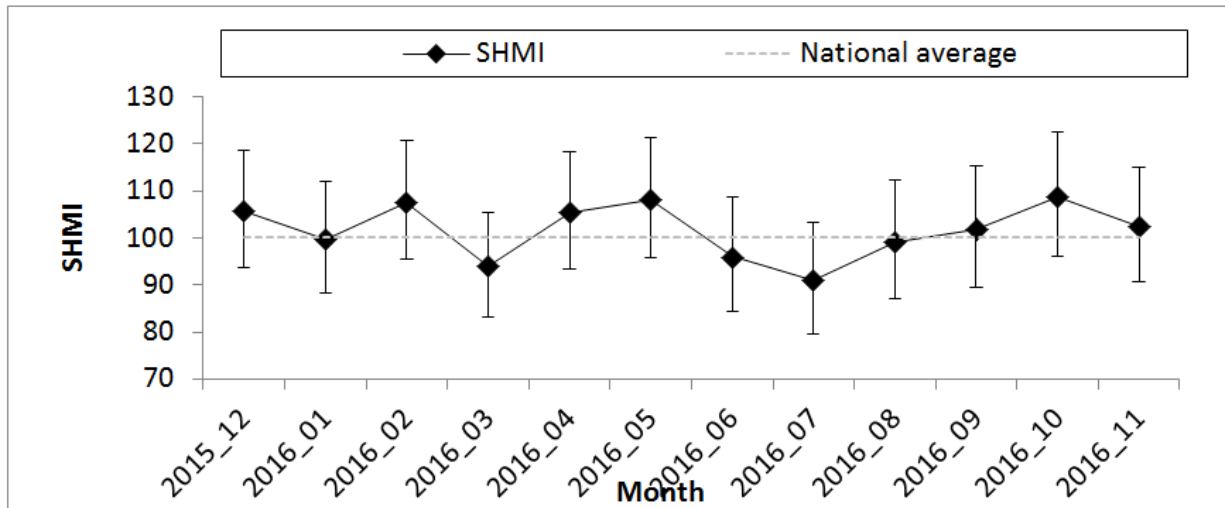


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The SHMI for the 12 month period, December 2015 to November 2016 was 101.5, and not significantly different from the previous 12 months (101.1). The monthly SHMI for the month of October was 102.36.

For the 12 month period, December 2015 to November 2016 the In-hospital SHMI rate was 100.5 and out-of-hospital rate was 104.

Figure: SHMI Monthly trend for DHFT, November 2015 – October 2016 (Source: HED)



Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

The Trust scrutinises all issues relating to mortality with great care. The Mortality Committee is chaired by the Divisional Medical Director for Medicine and Cancer, and receives a monthly analysis of hospital deaths. The Committee commissions investigations and reviews of patterns in mortality data in order to improve practice and organisational knowledge where appropriate. Learning from these reviews is escalated up to the Quality Review Committee and the Board, and is disseminated throughout the Trust by nominated representatives from Business Units.

The CQC published a review in December into how well Trusts investigate deaths in their care to identify learning, <https://www.cqc.org.uk/sites/default/files/20161213-learning-candour-accountability-full-report.pdf>. It is salutary that they could not name one Trust in England that does it well. Their main findings were that Trusts:

- Do not involve families or carers well in the review process and when they are involved it is not always respectful, sensitive or fully honest
- There is inconsistent identification, reporting and sharing of information when a patient dies between organisations to enable an organisation to look into the care they provided
- There is variation in when to investigate a death as a significant event - for example are unexpected deaths looked into or is it only when it is apparent that something has gone wrong in the run up to the death
- The quality, timeliness and thoroughness of a mortality review is inconsistent across the country
- Governance and learning after a death needs to be improved.

In response, the Secretary of State has indicated that from March 31 2017 the Boards of all NHS Trusts and Foundation Trusts will be required to:

- Collect and report to NHS Improvement a range of specified information, to be published quarterly (this requirement will be confirmed in new regulations), on deaths that were potentially avoidable and serious incidents and consider what lessons need to be learned on a regular basis.

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- This will include estimates of how many deaths could have been prevented in their own organisation and an assessment of why this might vary positively or negatively from the national average, based on methodology adapted by the Royal College of Physicians from work by Professor Nick Black and Dr Helen Hogan (The PRISM 2 study).
- Alongside that data, trusts must publish evidence of learning and action that is happening as a consequence of that information.
- Identify a board-level leader (likely the medical director) as patient safety director to take responsibility for this agenda and ensure it is prioritised and resourced within their organisation.
- Appoint a non-executive director to take oversight of progress.
- Follow a new, standardised national framework to be developed for identifying potentially avoidable deaths, reviewing the care provided, and learning from mistakes.

The Trust is actioning these latest recommendations through its Mortality Committee and the information will continue to be presented in the monthly EMD report to Board. The Trust is participating in the pilot of the national review process and representatives will be attending an initial regional meeting at the end of February. Separately, a gap analysis of current processes was undertaken against the recently published CQC recommendations to help identify areas for change and improvement.

Historical data from 2014 (the PRISM 2 study), gave published rates that 3.6% of deaths in hospitals are in some way avoidable. The Trust's independently reviewed data in that study found a rate lower than this at 2%.

Patient Reported Outcome Measures (PROMS)

Patient reported outcome measures (PROMs) are typically short, self-completed questionnaires, which measure a patient's health status, or their health related quality of life at set points in time - such as before and after an operation. By comparing the answers given, we can assess the 'success' of treatment from a patient's perspective. The national PROMs programme was launched in April 2009 and includes patients having the following operations:

Groin hernia surgery;
Hip replacements;
Knee replacement; and,
Varicose vein surgery.

We are responsible for asking patients to complete a questionnaire before their operation, and providing they give consent, this is followed-up at a set time post-operatively by an independent company who have been commissioned to run PROMs by the Department of Health. For patients where both the pre and post-operative questionnaires are returned, these are analysed to calculate the change in scores as a result of surgery.

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

The EQ-5D Index is a combination of five key criteria concerning general health. The EQ-5D INDEX CHANGE is a calculated average for these five criteria (Mobility, Self-Care, Usual Activities, Pain/Discomfort and Anxiety/Depression)

The EQ VAS is the current state of the patients general health marked on a visual analogue scale 0 - 100. The EQ-VAS INDEX CHANGE is calculated as Q2 result minus Q1 result.

In addition to the EQ indexes, there are additional Hip/Knee Replacement specific questions that were asked of the patients and the score is a calculated average of these 12 questions.

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services:



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The data set for has been analysed for those hip and knee replacement patients who appeared to have deteriorated at the 6 month post-operative questionnaire. There were no themes or issues highlighted following the review. At the 6-8 week routine post -operative outpatient follow up consultation many of these patients were not exhibiting issues with pain or mobility and it is documented that most of the patients reported a positive health gain at this time. One of the Arthroplasty practitioners spoke with some of these follow up patients and one issue that is currently being explored is about those patients feeling more involved with the care and rehabilitation process being generally happier with the outcome.

The Trauma & Orthopaedic Business Unit is currently trialling capturing patient data when the patient is listed for their operation to determine if this makes an impact on the health gain difference. This may result in a change of process.

Readmission Rates

The data made available to Derby Teaching Hospitals NHS Foundation Trust by the Health and Social Care Information Centre with regard to:

Readmission rates during 2016/17 for the percentage of patients aged:

0-15 was ??

16 or over was ?? readmitted to hospital within 28 days of being discharged from a hospital that forms part of the Trust during the reporting period.

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

We continuously monitor readmission rates to detect any areas where they are higher than expected and take action to address any concerns identified.

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services:

Discharge Steering group remains very active along with this the data warehouse reports enables business units, specialities and wards to monitor their own readmissions and also identify any trends which need to be looked at in more depth.

We also have staff in the ward and department areas who are reviewing the discharge process to ensure that patients are discharged with the right package of care in place to support them.

Staff Experience/Engagement 2016/17

The Derby Teaching Hospitals Foundation Trust considers that this data is as described for the following reasons:

The organisation has been using a Staff Impressions survey system which has enabled us to carry out the national staff Friends and Family Test, as well as giving us the flexibility to ask additional locally themed questions to help us better understand current views and experiences of staff working within the Trust. Approximately 15% of our workforce complete this survey each quarter, this remains consistent with other years.

