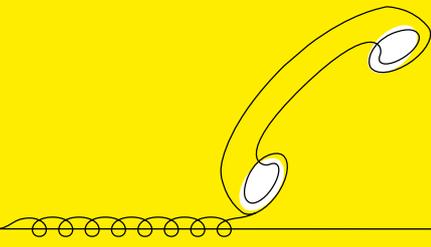




Quality Account

2009 - 2010





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Table of Contents

Part 1

Foreword	4
Statement by the Chief Executive	6

Part 2

Priorities for improvement	7
Statements relating to quality of NHS services provided	9

Part 3

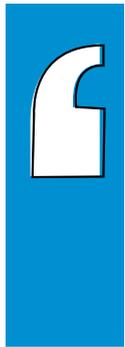
Review of quality performance	13
Involvement and engagement	24
Statements from other bodies	25



Foreword

Our Quality Account reflects the national guidelines about what we are required to demonstrate within our report. However, we wanted this document to truly reflect what people wanted to hear about from our organisation so we held a wide ranging consultation about what people would like to see in our quality account. We spoke to individuals, representative groups, held stakeholder events, surveyed our members and asked staff to contribute. It was very clear from all of this that the experience and views of our patients should be a key focus and we have tried to show this throughout our report.

However, there was one story¹ which encompassed the essence of what we have tried to deliver across our organisation. We strive to be 'better together' and the teamwork and partnership working demonstrated in this story is, we believe, an excellent example of how when this happens, it contributes to a positive experience for our patients.



I have always felt myself to be a strong person, supporting my young family and enjoying life in general.

Late last year I was made redundant from a job I had worked in since leaving school 18 years ago. I managed to get another job quickly as I had lots of bills, a mortgage and a growing family to look after. Within a few weeks of starting this new job I realised the money I was earning was not enough.

I was able to do additional hours which helped. I began having problems with my new manager. I was told that the additional hours would no longer be available to me.

I spoke to my wife about the problems I was having at work. She had noticed a change in me and suggested visiting my GP. I told the GP about my situation and he suggested I take a few days off work which I did.

During this time I found it hard to sleep, didn't feel like eating and had periods of feeling panicky and anxious. I shouted at the kids which is very unusual for me. I went back to see the GP who prescribed me some medication for my mood and referred me to see a counsellor at the surgery. I returned home. I woke up the next day and telephoned my manager to say I would be back at work the following week. The conversation quickly led to me threatening to turn up and shoot him.

The police arrived and spoke to me. When they left I realised that my job was in jeopardy and I had let my family down. I had an argument with my wife and stormed out of the house, into my car and sped off.

The police found me down at the local river with the car parked close to the edge. They arrested me and brought me to the Hartington Unit. I was seen by a nurse who took some details and spoke to the police. I became very upset and wanted to go home to be with my family.

The nurse said it was important that while I was here I could talk to a specialist doctor and social worker about my situation. I spoke at length to the doctor and social worker about how I was feeling, the stress I was under and the impact it was having on my family and work. They suggested I could return home and that someone from the Crisis team would ring me that evening².

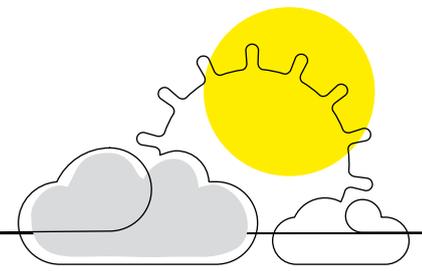
Someone from the Crisis team rang me to see how I was doing and whether there was any potential support they could offer that I may find useful. My wife and I both agreed to a Crisis nurse visiting the next day.

The Crisis nurse turned up at the planned time and introduced a colleague. He asked if it was ok for his colleague to speak to my wife while he was talking and listening to me. We all met in the lounge and he suggested that the Crisis team could visit daily³ to check out how I was doing, liaise with my GP about getting some physical checks done⁴ and to organise a sickness certificate to send to my employer.

The Crisis nurse said he would speak to his team doctor and organise for them to visit me the next day. They left me with a 72 hour care plan⁵, round the clock contact details and some information on Crisis services and the organisation that they worked for.

I was visited daily for a couple of weeks and although there were different people visiting me, the Crisis nurse was a regular visitor. He and I would review the care plan⁶, amend it a little or cross things off. On one occasion I was introduced to another team member who would replace my Crisis nurse's regular visits while he went on annual leave. I was contacted on the rare occasions they were running late.

I started feeling my old self again and it was good to review my progress looking at my strengths and the areas that we felt needed further improvement. I began sleeping more, my appetite returned and I felt more

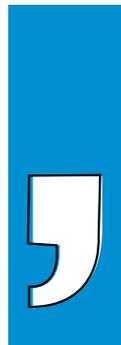


relaxed about my situation. I was supported in meeting my manager and planned in a phased return to work. I went with one team member to the local citizen advice bureau to look at managing my debts in a better way. My wife was able to go to her family for the weekend with the kids, reassured that someone would be catching up with me over the weekend. I felt I was on the right dose of medication and my initial side effects were no longer causing me concern.

I returned to work and was discharged from the Crisis team following planned less regular visits. The Crisis nurse went through my discharge summary with me, which was copied to my GP as well. It highlighted the stress I was under at the time, how it impacted on my wellbeing and what the signs to look out for in the future were.

A couple of weeks later I received a brief questionnaire from the Crisis service manager. I completed it and sent it back to a local service user/carer organisation. These comments would be themed back to the service manager at regular intervals as part of ongoing service development.

I have completed my counselling at the GP surgery. I am considering re-training to become a mental health professional.



Quality Indicators 2009/10

- 1 A composite story compiled from a number of patient accounts to protect the identity of individuals. All other patient quotes within this report are direct patient responses from the 2010 national NHS Community Mental Health Service Users Survey Comments
- 2 Crisis gatekeeping function performance - 99.58% against national target of 90%
- 3 Number of crisis resolution home treatments per year – 1,777 against local delivery plan target of 1,733
- 4 Physical health checks – 80% against national average of 82% (inpatient survey 2009)
- 5 Number of patients with a care plan - 57% against national average of 46% (community survey 2008)
- 6 Care review – 54% against national average of 48% (community survey 2008)



Statement by the Chief Executive

I am delighted to present the first Quality Account produced by Derbyshire Mental Health Services NHS Trust. Its purpose is to explain the quality of care we provide and how we are seeking to improve quality. It contains a review of the quality of services provided by the Trust in the financial year 2009/10 and an outline of our plans to further improve quality in 2010/11.

The Trust's vision is to be the first choice provider of mental health, substance misuse, and learning disability services. The core purpose of the Trust is to improve the mental health and wellbeing of the people of Derbyshire and provide them with effective, accessible and modern mental health and learning disability services.

The Trust Board is committed to providing and evidencing high quality patient care. To achieve this, the Trust has developed a quality strategy, published in June 2009, which underpins all that we do. We recognise that quality is central to the provision of Trust services. The Trust has made huge progress over recent years and experienced significant improvements in key quality measures.

