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STATEMENT ON QUALITY FROM THE CHIEF EXECUTIVE

I am delighted to introduce our Quality Account for 2017-18 which outlines the steps we are making towards our ambition to become the most effective, harm free and caring teaching hospital in England by putting the needs of our patients first.

During the year we launched our Quality Strategy for 2017-2021, in line with the Care Quality Commission’s five key lines of enquiry ensuring that our services are safe, caring, responsive, effective and well led. Our focus as we strive to further improve the quality of the care we offer our patients is on reducing our sepsis rates, reducing stillbirth and maternal death rates, learning from patient safety incidents, feedback and staff experience, reducing unwarranted clinical variation and learning from preventable deaths.

During the year we welcomed the Secretary of State for Health, Jeremy Hunt, who praised our quality ambitions and our outstanding record on diagnosis and swift treatment of sepsis. I am particularly pleased to report that data shows Derby Teaching Hospitals has the lowest in-patient mortality for sepsis compared to other hospitals in the region. Patients have a 32.2% lower chance of dying of sepsis in Derby than the national average. This is a significant achievement which demonstrates our Quality Strategy in action.

We also held our first successful Patient Experience Week in April, where we celebrated the hard work of our staff in continuously improving patient experience by holding various competitions, including offering £1,000 prizes for the best improvement ideas. We are planning a second Patient Experience Week in April 2018, with further prizes offered to fund the best ideas and inspiring stories to be shared at the launch event, including how the Enhanced Discharge programme helps improve the lives of complex patients. For the first time ever, we will be awarding a member of staff ‘Patient Experience Champion of the Year’.

We also have a comprehensive Maternity Safety Improvement Plan in place to help us provide safe, high quality maternity care at Derby Teaching Hospitals and it is encouraging to report we are making good progress in this vital area. The improvements we have made have already resulted in a marked reduction in the stillbirth rate in our maternity unit, which is now significantly below the national average.

How our staff feel about the quality of care we deliver is an important marker of quality and I am delighted that the National Staff Survey showed that 84% of our staff would be happy to recommend our hospitals to friends or relatives for treatment. This put Derby in the top 20% of trusts in this category for the third year running, while we were also in the top 20% for staff saying they would recommend the Trust as a place to work, and for those who feel enthusiastic about their role.

All of this has been achieved during a particularly challenging year, with record demand for our services. In line with many other large acute trusts, we have experienced an unprecedented period of sustained pressure, with large numbers of acutely unwell patients needing emergency treatment and admission. During January, we saw a 7% increase in emergency admissions, compared to the same time last year, with more than 100 new patients being admitted each day. This trend continued into March.

Despite this, our staff and volunteers really impressed me with the way that they rose to the challenge to continue to provide quality care for our patients. Our staff and volunteers are our most valuable asset and their hard work, tireless commitment and resolve has been outstanding during what has sometimes been a difficult year. An example saw many of our clinical staff coming to work in heavy snow, with overnight bags to hand to enable them to stay on the premises so they could continue to care for our patients. I thank all my colleagues for really going the extra mile to keep our patients safe.

This statement summarises Derby Teaching Hospital NHS Foundation Trust’s view of the quality of the NHS services that it provided or subcontracted during 2017-18. To the best of my knowledge the information in this document is accurate and the Trust Board has received and endorsed the details set out in the Quality Account document.

Gavin Boyle Chief Executive
24 May 2018
PROGRESS ON 2017-18 QUALITY IMPROVEMENT PRIORITIES
PRIORITIES FOR IMPROVEMENT AND STATEMENT OF ASSURANCE FROM THE BOARD

Performance against priorities for Quality Improvement 2017-18

This Account covers the financial year of 2017-18 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 2017-18.

It is recognised the Trust has been and continues the planning process of the prospective merger with Burton Hospitals NHS Foundation Trust. The following priorities have been chosen as they reflect the quality of care across both organisations, and are key indicators within both DTHFT and BHFT Quality Strategies ensuring that we deliver safe, effective care to all our patients mapped across the Care Quality Commission 5 key lines of enquiry.

Priorities for Improvement during 2018-19

- Recognise patients who are clinically deteriorating and start appropriate treatment
- Continue to Identify and then start treatment for all patients with Sepsis
- Continue to Identify, learn from and reduce preventable deaths
- Continue to Identify unwarranted variations in clinical practice
- Create an environment where we continue to support our staff to protect our patients and feel free to report any patient safety concerns.

These priorities will be measured and monitored by the Trust’s Quality Governance Structure as identified on page 55 of this document.

The priorities that are now described below for 2017-18 were developed after consultation with a range of staff, patients, the Council of Governors, 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:
Making Us Safer – Safe

Reduction in Hospital Acquired Infection Rates Related to Lapses in Care

An internal trajectory for Clostridium difficile infection lapses in care was developed, with the aim of reducing the number of lapses in care by 25%. Therefore the trajectory for 2017-18 was no more than 18 lapses in care. 19 lapses in care have been identified; therefore the internal trajectory was not achieved for this year.

Three lapses in care have been identified as potentially being related to the acquisition of the Clostridium difficile infection.

All of the categories of lapse in care identified reduced from previous years with the exception of possible cross contamination; two lapses in care were identified, which had not been identified previously. The number of lapses in care related to cleanliness and missed doses of Clostridium difficile treatment remained the same as the previous year.

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 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.

For the first time in 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 53 cases, 14.98 cases per 100,000 bed days.

The Trust trajectory for 2017-18 remained the same as the previous year, i.e. no more than 16.6 cases per 100,000 bed days. The Trust ended the year on 22.05 cases per 100,000 bed days, or 64 cases.

In May 2017, due to a global shortage of Piperacillin /Tazobactam, the Trust was required to change our antibiotic prescribing guidelines to alternative antibiotics that are higher risk for Clostridium difficile infection. The antibiotic of choice has a lower risk for C.diff and features in many of the Trusts prescribing guidelines.
The shortage is not fully resolved, targeted prescribing guidelines are being reverted back to Piperacillin / Tazobactam, this started in November 2017, as it became more readily available. Whilst there is no direct evidence that this change played a significant role in the increase of cases, there has been a notable reduction in the number of Clostridium difficile cases after the switch.

An external review of infection prevention practices, with a particular focus on Clostridium difficile management in the Trust was undertaken by the regional infection prevention lead for NHS improvement. This review identified that it is evident that infection prevention and control is high on the Trust priority list. The Trust has been rated as ‘Green’ on the NHSI risk assessment tool.

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 Director of Patient Experience and 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 Prevention and Control Committee (IPCC).

**MRSA Bacteraemia**

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

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 Prevention and Control Committee.

There have been four MRSA bacteraemia identified in 2017-18, none of which have been attributed to Derby Teaching Hospitals.

- **Case 1** – identified from the Anaesthetics business unit. The investigation did not identify any lapse in care or learning, therefore the Trust made a request for third party assignment, which was upheld by the Director of Public Health.

- **Case 2** - identified on a blood culture taken in the Children’s emergency department. The investigation did not identify any lapse in care and the CCG requested third party assignment, which was agreed by the Director of Public Health.

- **Case 3** - identified on a blood culture taken on a patient in the Emergency Department. There were no lapses in care or learning identified for Derby Teaching Hospitals. This case has been assigned to Staffordshire and Stoke CCG.

- **Case 4** - identified on a blood culture taken on admission to DTHFT; therefore this case was provisionally assigned to Southern Derbyshire CCG. However the patient had only been discharged for Derby Teaching hospitals 12 hours previously. Joint investigation did not identify any lapse in care and the CCG requested third party assignment, which was agreed by the Director of Public Health.
Escherichia coli (E. coli) Bacteraemia

E. coli is a species of bacteria commonly found in the intestines of humans and animals. There are many different types of E. coli and while some live in the intestine quite harmlessly, others may cause a variety of infections. Urinary tract infection is the most common E. coli infection, the bacteria spreads from the intestine to the urinary tract. 

Overspill from the primary infection site into the blood stream can cause a blood stream infection. These are referred to as an E. coli bacteraemia.

Mandatory reporting of E. coli bacteraemia commenced in June 2011.

The Secretary of State for Health has launched an ambition to reduce Gram-negative bacteraemia by 50% by 2021. One of the first priorities is addressing E. coli bacteraemia, which represent 55% of all Gram-negative bacteraemia. Nationally, E. coli bacteraemia have increased by a fifth in the last five years and the trend is continuing upwards. Furthermore, preventing bacteraemia should have a major impact on reducing the need to prescribe antimicrobials, which is a key way of reducing the rise in antibiotic resistance.

The Trust is part of the Derbyshire wide E. coli bacteraemia task and finish group. The remit of this group is to support the ambition to reduce E. coli blood stream infections by 50% by 2021.

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 affects 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.

There was a slight increase in the number of patients affected by Norovirus in 2017-18.

The use of the Derby Door and the increased communication, awareness, and control within the organisation continues to have a positive impact on reducing the spread of Norovirus within the organisation.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of areas affected</th>
<th>Number of full ward closures</th>
<th>Number of confirmed Norovirus</th>
<th>Number of patients affected</th>
<th>Number of staff affected</th>
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</thead>
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<td>8</td>
<td>18</td>
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<td>2013-14</td>
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<td>16</td>
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<td>17</td>
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<tr>
<td>2014-15</td>
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<td>3</td>
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</tr>
<tr>
<td>2015-16</td>
<td>13</td>
<td>5</td>
<td>8</td>
<td>68</td>
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<tr>
<td>2016-17</td>
<td>11</td>
<td>4</td>
<td>6</td>
<td>39</td>
<td>14</td>
</tr>
<tr>
<td>2017-18</td>
<td>10</td>
<td>4</td>
<td>5</td>
<td>41</td>
<td>11</td>
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</tbody>
</table>

2016-17 data has been updated for the latest figures

The Derby Door is used as part of the Trust Norovirus management plan. The Derby Door is an inflatable blow up door that creates a physical barrier between the bay and the ward. Developed by the Trust, the Derby Door is used for infection prevention and control - for example for Norovirus management.
**Seasonal Influenza**

Influenza (flu) is a viral infection affecting the lungs and airways. The symptoms can appear very quickly and include:

- headache
- fever
- cough
- sore throat
- aching muscles
- joints

Complications include bacterial pneumonia, and can be life threatening especially in older people and those with certain underlying health conditions. Flu occurs most often in winter in the UK. There are 2 types of influenza affecting people:

- influenza A
- influenza B

In line with the national picture, the Trust saw an increase in the number of patients with suspected and confirmed influenza, predominantly influenza B. 656 confirmed flu cases have been identified in the virology laboratory since 1st December 2017, compared to 71 cases in 2016-17. At the peak there were 45 confirmed flu inpatients in the Trust. The single room provision within the Trust meant that patients with suspected and confirmed flu were isolated in a timely manner.

**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 Prevention and Control Committee. In addition all clinical staff are required to undertake a competency assessment of their hand hygiene technique on a two yearly basis.

**REDUCTION IN SEPSIS RATES**

**Implementation of Sepsis 6**

Sepsis is 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. Sepsis is included as a specific item in the Trust Patient Safety Improvement Plan. Each month 100 sets of patient records are audited to find out how many patients were screened for sepsis and how many had antibiotics within one hour.
Screening Tool
There is a Trust sepsis screening tool which is used in emergency and the majority of inpatient areas. The tool helps staff to recognise patients at high risk of sepsis, so they can be seen by a doctor.

During 2017-18 Q3, 98.6% of patients who required screening were screened for sepsis.

Antibiotic Administration
Patients with sepsis should have intravenous antibiotics within one hour. During 2017-18 Q3, 94.3% of patients who needed antibiotics had them within 1 hour.

The sepsis screening tool and bundle does appear to be starting to make a difference to the survival rate of our patients. The graph shows an overall downward trend from 21% in March 2015 to 13% in December 2017. As the sepsis screening tool has had such a positive effect, it will be extended to other areas in the Trust including cancer, maternity, and new born during 2018/19.
Sepsis Steering Group
The Trust has established a sepsis steering group, chaired by the clinical lead for sepsis in the Trust. Members include representatives from patient safety, consultants, nurses, microbiologists, pharmacists and professional development staff. The main focus of the group is to improve early recognition and treatment of sepsis in the Trust and therefore improve patient outcomes.

The group meets regularly to look at areas such as reporting, performance against the CQUIN, training of staff in the use of the care bundle and screening tool and further development of the screening tool, developments in IT. An annual work plan has been developed to track the progress of work of the group.

Education and training
There is an education and training strategy for nursing and midwifery staff at the Trust. This has focussed on emergency, in patient and paediatric ward areas. In February 2018, 94% of registered nurses and health care assistants in these areas had completed training. The strategy is being developed to include nursing and midwifery staff on the cancer wards, maternity and neonatal units.

Reduction in Sepsis Rates
The Sepsis audit has led to the sepsis screening tool and care bundle being rolled out across the organisation to help improve early recognition and treatment of Sepsis. It has also helped in establishing DTHFTs response to Sepsis: The Sepsis 6 Training compliance reports have been set up to monitor training performance by area and used operationally to improve compliance. To date over 1800 members of Staff have been trained (Registered Nurses/Health Care Assistants/Advanced Practitioners) which equates to 94% of the target audience trained to date. The Trust also has a separate Paediatric Sepsis screening tool and care bundle currently being used across all Paediatric wards and Children’s emergency. A maternal Sepsis screening tool and care bundle is nearing sign off by the Trust-wide Sepsis Steering Group and will be released soon to all the maternity areas.

Monthly Sepsis audits are carried out by the divisions, results from audits on both screening and treatment are fed back to the divisions and staff on a monthly basis to help improve and monitor compliance. ED non-compliance is fed back on a patient level basis to allow for root cause analysis.

December 2016 – November 2017 Sepsis Mortality national data (HED), shows that the Trust is in the lowest quartile for sepsis mortality (in-patients and death within 30 days of discharge) in our peer group of 20 NHS Trusts. The SHMI for this period was 75.58 and that 140 fewer patients died from sepsis than would be expected.
REDUCE STILLBIRTH AND MATERNAL DEATH RATE

Maternity Safety Improvement Plan
The Maternity Safety Improvement Plan is now an established framework being used to continually identify areas of safety and quality improvement in maternity and neonatal care in line with Saving Babies Lives stillbirth care bundle.

Areas that have already demonstrated significant positive results in improving care for mothers and babies include:

Neonatal Thermal care bundle (baby hats) to address avoidable admissions to NICU. Since implementation of the care bundle in January 2016 no babies have been admitted to NICU solely for low temperatures at birth.

The implementation of the revised Small for Gestation Age (SGA) guideline and embedding of the SGA risk assessment tool used by the community midwives now identifies women who are more at risk of having growth restricted babies which has ensured timely referrals to an obstetrician and a correct pregnancy pathway and care plan being in place.

National Maternity and Neonatal Safety Collaborative Programme
Derby maternity services has completed the first year as a Wave 1 Trust, one of only 2 in the Midlands and East region with the National Maternity and New born Safety Collaborative (NHSI). This national quality improvement programme has enabled our maternity and neonatal service to further develop and focus on key areas for improvement using a consistent QI approach supported by the NHSI team and online resources.

The safety improvement leads have incorporated the collaboration key drivers with the current safety developments and have identified the following areas:

- Safety culture – develop of the safe team concept by establishing ‘safe tea’ champions
- Early detection of growth restricted babies
- ATAIN (avoiding Term admissions to neonatal intensive care)- hypoglycaemia and hypothermia pathways of care/communication with families and carers
- Work environments and safer care – developing a safety culture with learning from excellence through peer support and sharing forums.

MAKING US MORE CARING – PATIENT EXPERIENCE

ROLLOUT OF 'MAKING YOUR MOMENT MATTER' LOCAL
In April 2014, we launched our Making Your Moment Matter (MYMM) pledges following a large consultation with the people of Derby, our patients, staff and Governors. From their feedback, we produced the following five pledges:

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

During the subsequent years, we have been training staff on the meaning of the five pledges and how they can help the Trust meet them. We have developed a package called Making Your Moment Matter Local (MYMML) which involves doing in-depth work with specific teams and departments. We give staff a safe place to share their experiences and work through issues to identify what is within their control and what is
outside their control, escalating issues to senior management as necessary. The package has been recognised nationally and was runner-up in NHS England’s Patient Experience Network National Awards (PENNA) 2016.

We have also recently launched Customer Care Standards. These are behaviours we expect from staff to help us meet the MYMM pledges. The standards are as follows, and were originally developed by Sheffield Teaching Hospitals, whom have given permission for us to use them:

be welcoming  be professional
be respectful  be proud of our environment
be helpful    work with others
be informative keep improving
be understanding be committed

Our next steps are to develop a Trust-wide training programme that all staff can access, as we have learned that it is difficult to get time booked out for whole teams together. Many of the same messages are also delivered at our Trust Inductions, which means all new starters understand their role in the Trust’s commitment to meeting the pledges and delivering the best possible patient experience.

INCREASED EVIDENCE OF LEARNING FROM PATIENT FEEDBACK AND EXPERIENCE

Reduction in reopened complaints and referrals to the Ombudsman

The Trust has continued to focus on the timeliness and quality of responses to complaints and concerns and ensuring we use feedback to improve and learn as an organisation. We have seen a decrease in the number of formal complaints through 2017-18 and a slight increase in reopened complaints.

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<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
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<tbody>
<tr>
<td>Number of formal complaints</td>
<td>720</td>
<td>649</td>
<td>637</td>
</tr>
<tr>
<td>Number of reopened complaints</td>
<td>100</td>
<td>67</td>
<td>72</td>
</tr>
<tr>
<td>Number of Informal concerns and enquiries</td>
<td>3459</td>
<td>3446</td>
<td>3357</td>
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The Trust continues to work to improve the management of the complaints and concerns framework, including greater links being forged with the Patient Experience and Staff Engagement teams to triangulate data, highlighting themes and trends across all feedback received. We feel it is important to celebrate success and the Trust has developed a number of areas of good practice:

- A new process is being trialled to ensure complaints regarding care and treatment leading to a patient’s death in hospital are considered for a stage two mortality review.
- The Complaints department now has representation at the Discharge Experience and End of Life groups to report themes and trends from complaints/concerns along with any issues highlighted through incidents.
- The on-site registration service for births and deaths was extended in 2017 to provide a second Registrar at the Royal Derby Hospital. The extended service continues to be well received by relatives and is often the preferred site for registration in the City.
- The systems and processes to ensure that actions and learning from complaints and concerns are recorded on DATIX are embedded and progress on actions recorded are reviewed through regular discussions with divisional complaints leads and via the Patient Experience Committee.
- There is an ongoing focus on the timeliness and quality of responses, with regular review through the Complaints Review Group, Chief Nurse Meeting and divisional meetings.
• It was felt that a clearer identity was needed for the service (previously called Public Patient Partnership Unit), incorporating the Complaints department, Patient Advice & Liaison Service (PALS) and Bereavement Service. A new title of Advice & Support Services was developed by the team, along with a new logo and artwork incorporating the image of a tree with PRIDE objectives as the roots that support everything we do and branches representing the services we provide. The new logo and artwork has been incorporated into updated leaflets, website/Flo pages, email signatures, grasshopper stands and other promotional material which is hoped will help patients, their carers and relatives to more easily identify our services.

• The Advice and Support Service continues to work in partnership with other organisations in receiving and responding to feedback from Healthwatch, Patient Opinion, and NHS Choices. This additional feedback on the experiences of our patients and their families is added to our data and helps to create a bigger picture, together with our internally collected data.

Complaints Received by the Parliamentary and Health Service Ombudsman or Local Government 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. In addition, the Local Government Ombudsman (LGO) is the final stage for complaints about councils, adult social care providers and other organisations providing local public services. The Trust liaises with the LGO regarding complaints that have an element of health care.

A person may refer to the PHSO/LGO 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 Ombudsman will consider the referral alongside copies of relevant health records and the Trust’s complaint file and decide whether to investigate. The Trust is given the opportunity to ensure that local resolution has taken place to try to resolve the issues. If the Ombudsman decides to investigate a complaint it will invite the Trust to comment on the points they intend to look into and any findings, both at draft and final report stage. In conclusion, the Ombudsman will give an independent view on the complaint and can make recommendations to take action to put things right, including acknowledgement of mistakes, apologies, review policies/procedures and financial remedy.

• In 2015-16 there were 18 new referrals investigated by the PHSO
• In 2016-17 there were 14 new referrals investigated by the PHSO
• In 2017-18 there were 5 new referrals investigated by the PHSO/LGO

We have seen a significant decrease in the number of cases being investigated by the PHSO/LGO in 2017-18 compared to the previous year. The Trust continues to focus on ensuring that complaints are dealt with thoroughly at local resolution stage, offering complainants the opportunity to contact us if they have any ongoing concerns or questions and doing all we can to address these in writing or by meeting families to discuss concerns face to face. There is a structured approach to dealing with cases that are referred to the PHSO/LGO, and Trust responses/comments are co-ordinated by the Complaints Manager/Lead in liaison with the appropriate divisional leads.

In 2017-18, seven investigations were closed by the Ombudsman, four of which were not upheld and three were partly upheld.
Healthwatch feedback

• Healthwatch Derbyshire - 118 contacts (concerns and compliments) received. It was agreed with Healthwatch Derbyshire that from Quarter 3 2017-18 the contacts with named commentators requesting feedback would be investigated and responded to by Patient Advice & Liaison Service (PALS) and other feedback will be received by the Patient Experience department to feed into themes and trends analysis.

• Healthwatch Derby City – Cancer Services report including 11 case studies, 3 other case studies received (Emergency Department, Outpatients and Ward 204, and Children’s Hospital). A detailed report was received focussing on Cancer Services at the Royal Derby Hospital. Feedback on the experiences of patients and their relatives was collected via public engagement events in January 2017. The report was published in April 2017 and included a number of observations and comments and 11 case studies. The feedback received was on the whole very positive (74% positive, 13% negative and 13% indifferent). Concerns included issues with community transport, parking and onsite road congestion, delayed discharge, communication and radiotherapy equipment breakdowns. A number of actions and learning were identified as a result. The other case studies were well received and were also useful in helping the Trust to learn from feedback.

Priorities for Quality Improvement 2018-19 – Advice & Support Service

Complaints:

• We will improve and continue our focus on the timeliness and quality of responses.

• We will continue to build on the skills and knowledge of our staff to ensure they are equipped to investigate and respond well.

• We will work to improve co-ordination of complex investigations so that families feel supported, listened to and understood and receive a personal response with the right amount of detail.

• We will ensure we continually review how we are doing.

Patient Advice & Liaison Service (PALS):

• We will continue to provide an accessible and responsive service, providing help, advice, information and support to patients, their carers and relatives.

• We will continue to focus on ensuring support and assistance with any concerns or enquiries associated with changes to services.

• We will continue to welcome feedback from and respond to issues raised from partner organisations.

Bereavement Service:

• We will reassess our Bereavement Service to make sure it meets the needs of our community.

• We will continue to work closely with colleagues in other organisations on improving the whole service provided to families when a patient has sadly died.

