Quality Account

2020-21

PART 1 - STATEMENT ON QUALITY FROM THE EXECUTIVE

Quality has always been at the heart of the care we aim to provide at University Hospitals of Derby and Burton NHS Foundation Trust (UHDB). From our values of Compassion, Openness and Excellence through to our objectives of putting our patients and our communities for and getting it right first time, the quality of the care we provide is paramount. This has been especially so at a time of global pandemic where care above anything else has made a difference to so many families in our communities.

We have seen what the impact of a COVID-19 admission into an acute hospital has on the individual and on their friends and family. It is a distressing time and since the beginning of the pandemic more than 6,000 people were admitted to our hospitals with COVID-19 alone. If you add all those who have needed care for other injuries and illnesses, the same treatment they previously had but in slightly different circumstances, you can start to see why the care our staff this year has been extraordinary.

The Trust provides services to one million people across diverse communities, some of which have been the most significantly affected in the UK meaning UHDB has seen one of the highest rates of admissions. Due to the dedication and professionalism of our staff and advances in treatments many people returned to their loved ones. Over the course of the pandemic three in four patients were discharged home or to their next place of care.

This has been a whole health and social care response and our partners in social care, primary care, local authorities and the voluntary sector have played an important role in providing services so that colleagues in the acute hospitals could focus on the pandemic. Although our strategy, Exceptional Care Together, focuses primarily on the Trust, the name has resonance with the wider health and social care community across Staffordshire and Derbyshire.

Our Quality Strategy, one of the key enabling strategies to deliver our vision of Exceptional Care Together focuses on 'Putting our patients and communities first' and the associated true North Goal of delivering the 'Safest Care Anywhere'. This is the ambition for the quality of our services; every decision we take from individual patient care to the re-organisation of services should be judged on whether or not it moves us towards providing the safest care anywhere. This Strategy also supports the delivery of our Clinical Strategy, is fully aligned to our People Strategy, and sits alongside national, regional and local priorities.

This year more than ever I'm proud of the care that our staff have delivered.

Quality Priorities 2020 -2025 (based on Quality Strategy 5yr goals)

Provide the Safest Care

WHAT we will do:

We will improve the incident reporting culture within UHDB working towards being within the top 10% of all trusts for incident reporting numbers. The benefits associated with a high level of reporting are well documented, including a means to improve patient safety and helping protect patients from avoidable harm by increasing opportunities to learn. When things do go wrong, the Trust is committed to learning from such events and will do this by being open and transparent in its reporting and investigation of incidents, near misses and deaths.

UHDB has been identified as an early adopter for the implementation of the Patient Safety Incident Response Framework (PSIRF). This approach moves away from the focus being on current thresholds for serious incidents and works towards setting expectations for transparency and support for those affected when incidents occur. This new process includes the development of new processes, training to support improvement methodology, developing new reporting criteria and undertaking thematic reviews. Therefore supporting on-going learning from incidents and embedding service improvements into areas underpinned by change methodology.

The Trust has also introduced the role of onsite Medical Examiners at UHDB and our aim is to ensure we learn from deaths, improve transparency for the bereaved and provide feedback to improve clinical practice. The Medical Examiner role, supports the identification of cases requiring further review which will ensure all potential learning points are identified. The outcomes from structured judgement reviews of deaths will be a key source of information to support improvements in clinical care and practice. We will also continually strive to provide care that is both compassionate and safe.

HOW we will do this:

We will work with staff to help them understand why reporting of all incidents is so important, ensuring they receive a suitable response to issues raised in order that they see the benefit and will continue to identify and escalate future incidents. We will also maximise the learning from all sources of incidents and reports including mortality reviews, serious incidents and near misses, complaints and legal claims in order to identify themes. This will enable us to prioritise areas for improvement and thus support the implementation of the PSIRF in relation to thematic reviews and identifying opportunities for learning. Alongside this we will also work with staff to ensure that all impediments that inhibit reporting are removed and identify patient safety improvement projects based on what data and intelligence, including patient feedback, tells us are key priorities.