"If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation"

The data made available to Derby Teaching Hospitals NHS Foundation Trust by NHS Digital with regard to 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.

Quality Report

We have seen a year on year improvement since 2013 when the score was 69%; this rose to 77% in 2014, was 82% in 2015 and this year is 84%.

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services:

We have highlighted ways in which staff can report any concerns and feel confident they are listened to through a new email address, revised leaflet and intranet page. We have also launched a new employee wellbeing app for colleagues updating and refreshing information on work life, support and health and wellbeing. We have used our local Impressions survey to ask about equality of opportunity for our diverse workforce in senior/management roles – this data showed that the preference of employees was to use mentoring or coaching as a way of improving equality of opportunity. These results are being explored further in the Inclusion Committee, following focus groups with BME and Disabled colleagues.

We have continued to see a positive improvement in staff opinion about working for Derby Teaching Hospitals. For the third year running we are in the top 20% of acute trusts for recommending us as a place to work and receive treatment.

Engagement Forums

Throughout 2016 the Trust has undertaken a variety of staff forums, which have included:

- Staff survey forums
- Range of Professional Time outs
- Leadership Community Forums
- Non-Executive Director - Drop in Surgeries
- Rapid Improvement Events
- Continuation of management visibility programmes, back to floor, board to ward and a randomised coffee event for Change Day 2016.
- Relunched the staff engagement group and the Connect forum for LRCH staff.

Lead Ambassadors from various backgrounds and roles continue to work together to introduce a culture of collective leadership in the organisation.

Venous Thromboembolism 2016/17

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

This data demonstrates the percentage of all adult inpatients that have had a VTE risk assessment on admission to hospital using the clinical criteria of the national audit tool.

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by

Increasing and sustaining the percentage of recorded risk assessments to 95% in line with National Guidance by:

Ensuring doctors carry out the risk assessment prior to prescribing – and reviewing compliance at Business Unit level monthly

Working with our electronic prescribing system to force a risk assessment being completed electronically before the prophylaxis is prescribed

Reviewing current local policies on prescribing of thromboprophylaxis.



Quality Report

Clostridium difficile (C.diff) 2016/17

Derby Teaching Hospitals Foundation Trust considers that this data is as described for the following reason:

This data demonstrates the rate per 100,000 bed days of cases of C.difficile infection reported within the Trust amongst patients aged 2 or over during the reporting period.

The target set for 2016/17 was no more than ? cases per 100,000 bed days, equating to no more than ? cases. The Trust ended the year with a total of ? cases.

The Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services by:

- Since April 2014 all Trust acquired cases are discussed at the Healthcare Associated Infection (HCAI) Review Group. This group is chaired jointly by the Chief Nurse and Executive Medical Director and includes representatives from the clinical teams, infection prevention and control, antimicrobial stewardship, Public Health England (PHE) and Southern Derbyshire Clinical Commissioning Group (CCG), as the Trusts co-ordinating commissioner.
- Each case is reviewed to determine whether there has been lapse in the quality of care given to patients, in line with NHS England requirements. The appropriate steps to address the problems identified along with any additional 'lessons to be learnt' are identified and shared across the organisation and discussed and monitored at the Trust Infection Control Operational Group (ICOG) and Infection Control Committee (ICC).
- The HCAI Review Group assists with the implementation of the C.difficile Policy and learning from the cases is presented at the Trust Infection Control Committee.
- An enhanced deep cleaning programme has been introduced using chlorine and hydrogen peroxide of the wards where C.difficile patients have been cared for.
- Enhancing the decontamination team to support the HPV decontamination of enteric isolation rooms.

Safety Incidents

The data made available to the Trust by the Health and Social Care Information Centre with regard to the number, and where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Data is available from NHS improvement at:

<https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-data/>

From October 2014 forward, data changes match Trusts together in common "Peer" clusters as opposed to National figures – we are in a new larger cohort of Acute (non-specialist) Trusts. High and low values relate to the Cluster not to an individual Trust's performance.

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

- The Trust supports an effective safety culture via the increased reporting of incidents
- The Trust was 86th out of 136 for the first 6 months (reporting 6017 relevant incidents, 34.87 per 1000 bed days)
- The Trust was 114th out of 136 for the second 6 month window (reporting 5337 relevant incidents, 29.90 per 1000 bed days)
- Current national reporting of incidents,
- Apr15 – Sep15: 50% of all incident are reported 27 days after incident (DTHFT 50% in 8 days)
- Oct15 – Mar16: 50% of all incident are reported 26 days after incident (DTHFT 50% in 10 days)

Quality Report

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services:

- Sustained support and development of the effective safety culture (putting patients first)
- Continued monitoring and review of all classification of incidents to ensure correct rating (right first time)
- Developing efficiencies in the reporting processes (Investing our resources wisely)
- Enhancing our incident management related training to the various levels of staff (developing our people)
- Developing our own data maturity and understandings such that we can see the bigger picture across the Trust (ensuring value from partnerships).

Friends & Family Test 2016/17

The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

To be added

Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services, by:

To be added



Quality Report

Assurance over Mandated Indicators

Percentage of Incomplete Pathways within 18 Weeks for Patients on Incomplete Pathways at the End of the Reporting Period

Detailed Descriptor: The percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period.

National Definition - Numerator: The number of patients on an incomplete pathway at the end of the reporting period who have been waiting no more than 18 weeks. Denominator: The total number of patients on an incomplete pathway at the end of the reporting period.

Criteria for Indicators:

- The indicator is expressed as a percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the period;
- The indicator is calculated as the arithmetic average for the monthly reported performance indicators for April 2016 to March 2017;
- The clock start date is defined as the date that the referral is received by the Foundation Trust, meeting the criteria set out by the Department of Health guidance; and
- The indicator includes only referrals for consultant-led service, and meeting the definition of the service whereby a consultant retains overall clinical responsibility for the service, team or treatment.

National target: 92%

RTT Incomplete Performance	Derby Teaching Hospitals NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
2016/17	92.10%	90.60%	95.97%	90.45%
2015/16	92.52%	92.30%	96.42%	92.06%
2014/15	90.10%	90.10%	97.30%	92.48%

Source: HED (Healthcare Evaluation Data)

2016/17 position as at Dec 2016

Percentage of Patients with a Total Time in A&E of Four Hours or Less from Arrival to Admission, Transfer or Discharge

Detailed Descriptor – Numerator: The total number of patients who have a total time in A&E of four hours or less from arrival to admission, transfer or discharge. Calculated as: (total number of unplanned A&E attendances) - (total number of patients who have a total time in A&E over 4 hours from arrival to admission, transfer or discharge). Denominator: The total number of unplanned A&E attendances:

Criteria for indicator:

- The indicator is defined within the technical definitions that accompany 'Everyone counts: planning for patients 2014/15 - 2018/19' and can be found at www.england.nhs.uk/wp-content/uploads/2014/01/ec-tech-def-1415-1819.pdf.
- Detailed rules and guidance for measuring A&E attendances and emergency admissions can be found at <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2013/03/AE-Attendances-Emergency-Definitions-v2.0-Final.pdf>.

Quality Report

National target: 95%

4 hours or less in A&E	Derby Teaching Hospitals NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
2016/17	tba			
2015/16	93.06%	91.16%	98.63%	78.50%
2014/15	95.46%	93.66%	98.63%	82.04%

Source: NHS England Quarterly A&E Activity and Emergency Admissions statistics

2016/17 position as at 21.02.17

Maximum waiting time of 62 days from urgent GP referral to first treatment for all cancers

This is an indicator chosen by the Governors and subsequently looked at by the external auditors as part of their quality inspection audit.