IMPROVED DELIVERY OF PERSON-CENTRED CARE

• In line with improving the delivery of person-centred care, and as part of the maternity initiative comfortable recliner chairs have been purchased. This enables women to choose a partner to support them by staying overnight. Guidance information is provided for women and their selected partner of choice which includes a charter of agreed behaviours whilst on the ward.

One of the key national recommendations from the Better Births Maternity Review (2016) relates to establishing a continuity of carer model within maternity services. Evidence has shown that women who received midwife-led continuity of carer before, during and after birth were:

• Seven times more likely to be attended at birth by a known midwife

• 16% less likely to lose their baby and 19% less likely to lose their baby before 24 weeks

• 24% less likely to experience pre-term birth

• 15% less likely to have regional analgesia, and

• 16% less likely to have an episiotomy.
The Maternity Transformation Programme has asked Local Maternity Systems across England to make provisions in their local transformation plans with the aim for 20% of women to have been booked onto a continuity of carer pathway by March 2019. The Derbyshire LMS has commenced scoping work to look at how we can develop our model of continuity of carer that will reflect the needs of local women, their babies and their families. This approach will be based on incremental increases that are manageable once the ambition and trajectory has been identified taking into account the local circumstances and opportunities.

- Trial and introduction of sleep packs - we have developed a pack with an external company that is designed to offer inpatients comfort and tackle boredom whilst in hospital. The pack includes ear plugs, eye masks, a notepad, Sudoku and crossword puzzles.

**INCREASE RESPONSE RATE OF FRIENDS AND FAMILY TEST (FFT)**

For 2017-18 we aimed to increase our FFT scores to 95% having averaged 94% the previous year. In 2017-18, we have continued to average 94% *YTD of patients surveyed recommending the Trust. Although this does not quite meet our internally set target of 95%, we have seen improvements and this is also against a backdrop of the biggest pressures the Trust has ever seen. Maintaining the high score of 94% means we are continuing to deliver high quality care and good patient experience despite unprecedented demands.

Improving our FFT scores is intrinsically linked to response rates. As such, we have also set a range of internal targets in an attempt to make staff more aware of increasing the numbers of patients they survey. We have now set up a more robust way of measuring Trust response rates and monitoring wards and departments accordingly. We are working with teams to design methods of feedback that will help increase response rates, particularly focusing on electronic solutions that will be less labour-intensive and offer greater data quality.

**INCREASE OPPORTUNITIES FOR STAFF TO REFLECT ON THE EMOTIONAL AND SOCIAL EXPERIENCES ASSOCIATED WITH THEIR WORK**

**Supporting our staff to deliver compassionate care: Schwartz Rounds**

The first Schwartz Round took place in February 2017, and continues to run on a monthly basis.

Schwartz Rounds provide a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare. The purpose of Rounds is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. The underlying premise for Rounds is that the compassion shown by staff can make all the difference to a patient’s experience of care, but that in order to provide compassionate care staff must, in turn, feel supported in their work.

Schwartz Rounds are held once a month for an hour, with refreshments provided. Each Schwartz Round has a topic, during the first 15 minutes a small panel of staff members describe a patient-care experience, how it made them feel and any challenges that arose. During the final 45 minutes audience members are invited to discuss their experiences or to reflect on anything discussed in the session.

As at 13th February 2018 13 Schwartz Rounds have taken place, with 494 staff attendances in total:

- 99% of attendees said that they would recommend attendance to a colleague
- 99% rated the round as Good (11%), Excellent (46%) or Exceptional (42%)

All Rounds are for staff members only and are completely confidential. Attendees are asked to provide feedback at the end of the session which is used to improve future sessions and has also given the team new ideas for future topics. Feedback from participants shows how valuable they find the sessions and participation in the conversations and reflection within the round, the Schwartz team are very proud to be supporting our staff to deliver compassionate care.
MAKING US MORE EFFECTIVE - EFFECTIVE

INCREASE IN USE OF AUDIT FINDINGS TO IMPROVE OUTCOMES FOR OUR PATIENTS

Considerable work has been undertaken over the past two years to develop the Trust’s Clinical Audit Forward Plan and its governance structure. Each specialty presents an annual audit summary to Clinical Audit and Effectiveness (now Improvement) Committee on a rolling programme. A standard presentation template was developed to support this which included summary of audit activity by type and status, examples of how audit finding are disseminated and examples of changes implemented as a result of audit and any challenges experienced.

The Clinical Audit team arrange two Clinical Audit Insights Forums per year where audits can be presented to a multi-disciplinary audience. A range of audits are presented by professionals from different backgrounds and grades.

In addition National audit outcomes are reported to Quality Review Committee and Divisions are held to account for the delivery of identified actions.

Further work is planned in order to increase the number of multidisciplinary audits and to ensure re-audits are undertake in order to evidence change as the result of actions taken following an initial audit.

CONTINUE TO REDUCE UNWARRANTED CLINICAL VARIATION

‘Getting it Right First Time’
The Getting It Right First Time (GIRFT) programme aims to bring about higher-quality care in hospitals, at lower cost, by reducing unwanted variations in services and practices. It uses national data to identify the variations and outcomes, shares that data with all those concerned with a service – not only clinicians, but also clinical and medical directors, managers and chief executives – and monitors the changes that are implemented.

The Trust has engaged with the GIRFT programme across a number of specialties and work is currently being undertaken to ensure action plans are put in place and progress monitored. The intention is that Clinical Audit and Improvement Committee will oversee this work going forward.

PLICs
Patient level cost information is now updated on a quarterly basis in the data warehouse where two reporting modules have been implemented: one designed for clinicians and the other for finance users. A costing development programme is being established with a focus on continued improvement to reference costing. The reference cost process provides the majority of the cost drivers used in patient level costing.

INCREASE EVIDENCE OF LEARNING FROM MORTALITY REVIEWS

The Trust is committed to implementing the National recommendations in relation to review of, and learning from, deaths. In 2017 the Trust’s Learning from Deaths policy was published, providing a platform for a number of key developments. Use of the national Structured Judgment Review tool was implemented including access to an electronic version of the tool and priority patients groups for review were identified e.g. patients with learning disability or mental health issues, cases where relatives have raised a concern, deaths from sepsis or following an ICU transfer. Currently approximately 25% of deaths are reviewed each month. Where concerns are identified a higher level multi-disciplinary review is instigated, which includes consideration of whether the death could be considered avoidable. So far there has only been one case which was deemed potentially avoidable.

A number of actions have been implemented as a result of the findings from mortality reviews, including revision, or development, of guidelines and training. Further work required to increase the number of deaths reviewed and to develop a culture of learning from reviews rather than seeking to lay blame.
MAKING US MORE RESPONSIVE

Increase Learning From Incidents

The Trust’s Incident Learning Group, chaired by the Executive Medical Director, continues to identify learning from individual incidents that can be shared across the organisation, as well as themes and trends from no or low level harm incidents. Trends from Inquests and Claims and going forward, Complaints, are triangulated with Incidents Trends and Themes. The group commissioned further work and learning in the following topic areas:

- Consent
- Handover
- Medical review/delay
- VISA

Other trends are being shared with Groups that are already established e.g:

- Infection Control concerns
- Outliers/Patient Flow/Winter pressure
- Discharge related issues
- Surgery related issues

Work is still ongoing with some of the previous groups:

- Positive Patient Identification (PPI) and the group are also working with the Trusts Information Governance Team to generate ideas and solutions.
- Insulin/diabetes management

These groups are asked to report back to the Incident Learning Group to relay the findings and share learning across the group.

Overall reporting of incidents has improved over the last 2 years - this is analysed quarterly via Patient Safety Committee, and any trends on reporting are reviewed.
Learning from Never Events
The national Never Events list has been updated (as of 1st February 2018) with two new Never Events:
- Unintentional connection of a patient requiring oxygen to an air flow meter
- Undetected oesophageal intubation

There have been three reported Never Events since 1st April 2017, this is a downward trend from 16/17

Wrong route medication:
A patient, during a caesarean section, was given an epidural top up intravenously instead of via the epidural. No harm resulted to the patient. The root cause of the incident was that there was no barrier in place to prevent the epidural syringes being connected to an intravenous cannula. The trust is currently rolling out a new national product, which means that an intravenous syringe (Luer lock syringe) cannot be attached to an epidural syringe (NRFit).

Wrong site surgery:
A patient attended for a botulinum injection to their left leg to reduce muscle spasm caused by Cerebral Palsy. The patient received the injection into the right leg. The patient was then injected into the (correct) left leg. The patient did not suffer harm as a result of the incident. The root cause of this incident was that there were not clearly defined processes and guidelines in place to ensure continuity of practice within the Botox injection clinic. Learning from this incident has been shared across the Trust.

Unintentional connection of a patient requiring oxygen to an air flow meter:
A patient required a manipulation under sedation for a fractured ankle. It was noted after the procedure that their Oxygen mask was attached to Medical Air rather than Oxygen during the sedation and manipulation. The patient suffered no harm. Learning from this incident has been shared across the Trust

Following a Never Event, the Trust shares the key learning across the Divisions to reduce the risk of reoccurrence — see below for example. Initial learning is captured and shared across all Divisions, whereby all areas review their processes, highlight areas of concern and provide opportunities to put appropriate barriers in place to reduce the risk of recurrence.

<table>
<thead>
<tr>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>A lady required a manipulation under sedation for a fractured ankle in ED in February. It was noted after the procedure that their oxygen mask was attached to medical air rather than oxygen during the sedation and manipulation. The lady suffered no harm and has been informed of the error and the investigation.</td>
</tr>
<tr>
<td>The incident was reviewed and escalated as a Never event.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key findings &amp; learning</th>
</tr>
</thead>
<tbody>
<tr>
<td>Equipment hung on the air flow meter therefore obscuring visibility of the named dial on the front of the flow meter</td>
</tr>
<tr>
<td>No formal checking system in place regarding checking of air flow meters – to include ‘skirts’ (see picture below) for air flow meters</td>
</tr>
<tr>
<td>The air and oxygen flow meters look similar</td>
</tr>
<tr>
<td>The connector on the air flow meter was grey (indicating oxygen) when it should have been black (indicating air)</td>
</tr>
<tr>
<td>There was no black ‘skirt’ on the air port</td>
</tr>
<tr>
<td>Gas not checked before administering to the patient</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Key Trust wide actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>All areas to ensure that the air and oxygen flow meters are clear of hanging equipment as it obscures the dial and damages the ‘skirt’</td>
</tr>
<tr>
<td>Ensure all airflow meters have a ‘black skirt’ and black connector on air flow meters.</td>
</tr>
<tr>
<td>Before administering a Medical Gas to a patient, STOP. Check it is the correct medical gas before turning the valve</td>
</tr>
<tr>
<td>All airflow meters should be removed from the wall across all areas and stored appropriately when not in use (e.g. drug trolley). Please note there are some exceptions to this – e.g. HDU/ICU/Respiratory areas – please discuss with your Lead Nurse/Midwife if you are unsure.</td>
</tr>
<tr>
<td>All areas to ensure that air and oxygen flow meters are checked on a daily basis, ensuring that the correct connector is connected to the appropriate flow meter and that ‘skirts’ are replaced immediately as necessary.</td>
</tr>
</tbody>
</table>
Act upon National Recommendations

**Acute Kidney Injury**

Acute Kidney Injury (AKI) is common and associated with extremely poor outcomes. In England, over half a million people sustain an acute kidney injury every year. It is a harmful but often preventable condition.

The renal team at the Trust have been leading a Health Foundation funded project to improve AKI detection and management across five NHS Trusts in England. Over the last seven years, a number of interventions have been introduced at the Trust to address care gaps in patients with AKI. These include an electronic AKI detection and alerting system, an education package and a AKI care bundle. The findings of the study were that there were improvements in the delivery of care, improved AKI detection, shorter duration of AKI and a modest reduction in length of stay, but no change in 30 day AKI mortality.

The Trust’s AKI Steering Group is currently looking at the use of the risk assessment and care bundle for emergency patients and working to increase awareness with staff. Usage of the risk assessment is good, however it is not currently possible to demonstrate use of the care bundle. Work is in progress to improve this across the Trust, including a re-launch of the updated care bundle in April 2018.

<table>
<thead>
<tr>
<th>This AKI Care Bundle contains essential actions for all patients with AKI. Additional investigations and treatment will be required for some patients as per Trust AKI Guidelines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do I need to complete the bundle?</td>
</tr>
<tr>
<td>Assessment:</td>
</tr>
<tr>
<td>Document cause(s) of AKI in notes</td>
</tr>
<tr>
<td>Perform urinalysis</td>
</tr>
<tr>
<td>Management:</td>
</tr>
<tr>
<td>Perform fluid assessment and correct hypovolaemia</td>
</tr>
<tr>
<td>Stop medication that may contribute to AKI</td>
</tr>
<tr>
<td>Inform patient of AKI and treatment plan</td>
</tr>
<tr>
<td>Refer patients to nephrology who have AKI stage 3; worsening AKI; or those who need dialysis</td>
</tr>
</tbody>
</table>

**Human Factors**

Human Factors and Ergonomics (HFE) Framework 2015-2020 is a sub work stream of the Derby Teaching Hospitals NHS Foundation Trust Quality Strategy. The framework describes delivery through three work streams:

1. **Education** - to raise awareness of HFE through education across all healthcare professionals and start to develop a pool of expertise.

   There is a 45 minute session included in the Trust induction for all new starters to the Trust. The aim of this is to introduce an awareness of human factors and ergonomics. The education strategy will be developed further during 2018/19.

2. **Investigations** - support staff to understand why we make errors and which systems and process factors threaten patient safety. Incidents are currently investigated using root cause analysis techniques which allow root causes of events to be methodically identified and corrected.

3. **Culture** – create a culture which values safety and learning.

   Safety culture refers to the way patient safety is thought about and implemented and the structures and processes in place to support this. Safety climate is a subset of broader culture and refers to staff attitudes. Staff attitudes influence patient safety outcomes and these measures can be used to...
measure climate rather than culture. Pascal metric safety climate surveys are in progress in maternity and the emergency department.

The Safety Attitude Questionnaire was completed previously at the Trust. The findings from this questionnaire have been used to develop a safety climate survey for theatres based on the NHS England and King’s College London Culture of Care barometer.

**Insulin Safety**

The Trust were successful in achieving additional funding for a two year period for the in-patient diabetes specialist nurses. This has enabled service developments and improvements which include:

- EMAS support
- Emergency Department and Ambulatory Care Centre admission avoidance pathways.
- Front line support for medical and surgical assessment units
- Daily point of care report analysis for glucose monitoring across the hospital and pro-active management of problems identified to improve management of diabetic patients
- Telephone support to facilitate safe admission avoidance pathways and early discharges

**National Safety Standards for Invasive Procedures (NatSSIPs)**

The NatSSIPs document is produced by NHS England. The document sets out the key steps necessary to deliver safe care for patients undergoing invasive procedures and will allow organisations delivering NHS-funded care to standardise the processes that underpin patient safety. The NatSSIPs do not replace the WHO Safer Surgery Checklist, but build on it and extend it to more patients in the hospital. There is a requirement to develop Local Safety Standards for Invasive Procedures (LocSSIPs). At the Trust, LocSSIPs for theatre areas are in their final stages of production. These will be used to inform the development of LocSSIPs across the Trust.

**Deliver the Four Priority Clinical Standards for Seven Day Services**

The ‘NHS Services, Seven Days a Week Forum’, chaired by Prof Sir Bruce Keogh, set out ten clinical standards to improve the quality of care and which define what seven day services should achieve for patients admitted to hospital in an emergency. These clinical standards (CS) are supported by the Academy of Medical Royal Colleges. Four of the standards (2, 5, 6 & 8) have been prioritised as a ‘must do’ for all hospitals by 2020. The four priority standards are:

- CS2 - Patients wait no longer than 14 hours to initial consultant review;
- CS5 - Patients get access to diagnostic tests with a 24 hour turnaround time. For urgent requests, this drops to 12 hours and for critical patients, one hour;
- CS6 - Patients get access to specialist, consultant-directed interventions; and
- CS8 - Patients with high-dependency care needs receive twice-daily specialist consultant review and those patients admitted to hospital in an emergency will experience daily consultant-directed ward rounds.

The most recent national survey (November 2017) only assessed Clinical Standard 2. Overall the standard was achieved in 72% of patients at DTHFT – an improvement from the previous audit but still not compliant. 17% of patients were seen by a consultant but not within the 14 hours; 4% did not have a time recorded in notes to confirm that they had been seen in time or not; 7% were seen and discharged by a registrar. There was no variation across the weekend compared to weekday:

<table>
<thead>
<tr>
<th>Admission Day</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Within 14 hours</td>
<td>17</td>
<td>16</td>
<td>20</td>
<td>32</td>
<td>28</td>
<td>22</td>
<td>23</td>
</tr>
<tr>
<td>% Within 14 hours</td>
<td>73</td>
<td>88</td>
<td>64</td>
<td>71</td>
<td>73</td>
<td>66</td>
<td>74</td>
</tr>
<tr>
<td>Outside of 14 hours</td>
<td>6</td>
<td>2</td>
<td>11</td>
<td>13</td>
<td>10</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>% Outside of 14 hours</td>
<td>26</td>
<td>11</td>
<td>35</td>
<td>28</td>
<td>26</td>
<td>33</td>
<td>25</td>
</tr>
</tbody>
</table>
With regard to the previous national survey (March 2017) findings, DTHFT was better than the national average for three out of the four standards. The main issue with compliance with the standards, related to Standard 2:

<table>
<thead>
<tr>
<th>Standard</th>
<th>7 Day average</th>
<th>Weekdays</th>
<th>Weekend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Standard 2</td>
<td>66.0%</td>
<td>70.0%</td>
<td>58.0%</td>
</tr>
<tr>
<td>Standard 5</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Standard 6</td>
<td>100.0%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Standard 8</td>
<td>89.0%</td>
<td>92.0%</td>
<td>81.0%</td>
</tr>
</tbody>
</table>

The actions that the Trust has put in place to deliver 7 day service compliance are:

- 7 day services steering group, chaired by the Executive Medical Director
- Clinical leads identified for each of the standards across the specialities who are leading projects to address the gaps in service provision
- The main actions to improve compliance with Standard 2 are:
  - Learning from other organisations who are compliant – taking ideas on processes in admission units as well as cross checking their survey methodology with that used by DTHFT
  - Breach analysis of cases that were non-compliant in the last survey
  - In-reach of consultants from acute medicine into ED
  - Changing MAU processes to identify at the morning handover patients who have not been seen by a Consultant
  - Emergency Surgery rotas being adjusted to 2 Consultants on call
- Gap analysis of the remaining 6 standards

**MAKING US WELL LED**

**Identify Leadership Potential and Delivery appropriate support to empower staff at all levels**

**Leadership General Update**
- Derby LEAD programme continues to be well attended for our aspiring leaders. The programme continues to evolve to include Organisation priorities and current leadership perspectives. A significant part of the programme encourages active/reflective learning by action learning sets/coaching and ‘on-the-job ‘ practice
- The ‘introduction to team leading’ and ‘induction to leadership’ programmes are aimed at new staff and newly appointed leaders to prepare them for their new role.
- ‘Meet our People’ is included in the Trust induction and focuses on our ‘collective leadership’ philosophy
- Leadership Masterclasses continue to be offered to all staff and include well proven sessions such as ‘the art of being brilliant’ and current leadership challenges such as ‘Resilience’
- The Leadership Community forums (Senior and mid-band) continue on a quarterly basis and is a great opportunity for staff to network, hear about the current Trust priorities, info exchange and a learning development opportunity
- Teams across the organisation are supported in the following ways: ‘time-out days’, teams going through change, underperforming teams.
- Facilitation of 360° feedback, motivational maps and action learning sets. We have a pool of trained facilitators to support teams and individuals requesting this.
- Staff continue to be signposted to external leadership development opportunities offered by both National Leadership Academy and East Midlands Leadership Academy, including specific programmes for our BME Staff
- A 2- day Senior Leadership programme -for Bands 8+, Medics, Assistant General Managers, General Managers and others has been piloted.
Coaching/Mentoring Update

- Our pool of Trust coaching is on the rise and coaches have recently been offered coaching supervision as part of their Continuous Professional Development (CPD). This has received positive feedback and outcomes have included a monthly breakfast coaching club (well attended) and formation of a coaching buddy system.
- Coaching continues to be requested by both manager and self-referral.
- We still continue to offer the coaching/mentoring programme. Whilst this programme doesn’t offer a qualification our new coaches will be closely monitored with regular supervision and a ‘coaching buddy’. If staff should wish to complete a qualification we are looking into options including the East Midlands Leadership Academy Coaching Diploma and ICF (International Coaching Federation) Accreditation.
- Medical Mentor Programme is now facilitated by Medical Education.

Compassionate & Collective Leadership

Our Collective Leadership project has now been rebranded to reflect current research from the Kings Fund around compassionate leadership in their ‘Caring to Change’ paper. The research indicates that ‘compassionate and collective leadership encourages individuals to respond autonomously to challenges by innovating rather than relying dependently on leaders to find solutions’. This ethos fits with the work already undertaken by the LEAD Ambassadors but also makes to links to patient in that they state that ‘collective leadership creates a culture in which high quality compassionate care can be delivered’. The LEAD Ambassadors are currently reviewing objectives to align to the PRIDE - 5 year strategic view and incorporate the ‘Caring To Change’ philosophy.

Enhanced Leadership Induction Programme (first 100 days)

The ambition is for employees at Derby Teaching Hospitals to have the best ‘First 100 days’ in a new post of any NHS Trust in England. To achieve this, a Trust on-boarding programme has been developed and will be piloted in stages from the beginning of September 2017. To ensure fit with the Trust local induction and various departmental inductions, this programme is being launched as an ‘Enhanced Leadership Induction Programme’. This further adds the flexibility that existing members of staff can also access the programme as part of their aspirational career development.

Scope of the programme:

- Band 6 and above (Core focus 7 and B8+)
- To create an integrated programme of existing and new opportunities with guidance to support employees first 100 days in post

Content covers 4 areas:

- Navigation – Know your way around and how things work here
- Trust Orientation Programme (meeting with key departments, meetings and tour of the Trust)
- New Leader starter pack (launch in October)
- Online portal (launch in October)

Connection – Feel part of our community

- CEO briefs
- Forums – (Leadership Forums, Clinical leadership forum, A&C forum)
- Trust Buddy Scheme (informal opportunity to socialise and buddy up with existing leaders)

Development – Know how to do things here

- New To Senior Leadership Programme (2 day modular programme)
- Leadership Induction module
- Management and leadership masterclasses
- Shadowing opportunities (launch in new year)
- Online self-managed leadership portal
Reflection – *Know how you are doing*
- Coaching and Mentoring in your First 100 days
- Action Learning Set for New Leaders
- Reflective tools (info pack and online resources)
- 360 (end of first year in post B8a+)

In line with the proposed merger a new vision, values and behavioural framework is being developed for the prospective organisation, this will be consulted on during the forthcoming year.