All staff will work towards embedding the revised learning from deaths process to support mapping of trends and learning from events. We will also embed a Human Factors approach across all its functions to enhance the way we consider, investigate and respond to incidents, complaints and concerns. We will also support clinical staff to demonstrate compassion in everything they do.

We will MEASURE this by:

- Demonstrating a significant improvement in rates of reporting from incidents and near misses
- Reduction in the number of serious incidents where patients are harmed
- Providing evidence that patient safety improvement projects have resulted in improved outcomes for patients
- Improvement in staff survey outcomes in relation to incident reporting, feeling supported and able to speak up
- Patient survey results will show improvements in patient's view of the care they have received

Become an Organisation Known for its Learning and Clinical Excellence

WHAT we will do:

Our staff will be empowered and able to make improvements to their service through the PRIDE Improvement Practice, this is a collection of tools designed to support all levels of staff with their improvement tasks and projects. These tools are accessible on the internal Intranet for downloading and use to all UHDB staff.

We will map staff across the organisation that already possesses quality improvement skills, experience and qualifications in order to create a resource network to support quality improvement projects. Whilst continuing to develop and embed organisational wide quality improvement processes to further engage and empower staff, building leadership capability, teamwork, trust, communication, commitment and flexibility.

Our improvement capability will be second nature within the organisation – teams will instinctively identify and implement opportunities for improvement

HOW we will do this:

By developing a train the trainer approach to accelerate and embed the PRIDE Improvement Practice we will maximise the number of staff able to access tools, documents and other resources. We will also establish a multi-disciplinary Learning Group to support triangulation of data, identify incident themes and identify key areas for focused improvement work and create a range of opportunities for shared learning including regular Quality Summits, newsletters and an electronic clinical learning portal.

UHDB will acknowledge the innovative responses and service developments made during COVID-19 and learn from both positive and negative experiences so that we can build on them for future development

We will MEASURE this by:

- Increasing the number of staff with PRIDE Improvement Practice capability
- Monitoring the outcome of the improvement and quality projects – evidence of improved patient experience and outcomes
- Incident report themes and trends monitoring - evidence that top themes have changed as a result of quality improvement interventions
- Understanding our 'horizontal deployment' which is the extent to which learning is transferred across the breadth of our organisation

Deliver world-class services through achieving the best outcomes for patients

The quality of the care we provide will be measured by the outcomes we achieve for our patients. Providing a consistently high-quality service for patients includes, not only the clinical care they receive, but also the experience they have whilst in our hospitals, and the compassion they are shown by our staff. These are all things that matter to patients, their families and carers.

Engaging with our patients is key to achieving 'Exceptional Care Together' as they provide an invaluable insight into our services. Patients often have a different perspective on their care which is vital to the continuous development of our services.

WHAT we will do:

We will design and deliver services to reflect what matters most to patients and their families in order to improve the outcomes of our services post the COVID-19 pandemic period, we will work with our regulators to ensure services are designed with patients at the centre of all decisions. We will use patient experience and perspective to shape and improve the services we deliver whilst consistently improving the level of satisfaction our patients have with our services and in turn, reduce the number of complaints relating to harm or repeat issues we receive.

Working with key stakeholder groups we will reflect National Guidelines on social distancing and COVID-19 spread prevention ensuring that the patient's voice is heard. We will also use outcome data to inform our Quality Improvement work and ensure it is fed back into the organisation in a timely and responsive way and that change is embedded and sustained.

HOW we will do this:

UHDB will increase the level and approach to patient and carer engagement whilst supporting the identification and delivery of projects, this will include the development of a coproduction approach. With the recruitment and support of a core group of patient leaders, we will work with staff to support a culture across the Trust that continues to be 'patient centred'; enabling us to achieve Exceptional Care Together. This will be supported by both seeking and responding to patient feedback through a variety of methods including: social media, focus groups and questionnaires.