Detailed descriptor

PHQ03: Percentage of patients receiving first definitive treatment for cancer within 62 days of an urgent GP referral for suspected cancer

Data definition: all cancer two month urgent referral to treatment wait

Numerator: number of patients receiving first definitive treatment for cancer within 62 days following an urgent GP (GDP or GMP) referral for suspected cancer within a given period for all cancers (ICD-10 C00 to C97 and D05)

National target: 85%

62 day wait for 1 st treatment from urgent GP referral for suspected cancer	Derby Teaching Hospitals NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
2016/17	79.02%		83.48%	72.79%
2015/16	79.08%		90.20%	73.06%
2014/15	79.97%		85.83%	69.80%

Source: Open Exeter

2016/17 position as at 21.02.17



PART 3: QUALITY PERFORMANCE GOVERNANCE ARRANGEMENTS

Quality Performance Governance Arrangements

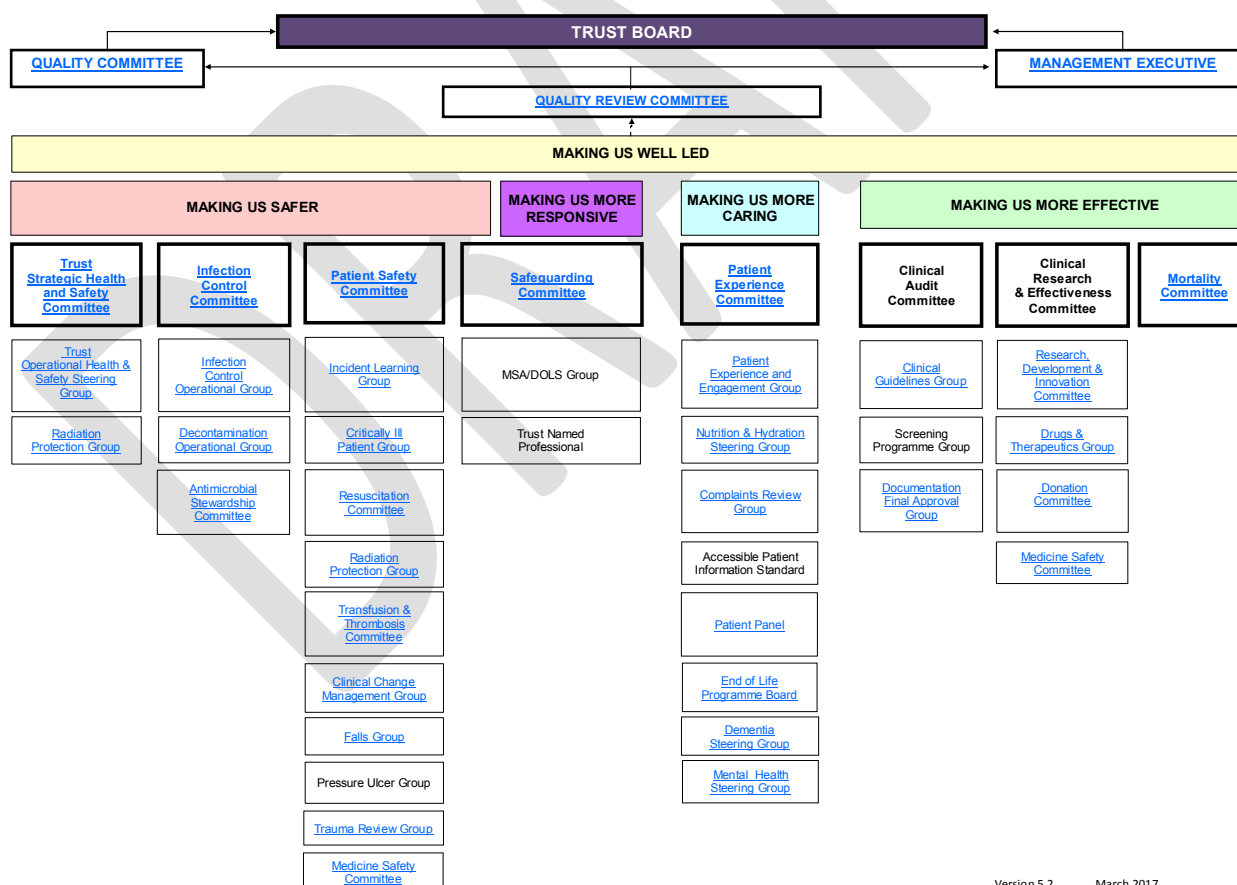
The Trust has a robust structure of groups and committees (see quality governance structure below) which feed into the Board Quality Committee (QC), along with quality reports from the Divisions.

The Quality Committee is a committee of the Trust Board and it meets monthly. Each month the Committee hears a patient story and the subsequent actions taken by staff. Each Division presents to the Quality Committee in turn, enabling the Committee to triangulate data and intelligence from a rich number of sources.

This is further enriched by the ability to develop recommendations and action for any issues. Quality Review Committee (QRC) reports through performance and scrutiny management meetings and also to the Quality Committee. This is being further enhanced through our Divisional Performance Management Meetings which will include a quality focus on the meeting agenda, a quality dashboard used by the Business Units, our Management Executive, and Trust Board to actively monitor quality metrics in line with the five CQC domains of safe, caring, effective, responsive and well led services.

Internal and external auditors routinely incorporate quality assurance into their annual audit plans. All internal audit reports are reported to Board committees and to the Board by Audit committee minutes. The Trust's annual quality report is audited by PricewaterhouseCoopers (PwC).

Quality Governance Structure



Version 5.2 March 2017

Quality Report

Review of Quality Performance

This section includes a range of information relating to our quality performance in 2016/17. Whilst this is not an exhaustive list it gives an overview of our performance in both hospital-wide and service specific indicators.

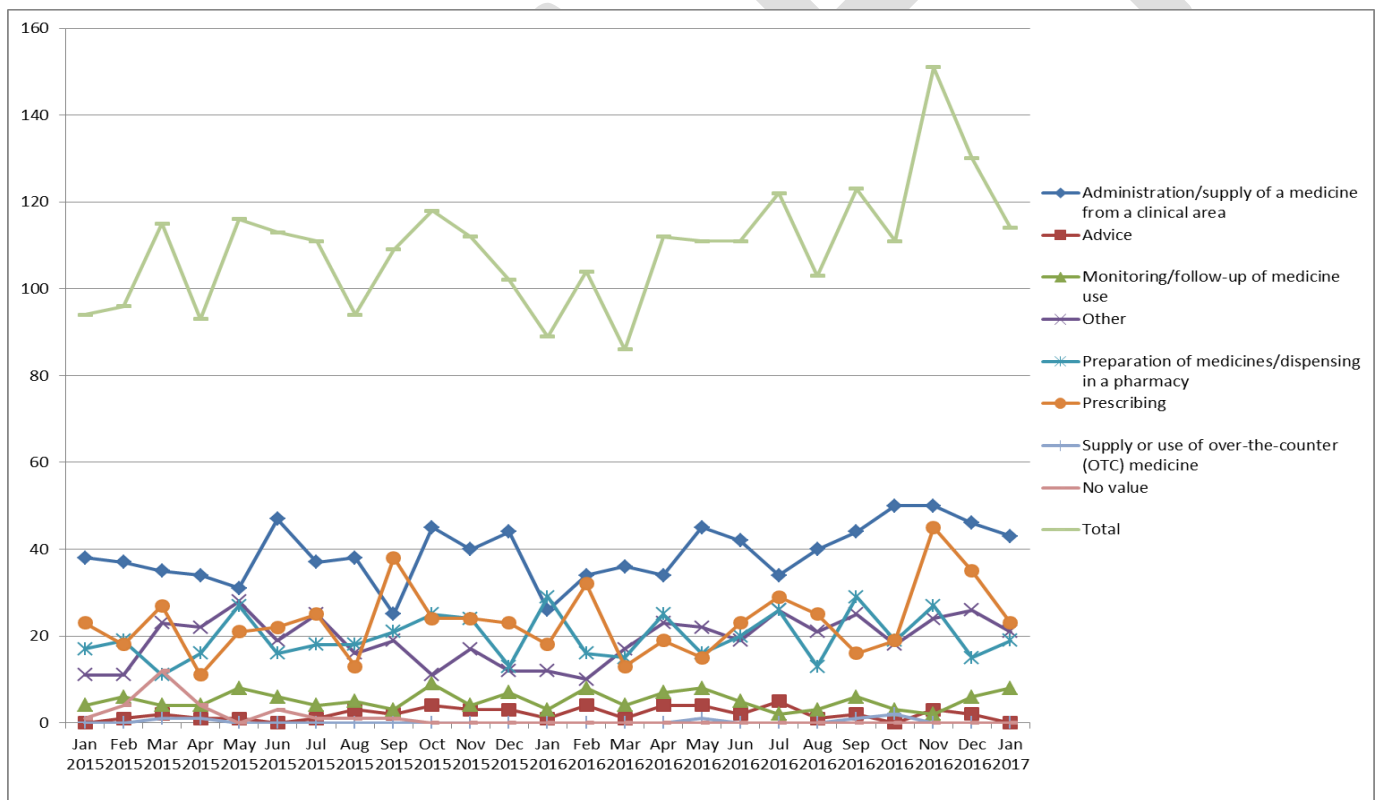
3.1 Medicines Safety

The Trust promotes a positive safety culture and encourages incident reporting. There is widely published evidence of reduced harm in industries and organisations which have a positive reporting and learning culture. Analysis of medication incidents and learning from errors is managed by the Medicines Safety Group and the Patient Safety Committee. Via the Medication Safety Officer network and other links we are able to influence the medicines safety agenda at a regional and national level.