Staff across the Trust, through their valuable hard work and commitment, continue to bring about real improvements for the patients they care for. There are so many examples of activities taking place throughout the organisation; just a few of these are set out in Part 3 of this account. Our key achievements over the last year have focused on making a safe environment for our patients, ensuring patient feedback is acted upon and ensuring care is delivered in line with NICE guidance.

2010/11 brings new challenges, and embedding quality will be a long term process. The involvement of staff and patients is key to service change as well as increased involvement in health research, clinical audit, and support through training and education.

We have consulted widely with those people to whom our services matter – patients, carers, staff, Trust members, and purchasers of our services (commissioners) – on what should be included in this quality account. By far the subject considered most important by participants in the consultation was dignity and respect. As a result, the Trust has made dignity a priority for 2010/11 and demonstrated its commitment by signing up to the national dignity in care campaign.

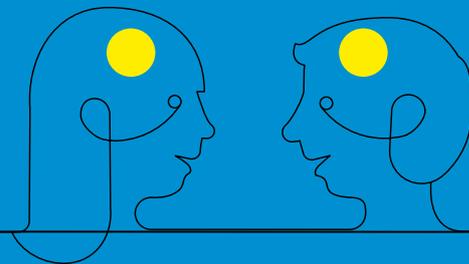


Our other 2 key priorities for 2010/11 reflect the Trust's commitment to improving quality and safety, and improving the experience of the people for whom we care. We will ensure those with the greatest need are seen by a trained professional who they know, within 7 days of leaving our care. We will treat patients in the most appropriate place for their need, and once discharged, see outpatients at a time that best suits their own requirements.

I hope you find this account useful and meaningful. I welcome any feedback.

A handwritten signature in black ink, appearing to read 'Mike Shewan'. The signature is fluid and cursive, with a long horizontal line extending to the right.

Mike Shewan
Chief Executive
8 June 2010



Part 2

Our priorities for quality improvement in 2010/11

We asked patients what was important to them. We did this through a consultation event we hosted at the start of this process, to find out what people believe are the things we as an organisation should be focussing on. We also asked all of our members to contribute to this process. Based on what people told us, we identified our three key priorities for improvement in 2010/11 around patient experience, safety and effectiveness; Increasing privacy and dignity, ensuring we see people quickly after discharge and seeing people when we have agreed to see them:

Priority 1 – Privacy and Dignity

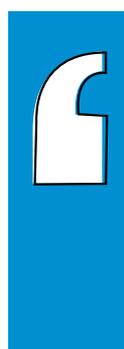
Everyone has a right to privacy, to be enabled to maintain their dignity and to absolute respect as an individual. We will provide an environment that will create the highest standards of privacy, enabling patients to maintain their dignity. We will treat patients and their families with empathy and compassion, demonstrating respect for each individual in all that we do.

We have in the last year achieved compliance with single sex accommodation requirements (meaning patients only share room facilities with those of the same sex) and created more dedicated 'women only' areas within our premises.

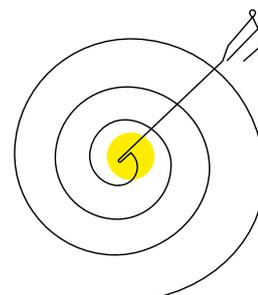
In 2009 the Trust Board announced its commitment to participate in the national Dignity in Care campaign. The Trust is committed to making sure that all patients receive high quality care that is safe, effective and focused on their needs. The NHS Constitution states that all patients have the right to privacy and to be treated with dignity and respect. We support this whole heartedly.

In February 2010 the Trust Chairman launched our dignity pledge and campaign. This is monitored and reported monthly through the quality governance committee to the Trust Board, and measured through patient surveys and by the number of staff recruited as dignity champions across the Trust.

It is our aim that 50% of our clinical staff will have signed up to be dignity champions by the end of this year.



I feel as though my care has been helpful and that my views and decisions have been taken into account before any treatments have been implemented.



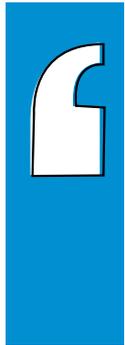


Priority 2 - Seeing people after hospital discharge

We know how important it is to provide continuing care following discharge from hospital which is why we followed up 99.39% of service users/patients within 7 days - either in person or by telephone against a national target of 95%.

We will maintain this high rate of 7 day follow-up assessment by ensuring a personal visit for all service users where there is documented history of self harm or medium to high risk.

This is a priority as identified by our Commissioners and will be monitored and reported monthly through the risk committee to the Trust Board.



...very good at listening to me and will make the time to book and see me.

Priority 3 – Cancelled Outpatient Appointments

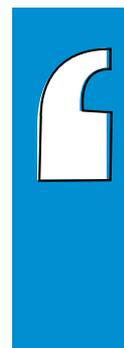
Within the national patient survey the importance of not having outpatient appointments cancelled was identified.

Therefore, where possible, we will see patients at a time that is suitable for them. We want to keep our promises and continue to work hard to ensure we do not cancel appointments.

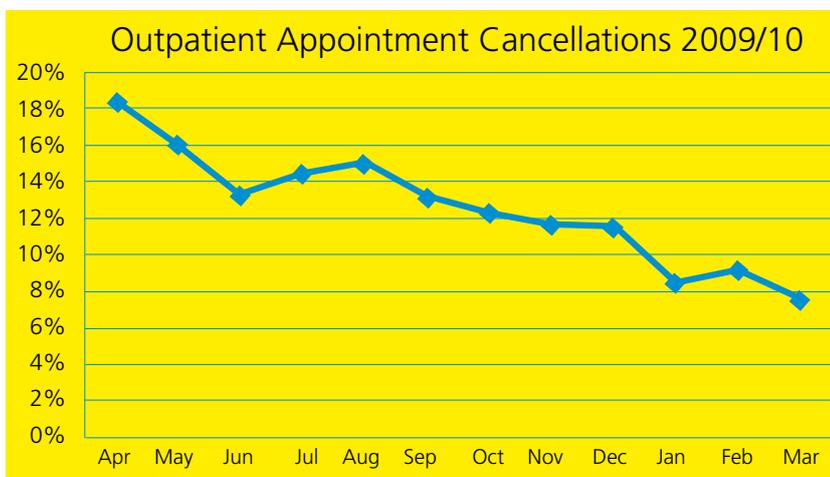
To keep our promise we have dramatically reduced the number of cancelled appointments in 2009/10. Following surveys in both 2008 and 2009/10, at April 2009 18.33% of appointments were changed or cancelled. By the end of March 2010 the Trust had reduced the number of cancelled or changed appointments to 7.47%.

We know this is still not good enough and will do even better in during 2010/11, aiming to reduce this figure to 4%.

This will be monitored and reported monthly through the quality governance committee to the Trust Board, and through patient feedback.



My OT is working hard to ensure that I am looked after. She is always available for me and does what she can. All staff that I have seen have been very supportive.





Statements relating to quality of NHS services provided

Review of services

During 2009/10 Derbyshire Mental Health Services NHS Trust provided three NHS services from four locations as registered with the Care Quality Commission. These are mental health, learning disabilities and substance misuse.