The priorities for the year will also include working toward supporting teams to engage in the cultural priorities for the organisation:
- More Team working as opposed to individual’s working in isolation.
- More decentralised than centralised, allowing decisions and plans to be made nearer to the patient, giving permission and autonomy.
- More focus on supporting the people than task, acknowledging that if the staff are supported, the task will be completed.
- More change focused than traditional ways of working, allowing staff to innovate and create and own their own services changes.
- More consensus decision making rather than small group decisions, engaging with the wider workforce to make the decision on the best way to work together and move service forward.
- More co-operation than competition, giving permission and encouraging staff to work across organisational boundaries and professional boundaries.

**Increase in staff feeling actively involved in making improvements**

**Think, Do, Save**
Staff engagement has been a foundational theme of the way the Transformation Team goes about its business over the years, hosting and facilitating numerous events. During September a weeklong event was delivered to engage with staff on a very simple message of while recognising the size of the financial challenge the Trust is facing everyone can play a part in recognising improvement opportunities by identifying and eliminating “waste”.

The week was based on 3 days with the themes of Think, Do and Save:

Think – asked the question “How can you make a difference?” by taking part in activities and challenges, and discovering how changes in behaviour, practice and process can make a difference to patient care.

Do – asked the question “What are we doing?” by giving an opportunity to find out what is currently happening within the Trust and to discuss staff’s ideas.

Save – asked the question “What have you achieved?” by having staff return challenge cards, enter the prize draw, and find out how their idea can contribute to making the Trust more efficient.

By the end of the week a total of 166 challenges and ideas had been generated.
Deliver Derby Improvement Approach Training
The Derby Improvement Approach (DIA) and its support training has now been used within the Trust for some seven years now and continues to develop and change to meet the current needs of the Trust’s improvement approach.

The training is now delivered in three elements:

- A one day overview where delegates are taken through the overall approach and an introduction to the key methodologies.
- Half day Master Classes that focus in depth on a particular aspect of improvement, ranging from Demand and Capacity to Staff Engagement.
- An e-learning package of approximately 35 minutes length that provides a useful introduction to the approach.

This year a new approach was made to the one day course where a session was delivered within a department: the Emergency Department. This was a successful trial of this approach which could be used with other specialty teams.

2.6 Priorities for Improvement during 2018-19

- Recognise patients who are clinically deteriorating and start appropriate treatment
- Continue to Identify and then start treatment for all patients with Sepsis
- Continue to Identify, learn from and reduce preventable deaths
- Continue to Identify unwarranted variations in clinical practice
- Create an environment where we continue to support our staff to protect our patients and feel free to report any patient safety concerns.

These priorities will be measured and monitored by the Trusts Quality Governance Structure as identified on page 55 of this document.

2.7 Review of Services
During 2017-18 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 2017-18 represents 100% of the total income generated from the provision of relevant health services by the Derby Teaching Hospitals NHS Foundation Trust for 2017-18.

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 2017-18 115 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 69% 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 2017-18, 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:

<table>
<thead>
<tr>
<th>Audit Title</th>
<th>Taken Part in 2017-18</th>
<th>Complete</th>
<th>No of Cases Submitted</th>
<th>% of required / eligible cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>National Vascular Registry</td>
<td>✓</td>
<td>✓</td>
<td>760</td>
<td>93%</td>
</tr>
<tr>
<td>Procedural Sedation in Adults (care in ED’s)</td>
<td>✓</td>
<td>✓</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td>Society for Acute Medicine’s Benchmarking Audit (SAMBA) - annual since 2012</td>
<td>✓</td>
<td>✓</td>
<td>100</td>
<td>100%</td>
</tr>
<tr>
<td>National Audit of Dementia - Spotlight Audit</td>
<td>✓</td>
<td>✓</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>Bronchoscopy</td>
<td>✓</td>
<td>✓</td>
<td>47</td>
<td>100%</td>
</tr>
<tr>
<td>UK Parkinson's Audit: (incorporating Physiotherapy)</td>
<td>✓</td>
<td>✓</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>UK Parkinson's Audit: (incorporating Occupational Therapy)</td>
<td>✓</td>
<td>✓</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>UK Parkinson's Audit: (incorporating Neurology)</td>
<td>✓</td>
<td>✓</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>UK Parkinson's Audit: (incorporating Elderly Care)</td>
<td>✓</td>
<td>✓</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>UK Parkinson's Audit: (Speech and Language Therapy)</td>
<td>✓</td>
<td>✓</td>
<td>20</td>
<td>100%</td>
</tr>
<tr>
<td>Fractured Neck of Femur (care in Emergency Depts)</td>
<td>✓</td>
<td>✓</td>
<td>100</td>
<td>100%</td>
</tr>
<tr>
<td>Moderate &amp; Acute Severe Asthma – adult and paediatric (care in Emergency Depts)</td>
<td>✓</td>
<td>✓</td>
<td>95</td>
<td>100%</td>
</tr>
<tr>
<td>Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme</td>
<td>✓</td>
<td>✓</td>
<td>22</td>
<td>100%</td>
</tr>
<tr>
<td>(SHOT audits operate a continuous data collection model. Collection cycle runs 01 Jan to 31 Dec)</td>
<td>✓</td>
<td>✓</td>
<td>22</td>
<td>100%</td>
</tr>
<tr>
<td>Non-invasive ventilation</td>
<td>✓</td>
<td>✓</td>
<td>5</td>
<td>80%</td>
</tr>
<tr>
<td>National Neonatal Audit Programme - Neonatal Intensive and Special Care (NNAP)</td>
<td>✓</td>
<td>✓</td>
<td>409</td>
<td>100%</td>
</tr>
<tr>
<td>Acute Pancreatitis</td>
<td>✓</td>
<td>✓</td>
<td>5</td>
<td>80%</td>
</tr>
<tr>
<td>National Maternity and Perinatal Audit (NMPA)</td>
<td>✓</td>
<td>✓</td>
<td>6161</td>
<td>26%</td>
</tr>
<tr>
<td>National Hip Fracture Database</td>
<td>✓</td>
<td>✓</td>
<td>609</td>
<td>100%</td>
</tr>
<tr>
<td>National Chronic Obstructive Pulmonary Disease (COPD) Audit programme</td>
<td>✓</td>
<td>✓</td>
<td>865</td>
<td>60%</td>
</tr>
<tr>
<td>Major Trauma Audit (TARN)</td>
<td>✓</td>
<td>✓</td>
<td>423</td>
<td>79-92</td>
</tr>
<tr>
<td>Inpatient Falls</td>
<td>✓</td>
<td>✓</td>
<td>30</td>
<td>100%</td>
</tr>
<tr>
<td>Breast and Cosmetic Implant Registry (BCIR)</td>
<td>✓</td>
<td>✓</td>
<td>53</td>
<td>69% (77 total)</td>
</tr>
<tr>
<td>Audit of Patient Blood Management in Scheduled Surgery - Re-audit September 2016 (see web link in column L for 2015 report)</td>
<td>✓</td>
<td>✓</td>
<td>46</td>
<td>100%</td>
</tr>
<tr>
<td>2017 National Comparative Audit of Transfusion Associated Circulatory Overload (TACO)</td>
<td>✓</td>
<td>✓</td>
<td>40</td>
<td>100%</td>
</tr>
<tr>
<td>Audit Title</td>
<td>Taken Part in 2017-18</td>
<td>Complete</td>
<td>No of Cases Submitted</td>
<td>% of required / eligible cases</td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td>------------------------</td>
<td>----------</td>
<td>------------------------</td>
<td>------------------------------</td>
</tr>
<tr>
<td>Pain in Children (care in emergency departments)</td>
<td>✓</td>
<td>✓</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td>Case Mix Programme (CMP)</td>
<td>✓</td>
<td>✓</td>
<td>1278</td>
<td>100%</td>
</tr>
<tr>
<td>Elective Surgery (National PROMs Programme)</td>
<td>✓</td>
<td>✓</td>
<td>1678</td>
<td>100%</td>
</tr>
<tr>
<td>National Diabetes Audit - Adults</td>
<td>✓</td>
<td>✓</td>
<td>6637</td>
<td>100%</td>
</tr>
<tr>
<td>National Prostate Cancer Audit</td>
<td>✓</td>
<td>✓</td>
<td>565</td>
<td>100%</td>
</tr>
<tr>
<td>Oesophago-gastric Cancer (NAOGC)</td>
<td>✓</td>
<td>✓</td>
<td>168</td>
<td>100%</td>
</tr>
<tr>
<td>Medical and Surgical Clinical Outcome Review Programme Physical and mental health care of mental health patients in acute hospitals</td>
<td>✓</td>
<td>✓</td>
<td>5</td>
<td>80%</td>
</tr>
<tr>
<td>Child Health Clinical Outcome Review Programme Chronic Neurodisability NCEPOD</td>
<td>✓</td>
<td>✓</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Child Health Clinical Outcome Review Programme NCEPOD Young People's Mental Health</td>
<td>✓</td>
<td>✓</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Medical and Surgical Clinical Outcome Review Programme Non-invasive ventilation</td>
<td>✓</td>
<td>✓</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>National Comparative Audit of Blood Transfusion programme (we are doing &quot;Audit of Red Cell &amp; Platelet transfusion in adult haematology patients&quot;)</td>
<td>✓</td>
<td>✓</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Consultant Sign-off (Emergency Departments)</td>
<td>✓</td>
<td>✓</td>
<td>300</td>
<td>100%</td>
</tr>
<tr>
<td>Falls and Fragility Fractures Audit Programme (FFFAP)</td>
<td>✓</td>
<td>✓</td>
<td>30</td>
<td>100%</td>
</tr>
<tr>
<td>National Joint Registry (NJR) Knee</td>
<td>✓</td>
<td>✓</td>
<td>1019</td>
<td>100%</td>
</tr>
<tr>
<td>National Joint Registry (NJR) Hip</td>
<td>✓</td>
<td>✓</td>
<td>829</td>
<td>100%</td>
</tr>
<tr>
<td>National Ophthalmology Audit (National Cataract Audit)</td>
<td>✓</td>
<td>✓</td>
<td>1469</td>
<td>49%</td>
</tr>
<tr>
<td>Severe Sepsis and Septic Shock - care in emergency departments</td>
<td>✓</td>
<td>✓</td>
<td>63</td>
<td>100%</td>
</tr>
<tr>
<td>Sentinel Stroke National Audit programme (SSNAP)</td>
<td>✓</td>
<td>✓</td>
<td>930</td>
<td>&gt;90%</td>
</tr>
<tr>
<td>National Lung Cancer Audit (NLCA)</td>
<td>✓</td>
<td>✓</td>
<td>390</td>
<td>100%</td>
</tr>
<tr>
<td>Adult Asthma</td>
<td>✓</td>
<td>✓</td>
<td>50</td>
<td>100%</td>
</tr>
<tr>
<td>BAUS Cystectomy Audit</td>
<td>✓</td>
<td>✓</td>
<td>32</td>
<td>73%</td>
</tr>
<tr>
<td>BAUS Nephrectomy Audit</td>
<td>✓</td>
<td>✓</td>
<td>189</td>
<td>100%</td>
</tr>
<tr>
<td>BAUS Percutaneous Nephrolithotomy (PCNL)</td>
<td>✓</td>
<td>✓</td>
<td>45</td>
<td>96%</td>
</tr>
<tr>
<td>BAUS Radical Prostatectomy Audit</td>
<td>✓</td>
<td>✓</td>
<td>142</td>
<td>100%</td>
</tr>
<tr>
<td>BAUS Female Stress Urinary Incontinence Audit</td>
<td>✓</td>
<td>✓</td>
<td>13</td>
<td>72%</td>
</tr>
<tr>
<td>National Heart Failure</td>
<td>✓</td>
<td>✓</td>
<td>500</td>
<td>100%</td>
</tr>
<tr>
<td>Bowel Cancer (NBOCAP)</td>
<td>✓</td>
<td>✓</td>
<td>356</td>
<td>100%</td>
</tr>
<tr>
<td>Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE)</td>
<td>✓</td>
<td>✓</td>
<td>48</td>
<td>100%</td>
</tr>
<tr>
<td>Renal Replacement Therapy (Renal Registry)</td>
<td>✓</td>
<td>✓</td>
<td>2432</td>
<td>100%</td>
</tr>
<tr>
<td>Vital Signs in Children (care in emergency departments)</td>
<td>✓</td>
<td>✓</td>
<td>100</td>
<td>100%</td>
</tr>
<tr>
<td>Learning Disability Mortality Review Programme (LeDeR)</td>
<td>✓</td>
<td>✓</td>
<td>8</td>
<td>100%</td>
</tr>
</tbody>
</table>
National Confidential Enquiries

<table>
<thead>
<tr>
<th>Study title</th>
<th>Did the Trust participate</th>
<th>No. of cases submitted as a percentage of the number of cases required for 2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Heart Failure Study</td>
<td>✔</td>
<td>100%</td>
</tr>
<tr>
<td>Peri-operative management of surgical patients with diabetes study</td>
<td>✔</td>
<td>100%</td>
</tr>
<tr>
<td>Cancer in Children, Teens &amp; Young Adults Study</td>
<td>X</td>
<td>Not eligible</td>
</tr>
<tr>
<td>Chronic Neurodisability</td>
<td>✔</td>
<td>100%</td>
</tr>
</tbody>
</table>

The reports of 11 national clinical audits were reviewed by the provider in 2017-18 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- **National Cardiac Arrest Audit (NCAA)**
  The Trust closely monitors cardiac arrest with an overall aim to further reduce the number of cardiac arrests per 1000 hospital admissions. In previous years it has been identified that a number of resuscitation attempts have been of minimal time duration and that a DNACPR decision should have been made prior to the cardiac arrest. If this has been identified following a retrospective review of the cardiac arrest a Datix is generated for the patient's own medical team to review the case at their own divisional mortality review group. Work is continuing to raise the profile of advanced care planning and decision making with the implementation of the national Recommended Summary Plan for Emergency Care and Treatment (ReSPECT), which will be Derbyshire wide from the 4th June 2018. The ReSPECT process will replace the current DNACPR Policy and form. Unexpected outcomes are identified and discussed at the Trust’s Resuscitation Committee.

- **Trust Wide Sepsis**
  The Sepsis audit has led to the sepsis screening tool and care bundle being rolled out across the organisation to help improve early recognition and treatment of Sepsis. It has also helped in establishing DTHFTs response to Sepsis: The Sepsis 6. Training compliance reports have been set-up to monitor training performance by area and used operationally to improve compliance. To date over 1800 members of Staff have been trained (RN’s/HCA’s/AP’s) which equates to 93% of the target audience trained to date. The Trust also has a separate Paediatric Sepsis screening tool and care bundle currently being used across all Paediatric wards and Children’s emergency. A maternal Sepsis screening tool and care bundle is nearing sign off by the Trust-wide sepsis steering group and will be released soon to all the maternity areas.

Monthly Sepsis audits are carried out by the divisions, results from audits on both Screening and treatment are fed back to the divisions and staff on a monthly basis to help improve and monitor compliance, ED non-compliance is fed back on a patient level basis to allow for root cause analysis.

The latest run of the Sepsis Mortality national data (HED) September 2016 – August 2017, DTHFT figures show that we have the lowest in-patient mortality for sepsis than peers at 67.8 i.e. patients have a 32.2% lower chance of dying of sepsis in the Trust than the national average and that the Trust has the lowest combination of in-patient and 30 day mortality than peers with an overall SHMI of 70.43. An even more relevant statistics is the absolute number of lives saved which takes into account the case-mix and numbers of cases, and DTHFT’s latest data shows that it saved 126 more lives than would have been expected compared to hospitals in the region.

Each specialty presents an annual audit summary to Clinical Audit and Effectiveness (now Improvement) Committee on a rolling programme. A standard presentation template was developed to support this which included summary of audit activity by type and status, examples of how audit finding are disseminated, examples of changes implemented as a result of audit and any challenges.
The Clinical Audit team arrange two Clinical Audit Insights Forums per year where audits can be presented to a multi-disciplinary audience. A range of audits are presented by professionals from different backgrounds and grades.

**Clinical Audit Insight Forum – February 2017**
- Fracture clinic referral audit/re-audit
- Patient Reported Outcome measures (PROMs)
- A pain in the neck: an audit of C-spine trauma imaging
- Oxygen use in COPD
- National Cardiac Arrest Audit (NCAA)
- Point of Care Ultrasound

**Clinical Insight Forum – July 2017**
- Day of surgery cancellation
- DME: “blunt chest wall trauma in the elderly”
- Hyponatraemia in Medical Inpatients
- 8 day readmission and 30 day mortality audit for Endoscopy
- Derby ANCA Vasculitis audit
- Fast track discharges

The reports of 13 national clinical audits were reviewed by the provider in 2017-18 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

- **Annual Controlled Drug Audit and Annual Report - April 2017**
  The fitting of ‘mini-safes’ in ward areas has facilitated the secure storage of ‘valuables’ without needing to use the CD cupboard. As a result compliance with the standard that “CDs are the only items stored in the inner CD cupboard” has jumped from 54% to 80%. The majority of the remaining non-compliant locations are theatre areas.

  A period of ‘enhanced monitoring’ was introduced last year for the eight areas that were consistently failing to undertake daily checks of their CDs. It is encouraging to note that compliance with the standard that a “minimum of once daily CD checks are completed” has risen to 90% (from 87%). Of the 8 areas that undertook ‘enhanced monitoring’ last year, the majority (6) were deemed compliant in this years’ audit.

- **National Dementia Audit - November 2017**
  Introduction of delirium screening tool on Extramed to ensure initial screen and recording of outcomes takes place.

    Review of the ‘All About Me’ personalisation document to ensure the following are included: Food and drink preferences, factors which may cause distress and actions which can calm the patient, need for help with ADL.

    Deliver dementia awareness and tier 2 as part of Nursing & Midwifery Advisory Board.

    Strengthen Mental Capacity Act training to ensure staff are fully aware of the needs of the person with dementia in relation to capacity and review of the current documentation to ensure National Dementia Audit recommendations are reflected.

- **Royal College of Emergency Medicine - VTE assessment in lower limb immobilisation**
  VTE prophylaxis to be available as TTO.
  Patient advice sheet to be developed.
National Maternity and Perinatal Audit

The National Maternity and Perinatal Audit (NMPA) is a national audit of the NHS maternity services across England, Scotland and Wales. NMPA published its first clinical report on 9th November 2017 with 100% audit compliance from maternity units across Britain. It is part of the National Clinical Audit and Patient Outcomes programme with the overarching aim of the NMPA to produce high-quality information about NHS maternity and neonatal services.

NB: Limitations of the report for Derby Teaching Hospitals NHS FT
A number of data quality checks were carried out to ensure a minimum data standard for the audit and these must have been passed in order to be included in the analysis. Derby Teaching Hospitals submitted data to the NMPA as requested for 2015/16 but were excluded from the analysis in this report due to low case ascertainment. The criteria to be met were <70% of births that took place during the period were submitted. The percentage of births that were submitted by Derby was 26%.
Immediate action has been taken by the maternity data analysts to ensure that further requests by NMPA for data are compliant

Issues highlighted from the report included:

- Antenatal - raised BMIs, increasing maternal age, access to midwife-led birth settings, smoking cessation in pregnancy
- Birth - Third/Fourth degree tears, postpartum haemorrhage, elective delivery at 37 or 38 weeks. (Elective Caesarean Section/Induction of labour), low apgar scores, small for gestational age babies, skin to skin contact within the first hour after birth

The key messages of the report are very useful and we are currently addressing all of the issues included in the report.

Despite the Derby audit data not being included and therefore it will not be possible for us to use the NMPA data to benchmark the care provided by our maternity service against other similar services this is a valuable report.

As a multidisciplinary team the report will be used to stimulate discussion and thoughts about the service we offer and to identify with our commissioners those priority areas for improving outcomes.

The reports of 110 local clinical audits were reviewed by the provider in 2017-18 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Blunt Chest Wall Trauma in over 70 year olds
- Raising awareness of the pathway
- Presented at medical grand round
- Targeted presentations of data and learning to ED, surgical teams and anaesthetic divisional days – or shared audit forum

Postural Blood Pressure Measurement – reducing falls in the elderly
- Raising ward staff awareness of need to perform postural blood pressure measurements on every patient admitted with a fall
- Tutorial and 1:1 support on postural blood pressure measurement to acute DME ward nursing and HCA teams
- Rapid intervention in preparation for National Inpatient Falls Audit in May
- Highlighting protocol and pathway to bed bureau receiving referrals
- Amendment to guideline wording rapid intervention, rapid re-audit
Sexual Health / GU Med
• Late diagnosis of HIV: working with microbiologist / Virologist – removing barriers to testing – ICM, education, auditing HIV test requests in relevant departments and presenting findings.
• Gonorrhoea: working within sexual health contract to improve management, resolve staffing shortages to improve diagnosis and partner notification rates.
• Improving risk assessment and HIV rates within the sexual health service

Neonatal thermoregulation
• Training and implementation of Newborn Thermal Care Safety Bundle

Gynaecology - Laparoscopic Sterilisation
• implement checklist,
• create specific consent form,
• training re Filshie clips

Microbiology - Re-audit of the suitability of urine Metanephrine testing as first line screen for Phaeochromocytoma.
• Phoning of abnormal results agreed at Clinical Scientist business meeting to ensure consistency of practice in reporting
• SOP (CHIAUTH25) amended to include the following comment. ‘Unexpected high results, requiring the comment ‘MET5’ to be added, should be considered for telephoning’.

The reports of 104 local clinical audits were reviewed by the provider in 2017-18 and Derby Teaching Hospitals NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Ophthalmology: To evaluate the 4 to 5 year outcome of patients receiving Lucentis treatment for wet AMD RDH diabetic patients have significant improvements in vision with reduced levels of blindness and visual impairment. The results were presented at the National Audit in Ophthalmology and published in last month’s ‘Eye Nature’ journal. Outcomes for treating diabetic macular oedema with Ranibizumab injections at Derby have been able to match trial results, an outcome not seen in other units in England.

The results have depended on the whole department engaging in the treatment pathway, including retinal and non-retinal consultants and medical staff, but also nurses, optometrists and AHP’s with extended roles including nurse-injectors. Central to the success has been maintaining timely appointments in line with NICE guidance, due to the booking team and outpatient Sister co-ordinating staff and patients for the 1-stop injection clinic.

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).
Patient Participation in Research

DTHTF 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 2017-18, for studies listed on the UKCRN Portfolio:
- 68 new studies were approved and opened in the Trust,
- making a total of 244 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 2,733.

(All data as at 19th February 2018)

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:
- 19 new studies were approved and opened in the Trust,
- making a total of 58 actively recruiting studies in this year.