Medication Errors

The number of medication incidents reported by the Trust appears to have risen to an average of 110- 120 per month compared to 100 – 110 per month in previous years. The more incidents reported, the more opportunity we have to learn. Whilst national reports indicate we are a relatively low overall reporter, the Trust does have a better than average proportion of ‘no’ or ‘low’ harm incidents.

Medication Incidents by stage (Jan 15 – Jan 17)

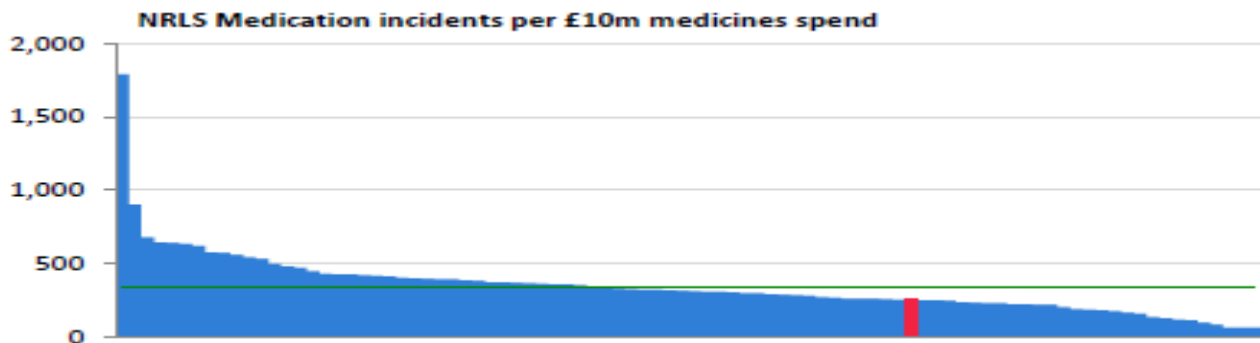


In September 2016 NHSE published the latest release of the Organisation Patient Safety incident report from the National Reporting and Learning System (NRLS). It reports on data for the period October 2015 to March 2016 and compares Derby Hospitals with a group of 136 Acute ‘non-specialist’ Trusts. Overall the trust falls into the lower quartile for total incidents reported per 1000 bed days and the vast majority (97.6%) of reported incidents (all types) caused ‘no’ or ‘low’ harm which is slightly better than the comparator group average of 97.1%.



Quality Report

Medication errors were 9.3% (previously 8.5%) of all incidents reported by Derby Hospitals, (average 10.5%) and expressed as incidents per £10m medicines spend (below) the Trust appears to be a below average reporter for that period. The rise in medication incidents reported in 2016-17 should be reflected in the NRLS reports published in the next 12 months.



For 2016-17 the Trust reported no medication related 'Never Events' (compared to one medication related 'Never Events' in 2015/16 and two in 2014/15).

Two national Patient Safety Alerts were published in 2016/17 and the trust declared compliance with both. Designed to reduce the risk of:

- distress and death from inappropriate doses of naloxone
- death and severe harm from error with injectable phenytoin

The alerts highlighted the benefits of our existing comprehensive pharmacy aseptic service in supporting the safe use of injectable medicines across the organisation.

A Senior Education Pharmacist continues to provide weekly 'newsletter' e-mails for all junior (and senior) doctors on safe prescribing practice. The newsletters focus on sharing learning from real prescribing incidents or near misses and have been well received. A variety of topics were covered during the year with key themes being the promotion of antimicrobial stewardship and the safe prescribing of insulin, opiates and anticoagulants.

Other multidisciplinary educational sessions delivered include lessons on:

- controlled drug management at a study day for consultant anaesthetists
- the security of IV fluids (from the Stepping Hill incident) at a masterclass for senior nurses

Electronic Prescribing and Medicines Administration (ePMA)

EPMA is live in all inpatient areas within the RDH and LRCH, with the exception of Labour ward and ITU. Approximately 4200 medicines are prescribed and 15,600 administrations are recorded each day on ePMA.

The regular development of the ePMA system has become a mainstay of our aim to continually improve the quality of medication use in the Trust. In 2016/17 these improvements included:

- Revisions to improve the scheduling of fentanyl patch dose changes (every 72 hours)
- New functionality to support the prescribing of warfarin on discharge. Clear and accurate information on dosing and INR results is now automatically incorporated into the discharge prescription and has been well received by our GP colleagues
- Implementing new 'order sets' to support the safe prescribing of opiates and to support short term changes to antimicrobial guidelines in response to national supply problems.

A variety of reports from the ePMA system are continuously utilised to improve the quality of medicines use for antimicrobial therapy, Parkinson's disease, anticoagulation and opiates. Utilising the information within ePMA to help identify and reduce the omission of critical medicines remains a key aim.

Quality Report

3.2 The Deteriorating Patient

The National Early Warning Score (NEWS) and Patienttrack are now embedded across all acute in-patient wards and are also used in departments such as recovery, ICU, endoscopy and X-Ray. These areas enter patient observations prior to sending in-patients back to the base wards creating a more complete patient picture. In autumn 2016 LRCH implemented Patienttrack and in summer the system was adapted for Paediatrics and the Nottingham PEWS was implemented.

Benefits that have been realised since implementation are:

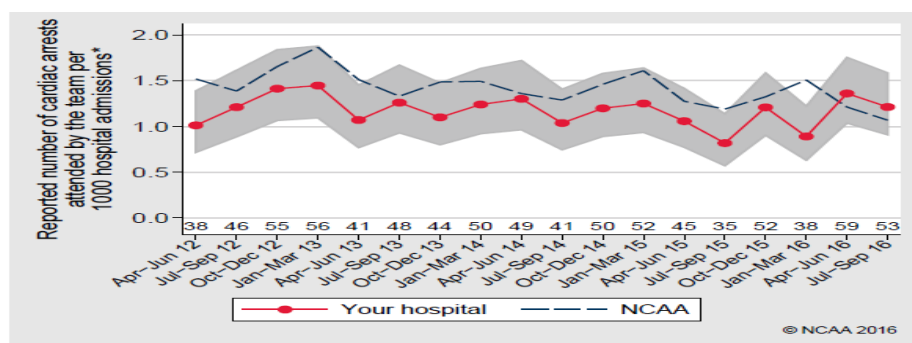
- Improved legibility
- Improved data quality
- Accurate NEWS calculation
- Increased visibility
- Reduced omissions of essential data
- Ability to monitor performance via visible performance reports. From Jan 2016- Jan 2017 these have shown:
 - Total observations taken on time is now 76.55%
 - Total missed observations has fallen from 9.23% to 7.23%
 - Observations taken late have reduced from 9.29% to 7.83%
 - The acuity of patients per month indicating periods of increased activity

Looking at acuity and performance has indicated how we are coping at times of increased capacity, identifying in January that we have higher scoring patients, are performing more observations and missing far fewer than in previous months. The Critically Ill Patient Group also receives a monthly report which also includes missed observations over NEWS 5 which has fallen from 36.78% to 21.81% from January 2016. A retrospective review of cardiac arrest is undertaken to identify if the event was avoidable or if the patient should have had a DNACPR decision. This data is now reported on the Trust's dashboard.

The planned pilot of automatic alerting within respiratory should commence in Spring 2017. This will help these figures improve further and provide accurate information on how well the Trust escalates and responds to the deteriorating patient. Work has also commenced on purchasing new observation machines that will send observations straight into Patienttrack via Wi-Fi, reducing errors and improving the quality of data. E-documents have been developed over 2015/16 including Neurological observations, daily weigh chart and fluid balance chart, these have been implemented, or in the process of being implemented. These all contribute in providing accurate and legible data to assist in making an assessment of deteriorating patients.

The below benchmarked graph from the NCAA shows the number cardiac arrests per 1000 admissions (April 2012-Sept 2016). There has been a noticeable average increase of cardiac arrest since April 2016.