Derbyshire Mental Health Services NHS Trust has reviewed all the data available to us on the quality of care in 100% of our NHS services.

The income generated by the NHS services reviewed in 2009/10 represents 94.5% of the total income generated from the provision of NHS services by Derbyshire Mental Health Services NHS Trust for 2009/10.

Participation in clinical audits

By being involved in clinical audits nationally, regionally and locally within our own Trust we can learn from what other leaders in the field are doing and from our own practice. We can discover where we are providing excellence in our services and where we can improve.

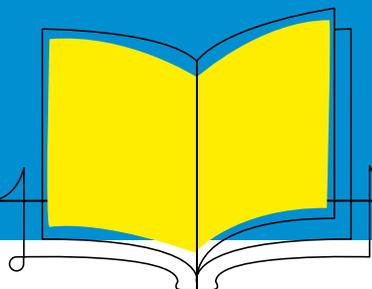
During 2009/10, four national clinical audits and one national confidential enquiry covered NHS services that Derbyshire Mental Health Services NHS Trust provides.

During 2009/10 Derbyshire Mental Health Services NHS Trust participated in 100% of national clinical audits relevant to Mental Health, Learning Disability and Substance Misuse and 100% of national confidential enquiries for which it was eligible to participate.

The national clinical audits and national confidential enquiries that Derbyshire Mental Health Services NHS Trust was eligible to participate in during 2009/10 were as follows:



Audit or Enquiry	Cases Submitted (%)
National confidential enquiry into suicide and homicide by people with a mental illness	100%
Prescribing observatory in mental health High Dose and combined antipsychotics in acute adult in-patient settings	100%
Prescribing observatory in mental health - medicines reconciliation	100%
Prescribing observatory in mental health - use of antipsychotic medication in people with a learning disability	100%
Prescribing Observatory for Mental Health (POMH - UK) Time series benchmarking of high dose and combination antipsychotic prescribing, Prescribing Observatory for Mental Health (POMH - UK) Lithium monitoring National Falls and Bone Health Audit Royal College of Physicians Continence Care Audit	100%



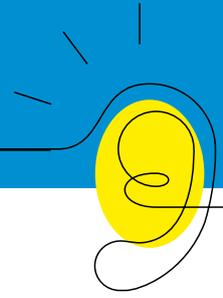
The reports of the four national clinical audits and one national confidential enquiry were reviewed by the Trust in 2009/10.

As a result of these national audits we intend to take the following actions to improve the quality of health care provided. We will:

- Produce a Medicines Reconciliation Policy
- Ensure that our antipsychotic monitoring checklist is adapted to include side effect monitoring
- Undertake an analysis of incidents of absconding with a view to keeping individuals and the public safe
- Review the use of CCTV on ward exits, which will act as a deterrent against criminal acts
- Produce a 'Hot Topics' fact sheet on discharge
- Develop an audit of the discharge process
- Review the use of the FACE Risk Profile
- Re-publicise the list of specialists that staff can approach for advice on different topics
- Raise awareness around patient safety
- Undertake Executive walkarounds - raising the profile of patient safety as part of the safety first campaign
- Promote use of the Manchester Patient Safety Framework to assess the patient safety culture in the organisation
- Ensure points of ligature risk assessments have been reviewed in inpatient areas
- Update key risk factors in clinical risk training
- Use the Preventing Suicide Toolkit as indicated in the CQUIN
- Use the Quality Alert tool as developed by the Trust as a mechanism to give the organisation an early warning sign where quality may have been compromised.

The reports of 10 local clinical audits were reviewed by the Trust in 2009/10 and Derbyshire Mental Health Services NHS Trust intends to take the following actions to improve the quality of health care provided. We will:

- Adopt a one month standard for follow-up in outpatient clinic following discharge from an inpatient area
- Ensure equity in timely access to blood results on electronic systems throughout the Trust
- Ensure every service user has a written care plan in their record, which includes the words 'Care Plan'
- Review every service users to identify if they need (new) Care Programme Approach (CPA)
- As an organisation demonstrate compliance with robust CPA standards so that we can abolish the Supervision Register
- Maintain accessibility records and care plans on a 24 hour basis through the roll-out of Carenotes Trust-wide
- Develop the integrated record to ensure the availability of paper records on a 24 hour basis
- Ensure the security and confidentiality of paper records when transferred between areas
- Review policies for Access to Health Records and Copying Letters and develop a programme of implementation
- Review the Recording Care training to incorporate results from the audit
- Reiterate the use of the ethnic data collection form, rolled out through policy and training
- Improve compliance with standards for recording of allergies and adverse reactions
- Produce a 'learning the lessons' fact sheet that outlines the responsibilities of staff in the following areas (a) undertaking risk assessment of service users (b) the situations when the full FACE Risk Profile requires completing (c) ensure that clinical risks are managed effectively (d) the risk factors associated with non-compliance
- Annually audit the CPA/Records/Risk Audit
- Ensure there is clarity on who undertakes the assessments, observations etc in non-inpatient areas eg where primary care has a major role in physical care.



Participation in Clinical Research

We recognise the importance of involving service users in clinical research. Being able to use their direct experience allows us to shape the way these services are provided and drive up the quality of what we do.

The number of patients receiving NHS services provided by Derbyshire Mental Health Services NHS Trust in 2009/10 who were recruited during that period to participate in research approved by a research ethics committee was 103 (plus 1,773 to a multicentre monitoring study).

Derbyshire Mental Health Services NHS Trust was involved in conducting 49 clinical research studies. Derbyshire Mental Health Services NHS Trust used national systems to manage the studies in proportion to risk. Of the 21 studies given permission to start, 81% were given permission by an authorised person less than 30 days from receipt of a valid completed application. 19% of the studies were established and managed under national model agreements and 100% of the 7 eligible research involved used a Research Passport. In 2009/10 the National Institute for Health research (NIHR) supported 17 of these studies through its research networks.

In the last three years, 4 publications have resulted from our involvement in NIHR research, helping to improve patient outcomes and experience across the NHS.

Goals agreed with commissioners

A proportion of Derbyshire Mental Health Services NHS Trust's income in 2009/10 was conditional on achieving quality improvement and innovation goals agreed between Derbyshire Mental Health Services NHS Trust and Derbyshire County Primary Care Trust, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

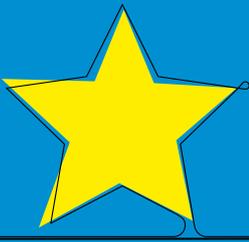
We achieved all of these six goals which included the following:

- 1** Service user experience of first and follow up outpatient appointments with the consultant being cancelled or changed to a later date should be less than 18.33%
- 2** Maintaining the current 90% target of proportion of referrals to acute care sector managed through crisis resolution
- 3** Patient Environment and Action Team (PEAT) audits (food and cleanliness) to demonstrate consistently good performance in all areas
- 4** Maintaining the high level of 7 day follow up currently in place and ensure the current target of 95% which the Trust exceeds continues to be met due to the high level of risk if patients are not followed up
- 5** Achieving an in-year reduction of DNAs (did not attend) for outpatients and CMHT DNAs combined
- 6** Increasing the number of service users whose care plan includes help with finding work.



