DERBYSHIRE COMMUNITY HEALTH SERVICES NHS TRUST
QUALITY ACCOUNT
2010/11

Making Healthcare Easier
On behalf of our Trust I am pleased to present this Quality Account which sets out our hard work, achievements and areas of improvement for 2010/11. We are really proud of all our staff and their unfailing contribution to the success of DCHS. In our first Quality Account for 2009/10 we stated that DCHS was well placed and in a strong position to be able to take on the challenges ahead of us. This account in part describes how we met some of these challenges this year 2010/11.

Further national challenges have been set that require all NHS services to drive up quality and drive down costs. DCHS is a committed, successful and effective community service continually striving to be the best provider, making healthcare easier.

Our aim is to always provide high quality, personalised care that enriches the lives of the local people and communities. It will be the keystone in our success as a community service provider. We will continue to promote the health and well-being of all, enhance the life chances of many and promote independence and opportunity wherever possible.

Our success has been acknowledged in many ways over the last few years winning regional and national awards for our services.

We will ensure quality remains at the heart of our care, keeping the trust of the community and never allowing our vision and values to be affected by purely financial decisions.

“"We will ensure that patients are involved in their care, and their needs are reflected in the way we deliver and develop services""
1 Introduction
Reporting on Quality

Welcome to the Derbyshire Community Health Services NHS Trust (DCHS) Quality Account. The purpose of this document is to tell people how our Trust has performed. Last year (2009/10) we voluntarily produced our Quality Account which the SHA stated was “well written and presented.” This year we have tried to make further improvements to this Account based on the comments you and others have made. Hopefully you will find this document as informative.

Once again we hope to keep you informed of the progress we have made to improve our services, as well as honestly tell you where we did not do quite so well as we expected. This Account will set out the plans we have in place to ensure that Quality remains at the heart of our new Trust as we grow over the next year.

DCHS offers a range of 48 different community based health services and is one of the largest community service providers in the country. We employ over 5500 staff and have an annual income in excess of £183m. Each day DCHS will provide on average, the following number of care episodes:

- 200 people will be seen in DCHS minor injury units
- 400 elderly people will be cared for in our community hospitals
- 1,600 patients will be supported by our District Nurses
- 140 people will visit our outpatient clinics
- 1,000 families will be supported by our children’s services

For the last two years DCHS has been working as an arms length autonomous provider, defining the services we offer and building a robust and cohesive long-term strategic plan. DCHS has set ambitious plans for quality, organisational development and sustainability and is aiming for Foundation Trust status by October 2012.

The Quality Account: Helping you monitor our progress

Last year

In 2009/10 we delivered all our expected quality standards and CQUIN targets and invested in

- 5 Quality and Improvement Leads across the Divisions
- Quality and Safety post in the Corporate Team
- Part time central administrator to manage CQUIN database
- Bed rails training resource.

This year

In 2010/11 we delivered our expected quality standards and achieved 99% payment on our CQUIN schedule only narrowly missing the full target on one of the eighteen set by commissioners.

Next Year

The year closed on the 31st March 2011 and the next year (2011/12) we opened as the newly established DCHS NHS Trust independent of NHS Derbyshire (the PCT). We were registered without conditions by the CQC and acknowledged by NHS East Midlands and the Department of Health as a potential future Foundation Trust.
Overview of 2010/11
Achievements, Awards and Accolades

We have had a very busy time here at DCHS. Below are list some of our awards, achievements and accolades that we have been given over the year. Some of these will be mentioned in more detail in later pages.

Midlands Excellence Awards
The team behind the Improvement Leaders Capability Programme celebrated in February after being awarded the ‘highly commended’ accolade in the ‘Lean Efficiency’ category at the Midlands Excellence Awards.

Business Continuity - Snow thank you
There was an excellent display to maintain business as usual when faced with the severe snow conditions. Staff showed innovation with their own made shovels supporting other staff to ensure the paths and roads were clear around Walton Hospital.

Choose Well
We have joined forces with the other primary care trusts and acute and community hospital providers in the East Midlands to commission research to look into the so-called ‘inappropriate’ use of NHS services in our region.

Arts for Health
Six ‘seedpod’ pieces have been donated by Manchester Metropolitan University to Riverside Ward, Newholme Hospital, free of charge following a very successful Arts4Health project (see Page 39).

Estates announce environmental award
The Estates Department has been successful in attaining certification to BS EN ISO 14001:2004, the internationally recognised Environmental Management Standard.

Healthcare 100
DCHS was ranked 7th out of 270 healthcare organisations nationwide from feedback received from staff.

Shine 2011
The Shine 2011 Team at DCHS were successful in securing funding for a project supporting dysphagia (swallowing difficulties) (see Page 35).

Top Scores for Hotel Services
Hotel Service’s Domestic Team at Long Eaton Health Centre have received outstanding scores following the unannounced annual cleanliness audit of the premises. The audit saw an increase from 64% by an independent contract to an in-house performance score of 100% compliance.

Health & Social Care Award finalists
The Care Homes Support Team were shortlisted in the primary Care and Community Based Integration category in the regional Health & Social Care Awards held in October.

Health Figures Boost
Figures released in September showed that Derbyshire has one of the best records in the country in dealing with key health issues like Chlamydia and are among the highest areas for the percentage of 5 year old having the MMR vaccine.
**Completion of the new “St Oswalds”**

St Oswalds, our new £20m state of the art health development at Ashbourne was completed during 2010. The facility offers 24 Inpatients beds; 12 bedrooms with en-suite facilities and the remaining 12 beds on 4 same-sex bays. The design promotes privacy & dignity, improves and increases our outpatient services also providing a pharmacy and GP Surgery.

During September a deep clean took place, the GP surgery and Health Centre was opened 24-26th September, the out-patients clinics were transferred during 30 September - 3 October and finally 4th October saw the transfer of in-patients.

The new development will ensure that our NHS staff can provide excellent health services in a modern, 21st century setting.

**St Oswalds helps us to:**

- provide local people with greater choice
- provide a seamless service between primary, community and local authority services
- improve the overall health, independence and well-being of local people, and
- provide excellent care in a safe, appropriate and modern setting.

**New Dementia Unit opens at Walton Hospital**

A new £11 million dementia unit at Walton was officially opened in December 2010.

Councillor Robin Baldry, Chairman of Derbyshire County Council, opened the ward and said:

“Dementia affects the whole life of the person who has it, as well as their family and figures show that it will affect the lives of around one in three people either as a sufferer, or as a carer or relative. So I am delighted to be officially opening this dedicated state of the art dementia unit which has been purpose-built to provide the highest quality care for people with dementia in Derbyshire”

The ward, which includes 48 single en-suite bedrooms, provides specialist in-patient care for older patients suffering with dementia and incorporates a therapy area and sensory room, a hairdressing salon, enclosed landscaped courtyards and a relaxing sensory garden.

The service will continue to be developed and we are looking to introduce complimentary therapies such as massage as well as carer education groups and more support for carers.
2010/11 Priorities

The following priorities were locally agreed and set by commissioners with DCHS. There were 18 areas linked to the CQUIN scheme. CQUIN is a national scheme that promotes quality and pays providers only if they meet specific improvement standards.

**Patient Safety**
- Safeguarding Children Awareness Training
- Safeguarding Adults Awareness Policy
- Medication Errors
-Patient Falls
- Patient Safety Strategy
- To reduce hospital acquired infections in our community hospitals
- Mortality Audit

**Clinical Effectiveness**
- Drug Delivery Devices
- Pressure Ulcer Assessments
- Breast Feeding Retention Rates
- End of Life Care
- Insulin Dependent In-patients
- Record Keeping
- Perform key Clinical Audits
- Patient Re-admissions within 28 days

**Patient Experience**
- Patient and Public Involvement (PPI)
- Dignity in Care
- To ensure DCHS were compliant with Delivering Same Sex Accommodation (DSSA)
- Access to Services - Healthcare for All
- Antibiotic prescribing
- Long Term Condition (LTC) Patients with a Care Plan
- AHP / Therapy Waiting Times
Evidence of Improvements

Patient Safety

To ensure an effective, efficient and economical organisation that promotes productive working and which offers good value to its community and commissioners.
Patient Safety

Safeguarding Children and Vulnerable Adults
DCHS plays a vital role in the communities approach to safeguard people of any age or background. “Safeguarding” is everyone's business and not just specialist staff. We have included in this Account some of the important achievements and challenges from the last year. We also include a patient story in the last section of this document which describes a positive approach to people who are vulnerable, have learning disabilities and mental health problems.

Safeguarding Children Awareness Training
DCHS Safeguarding Children Service has an overarching responsibility to promote good professional practice related to safeguarding concerns and processes.

To protect children and young people from harm, all DCHS staff must have the competencies to recognise child maltreatment and to take effective action as appropriate to their role. They must clearly understand their responsibilities, and should be supported by their employing organisation to fulfil their duties (Intercollegiate Document 2010). Working Together to Safeguard Children (2010) also sets out statutory guidance under section 11 of the Children Act 1989/2004 of the responsibility of DCHS regarding training. This is achieved by providing staff with a combination of single agency (health) and multi agency training.

DCHS Safeguarding Children Team provides Level 2 training for both Clinical and Non Clinical Staff who have regular contact with children, young people and parents and is completed annually.

The requirement for the content of the training is outlined in Working Together to Safeguard Children (2010) and the training ensures that staff:

- Are aware of the risk factors for child abuse – including situations where adults may pose a risk to children
- Know how to recognise the different forms of maltreatment or abuse
- Know how to act if a child’s welfare or safety may be at risk
- Are aware of the local safeguarding procedures in child protection and can locate safeguarding policies via the internet
- Know the names and contact details of named and designated professionals for their organisation or area.

The DCHS Safeguarding Children Training Strategy is available on the website for all our staff.

Attendance at training is monitored via the DCHS Learning and Development Unit. At 31st March 2011:

- 610 DCHS staff had been identified as requiring Level 2 training (April 2010 – March 2011).
- 576 DCHS staff have been identified as receiving Level 2 Training, therefore achieving 95% compliance as per our CQUIN target.
**Safeguarding Vulnerable Adults**

This year DCHS has continued with its commitment to improve Safeguarding Vulnerable Adults services for our patients. There are now two Named Nurses for Safeguarding Adults in post. This year we have increased the awareness of Safeguarding within the organisation and offer increased support and advice to all staff. DCHS is an active member of the Derbyshire Safeguarding Partnership Board and its sub groups.