(All data as at 19th February 2018)

Chart showing patient recruitment to clinical trials and studies across the range of specialties in DTHFT as at 12 February 2018.
HLO 6  Increase Participation in NIHR Local Clinical Research Network Portfolio Studies

<table>
<thead>
<tr>
<th>Hospital Trusts</th>
<th>17/18 Recruitment</th>
<th>Activity Recruiting Studies 17/18</th>
<th>Recruitment this time last year</th>
<th>% Difference to last year's recruitment</th>
<th>Portfolio Balance (+10% Sample Size, Observational, International)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chesterfield Royal Hospital NHS Foundation Trust</td>
<td>258</td>
<td>36</td>
<td>220</td>
<td>▲ 57%</td>
<td></td>
</tr>
<tr>
<td>Derby Teaching Hospitals NHS Foundation Trust</td>
<td>2,289</td>
<td>120</td>
<td>1,581</td>
<td>▲ 45%</td>
<td></td>
</tr>
<tr>
<td>Kettering General Hospital NHS Foundation Trust</td>
<td>1,119</td>
<td>56</td>
<td>252</td>
<td>▲ 344%</td>
<td></td>
</tr>
<tr>
<td>Northampton General Hospital NHS Trust</td>
<td>673</td>
<td>45</td>
<td>436</td>
<td>▲ 54%</td>
<td></td>
</tr>
<tr>
<td>Nottingham University Hospitals NHS Trust</td>
<td>7,307</td>
<td>362</td>
<td>7,105</td>
<td>▲ 1%</td>
<td></td>
</tr>
<tr>
<td>Sherwood Forest Hospitals NHS Foundation Trust</td>
<td>1,466</td>
<td>73</td>
<td>653</td>
<td>▲ 77%</td>
<td></td>
</tr>
<tr>
<td>United Lincolnshire Hospitals NHS Trust</td>
<td>1,093</td>
<td>70</td>
<td>888</td>
<td>▲ 28%</td>
<td></td>
</tr>
<tr>
<td>University Hospitals Of Leicester NHS Trust</td>
<td>7,327</td>
<td>271</td>
<td>7,809</td>
<td>▼ -6%</td>
<td></td>
</tr>
</tbody>
</table>

Data as at 16th January 2017 provided by East Midlands Clinical Research Network

Table showing differences in patient participation in research studies 2016-17 and 2017-18 at Trusts and other Partner Organisations within the East Midlands Clinical Research Network

The table above shows the significant improvement in patient recruitment to NIHR Portfolio studies in 2017-18 compared to 2016-17, with DTHFT demonstrating a 45% difference in recruitment to the previous financial year.

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.

Derby Clinical Trials Support Unit
The Derby Clinical Trials Support Unit (DCTSU) has been successful in obtaining provisional UK Clinical Research Collaboration Clinical Trials Unit registration.

The UKCRC CTU is a network of academic clinical trials units (CTUs) who have been assessed by an international panel of experts in clinical trials research.

Clinical Trials Units (CTUs) are specialist units which have been set up with a specific remit to design, conduct, analyse and publish clinical trials and other well-designed studies. They have the capability to provide specialist expert statistical, epidemiological and other methodological advice and coordination to undertake successful clinical trials. In addition, most CTUs will have expertise in the coordination of trials involving investigational medicinal products which must be conducted in compliance with the UK Regulations governing the conduct of clinical trials resulting from the EU Directive for Clinical Trials. CTUs which have been awarded UKCRC Registration were required to provide evidence to an international panel of experts of their capability to centrally coordinate multi-centre clinical trials (i.e. having overall responsibility for the design, development, recruitment, data management, publicity and analysis of a portfolio of trials), and that they had established robust systems to ensure conduct and delivery of clinical trials to the highest quality standards.

Achieving UKCRC CTU provisional registration marks an important milestone in the development of clinical trials and the research culture at Derby Teaching Hospitals NHS Foundation Trust. It provides our Investigators with on-site access to a registered CTU which can support them in developing, designing, conducting and publishing their clinical trials and studies.

The DCTSU will attract new, research-active clinicians who wish to work at the leading-edge of their profession to join the Trust as well as supporting the development of existing clinicians to assume the role and responsibilities of Chief Investigator. This will lead to increased research funding, more patients having the opportunity to participate in research and further improvement in the quality of care and treatment for our patients.
Engineering Better Health
The R&D Department hosted the first “Engineering Better Health” event on 19th October 2017. The purpose of the event was to find solutions to clinical problems by bringing together the knowledge and expertise of NHS Clinicians and leading academic engineers from universities across the East Midlands.

Over 60 delegates attended the event which included engineering colleagues (including experts in tissue engineering, software development, 3D printing, specialist materials etc) FROM Loughborough University, University of Nottingham, University of Derby, Nottingham Trent University and De Montfort University. They were joined by clinicians from across the Trust, several of whom had identified specific clinical “problems” and wished to work with engineering colleagues to find solutions.

Mr Chris Bainbridge, Consultant Hand Surgeon from the Trust’s Pulvertaft Hand Centre wrote, “This was probably the most interesting and rewarding event that I have been to in the last 5 years”. Mr Bainbridge went on to say that he was delighted to have the opportunity to discuss real clinical problems with such an audience and to have four Professors, all Heads of Academic Departments, wanting to work with him to address the clinical issues that had been raised. Mr Bainbridge concluded “I have very real expectations that things will progress”.

The event was a great success with a number of discussions taking place and new collaborations and partnerships being forged during the “Speed Networking” session.
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 shows a significant increase in the number of both Bronze and Silver Awards to Trust staff in 2017-18.

<table>
<thead>
<tr>
<th>Award</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Silver Clinical Scholar Award</td>
<td>No applicants from DTHFT</td>
<td>Cathy Johnson (Renal Nurse Consultant)</td>
<td>Katie Fielding (Professional Development Advisor – Haemodialysis / Nurse) Victoria Jansen (Senior Hand &amp; Research Physiotherapist) Katie Gray* (Podiatrist)</td>
</tr>
<tr>
<td>Bronze Clinical Scholar Awards</td>
<td>Katie Gray* (Podiatrist)</td>
<td>Jo Hamilton (Renal OT)</td>
<td>Leticia Heyes (Clinical Trials Specialist Radiographer) Ellen Bramall (Senior Physiotherapist and Research Physiotherapist)</td>
</tr>
</tbody>
</table>

*Katie Gray (Podiatrist) is employed by DCHS, but works with Professor Fran Game on research studies and trials under a Service Level Agreement. Professor Game has supported Katie’s development as an independent researcher and Katie completed the Bronze Scholar Award before undertaking the MA in Research Methods (Masters level) course at the University of Nottingham, from which she graduated in December 2017. Katie received a HEEM Silver Scholar Award in 2017 and, having started the course in November 2017, she plans to complete by October 2018.

Jo Hamilton completed the HEEM Bronze Scholar course in 2017 and is working towards a MA in Research Methods at University of Nottingham.

Non-Medical Clinical Research Community of Practice/Derby AHP Research Network (DARN)

A Community of Practice for non-medical clinical researchers has been 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 (Physiotherapists, Occupational Therapists, Podiatrists, Dieticians, Nurses, Pharmacists, Radiographers etc) 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 as non-medical, clinical Research Champions, disseminating information and encouraging research engagement amongst their colleagues.
Now known as DARN (Derby AHP Research Network) and Chaired by Mr Ben Smith, NIHR ICA Research Fellow and Senior Physiotherapist, the group will work to raise the profile of research within the AHP communities in the Trust and to encourage and support AHPs to engage in research. Events will include a showcase of AHP research within the Trust and the “personal” research stories of the research-active AHPs as well as an evening event to meet experienced researchers from across the Trust (medical and non-medical).

Research Funding
In 2017-18, by 20th February 2018, twenty 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, inter alia, NIHR RfPB; NIHR i4i; NIHR HTA; NIHR Doctorate Fellowships; HEE/NIHR Integrated Clinical Academic Programme; MRC; United States Department of Health and Human Services (HHS); The Dunhill Medical Trust; British Association of Hand Therapists; Kidney Research UK.

As of 20th February 2018, two of these research funding applications had been successful, one for £100,025 (Professor Fran Game from ERDF ) and one for £888,832 (Professor Fran Game in collaboration with Professor Steve Morgan (University of Nottingham from MRC) bringing a total of £988,857 of new research funding in this year to date. The outcome of six grant applications was yet to be confirmed at the time of writing. The winning of external research grant funding is a further indication of the high quality research environment within the Trust which supports the delivery of high quality patient care.

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.

The photo (right) shows the randomisation game created by the statisticians for children to play in order to understand an important process of Clinical Trials.

The photo (left) is of Mr Apostolos Fakis, Head of Medical Statistics and Data Management, discussing 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 2017-18, the Trust, in partnership with the National Institute for Health Research (NIHR), promoted the fact that “It’s OK to ask” about clinical research.
Induction Welcome Packs
The R&D Department has created a Research, Development & Innovation Welcome Pack which, since January 2018, has been given to all new Consultants at Trust Induction.

The pack contains a letter of welcome from the Clinical Director R&D as well as leaflets describing the services provided by the R&D Department and the Derby Clinical Trials Support Unit together with contact details of the staff. In addition, the pack includes recent copies of the R&D Newsletter "Taking Part", which give the new Consultants an overview of research activity within the organisation.

Research Pump-Priming Awards
It is well-established that NHS Trusts and organisations that are research active have better patient outcomes. Those Trusts and NHS organisations that have a greater number of Chief Investigators i.e. individuals who are able to initiate, win funding for and lead a research study or clinical trial, recruit a greater number of patients to research studies.

One of the Trust’s aims is to be able to offer the opportunity to participate in research studies and clinical trials to as many patients as possible. One of the ways in which the Trust seeks to achieve this aim is by increasing the number of Chief Investigators within the organisation. The Research Pump-Priming Awards are one approach to enabling the Trust to encourage and develop Chief Investigators who are capable of leading high-quality studies and trials.

In 2017-18, the R&D Department designed and facilitated a Research Grant Pump-Priming Scheme that was funded by the Derby Hospitals Charity. The aim of the scheme is to increase the level of research activity within the Trust by supporting enthusiastic and committed staff to participate in research.

The goals were:
• to enable researchers to carry out feasibility studies that will inform applications for funding from research funding bodies e.g. NIHR, Wellcome Trust etc;
• to secure solid publications in well-recognised, peer-reviewed journals;
• to provide evidence to improve clinical effectiveness and
• to enable clinical researchers to pursue their research interests and enhance their research skills, thereby developing the research skills base within the Trust.

The scheme was open to all staff i.e. therapists, pharmacists, nurses, doctors, midwives, biomedical scientists, managers etc. and it provided funding to successful applicants to enable the researcher to undertake a well-described piece of work.

Applications from enthusiastic researchers with more limited research experience or those individuals who have not been engaged in research for some time were welcomed, especially where the individual has forged strong, collaborative links with an established and successful research group which is able to provide support and guidance to the applicant.
Following a robust peer-review process, supported by colleagues from the East Midlands Research Design Service, funding was awarded to seven of the twelve applicants. Details of the successful applications are given below.

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Chief Investigator</th>
<th>Business Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>A feasibility study of the SNUBY®, a skin-to-skin garment, in the preterm infant.</td>
<td>Dr Shalini Ojha (Associate Professor &amp; Hon. Consultant)</td>
<td>Obstetrics &amp; Gynaecology</td>
</tr>
<tr>
<td>Tools to Enhance the patient journey</td>
<td>Mr Antony Bateman (Consultant)</td>
<td>Spinal Surgery</td>
</tr>
<tr>
<td>The use of umbilical cord blood glucose value, to predict neonatal hypoglycaemia in diabetic women</td>
<td>Dr Gitika Joshi (Consultant)</td>
<td>Obstetrics &amp; Gynaecology</td>
</tr>
<tr>
<td>Benefit of identifying anxiety and depression in hand therapy patients and referring to currently available mental health services – a feasibility study</td>
<td>Ms Ellen Bramall (Senior Physiotherapist)</td>
<td>Physiotherapy</td>
</tr>
<tr>
<td>What is the shortest safe period of observation for Emergency Department patients who have received adrenaline for the treatment of anaphylaxis and whose symptoms have resolved</td>
<td>Dr Graham Johnson (Consultant)</td>
<td>Emergency Medicine</td>
</tr>
<tr>
<td>Multiparametric MRI in patients undergoing nephrectomy for cancer – A pilot study</td>
<td>Mr Simon Williams (Consultant)</td>
<td>Urology</td>
</tr>
<tr>
<td>Can an ECG performed during emergency department triage and interpreted as normal by automated computer analysis safely wait for clinician review until the time of patient assessment?</td>
<td>Dr Graham Johnson</td>
<td>Emergency Medicine</td>
</tr>
</tbody>
</table>

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. This enhances further our drive towards ‘Ensuring Value from Partnerships’ and puts DHFT in a strong position with respect to the UK Life Sciences Industrial Strategy (2017) objective of enhanced collaboration between the NHS and industry for the benefit of UK patients.

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.

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.

2.10 Goals Agreed with Commissioners - Clinical Quality & 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 2017-18 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 2017-18 are available electronically at: https://www.england.nhs.uk/nhs-standard-contract/cquin/cquin-17-19/

The monetary total for income in 2017-18 conditional upon achieving quality improvement and innovation goals was £9.8m (£0.93m from NHS England and £8.9m from Clinical Commissioning Groups). For the associated payment in 2016-17 the value was £9.08M and we achieved £7.8m.

A summary of developments and achievements and specific performance achieved against each CQUIN scheme in 2017-18 is detailed in the tables below.

<table>
<thead>
<tr>
<th>NHS England CQUINS</th>
<th>Development and Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose banding of chemotherapy</td>
<td>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.</td>
</tr>
<tr>
<td>Activation system for long term condition patients</td>
<td>The Trust has adopted a &quot;patient activation measurement&quot; (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.</td>
</tr>
<tr>
<td>Hospital pharmacy transformation and medicines optimisation</td>
<td>The Trust has supported the movement of patients onto biosimilar drugs and pursued the most cost-effective delivery of medicines to enable investment in drugs to go further. This CQUIN has also supported improvements in Data Quality for data submitted relating to drugs.</td>
</tr>
<tr>
<td>Spinal surgery network</td>
<td>The Trust has been an integral part of the Trent Spinal Network, helping to develop service specifications and reviewing performance across the Region.</td>
</tr>
</tbody>
</table>
## Clinical Commissioning Group CQUINS

<table>
<thead>
<tr>
<th>Topic</th>
<th>Development and Achievements</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Staff Health and Wellbeing</td>
<td>The Trust has introduced several health and wellbeing initiatives covering physical activity, mental health and improving access to physiotherapy for people with MSK issues and had hoped this would be translated into positive results in the staff survey. Despite this intervention, the Trust was not successful in meeting the targets set in relation to the staff survey results. Further analysis has highlighted that DTHFT was in the top 20% of responses for the wellbeing questions. Analysis is currently being undertaken to consider the national picture, which we anticipate will highlight that very few Trusts were able to meet these targets. 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. In addition the majority of drinks sold must be sugar free, and chocolate and high calorie sandwiches have been replaced with lower calorie alternatives. The Trust has also had a very successful flu campaign with 73% of frontline clinical staff taking up the flu vaccination.</td>
</tr>
<tr>
<td>Reducing the impact of serious infections (Antimicrobial resistance and Sepsis)</td>
<td>The Trust has continued to use the sepsis care bundle in the Emergency Department and has now also rolled 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 has demonstrated a reduction in mortality linked to sepsis. 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.</td>
</tr>
<tr>
<td>Improving services for people with mental health needs who present to A&amp;E</td>
<td>The Trust has worked with Mental Health and other local agencies to support a cohort of frequent attenders through the use of care plans with the aim of reducing the number of re-attendances. A data quality improvement plan has been developed to improve the coding of mental health disorders.</td>
</tr>
<tr>
<td>Offering Advice and Guidance</td>
<td>The Trust has developed a plan to achieve 75% of services offering an advice and guidance service by the end of 2018/19 with responses received within 2 working days. Departments such as Trauma and Orthopaedics have implemented a rota to ensure that response times are achieved. The CCG plan to survey GPs to gain feedback on the quality and responsiveness of the service.</td>
</tr>
<tr>
<td>e-Referrals</td>
<td>The Trust has reviewed clinic booking rules across a range of specialties to maximise the number of appointment slots available via the e-Referral system and has ensured that all services are available for GPs to access.</td>
</tr>
<tr>
<td>Supporting proactive and safe discharge</td>
<td>The Trust has not been able to submit the required level of coding to support ECDS with the existing system used in the adult Emergency Department, but work is underway to initiate submission of data from the children’s ED.</td>
</tr>
<tr>
<td>STP and risk reserve linked CQUIN</td>
<td>This proportion of the CQUIN value is achieved through attaining the 16/17 financial control total and actively participating in the Derbyshire Sustainability Transformation Plan.</td>
</tr>
</tbody>
</table>
### Performance achieved against 2017-18 CQUIN schemes – with milestones set throughout the year

<table>
<thead>
<tr>
<th>Topic</th>
<th>Target date</th>
<th>Target</th>
<th>Achievement</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Staff Health &amp; Wellbeing</td>
<td></td>
<td>Staff survey results</td>
<td>Not Achieved</td>
<td>x</td>
</tr>
<tr>
<td>Staff Wellbeing</td>
<td>Q4</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthy Food</td>
<td></td>
<td>Report</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Flu vaccinations</td>
<td>Q4</td>
<td>70%</td>
<td>Achieved</td>
<td>✓</td>
</tr>
<tr>
<td>Sepsis Emergency Department and Inpatient Screening</td>
<td>Quarterly</td>
<td>90%</td>
<td>Achieved all targets to date</td>
<td>✓</td>
</tr>
<tr>
<td>Antibiotics administration</td>
<td>Quarterly</td>
<td>60%</td>
<td>Partially achieved Q1, achieved Q2 &amp; Q3 and expected to achieve Q4.</td>
<td>✓</td>
</tr>
<tr>
<td>3 day review</td>
<td>Quarterly</td>
<td>80%</td>
<td>Achieved all targets to date</td>
<td>✓</td>
</tr>
<tr>
<td>Antimicrobial resistance Reduction in antibiotic consumption</td>
<td>Q4</td>
<td>1%</td>
<td>Expecting achievement</td>
<td>✓</td>
</tr>
<tr>
<td>Improving services for people with mental health needs who present to A&amp;E</td>
<td>Quarterly</td>
<td></td>
<td>Achieved Q1 &amp; Q2 partially achieved Q3 and expected to achieve Q4.</td>
<td>✓</td>
</tr>
<tr>
<td>Advice &amp; Guidance</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E-referrals</td>
<td>Quarterly</td>
<td></td>
<td>Expecting achievement</td>
<td>✓</td>
</tr>
<tr>
<td>Proportion of services on eRS</td>
<td>Q1, Q2, Q3, Q4</td>
<td></td>
<td>Achieved Q1, Q2 &amp; Q3 expect not to achieve Q4.</td>
<td>✓</td>
</tr>
<tr>
<td>% of Appointment Slot Issues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supporting proactive and safe discharge</td>
<td>Quarterly</td>
<td>2.5% increase across Q3 &amp; Q4</td>
<td>Achieved Q1 partially achieved Q2 expect not to achieve Q4.</td>
<td>✓</td>
</tr>
<tr>
<td>Discharge home</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ECDS compliance</td>
<td>Q3 &amp; Q4</td>
<td>95%</td>
<td>Not expecting to achieve</td>
<td>x</td>
</tr>
<tr>
<td>Dose Banding of Chemotherapy</td>
<td>Quarterly</td>
<td>80%</td>
<td>Achieved all targets to date</td>
<td>✓</td>
</tr>
<tr>
<td>Activation system for long term condition patients</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital pharmacy transformation and medicines optimisation</td>
<td>Quarterly</td>
<td>Various targets</td>
<td>Achieved all targets to date</td>
<td>✓</td>
</tr>
<tr>
<td>Spinal surgery network</td>
<td>Quarterly</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 2017-18. Derby Teaching Hospitals NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

![Royal Derby Hospital Ratings](image)

2.12 Data Quality

Derby Teaching Hospitals NHS Foundation Trust submitted records during 2017-18 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:

<table>
<thead>
<tr>
<th>Patient's valid NHS number</th>
<th>Trust %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>For admitted patient care</td>
<td>99.9</td>
<td>99.4</td>
</tr>
<tr>
<td>For outpatient care</td>
<td>99.9</td>
<td>99.5</td>
</tr>
<tr>
<td>For accident and emergency care</td>
<td>99.3</td>
<td>97.1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Patient’s valid General Medical Practice Code</th>
<th>Trust %</th>
<th>National %</th>
</tr>
</thead>
<tbody>
<tr>
<td>For admitted patient care:</td>
<td>99.6</td>
<td>99.9</td>
</tr>
<tr>
<td>For outpatient care: and</td>
<td>99.4</td>
<td>99.8</td>
</tr>
<tr>
<td>For accident and emergency care</td>
<td>98.8</td>
<td>99.3</td>
</tr>
</tbody>
</table>

*All of the above data is at month 09*

Information Governance (IG) Toolkit Attainment Levels

Derby Teaching Hospitals NHS Foundation Trust Information Governance Assessment Report overall score for 2017-18 was 86%, and was graded green – satisfactory.

Derby Teaching Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.
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 11.0 must be adhered to for any audits during 2018/19.

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.

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 2016-17 Information Governance audit were carried out during December 2016, and the most recent Information Governance Audit for 2017-18 was completed in February 2018. The results of these are as follows:

<table>
<thead>
<tr>
<th>200 FCEs</th>
<th>Primary diagnosis (200 audited, 193 correct)</th>
<th>Secondary diagnosis (929 audited, 904 correct)</th>
<th>Primary procedure (107 audited, 106 correct)</th>
<th>Secondary procedure (233 audited, 229 correct)</th>
<th>Episodes where HRG changed as a result of incorrect coding</th>
</tr>
</thead>
<tbody>
<tr>
<td>January – February 2018</td>
<td>95% correct</td>
<td>95% correct</td>
<td>94.7% correct</td>
<td>93.8% correct</td>
<td>31</td>
</tr>
</tbody>
</table>

The above table demonstrates that the Trust’s coding accuracy has met the required standards for Information Governance Level 2. Although there is a slight reduction from the overall figure in this audit compared to last year it is still a good result for the Trust, just missing attainment of IG level 3 by 0.3 per cent in primary procedure errors only. The overall coding inaccuracy of 5.4% is lower than the national 7.0 per cent average error rate as identified in the Payment by Results Data Assurance Framework 2011/12 (the last year at which accuracy of inpatient coding was tested at all NHS Acute Trusts).

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. New doctors to the trust are invited to the coding department for a session to help understand the coding process.

The Medicode encoder allows the diagnosis codes for chronic comorbidities to be recorded for allocation on subsequent hospital spells, and continues to support accurate and consistent data. 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 been introduced and the coding department are continually promoting the use of this to retain a patient’s comorbidities electronically.
Monthly reports regarding Depth of Coding continue to be 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 4.8 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.

In mid-November 2017 an internal systems constraint was identified that limited the reporting of comorbidities through SUS to a maximum of 9 per episode of care. It was noted that this constraint will have had a significant impact on the reported depth of coding for the Trust since Lorenzo went live over 3 years ago. Urgent action was taken to amend the system to enable the submission of up to 20 codes.

The Trust is exploring the option of purchasing the 3M MHA (Medical History Assurance) and DQA (Data Quality Assurance) tools to support identification of areas for improvement.