Further details of the agreed goals for 2009/10 and the following 12 month period are available on request from:

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Statements from the Care Quality Commission

We have been successfully registered with the Care Quality Commission (CQC) and its current registration status is "registered without conditions" as of 31 March 2010.

The CQC has not taken enforcement action against Derbyshire Mental Health Services NHS Trust during 2009/10, meaning the CQC recognises the adequacy of the systems we have in place to oversee patient safety and quality.

Care Quality Commission Periodic Review

We are reviewed regularly by the CQC and the last review was in October 2009. The CQC's assessment of Derbyshire Mental Health Services NHS Trust following that review was:

"good" for quality of services provided and "excellent" for use of resources.

We intend to take the following action to address the points made in the CQC assessment to:

- Improve compliance with the national priority indicators for people with learning disabilities and child and adolescent mental health services
- Improve compliance with the national priority indicator for data quality

We have made the following progress by 31 March 2010:

- Fully met the national priority indicator for people with learning disabilities
- Fully met the child and adolescent mental health services national priority indicator
- Significant improvements in data quality

We have not participated in any special reviews or investigations by the CQC during the reporting period.

Data Quality

Good quality information underpins the effective delivery of patient care and is essential if improvements in quality of care are to be made.

We submitted records during 2009/10 to the Secondary Uses Services for inclusion in the Hospital Episode Statistics which are included in the latest published data as shown below:

The percentage of records in the published data which included the patient's valid NHS number was:

- 99.6% for admitted patient care
- 99.9% for outpatient care

The percentage of records in the published data which included the patient's valid General Medical Practice Code was:

- 100% for admitted patient care
- 100% for outpatient care

Our score for 2009/10 for information quality and records management, assessed using the information governance toolkit, was 87% (overall Toolkit score).

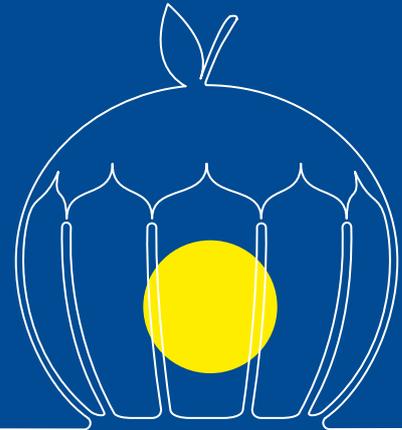
- Secondary Use Assurance 86%
- Clinical Information Assurance 85%
- Corporate Information Assurance 75%

Clinical Coding Error Rate

We were not subject to the Payment by Results clinical coding audit by the Audit Commission during 2009/10.



Part 3



Review of our quality performance in 2009/10

This is a review of our Trust's quality performance over the past year. In line with Lord Darzi's vision for quality in the NHS, performance is grouped under three themes: safety, effectiveness and patient experience.

We have selected the areas to report on in our first quality account as these have been identified as most important by patients, staff, trust members and people who purchase our services on behalf of the local population.





Patient Experience

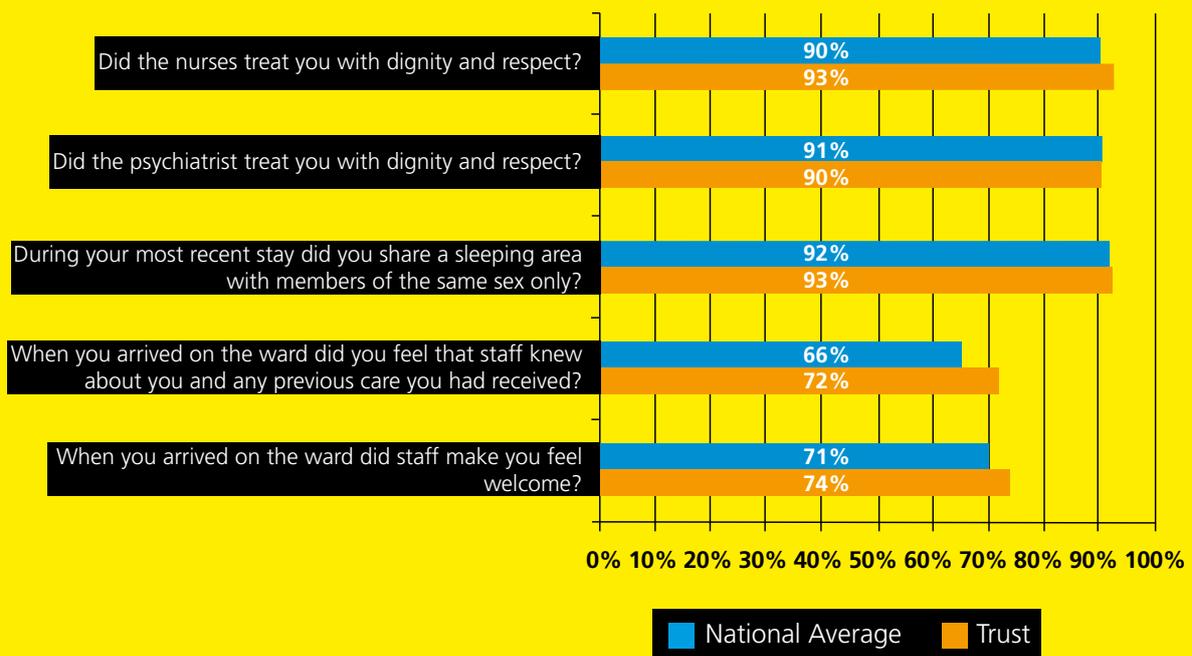
Dignity Campaign

In 2009 our Trust Board announced its commitment to participating in the national campaign. We are committed to making sure that all patients receive high quality care that is safe, effective and focused on our patients needs. The NHS Constitution states that all patients have the right to privacy and to be treated with dignity and respect. We support this wholeheartedly.



What our patients told us about privacy, dignity and respect

(Source: mental health inpatient survey 2009)





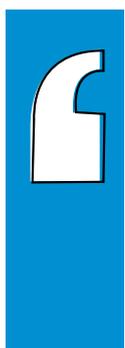
In February 2010 our Chairman, Alan Baines, launched our Trust's dignity pledge and campaign.

Our Trust's dignity pledge states that while in the care of Derbyshire Mental Health Services patients can expect to be:

- Shown respect and treated with dignity
- Treated as an individual and offered personalised services
- Supported maintaining the maximum possible level of independence, choice and control
- Listened to and supported in expressing their needs and wants
- Respected in their right to privacy and confidentiality
- Fully involved in planning their care, with family members and carers as care partners
- Assisted in maintaining confidence and positive self-esteem
- Helped in alleviating loneliness and isolation
- Able to complain without fear of retribution
- Free from any experience of abuse.

A drive to recruit dignity champions throughout the Trust from all professions, teams and departments commenced in February 2010 and has been extended to all carer groups, service user groups and trust members. We have set ourselves a target to recruit 50% of our clinical staff as dignity champions by the end of this year. In the coming months we will be launching dignity leads in key areas – particularly matrons, and launching a Chairman's award programme for the dignity agenda.