During this year we were required to achieve the following targets:

- The Partnership Board was required to have a Derbyshire Safeguarding Vulnerable Adults Policy and relevant Procedures. These are in place and supports DCHS strategy. The Partnership continues to monitor and review this approach to ensure it is safe and effective.

- DCHS was required to have an organisational Safeguarding Vulnerable Adults Policy and this is now in place.

- DCHS was asked to further improve awareness and ensure adherence to the local Policies.

DCHS was also required to identify 3 priority areas to increase staff awareness and provide them with improved knowledge and skills to help people at risk. These were identified as:

1) The Induction programme for new staff and the annual Essential Learning was updated to include Safeguarding.

2) Staff awareness and understanding was increased through team meetings and Governance Groups.

3) Staff Training Levels 1 and 2 have been updated.

Although there are no statutory requirements for staff to attend Safeguarding Adults training, DCHS has set its own high standard requiring all clinical staff to attend appropriate and bespoke courses on a regular basis. During 2010/11, 77% of new starters attended Induction and 81% of staff attended Essential Learning which includes Level 1 Safeguarding training. A total of 515 staff attended level 2 training.

This focus has been reflected in the increased number of appropriate internal reported concerns and incidents to our Social Care Partnership. This means that people at risk are less likely to be missed. During 2009/10 there were 75 Safeguarding Incidents reported and 88 were reported in 2010/11.

There has been further developments in partnership with Social Care and the Police with the Multi Agency Safeguarding Hub. The Safeguarding Adults team are now co-located two days per week in the Central Referral Unit at Derbyshire Police Headquarters. This enables close liaison between agencies to safeguard vulnerable people.

The co location of the Children’s and Adults team within the Safeguarding Unit at Babington Hospital will further enhance the development of the service and will enable joint systems and processes and clearer guidance for staff.
Patient Safety

Medication Errors
Many patients are worried about their medication and confusion can happen when changes are made or when they go into hospital. DCHS recognises that medication errors especially very serious ones can be reduced. Our local CQUIN indicator stated that: “The provider will reduce by 15% the number of medication errors arising from

- Prescribing error
- Failure to administer
- Administration of incorrect drug
- Administration of incorrect dose
- Increase medication incident reporting”

Results
In 2010/11 this CQUIN target was fully met, with a substantial reduction (39%) in the medication errors monitored. We achieved this in a number of ways including improving our staff training on both prescribing and administering medication. Simple ideas have helped such as nursing staff in community hospitals now perform medication rounds wearing an easy to spot red tabard (a “vest-like” top) which have written instructions on them that ask people not to interrupt or distract them unnecessarily unless there is a problem.

Reducing Falls

Many of the older people and patients that DCHS provides care for are at risk from falls. Some patients are especially vulnerable and a fall or fracture can have a life changing impact. Working with commissioners we were required to develop a falls strategy and to achieve a reduction in the number of in-patient falls in all our services including those for older people with mental health problems such as dementia. Quality outcome targets were set as part of the CQUIN scheme.

DCHS has a Falls Implementation Group (FIG). This helps to ensure that there is a comprehensive programme of work that links directly to policy, procedure and practice. FIG has a responsibility for the development of work streams to meet clinical needs to reduce and prevent harmful falls.

This year despite all the hard work we narrowly missed the full target, partly due to the complexities
of the challenges faced looking after often very ill patients and those with more complex mental health and behavioural problems.

We have learned important lessons which will help us achieve greater improvement for next year. This includes strengthening the FIG to help drive improvements in training and services, and working to provide more multi disciplinary services closer to people at or near their homes. This has also helped us to understand better other strategies of falls prevention. A good example of our proactive approach is how we design our site improvements or new buildings to help reduce falls by having better storage so there is less clutter, better lighting and flooring.

**Understanding incidents and managing risks better**

DCHS now has its own “DATIX Risk Management System” which contains information relating to Incident Reporting, Risks, Complaints and Claims. The information on the system has been collected over a period of 4 years and is now used extensively by the organisation and by local managers to help inform quality. DCHS has a culture of promoting openness and this encourages staff to report incidents and any concerns. It is because we have a good incident reporting rate we can be more confident about the analysis; looking at specific trends and categories of incident, including by location or a time of day. This is then used to focus our efforts to sort out potential problems. It is because of the introduction this year of DATIXweb (a secure online system) that local teams and managers can pro-actively manage, review and respond to incidents in a faster and more effective way. Specific training to help staff use DATIXweb continues across DCHS.

**DCHS Board Commitment to Safety**

Board members with senior managers of DCHS continue to perform regular unannounced visits to all sites and services to check for themselves the quality of the services we provide and to ensure that DCHS is a great place to work. There is a specific focus on patient and staff safety during these visits. It helps staff and Board members get to know each other and talk about real life challenges faced on the front line of care.

The visits are very simple but thorough. Specific service information and DATIX reports are shared with Board members before each visit to help focus attention in key areas e.g. falls incidents on wards or sickness and absence rates of staff. The visit compromises of walking around and inspecting the service, talking to patients, carers and staff. It is followed by a confidential discussion with members of that team using a structured interview technique helping to ensure a standardised and detailed approach.

These visits are well received by staff who welcome active involvement of senior colleagues in their day to day business. Most staff are open with their comments and help drive improvements and share ideas across the Trust. This further promotes the positive culture of the DCHS Way.
Patient Safety

Infection Prevention and Control (IPC)

This year we achieved all the required quality measures for preventing and controlling infection. Most importantly we continue to have low or no levels of specific infections. We know that members of the public remain appropriately concerned about infection including Clostridium difficile and MRSA but we can demonstrate that C. diff infections are below our target set by 15% and we had no reported MRSA bacteraemia for 2010/11. This shows our continued determination to reduce the number of cases of healthcare associated infections to as low as possible. Despite this great result we are still highly committed to minimise future risks.

To sustain this performance Our Infection Prevention & Control (IPC) Team have

- Strengthened the Champion Programme supporting compliance with good hand hygiene practice, in line with the World Health Organisations “your five moments for hand hygiene.” The programme has been well received and feedback from participants is also favourable. We now have 160 IPC Champions across multiple staff groupings in post across the county. Hand Hygiene compliance scores have continued to rise since the programme was introduced and stood at 93.68% at the end of 2010/11.

- Developed a board game that supports all members of the clinical and support teams to learn more about managing the patient effectively and reducing their risk of acquiring an infection. Evaluations of the game have been very positive, many commenting on the value of team work, the insight they have gained into different people’s roles and the impact of one action on another. It is anticipated that the game will be available to other organisations during 2011/12.
DCHS has purchased an electronic laboratory reporting system (ICNet) for use by the IPC Team. ICNet allows laboratories at Derby Hospitals Foundation Trust and Chesterfield Royal Hospital Foundation Trust to send specimen results direct to the Team. This enables timely and effective patient management and communication with the ward areas, reducing the risk of cross infection to others. ICNet also enables the IP&C team to keep electronic records regarding advice given to the ward and current patient management improving communication within the IP&C team.

In October 2010 DCHS delivered a local conference. This helped to recognise the excellent work to date and focus on future challenges. A keynote speech was given by Professor Brian Duerden CBE, Inspector of Microbiology and Infection Control at the Department of Health who also stated that he “fully endorsed” our approach to hand hygiene.

This judgement from the CQC was based on:

- Information analysed on how we managed infection prevention and control, such as risk registers, the frameworks used to assure the Board that plans are happening in practice, and the results from audits show improvements
- Examined our policies and procedures
- Visited four of our community hospitals
- Met with members of our Trust management team
- Had discussions with various staff groups including matrons, ward sisters, ward managers, a housekeeper, hotel services assistants, a hotel services supervisor, a doctor, an infection control nurse specialist, a managing director for provider services, the director of clinical quality, the director of estates plus a stream of others.

Which led them to comment they had no concerns about the 15 measures they inspected.

For more information about the Care Quality Commission please turn to Page 32.
Patient Safety

Mortality Audit
From the 1st April 2010 DCHS has regularly collected and analysed data on all of the deaths that have occurred within their community hospitals in anticipation of publishing a local Summary Hospital-level Mortality Indicator/s (SHMI).

SHMI are being developed for all Acute Trusts as a requirement of the Department of Health. These indicators are aimed at providing a mortality measure against which the Acute Trusts can give assurance of the safety and quality of services. Some Trusts including Mid Staffordshire have had investigations and inquiries into the quality of their services. The impact on mortality is a key concern especially for older and or vulnerable patients.

Under the direction of the Medical Director, DCHS has taken the initiative to attempt to develop its own local SHMI so that our Board can receive its own assurance. This is an example of where we have set our own standards that inform commissioners of our commitment to quality and safety.

Our Mortality Audit report highlighted the importance of continuing to collect and collate information relating to the people who die in the care of DCHS.

It has provided further information to show that:
• The majority of people who die in DCHS community hospitals were expected to die
• Most people who die in DCHS community hospitals are on the EoL Care Pathway
• Most people have a DNACPR / End of Life Decision in place.

The report also provided tangible evidence of “in year “ improvement of service and performance from the quarterly Mortality Audit Report:
• 25% increase in the number of people who have identified the community hospital as their preferred place of death
• 15% improvement in the number of patients who have a DNACPR discussion recorded
• 31% improvement in the number of patients who have had their DNACPR updated regularly
• 12% improvement in the number of patients who have had their DNACPR registered.

The implication of these findings is that there has been:
• An improvement in communication between staff and patients regarding EoL care.
• Improved clinical decision making and record keeping regarding EoL Care.

In the longer term we hope to extend the audit to community services, community nursing, long term conditions management and specialist care.
Early Warning Score and SBAR

The Early Warning Score (EWS) is a simple scoring system that can be used at the patient's bedside, as part of their normal observations to identify and help manage them better if they become more unwell. It does not require complex or expensive equipment. It has already had benefits by promoting the active process of calling for help earlier and more appropriately.

This year a new version of EWS was designed for use in our Diagnostic and Treatment Centres and Theatres. Implementation of this is supported by specific EWS training. Consultation is under way with staff from Minor Injury Units to see how the form can best be adapted for use in their areas too.

Situation

Background

Assessment

Recommendation

What is SBAR?

“SBAR” is a nationally recognised communication system that helps staff focus on clinical problems and tell other staff clearly about what they are and help manage them. This year we have adapted this to share information with staff in other Trusts if patients are urgently admitted into an acute hospital setting. This makes care easier and safer.

“SBAR can be used very effectively to escalate a clinical problem that requires immediate attention, or to facilitate a handover”

VTE (Venous Thrombo-Embolism)

VTE is the collective name for conditions including Deep Vein Thrombosis (DVT) and Pulmonary Embolus (PE). These conditions can cause serious problems and sometimes death.