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 6.32 for non-elective activity, and 2.83 for elective activity.

2.13 Learning From Deaths

2.13.1 During April 2017 to March 2018, 2533 of DTHFT patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:
- 580 in the first quarter;
- 527 in the second quarter;
- 693 in the third quarter;
- 733 in the fourth quarter.

2.13.2 By 31 March 2018, in relation to the 2533 deaths occurring during the time period April 2017 to March 2018, 580 case record reviews or investigations have been carried out. This figure does not include deaths not yet reviewed at point of reporting, eg. some of the deaths in quarter 4 are pending review outcome.

In one case a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was:
- 100 in the first quarter, of which 5 were subject to a higher level review;
- 158 in the second quarter, of which 7 were subject to a higher level review;
- 179 in the third quarter, of which 2 were subject to a higher level review;
- 143 in the fourth quarter, of which 3 were subject to a higher level review.

2.13.3 One, representing 0.04% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient.

One, representing 0.04% were judged to have a ‘Score 5 Slight evidence of avoidability’.

In relation to each quarter, this consisted of:
- 1 representing 0.04% for the first quarter;
- 0 representing 0% for the second quarter;
- 0 representing 0% for the third quarter;
- 0 representing 0% for the fourth quarter.

---

1 Serious Incident Review
These numbers have been estimated using the Royal College of Physicians Structured Judgement Review Tool and methodology.

2.13.4 Examples of learning:
- Mortality Review of ED patient in June: GTN is a variable rate drug and it was prescribed previously with no documentation of the adjustments to dose over the hours; there was no guideline regarding prescription rates and BP guided dosage.
- The mortality review highlighted this omission and although the GTN infusion had nothing to do with this patient's death the fact that she was on a GTN infusion for two hours unsupervised and not monitored helped us identify this gap and make a significant change in practice.
- Mortality review of a death from critical aortic stenosis. The patient had had an echo organised by another department a few years prior that showed moderate aortic stenosis but no follow up had been arranged.
- The care pathway for patients with pneumothorax requiring drains was identified as requiring review.

2.13.5 Examples of action taken:
- There is now a new "GTN infusion prescription chart" that has been approved by the Clinical Guidelines Committee and is in use in ED with an aim to implement Trust wide.
- Cardiology is now providing a specific recommendation for follow up on the reports from echo cardiograms and other significant findings. There is also a Trust wide Patient Safety project taking place in relation to ensuring acknowledgement of, and accountability for, results.
- In Respiratory Medicine actions taken during the year have included an improved weekend handover procedure, and development a new guideline and pathway for management of pneumothoraces requiring chest drains, focusing on involvement of radiology in interpretation of chest X-rays.

2.13.6 Assessment of the impact
The impact of the above changes has yet to be assessed. However the improvement in SHMI and HSMR rates for the Trust provides an indication of work undertaken to identifying learning from deaths. The Trust Mortality Committee will continue to monitor learning from deaths outcomes and the impact of any changes to practice resulting from actions taken following reviews.

*The above data relates only to deaths that have occurred during the reporting period.

2.13.7 55 case record reviews or investigations completed after April 2017 which related to deaths which took place before the start of the reporting period. These figures are not included in figures stated at 2.13.1.

2.13.8 Two, representing 3.63% of patient deaths before the reporting period, are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using the Royal College of Physicians Structured Judgement Review Tool and methodology.

One, representing 1.8% was judged to have a 'Score 5 slight evidence of avoidability'.

One, representing 0.08%, was judged to have a 'Score 4 possibly avoidable, but not very likely (less than 50:50)'.

2.13.9 0 representing 0% of the patient deaths during 2016-17 are judged to be more likely than not to have been due to problems in the care provided to the patient.

These numbers have been estimated using the Royal College of Physicians Structured Judgement Review Tool and methodology.
2.14 Delivery of National Targets

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

<table>
<thead>
<tr>
<th>Indicator</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
<th>Target</th>
<th>Achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral To Treatment: Admitted</td>
<td>84.01%</td>
<td>72.05%</td>
<td>77.72%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Referral To Treatment: Non Admitted</td>
<td>95.2%</td>
<td>92.28%</td>
<td>91.00%</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td>Referral To Treatment: Incompletes – 18 weeks</td>
<td>92.52%</td>
<td>91.92%</td>
<td>91.78%</td>
<td>92%</td>
<td></td>
</tr>
<tr>
<td>Total time in A&amp;E (95% seen within 4 Hours)</td>
<td>93.07%</td>
<td>88.00%</td>
<td>86.54%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Cancer 2 Week Wait</td>
<td>95.72%</td>
<td>96.27%</td>
<td>96.82%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Cancers: 2 Week Wait: Breast Symptoms</td>
<td>97.55%</td>
<td>97.06%</td>
<td>96.49%</td>
<td>93%</td>
<td></td>
</tr>
<tr>
<td>Cancers: 31 Day Standard</td>
<td>96.01%</td>
<td>95.70%</td>
<td>96.55%</td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td>Cancer: 31 Day – Subsequent Treatment – Surgery</td>
<td>89.60%</td>
<td>88.40%</td>
<td>95.55%</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Cancer: 31 Day – Subsequent Treatment – Drugs</td>
<td>99.16%</td>
<td>98.46%</td>
<td>97.76%</td>
<td>98%</td>
<td></td>
</tr>
<tr>
<td>Cancer: 31 Day – Subsequent Treatment – Radiotherapy</td>
<td>95.77%</td>
<td>95.28%</td>
<td>95.03%</td>
<td>94%</td>
<td></td>
</tr>
<tr>
<td>Cancer: 62 Day Standard – Urgent Referral to Treatment</td>
<td>79.08%</td>
<td>78.28%</td>
<td>78.70%</td>
<td>85%</td>
<td></td>
</tr>
<tr>
<td>Cancer: 62 Day Screening</td>
<td>93.87%</td>
<td>90.36%</td>
<td>94.61%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Diagnostic 6 Week Waits</td>
<td>99.74%</td>
<td>99.67%</td>
<td>99.10%</td>
<td>99%</td>
<td></td>
</tr>
</tbody>
</table>

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:

Note: data extracted is as up-to-date as is currently available on the portal. N/A = not available

<table>
<thead>
<tr>
<th>Core Clinical Indicators</th>
<th>Quality Performance Information 2017-18</th>
<th>Derby Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2015-16</td>
<td>2016-17</td>
</tr>
<tr>
<td>Mortality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Data Source: NHS Digital &gt; Summary Hospital-level Mortality Indicator (SHMI)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The value and banding of the Summary Hospital-level Mortality Indicator (SHMI) for the Trust for the reporting period.</td>
<td>1.011 (Band &quot;as expected&quot;)</td>
<td>1.0181 (Band &quot;as expected&quot;)</td>
</tr>
<tr>
<td>National Average (Average of Provider SHMIs):</td>
<td>1.003</td>
<td>1.0047</td>
</tr>
<tr>
<td>Highest performing Trust Score:</td>
<td>1.178 (Band 'higher than expected')</td>
<td>1.2123 (Band 'higher than expected')</td>
</tr>
<tr>
<td>Lowest performing Trust score:</td>
<td>0.678 (Band 'lower than expected')</td>
<td>0.7075 (Band 'lower than expected')</td>
</tr>
</tbody>
</table>
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the Trust for the reporting period:

Data Source: NHS Digital > Summary Hospital-level Mortality Indicator (SHMI)

<table>
<thead>
<tr>
<th>Combined rate reported</th>
<th>Derby Hospitals Score:</th>
<th>National average:</th>
<th>Highest Trust Score:</th>
<th>Lowest Trust Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>21.82%</td>
<td>20.37%</td>
<td>21.17%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.54%</td>
<td>30.70%</td>
<td>31.06%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>54.60%</td>
<td>56.88%</td>
<td>58.59%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.58%</td>
<td>11.10%</td>
<td>11.20%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Patient Report Outcome Measures (PROMS)

The Trust's patient reported outcome measures score for:

Data Source: NHS Digital Patient > Reported Outcome Measures Statistics

Health gain score reported

<table>
<thead>
<tr>
<th>Groin Hernia Surgery</th>
<th>Derby Hospitals Score:</th>
<th>National Average:</th>
<th>Highest Score:</th>
<th>Lowest Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.097</td>
<td>0.088</td>
<td>0.157</td>
<td>0.021</td>
</tr>
<tr>
<td></td>
<td>0.098</td>
<td>0.086</td>
<td>0.140</td>
<td>0.006</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.145</td>
<td>0.042</td>
</tr>
</tbody>
</table>

Varicose Vein Surgery

<table>
<thead>
<tr>
<th>Derby Hospitals Score:</th>
<th>National Average:</th>
<th>Highest Score:</th>
<th>Lowest Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NA</td>
<td>NA</td>
<td>NA</td>
<td>NA</td>
</tr>
<tr>
<td>0.096</td>
<td>0.092</td>
<td>0.096</td>
<td></td>
</tr>
<tr>
<td>0.150</td>
<td>0.155</td>
<td>0.134</td>
<td></td>
</tr>
<tr>
<td>0.021</td>
<td>0.006</td>
<td>0.042</td>
<td></td>
</tr>
</tbody>
</table>

Hip Replacement Surgery (Primary)

<table>
<thead>
<tr>
<th>Derby Hospitals Score:</th>
<th>National Average:</th>
<th>Highest Score:</th>
<th>Lowest Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.427</td>
<td>0.429</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>0.438</td>
<td>0.445</td>
<td>0.465</td>
<td></td>
</tr>
<tr>
<td>0.524</td>
<td>0.537</td>
<td>0.472</td>
<td></td>
</tr>
<tr>
<td>0.320</td>
<td>0.310</td>
<td>0.458</td>
<td></td>
</tr>
</tbody>
</table>

Knee Replacement Surgery (Primary)

<table>
<thead>
<tr>
<th>Derby Hospitals Score:</th>
<th>National Average:</th>
<th>Highest Score:</th>
<th>Lowest Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.337</td>
<td>0.322</td>
<td>0.328</td>
<td></td>
</tr>
<tr>
<td>0.320</td>
<td>0.324</td>
<td>0.328</td>
<td></td>
</tr>
<tr>
<td>0.398</td>
<td>0.404</td>
<td>0.368</td>
<td></td>
</tr>
<tr>
<td>0.191</td>
<td>0.215</td>
<td>0.289</td>
<td></td>
</tr>
</tbody>
</table>

Readmissions

Data Source: Local Readmission Dataset

The percentage of patients aged:

<table>
<thead>
<tr>
<th>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.</th>
<th>0 to 15</th>
<th>National Average:</th>
<th>Highest Score:</th>
<th>Lowest Score:</th>
</tr>
</thead>
<tbody>
<tr>
<td>0 to 15</td>
<td>8%</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>16 or over</td>
<td>13%</td>
<td>13%</td>
<td>13%</td>
<td></td>
</tr>
<tr>
<td>National Average:</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Highest Score:</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Quality Performance Information 2017-18

#### Core Clinical Indicators

<table>
<thead>
<tr>
<th></th>
<th>Derby Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Lowest Score:</strong></td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Responsiveness to the personal needs of patients</strong></td>
<td><strong>2015</strong></td>
</tr>
<tr>
<td>The Trust’s responsiveness to the personal needs of its patients during the reporting period.</td>
<td>71.2</td>
</tr>
<tr>
<td>National Average:</td>
<td>69.6</td>
</tr>
<tr>
<td>Highest Score:</td>
<td>86.2</td>
</tr>
<tr>
<td>Lowest Score:</td>
<td>58.9</td>
</tr>
</tbody>
</table>

**Data Source:** NHS Outcomes Framework > Domain 4 - Ensuring People Have a Positive Experience of Care (Indicator P01779)

#### Friends and Family Test - Staff who would recommend the Trust

<table>
<thead>
<tr>
<th></th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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</strong></td>
<td>81%</td>
<td>84%</td>
<td>N/A</td>
</tr>
<tr>
<td>National Average (Acute Trusts):</td>
<td>69%</td>
<td>70%</td>
<td>N/A</td>
</tr>
<tr>
<td>Highest Score (Acute Trusts):</td>
<td>85%</td>
<td>85%</td>
<td>N/A</td>
</tr>
<tr>
<td>Lowest Score (Acute Trusts):</td>
<td>46%</td>
<td>49%</td>
<td>N/A</td>
</tr>
</tbody>
</table>

**Data Source:** NHS Staff Surveys

#### Friends and Family Test - Staff who would recommend the Trust – Accident & Emergency

<table>
<thead>
<tr>
<th></th>
<th>Dec 15</th>
<th>Dec 16</th>
<th>Dec 17</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The trust’s 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.</strong></td>
<td>80%</td>
<td>86%</td>
<td>80%</td>
</tr>
<tr>
<td>National Average (England):</td>
<td>87%</td>
<td>86%</td>
<td>85%</td>
</tr>
<tr>
<td>Highest Score:</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Lowest Score:</td>
<td>58%</td>
<td>58%</td>
<td>57%</td>
</tr>
</tbody>
</table>

**Data Source:** NHS England > Statistical work areas > Friends and Family

#### Patients admitted to hospital who were risk assessed for venous thromboembolism

<table>
<thead>
<tr>
<th></th>
<th><strong>2015</strong></th>
<th><strong>2016</strong></th>
<th><strong>2017</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>The percentage of patients who were admitted to hospital and who were risk assessed for venous thromboembolism (VTE) during the reporting period.</strong></td>
<td>96.80%</td>
<td>96.03%</td>
<td>96.54%</td>
</tr>
<tr>
<td>National Average:</td>
<td>95.53%</td>
<td>95.53%</td>
<td>95.25%</td>
</tr>
<tr>
<td>Highest Score:</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Lowest Score:</td>
<td>78.06%</td>
<td>63.02%</td>
<td>71.88%</td>
</tr>
</tbody>
</table>

**Data Source:** NHS England > Statistical work areas Venous Thromboembolism (VTE) Risk Assessment

*Quarter 4 figures shown for years 2015-16 & 2016-17, Quarter 3 Figures shown for 2017-18*

#### Rate of Clostridium Difficile

<table>
<thead>
<tr>
<th></th>
<th><strong>2015</strong></th>
<th><strong>2016</strong></th>
<th><strong>2017</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td>18.2</td>
<td>15.2</td>
<td>N/A</td>
</tr>
<tr>
<td>National Average:</td>
<td>14.9</td>
<td>13.2</td>
<td>N/A</td>
</tr>
<tr>
<td>Highest Score:</td>
<td>67.2</td>
<td>82.7</td>
<td>N/A</td>
</tr>
<tr>
<td>Lowest Score:</td>
<td>0.0</td>
<td>0.0</td>
<td>N/A</td>
</tr>
</tbody>
</table>
### Quality Performance Information 2017-18

#### Core Clinical Indicators

<table>
<thead>
<tr>
<th>Rate of Patient Safety Incidents</th>
<th>Derby Hospitals</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2015-16</strong></td>
<td><strong>2016-17</strong></td>
</tr>
<tr>
<td>Number of patient safety incidents reported</td>
<td>5337</td>
</tr>
<tr>
<td>National Average (Acute Non Specialist Provider)</td>
<td>4818</td>
</tr>
<tr>
<td>Highest Score (Acute Non Specialist Provider)</td>
<td>11998</td>
</tr>
<tr>
<td>Lowest Score (Acute Non Specialist Provider)</td>
<td>1499</td>
</tr>
<tr>
<td>Rate of patient safety incidents reported</td>
<td>29.9</td>
</tr>
<tr>
<td>National Average (Acute Non Specialist Provider)</td>
<td>39.6</td>
</tr>
<tr>
<td>Highest Score (Acute Non Specialist Provider)</td>
<td>75.9</td>
</tr>
<tr>
<td>Lowest Score (Acute Non Specialist Provider)</td>
<td>14.8</td>
</tr>
<tr>
<td>Percentage of patient safety incidents that resulted in severe harm or death</td>
<td>0.11%</td>
</tr>
<tr>
<td>National Average (Acute Non Specialist Provider)</td>
<td>0.55%</td>
</tr>
</tbody>
</table>

#### 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 February 2018 was 96.91 and not significantly different from the previous 12 months of 96.83. The monthly figure for February 2018 was 95.8, a decrease from January (101.05). This is within expected range.

![Figure: HSMR Trend from March 2017 – February 2018 (Source: HED)](image)

Data Source: National Reporting and Learning System (NRLS)

Figures for 6 months reporting period October - March for each year. 2017-18 for 6 months reporting period April to September.

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.
The SHMI for the 12 month period, January 2017 to December 2017 was 92.9, and not significantly different from the previous 12 months (92.54). The monthly SHMI for the month of December was 95.33. For the 12 month period, January 2017 to December 2017 the In-hospital SHMI rate was 93.45 and out-of-hospital rate was 91.38.

Figure: SHMI Monthly trend for DTHFT, January 2017 to December 2017 (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.

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:

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 2017-18 for the percentage of patients aged:
- 0-15 was 8.50%
- 16 or over was 13.25%
- 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 2017-18
The Derby Teaching Hospitals NHS Foundation Trust considers that this data is as described for the following reasons:

The Trust has continued to use the Staff Impressions survey system and has, in the main, simplified the questions asked to ask how staff feel about working at the Trust and the two ‘Friends and Family’ measures, to avoid ‘survey fatigue’. The Quarter 2 survey, however, was used to ask staff more deeply about their main priorities, and these have remained similar to those emerging from the quarter 2 feedback from the previous year. They include how poor behaviours and performance are managed, feeling valued
and listened to, recognition, and satisfaction with resources/facilities/equipment and with career development.

Approximately 12% of our staff complete this survey each quarter, falling slightly from previous years, but in line with peer trusts using the same system.

“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.

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, 84% in 2016, remaining at 84% for 2017.

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

We have continued to highlight ways in which staff can report any concerns, as well as highlighting the role of the Freedom to Speak Up Guardian.

We have continued to see a positive improvement in staff opinion about working for Derby Teaching Hospitals. For the fourth year running the Trust is in the top 20% of acute trusts nationally for staff recommending the organisation as a place to work and receive treatment. The latest national staff survey results show that the Trust is in the top 20% for staff engagement, which measures staff motivation, involvement and advocacy.

**Staff Engagement Forums**
Throughout 2017 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
- Staff Engagement Group
- ‘Connect forum’ for LRCH staff

Lead Ambassador colleagues from various backgrounds and roles continue to work together to introduce and promote a culture of compassionate and collective leadership in the organisation, both generally and by working with specific teams across the Trust, supporting the Organisational Development (OD) agenda.

In addition to this, we have worked very closely with our staff-side partnership colleagues on a variety of issues and discussing ideas within engagement forums including the staff engagement group.

**Venous Thromboembolism 2017-18**
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.

**Clostridium difficile (C.diff) 2017-18**

Derby Teaching Hospitals NHS 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 2017-18 was 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 67 cases, 19.59 cases per 100,000 bed days. The Derby Teaching Hospitals NHS Foundation Trust has taken the following actions to improve this score and so the quality of its services by:

- Inviting the NHS Improvement (NHSi) Infection Prevention Lead and the Regional Epidemiologist for Public Health England to review the Trust policies and procedures for Clostridium difficile. The Trust was rated green by NHSi following this review.
- Formation of a C.diff escalation group, chaired by the chief nurse, with multi disciplinary attendees, to identify and monitor relevant action
- All Trust apportioned cases continue to be discussed at the Healthcare Associated Infection (HCAI) Review Group. This group is chaired jointly by the Director of Patient Experience and Chief Nurse and 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). This has led to meaningful improvements in patient management.
- The enhanced deep cleaning programme continues to ensure the environment n where C.diffici le patients have been cared for is effectively decontaminated. This inlcudes the Hydrogen peroxide decontamination of enteric isolation rooms.
- Focus continues on effective cleaning of the environment and equipment. New commodes have been purchased across the Trust, the design of which facilitates easy cleaning.

**Safety Incidents**

The data made available to the Trust by National Reporting & Learning System (NRLS) 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/](https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-data/). NHS Improvement now manages the NRLS and the data that is produced has now changed and the 2017/2018 comparative data is not yet available.

NHS Improvements NRLS data shows from February 2017 to January 2018, Derby Teaching Hospitals reported 12468 patient safety incidents (April 2016-March 2017, this was 11767)
Incidents reported by DERBY TEACHING HOSPITALS NHS FOUNDATION TRUST, Feb 17 to Jan 18

- 23 Incidents were reported with an outcome of Death (0.18% of all incidents).
- 17 Incidents were reported with an outcome of Severe Harm (0.13% of all incidents).

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.

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

- The corporate risk team have produced a short leaflet on Incident Reporting, which has been shared electronically trustwide. The Risk & Patient Safety Flo page is undergoing a makeover, to include information and guidance on incident management.

Friends & Family Test 2017-18

- Monthly FFT data submissions continue in line with national reporting requirements (published by NHS England) and this data is monitored closely. Since 2015-16, the collection of FFT data continues to include all types of patients; Children, Day case and Outpatients as well as Inpatients, Emergency Department and Maternity Service users.
- For 2017-18, we aimed to increase our FFT scores to 95% having averaged 94% the previous year. In 2017-18, we have continued to average 94% of patients surveyed recommending the Trust. Although this does not quite meet our internally set target of 95%, we have seen improvements and this is also...
against a backdrop of the biggest pressures the Trust has ever seen. Maintaining the high score of 94% means we are continuing to deliver high quality care and good patient experience despite unprecedented demands. The below graph shows our scores for the financial year – you will note that in September we did increase to 95%, but unfortunately dropped back to 94% in October and have maintained that score. The below graph also shows a comparison with the previous financial year.

![FFT scores comparison - 2016/17 and 2017/18](image)

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

- Consistently reviewing data quality and methods of collection to ensure we continue to receive meaningful feedback that we are able to act on.
- Improving our FFT scores is intrinsically linked to response rates. As such, we have also set a range of internal targets in an attempt to make staff more aware of increasing the numbers of patients they survey. We have now set up a more robust way of measuring Trust response rates and monitoring wards and departments accordingly.
- We are working with teams to design methods of feedback that will help increase response rates, particularly focusing on electronic solutions that will be less labour-intensive and offer greater data quality.

**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 2017 to March 2018;
- 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.

The total population is based on all patients referred to the Trust for consultant led services and patients who have not been identified as such have not been considered within the calculation.

### National target: 92%

<table>
<thead>
<tr>
<th>RTT Incomplete Performance</th>
<th>Derby Teaching Hospitals NHS Foundation Trust</th>
<th>National Average</th>
<th>Highest Performing Trust</th>
<th>Lowest Performing Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2017-18</td>
<td>91.78%</td>
<td>88.57%</td>
<td>96.19%</td>
<td>72.74%</td>
</tr>
<tr>
<td>2016-17</td>
<td>91.92%</td>
<td>90.13%</td>
<td>96.40%</td>
<td>78.00%</td>
</tr>
<tr>
<td>2015-16</td>
<td>92.52%</td>
<td>92.30%</td>
<td>96.42%</td>
<td>92.06%</td>
</tr>
</tbody>
</table>

Source: Lorenzo

### Percentage of Patients with a Total Time in A&E of Four Hours of 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 total population is based on all patients recorded as attending A&E and patients who have not been identified as such have not been considered within the calculation.