Our Trust will continue to build on this as one of three priorities identified in Part 1 of this report.



My psychologist always treats me with respect and my views are always listened to and taken into account. I have never felt judged and can therefore be completely open and honest about what I'm thinking and feeling.

Delivering Same Sex Accommodation

Every patient has the right to receive high quality care that is safe, effective and respects their privacy and dignity. We at Derbyshire Mental Health Services NHS Trust are committed to providing every patient with same sex accommodation, because it helps to safeguard their privacy and dignity when they are often at their most vulnerable.

We are proud to provide only same sex accommodation for patients in our Trust. Patients who are admitted to any of our hospitals will only share the room where they sleep with members of the same sex, and same sex toilets and bathrooms will be close to their bed area. Sharing with members of the opposite sex will not happen.

We understand the importance of same sex accommodation for all our patients and we have therefore invested in and are now providing services from new accommodation at Kingsway. We have also delivered an upgraded ward, (Ward 33), and a redesigned ward, (Ward 32), to accommodate the Enhanced Care Ward facility.

Our future plans for delivering same sex accommodation:

- A commitment to ensuring that any future building will be fully compliant
- Improving the same sex accommodation signs to ensure clarity for all
- Improving the consistency of availability of information, ensuring that it is easily accessible to those who may be an inpatient, their carers and relatives
- Developing a written protocol for bed management and for reporting of cases in which accommodation sharing has occurred
- Exploring the potential for creating more single rooms with en-suite bathrooms across the organisation
- Providing locks on single sex bedroom doors to ensure privacy and safety, wherever it is safe to do so.



Travelling with patients along their journey

We recognise the importance of getting to know our patients and what is important to them. We need to dedicate time to involving them in their care, and building up a relationship of trust to enable us together to prevent problems before they occur. We can only do this by spending more time with our patients.

We are the first Trust in the country to undertake the Productive Care Pathway - a programme developed by the NHS Institute for Innovation and Improvement aimed at freeing up time for clinical staff to spend with patients.

The programme supports clinical teams in taking forward their own ideas for the delivery of efficient, safe, clean, reliable and dignified care. Following the pathway allows us to work with each patient reviewing their care from community to admission (if applicable) and back home again. We currently have three wards, four community teams and one occupational therapy/recreation team undertaking this programme.

The programme encourages teams to challenge the way they work, using what is known to be good practice, which can free up more time to spend with patients.

Another part of the programme is for teams to understand "how they are doing" and how that may impact on the patient experience.

We have already seen significant improvements in a number of areas, including a reduction in the length of stay, reduction in readmissions, increase in staff satisfaction (our staff want to spend more time with our patients) and reduction in staff stress and has meant more time for clinicians to spend with patients.

Due to the positive effects that patients and staff have experienced with this programme we envisage the engagement of other clinical areas trust-wide and as new pathways are developed we will be looking to incorporate the Productive Care Pathway principles into other areas.

Leading the way nationally in Learning Disability Services

In the Learning Disability Service we use person-centred approaches to help people with learning disabilities have positive control over their lives.

We are part of the international Good 2 Great Project, which is a leading driver in person-centred approaches. Here at the Trust, we have been instrumental in developing tools such as the person centred risk assessment document which is now used nationally.

Our person-centred approach means that we work together consider what is important to each individual, as well as what is important to keep them safe. We ensure we keep the person at the centre of everything we do by including support requirements, circles of support, and person-centred risk assessments, reviews and outcomes. Our staff have received intensive training to encourage person-centred thinking.

Accessible communication is essential to person-centred care. We are therefore committed to providing information that is based on individual need eg through the use of symbols, objects of reference and pictures.





Early action aids recovery

We recognise that the sooner we help someone, the more quickly they can start to recover.

With this in mind, the Derbyshire Early Intervention Service works together with individuals and their carers to achieve personal goals and positive outcomes. Involving young people has provided valued feedback for the service and supported the development of a number of projects.

Young people have been proactive in the design of the service information leaflet, and promotional information available in order to raise awareness, reduce stigma and promote early access to services.

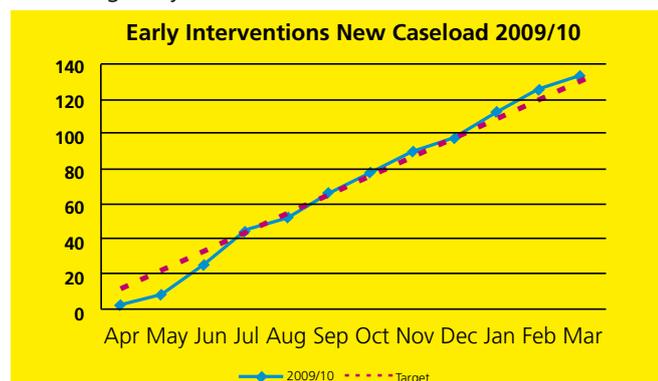
The service continues to develop its group programme and currently offers a range of group activities including a social group, women's group, football group and a gardening group. The group programme is developed at a planning and evaluation meeting where all participants are invited and encouraged to express their views.

Feedback on the programme supports participation and the development of confidence within a social setting as well as assisting the team to maintain quality and a programme of interest to current group members. Positive activities help young people feel good about themselves and their chances in life by developing their confidence, self esteem and motivation (Department for Children, Schools and Families 2007).

A Service User Review Group (SURG) is currently being developed to support young people to have a strong voice within the service, to provide a learning experience and participate in future projects.

This partnership approach continues to be used to support the ongoing development of improvement in services.

Commissioners continue to support the delivery of this service as part of the local agreements and again this year the Trust has fully met the national target for delivering early interventions services.

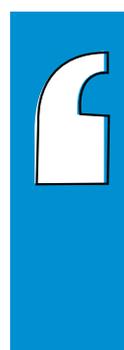


How we involve our patients to deliver improvements

We want to continue to hear from those who have used our services - individuals, families and carers, collective views or groups, our own members and the wider public. This vital information is essential to us and we can use it to inform the way we develop our organisation.

Patients have also made presentations to our Board and been involved in events organised across the Trust. We have run a series of events for GPs about the range of services we provide and patients have been asked to speak at these about their own personal experiences.

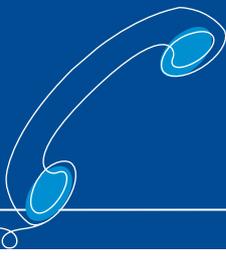
Our partnership approach with Derbyshire County Council's Adult Care service has resulted in improved quality of services, particularly for those with a learning disability. We have also implemented improvements following recommendations by the Council's Adult Health and Care Improvement & Scrutiny Committee which have contributed towards improving the patient experience for those with a learning disability (and wider patient groups) when accessing healthcare across Derbyshire.



I have received excellent service from both the social services & the NHS. Well done.