During 2010-2011 DCHS implemented a programme of VTE assessment and prophylaxis across all its community hospital services where patients were at risk. This work is based on the national drive to adopt a systematic approach to reducing the incidence of VTE in all acute hospitals. We identified that this is a standard that we wish to work to especially as a significant proportion of our in-patients are at increased risk of VTE and to a lesser extent day case surgery e.g. lower limb surgery and immobilisation.

The audit was carried out on a day of choice in January 2011

- 324 patients records were audited of which 259 (80%) had a recorded VTE assessment
- 67% of those had one or more risk factors identified
- 84% received Heparin (LMWH) within 24 hrs
- 48% received at least weekly reviews

These figures demonstrate a significant improvement on the 2010 report and continued adherence to the policy and the practice of VTE prevention. The DCHS mortality audit shows that in this year since the implementation of the VTE programme we have not had any deaths from VTE. This is a real result and great benefit to patient safety. The VTE preventative treatment is by a daily injection using a small needle under the skin. Patients tolerate this well and we have no reports of serious or untoward side effects.
Patient Safety

What is Safety Express?
The Safety Express was launched during the latter part of this year and was developed from an initiative called the Patient Safety First Campaign (PSF). We briefly described the PSF campaign in last year’s account.

The new Safety Express is part of the Quality, Innovation, Productivity and Prevention (QUIPP) Safe Care Work Stream and has a focus and vision to reduce harm in four main areas called the “4 Harms”: pressure ulcers, falls, catheter acquired urinary tract infections and Venous Thrombo-Embolism (VTE). It links with all the main national and local strategies, for example “High Impact Actions” and “Getting the Basics Right”.

What is the NHS Thermometer?
As part of this initiative NHS Trusts now report safety information in a more simplified and clearer way. This allows the gathering of information from many sites regarding the 4 harms as stated above.

To date since starting Safety Express we have eight sites using the Thermometer including one community team. We hope to have all Community Hospitals using it by July 2011.

We are improving our services faster by using this new system. Information is currently collected nationally on one day in the month. The Thermometer has the potential to inform at local, strategic and national level.

Pro-Active Round (PPR) or Safety Rounds
The Round gets frontline staff to see their patients on a one-to-two hourly basis and ask predetermined questions about their care needs. The teams become more pro-active than reactive, become more accessible to patients and carers and have a greater awareness of the caring environment and any potential concerns before they become problems. This is just one example of how this system drives a positive change culture to improve safety and keep a clinical focus on quality and bring back some of the more traditional professional behaviours that make patients feel more secure and listened to.

Simple benefits will include the better awareness and observation of patients at risk of falling, or those who struggle to eat or drink

We hope to report in much more detail this initiative in next year’s account.
3 Evidence of Improvements

Clinical Effectiveness

To build a high performance work environment that engages, involves and supports staff to reach their full potential.
Clinical Effectiveness

Drug Delivery Devices
This year DCHS worked to meet a CQUIN requirement from local commissioners to review the safety and effectiveness of all its drug delivery devices. This meant cataloguing and recording all devices in use, to review issue and monitoring processes, and to undertake an audit of its use.

This process established that there had been poor tracking and monitoring of equipment which had impacted on the recall and status of equipment. This had not caused any serious incident. Following a radical overhaul all devices were identified, registered and serviced. A new system was put in place to manage more effectively this important resource which ensures no piece of equipment falls beyond their service recall date.

Syringe Drivers
Syringe Drivers are small electrically powered pumps that are used to administer medication via a small drip to the patient. DCHS predominantly uses this to help control pain or distressing symptoms of patients often in the last days and weeks of life.

This year DCHS is replacing all the syringe drivers in line with the National Patient Safety Agency (NPSA) alert (RRR019, Dec 2010). The new machines have been delivered and are currently being checked and added to the asset register with a phased location by location implementation, as advised within the alert. The change over to the upgraded model will be completed within the timeframes of the alert.

This will help make the delivery of medicines safer and more effective.

Pressure Ulcers
Pressure Ulcers are areas of damaged skin that can lead to ulceration and infection. People who are immobile and unwell are more likely to get these although good care and the right equipment makes this much less likely.

The Tissue Viability Team is a small dedicated team of highly skilled professionals who monitor pressure ulcers, tissue viability incidents and report on the grading incidence rate of ulcers within DCHS. They support DCHS front line staff and other care providers with a training programme and learning opportunities to constantly improve knowledge and skills. They also work with staff giving direct input and guidance in care. They are seen as an expert reference point for staff and managers alike. This year the Tissue Viability Team were asked to report and monitor grade 2, 3 and 4 pressure ulcers. This identified a need within services to provide further direction and advice to staff with regard to the grading criteria. With well planned interventions and care planning we can ensure that no further deterioration of the skin occurs if grade 2 pressure ulcers have been identified. An improved data collecting system has also ensured a good quality of reporting.

Recommendations have been made by the Tissue Viability Team which include an annual update programme for all front line staff, maintaining the grading monitoring and embedding this into community nursing by having dedicated trainers to deliver the programme.

This team has undertaken a successful approach in improving quality this year and plans to continue to maintain this high quality service to meet the key outcomes, promoting a positive culture.
Breast Feeding

In 2010 DCHS Children’s Services were given an improvement measure to sustain breast feeding for those babies who were being breast fed when they transferred to our care. There are approximately 4,000 babies born to mothers who live in Derbyshire each year. At the beginning of 2010 less than half of all mothers started to breast feed their baby. The Department of Health requires maternity units to increase the number of mothers breast feeding at birth and midwives are monitored on their activity to help more mothers start to breastfeed.

The DCHS CQUIN target required 83% of mothers to sustain breast feeding 8 weeks after birth. This was achieved in 2010/11.

The Health Visiting service has also been successful in gaining a contract for the peer support service for the whole of the county. It is predicted that this will not only help to sustain this level of success with our breast feeding numbers, but also to increase those who breast feed at birth, but have stopped before they are transferred over to our care.

The peer supporters will contact and visit all new mothers who have been identified as breast feeding at birth by the midwifery service. This service will be managed and evaluated by the lead for breast feeding.

In March 2011 DCHS was awarded UNICEF BFI (Baby Friendly Initiative) Certificate of Commitment. DCHS will be required to meet certain criteria to progress to the next stage by February 2012 (UNICEF Stage 1).

There are indirect benefits of this approach too. This relationship with mothers and their families helps promote wider health issues and support other programmes too such as childhood vaccination, smoking cessation and screening.

DCHS is proud to be contributing to the health and well being of local people throughout their lives, recognising differences, respecting choice and promoting inclusion.
Clinical Effectiveness

Transforming End of Life Care across Derbyshire conference

The first ‘Transforming End of Life Care across Derbyshire’ Conference was held on Thursday 17 February at the Riverside Centre, Pride Park, Derby. The focus of the Conference was to review and improve the quality of care and choice for people who are approaching the end of their lives.

More than 250 professionals from DCHS, the voluntary sector and partnership organisations took part in the event which featured keynote speeches, interactive workshops and an exhibition.

Dr Lobo, DCHS Medical Director and national expert on EoL chaired the conference. Elaine Price, Assistant Director Health Promoting Environments and Services gave the opening speech which outlined the Trusts organisational progress and future challenges regarding End of Life care.

The conference attracted several national speakers who highlighted regional and national developments in end of life care including Anita Hayes, National Programme Deputy Director for End of Life Care.

Delegates were informed of the National programme which has been set up to support Health and Social care professionals to implement the End of Life Care Strategy.

Other speakers included Professor Jane Seymour, who gave a presentation on Advanced Care Planning and Professor Keri Thomas updated delegates on the Gold Standards Framework.

Guest speaker Roy Lilley, writer, broadcaster and commentator on health and social issues delivered a powerful and emotive closing speech.

End of Life Champions

We have been working hard to re-establish a core group of staff who have a special interest in End of Life care to act as champions across all our sites.

These front line staff will act as the eyes and ears in practice, identifying where there is room for improvement, initiating change, promoting and bringing to the attention of staff best practice. They will support opportunities to develop skills and confidence to help both the patients and their families at this difficult time.

The conference has also identified a number of new champions and we will continue to promote this opportunity to staff, to engage in a proactive way, in helping everyone, whether clinical or the wider staff who support the provision of care for this particular group of patients.
### DCHS End of Life Programme

At the beginning of 2010 a programme board was established to bring together all the separate pieces of work that had a positive impact on End of Life care. This was to ensure that they all linked together to deliver a coordinated approach to our plans for creating a unified service delivering high quality care for this group of patients. High level involvement has made sure that these work streams are linked together. They are all reported into the EoL operational group who monitor progress being made against each of the work streams maintaining the time frames agreed for completion of this work.

This year DCHS met its target to help reduce admission of dying patients to acute hospitals (where this was inappropriate and not part of their care plan).

End of Life Care remains a part of the quality improvement targets for DCHS for 2011/12 and work streams that have a longer delivery time frame continue to ensure further improvements are made.

| Partnership | Working with hospices  
|            | Working with DHU  
|            | Working with nursing homes |
| New service initiatives | Leadership programme  
|            | DCHS discharge process  
|            | Admin code for EoL inpatients alert  
|            | Remote working community matrons  
|            | Personalised care planning |
| Education and training | Development of an e-learning programme  
|            | Rollout of champions programme  
|            | Mentoring from Medical Director  
|            | Development of training matrix and programme |
| Quality impact strategic actions | Advance statement of wishes  
|            | DNAR status recording  
|            | Palliative care register  
|            | Data capture of EoL information  
|            | Linking into LD service - equitable support  
|            | Anticipatory prescribing and medicines  
|            | Monitoring EoL comments, complaints and concerns  
|            | Development of specialist information leaflets  
|            | Development of Bereavement leaflet  
|            | EoL Champions and live register  
|            | Raising awareness of Right Care Plans  
|            | Communication pathways  
|            | Improve records paperwork and communication flows |
| Audit | Improve data capture  
|            | Undertake mortality audit  
|            | Pathways audit |
Clinical Effectiveness

Insulin Dependent Diabetes (IDD)

In 2010/11 an improvement target was set to review how well we supported Insulin Dependent in-patients in maintaining their independence to self manage and administer their own insulin when admitted to our hospitals. This arose from the National Diabetes report on the impact of hospitalisation for such patients.