For walk-in patients arrival time is recorded as the time the patient is booked in on EDIS (Emergency Department Information System) at reception. For Ambulance arrivals the Trust records arrival time as the earlier of triage time (recorded on EDIS) or 15 minutes after paramedics arrive in the hospital reception with the patient (recorded on EDIS).

### National target: 95%

<table>
<thead>
<tr>
<th>4 hours or less in A&amp;E (Type 1&amp;3 combined)</th>
<th>Derby Teaching Hospitals NHS Foundation Trust</th>
<th>National Average</th>
<th>Highest Performing Trust</th>
<th>Lowest Performing Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>*2017-18</td>
<td>86.54%</td>
<td>86.93%</td>
<td>97.43%</td>
<td>70.90%</td>
</tr>
<tr>
<td>2016-17</td>
<td>87.99%</td>
<td>87.15%</td>
<td>98.81%</td>
<td>72.28%</td>
</tr>
<tr>
<td>2015-16</td>
<td>93.06%</td>
<td>91.16%</td>
<td>98.63%</td>
<td>78.50%</td>
</tr>
</tbody>
</table>

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

### EMERGENCY READMISSIONS WITHIN 28 DAYS OF DISCHARGE FROM HOSPITAL

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

Indicator description: emergency readmissions within 28 days of discharge from hospital.
Indicator construction: percentage of emergency admissions to a hospital that forms part of the Trust occurring within 28 days of the last, previous discharge from a hospital that forms part of the Trust.

Numerator: the number of finished and unfinished continuous inpatient spells that are emergency admissions within 0 to 27 days (inclusive) of the last, previous discharge from hospital (see denominator), including those where the patient dies, but excluding the following: those with a main speciality upon readmission coded under obstetric; and those where the readmitting spell has a diagnosis of cancer (other than benign or in situ) or chemotherapy for cancer coded anywhere in the spell.

Denominator: the number of finished continuous inpatient spells within selected medical and surgical specialities, with a discharge date up to 31 March within the year of analysis. Day cases, spells with a discharge coded as death, maternity spells (based on speciality, episode type, diagnosis), and those with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the spell are excluded. Patients with mention of a diagnosis of cancer or chemotherapy for cancer anywhere in the 365 days before admission are excluded.

Indicator format: Standard percentage

<table>
<thead>
<tr>
<th>Year</th>
<th>Derby Teaching Hospitals NHS Foundation Trust</th>
<th>National Average</th>
<th>Highest Performing Trust</th>
<th>Lowest Performing Trust</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017-18</td>
<td>12.90%</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>2016-17</td>
<td>12.19%</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
<tr>
<td>2015-16</td>
<td>12.40%</td>
<td>Not Available</td>
<td>Not Available</td>
<td>Not Available</td>
</tr>
</tbody>
</table>

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).
Review of Quality Performance
This section includes a range of information relating to our quality performance in 2017-18. 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, Patient Safety Committee and the Incident Learning group. Derby Teaching Hospitals are able to influence the medicines safety agenda at a regional and national level via the Medication Safety Officer network.

Medication Errors
The number of medication incidents reported by the trust has risen to an average of 124 per month. This is an increase in reporting of more than 20% over the last two years. Increased reporting enhances the opportunity we have to identify themes for organisational or personal development.

Medication Incidents by Stage (2017)

In September 2017, the National Reporting and Learning System (NRLS) produced the latest Organisation Patient Safety incident report. This compares Derby Teaching Hospitals with a group of 136 'acute non-specialist' hospitals over the six months between October 2016 and March 2017. Reporting of all categories of patient safety incidents rose from 30 to 36 incidents per 1000 occupied bed days, compared with the same period the previous year. The majority (97.5%) of reported incidents (all category types) caused ‘no’ or ‘low’ harm which is identical to the comparator group average. Medication errors made up 11.1% (previous year 9.3%) of incidents reported by Derby Teaching Hospitals (comparator average 10.7%).
Reports of dispensing errors from the pharmacy department remain below the national average with dispensing errors reported for 0.01% of all dispensed items (national rate = 0.023%)

For 2017-18 the Trust reported one medication category Never Event involving the unintentional administration of local anaesthetic via the intravenous route. This is compared with zero medication related Never Events in 2016-17 and one in 2015-16.

There has been a ‘wrong site surgery’ Never Event which involved the injection of botulinum toxin in to the wrong leg. The Medicines Safety Group contributed to the review of this incident to ensure that medication processes were considered alongside procedural processes.

A number of medication-related NHSI Patient Safety Alerts have been issued in 2017-18:

<table>
<thead>
<tr>
<th>Patient Safety Alert</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resources to support girls and women who are being treated with valproate</td>
<td>Action complete</td>
</tr>
<tr>
<td>Risk of severe harm from infusing total parenteral nutrition too rapidly in babies</td>
<td>Action plan complete</td>
</tr>
<tr>
<td>Resources to support safe transition from the Luer connector to NRFit™ for intrathecal, regional &amp; epidural procedures</td>
<td>In Process - Regional and intrathecal actions are complete. Timeline for epidural actions is subject to manufacturing/materials development from suppliers (i.e. beyond the control of Derby Teaching Hospitals)</td>
</tr>
<tr>
<td>Confirming removal or flushing of lines and cannulae after procedures</td>
<td>In process – NHSI deadline August 2018</td>
</tr>
<tr>
<td>Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders</td>
<td>Submission due 20/02/18</td>
</tr>
</tbody>
</table>

Junior doctor representatives have now been assigned to the Medicines Safety Group and the Patient Safety Committee. The Medicines Safety Officer has access to consult doctors via their monthly Junior Doctor Forum. A senior education pharmacist provides regular ‘newsletter’ e-mails for all prescribers on safe medicines practice. These focus on sharing learning from real prescribing incidents or near misses. Topics covered this year include: prescribing & communication of urgent medications; safe steroid prescribing; prescribing modified release medicines; other priority prescribing issues for insulin, oxygen and antibiotics.
Electronic Prescribing and Medicines Administration (ePMA)

All inpatient areas of RDH and LRCH have continued to use ePMA throughout 2017 with the exception of maternity and Intensive Care (ICU). The regular development of our existing ePMA system has become a mainstay of our aim to continually improve the quality of medication use in our hospitals. Configuration changes in 2017-18 included additional prompts for look-alike and sound-alike medications e.g. valaciclovir/valganciclovir & azathioprine/azithromycin. Updates are also regularly made to manage the safe introduction of new formulary agents or to manage medicines shortages e.g. the system was used to help manage brand-specific prescribing of biosimilar enoxaparin (Inhixa) which was introduced due to a national supply failure with the existing brand (Clexane). Order sets continue to be developed to promote standardised practice where evidence supports this within a treatment pathway. A variety of reports from the ePMA system are continuously utilised to improve the quality of medicines use for antimicrobial therapy, anticoagulation and inpatient cytotoxic medication. Utilising the information within ePMA to help identify and reduce the omission of critical medicines remains a key aim.

A major focus in 2017-18 has been to prepare for the implementation of a new trust-wide prescribing system. Lorenzo ePMA is being implemented in partnership with the software manufacturer and NHS digital and provides opportunity to share experiences with fifteen other acute trusts. This level of NHS integration generates valuable intelligence on the safety and functionality of the new system in advance of local adoption. The ePMA team liaise with key clinicians, the Patient Safety Lead and the Medicines Safety Officer to review this information and agree action or developments to introduce Lorenzo ePMA safely into the organisation. As one of our last areas using paper inpatient charts, the maternity service was selected as the first area to adopt this new system. The ePMA board will oversee the success of this implementation as we enter 2018/19, with a view to making a transition to Lorenzo for all other areas later in 2018/19.

The final inpatient area for introduction of an electronic prescribing system is the Intensive Care Unit. The ICU team are implementing a specific critical care medication module in 2018 as a planned extension following the successful installation of ORBIS (which already accommodates electronic observations, clinical results, radiological images and provides integration with other devices and apparatus e.g. ventilators). ORBIS Medication is an ePMA module that is fully integrated with the existing ORBIS infrastructure and will also interface with ‘smart’ infusion pumps.

A new electronic prescribing platform, Chemocare, has been successfully implemented within cancer and haematology specialties to facilitate safe outpatient/daycase prescribing and monitoring of chemotherapy, in accordance with requirements from NHS England.

Pharmacy Automation

Derby Teaching Hospitals commitment to make optimal use of technological advances is not only restricted to prescribing and administration. The pharmacy department have installed two automated solutions in 2017-18 to support the safe and efficient supply of medication for our patients. In September 2017, an Omnicell controlled drug cabinet was installed within pharmacy, utilising finger-print technology and allowing CD records to be generated electronically. In December 2017, a replacement dispensary robot was installed which will retrieve (‘pick’) the majority of all dispensed inpatient items via an interface with our existing stock/label management system. This supports the inpatient pharmacy’s 24/7 provision, which is delivered 365 days a year, and helps to maintain our accurate dispensing standards compared with comparator organisations.

3.2 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) 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.
DTHFT actual incident data per 1000 bed days, of all reported hospital acquired grade 3 and 4 pressure ulcers also continues to fall.

The confirmed avoidable grade 3 pressure ulcers by 1000 bed days, is now a mean average of 0.08 per month:

Over the last 12 months there have been changes to the Trust Pressure Ulcer Prevention care pathway which incorporates red, amber and green (RAG) care plan categories this was introduced to assist the decision making process whilst still allowing clinical judgement. These changes have been well received and are now well embedded.
Educationally the Pressure Ulcer Prevention training is now an ELearning package (from Jan 2018) this allowed face to face training time for wound management. The need for wound management training came out of root cause analysis thematic review which identified this as an area which was lacking.

Analysis of the thematic review 2016-2017 identified medical device related injuries as a contributory factor in the rise of reported pressure ulcer incidents. A task and finish group was brought together in March 2017 in order to scope out what the issues were. It was determined that communication; particularly with splints and plaster related harms, was an issue between the wards and the outpatient departments, this has been addressed by a daily outpatient appointment check by the wards to ensure no appointments are being missed. Other measures have been to increase training and awareness particularly among the medical and nursing staff in areas where casts are applied. As a result of this there has been significant fall in the numbers medical device related harms associated with casts and splints.

NHS improvement began a national pressure ulcer collaborative in October 2017, following the re-launch of Stop the Pressure nationwide. DTHFT were part of the initial collaborative work in 2012 and introduced significant measures to reduce our incident rate, which are now well embedded. As part of this collaborative work a project to establish what interventions have the most effect at reducing hospital acquired grade 2 pressure ulcers was begun in January 2018. A pilot project began to compare Moisture V Pressure training (empowering staff to determine the actual cause of damage) with Turn Clocks (to act as a visual aid for repositioning times). Early indications are that a significant number of moisture lesions (skin erosion caused by moisture and friction) are miss-reported as pressure damage. This can lead to inappropriate interventions for the patient.

3.3 The Deteriorating Patient

Patientrack 2016-17

During 2017 work has continued embedding e-observations in Patientrack across the Trust and taking e-observations to ACW, Surgical DCU and Ward 101. Work has also been carried out to improve compliance which is reported bi-monthly to the Patient Safety Committee, from the graph below it is evident that missed observations have decreased steadily over the two years particularly when scoring NEWS 5 and above. Work is on-going to improve further still.

Further development has been concentrated in various bedside assessments this year including the Sepsis screening tool and Sepsis 6 care bundle documentation. The tool will be ready to pilot in the coming year.

One main issue has been around the availability of hardware so the IT hardware team have been working to improve security and charging of mobile devices. At present there are wall mounted brackets being trialled which have improved the situation on the 2 wards, staff now have readily available and reliable equipment. This is essential as we move more assessments into Patientrack.
There is also on-going work to improve the visibility of the deteriorating patient by using dedicated screens to display “My Views”. From this the ward teams can see at a glance where the sick patients are and if observations are due. From the pilot areas there is evidence that these have improved compliance in monitoring.

Cardiac arrests
The benchmarked graph below from the National Cardiac Arrest Audit (NCAA) shows the number cardiac arrests per 1000 admissions (April 2012-Sept 2017). There has been a noticeable decrease of cardiac arrest per 1000 admissions during 2017.

The graph below, also from the most recent NCAA report, quarter 2, 2017-18 shows overall benchmarking of the Royal Derby Hospital. The number of cardiac arrest per 1000 for this period places RDH in a positive position, our survival to patient discharge percentage is also high at 32.4%, which is significantly higher compared to the same period last year, 18.1%. Retrospective reviews of cardiac arrests continue to be undertaken to identify issues in escalation of care and appropriateness of Cardio-pulmonary Resuscitation (CPR) as a treatment.
3.4 Allied Health Professionals

Radiography
Radiography have developed a pathway which ensures all necessary information regarding an individual patients care is provided at their first attendance to Radiology. This ensures the patient knows exactly what is going to be happening to them and when. Radiology are also providing a same day test service e.g. patient able to undergo DEXA scan on the same day it has been requested during their outpatient consultation.

Dietetics
The Dietetic Department are getting involved in using new technologies to help support patient care. In Diabetes they are working with the Flash Glucose monitors in the management of blood sugar levels. This allows the recording of blood sugar levels on a very regular basis, even during the night. This should lead to much better control.

Weekly dietary goal setting, text messaging is also being used with the Bariatric patients. This provides the patient with information on tips and strategies they can use to lose weight, in between their hospital appointments. This should increase motivation and ultimately improve weight loss.

Nutrition & Hydration
The group have continued to work on their action plan over the last 12 months. The Nutrition Nurses successfully introduced a new enteral tubing connection system, which has been specifically designed to prevent mis-connections and ensure that only enteral nutrition can be delivered through enteral nutrition delivery systems. The ENFit™ system is incompatible with non enteral delivery systems such as IV, hereby enhancing safety and reducing complexity.

The group has worked with IT to have the nutrition icon on FLO (apple). Work is continuing to develop information behind this icon specifically related to nutrition & hydration. Work continues on protected mealtimes. This has been given a new name “Perfect Dining” and is due to be re-launched during Nutrition & Hydration week in March 18.

Education and training on basic nutrition and hydration for all staff has been a topic of conversation for a long while. The group are now looking at having a Trust e-learning package on MUST training for all registered nursing staff to complete as part of their induction. They will also be developing some training that will be Essential to Role and form part of the “One-stop-shop” sessions.
The Trust has funded the printing of a leaflet “British Dietetic Association Food Fact Sheet on Malnutrition” for use across the organisation. It is designed to inform the general public (patients and carers) on how to identify malnutrition and what first line steps can be taken to help treat it.

The Trust will be adopting the International Dysphagia Descriptors for fluids in April 2018.

3.5 Dementia Framework.
We continue to work towards the key milestones outlined in the five year framework, we are currently in year three of the 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.

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, some elements of this pathway is currently being piloted on some wards in the trust and some elements of the pathway are still being developed which include developing a dedicated care plan for patients with dementia.

The "All About Me" personalisation document is currently being reviewed after the results from the 2017 dementia audit highlighted some areas that needed to be included, the new document is currently being piloted in many wards across both sites of the trust. The new document will continue to be 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.

The work carried out to improve the way in which we identify patients with dementia once they are in the hospital is now embedded in the trust, patients with dementia wear a wrist band with the national forget me not logo on to identify to staff that the patient has dementia, also a dementia icon is automatically uploaded onto the whiteboard system for all patients who are over the age of 75 to ensure staff complete the dementia screening assessment on these patients, for those who have dementia the icon stays on the whiteboard for recognition of their diagnosis. There are also stickers which can be placed in the medical notes to identify the patient has dementia.

As a trust we are taking part in a national project around enhanced supervision. The project will look at us making changes and improvements to the supervision bundle which will ensure our confused patients are keep safe. A team of staff will work on this project to make adjustments to improve the patient experience.

Appropriately Skilled Workforce
Dementia awareness is now mandatory for all new staff as part of their induction, trust staff who haven’t completed it will be able to access the training as part of the one stop shops, compliance currently sits at 87%. A higher level of dementia education ‘Feelings matter in hospital’ is being introduced for staff in key areas and is being rolled out by our inhouse trainers in April. The Trust pledged to the Alzheimer’s Society Dementia Friends initiative and our target was to create 500 new friends last year which we achieved and beyond. Our next challenge is to make every new member of staff starting in the trust a dementia friend.

Dementia key workers
Within the DME Wards we have established the Dementia Key Workers on both sites where they remain 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 the DKW was able to inform the medical team that the patients behaviour had changed significantly from the previous day, as a result, the medical team diagnosed a urinary tract infection and treatment was started immediately and the patient recovered and was able to go home.

They are also able to meet the needs of patients with dementia on some key wards. Their role is to enhance the care of our patients with cognitive impairment focusing on providing person-centred care through therapeutic activity. The Dementia Key Workers continue to act as role models for other staff on the ward through providing best practice dementia care. They continue to work closely with relatives and carers and our voluntary sector partners such as Making Space and Derbyshire Carers.

We have recently recruited further DKWs using a different style of recruiting, to ensure we were recruiting the right people into the role, this challenged them to devise a weekly activity diary for our patients which we were able to observe to see how creative they were to help us keep our patients stimulated and distract them when they become agitated. We then observed them interacting with patients on the wards so we could ensure they had a good rapport with our patients, this was then followed with a series of questions around why they were suitable for the role and what they could bring to the role to enhance our patients care.

The new DKWs will be provided with an induction programme to support them in their new role to ensure they are able to provide high quality care to our patients. Those staff currently in post are supported by clinical supervision each month, which gives them an opportunity for them to discuss any issues, problem solve the issues themselves so they feel empowered to make changes to improve the patient experience and ensure that the care they deliver is of high quality. It is also an opportunity for the DKW’s to share their ideas with each other to improve the patient experience.

We encourage our DKW’s to work closely with our patient’s carers, the DKW’s can sign post the carers to facilities in the trust for them and also to various support groups that are available to them upon discharge. The keyworkers are able to prevent escalation of behaviour in patients with dementia; there has been a reduction in the numbers of patients falls where they have injured themselves.

Positive Patient and Carer Experience

We are working in partnership with some of the local carers group to redesign the carers survey as completion and submission of the current survey is poor which would suggest improvements need to be made to the survey. The aim of the survey is for us to gain feedback on the care we deliver to make sure patients are receiving a high standard of care and there experience as a patient is a good one.

In collaboration with one of our voluntary sector partners the Dementia Lead nurse supported the creative carers based at Haven House in making a film around effective relationships between carers and health care professionals which was supported by the Trust’s patient experience team. The film has been very well received and will be shared in various forums across Derbyshire.

John’s Campaign was launched across the trust in November 2016 which enables relatives and carers of people with dementia to remain with their loved during their hospital stay. The room is available for all 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. There are facilities for carers to use for bathing as well as kitchen facilities. We are going to be relaunching John’s campaign during dementia action week in May 2018 as the facility has not been as well utilised in recent months. We also have 8 new recliner chairs available for wards to borrow to enable relatives or carers to sleep at the patient’s bedside if they prefer.

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 have been made to some of the care of the elderly wards which have included 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.

We have started looking at our outpatient’s departments to make all areas dementia friendly; this is a piece of work that will be ongoing over the next several months. There is already some evidence of good practice taking place in the trust, a visit to medical outpatients with the Senior Sister proved successful. The Senior Sister already has lots of ideas and things they do as a department make the patient experience a good one. They look at using different entrances for patients who would be distressed with the hustle and bustle of the main entrances, so they become less distressed, they use a quieter area for the patients to sit and the Doctor comes to them instead of them sitting in a main busy waiting room, they also try to ensure there is continuity by making sure they are greeted with the same staff including nurses and Doctors so there is some familiarity.

In the X-ray department there is work currently underway to make improvements for patients with dementia. We will be working with a patient with dementia and their carer to look at our various outpatients departments and look at what improvements can be made as well as looking at some of the good work that is being done in medical out patients and applying this to all outpatient areas across the trust.

National Dementia Audit

We have signed up for the national dementia audit which will be taking place from April 2018 onwards, we will be auditing a minimum of 50 patients notes and looking at various elements of care that we deliver to our patients which will help us make improvements in any areas that are highlighted as needing it.

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.

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 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.
**Pop up Bedrooms for Patients in the Last Days /Hours of Life**

Derby Teaching Hospitals are part of the Transforming End of Life Care in Acute Hospitals programme (NHS England 2015). One element of the programme is Achieving Quality Environment’s for Care at the End of Life. The programme recognises that the physical environment can have a direct impact on the experience of care for people at the End of Life and on the memories of their carers and families.

With this in mind The “Pop Up Bedroom” project was developed, an initiative to enhance the environment for patients who are in the last days or hours of life within the Trust through the use of pictorial images on a screen which can be used on a blank wall, mood lighting and a recliner chair for relatives who wish to stay overnight with their “loved one”. These resources will also be shared with “Johns Campaign”.

**End of Life Care Volunteer Sitting Service**

The End of Life Care Volunteer Sitting service was launched in October 2017. The service has a group of 8 Trust volunteers who have attended End of Life Care training and are on a weekly rota giving their availability to sit with a dying patient to enable their relatives to take a break from the bedside.

**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 100 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. Derby Teaching Hospitals remains a national beacon of excellence for use of this tool.

**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 20 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.

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 to care at the end of life: 1373 (73%)
- Recognising dying: 508 (57%)
- Symptom Management: 492 (55%)
- Care planning in the last days of life: 624 (70%)
- Communication skills: 364 (41%)

The figure in brackets indicates the % of current target staff that have been trained in each subject. Target staff are defined as those staff who are regularly involved in care of the patient in the last year of life and those important to them.
Training in the community focuses on the same core topics with 923 professionals trained in the last year. Additional training opportunities delivered in the community include syringe driver management and the Macmillan Foundations in Palliative Care Course.

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, 4 ward areas have now achieved this – the Nightingale Macmillan Unit, wd 301, 302, 409 and CCU. Medical staff are being assessed and notes audited through mortality reviews and assessments carried out by Palliative Medicine Consultants. Wards continue to be encouraged to apply for accreditation and work towards these standards of best practice.

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 has evolved to now offer ‘roaming’ beds that can be provided in a nursing home of a persons choice, vastly improving patient choice and access to the service. The team provides 9 fixed beds across Southern Derbyshire in addition to these newer beds. The service has supported over 500 patients to date and 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 rotated through all areas of our Palliative medicine department over 18 months spending 6 months in each area. During this time they undertook clinical practice and were expected to 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 all three of these nurses have successfully obtained clinical nurse specialist posts. A further nurse is in post until March 2019.

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.

The development of electronic alerts, the end of life toolkit and the Enhanced Beds service have all been recognised nationally as examples of best practice and will be presented at the national Association of Palliative Medicine conference in Spring 2018.
3.7 Duty of Candour

Duty of Candour (Regulation 20) is a statutory duty introduced following the Francis Inquiry. The regulation requires that providers are open and transparent with patients and their families. Specific requirements must be followed when things go wrong with care and treatment including informing people about the incident, providing reasonable support, providing truthful information and an apology. Work to improve the level of openness and transparency with patients has been underway in the Trust for some time. Whilst there has been good progress and evidence that staff apply the principles in the context of their relationships with patients, it is acknowledged that there is more still to do. A risk assessment has been undertaken in October 2017 and is registered as High on the Trust Risk Register.