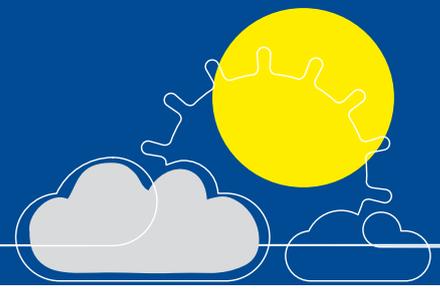
Within the Trust we have an Improving Patient Experience Committee which plays a critical role in developing quality measures and innovative practices designed for improving the patient experience.

We also have a Patient Survey Action Group, chaired by the Head of Patient Experience, which meets monthly and involves patient and carer representatives. The group examines areas of concern arising from the results of patient surveys conducted by the Care Quality Commission.



Examples of action taken in response to recent surveys include:

What some patients said who completed the patient survey	What we did and what changed	
We have sometimes experienced appointments being changed or cancelled	The trust reviewed the outpatient appointment system and as a result we reduced the numbers of cancelled or changed appointments by over half. We plan to improve further in 2010/11.	
We would welcome more information about medicines and any relevant and significant side effects we may encounter	We have done three things: 1. Ensure that all patients receive a medication assessment on admission in all inpatient areas, where 2. Our staff explain and check in with patients that they have understood any relevant or significant side effects. 3. Developed further our patient information leaflet, <i>Your Medicines Any Questions</i> , including details of Pharmacy Medication Websites.	
We do not always have the contact number of someone to call out of hours	Contact cards, crisis cards and sticky labels have been designed, printed and provided to patients, giving details of contact numbers and meaning that everyone has someone to call out of hours.	
We would welcome more information about help with finding work	We have trained our staff through employment training sessions so they can explore and discuss employment issues faced by patients and how they can be supported back into the workplace.	
We would welcome more information on local support groups	We produced 23,000 Infolink information booklets and have circulated these to patients, carers, staff and other agencies.	
We recognise, in comparison to other trusts on issues relating to care coordinators, care plans and reviews, that the trust provides the same standards as other trusts or in some cases a higher quality of service in this area, however we would want to increase the number of patients who report that they have a copy of their care plan	We have reviewed our approach to care planning and continue to strive to ensure that all patients receive a copy of their care plan, regularly auditing ourselves against this target and working with carers and service users to improve access to care plans across the organisation.	



Effectiveness

Improvements in Care following Research Projects

The translation of research outcomes into clinical practice is very important to how we have improved the quality of our service to date and will continue to do so in the future. We have a plan for the years ahead that detail the focus of this research. The following are some examples of how research has changed practice within the Trust in the past year:

1 An Investigation of Parental and Grandparental Perceptions relating to Causality, Treatment and Support for families of a Child with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)

Outcomes: the results of this research study have directly influenced the Trust service protocol for ADHD, in particular, the development of three locality parent /carer support groups. In addition, a new website has been developed specifically for the purpose of providing information and support to parents, families and professionals in relation to ADHD.

2 Multi-Centre Monitoring of Self-Harm - This study has led to a number of publications which have led to clinical changes.

One publication reported a higher than previously reported incidence of self-harm among young black women.

Outcomes: There has now been a local review of suicide prevention strategies in this minority group.

Another found that the introduction of notifications about the risks of antidepressants reduced the use of antidepressants in overdoses, and that they do not appear to have been replaced by other means.

3 An Investigation into the experiences of alcohol use by people with learning disabilities - This project has led to a greater awareness of alcohol use by people with learning disabilities

Outcomes: the development of training for staff in both learning disabilities and alcohol specialist services.

The results of the research were also written up for publication and dissemination through peer-reviewed journal articles, which have informed community nursing assessment work and shared our learning with peers in healthcare.

Safety

Cleanliness of our Hospital Services

We have worked hard to ensure our facilities are clean and maintained to a high standard. Results have shown that we have been highly successful at providing clean and safe environments for our patients and staff.

Preventing the spread of infection is a key priority for us, and ensuring that our healthcare facilities are clean and maintained to a high standard is vital.

In 2009/10 there were no cases of hospital acquired Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia. There was one case of Clostridium Difficile (Cdif).

We have driven forward a number of improvements in recent years, with substantial upgrades of wards and the development of new wards to include very high number of single bedroom accommodation, many with en-suite bathrooms. As we review services to determine how best to care for patients, we put infection control standards at the heart of any changes.

We pride ourselves on ensuring that clinical and key support staff receive high quality training on matters of infection prevention and control on a regular basis.

Our Matrons are a visible presence on our wards, supported by Specialist Infection Control staff to ensure that standards are maintained, and any episodes of infection are treated correctly and in a dignified manner.

We work closely across the health community to ensure continuity of approach for infection prevention and control - ensuring shared learning and development of best practice of the highest standards.





High Quality Environments and Facilities Services

We know just how important it is to our patients that the environment and services they receive - for example accommodation and food - whilst in our care are of the very highest standards.

The Patient Environmental Action Team (PEAT) is an external team made up of patient representatives, matrons, infection control nurses, facilities managers and commissioners who carry out an annual assessment of inpatient health care, the results of which are published nationally every year.

PEAT inspects standards across a range of services including food, cleanliness, infection control and patient environment – highlighting areas for improvement and sharing best practice across the NHS.

The PEAT assessment for 2009 ranked our services in the top 20% of Trusts in these areas, reflecting the commitment of the Estates and Facilities teams to deliver continued improvement. There are five levels from unacceptable to excellent. Our PEAT rankings were all in the 'good' or 'excellent' category for each of our hospital areas.

Our Trust aims in 2010/11 to maintain the excellent scores across the majority of areas and improve those areas currently rated as good.



Excellent hospital food.



Addressing Physical Health Care Problems

We know that people with enduring mental health problems have an increased rate of physical health problems. Improving physical health will in turn help to promote good mental health so our Trust is committed to ensuring that every mental health patient receives a physical health check.

During the year we introduced the Derbyshire Early Warning System (DEWS) in all our inpatient areas. It allows nurses to interpret vital physical health signs such as pulse and blood pressure and indicates when to summon medical assistance and the urgency of the response required.

We have well established standards for physical health and supporting assessment and review documentation. Presently the Physical Care Committee are producing two documents to guide physical care in inpatient and community areas. The guidance for community will provide the framework for collaborative working with other providers who have a clear remit in this area such as General Practitioners.

Once this work is complete the documentation used to support physical health care will be reviewed with the clear aim of streamlining documentation and ensuring that it supports practice. We continue to audit and monitor our performance in this area.

We aim to build on the positive comments made by patients in the inpatient survey 2009 where our Trust fell slightly below national average, achieving a score of 80% against 82%.



Someone who cares, is professional and understanding and non-judgemental. Surprised that I had ongoing care, which even considered physical needs and equipment. Also have had brilliant support pursuing purposeful courses to improve my mental health. I didn't recognise how well it would work.



Keeping patients safe in our care

Keeping patients safe is our highest priority and we use guidance issued by the National Institute for Clinical Excellence (NICE) to ensure we are providing the safest and most appropriate standards of care for your needs.

NICE is an independent organisation responsible for providing national guidance on clinically effective treatments and care. It produces guidance for health care professionals, patients and carers, to help them make decisions about treatment and health care. NICE Guidance is issued in a number of forms and can be found on the NICE website (www.nice.org.uk).