This year the Pharmacy team undertook an audit that looked at current practice. It identified that a very small number of patients in our care were insulin dependent and only a small number were unable to manage their own insulin. In clinical areas where insulin dependent patients are frequently admitted, staff have greater confidence in their management. The provision of specialist team input for diabetes management is different from one end of the county to the other due to acute care provision and historical service arrangements. Plans are in place to readdress this balance.

Some sites were able to clearly demonstrate that a significant number of patients were supported by our staff to improve their self management.

Record Keeping

This was a CQUIN improvement target for 2010/11 and DCHS has continued to improve the quality of the clinical record keeping by our staff. The development of a bespoke e-learning resource has ensured that all staff whether on wards or in other services update skills. This ensures that best practice is shared, staff are able to discuss and acknowledge errors and recognise what improvements need to be made to ensure clear comprehensive written records are kept.

Monitoring of the uptake and engagement by services using the e-learning resource is being undertaken to ensure we can show how staff have improved their record keeping.

Most services are now engaged in auditing their records using the DCHS standardised tool, that measures them all against a common agreed set of standards. These results have supported staff to develop action plans for record keeping training where a need has been identified. This resource can be used by all staff who manage data, filing management and confidentiality.
Audit

Clinical Audits are performed to check that staff and services provide high quality and safe care against an agreed standard. They help identify key changes for improvement. The audits themselves are repeated at regular intervals to ensure high standards are maintained. DCHS performs other internal audits on business and financial matters as part of being an independent NHS Trust and a wider systems internal control.

In 2010/11 we performed many local and national audits. Healthcare Quality Improvement Partnership (HQIP) is a national system and support to inform programmes of audit which we implement at a local level. Once such example of this is the National Falls Audit which we took part in. Another example of national audits in which we participated includes the National Muscular Sclerosis Audit (run by the Royal College of Physicians for the MS Society).

We have listed many audits as examples of those which we completed. We have also identified some which we haven’t done. This is usually because the audit doesn’t apply e.g. Myocardial Ischaemia National Audit Project (MINAP) this being a national audit about cardiac patients in acute hospital settings.

We haven't listed all the audits that we did not perform because of the above reason, believing this would add confusion and be too cumbersome for this account.

Should you wish to have more detailed information about any aspect of clinical audit please contact us. The details of how to contact us are on the last page of this Quality Account.

Some DCHS Inpatient Audits
(this list is not exhaustive)

- Admission Policy
- Bed Management
- Bed Rail Audit
- Controlled Drug Audit
- Children in MIU re x-ray age
- Clinical Supervision
- Compliance to self administer insulin
- Documentation Audit
- Duthie Report Audit
- End of Life Care Pathway
- Essence of Care
- EWS Audit
- Health & Safety Audit
- Inclusion, Equality & Diversity
- Infection Control including Hand Washing Audit
- Mattress & Trolley
- Medicines Management
- Mortality Audit
- National Falls Audit
- National Muscular Sclerosis Audit (run by the Royal College of Physicians for the MS Society)
- Outcomes for children re x-ray
- PACE (Performance Audit Cleanliness Environment)
- Patient Expectations
- PEAT (Patient Environment Action Team)
- Prescription Card Audit
- Pressure Ulcers
- Record Keeping
- Specialist Mattress
- Stroke
- Technical audit
- VTE Audit
Clinical Effectiveness

Hospital Re-admission Rates
In 2010/11 we successfully achieved the CQUIN target set to ensure patients were not readmitted to our care within 28 days with conditions associated with their original admission.

Research
The Research and Development, Knowledge Services moved over to DCHS NHS Trust on 1st April 2011 with a service level agreement to continue its work with the PCT. In the last year a research strategy has been agreed at the Clinical Audit, Service Evaluation and Research Group (CASER) and the group has received quarterly updates on progress of research activities in Derbyshire. An annual report was produced last spring and work will start on the next one shortly.

The Research Section has been working on a number of projects in DCHS. By far the largest has been on access to community hospitals and clinics.

All of the sites where DCHS staff are based where visited by Research Assistants and data collected. This was supplemented by discussions with members of a number of voluntary groups. The project identified that although the majority of patients had no significant problems with accessing service a few had significant problems. Hearing over background noise was the issue raised most frequently.

Staff from the sexual health service have been engaged in national clinical trials facilitated by the Primary Care Research Network. DCHS also has a research associate working with the Collaboration in Leadership and Health Service Research based in Nottingham. The section is working with Clinical Audit to produce a training programme which will be run for the first time later this year.

Working in Partnership
During 2010/11 we have continued to develop our partnerships with other key organisations in Derbyshire and beyond. Derbyshire Health United and Royal Derby Hospital Foundation Trust are a couple of the many local organisations we have worked with to improve key clinical pathways to make the services better, safer and respond to local need and improve access.
3 Evidence of Improvements
Patient Experience

To deliver high quality and sustainable services that echo the values and aspirations of the communities that we serve.
Patient Experience

Patient and Public Involvement (PPI)
Much work has been undertaken to involve the public and our patients in the decisions we make, the services we provide and the plans for the future. All services are expected to demonstrate how they are involving the public and patients by listening, responding and acting on concerns and comments. We have worked to demonstrate our responsiveness to Department of Health papers.

Putting People First (DH2007), Ready to Go (2010), National Carers Strategy (2008), Recognised, Valued and Supported (DH010) are some of the strategies which have been brought in to ensure the NHS is more accountable to the people that use our services. The Trust is working with service users to try to improve services and “get it right first time”.

DCHS is committed to promoting equality of access, offering a personalised approach to care delivery and ensuring that services are safe and efficient and will meet the needs of the people that use them. This year we have undertaken focus groups with questioners paying particular attention to carers. We have been working to ensure they have been more involved in the discharge, planning and rehabilitation process. It has been highlighted that more work is needed in this area and we have this as a planned target for 2011/12.

The PPI champions provide quarterly returns identifying good practice where involvement is in place. This is increasing each quarter and is fed back through the operational managers for services, through the Patient Experience Committee and the Clinical Governance Group. It is widely used to inform others of good practice.

Examples of PPI work
- RTC (releasing time to care) the patient involvement module has delivered focus groups at ward level to improve communication between staff patients and families
- IPC (infection prevention & control) undertook hygiene surveys involving the public to highlight the importance of hand hygiene
- Involvement of carers in developing a programme for new carers of patients with dementia on our OPMH wards that offers practical help and information
- Establishment of a new carers support group for those patients accessing specialist neurology services
- Bereavement follow-up service has been established and evaluated very positively
- Carers were actively involved during the transfer of patients from the old wards to the new wards to minimise anxiety and disorientation - this was very successful
- New carers clinics have been established at MIU and OPD in the north of the county to provide information. This will be evaluated and if successful will be rolled out for other MIU and OPD services across DCHS
- Carers champions have all received additional training and are able to signpost and support the public and staff
- Carers notice boards are being placed in each hospital to provide a focus for information and communication
- We have also in the pipe line the development of a newsletter for carers
- In our environmental improvements programme, public and patient involvement is an integral part to ensure we listen to their views and concerns
- From our Carers questionnaire piloted across the hospitals results showed that 75% of them had been involved. They had been provided with information at the point of admission and in planning discharge.
Privacy and Dignity

Privacy and Dignity remains a high priority for DCHS. The dignity challenge was re-launched during 2010 with posters highlighting good practice that has been achieved throughout the Trust.

These include:

• Eliminating Mixed Sex Accommodation
• Implementing Protected Meal Times
• Personalisation of services e.g. End of Life Care Pathway, Self Medication.

These have been displayed in departments, wards, and reception areas and encourage staff to become a dignity champion. Once registered as a champion monthly updates are received which tell of good practices around the county and simple tasks that can be implemented within the staff members own area.

Throughout the Trust staff have continued to complete and update the Essence of Care benchmark Privacy and Dignity. This is used as our gold standard for monitoring compliance.

Focus groups comprising of patients and carers have been held asking for their comments on Privacy, Dignity and Attitude through the Releasing Time to Care project. On the whole results were favourable. Comments were fed back to individual wards for positive and timely action.

Complaints and compliments are also closely monitored and responded to accordingly. The content of Customer Care training focuses heavily on Dignity and Respect and lessons learnt from issues are shared with teams.

In the new financial year a trust-wide patient questionnaire will be issued to all services for patients to complete. This will allow us to benchmark patient feedback around Privacy and Dignity, Access to Services, Cleanliness and Nutrition using one tool and help us identify areas for improvement.

From April there will be greater emphasis on the importance of carers within our services. Each ward within the community hospitals will have a Carers Champion who will offer Carers information on services available to them and inform them of carers assessments, registering with their GP and generally raising the profile of carers.
Patient Experience

Eliminating Mixed Sex Accommodation

Last year this was referred to as single sex accommodation. Nationally it is now referred to as Eliminating Mixed Sex Accommodation (EMSA). All our hospitals offer single sex accommodation, which means that no patient will ever have to sleep in the same room as someone of a different sex. Nor share bathroom or toilet facilities. As our programme of environmental improvements continues the opportunity for this to occur is further minimised in other settings. e.g. MIU, Audit undertaken to meet DH requirements and presented to the DHCS Board.

We have posted our declaration as all organisations are required to do with our commissioners.

We will be reporting back to the commissioners any breaches that do occur immediately.

We will continue to ensure that all patients privacy and dignity is maintained by ensuring there are no breaches.

and day surgery.

We are required to report all breaches we have in any of our hospitals. During 2010/11 there were no breaches on any site and we remain confident that this will not occur in 2011/12.
DCHS Discharge Process:
Getting people better and getting them home

This year we have continued to implement a standardised discharge process across twelve DCHS Community Hospitals. The process supports each hospital’s multidisciplinary team to pro-actively manage a patient’s safe and timely discharge. All patients have a Planned Date of Discharge within 24 hours of admission where this is possible. A patient’s personalised discharge plan is agreed with the patient/family and collated on a single database called JONAH. The JONAH system also collates data to support the planning of future service development to meet the needs of the local population and the Derbyshire Community Health service as a whole.

Benefits to Patients: Patients have increased involvement in their care. Care is planned around patient need. Patient’s average length of stay across DCHS is approximately 25 days reduced from an average of 65 days. The process of rehabilitation and re-enablement is focussed and organised which results in the more successful and earlier discharge. It is in part because of this positive pathway system patients are less likely to have in-patient falls, healthcare acquired infection, and lose their independence.