The Corporate Risk team undertook a retrospective baseline review of Serious Incidents and Higher Level Internal Incidents to establish the level of progress being made with DOC. 92% of patients/families were informed of the incident and had initial duty of candour undertaken and approximately 50% had a final written letter and apology of which a number of those were not written within the time frame required.

The findings demonstrate that the Trust has greatly improved at informing patients and their families at the time of the incident. Practice improved over the course of the year, signalling that the additional awareness raising and staff training are beginning to make a difference.

There is a commitment to continue the improvements already made in applying DOC across the Trust and there is a business case underway to consider an additional resource to continue develop and implement a robust system for embedding the Duty of Candour and Being Open Framework across the Trust. work closely with Divisional teams through the pro-active management of incidents, mortality reviews, complaints Inquests and claims to which the statutory Duty of Candour applies. The post would have a significant training element to make the application of DOC more consistent throughout investigations, as well as being involved in discussions with patients and families to role model and improve the quality of conversations.

3.8 National Surveys 2017

Improving scores in National Surveys

In 2017-18, we have received reports for the following national surveys: A&E, Inpatients, Children’s Inpatients & Day Cases, Cancer, and Maternity. Having reviewed all results, we have conducted analysis of trends of various themes to understand how we score against national scores and what themes we are improving on, and likewise what we could do better. The highlights are as follows:

- In the past three to four years, there have been steady improvements across the board in Communication and Information.
- The Trust scores consistently high on Privacy and Dignity, and Cleanliness and Hygiene.
- The number of questions overall in the bottom 20% of Trusts has remained low and has been dropping over recent years – specifically many questions on communication and information have gone from bottom 20% to either mid-range or top 20% of Trusts.
- Children’s features the highest number of questions in the top 20% of Trusts.
- There have been considerable improvements on the Cancer survey across the last 3 years, particularly around communication and information; though when comparing various measures against other surveys, Cancer services ratings are considerably below other services (e.g. for quality of care).
- There have also been very big improvements in ratings of Facilities, and Food and Drink improved considerably between 2014 and 2015. While scores have improved and the Trust has sustained 2015 performance, the survey has suggested further focus in this area
- Unfortunately, we have been consistently in the bottom 20% on single-sex accommodation on the Inpatient survey (though most recent score was still high at 98%).
- Pain Management has historically scored low in the A&E survey, but made considerable improvements for 2016, rising up into the top 20% of Trusts, whilst Pain Management on other surveys reduced in the same period.
- We have also been consistently in the bottom 20% for Information provided by community midwives post-birth (specifically on contraception, emotional changes and the need to self-book for a GP post-natal check).
Quality Report

- Discharge Planning overall has been performing on average with other Trusts and improved between 2014 and 2015, but has unfortunately reduced in performance for 2016.
- The surveys present a mixed picture on Staff Behaviours, with ratings being highest in A&E and lowest in Cancer – further analysis of this will be conducted in conjunction with FFT surveys and Complaints and Concerns.
- For Timeliness, our performance has been on par with national averages, with the exception of waiting times in A&E, which has recently improved to be in the top 20%.

Through our surveys, we collect some demographic information to help us understand if we are delivering a good quality service to all, regardless of their gender, ethnicity, age or disability. Our data shows we have very similar ratings of patient experience from people of all backgrounds.

However, in order to ensure we continue to be inclusive and provide good quality services to all, we recently developed an Inclusion Framework. Key actions from that to focus on inclusion and equality for patients and their carers are as follows:
- Develop an embedded approach to service developments that takes into consideration the needs of all patients from different backgrounds.
- Increase collection of demographic information on patient surveys to further understand how we can improve services for specific groups.
- Align services to any identified unmet needs of specific communities.
- Review and improve complaints and concerns reporting processes to ensure patients and carers of all backgrounds can raise their concerns fairly when they need to.

Priorities for 2018-19
- Continue to improve scores in FFT and national surveys
- Continuously review and improve reporting of patient feedback to improve data quality
- Focus on improvements to mealtimes and nutrition
- Continue to improve patient flow, reducing delayed discharges, and improving waiting times for beds
- Increase engagement of seldom-heard groups and new communities
- Ensure that the integration of services with Burton Hospitals does not negatively impact on patient experience

National Staff Survey 2017
A total of 3424 staff (42%) returned the 2017 national staff survey. This percentage figure puts us below the average for acute trusts in England (44%) but compares favourably with a response rate of 31% for the Trust in the 2016 survey.

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 into 32 key findings which highlight how we compare nationally against our peer acute trusts. For 2017 the number of key findings for which the Trust is above average has increased from 13 in 2016 to 18 and the Trust’s below average scores decreased from five in 2016 to two in 2017.

The Trust is in the best 20% nationally, compared to other acute trusts in England for:
- The staff engagement score
- Staff recommendation of the organisation as a place to work or receive treatment
- Agreeing their role makes a difference to patients/service users
- Staff believing the organisation provides equal opportunities for career progression/promotion
- Staff confidence and security in reporting unsafe clinical practice
- Staff satisfaction with resourcing and support
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 for 18 measures:
- Quality of appraisals
- Experiencing discrimination at work in the last 12 months
- Witnessing potentially harmful errors, near misses or incidents in the last month
- Fairness and effectiveness of procedures for reporting errors, near misses and incidents
- Feeling unwell due to work related stress in last 12 months
- Organisation and management interest in and action on health and wellbeing
- Satisfaction with the opportunities for flexible working patterns
- Percentage working extra hours
- Staff motivation at work
- Staff being able to contribute towards improvements at work
- Satisfaction with level of responsibility and involvement
- Recognition and value of staff by managers and the organisation
- Reporting good communication between senior management and staff
- Support from immediate managers
- Staff satisfaction with the quality of work and care they are able to deliver
- Experiencing harassment, bullying or abuse from patients, relatives or public in the last 12 months
- Experiencing harassment, bullying or abuse from staff in last 12 months
- Reporting most recent experience of harassment, bullying or abuse.

**Opportunities and Challenges**
From this 2017 survey the Trust has one measure in the bottom 20% nationally which is ‘reporting errors, near misses or incidents in the last month’, for which the Trust’s 2017 score is 86% against an average of 90%. This is a key area which is being explored along with other measures, with focus groups and within various forums, and will be included in the Trust’s action plan.

The Trust is worse than average for:
- Experiencing physical violence from patients, relatives or the public in the last 12 months
- Reporting the most recent experience of violence.

The following two measures have deteriorated from 2016:
- Able to contribute to improvements at work 71% (73% in 2016) but above national average of 70%
- Experiencing physical violence from staff in last 12 months 2% (1% in 2016) national average is 2%

**Workforce Race Equality Standard**
This year’s report contains data required for the Workforce Race Equality Standard (WRES). The table below shows that the Trust’s scores for colleagues experiencing harassment are better than the average experienced in acute trusts nationally. However, for white colleagues these figures have slightly increased (worsened) from the 2016 figures.

The figures are also higher than average and better than 2016 for belief in equal opportunities/career progression, although attention should be paid to the figure of 78% for BME staff believing in equal opportunities/career progression. Although this is higher (better) than average and the previous year, it is a cause for concern when compared to the figure for white colleagues.
The main area of concern is the figure of 14% for BME staff responders feeling that they have experienced discrimination at work, when compared to 6% for white colleagues.

<table>
<thead>
<tr>
<th>Question</th>
<th>DTHFT 2017</th>
<th>Average (median) for acute trusts</th>
<th>DTHFT 2016</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months</td>
<td>White 26%</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td></td>
<td>BME 26%</td>
<td>28%</td>
<td>28%</td>
</tr>
<tr>
<td>% of staff experiencing harassment, bullying or abuse from staff in last 12 months</td>
<td>White 23%</td>
<td>25%</td>
<td>22%</td>
</tr>
<tr>
<td></td>
<td>BME 24%</td>
<td>27%</td>
<td>24%</td>
</tr>
<tr>
<td>% of staff believing that the organisation provides equal opportunities for career progression or promotion</td>
<td>White 91%</td>
<td>87%</td>
<td>90%</td>
</tr>
<tr>
<td></td>
<td>BME 78%</td>
<td>75%</td>
<td>76%</td>
</tr>
<tr>
<td>In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?</td>
<td>White 6%</td>
<td>7%</td>
<td>6%</td>
</tr>
<tr>
<td></td>
<td>BME 14%</td>
<td>15%</td>
<td>12%</td>
</tr>
</tbody>
</table>

Analysis of the national staff survey results shows some positive strengths, including the Trust having five results in the top 20% of acute trusts in England. Importantly, these include recommending the Trust as a workplace and as a place of treatment, as well as staff engagement. Both of these key measures were also in the top 20% in 2015 and 2016.

Areas for action planning include further exploration of involving staff in contributing towards improvements, which forms part of the engagement score as a whole. Effective team working is another area to explore, as this is the Trust's five lowest scores. Other areas for further work include staff experiencing physical violence from staff and from patients/public, and staff reporting violence and errors/near misses/incidents witnessed. Staff feeling pressure to attend when unwell is a further area to explore.

These areas will be looked at through focus groups and within various forums, including the Patient Experience Committee and the Inclusion group, as well as by the Trust’s Lead Ambassadors and the Staff Engagement Group.

This is a key area which is being explored along with other measures, with focus groups and within various forums, and will be included in the Trust’s action plan.


### 3.9 Improving accessibility and the environment for patients

The following have been done over the past year to improve the environment for our patients:

- **Accessible Information Standards (AIS)** – as part of the national requirement to have all communications for patients in a range of formats to meet their individual needs, we are in the process of developing more accessible formats for appointment letters. We are planning to introduce Easy Read letters, Large Font versions, audio options, and we also already have letters available via email instead of paper.

- **Air Arts** – our partner charity Air Arts continues to implement improvements to the environment through art installations. Throughout the hospital, we have beautiful artwork, and many outdoor areas such as courtyards have sculptures. Outside Entrance 24, the bluebell sculpture is a particularly prominent feature and has been recognised nationally by being shortlisted for PENNA 2017.
360 Camera - our audio-visual team have been filming areas of the hospital and specific patient pathways with 360° cameras which have been uploaded to our website for the public to access. There are two strands to this project – pathways such as maternity have been filmed from the point a patient would enter the department through the various stages of care with narration from a staff member about what will happen. The footage is also subtitled. The second strand in progress now is Google Streetview of the whole hospital sites – the public will be able to view in 360° format how to get into the hospital via various routes. We have already filmed and uploaded four key routes into the Royal Derby Hospital.

The links are below:
- Kings Treatment Centre: https://goo.gl/maps/ym2GBa9tPqq
- Maternity Entrance: https://goo.gl/maps/zysitNHwxGs
- Children’s Hospital: https://goo.gl/maps/13TsrR3DE4R2
- Gynaecology Outpatients: https://goo.gl/maps/4FxosMsLnmt
- Catheter Lab: https://goo.gl/maps/bgVLM3v2xnS2

3.10 Improving engagement of staff in patient experience
The Patient Experience Team launched recruiting Patient Experience Champions in April 2017 as part of our inaugural Patient Experience Week. Over 230 have now been recruited from across the Trust. The role has no specific remit and is instead open to staff as individuals to give as much or as little time as they want. The programme aims to connect the Patient Experience Team with teams on the ground more effectively. We believe the fact we have recruited such a large number in a short timescale against a backdrop of significant pressures is because our staff are really passionate about patient experience. We have held 3 workshops designed to share best practice ideas and help us define our priorities for improving patient experience in the future. They will also be considerably involved in our second Patient Experience Week in April 2018.

Furthermore, the introduction of Schwartz rounds has provided staff with a safe space to share their experiences. Each round has a different topic as the theme and is open to any staff to attend and share their stories. You can find out more about what Schwartz rounds are from the Point of Care Foundation here.

Our Patient Stories collection also invites staff to consider their experiences, and often staff will narrate stories from patients at meetings such as the Quality Committee and Trust Board. This demonstrates how well our staff connect with our patients and their personal stories.

Finally, another key initiative for engaging our staff is through the setup of a fund to implement their ideas for improving patient experience called the Go For It! Fund. We have had two rounds of applications in 2017-18 and have funded the following projects from a total of 12 applicants:
- Our Go For It! Fund officially launched on 23rd October; two applications were shortlisted at the end of December 2017 – one by two Respiratory Consultants regarding introducing voice amplifying devices to aid patients with hearing difficulties during consultations; and one by two Virology Nurse Specialists regarding introducing mobile test units (for viral hepatitis) in the community to reach vulnerable groups such as the homeless. As the judges were impressed with both applications, it was decided to fund both projects. Each project will receive around £1000 based on their cost estimates.
- Trial of digital voice enhancers for hard-of-hearing patients on respiratory wards
- Trial of providing a service for vulnerable homeless people for testing for infectious diseases

Further applications from staff for the fund will be received ahead of Patient Experience Week 2018 and winners will be announced on 27th April 2018.
3.11 Volunteers

2017/2018 has again been a very busy year for the Trusts Voluntary Services. The number of active volunteers giving up their time for both DTHFT sites is 403. 365 are based at the RDH and 38 at the LRCH, and between them they provide 39 voluntary roles to enhance our patients' experience. 2017 saw the introduction of two new roles which were the end of life sitters, and the introduction of the tandem scooter drivers based at the Kings Treatment Centre.

In 2018 the co-ordinators will commence a volunteer discharge driver role and will take patients home from the discharge lounge to their home address. The next role to recruit to is to support the new rehabilitation centre at the LRCH with volunteers. There is a meeting planned to develop the role specification.

Recruitment

The recruitment of volunteers is a lengthy task but the 1.60 WTE and 0.6 administration support undertake recruitment four times a year where approximately 15-20 people are taken on in various roles.

We currently have 194 expressions of interest from the local community to volunteer at the DTHFT; their details are kept on the volunteer's database.

One big focus is based around the engagement of student volunteers. The team recruit 30 new Derby College students per academic year, and 70 mealtime students per academic year from local 6th forms. The voluntary services team carry out six student volunteer training days from September – December each year. The volunteer co-ordinators offer each new volunteer a new starter appointment where they go through all the required paperwork, issue uniforms, and talk about their role specifically.

Training

All volunteers are required to attend Trust Induction for information and mandatory training. Mandatory training has become increasingly difficult for volunteers over the last year due to the Trust Induction decreasing what is offered. The expectation is for the volunteers to attend one stop shops, which can be difficult due to them already giving up their time to volunteer, and the days and times that they volunteer. Fire training and Information Governance have been the main challenge; the team are working to address this and are improving the percentages required.

Value and Recognition

- Trust volunteers are represented at Trust Board level by a Non-Executive Director Mrs Patricia Coleman, who sits on the Board. This will change in April 2018 to Sir Stephen Moss.
- There were 64 dedicated volunteers who were awarded Long Service Awards event in 2017, awards ranged from 5 years up to 40 years. This event was attended by Trust volunteers, League of Friends Royal Derby, League of Friends London Road Community Hospital, League of Friends Children’s Hospital, Friends of the Baby Unit, Chaplaincy, and sight support.
- Over 120 volunteers attended the volunteers Christmas lunch in 2017 which was held at the Hall Mark Hotel in Derby.
- During volunteers week over 120 volunteers attended the summer lunch and 30 volunteers enjoyed a tour of the hospital's helipad.
- In November 40 volunteers visited York Christmas Markets.
- The co-coordinators held eight breakfast meetings for the volunteers across both sites. The object of the meetings is to update the volunteers on Trust business, and take feedback from the volunteers with regard to any concerns they may have, this is then fed back to the Volunteer Liaison meeting if required.
- Volunteers can claim expenses for bus fares and mileage, and there are a number of car parking spaces that are offered to the volunteers.
3.12 Falls

The Trust Falls Group has a multidisciplinary membership from across the Trust and Community and has seen the membership widen over the last six months to include Clinical Governance Facilitators and an ED consultant. The group meet monthly and have a live action log revised at each meeting. The Chair has commenced networking across the Midlands linking in with national projects which feed into the group to help inform our actions going forward.

The number of falls across the Trust is monitored by the Falls Group each month, and areas of an increased incidence are invited to attend the group. This allows the ward team the opportunity to discuss any specific challenges being faced and seek support or advice with the falls prevention. This is an important part of learning as a Trust and for the group to fully appreciate the different challenges the individual specialties face.

2017 welcomed the first Falls Conference which was extremely well evaluated, and there are already plans to undertake two more this year. Interestingly staff felt that the main reason for falls in their areas was around lying and standing blood pressure, and that they did not feel very confident in the taking of these readings. Independent patients who find themselves in hospital are in unfamiliar environments with larger than normal space to walk who are not feeling 100%. They are at more risk than they may realise and more education is needed to raise awareness without making people risk adverse.

In addition to this, Falls Week took place in October with the ‘Take Action Don’t Fall’ focus on self-help and prevention. Along with this there is a real drive by the group to make falls a real topic for all, as the data shows that 60% of inpatient falls are in those not at the highest risk of falling and postural hypotension could be a significant part of this.
Keeping the profile of falls prevention high is key to staff and patients thinking about how they could reduce the risk of a fall without removing independence. The work undertaken so far has seen a reduction in the numbers of falls with harm in the period from 25 in July to December 2016, to 18 in the same period in 2017. Overall there are fewer falls across the Trust which is good news for our patients, and the work being undertaken aims to continue supporting the downward trend.

3.12 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. The team have extended their areas of work and are now also assessing patients on the surgical assessment unit presenting with abdominal pain.

There has been a temporary investment in increased nursing staff in the team which has meant a nurse co-ordinator and therapist have been based in the ED. This has enabled all patients presenting to the ED to be screened and flagged for frailty. The number of patients assessed and discharged from the ED has increased as a result of this.

An electronic version of CGA has been in use since last year in the ED, Ward 101, and on SAU. Our patients here are now receiving a more comprehensive CGA including nutritional, continence, and mental health assessments. We are utilising the results from these assessments to complete onward referrals to dietetics and continence teams. Once the CGA has been completed it is scanned into e-casenotes and sent to the GP care coordinators. We are also referring any issues highlighted from our CGA onto the care coordinators for them to follow up in the community, thus closing the loop and improving care for our patients with frailty.

Moving forwards the plans are for the team to roll this out across MAU and the short stay wards. The longer term vision is for this to be utilised across the Trust so that all patients with frailty are receiving CGA.
Statement from Southern Derbyshire Clinical Commissioning Group

GENERAL COMMENTS
NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) is the co-ordinating commissioner for services provided by Derby Teaching Hospitals NHS Foundation Trust (DTHFT). Careful consideration has been given to the content and accuracy of the 2017-18 Quality Account to ensure it is in line with the national guidance. The information provided appears to be accurate and representative of the information available to the CCG through contract monitoring and quality assurance processes during the year.

MEASURING AND IMPROVING THE PERFORMANCE
The Quality Account describes the quality of services provided by DTHFT against national, regional and local standards as detailed within the NHS Standard Contract, the local quality schedule and the Commissioning for Quality and Innovation (CQUIN) scheme.

The Trust agreed six Clinical Quality and Innovation Measures (CQUIN) with the CCG in 2017-18 and has performed well against the majority of these to date. Specifically the Trust has seen good improvements in relation to sepsis screening and antibiotic administration, which has started to affect the Trust mortality rate for sepsis which has improved and should be commended.

In 2017-18, DTHFT outlined quality priorities for improvement over the year –

1. Patient Safety
The Trust did not achieve their target of no more than 53 Clostridium Difficile cases per year, ending the year with 67 cases. The Trust developed an internal trajectory for Clostridium Difficile infection lapses in care and unfortunately this trajectory has also not been achieved. This may be attributable to a global shortage of specific antibiotics however the Trust has worked hard to improve this position, reviewing every case and inviting NHS Improvement to review Trust policies which led to a green rating from the reviewers on the NHSI risk assessment tool. The CCG will continue to monitor progress closely and expect to see sustained improvements in 2018/19.

A maternity safety Improvement plan is in place to continually identify areas of safety and quality improvement in line with the Saving Babies Lives care bundle. Positive results have been demonstrated in improving care for mothers and babies through the implementation of the Neonatal Thermal care bundle and the implementation of the revised small for Gestational Age guideline.

There have been three reported Never Events in year and all reports have been agreed with commissioners. Following a never event learning is shared across the Trust to ensure staff are aware of incidents, findings, learning and actions to prevent recurrence.

2. Clinical Effectiveness
In 2017 the trust published their Learning from Death’s policy, which has led to the use of the national Structured Judgement Review tool, and 25% of all deaths being reviewed every month, with higher level multi-disciplinary reviews being instigated as required. Improvement has been seen in the SHMI and HSMR results for the Trust, and the mortality committee continues to monitor learning from deaths and impact of changes.

The Derby Clinical Trials Support Unit has been successful in obtaining provisional registration to the UK Clinical Research Collaboration, this will provide assistance to investigators in conducting and publishing their trials and promote the ongoing development of the Trust’s research culture for both medical and non medical clinical research.
3. Patient Experience
The overall number of formal complaints against the Trust has fallen in year and there has been a reduction in reopened complaints. There has also been a decrease in the number of cases received by the Health Service Ombudsman.

FFT scores have been maintained at 94% of patients surveyed recommending the Trust and the Trust is working with staff to increase the numbers of patients they survey and explore the development of electronic solutions to capture the responses.

In relation to staff support Schwartz rounds have been introduced and the feedback has been very positive. In the 2017 national staff survey the Trust had five results in the top 20% of Acute Trusts in England, relating to the Trust as a workplace and as a place of treatment as well as for staff engagement.

National targets continue to be monitored by the CCG with an emphasis on identifying any harm to patients as a result of non achievement. The Trust achieved 86.9% against the national 95% A&E target of four hours or less from arrival to admission, transfer or discharge, with the national average being 88.7%.

There has been a steady fall in the rates of pressure ulcers overall, but the rates of newly acquired pressure ulcers has remained fairly static. The CCG has seen evidence of significant work being undertaken with a thematic review identifying medical device related injuries as a contributory factor to pressure ulcer incidents. Communication between departments, training and awareness has been rolled out and a significant fall in medical device related harms associated with casts and splints has been seen.

Priorities for improvement for 2018/19 have been identified taking in to account the prospective merger with Burton Hospitals NHS Foundation Trust (BHFT) as they are key indicators within both DTHFT and BHFT quality strategies.

- Recognise patients who are clinically deteriorating and start appropriate treatment
- Continue to identify and then start treatment for all patients with sepsis
- Continue to identify, learn from and reduce preventable deaths
- Continue to identify unwarranted variations in clinical practice
- Create an environment where we continue to support our staff to protect our patients and feel free to report any patient safety concerns

ADDITIONAL COMMENTS
The Quality Account is an annual report to the public that aims to demonstrate that the Trust is assessing quality across the healthcare services provided.