Medicines Management

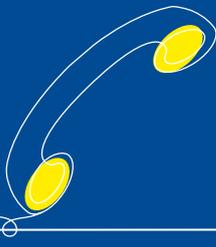
The correct use of medicines plays a significant part in achieving successful outcomes for patients and we recognise how important it is for patients to receive the right medication in support of their recovery.

The effective use of medicines is known to significantly reduce the risk of relapse and to improve quality of life when used appropriately.

We therefore strive to ensure that the systems associated with medicines are of high quality and staff involved are trained to a high standard with regard to their role in the medicines processes.

We understand how important it is for patients to participate and make informed decisions about all aspects of their care, including medication. It helps our patients to contribute to the effective use of their medication, and produces positive outcomes. It is important for patients to understand the effects of the medication they take so we have therefore introduced the availability of specific patient information leaflets for medication at all locations. We have also implemented a system to ensure that all patients receive a review of their medication on admission in all inpatient areas.





Learning from experience

We pride ourselves in being a learning organisation.

We listen to what people say about the things we did well and try to share this with others, so it can be replicated around the organisation. We do this through the compliments we receive and the feedback people give us about our services.



Everyone with who I have had contact with have been 100% supportive and in my circumstances made me eventually feel useful and needed.

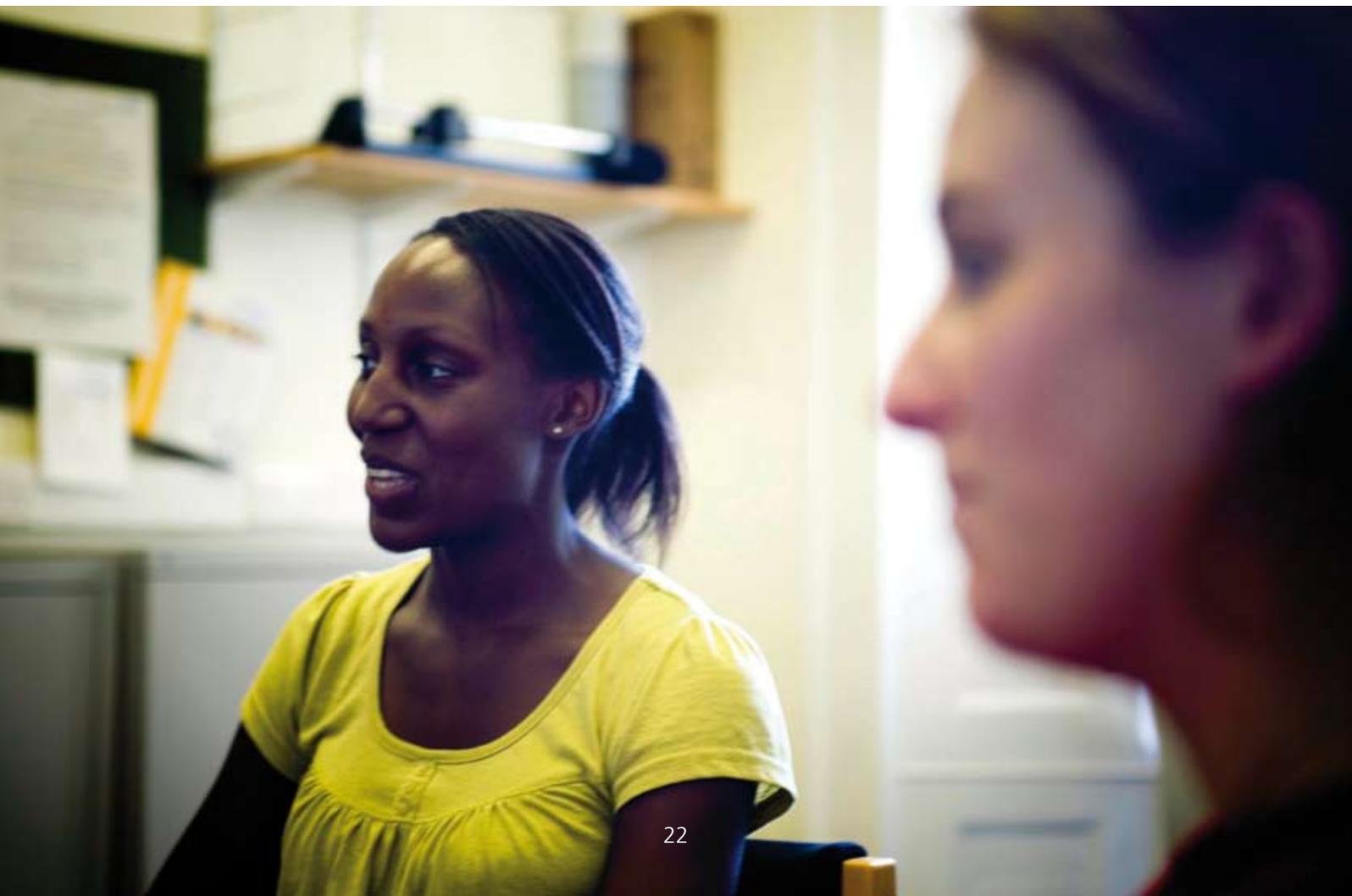
We also listen to the things that did not go so well and try to learn the lessons from this to ensure we do not make the same mistakes again. We do this through our complaints service, Patient Advice and Liaison (PALS) and staff comments.

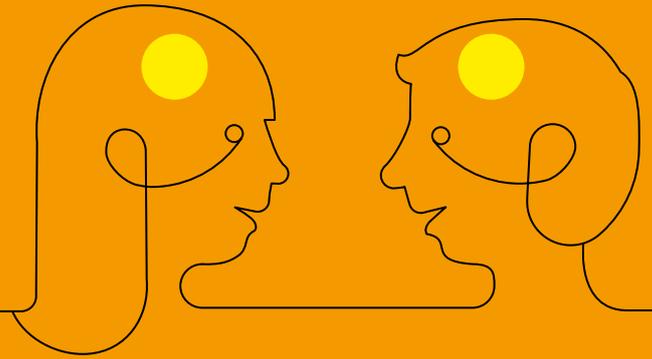
We don't just learn from within our organisation, but also from events and incidents that happen nationally.

On a weekly basis we review serious untoward incidents (SUIs) that occur within our organisation. We investigate how they occurred and where appropriate, develop action plans to reduce the risk of such incidents happening again. Investigations (and any associated action plans) are independently monitored by our main commissioner, NHS Derbyshire County.

We regularly receive feedback from individuals about our services, and use these to try and improve the work that we do.

We received feedback about communication issues relating to message taking within a particular team. As a result of this, we introduced a message log book for use by medical secretaries within the team.





Involvement and engagement in the development of this quality account

The three key areas for improvement in 2010/11 identified in this quality account have been chosen as a result of feedback from patients, carers, staff, potential members and purchasers of our services. A variety of methods have been used to gain feedback, such as consultation events, patient surveys, patient groups, committees, an online quality blog and questionnaires.