Benefits to Staff: There has been a significant improvement in multi-disciplinary and agency working with social care fostering a greater understanding of each other’s roles and responsibilities. Staff have a clear pathway to escalate areas of concern. Staff have expressed greater job satisfaction through a more integrated approach to managing patient care. The process has required a significant cultural change but also an opportunity for myths and historical methods of working to be challenged in a positive environment.

Organisational benefits: Overall reduction in length of stay has created capacity and an opportunity to review pathways of care across DCHS Integrated Community Services. DCHS Community Hospitals can provide accurate reports relating to length of stay, reasons for delayed discharges and patient flow.

DCHS has an engaged workforce who are working to a standardised process countywide. The process has enabled partnership working to flourish in an open and honest manner. The process is able to highlight staff training needs.

DCHS Community Hospitals admit and discharge patients 7 days a week. We provide our Acute Hospitals with a forecast of Planned Discharges for the following week enabling them to identify appropriate patients and plan transfers to Community Hospitals.

Many healthcare organisations nationally have visited and been extremely interested in our success. Derbyshire LINk group have recognised DCHS Discharge process as a positive method of supporting a safe discharge and identified this in their Inappropriate Discharge Report 2010.

Future Developments: DCHS are planning a Weekend Discharge Transport pilot to commence in May 2011 in the Amber Valley area. Currently patients who require Hospital Transport or initiation of Care Packages are unable to be discharged at weekends. The pilots aim is to provide transport if the patient has a clinical need and also to identify the demand for Care package initiation.
Patient Experience

Admission and Discharge Traffic Light Process
This year Releasing Time to Care and the Traffic Light Admission and Discharge Procedure is being implemented in all our wards.

This approach made us look carefully at the admission and discharge process, looked at timings of admissions, observations from staff, collated all documentation, held discussion groups, completed a process mapping and analysed the results from the recent documentation audits.

Initially we found that there was no standardised and effective way of knowing what had been completed or was outstanding. There was no formal discharge process. Activity showed an increase in time spent on administration duties by trained staff was up to 23% as compared to November 2009.

These findings helped us formulate new formal admission and discharge processes. We colour coded tasks with identifiable time frames for completion. We used corresponding coloured magnets to display on the Patient Status at a Glance Board (PSAG) to identify the position at a glance.

The new system has had a huge impact with an average admission process time reduced to 2 hours 52 minutes. A set process for each stage of discharge and a quick, easy and visual way for all staff to know what needs to be completed. In simple terms this means staff have more time for direct care and support of patients at the time they most need it.

Care Quality Commission (CQC)
The Care Quality Commission (CQC) is the national and important regulator of health and social care services. All NHS organisations have to register with the CQC to show they meet the new essential standards of quality and safety, which this regulator consistently monitor. The new regulatory system is focussed on outcomes rather than systems and processes, and places the views and experiences of people who use services at its centre.

In January 2011 DCHS submitted its application to be registered with CQC as a new NHS Trust and in April we received confirmation of our registration without conditions. This is an important quality mark for our new Trust and something we are proud of. We will continue to strive to meet and exceed these standards as demonstrated by the latest inspection by the CQC. We strongly believe by placing and keeping quality at the heart of our business we will continue to demonstrate ongoing compliance against our registration. We will strive to ensure dignity, privacy and patients rights are protected.

The Clinical Governance Team have developed a staff awareness raising session, posters and leaflets, which aim to inform and prepare teams across the Trust for the possibility of unannounced visits from the CQC.
Nutrition and Hydration
The offer of food and water is the most basic human right and basis of good care. There have been a number of reports nationally highlighting concerns of the public about poor performance of health and social care providers and other related aspects of basic care. The importance of Nutrition and Hydration is clear and brings significant physical, emotional and social benefit. DCHS has a nutrition steering group which oversees key initiatives that we continued to promote this year including:

Malnutrition Universal Screening Tool (MUST)
Within DCHS all patients admitted to our service are assessed using a nationally accredited tool - The Malnutrition Universal Screening tool and from this are assessed as being either at low, medium, or high risk. Specific treatment plans are available for staff to use for patients who are in each risk category.

Protected meal times
Observational audits have taken place at meal times in all of the hospital wards to see what happened at meal times in our hospitals. These were undertaken by volunteers. These audits where done prior to the introduction of protected meal times.

Protected mealtimes are now in place in all of the inpatients areas. This initiative prioritises staff to ensure that patients are free of other activities or treatments when meals are ready. This principle applies to every member of staff including doctors where possible. It also asks staff to promote a positive meal time experience including helping people appropriately with the right support or equipment e.g. the right type of cutlery for a patient with arthritis in their hands.

Nutrition Training Matrix
A comprehensive list of all training requirements has been compiled to ensure staff have the correct knowledge to deliver nutritional requirements.

Enteral feeding
Some patients who can not eat normally by mouth receive special liquid food straight into their stomach “Enteral feeding”. New pumps and feeds similar to those used by local acute trusts are available to provide a seamless approach for patients. Training has been provided and appropriate treatment plans have been written.

Menus
DCHS has produced a Countywide standard menu which was implemented in 2011. Further work is now on-going to produce a separate Fork Mashable and Smooth diet menu, to ensure patients with swallowing difficulties have the appropriate textured modified food. We are also looking at the fortification of food for patients that may be at risk of malnutrition.

6) Essence of Care Nutrition benchmark
All wards are currently completing an update on their actions for Essence of Care Nutrition.
Patient Experience

Promoting Healthy Lifestyles
This was a CQUIN indicator for 2010/11 and while the project was identified in November 2009 it was incentivised as part of the 2010/11 contract to give it momentum and purpose. The aim of this project was to improve the health and wellbeing and address the inequalities of those residing in Derbyshire who access services from DCHS.

Clinical staff have approximately 4,800 contacts every day with patients. It was recognised that there was a need for training to help staff recognise that every time they engaged with a patient this was an opportunity to help them to consider life style changes that would improve their health and well being. The first 2 services to engage with this training were Wheelchair Services and Intermediate Care.

Clear objectives were in place and evaluation over a period of months was undertaken. The research team have supported the analysing of this data and the report it generated. A marked improvement was seen in the confidence of staff to address lifestyle issues with them. Further evaluation has been undertaken to provide a more in depth qualitative outcome. Resulting from this an extended study is to commence in April 2011 that will be used to assess motivation, confidence and the use of skills. During 2011/12 a steering group has been established chaired by Tracey Allen to ensure that the Health Promoting Workforce Project is embedded into the core learning for all DCHS frontline staff, training is continuing to be rolled out and the Dental Services training programme commenced in April.

This work stream will continue through 2011/12 as reducing healthy inequalities remains a national driver across the NHS.

PEAT
PEAT stands for Patient Environment Action Team. This process forms part of the patient safety annual assessment of inpatient health care on our sites. It is an audit looking at non clinical issues and has been undertaken for several years. It looks at cleanliness, infection control, food and privacy and dignity.

The table below represents the scores attained by DCHS (April 2011) which have just been received.

<table>
<thead>
<tr>
<th>Site Name</th>
<th>Environment Score</th>
<th>Food Score</th>
<th>Privacy &amp; Dignity Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Oswald’s Hospital</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Excellent</td>
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<tr>
<td>Whitworth Hospital</td>
<td>Excellent</td>
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<tr>
<td>Buxton Hospital</td>
<td>Good</td>
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<tr>
<td>Walton Hospital</td>
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<td>Excellent</td>
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<tr>
<td>Ash Green, Ashgate</td>
<td>Excellent</td>
<td>Excellent</td>
<td>Excellent</td>
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<tr>
<td>Babington Hospital</td>
<td>Good</td>
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<td>Heanor Memorial Hospital</td>
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<td>Ripley Hospital</td>
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<td>Newholme Hospital</td>
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<td>Clay Cross Hospital</td>
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<td>Bolsover Hospital</td>
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<td>Cavendish Hospital</td>
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<td>Good</td>
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<tr>
<td>Ilkeston Community Hospital</td>
<td>Good</td>
<td>Excellent</td>
<td>Excellent</td>
</tr>
</tbody>
</table>
Speech & Language Therapy

The Health Foundation is an independent charity working to continuously improve the quality of healthcare in the UK.

This year DCHS’ Speech & Language Team (SLT) was awarded funds through a national and competitive application process for a project to improve dysphagia care (swallowing difficulties).

Our DCHS Shine 2011 Team is developing a county-wide integrated approach for early identification, rapid assessment and admission prevention for people with dysphagia.

A major focus of the project is on developing the expertise of care and nursing staff across community agencies to manage dysphagia in a safe and timely way. Educating carers involved in the care of patients with dysphagia is essential in ensuring compliance with safety recommendations made by the SLT service. Lack of information and appropriate supervision are common reasons for non-compliance with safe swallowing strategies.

The project will increase the numbers of dysphagia trained nurses in nursing homes in Derbyshire and establish clear pathways of communication and collaboration with therapists in the community. This will ensure that patients with swallowing problems have care plans that maximise the safety of the swallow and anticipate likely changes.

The project will also promote the uptake of a quick and free online learning package, aimed at all grades of staff who assist at mealtimes. This package highlights the risks and signs of dysphagia and provides basic information about how to help.

Why is this project so important?

Dysphagia is common in people with advanced long-term conditions, stroke, cancer, old age, frailty and dementia. Despite improvements in the provision of Speech and Language Therapy (SLT) services, the need for urgent assessment of patients with dysphagia is growing. New ways of managing this demand are now required as the population ages and the burden on acute hospitals increases.

Currently, few professionals or care staff within community health and social care have had any specific training in identifying, assessing or managing swallowing difficulties.

People whose dysphagia is not managed may become dehydrated, malnourished, may lose weight, and often develop chest infections, become confused and occasionally choke. These complications can be life threatening and often result in hospital admission.

There is evidence to suggest that people with severe swallowing problems may be admitted to hospital several times a year due to chest infections, sometimes without referral to the community SLT service in advance of the admission.

DCHS is proud to support this group of dedicated staff as they set new standards and drive improvements in Derbyshire and beyond.
Patient Experience

Derbyshire Wheelchair Service
Derbyshire Wheelchair Service provides wheelchairs and associated equipment to people of all ages. There is no upper or lower age limit. The service is delivered at the user’s home, in clinic or at school.

Learning from people’s experiences
The service has a very active Users Group, and it came to the attention of the group (via a parent member) that one of the young children who attended for clinic was distressed upon attending for the following reasons:

• He assumed he was attending a hospital and he equated hospitals with pain
• This assumption was reinforced by his assessment being carried out by therapy staff in uniform, and by the overall appearance of the unfriendly environment
• Despite his mother’s best efforts to explain, he didn’t really understand why he was attending, and what would happen to him.