Rate of cardiac arrests attended by the team per 1000 hospital admissions - trended



*Total includes elective, non-elective, and day cases (excludes babies born in your hospital and neonates)



Quality Report

3.3 Nutrition and Hydration

Over the last year the Nutrition and Hydration Steering Group (NHSG) for Derby Teaching Hospitals has continued to develop the links between itself and the Nutrition and Hydration Steering Group of Derbyshire County Health Services and the Derbyshire County Council Group – Nutrition for Older People. This has enabled a whole health community approach.

Over the last year the Group has achieved the following:

- Developed a Food & drink Strategy for the Trust.
- Presented Nutrition in relation to protected mealtimes at a clinical leaders Masterclass resulting in the development of ward pledges.
- Nutrition Link Nurse scheme re-launched.
- Development of Dysphagia policy for children.
- Agreed protocol for Naso Gastric feeding equipment on NICU (use of purple trays)

The Plan for 2017/18 will be concentrating on the following areas:

- Update of the Parenteral Nutrition Policy
- Benchmark the Trust against the recommendations within the Food & Nutrition Strategy.
- Development of a Nutrition specific section on the Intranet.
- Implement a robust nutrition training and education programme for staff at all levels.
- Embed the Nutrition CQUIN into the Trust throughout 2017-19.

3.4 Frail Elderly Assessment Team (FEAT)

The Frail Elderly Assessment Team remains fully implemented seven days a week providing Comprehensive Geriatric Assessment (CGA) across MAU, ED, and the short stay units. There has been an investment in staffing with the introduction of band 6 nurses to the team who have taken on the role of FEAT coordinators. With the introduction of these staff there has been an increase in the number of patients assessed and discharged from 20-30 per week to 30-50 per week.

The team have done considerable work within ED providing in-reach and improving frailty identification. The number of patients seen and turned around in the ED has increased since the same time period the previous year. A business case is being developed to have a coordinator based in ED to screen all patients for frailty and to further increase the number of patients assessed.

An electronic version of the CGA template which includes nursing assessments around continence, nutrition and mental health has been built within the electronic whiteboard. The template will be completed by nursing staff, pharmacists and therapists and piloted later this year to be used as an MDT discharge summary for GPs and care coordinators.

3.5 Dementia Care

This year the Trust has continued to work towards the key milestones outlined in its five year framework.

The framework focuses on four areas:

- Excellence in assessment, treatment and care through safe, co-ordinated pathways leading to timely diagnosis, assessment and referral underpinned by a person-centred philosophy of care.
- An appropriately skilled workforce who are competent and confident to provide up to date, knowledgeable care to patients with dementia and support for their relatives or carers.
- Positive patient and carer experience that listens to comments and feedback about our care, level of support and service.
- Dementia friendly environments of care designed to enhance the patient experience.

Quality Report

Excellence in assessment, treatment and care

The Trust's clinical lead for dementia is currently developing an inpatient and outpatient pathway for people with dementia coming into the hospital.

The "All About Me" personalisation document is now embedded Trust-wide. This is being used in conjunction with the Sharing Care document that has been recently introduced to encourage improved partnerships between ward staff and relatives and carers when planning care and treatment. Work is ongoing to improve the way in which we identify patients with dementia once they are in the hospital. Forms of identification will include a wristband, dementia icon within the whiteboard system and a sticker within the medical notes. This will be an opt-in system.

The Trust has introduced, as a pilot scheme for one year, a new Dementia Key Worker role to try and better meet the needs of patients with dementia on some key wards. Their role is focussed on providing person-centred care through therapeutic activity. The Dementia Key Workers act as a role model for other staff on the ward through providing best practice dementia care. They work closely with relatives and carers and our voluntary sector partners such as Making Space and Derbyshire Carers.

Appropriately Skilled Workforce

Dementia awareness has continued and is now part of Trust induction for all staff, compliance currently sits at 69%. From 2018 dementia awareness will be mandatory for all staff. A higher level of dementia education will be introduced for staff in key areas over the coming year.

The Trust has pledged to the Alzheimer's Society Dementia Friends initiative and work is ongoing to meet our target of creating 500 new friends this year.

Positive Patient and Carer Experience

The Trust has explored new ways to engage with relatives and carers in order to gain better feedback on our dementia care services. The use of the carer's survey on key wards has improved with the introduction of the Dementia Key Worker and we are now collecting insightful feedback about the care on those key areas.

In collaboration with our voluntary sector partners the Dementia Lead nurse ran a carers feedback event in December 2016. This was hosted by Creative Carers at their Haven House premises and was supported by the Trust's patient experience team and Derbyshire Carers. The event was very well attended and a report has been produced, by the Creative Carers team, which will be actioned through the Trust's Dementia Steering Group. It is planned that there will be a follow up event, inviting everyone who attended, to look at what changes have been implemented as a result of the feedback.

The Trust signed up to John's Campaign in 2015. This is a national campaign aimed at encouraging Trust hospitals to enable relatives and carers of people with dementia to remain with their loved during their hospital stay. John's Campaign was officially launched across the Trust in November 2016 and is now being embedded across the inpatient ward areas. There is a dedicated carer's space, John's Room, which is there for carer's to stay in overnight or use during the day if they need a break from the ward environment. This has been well utilised since the launch of the campaign in November. There are also a number of recliner chairs available for wards to borrow to enable relatives or carers to sleep at the patient's bedside if they prefer, these are also being well utilised.

The information hub across both sites continues to support our voluntary sector partners to hold weekly drop-in sessions for carers of patients with dementia as well as weekly information stands on the main corridor for patients, carers and staff to access.

Dementia Friendly Environments

Environmental changes continue including toilet door signage, replacement of toilet seats and dementia friendly clocks. It has been agreed that any new works or developments will incorporate dementia friendly design principles.



3.6 Ensuring that Patients who are at the End of Life Receive the Most Appropriate Care

The Trust remains committed to providing high quality individualised care to patients and those who are important to them when a person is at the end of their life. Several innovative measures have been introduced over the last year with which to enhance the experience of patients and those important to them.

End of Life Care Toolkit – derbyshire.eolcare.uk

In response to the withdrawal of the Liverpool Care Pathway and the subsequent government report 'One Chance to Get it Right', the Trust worked collaboratively with partners across Derbyshire to develop a county-wide 'toolkit'. This was an on-line repository of information for professionals and patients formally launched in 2015/16. All health and social care professionals across Derbyshire are directed to this toolkit for their learning and information needs regarding end of life care. As well as an education resource, the toolkit has now become a hub for training and education where professionals of all grades and backgrounds can source e-learning, training workshops and create their own individual learning portfolio that can be used for continued professional development and revalidation.

The Trust is part of the national Transforming End of Life Care in Acute Hospitals programme and is committed to delivering high quality End of Life Care based on the Key enablers of the programme. Key elements that the Trust has taken forward are outlined below:

Personalised care plan for care in the last days of life

The Personalised Care Plan for Patients in the Last Days of life is aligned with the Priorities for Care, One Chance to get it Right (LACDP 2014) and divided into 5 sections each headed with one of the Priorities for Care. For each of the priorities there are prompts to consider when planning care for a patient in the last days of life. The care plan is introduced on completion and endorsement of the Recognising Dying form by the named Consultant. In conjunction with this document, the patients family are provided with a Carers Comfort pack, to support relatives/carers whose loved one is in the last days/hours of life. The EoLC Team developed and delivered a training programme for registered nurses who then became responsible for training the other members of the ward team. The Care Plan is now used on all wards when caring for adult patients who are in the last days and hours of life. This innovative piece of work was published in the Nursing Times in 2016:

Bussooa, K. and North, E. (2016) Personalised care plans in the last days of life. Nursing Times. London. September 2016

AMBER Care Bundle (ACB)

The AMBER Care Bundle encourages clinical teams to identify critically ill hospital patients whose recovery is uncertain and who are at risk of dying in the next one to two months and to set shared plans to address this uncertainty. This leads to better involvement of patients and their families in discussions about treatment and future care. The AMBER care bundle is now implemented within all appropriate inpatient wards across Derby Teaching Hospitals and activity suggests an average return of 85 patients each month who are supported successfully. Use of the tool is increasingly sustained in ward areas and continues to demonstrate a positive impact on patient care and decision making.