We will use Trust-wide performance data to inform us of where actions need to be taken and benchmarking against best practice and national guidelines is required. This will include key indicators such as waiting times, delays to treatment unnecessary variation in treatment, discharge processes and readmissions

We will MEASURE this by:

- Complaints - increase in improvements and learning from complaints with a year on year reduction in harm related or repeat complaints
- Patients – increase in Patient Survey and Friends and Family response rates and an increase in feedback as a result of implementing learning
- Use of performance data e.g. readmission rates – analysis of trends to inform areas for improvement and changes in care.

Embed a Quality Culture

Successful, sustained improvement requires not only the right skills and methodology but also the right organisational culture. The culture of UHDB is reflected in the attitude and behaviours of every person working for the Trust, across all departments, all sites and all services. Understanding the complexity of human interactions and relationships (Human Factors), is crucially important in developing and maintaining a culture of quality. Our 'Just Culture' approach advocates that when things go wrong people are generally not the cause of the problem and are very often the solution. In an environment where there are daily pressures we need to establish and support a culture that focuses on learning and supporting quality improvement.

WHAT we will do:

Staff at UHDB will embed a Human Factors approach across all aspects of service design and delivery, clinical and non-clinical services, in order to enhance and enrich learning and deliver sustainable quality improvements. By

applying a 'Just Culture' approach in the reporting, management and learning from incidents and complaints we will enhance the understanding of how errors occur, using our existing risk management processes to identify 'systems factors' that may have impact on Quality and what mitigation can be put in place.

With enhanced leadership skills and teamwork we will improve communication between all staff to support a patient and quality first culture organisation – teams will instinctively identify and implement opportunities for improvement.

HOW we will do this:

A Human Factors Steering Group has already been established, with sub-groups focusing on the key work streams of culture, investigations (incidents and Human Resources) and training. A further work stream relating to projects and procurement is currently being created. UHDB will also look at how a Human Factors approach can enhance the way we consider, investigate and respond to complaints and concerns.

Ensure that all leadership training incorporates this approach to quality and supports a 'Just Culture' across the organisation

We will MEASURE this by:

- Staff survey – demonstrate improvement in our quality culture through the analysis of specific quality indicators in the staff survey
- Patients – Increased Patient Survey and Friends and Family response rates demonstrating an increase in feedback received
- Feedback from leadership training – collate feedback and ensure that the understanding of a "Just Culture" is acknowledged

Continuous Improvement through quality processes and systems

The PRIDE Improvement Practice is UHDB's approach to growing improvement capability and confidence throughout our workforce. We will create an environment to support and encourage everyone to identify and remove waste in our processes and systems and to standardise the way we work internally and across the wider Integrated Care System. In doing this, we will improve patient care by spending quality time on those interactions and tasks that add value to our patients and less on those non value adding activities.

WHAT we will do:

We will continue to develop and disseminate our PRIDE Improvement Practice across the organisation. We will standardise work as this is a key element of continuous improvement and achieving best patient outcomes. For example, standardised practices such as structured ward rounds, handovers and checklists for transfers help reduce unnecessary variation, thereby reducing opportunities for error.

We will build on our existing systems and processes for assuring and improving quality by introducing a comprehensive Quality Management System (QMS). This will provide us with the ability to demonstrate how we consistently meet our patients' needs and regulatory requirements, underpinned by continuous improvement.

HOW we will do this:

The Trust will map staff across the organisation building on our internal faculty of experts who already possess improvement skills, experience and qualifications in order to create a resource network to support quality

improvement projects. The faculty will also be supported to train other interested staff and identify champions. In addition, the Trust will develop plans to introduce Improvement Practice Apprenticeships for members of staff interested in developing improvement capability

A 'Faculty of Quality Improvement' will be created – this is a network of staff at all levels in the organisation who will support improvement interventions either on small scale locally or as part of a larger Trust wide project, such as those led by the Patient Safety Team, Governance and Quality Assurance.