Actions / Changes
With support from the Users Group, the following actions / changes were implemented

• Staff undertaking paediatric clinics do not wear a uniform
• The smaller of the two clinic rooms is now being used with children. The environment is not ideal, but it is smaller, less formal, and a number of brightly coloured easy clean toys are available in the room
• The Service is developing an information leaflet, (written in the form of a story) that parents can read to young children, called ‘Wally the Wheelchair’. Although still in draft form, the story is written from the point of view of the Wheelchair, longing to be chosen by child.

You’re Welcome
All young people are entitled to receive appropriate health care wherever they access it. The You’re Welcome quality criteria lays out principles that help health services – both in the community and in hospitals – to ‘get it right’ and become young people friendly. The quality criteria cover nine topic areas:

• accessibility
• publicity
• confidentiality and consent
• the environment
• staff training, skills, attitudes and values
• joined-up working
• monitoring and evaluation, and involvement of young people
• health issues for adolescents
• sexual and reproductive health services.

The You’re Welcome quality criteria are based on examples of effective local practice working with young people aged under 20. Examples of some actions undertaken by DCHS so far include

• Assessment of suitability of equipment within the DTC for younger people
• Provision of books and toys to promote an
Quality Account 2010-11

Derbyshire Community Health Services NHS Trust

with learning disabilities.

The “Healthcare for All” review seeks to ensure that people with a learning disability can access healthcare and receive a service as equal citizens, with equal right of access to equally effective treatments. The principles around equal access to health care are not only pertinent for our learning disabled clients, but also for our mental health service users who can themselves encounter difficulty and prejudice in accessing mainstream healthcare.

This year DCHS undertook a project to support staff to increase their confidence and awareness of how they could make changes so that the services they provide were able to help people with disabilities.

We used the learning from our specialist services for people with Learning Disabilities to help share good practices. A rolling programme of awareness raising opportunities has been offered with good uptake. The most comprehensive engagement was from the staff who provide front of house services which report significant improvement in confidence in being able to make changes.

This was a CQUIN performance measure that we successfully met, and we plan to continue with this work to further embed the learning across other services we provide.

Environment which is more child friendly

- Provision of different seating for specific children’s clinics
- Reviews of complaints and compliments to identify gaps / issue in service delivery
- Reviews of incidents to identify gaps / issues in service delivery.

However it is acknowledged that there is little robust evidence to support the engagement of young people in service developments. Therefore this year we will assess our progress against the designated “You’re Welcome quality criteria self assessment toolkit” and will look specifically at ways of engaging with young people in service development and delivery.

Health Care for All

“Healthcare for All” was an Independent Inquiry undertaken in response to the report by Mencap “Death by Indifference”. This report identified six people with a learning disability who had died prematurely because they had not received effective, appropriate healthcare. It highlighted the failings in access and delivery of appropriate treatment in primary and secondary care for people with learning disabilities.

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Patient Experience

Healing Arts
Mill Hill School, Ripley

Partnership working with Mill Hill School in Ripley provided artwork for areas within Ripley hospital. It links with Health Promotion and is based on the elements of a healthy lifestyle. The work is a combination of tapestries and paintings and the finished pictures were framed and an official launch of the work took place at which all of the pupils involved visited the hospital and were photographed with their finished pieces. The project proved really successful and was promoted further via local press coverage. Students embraced the theme of healthy living and took pride in producing work for their local hospital. Engaging with local children is extremely important because many families use the facilities at this hospital and have donated money to improve it. Many patients relate strongly to art work, finding it a comfort and help maintain a link to their own memories, families and homes.

Patients and visitors have shared their own experiences of having worked at the mill or having known a family member that used to work there. A surprising number of people worked there that now work or volunteer at Babington itself. A lot of people cannot resist touching the pictures as if not quite believing what they can see. Visitors from another PCT came for a meeting here and commented on entry to the Day Unit “how striking” the murals on the walls were and that they had driven past them on the way in.

Babington Hospital – Memory Boxes

Working in partnership with embroidery students at Manchester Metropolitan University (MMU) provided the hospital with bespoke memory boxes, depicting local themes and a sense of yesteryear.

Babington Hospital – Local Themed Photography

This year we worked with patient focus groups to identify a theme for the newly refurbished reception in the Day Unit. This led to the production of 4 large photographs of the Belper Mill. The theme tied in local scenes with the idea of reflection and mirrors and the work was promoted through a successful launch day at which local press and dignitaries attended. The work promotes thought, reflection and local memories for all who visit the unit and has inspired many comments from visitors to the unit.
Newholme Hospital – Riverside Ward
Seedpods

An MBA art student from MMU visited the ward and brought along specially made hand crafted objects which depicted every day images and worked with patients and staff by encouraging thought, conversation and memory. The sessions were hugely successfully in inspiring patients to reflect and from these reflections, a member of the unit staff commented:

“The effect was a revelation. It was literally like turning on a light bulb – patients not normally able to engage in meaningful conversations were just tuned in, totally absorbed by the objects”. “Some were even able to talk lucidly for up to an hour.” “The objects stimulated them to come up with wild descriptions and fantastic storytelling. It was amazing.”

The work was formally recognised and launched with involvement of local media. The ward has received bespoke pieces crafted from the sessions with the patients.

Another patient who was suffering from severe depression and found it difficult to communicate, said the objects looked oriental and then went on to talk in-depth about her visits to Japan something she had never done before.

A male patient with more advanced physical and mental health problems who didn’t usually take part in group sessions came along to an afternoon session and was intrigued by the seedpods, handling them and looking at them. He then handed one to his wife who was visiting him and when she was reluctant to take it, he went on to reassure her that it was ok to hold it. The staff were amazed at this as previously his wife had struggled to manage and cope with her husband’s illness and yet suddenly it was as if the tables had turned and it was him who was in control and was reassuring her.
We listened...

Achievements for 2010 –2011 Complaints Team

This year the Complaints Team has managed 418 enquiries, concerns and complaints compared with 483 in 2009-10. The number managed as complaints has decreased slightly from 235 to 216. The responsibility of managing claims was passed onto our legal services unit on April 1st 2010 taking one of the Complaints Managers with more of an interest and experience in dealing with claims.

The emphasis this year has been on promoting the lessons learnt and using patient stories to support the realisation and learning across the organisation.

The lessons learnt and outcomes include:

- Additional training for staff to manage people and patients with challenging behaviour
- Improvements in completing instructions on worksheets and communication between clients and services
- During episodes of inclement weather site managers advised to display more signs advising patients of the risks
- Plans for a community hospital car park were resubmitted following numerous complaints from visitors and staff
- The format of the anti coagulant forms were reviewed by the Acute Hospital and included in DCHS’s documentation audit
- An investigation highlighted that further improvements were required in the communication and current processes

Despite the clinic being notified that the Consultant was on annual leave the Service had not contacted patients to cancel. New appointment had been given and financial remedy offered because of loss of earnings.

This year, the Team have successfully resolved a number of long standing complaints. A small number of people ask for further answers and persistently request that their issues are investigated despite all our efforts. This has proved to be very resource intensive on the team. It has therefore been necessary to reconsider the reintroduction of the Persistent and Vexatious Complaints Policy and this will be updated and presented for ratification early 2011/2012. This will help improve the support for all, ensure the system is fair and responds appropriately.

Promoting the positive has been a key focus this year too and many of the compliments received have been published in staff publications such as the County Voice. These were also included in the quarterly reports to the Governance Committee and latterly to the Patient Experience Committee.

Three cases have been submitted to the Ombudsman, of these two were assessed and not upheld and one was only submitted late March 2010.

In response to the Ombudsman’s Principle of Remedy a meeting was held between the Assistant Director of Quality and Patient Experience, Head of...
Integrated Governance, Head of Complaints and the Legal Services Manager to discuss a process. The Head of Complaints and Legal Services Manager then met to develop a proforma and guidance which has been implemented.

The number of complaints / concerns received regarding the category ‘Attitude of Staff’ has remained a priority concern for DCHS. During quarter two the Head of Complaints reviewed all complaints categorised as such and scrutinised the detail and outcome of the investigations undertaken. This resulted in a significant number of complaints being re-categorised as it was clear that the message being given had not either been explained sufficiently or the complainant was not readily accepting the message. This has resulted in a decrease in the number for ‘attitude of staff’, 93 for 2009 to 63 for 2010.

Looking forward to 2011/2012 and now that the organisation has successfully become an NHS Trust the Team will look to develop further and improve its service and support it gives to everyone. In the past the Patient Liaison Service and Patient and Public Involvement has been provided to DCHS via a service level agreement with NHS Derbyshire County. This service will now be provided by this Team. The Team will now be known as the Patient Experience Team managing compliments, concerns, comments and complaints for Derbyshire Community Health Service NHS Trust and also including the out patients and planned care for Leicestershire and Rutland. The team members will increase by four, two providing leadership for the Patient and Public Involvement Agenda and two support staff involved in patient surveys, concerns and enquiries.

To all of the kind and dedicated staff for the care and loving attention given to our mother during the final weeks of her life. We could not possibly thank you enough. Sincere gratitude and appreciation.

Thank you for putting me at ease, very efficient - no waiting. Everything was well organised - ICH has a good reputation.

Compliments v Complaints received October 2010 - February 2011
A Patient Story

Learning from Patient Stories
The best told story captures the attention, making people sit up and listen. Staff in DCHS continue to use this technique in a professional but simple way to help share patients and carers experiences. It helps us to understand what went well and what could be done better. Real patient stories are often used in our Board meetings. These stories, supported by other evidence, have driven positive change to improve our services.

We would like to share one story about a person called “M”. The powerful story from this year describes in many ways the commitment of DCHS to local people and the skill and dedication of our staff.

M
M was admitted onto Brookdale Specialist Rehabilitation Unit (Ash Green Specialist Learning Disability Services) from Derby City Mental Health Unit under Mental Health (MH) Act Section 3 for a period of social and behavioural rehabilitation. Prior to his admission M had been presenting with physical aggression towards others in the community, resulting in M being barred from certain areas of the community and coming to the attention of the police. M had been residing independently within the community and although he required much support he became resistant and aggressive at times when services were offered, resulting in the withdrawal of many services and M’s deterioration.

How the Team approach works
A multi-disciplinary team approach was used to help M. M benefitted from input from all these professionals: Psychiatry, GP, Forensic Psychology, Psychotherapy, Speech and Language Therapy, Nursing, Physiotherapy, Occupational Therapy, Technical Instructors and an Activities Coordinator. M, family/carers, Advocate and Care Manager were central within the team to ensure full engagement and promote positive outcomes.