Rapid Discharge Home to Die

Most patients say they would prefer to die at home, yet many die in hospitals. Since its introduction in April 2015 the Trust rapid discharge process allows patients in the last hours of life to be discharged to their own home/care home within four hours. This is a coordinated approach between the ward team, GP, district nurse and Coroner as required. The process is quality monitored by the End of Life Team has been used successfully for 16 patients to date.

Trust-wide Education

With direction from the End of Life Team the department of palliative medicine are delivering training to key staff within the trust and across the Southern Derbyshire community. This training programme began in April 2016 and is based upon an East Midlands wide training curriculum.

Quality Report

There are 5 key elements to this training:

- Trust Approach to End of Life Care
- Recognising Dying
- Symptom Management
- Care planning
- Communication skills Level 1 (using the SAGE & THYME model of training)

Training in both the Trust and the community is specifically aimed at those staff that have frequent contact with patients at the end of life. The current training figures for the Trust are:

Trust Approach: 890 (50%)
 Recognising dying: 314 (33%)
 Symptom Management: 297 (31%)
 Care planning in the last days of life: 555 (58%)
 Communication skills: 171 (18%)

The figure in brackets indicates the % of target staff that have been trained in each subject.

Training in the community focuses on the same core topics with 512 professionals trained in the last year. Additional training opportunities include syringe driver management and the Macmillan Foundations in Palliative Care Course.

Training for communication skills, symptom management and recognising dying have been off target for the year but are recovering. The hospital palliative care team have been delivering 'drop in' sessions twice weekly. These have now finished and have now been reformatted as monthly whole day workshops. This is in response to staff feedback.

Training in all settings supports the improvement of the quality of end of life care and this is measured through demonstrable standards. Where areas are able to demonstrate attendance at training and the meeting of these standards they are able to apply for an End of Life Quality award. This is achieved through an accreditation process led by the End of Life facilitators. In the community 19 care homes have achieved this award. In the Trust, one ward area has achieved this – the Nightingale Macmillan Unit, with three other wards currently working towards this.

Enhanced Nursing Home Beds for Palliative Care (Enhanced Beds)

The Enhanced Beds were originally a project to support patients approaching the end of life who face a crisis or deterioration at home and would prefer not to be admitted to the acute hospital. It offers a short term stay in a dedicated nursing home bed as an alternative to this admission. During the stay the patient and those important to them are reassessed and provided with nursing care and symptom management whilst working to understand the cause of the crisis. This service provides 11 dedicated beds across Southern Derbyshire and to date has avoided hospitalisation for 96% of referrals.

Introduction of Development posts for Nurse Specialists in Palliative Care

Maintaining a sustainable, specialised workforce is a considerable challenge within Palliative Medicine. Within the department we have recognised the potential to lose considerable experience and knowledge in our clinical nurse specialist teams through retirement and changes in role over the next few years. In order to combat this we were able to recruit three development nurses in April 2016. These nurses will rotate through all areas of our Palliative medicine department over 18 months spending 6 months in each area. During this time they will undertake clinical practice but also build a portfolio of competencies and knowledge. The main aim being that at the end of this training and development programme we will have developed clinical experts for the future. Recognising the changing face of our local population we have purposefully recruited staff with interest in non-malignant disease and experience of caring for minority groups. This will ensure we have the skills in future to support all patient needs. To date, two of these nurses have successfully obtained clinical nurse specialist posts. The Trust are now aiming to recruit a further role and will review expansion of this project.



Quality Report

Electronic alerts for patient admission.

The department aims to support the quality of patient care through management of their symptoms but also supporting their preferences for care. The majority of people would choose to receive more of their care, and eventually die in a home environment. Repeat hospital admissions and prolonged length of hospital stay threaten this aim. Through a review of patient experience the hospital palliative care team identified a number of patients known to their service who are not re-referred following repeat admission, and this patients were increasingly likely to die within the Trust. These patients also experienced an average length of hospital stay of 17 days. Through the introduction of an electronic alert system the team are tackling this. The alert is triggered at the point of emergency admission sending an email to the team. The team can then contact the admissions area, give a history of the patient, their preferences and goals and offer support where needed. The introduction of this system has reduced the average length of stay for this group from 17 days to 7 days.

3.7 Duty of Candour

Derby Teaching Hospitals NHS Foundation Trust is committed to the provision of high quality health care. Promoting a culture of openness and truthfulness is a prerequisite to improving the safety of patients, staff and visitors as well as the quality of healthcare systems.

Duty of Candour involves apologising and explaining what happened to patients who have been harmed as a result of their (NHS) healthcare when an in-patient or outpatient.

The culture of “Being open” should be fundamental in relationships with and between patients, the public, staff and other healthcare organisations. The Duty of Candour is a statutory requirement under Care Quality Commission regulation 20 (2015)

When a patient safety incident results in/or may go on to result in moderate harm, severe harm or death it is a contractually binding requirement under the Commissioner’s contact with the Trust (NHS Commissioning Standards 2015/16) that we fulfil our Duty of Candour.

Derby Teaching Hospitals NHS Foundation has implemented this in the following ways:

- Introduction of a Duty of Candour policy with associated Trust wide communication to all staff about what these means for them.
- Face to face training sessions with staff
- Screen saver on Trust Computers

3.8 National Staff Survey

A total of 2570 staff (30.5%) in Derby Teaching Hospitals returned the national staff survey. NHS England will report this figure excluding the ROE staff so they will use the figure of 2487 staff and a response rate of 31%.

The NHS Staff Survey is recognised as an important way of ensuring that the views of staff working in the NHS inform local improvements and input into local and national assessments of quality, safety, and delivery of the NHS Constitution.

The survey results are structured against 32 key findings linked to the four staff pledges within the NHS Constitution and highlight how the Trust compares nationally against its peer Acute Trusts.

Derby Teaching Hospitals has 7 scores within the top 20% (best) for Acute Trusts:

- Staff engagement score
- Staff recommendation of the organisation as a place to work or receive treatment
- Attending work in last three months despite feeling unwell because they felt pressure
- Being satisfied with the opportunities for flexible working patterns

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- Able to contribute towards improvements at work
- Staff satisfaction with resourcing and support
- Recognition and value of staff by managers and the organisation
- Experiencing physical violence from staff in last 12 months.

It is worth noting that staff recommendation of the Trust as a place to work or receive treatment scored 4.02, compared to an average acute score of 3.76 (out of 5).

Derby Teaching Hospitals is better than average compared to other acute trusts on measures:

- Quality of non-mandatory training, learning or development
- Not experiencing discrimination at work in last 12 months
- Believing the organisation provides equal opportunities for career progression/promotion
- Percentage witnessing potentially harmful errors, near misses or incidents in last month
- Fairness and effectiveness of procedures for reporting errors, near misses or incidents
- Staff confidence and security in reporting unsafe clinical practice
- Organisation and management interest in and action on health and wellbeing
- Staff motivation at work
- Staff satisfaction with level of responsibility and involvement
- Reporting good communication between senior management and staff
- Support from immediate managers
- Experiencing harassment, bullying or abuse from patients, relatives or public in last 12 months
- Experiencing harassment, bullying or abuse from staff in last 12 months

It is also notable that the only measure that was below average last year, regarding the quality of non-mandatory training, learning or development has improved this year and is now better than average when compared to other Acute Trusts.

We have seen an improvement in nine of the survey's key factors:

- Satisfied with opportunities for flexible working patterns
- Experiencing physical violence from staff in last 12 months
- Quality of appraisals
- Quality of non mandatory training, learning or development
- Recognition and value of staff by managers and the organisation
- Staff confidence and security in reporting unsafe clinical practice
- Staff recommendation of the organisation as a place to work or receive treatment
- Reporting good communication between senior management and staff
- Support from immediate managers

As last year, the Trust has no measures in the bottom 20%, but is worse than average on 5 measures:

- Percentage appraised in last 12 months
- Reporting errors, near misses or incidents witnessed in last month
- Working extra hours
- Effective use of patient feedback
- Percentage reporting most recent experience of violence

These will be explored further in action planning for the year ahead.

This year's report contains data required for the Workforce Race Equality Standard (WRES) for the second year running.



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Workforce Race Equality Standard

The table below shows some positive comparisons against last year for the Trust and nationally. The area for concern, however is the percentage of BME staff who say they have experienced harassment, bullying or abuse from patients, relatives or the public in the last 12 months. This is above the figure for last year and above the average and this will be used for action planning in the year ahead.