We will MEASURE this by:

- Timeliness of our services including waiting times, length of stay and turnaround times for results
- Number of staff with PRIDE Improvement Practice capability
- Number of staff trained in PRIDE Improvement Practice
- Patients – Increased Patient Survey and Friends and Family response rates and increase in positive feedback
- High level of patient feedback regarding experiences and opportunity to influence change
- Incident report themes and trends monitoring - evidence that top themes have changed as a result of interventions
- Bringing all of these outcomes together, continuously improving our services will result in improved patient outcomes, a better experience for staff and will consume fewer resources

Summary

These priorities enable the delivery of Exceptional Care Together by ensuring UHDB consistently delivers the safest care to our patients and their families.

UHDB will achieve this by embedding a quality and learning culture, consistently improving how we provide care, supported by an integrated quality governance framework in pursuit of our PRIDE ambitions and True North Goals

PART 2 – PRIORITIES FOR IMPROVEMENT AND STATEMENTS OF ASSURANCE FROM THE BOARD FOR 2020-21

This account covers the financial year of 2020-21 across University Hospitals of Derby and Burton NHS Foundation Trust. The first part of the Quality Account details how we performed against last year's Quality Priorities as identified in the 2019/20 Quality Account followed by an overview of organisational quality and patient safety work as well as National and Local performance metrics achieved in 2020-21

As a result of the unprecedented global COVID-19 pandemic, the priorities identified in the Quality Account 2019-20 were not achieved. Despite the challenges of the last 12 months progress has been made against delivering the Quality Strategy 5yr plan, maintaining patient safety in a period of extreme challenge and ensuring the continuation of services as nationally directed.

The following section has been provided by the four divisions demonstrating the challenges they have faced, service demand and changes during the last 12 months and provides insight into their individual journeys during the last year.

COVID-19 and UHDB.

It is important to recognise the impact that COVID-19 has had on our ability to deliver our key objectives. We need to acknowledge that whilst it is vital that we continue to strive for excellence we will require a period of adjustment to new ways of working ensuring we remain realistic about what we expect of our staff and to ensure we maintain their welfare whilst restoring services that have been reduced or halted during the pandemic. Alongside this, we must ensure we keep our patients safe from the on-going risks related to COVID-19.

During the first wave we treated as many as 250 inpatients each day with COVID-19, but this reduced significantly quite quickly. In the second wave, which started in early October 2020, we saw twice the daily number of inpatients rising above 520.

Our Intensive Care Unit (ICUs) have operated at double capacity since October 2020, theatre staff were redeployed to support the ICU expansion. But the prolonged second wave reduced our ability to maintain planned surgical activity and the number of patients waiting longer than 52 weeks has increased significantly.

As a result of the COVID-19 pandemic although reporting has continued there are inconsistencies in the data available and irregularities in line with the fluctuating workload during 2020-21.

We are now beginning to develop plans to restore our services ensuring this backlog is addressed and waiting lists reduced as soon as practicable, it is estimated that this will take more than a year, to clear. It is however still important to stress that all patients waiting have been clinically assessed in person or virtually and are being treated in priority order.

We will plan our recovery in a way which allows our front-line clinical teams to recover with staff wellbeing being central to this recovery, supported by Human Resources, Staff support, Divisional Leaders and the Occupational Team.

Division of Cancer, Diagnostics & Clinical Support

Safest Care.

What have been the challenges?

Reduced Services

At the start of the first lockdown our outpatients services were asked to reduce activity providing assessment and treatment only for urgent cases. This included our Musculoskeletal (MSK) Physiotherapy and Occupational Therapy (OT) services, Specialist Rehab including Parkinson's, Neuro Rehab, Spasticity, Chronic Fatigue, Rheumatology Therapies, Paediatric Therapies, Speech Therapy, Dietetic clinics on all sites. Some of our screening services were reduced and others (Breast screening) stopped because of the increased risk of potentially spreading the COVID-19 infection.

Imaging focused on diagnostics for urgent pathways, restructuring their services accordingly. For services with appointments already booked this required cancelling/rearranging of appointments and setting up phone or video consultations as an alternative to attendances on site at the outpatient department. Face-to-face appointments were only made available for the most urgent cases. Outpatient services had to incorporate time to clean equipment and surfaces between patients, which along with social distancing guidance had reduced the number of slots available to see patients.