The Trust has worked collaboratively with commissioners and all key stakeholders to ensure patients receive high quality care in the right care setting. NHS Southern Derbyshire Clinical Commissioning Group and associate commissioners look forward to continuing to work with the Trust to commission and deliver high quality patient care.

Jayne Stringfellow, Interim Chief Nurse & Director of Quality
On behalf of NHS Southern Derbyshire Clinical Commissioning Group
Statement from Healthwatch Derbyshire

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents when using health and social care services. We then use these experiences to help inform how local services are provided.

We gather experiences through a small team of Engagement Officers, supported by volunteers. We undertake both general engagement to hear about a variety of experiences and themed engagement to explore a particular topic in more detail. These themed engagement topics are then drawn together into reports, with recommendations and responses published on the Healthwatch Derbyshire website.

In terms of general feedback, this is sent to organisations regularly throughout the year to give an independent account of what is working well, and what could be improved. Organisations are encouraged by Healthwatch Derbyshire to respond to these comments so that we know when any changes have been made, and so that responses can be passed back to the person who spoke to Healthwatch. The Trust reply to these comments thoroughly and with rigour, setting out learning and next steps that will follow.

We have read the Quality Account for 2017-18 prepared by the Trust with interest. We have considered if and how the content reflects some of the topics which have emerged in the feedback that Healthwatch Derbyshire has collected during the past year.

Healthwatch Derbyshire welcomes the launch of the Customer Care Standards, as we are often told how important things like staff attitude and communication are to the patient experience. We are encouraged to see training and development in this area, with the aim of delivering the best possible patient experience.

Along similar lines, Healthwatch Derbyshire welcomes the Clinical Commissioning Group CQUIN around improving services for people with mental health needs who present to A&E. This is a theme that regularly appears in our patient feedback, so we welcome any initiative to help address this issue.

Healthwatch Derbyshire has also carried out a significant piece of work about dementia during this period, so we welcome the many service developments mentioned in the quality account linking to the five year framework.

Healthwatch also welcomes the measures taken as part of the Accessible Information Standards. We have conducted mock outpatient visits to test appointment letters available in different formats, and look forward to presenting our feedback to the Trust to help them develop and implement this piece of work.

Helen Henderson- Spoors
Intelligence and Insight Manager
Statement from Healthwatch Derby

We would like to congratulate the Trust and all staff on their dedicated service to Derby, and we take note of all your key achievements and efforts to make improvements.

Healthwatch Derby have worked in partnership over the last few years with the Trust, and are delighted to report that we continue to engage and feedback our findings on a regular basis which has helped improve patient experience and help the ongoing improvements program.

In the last year we have particularly been involved in the following:

- a detailed report into cancer services following extensive outreach at cancer wards
- Co hosted a workshop for cancer patients
- various Enter & Views into both Trust sites
- conducted detailed A&E, MAU, Discharge Lounge observations
- provided several detailed case studies
- provided annual trend analysis report
- engaged in Burton Derby merger events
- engaged in Patient Reference Group meetings
- escalated all serious concerns immediately to PALS
- attended local intelligence sharing meetings/teleconferences
- provided a forum for enhancing patient engagement via our IDEN platform

As the Trust prepares for a potential merger with Burton Trust, it is vital patient voices are kept at the heart of service realignments. We have successfully raised the need for additional public engagements for patients in Derby as well as other areas served by both Trusts.

It is pleasing to report this recommendation was taken on board and further public engagements in Derby city were held. We were also pleased to welcome the Trust CEO at our Board meeting to further discuss merger proposals and hear about patient led improvements that are being planned.

We hope to continue working positively with the Trust, and hope that patient feedback will feature significantly in the service realignments planned for the year ahead. Healthwatch Derby will continue to monitor Trust services and feedback local intelligence directly to Trust leads.

Samragi Madden
Quality Assurance & Engagement Manager
Statements from Derby City Council:

Derby City Council's Adults and Health Scrutiny Review Board

The Adults and Health Board has a wide remit to scrutinise and review both local authority and external services provided to residents in the City of Derby. The Board also has statutory health scrutiny responsibilities.

The remit of the Board includes providing governance assurance, monitoring performance, reviewing services and holding health related bodies to account. As part of its work, the Board strives to engage with external partners, including: Derby Teaching Hospitals NHS Trust; Southern Derbyshire Clinical Commissioning Group; East Midlands Ambulance Service; and Healthwatch Derby.

The Board is therefore pleased to provide a formal response in relation to the Derby Teaching Hospitals NHS Trust Quality Account Report 2017-2018.

The Board recognises that the Trust continues to operate in a challenging environment, with unprecedented demand for many services and continuing pressure on budgets. Nevertheless, we are pleased to see that the account continues to strive for improvement and to deliver effective services to patients.

The Board is encouraged to learn that the Trust has continued to make progress in reducing cases of hospital acquired infection, demonstrating an on-going commitment to patient safety. In particular, we note that the Trust is in the lowest quartile for sepsis mortality amongst its comparators.

It is also positive to see that the proposed priorities for improvement for 2018-19 aim to make further progress in this regard, as well as seeking to reduce preventable deaths, ensuring consistency in clinical practice and fostering a culture where employees are well supported.

Moreover, the Board recognises the wholesale package of measures introduced to improve End of Life Care, continuing to reflect the drive for higher standards following the Care Quality Commission's Planned Inspection in 2014, which identified the area as requiring improvement. In particular, innovative approaches to personalised care and improving the physical environment for patients in the last hours of life are to be commended.

It is recognised that staff wellbeing is an ongoing priority for the Trust. It is however with a degree of concern that the Board notes above average levels of employees who have experienced physical violence from members of the public.

Finally, the Board was also concerned to note the year-on-year deterioration in the percentage of accident and emergency patients seen within four hours, however recognises that this reflects national trends and wider pressures on the NHS.

As Chair of the Adults and Health Scrutiny Board, I would like to congratulate the Trust on its commitment to delivering high quality services to residents in Derby and the surrounding area.

The Board would also like to thank the Trust on the production of a detailed and transparent Quality Account, which demonstrates an honest reflection of the quality of services provided in the city. The identification of further key priorities for improvement will ensure the Trust continues to address its challenges and drive progress.

Councillor Jangir Khan
Chair of Derby City Council's Adults and Health Scrutiny Review Board
Derby City Council's Health and Wellbeing Board

On behalf of the Derby City Health and Well Being Board, Derby City Public Health acknowledges the progress that has been made during the period 2017-18, specifically the progress that has been made in reducing cases of hospital acquired infection, we note that the Trust is in the lowest quartile for sepsis mortality amongst its comparators. We commend the Trust's development of innovative approaches to personalised care and improving the physical environment for patients in the last hours of life, demonstrating an on-going commitment to patient safety. We note the year-on-year deterioration in the percentage of accident and emergency patients seen within four hours, however we recognise that this reflects national trends and wider pressures on the NHS. Going forward we are assured that the Trust will continue to work with partners across the system to support the clinical model for Derbyshire.

Kerry Hodges
Principal Public Health Manager
Statement from the Council of Governors of Derby Teaching Hospitals NHS Foundation Trust

During 2017-18 Governors have attended a varied range of groups within the Trust that look directly at specific areas of the patient experience such as nutrition and hydration, end of life care, infection control and dementia care. In addition governors are involved in groups that deal with topics not directly involved in patient care but nevertheless have an effect on it, for instance patient safety committee, education and training group and the complaints review group. Governors continue to sit as participant observers on the Trust board committees chaired by the Non Executive Directors i.e. the Audit Committee, Charitable Funds Committee, Finance and Investment Committee, People Committee and the Quality Committee.

This year Governors have also continued to be engaged in discussions at Council of Governors Meetings and additional meetings, some where the public have been invited to specifically to discuss the proposed merger with Burton Hospitals. Specific meetings have also been held with Burton Governors to review potential changes that will affect governors should the merger goes ahead. Many governors also attend the Health Information talks delivered regularly to the Trust membership on a variety of topics.

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. This year for the first time the group met with our local lead for the Care Quality Commission (CQC) to discuss the role of the group in reviewing the quality of care delivered in the Trust and developments in the inspections undertaken by the CQC. At the regular time out sessions between the Quality Committee and the Core Regulations Group Governors have been updated on continued progress with CQC action plan and the review of the Trusts Quality Strategy that was relaunched this year. Accompanying the NEDs and members of the Board to Ward visits has continued to provide a platform for discussions with both senior and ‘grass roots’ staff in an informal setting on a range of subjects.
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 reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

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

- the content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017-18 and supporting guidance;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2017 to the date of this statement;
  - Papers relating to Quality reported to the Board over the period April 2017 to the date of this statement;
  - Feedback from NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) dated 11 April 2018;
  - Feedback from Derby Teaching Hospital NHS Foundation Trust's Council of Governors dated 09 April 2018;
  - Feedback from Healthwatch Derby dated 08 May 2018 and Healthwatch Derbyshire dated 26 April 2018;
  - Feedback from Overview & Scrutiny Committee dated 24 April 2018;
  - The Derby Teaching Hospitals NHS Foundation Trust’s draft complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018;
  - The latest national patient survey 2017;
  - The latest national staff survey 2017;
  - The Head of Internal Audit’s interim annual opinion of the Trust's control environment dated 17 May 2018.
  - CQC inspection report dated 03 February 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

John Rivers, Chairman
24 May 2018

Gavin Boyle, Chief Executive
24 May 2018
Independent Auditors’ Limited Assurance Report to the Council of Governors of Derby Teaching Hospital NHS Foundation Trust on the Annual Quality Report

We have been engaged by the Council of Governors of Derby Teaching Hospital NHS Foundation Trust to perform an independent assurance engagement in respect of Derby Teaching Hospital NHS Foundation Trust’s Quality Report for the year ended 31 March 2018 (the ‘Quality Report’) and specified performance indicators contained therein.

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to limited assurance (the “specified indicators”) marked with the symbol ▲ in the Quality Report, consist of the following national priority indicators as mandated by Monitor (operating as NHS Improvement (NHSI)):

<table>
<thead>
<tr>
<th>Specified Indicators</th>
<th>Specified indicators criteria (exact page number where criteria can be found)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period</td>
<td>Page 134</td>
</tr>
<tr>
<td>Percentage of patients with a total time in A&amp;E of four hours or less from arrival to admission, transfer or discharge</td>
<td>Page 135</td>
</tr>
</tbody>
</table>

Respective responsibilities of the Directors and auditors

The Directors are responsible for the content and the preparation of the Quality Report in accordance with the specified indicators criteria referred to on pages 134 to 135 of the Quality Report as listed above (the “Criteria”). The Directors are also responsible for the conformity of their Criteria with the assessment criteria set out in the NHS Foundation Trust Annual Reporting Manual (“FT ARM”) and the “Detailed requirements for quality reports for foundation trusts 2017/18” issued by NHSI.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”;
- The Quality Report is not consistent in all material respects with the sources specified below; and
- The specified indicators have not been prepared in all material respects in accordance with the Criteria set out in the FT ARM and the “Detailed requirements for external assurance for quality reports for foundation trusts 2017/18”.

We read the Quality Report and consider whether it addresses the content requirements of the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”; and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with the following documents:

- Board minutes for the financial year, April 2017 and up to the date of signing this limited assurance report (the period);
- Papers relating to quality report reported to the Board over the period April 2017 to the date of signing this limited assurance report;
Auditor’s Opinion - Quality Report

• Feedback from the Commissioners NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) dated 11 April 2018;
• Feedback from Derby Teaching Hospital NHS Foundation Trust’s Council of Governors dated 09 April 2018;
• Feedback from Healthwatch Derby dated 08 May 2018;
• Feedback from Healthwatch Derbyshire dated 26 April 2018;
• Feedback from Overview & Scrutiny Committee dated 24 April 2018;
• The Derby Teaching Hospitals NHS Foundation Trust’s draft complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated May 2018;
• The latest national patient survey 2017;
• The latest national staff survey 2017;
• The Head of Internal Audit’s interim annual opinion of the Trust’s control environment dated 17 May 2018; and
• CQC inspection report dated 03 February 2017.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the “documents”). Our responsibilities do not extend to any other information.

Our Independence and Quality Control

We applied the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics, which includes independence and other requirements founded on fundamental principles of integrity, objectivity, professional competence and due care, confidentiality and professional behaviour. We apply International Standard on Quality Control (UK) 1 and accordingly maintain a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

Use and distribution of the report

This report, including the conclusion, has been prepared solely for the Council of Governors of Derby Teaching Hospital NHS Foundation Trust as a body, to assist the Council of Governors in reporting Derby Teaching Hospital NHS Foundation Trust’s quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body and Derby Teaching Hospital NHS Foundation Trust for our work or this report save where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) ‘Assurance Engagements other than Audits or Reviews of Historical Financial Information’ issued by the International Auditing and Assurance Standards Board (‘ISAE 3000 (Revised)’). Our limited assurance procedures included:

• reviewing the content of the Quality Report against the requirements of the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”;
• reviewing the Quality Report for consistency against the documents specified above;
• obtaining an understanding of the design and operation of the controls in place in relation to the collation and reporting of the specified indicators, including controls over third party information (if applicable) and performing walkthroughs to confirm our understanding;
based on our understanding, assessing the risks that the performance against the specified indicators may be materially misstated and determining the nature, timing and extent of further procedures;

- making enquiries of relevant management, personnel and, where relevant, third parties;
- considering significant judgements made by the NHS Foundation Trust in preparation of the specified indicators;
- performing limited testing, on a selective basis of evidence supporting the reported performance indicators, and assessing the related disclosures; and

- reading the documents.

A limited assurance engagement is less in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

**Limitations**

Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different but acceptable measurement techniques which can result in materially different measurements and can impact comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision thereof, may change over time. It is important to read the Quality Report in the context of the assessment criteria set out in the FT ARM and “Detailed requirements for quality reports for foundation trusts 2017/18” and the Criteria referred to above.

The nature, form and content required of Quality Reports are determined by NHSI. This may result in the omission of information relevant to other users, for example for the purpose of comparing the results of different NHS Foundation Trusts.

In addition, the scope of our assurance work has not included governance over quality or non-mandated indicators in the Quality Report, which have been determined locally by Derby Teaching Hospital NHS Foundation Trust.

**Basis for Disclaimer of Conclusion – Percentage of incomplete pathways within 18 weeks for patients on incomplete pathways at the end of the reporting period**

The 18 week indicator is calculated each month based on a snapshot of incomplete pathways and reported through the Unify2 portal. The data reported is subsequently updated by the Trust for any identified errors through a monthly validation process. The process is however not applied to the whole data set, as it focuses only on a limited sample of cases.

In our testing we found two instances of cases where the clock had not been stopped at the end of applicable month end. Therefore, some patients had been incorrectly reported within the indicator, until they were picked up by the validation team.

The Trust was not able to review and update the whole data set. Therefore, we were unable to access accurate and complete data to check the waiting period from referral to treatment reported across the year.
Basis for Disclaimer of Conclusion - Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge

The Trust is required to report type 3 department performance within the indicator, but as the Trust does not have access to supporting records for these attendances we have been unable to confirm whether they have been correctly classified as seen within four hours or breaching the four hour target. Type 3 admissions represent 29% of total attendances in 2017/18.

In addition NHS England’s definition for “the Percentage of patients with a total time in A&E of four hours or less from arrival to admission, transfer or discharge” specifies that the clock start time for patients arriving by ambulance is when handover occurs, or 15 minutes after the ambulance arrives at A&E, whichever is earlier.

Although the Trust receives data from the Ambulance Trust on ambulance arrival times, due to issues with the completeness and accuracy of the data received, the Trust is unable to determine the ambulance arrival time (plus 15 minutes) for each patient arriving by ambulance. Consequently, the Trust has not been able to demonstrate that for 2017/18, applying a start clock using Ambulance Trust data would not impact on overall reported performance. Ambulance patients account for 26% of total attendances.

Disclaimer of conclusion

Because the data required to support the Incomplete Pathways indicator is not available, as described in the Basis for Disclaimer of Conclusion paragraph, we have not been able to form a conclusion on the incomplete pathways indicator.

Because the data required to support the A&E four hour wait indicator is not available, as described in the Basis for Disclaimer of Conclusion paragraph, we have not been able to form a conclusion on the A&E four hour wait indicator.

Nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- The Quality Report does not incorporate the matters required to be reported on as specified in the FT ARM and the “Detailed requirements for quality reports for foundation trusts 2017/18”; and
- The Quality Report is not consistent in all material respects with the documents specified above;

PricewaterhouseCoopers LLP
Donington Court,
Castle Donington,
DE74 2UZ

Date: 29 May 2018

The maintenance and integrity of the Derby Teaching Hospital NHS Foundation Trust’s website is the responsibility of the directors; the work carried out by the assurance providers does not involve consideration of these matters and, accordingly, the assurance providers accept no responsibility for any changes that may have occurred to the reported performance indicators or criteria since they were initially presented on the website.
<table>
<thead>
<tr>
<th>Term</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>AHP</td>
<td>Advanced Health Practitioner</td>
</tr>
<tr>
<td>AKI</td>
<td>Acute Kidney Injury</td>
</tr>
<tr>
<td>ANTT</td>
<td>Aseptic Non Touch Technique</td>
</tr>
<tr>
<td>BMI</td>
<td>Body Mass Index</td>
</tr>
<tr>
<td>C.diff</td>
<td>Clostridium difficile</td>
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<tr>
<td>CCG</td>
<td>Clinical Commissioning Group</td>
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<td>CCOT</td>
<td>Critical Care Outreach Team</td>
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<tr>
<td>CDS</td>
<td>Commissioning Data Set</td>
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<tr>
<td>CGA</td>
<td>Comprehensive Geriatric Assessment</td>
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<tr>
<td>CLRN</td>
<td>Comprehensive Local Research Network</td>
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<tr>
<td>CNS</td>
<td>Clinical Nurse Specialist</td>
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<tr>
<td>CoG</td>
<td>Council of Governors</td>
</tr>
<tr>
<td>CPES</td>
<td>Cancer Patients Experience Survey</td>
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<td>CQC</td>
<td>Care Quality Commission</td>
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<tr>
<td>CQUIN</td>
<td>Commissioning for Quality and Innovation</td>
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<tr>
<td>CT</td>
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<tr>
<td>CVC</td>
<td>Central Venous Catheter</td>
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<tr>
<td>DNACPR</td>
<td>Do Not Attempt Cardio Pulmonary Resuscitation</td>
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<td>Department of Health</td>
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<tr>
<td>E.coli</td>
<td>Escherichia coli</td>
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<tr>
<td>ED</td>
<td>Emergency Department</td>
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<td>Expected Date of Discharge</td>
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<td>East Midlands Cardiac and Stroke Network</td>
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<td>Early Warning Score</td>
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<td>EPMA</td>
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<td>Holistic Needs Assessment</td>
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<td>Infection Prevention &amp; Control</td>
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<tr>
<td>IPCT</td>
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<td>ISS</td>
<td>Integrated Service Solutions</td>
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<td>Health Research Sectors</td>
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<td>Hospital Standardised Mortality Rate</td>
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<td>HPA</td>
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<td>HPV</td>
<td>Hydrogen Peroxide Vapour</td>
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<td>Liverpool Care Pathway</td>
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<tr>
<td>LGBT</td>
<td>Lesbian, Gay, Bisexual and Transgender</td>
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<td>Term</td>
<td>Meaning</td>
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<tr>
<td>LIPS</td>
<td>Leading Improvements in Patient Safety</td>
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<td>Medical Admissions Unit</td>
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<tr>
<td>MDT</td>
<td>Multi-Disciplinary Team</td>
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<td>MHRA</td>
<td>Medical and Healthcare Products Regulatory Agency</td>
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<tr>
<td>MRC</td>
<td>Medical Research Council</td>
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<tr>
<td>MRSAb</td>
<td>Methicillin Resistant Staphylococcus Aureus bacteraemia</td>
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<tr>
<td>MSO</td>
<td>Medication Safety Officer</td>
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<tr>
<td>MSSA</td>
<td>Methicillin Sensitive Staphylococcus Aureus</td>
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<td>NCEPOD</td>
<td>National Confidential Enquiries of Patient Outcomes and Death</td>
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<tr>
<td>NHS</td>
<td>National Health Service</td>
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<td>NICU</td>
<td>Neonatal Intensive Care Unit</td>
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<tr>
<td>NIHR</td>
<td>National Institute for Health Research</td>
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<tr>
<td>NHSE</td>
<td>National Health Service Executive</td>
</tr>
<tr>
<td>NHSI</td>
<td>NHS Improvement</td>
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<tr>
<td>NMBS</td>
<td>National Mastectomy and Breast Reconstruction</td>
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<td>NNAP</td>
<td>National Neonatal Audit Programme</td>
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<td>NOF</td>
<td>National Operating Framework</td>
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<td>National Patient Safety Agency</td>
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<td>NRLS</td>
<td>National Reporting and Learning System</td>
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<td>PALS</td>
<td>Patient Advice and Liaison Service</td>
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<td>Patient Administration System</td>
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<td>PdR</td>
<td>Payment by Results</td>
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<td>PDSAs</td>
<td>Plan, Do, Study, Act</td>
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<tr>
<td>PEAT</td>
<td>Patient Experience Assessment Team</td>
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<td>Public Health England</td>
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<td>PHSO</td>
<td>Parliamentary and Health Service Ombudsman</td>
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<td>PLACE</td>
<td>Patient Led Assessment for the Care Environment</td>
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<td>PROMS</td>
<td>Patient Reported Outcomes Measures</td>
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<td>Pressure Ulcer prevention Group</td>
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<tr>
<td>QIPP</td>
<td>Quality, Innovation, Productivity and Prevention</td>
</tr>
<tr>
<td>RCA</td>
<td>Root Cause Analysis</td>
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<tr>
<td>RCP</td>
<td>Royal College of Physicians</td>
</tr>
<tr>
<td>RTT</td>
<td>Referral to Treatment (performance measure on the time waiting for treatment)</td>
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<tr>
<td>SBAR</td>
<td>Situation, Background, Assessment, Recommendation</td>
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<tr>
<td>Sdu</td>
<td>Step Down Unit</td>
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<tr>
<td>SHMI</td>
<td>Summary Hospital Level Mortality Index</td>
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<td>SHOP</td>
<td>See Home Other Planned</td>
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<tr>
<td>SIG</td>
<td>Serious Incident Group</td>
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<tr>
<td>SLAM</td>
<td>Service Level Activity Monitoring</td>
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<tr>
<td>SLM</td>
<td>Service Line Management</td>
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<td>SOF</td>
<td>Single Oversight Framework</td>
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<tr>
<td>UV</td>
<td>Ultra Violet</td>
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<tr>
<td>VAT</td>
<td>Value Added Tax</td>
</tr>
<tr>
<td>VTE</td>
<td>Venous Thrombo Embolus</td>
</tr>
</tbody>
</table>
Further Information
If you would like any part of this document translated into your own language, or require a version in large print, please contact us on

Tel: 01332 783475

If you would like any further information about the Trust, the services we provide or anything you have read within this report, please contact:

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