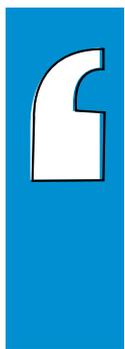
We would like to thank everyone for their valuable contributions, enthusiasm and time in putting together this review of the quality of our services - in particular our patients, without whom it would not have been possible to produce such a comprehensive review from different perspectives.



Statements from third parties

As part of the process for developing this document, we were required to share the initial draft with a range of third parties and publish their responses. Below are the comments we received:

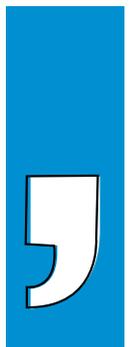
Derbyshire County Council's Adult Health and Care Improvement and Scrutiny Committee offered the following statement about the initial draft of our Quality Account:



The Adult Health and Care Improvement and Scrutiny Committee welcome the opportunity to comment on the Quality Account of Derbyshire Mental Health Trust for 2009/10. The Committee has acknowledged the work undertaken in the past year to improve the quality of services provided by the Mental Health Trust and has noted the areas for improvement during 2010/11 highlighted in the report.



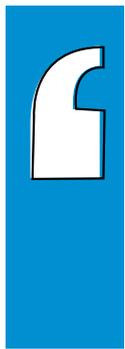
It has been noted by the Committee that there is no mention of the partnership working that exists between Derbyshire Mental Health Service and Derbyshire County Council's Adult Care service, particularly in respect to the delivery of services for people with a Learning Disability and how this partnership working aids in providing quality services. Furthermore, the Committee is concerned by the lack of reference to the Trust's involvement in the Committee's review of 'Access to Healthcare for People with a Learning Disability'. This review made a number of recommendations to the Trust and other health service commissioners and providers in the County. The aim of these recommendations being to improve the patient experience for people with a learning disability (and wider patient groups) when accessing any form of health care in Derbyshire.



Following these comments, further amendments to the final version of our Quality Account were made under the 'how we involve patients to deliver improvements' section of this report.



NHS Derbyshire County offered the following statement about the initial draft of our Quality Account



The Derbyshire Mental Health Services NHS Trust (the Trust) Quality Account 2010 broadly reflects the information received by NHS Derbyshire County (the PCT), the co-ordinating commissioner, through its contract monitoring arrangements. However, the PCT will continue to work with the Trust to ensure there is good progress reporting against the agreed quality measures.

NHS Derby City is supportive of this Statement.

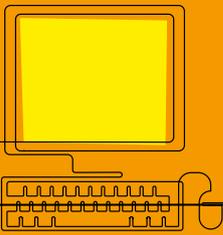
Measuring & Improving Performance

The PCT has improved quality assurance as part of the contract monitoring arrangements. This includes a 'Quality Assurance Group' chaired by the PCT's Director of Clinical Quality & Nursing and attended by Trust Directors. Detailed quality schedules have been agreed which will be monitored through this group.

In October 2009 the PCT joined the Trust and others to review progress towards virtually eliminating mixed-sex accommodation. The review was very positive. The Trust's Quality Account outlines actions to address some of the identified challenges, however it would be pleasing to see other areas addressed such as:-

- methods for monitoring Service User experience of mixed sex accommodation
- options for managing access to same-sex areas on Adult Mental Health wards, as the review noted it was not always possible to observe whether patients strayed into an area designated for the opposite sex.





The Trust will measure patient experience through the Commissioning for Quality and Innovation (CQUIN) framework. The PCT will monitor whether same-sex accommodation features.

The Trust previously provided assurance of compliance with NICE clinical guidelines, however guidelines against which the Trust originally reported partial compliance have been published for a significant time (eg CG 22 Anxiety - 2004, CG 38 Bipolar disorder and Dementia - 2006). Achieving full compliance with these guidelines should be a high priority in 2010/11.

The Trust reported a number of serious incidents to the PCT in 2009 and further analysis revealed a number of recurring themes which had not been completely recognised and acted upon. The Trust has invited the PCT to be involved in its review group to support and gain assurance that these themes are being more thoroughly addressed. The Trust has agreed with the PCT to continue to develop and monitor this area in 2010/11.

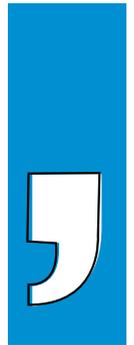
The PCT joined the Trust on its Patient Environment Action Team visit to the Hartington Unit and can confirm that a robust assessment process took place. The Trust is deserving of the score published in this Account.

Additional Comments

The inclusion of a story about the journey of a person with a mental health illness was welcomed as a positive start to the account.

Next year's Account must provide more detail on clinical outcomes, improvements and service changes from patient survey results.

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. The PCT has concerns that the format and language of this Quality Account does not help local people to understand the level of performance.



The comments from NHS Derbyshire County will be included in our evaluation of the content and process undertaken as part of the creation of our first ever Quality Account.

We would like to thank these parties for taking the time to comment on the initial draft of our final Quality Account. We will use the comments made to help us develop the structure and content of our Quality Account in future years.

Membership Form

Title First name Second name
 Date of Birth Gender (male / female)
 Address

 Post code*
 How would you like to be contacted? Phone / Post / Email
 Telephone number
 Email address

Ethnicity (please circle)

- White British White Irish White Other
- Black Caribbean Black African Black Other
- Asian Indian Asian Bangladeshi Asian Pakistani
- Asian Other Other Chinese Other not stated
- Mixed white and black Caribbean Mixed white and Asian
- Mixed white and black African Mixed other
- Unknown

I apply to be a member of the NHS Foundation Trust when it is formally established and be bound by the rules of the organisation. I live at the address I have given. The data you supply will be used only to contact you about the Trust, membership or other related issues and will be stored in accordance with the Data Protection Act.

Signed Date

* indicates mandatory information



If you would like this information in another language or format, such as large-print, audio or easy-read version, please contact the Communications Team on:

01332 623700 ext 3543
Monday - Friday 9am - 5pm

communications@derbysmhservices.nhs.uk

To find out more about our Trust visit:

www.derbyshirementalhealthservices.nhs.uk



Currently available evidence suggests that 1 in 4 people will, at some point in their lives, develop a mental health problem, and as a specialist Mental Health and Learning Disability Trust, we want to ensure that

the people who live in Derbyshire receive the best possible care and treatment.

Foundation Trusts are still part of the NHS, but have powers which enable more local decision making, and investment, to respond to the needs of the community they serve.

Your involvement will help us to significantly improve the way we provide mental health services. The views of our service users, their carers, our local communities, and our staff are very important to us. Complete the form on the back and join us today.



Alan Baines
Chairman

Benefits of Membership

- Membership is free of charge.
- You will receive regular newsletters.
- You will be invited to attend special events and meetings.
- Through surveys and questionnaires, your opinions will help to shape the services we provide.

Who can become a member?

You are eligible if:

- You live in Derbyshire
- Are over the age of 16
- You live in the surrounding areas
- You are a member of staff

How do I become a member?

Complete the form overleaf and send to:

Derbyshire Mental Health Services NHS Trust
Membership Office,
Bramble House,
Kingsway Hospital,
Derby.
DE22 3LZ

Or register on line at:

www.nhs-membership.co.uk/dmh