Ashgreen Specialist Learning Disability Service - Picture courtesy of James Totty Partnership
The Psychology Service assessment focussed on the areas of IQ, anger, coping skills, daily living skills, risk and interpersonal problems.

Physiotherapy involvement enabled M to have a much needed hip replacement operation. It had not been possible for M to have the operation before due to the lack of postoperative care that could be offered within the community, but his mobility was severely restricted by hip pain and weakness.

Speech and Language Therapy (SLT) played a key role in the treatment of M helping assess his understanding and facilitated the assessment of M’s mental capacity to make a decision regarding having his hip replacement.

Nursing with Psychiatric support assessed M’s health and wellbeing, focussing on epileptic activity, pain and presenting mental health. Referrals were made to Neurology and the Pain clinic at Ash Green. A full health screening was achieved alongside a comprehensive medication review, the outcomes of which were improved pain management plans pre and for the post operative period. M currently is requiring no pain relief and is discharge from neurology following titration of 3 anticonvulsant medications. This helped the MDT to achieve other goals of emotional and physical wellbeing through positive experience and social engagement.

M’s Section 3 expired on 23rd March 2009, although he remained on the unit to continue his rehabilitation informally. Occupational Therapy input included assessment of M’s daily living and community access skills, supporting this through individualised treatment planning and offering a bespoke care package to enhance latent skills which increased M’s confidence, motivation and independence.

**Great results**

M showed marked benefits from his care with significant reduction of anger and interpersonal difficulties. Additionally his other behaviours improved too, decreasing the risk this posed to other people enabling him to reside within a community environment.

M’s hip replacement surgery was in January 2010, followed by a period of physiotherapy led rehabilitation which helped him to regain pain free mobility and he is now walking with a stick. His confidence and motivation has improved throughout his stay on Brookdale.

M’s better health, increased skills and confidence has helped him with his activities of daily living. M was discharged in May 2011. M, his Care Manager, Family and Advocate were involved in locating a suitable residential placement that will continue to support his needs and continue his journey.

M was not forgotten or over looked.
The future success of our Trust is underpinned by “Working the DCHS Way.” This aims to provide a golden thread, a seam of quality, throughout the organisation from board to ward to improve our services and manage our performance.

### Focus Area | Corporate Objectives
---|---
**Quality People** | To build a high performance work environment that engages, involves and supports staff to reach their full potential.

**Quality Business** | To ensure an effective efficient and economical organisation that promotes productive working and which offers good value to its community and commissioners.

**Quality Service** | To deliver high quality and sustainable services that echo the values and aspirations of the communities that we serve.
Looking Forward
2011/12
The Future: Looking Forward to 2011/12

We are proud of what we have achieved over the last two years but are re-energised to continue to improve on those areas where we could have done better in this next year. In addition we have several new improvement targets that we have negotiated with our commissioners. Each of these will build upon work already in place but we have set ourselves stretching goals to take us to the next level of improvement. The direction this year is more than numbers and is about delivering positive quality outcomes that improve local peoples lives. The measures are therefore different, and requires more comprehensive evidence to prove we have made a difference to the services we provide do actually improve the experiences and lives of our patients and those close to them.

Patient Safety, Clinical Effectiveness and a Positive Patient Experience
We present a list of the improvement areas we will be monitored against as part of the CQUIN scheme. These are reported to our commissioners on a quarterly basis.

**Sustaining Breastfeeding**
Continue to increase the numbers of mothers who when they come into the care of the health visitors are supported to maintain breastfeeding their babies beyond the age of 8 weeks.

**Stroke care in the community**
Show we can make a difference for those patients who come into our care having had a recent stroke.

**Falls**
This year the emphasis is on risk assessment at the point of admission, full assessment of all those patients identified at risk and reassessment and care planning that will reduce the incidence of falls for the most vulnerable.

**Pressure ulceration**
To focus on good assessment, training and proactive approaches that will ensure responsive processes in care provision.

**Appropriate use of urinary catheters**
Part of the safety express initiative DCHS are putting into place to reduce catheter acquired infection rates and monitor use of catheters.

**Care planning**
Improving care planning for Long Term Conditions (LTC) patients with Chronic Obstructive Pulmonary Disease (COPD), Diabetes and Heart Failure.

**Preventing readmission**
Planned and unplanned admissions will be monitored and good discharge planning is expected.

**Patient experience**
A range of issues will be addressed within this key area including how we improve communication, surveys, concerns, complaints and compliments with wider evidence of how we have listened.

**Access to specialist services**
This relates particularly to Learning Disability services to endure they have equity of access to service provision with adjusts made to help them.

**VTE**
Venous thrombosis embolism assessment and treatment to prevent this avoidable harm.

**Carers**
Improvement in involving the carers, making them aware of their rights, sign posting to other services, providing them with information, and making sure they are recognised and acknowledged.

**NICE Dementia Standards**
Demonstrating that we are delivering a service that meets the NICE standards. With particular emphasis on reducing antipsychotic medication usage.

In addition to these CQUIN targets we also have several others that are reported to the commissioners.

5 that relate to Learning Disability services
5 that relate to EoL care provision
Plus Workforce, training, sickness, complaints, infection control, increasing the health visitor workforce, cancellation of surgery wait times, delayed transfers, choose and book, serious incidents, never events.

These form a comprehensive programme of improvements that we will work towards and report to you this time next year.
5 Declarations & Statements
Declarations

6th June 2011

Statement of Directors' Responsibilities in respect of the Quality Account

In preparing the Quality Account we confirm that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered
- The performance information reported in the Quality Account is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reporting in the Quality Account is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

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

By order of the Board

Tracy Allen - Chief Executive

Date: 10/06/11

Andrew Fry - Chairman

Date: 10/06/11

Chair: Andrew Fry
Quality Account 2010/11
Derbyshire Community Health Services NHS Trust

Statement

General Comments
NHS Derbyshire County (the PCT) believes that Derbyshire Community Health Services NHS Trust has produced a comprehensive quality account which broadly reflects the information received by NHS Derbyshire County through its contract monitoring arrangements.

Measuring & Improving Performance
The PCT has well-established mechanisms in place for checking service quality as part of its contract monitoring arrangements. The PCT has agreed with DCHS to monitor quality in a wide range of areas, most of which are detailed in this quality account.

A number of quality measures that attract an incentive payment were agreed for the year 20010/11 covering topics such as falls, breastfeeding, care plans and patient experience.

All of these schemes relating to the incentive payments are detailed in the account. It is noteworthy that the Trust are committed to sustained improvement in their services and achieved all but 1 of 18 targets. As noted in the Quality Account, the Trust came very close to the full achievement of the falls quality measure.

The Trust maintains its strong focus on patient safety and met its local targets for reducing hospital acquired infections. In addition, the Trust has reduced medication errors in a number of areas exceeding the 15% decrease required in areas such as prescribing (35% decrease) and administration of incorrect drug (66% decrease).

As an innovator, the Trust has been working on collecting and understanding information on all the deaths that have occurred. To publish such indicators in a new way is only required from acute hospitals during this year so this Trust is ahead of any national timescales. The valuable information gathered is leading to improvements in the care of people who are at the end of their life and this supports the work being driven by the PCT.

Additional Comments
Quality Accounts are intended to help the general public understand how their local health services are performing and with that in mind they should be written in plain English.

DCHS have produced a comprehensive, well written Quality Account. It is easy to read and is visually appealing.

The Quality Account demonstrates a high level of commitment to quality in the broadest sense and is commended.
Declarations cont’d...

Comment from Tom Lindsay
Lay Reviewer
I have read the Quality Account. DCHS should be proud of its efforts. The Quality Account is well-structured, balanced, and easy on the eye. The use of colour is imaginative. The wheelchair piece was innovative, I liked the story from the perspective of the wheelchair. There were also some sound examples of listening and learning. On reflection, I would echo and endorse everything that Martin Thorne wrote about the Quality Account.

I know that DCHS, as a community trust, seeks to further centre its services in the patient, especially at home. I wonder therefore if more could have been said about this aim, possibly via the type of case study/illustration so well done in other respects. The wheelchair example reminds me that perhaps more could be done to illustrate the improvements from the patient(s)/carer(s) viewpoint, ideally in their own words. M’s story was powerful, perhaps comments from him or his family would have been the icing on the cake. I believe endorsements from experienced patients/carers count for a lot in the minds of would-be or new patients/carers.

Well done to everyone involved.

Comment from Martin Thorne
Lay Consultant
“I think this has the makings of a very impressive document. As well as rightly celebrating success it is also balanced in its critical view of the scope for continual improvement. It also has high visual impact and appeal. Congratulations to all involved!”

Martin went on to add comments regarding the Patient Experience sections, as they were most relevant to him. He offered suggestion around the overall vision and aspiration of the document and we hope that we have been able to address this in our revised version.

Comment from David Briggs
Steering Group Chair, Derbyshire County LINk
“A comprehensive and encouraging document. I look forward to developing closer cooperation between DCHS and Derbyshire LINk so that patients interests can be fully represented and considered. I also believe that DCHS will have considerable input to the creation of Local Healthwatch.

Comment from Graham Spencer
Overview and Scrutiny Committee (OSC)
Unfortunately this year the OSC have declined to comment on the Quality Accounts submitted by all Derbyshire Providers. For this they gave two reasons: 1) the amount of time given them to report on the Quality Account and 2) they felt insufficiently informed on the work of health services providers with regards to quality of services during the year.