Question			DTHFT 2016	Average (median) for Acute Trusts	DTHFT 2015
KF25	% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	24%	27%	25%
		BME	28%	26%	26%
KF26	% of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	22%	24%	22%
		BME	24%	27%	29%
KF21	% of staff believing that the organisation provides equal opportunities for career progression or promotion	White	90%	88%	90%
		BME	76%	76%	70%
Q17B	In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	6%	6%
		BME	12%	14%	16%

Analysis of the national staff survey shows some positive strengths which have given the Trust more results than ever in the top 20% of acute trusts nationally. Importantly, these include recommending the Trust as a workplace and as a place of treatment, as well as staff engagement and both these key measures were also in the top 20% in 2015.

Improvements have been made in perception of several areas of working life, including the quality of non mandatory training, learning and development and the quality of appraisals and staff feeling recognised; the latter being a priority flagged up in the Q2 local staff Impressions survey. There was also improvement in satisfaction with opportunities for flexible working.

Areas on which the Trust will focus its action planning include the lowest scores which are in the areas of staff reporting errors witnessed, reporting experience of violence, the percentage of staff working extra hours, the percentage of staff appraised and effective use of patient/service user feedback (where staff experience has deteriorated).

These areas will be explored with focus groups and within various forums including the Patient Experience Committee and the Inclusion group, the Trust's Lead Ambassadors and the newly formed Staff Engagement Group.

For the full details please visit <http://www.nhsstaffsurveys.com/Page/1056/Home/NHS-Staff-Survey-2016/>

National Surveys performance

In the year 2016-17, five national surveys were conducted: the Adult Inpatient Survey, the Emergency Department Survey, the Maternity Services Survey, the Children and Young People's Survey and the Cancer Patients Survey. At the time of preparing this Quality Account, none of the results of any of the above surveys have been published.

In 2016 the results of the national Adult Inpatient survey from 2015 were published and showed a positive picture. Compared to other Trusts, 5 out of 63 questions scored better. Compared to the Trust's results from 2014 16 question scores improved, and 0 declined. This survey highlighted in particular that several patients perceived same sex bays and bathroom facilities to be in use, after some investigation it became clear that the occurrence of this was extremely rare, however the Trust's messaging around same sex bays

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and bathroom facilities was not explicit about what this would entail including what would happen whilst you are in A&E; you may be in a bay adjacent to someone of the opposite sex. Please look out for results from our Trust on both our own website at <http://www.derbyhospitals.nhs.uk/patients/tell-us-about-your-experience/patient-feedback-reports/> and on the Care Quality Commission's website at <http://www.cqc.org.uk/content/surveys>.

Engagement and communication with the public

Engaging our communities has been a big priority for us for the latter half of 2016/17 and will continue throughout 2017. Through our networks of various partners (voluntary and charitable organisations, commissioners, other service providers), we have established a programme of engagement events. We attended various events organised by other organisations and delivered presentations, held stalls and spoke with members of the public about their experiences. We have also hosted events and have many events in the diary for the rest of 2017. Below is a full list of events we have supported or organised throughout 2016/17.

Month	Date	Event
May	12.05.16	Ilkeston 50+ Forum
	14.05.16	Brailsford & Hlland PPG Health Information Event
	23.05.16	Carers Strategic Partnership Board, Derby City Council
	26.05.16	Derby Diversity Forum
June	07.06.16	Derby Community Engagement Network, Derby City Council
	08.06.16	Healthwatch Derby AGM, Function Room, St. Peter's Church, Derby.
	13.06.16	Mickleovers Carers Group
	27.06.16	Carers Strategic Partnership Board Workshop
July	14.07.16	Cancer Health & Wellbeing Day Rawdon Street, Derby
	14.07.16	Patients Panel, RDH
	28.07.16	Carers Strategic Partnership Board, Derby City Council
	29.07.16	Healthwatch Derbyshire AGM, Derbyshire County Council, County Hall, Matlock
Aug	03.08.16	Junior Drs Induction , RDH
	10.08.16	Junior Drs Induction , RDH
	Cancelled 25.08.16	New Communities Forum, British Red Cross, Liversage St, Derby
Sept	16.09.16	Healthy Housing Hub: Stay Warm & Healthy Meeting Room B, Derby City Council
	26.09.16	Carers Strategic Partnership Board, Derby City Council
	26.09.16	Carers Event Quad
	27.09.16	Derby Teaching Hospitals NHS FT AGM - Round House, Derby
	28.09.16	Diversity Forum 6pm-8pm Derby City Council Chamber
Oct	06.10.16	Drs Induction 1-2pm Teaching room 2, level 3, Education Centre
	18.10.16	Healthy Housing Hub: Stay Warm & Healthy Meetings Meeting Room B, Derby City Council 10-12
	27.10.16	Living with Cancer Beyond 10-3 Education Centre, RDH
Nov	01.11.16	Trent Barton Bus drivers PE Induction 10am - 10.30am, The Kitchen, Sadler Gate, Derby
	08.11.16	Trent Barton Bus drivers PE Induction 10am - 10.30am, The Kitchen, Sadler Gate, Derby
	18.11.16	Healthy Housing Hub: Stay Warm & Healthy Meetings Meeting Room B, Derby City Council 10-12
	23.11.16	Women's Centre Coffee Morning, Women's Centre, Derby 11am
	28.11.16	Carers Strategic Partnership Board, Derby City Council 10-11.30am
	29.11.16	Derbyshire Disability Group 10am-12.30 Field Terrace Community Room, Ripley DE5 3HL
Dec	01.12.16	Improving Hospital Experiences for Carers of People with Dementia/Memory Loss 10.30am-1.00pm, Creative Carers, Charnwood Street, Derby
	08.12.16	New Communities Forum, British Red Cross, Liversage St, Derby 10-12
	12.12.16	Junior Drs Induction, RDH 1.00pm-2.00pm
	19.12.16	Healthy Housing Hub: Stay Warm & Healthy Meetings Meeting Room B, Derby City Council 10-12
Jan-17	09.01.17	Mickleovers Carers Group 2.00pm
	19.01.17	Indian Community Centre - Stay Warm & Healthy Event
	19.01.17	Healthy Housing Hub: Stay Warm & Healthy Meetings Meeting Room B, Derby City Council 10-12
Feb	20.02.17	Healthy Housing Hub: Stay Warm & Healthy Meetings Meeting Room B, Derby City Council 10-12
	31.03.17	Healthy Housing Hub: Stay Warm & Healthy Meetings Meeting Room B, Derby City Council 10-12

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In addition to the above events, the need to share good practice is ever increasing with our external engagement leads across Derbyshire and surrounding areas. With this in mind the patient experience team have led the way in setting up a group to do just that, titled 'PEPSI' – patient experience partnership sharing information. Partners include; Burton Hospitals NHS Foundation Trust, Chesterfield Royal Hospital NHS Foundation Trust, Derbyshire Community Healthcare NHS Foundation Trust, Erewash Clinical Commissioning Group, Southern Derbyshire Clinical Commissioning Group, Nottingham University Hospitals, Derbyshire Healthcare NHS Foundation Trust. The aim of this group is to achieve a joined up approach to patient experience and engagement through our local NHS partnership working, with the vision to instil confidence to our patients that we are a seamless healthcare service.

The Trust continues to engage with patients, relatives and carers on site through the information and support hubs that offer a range of valuable resources, both on paper and electronically, situated at Royal Derby Hospital and London Road Community Hospital entrances.



Over the next five years the vision is for the information hub to be utilised more by the entire Trust. A group of “champions” will be set up representing areas/wards, to meet with the team’s Patient and Public Engagement Manager, to disseminate information from the patient experience team. This will include the health awareness weeks that are advertised in the information hubs where reading material on the relevant health awareness weeks will be readily available.

Part of this vision is building on using the consultation room as a ‘clinic’ for external and internal partners to use to enhance patient experience. Partners could range from charities to support medical conditions, council advice services, and other public services, to in house services. The consultation room would be available for partners to book ‘clinic’ time. The champions would be aware of any sessions planned (shared with them at their monthly meetings) and therefore, would be able to signpost relevant patients to relevant ‘clinics’. Fulfilling this vision would ensure that patients and their relatives have access to relevant information to not only improve their experience but this would also save clinical staff time in talking to the patient about non-medical needs and ensure that the patient sees a more specialised person around their query. Regular meetings will be held with the PALS team to work on improving the hub service, link up with any training which may be beneficial to staff and any updates for sharing across the teams.