However the Committee (OSC) is keen to make the assurance process work and be of benefit for both itself and health providers. Therefore the Committee is proposing to work with the County’s health service provider organisations to look at how they can be more informed about the quality of service throughout the year - thus enabling it to provide a suitable commentary come May 2012. DCHS wholeheartedly agrees with this declaration and plans are in place for the OSC to be fully informed and integrated within the Quality process.
Glossary
<table>
<thead>
<tr>
<th>Abbreviation or term</th>
<th>What it stands for</th>
<th>What it means</th>
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<tbody>
<tr>
<td>A4C</td>
<td>Agenda for Change</td>
<td>The national framework that determines pay and terms and conditions for NHS staff.</td>
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<tr>
<td>A&amp;E</td>
<td>Accident and Emergency</td>
<td>Hospital departments that assess and treat people with serious injuries and those in need of emergency treatment</td>
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<tr>
<td>Acute Care</td>
<td></td>
<td>Specific care for diseases or illnesses that progress quickly, feature severe symptoms and have a brief duration</td>
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<tr>
<td>AGM</td>
<td>Annual General Meeting</td>
<td>This is a public meeting where we present our performance over the year.</td>
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<tr>
<td>AHP</td>
<td>Allied Health Professional</td>
<td>A term used to describe a range of clinical professions (not doctors or nurses) such as physiotherapists, podiatrists, pharmacists etc.</td>
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<tr>
<td>APO</td>
<td>Autonomous Provider Organisation</td>
<td>The term used to describe the provider arm of a PCT which is still legally part of the PCT but is managed as a separate ‘business unit’.</td>
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<tr>
<td>BMA</td>
<td>British Medical Association</td>
<td>Professional association that represents UK doctors and acts as an independent trade union, scientific and educational body, and publisher.</td>
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<tr>
<td>BME</td>
<td>Black and Minority Ethnic</td>
<td>This is a recognised description of people from different racial and other minority groups.</td>
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<tr>
<td>Caldicott Guardians</td>
<td></td>
<td>Senior staff in the NHS and Social Services appointed to protect patient information</td>
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<td>CAF</td>
<td>Common Assessment Framework</td>
<td>A multi-agency assessment tool used to identify and support children with additional needs.</td>
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<tr>
<td>C.difficile</td>
<td>Clostridium Difficile</td>
<td>A healthcare associated intestinal infection that mostly affects elderly patients with other underlying diseases</td>
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<tr>
<td>CFT</td>
<td>Community Foundation Trust</td>
<td>This is a community trust that has been accepted by Monitor to become a Foundation Trust.</td>
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<tr>
<td>CMO</td>
<td>Chief Medical Officer</td>
<td>The Government’s principal medical adviser and the professional head of all medical staff in England</td>
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<tr>
<td>CNO</td>
<td>Chief Nursing Officer</td>
<td>Responsible for delivering the Government’s strategy for nursing, and leading all of England’s nurses, midwives, health visitors and allied health professionals</td>
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<tr>
<td>Community Matrons</td>
<td></td>
<td>Case managers with advanced clinical skills and expertise in dealing with patients with complex long term conditions and high intensity needs</td>
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<tr>
<td>Children’s Centres</td>
<td></td>
<td>Local facilities designed to help families with young children</td>
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<tr>
<td>Children's Trusts</td>
<td></td>
<td>Trusts that identify what needs to be improved in a local area for children and young people, and then plan services around those needs. Chaired by Local Authority Directors of Children’s Services.</td>
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<tr>
<td>CQC</td>
<td>Care Quality Commission</td>
<td>The regulator of the quality of NHS and social care services.</td>
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<tr>
<td>CQUIN (scheme)</td>
<td>Commissioning for Quality and Innovation</td>
<td>A set of nationally and locally defined quality indicators agreed between a provider and its commissioner. Performance against the indicators is monitored through the contract and a proportion of contract income is dependent on reaching the required level of performance.</td>
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<tr>
<td>DCC</td>
<td>Derbyshire County Council</td>
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<tr>
<td>DCHS</td>
<td>Derbyshire Community Health Services NHS Trust</td>
<td>We separated from the PCT and became our own Trust on 1st April 2011.</td>
</tr>
<tr>
<td>DHIS</td>
<td>Derbyshire Health Informatics Service</td>
<td>A shared service, hosted by DCHS from October 2009, that provides IM&amp;T services to NHS organisations across Derbyshire.</td>
</tr>
<tr>
<td>DNA</td>
<td>Did Not Attend</td>
<td>The term used to describe an appointment or operation where the patient failed to turn-up without prior cancellation. Can be an indicator of quality issues within the service and is also an efficient issue as capacity has been wasted.</td>
</tr>
<tr>
<td>DNACPR</td>
<td>Do Not Attempt Cardio-Pulmonary Resuscitation</td>
<td>Cardio-Pulmonary Resuscitation is the medical treatment that attempts to restart a patients heart and breathing.</td>
</tr>
<tr>
<td>DSCB</td>
<td>Derbyshire Safeguarding Children Board</td>
<td>The multi-agency board, chaired by the County Council, that takes overall responsibility for safeguarding and promoting the well-being of children and young people across Derbyshire.</td>
</tr>
<tr>
<td>DTOCs</td>
<td>Delayed Transfer of Care</td>
<td>A nationally defined measure of patients still in hospital who are ready to transfer home or into residential/nursing care</td>
</tr>
<tr>
<td>ESR (system)</td>
<td>Electronic Staff Record</td>
<td>A national human resources system which is used by many NHS organisations to manage its staff records.</td>
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<tr>
<td>EoL</td>
<td>End of Life Care</td>
<td>Care for all adult patients nearing the end of their lives</td>
</tr>
<tr>
<td>EPP</td>
<td>Expert Patient Programme</td>
<td>Programme designed to teach good self care and self management skills to people with long-term conditions</td>
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<tr>
<td>FOI</td>
<td>Freedom of Information Act</td>
<td>Government act which gives a general right of access to all types of recorded information held by public authorities</td>
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<tr>
<td>HCAI</td>
<td>Healthcare associated infection</td>
<td>An infection (e.g. MRSA, Clostridium Difficile) that a patient has caught as a result of their healthcare treatment.</td>
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<tr>
<td>IBP</td>
<td>Integrated Business Plan</td>
<td>The term used by Monitor (the regulator for Foundation Trusts) to describe a 3-5 year strategy and plan for an organisation.</td>
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<tr>
<td>Intermediate Care</td>
<td>Integrated services for older people that promote faster recovery from illness, prevent unnecessary hospital admissions and maximise independent living</td>
<td></td>
</tr>
<tr>
<td>KSF</td>
<td>Knowledge and Skills Framework</td>
<td>The NHS KSF process involves managers working with individual members of staff to plan their training and development</td>
</tr>
<tr>
<td>LAA</td>
<td>Local Area Agreement</td>
<td>Three year agreement that sets out the priorities for a local area in certain policy fields as agreed between government, local authority and other partners</td>
</tr>
<tr>
<td>LINk</td>
<td>Local Involvement Network</td>
<td>Local Involvement Networks were established in England and Wales as the new, independent way for all residents to get involved in having more say in social care, medical care and mental health services in Derbyshire</td>
</tr>
<tr>
<td>LMWH</td>
<td>Low Molecular Weight Heparin</td>
<td>Drug treatment given by injection to prevent / treat Venous Thrombo Embolic Disease</td>
</tr>
<tr>
<td>LTC</td>
<td>Long Term Conditions</td>
<td>Conditions such as diabetes, asthma and arthritis that cannot currently be cured but whose progress can be managed and influenced by medication and other therapies</td>
</tr>
<tr>
<td>MIU</td>
<td>Minor Injury Unit</td>
<td>A walk-in unit in a community setting that provides treatment for minor injuries and illnesses.</td>
</tr>
<tr>
<td>Monitor</td>
<td></td>
<td>The regulator of Foundation Trusts. Operates the Foundation Trust application and authorisation process.</td>
</tr>
<tr>
<td>MRSA</td>
<td>Methicillin Resistant Staphylococcus Aureus</td>
<td>Bacteria that can cause infection in a range of tissues such as wounds, ulcers, abscesses or bloodstream</td>
</tr>
<tr>
<td>NHSLA</td>
<td>NHS Litigation Authority</td>
<td>An NHS ‘insurance scheme’ that organisations buy into to manage the financial risks of litigation.</td>
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<tr>
<td>NICE</td>
<td>National Institute for Health and Clinical Excellence</td>
<td>The organisation that reviews new drugs and technologies and either gives the NHS a mandatory ruling about what should be funded on the NHS or gives advice that is optional.</td>
</tr>
<tr>
<td>NPSA</td>
<td>National Patient Safety Agency</td>
<td>The body responsible for collating and sharing information about patient safety risks across the NHS.</td>
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<tr>
<td>NSF</td>
<td>National Service Framework</td>
<td>A national set of defined best practice relating to a condition or group of patients that commissioners and providers should be working towards.</td>
</tr>
<tr>
<td>OPMH</td>
<td>Older Peoples Mental Health</td>
<td>This is a specialised service which supports elderly people with mental health issues such as depression or dementia</td>
</tr>
<tr>
<td>PALS</td>
<td>Patient Advice and Liaison Services</td>
<td>Services that provide information, advice and support to help patients, families and their carers</td>
</tr>
<tr>
<td>PPI</td>
<td>Patient and Public Involvement</td>
<td>Involving the public in shaping a care system’s development and keeping patients well informed of clinical processes and decisions</td>
</tr>
<tr>
<td>QIPP</td>
<td>Quality, Innovation, Productivity and Prevention</td>
<td>A new phrase/national programme to describe the priorities that NHS organisations should be focused on.</td>
</tr>
<tr>
<td>RTT</td>
<td>Referral to Treatment Time</td>
<td>The measure of how long a patient has waited from being referred by their GP to a specialist to receiving whatever treatment is required.</td>
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<tr>
<td></td>
<td></td>
<td>There is a national requirement for patients to be treated within 18 weeks of referral.</td>
</tr>
<tr>
<td>SHA</td>
<td>Strategic Health Authority</td>
<td>The ‘intermediate tier’ of the NHS that performance manages and coordinates NHS organisations on behalf of the Department of Health.</td>
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<tr>
<td></td>
<td></td>
<td>There are 10 across England and we are in the East Midlands SHA.</td>
</tr>
<tr>
<td>SHMI</td>
<td>Summary Hospital Mortality Indicator</td>
<td>This is a system where health providers can demonstrate how safe and efficient their services are and describe how and when people have died.</td>
</tr>
<tr>
<td>SLA</td>
<td>Service Level Agreement</td>
<td>The term used for non-legally enforceable ‘contracts’ between NHS organisations.</td>
</tr>
<tr>
<td>TCS</td>
<td>Transforming Community Services</td>
<td>The national programme launched by the Department of Health to drive up quality and value in community services.</td>
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<td></td>
<td></td>
<td>It consists of different strands of national policy relating to quality, innovation, commissioning and organisational forms.</td>
</tr>
<tr>
<td>Vulnerable Adults</td>
<td>People with disabilities or mental conditions who are unable to take care of themselves or protect themselves against harm or exploitation from others</td>
<td></td>
</tr>
</tbody>
</table>
Patient Experience Team

If you are a relative or carer and would like to get help on the spot, the Patient Experience Team provides a confidential advice and support service that will help you sort out any concerns you may have about the care provided by the NHS, and guide you through the different services available.

Contact the Team:
DCHS NHS Trust: 01773 525119

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