Healthwatch

The Trust continues to work closely with partners in Healthwatch who share stories, data and engagement reports. Feedback in all of its forms gives the Trust opportunities to learn from patients, families and carers.

It has been a productive year of feedback from Healthwatch Derbyshire who have undertaken reports for Learning Disabilities, Health and Social Care Experiences, Substance Misuse and Mental Health Crisis.

A particular pleasing piece of work was the project to improve services for patients with Learning Disabilities. The Learning Disabilities project was an example amongst many, of what can be achieved with collaboration. The Learning Disabilities report gave numerous positive examples and complimentary remarks that are used to promote good practice amongst staff. The feedback also indicated that the Trust needs to continue to do more to communicate with those with Learning Disabilities, this work has led in

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remarkably well into the AIS introduced in early 2016, the Trust are working in collaboration with Healthwatch Derbyshire, as the AIS project progresses.

Healthwatch Derby City have been canvassing views about discharge this year, and subsequently hosted a Care Home Provider Workshop to encourage discussions between acute providers and care homes to tackle some of the issues around discharge of patients that will go to a care home. This proved a fruitful discussion and has instigated further work and encouraged promotion of compassionate discharge.

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Annex 1: Supporting Statements

Statement from Healthwatch Derbyshire

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Statement from Healthwatch Derby

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Statement from Derby City Council's Overview & Scrutiny Commission

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Statement from the Council of Governors of Derby Teaching Hospitals NHS Foundation Trust

Throughout 2016/17 individual Governors have continued to attend a range of groups relating to many aspects of patient care services provided by the Trust and the Board committees chaired by the Non Executive Directors (NEDs). Governors hold a workshop on alternate months when feedback is given relating to these groups and different aspects of their work is discussed. If necessary questions are formulated either to be asked at Council of Governors meetings or at meetings of the appropriate groups. Attendance at the different groups provides governors with valuable overview of the work of the Trust outside of the formal Council of Governors meetings.

The Core Regulations Working Group, which is a sub-committee of the Council of Governors, continues to meet bi-monthly and carry out audits in clinical areas. The new documentation for these audits was trialled last year and is now in use across the Trust. Recently the group has been concentrating on outpatient areas following the transformation work that has been done as part of the 'Outpatient Revolution'. The chair of the Core Regulations Group continues to attend the Quality Committee and the two groups are still meeting on a quarterly basis to share information and be updated on progress with quality strategy. This year members of the group have also begun to accompany the NEDs and board directors on the programme of 'Board to Ward' visits. This again provides governors with another avenue to observe the services in action, both clinical and support services, and to discuss the work of the Trust with the senior managers and NEDs.

Through the Council of Governors meetings and specific information sessions governors have been kept informed of the timetable and progress of the STP, and discussions about closer working options with Burton. This has included a series of meetings with Burton governors to discuss shared aspects of these plans



Statement from Southern Derbyshire Clinical Commissioning Group

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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 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 2016/17 and supporting guidance;
- the content of the Quality Account is not inconsistent with internal and external sources of information including:
 - Board minutes from April 2016 to --/--/2017;
 - Papers relating to Quality reported to the Board from --/--/2016 to --/--/2017;
 - Feedback from NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) on Annual Quality Account 2015/16 Derby Teaching Hospitals NHS Foundation Trust Commissioner Statement received on --/--/2017;
 - The Statement from Trust's Council of Governors for the Quality Report dated --/--/2017;
 - Feedback from Healthwatch Derbyshire dated 16/05/2016 and Healthwatch Derby received on 19/05/2016;
 - Feedback from Overview & Scrutiny Committee received on --/--/2017;
 - The Derby Teaching Hospitals NHS Foundation Trust's Complaints & Compliments Annual Report 2015-2016;
 - National Patient Survey 2016 Derby Teaching Hospitals NHS Foundation Trust Management Report produced on 18/04/2016 by Quality Health Ltd;
 - The 2016 National NHS staff survey --/--/2017
 - The Head of Internal Audit's annual opinion of the Trust's control environment dated --/--/2017.
 - CQC inspection report dated --/--/2017;
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, 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 Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

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

By order of the Board
 24 May 2016



Auditor's Opinion – Quality Report



Taking pride in caring

Quality Report

Annex 3: Independent Auditor's Limited Assurance Report

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ABBREVIATIONS USED:

Abbreviation Used	In Full
AHP	Advanced Health Practitioner
AKI	Acute Kidney Injury
ANTT	Aseptic Non Touch Technique
BMI	Body Mass Index
C.diff	Clostridium difficile
CCG	Clinical Commissioning Group
CCOT	Critical Care Outreach Team
CDS	Commissioning Data Set
CGA	Comprehensive Geriatric Assessment
CLRN	Comprehensive Local Research Network
CNS	Clinical Nurse Specialist
CPES	Cancer Patients Experience Survey
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CT	Computerised Tomography
CVC	Central Venous Catheter
DHFT	Derby Hospitals NHS Foundation Trust
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation
DOH	Department of Health
E.coli	Escherichia coli
ED	Emergency Department
EDD	Expected Date of Discharge
EMAHSN	East Midlands Academic Health service Network Patient Safety Collaborative
EMCSN	East Midlands Cardiac and Stroke Network
EMPSC	East Midlands Patient Safety Collaborative
EPaCCS	Electronic Palliative Care Co-ordination system
EWS	Early Warning Score
EPMA	Electronic Prescribing and Medicines Administration
FM	Facilities Management
GP	General Practitioner
HNA	Holistic Needs Assessment
IBD	Inflammatory Bowel Disease
ICC	Infection Control Committee
ICOG	Infection Control Operational Group
ICNARC	Intensive Care National Audit and Research Centre
IPC	Infection Prevention & Control
IPCT	Infection Prevention Control Team
ISS	Integrated Service Solutions
HCAI	Health Care Associated infection
HCW	Health Care Workers
HED	Healthcare Evaluation Data
HRS	Health Research Sectors
HSMR	Hospital Standardised Mortality Rate
HPA	Health Protection Agency
HPV	Hydrogen Peroxide Vapour
HTA	Health Technology Assessment

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ICOG	Infection Control Operational Group
ITU	Intensive Therapy Unit
KPI	Key Performance Indicator
LCP	Liverpool Care Pathway
LGBT	Lesbian, Gay, Bisexual and Transgender
LIPS	Leading Improvements in Patient Safety
MAU	Medical Admissions Unit
MDT	Multi-Disciplinary Team
MHRA	Medical and Healthcare Products Regulatory Agency
MRC	Medical Research Council
MRSA	Methicillin Resistant Staphylococcus Aureus
MRSAb	Methicillin Resistant Staphylococcus Aureus bacteraemia
MSO	Medication Safety Officer
MSSA	Methicillin Sensitive Staphylococcus Aureus
NCEPOD	National Confidential Enquiries of Patient Outcomes and Death
NHS	National Health Service
NHSG	Nutrition and Hydration Steering Group
NICE	National Institute for Health and Clinical Excellence
NICU	Neonatal Intensive Care Unit
NIHR	National Institute for Health Research
NHSE	National Health Service Executive
NMBR	National Mastectomy and Breast Reconstruction
NNAP	National Neonatal Audit Programme
NOF	National Operating Framework
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PbR	Payment by Results
PDSA	Plan, Do, Study, Act
PEAT	Patient Experience Assessment Team
PHE	Public Health England
PHSO	Parliamentary and Health service Ombudsman
PLACE	Patient Led Assessment for the Care Environment
PROMS	Patient Reported Outcomes Measures
PUPG	Pressure Ulcer prevention Group
QIPP	Quality, Innovation, Productivity and Prevention
RCA	Root Cause Analysis
RCP	Royal College of Physicians
SBAR	Situation, Background, Assessment, Recommendation
SDU	Step Down Unit
SHMI	Summary Hospital Level Mortality Index
SHOP	See Home Other Planned
SIG	Serious Incident Group
SLAM	Service Level Activity Monitoring
SLM	Service Line Management
STEIS	Strategic Executive Information System
SUS	Secondary User Service
UV	Ultra Violet
VTE	Venous Thrombo Embolus

Derby Teaching Hospitals 
NHS Foundation Trust

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