Infection Prevention

Prevention of COVID-19 infection spread was our primary focus for all services; both inpatient and outpatient, to ensure that staff and patients remained safe. Staff who were treating patients with Aerosol Generating Procedures (AGP's) needed to be fitted with appropriate masks and taught how to doff and don Personal Protective Equipment (PPE) equipment safely. Understanding when to use the correct PPE was a source of anxiety as guidance changed frequently throughout the early months of the pandemic. Social distancing was also a challenge in many of the Imaging, Pharmacy, Cancer and Therapy areas, as well as in the Pathology labs and office spaces. Space was limited and with the introduction of the 2m rule, distance between desks was identified as being insufficient for all clinicians to work as the same time this made staffing areas very complex and required staff to work differently. The lack of IT equipment also meant that home working was difficult in the early days.

For ward staff maintaining Infection Control procedures meant no visitors to their areas, this was particularly difficult when patients were at the end of their life, which was being increasingly witnessed as the numbers of COVID-19 patients increased. In order to support the pressure on wards, staff from across the Division needed additional training and up skilling to deliver Critical Care and Continuous Positive Airway Pressure (CPAP) to COVID-19 patients. Some departments had staff vacancies going in to and during the pandemic and this was a huge challenge when services were in high demand and they were working extended hours.

Impact on Staff

Some staff from outpatient areas were asked to work on wards for the first time in many years. Whilst this was a challenge there was a sense of community, peer support and camaraderie that helped to ease anxiety about regaining skills and learning to use new systems. Some staff became ill with COVID-19 whilst others were told to shield which had an impact on the individuals, on teams as well as staffing numbers.

Demand on services

For the local population there was reduced access to primary care which lead to a noticeable reduction in referrals (in particular cancer) and therefore delay's to initial assessment and diagnosis.
Demand for UHDB Pathology services rocketed and this led to the teams having to constantly keep abreast of latest developments in new equipment, processes, timelines and reagents.

There was rapid introduction of new tests due to CoOVID-19 i.e. inflammatory markers Polymerase chain reaction test for Coronavirus (PCR), COVID-19 antibody, Point of Care (POC) COVID-19 testing; for which the labs were not set up to manage at the level of demand required and they had to quickly to adapt and respond in line with this demand in their services. In Pathology, maintaining business as usual and absorbing the additional activity & technology due to COVID-19 was a challenge. The hours of the working day not sufficient for activity/demand on the service; recruiting into vacant roles required asking for early / late shifts from staff that were already stretched. The Pathology service was required to respond to surge planning when in recovery phase i.e. General Practioners workload increased as the service was responding to requests for COVID-19 tests.

What have we done?

Up-Skilled and Redeployed Staff

In order to ensure that patients received appropriate and safe care we set up a programme of training to up skill staff to work on wards, to manage the respiratory patient, to prone patients for best outcome, to understand new and unfamiliar medications. Pharmacists and Therapists were up skilled and trained to work in Critical Care. We redeployed staff, supported critical care and CPAP and taught nursing staff how to prone patients with respiratory difficulties.

Drivability services stopped and staff were redeployed to the Discharge Hub delivering medication and equipment to patients' homes.

Our staff supported the Bereavement service with returning patient property to bereaved families; because visiting of wards was being limited this service was essential for grieving families.

We set up virtual consultations in outpatients for our more vulnerable patients. This meant that patients could still receive expert care despite being unable to leave home. Communicating over the phone or video conferencing required staff to expand skills in describing, listening, questioning and interpreting information to ensure that the correct diagnosis was made and treatment advice given.

Pathology redeployed staff into different department i.e. Cytology and Blood Sciences working in Microbiology with departmental (inter) collaboration to assist redeployment. We trained our Pathology staff in new agents and new equipment to test for COVID-19 including point of care testing, which reduced diagnostic time from presentation at the front door to admission.

We continued to educate students and support their placements to ensure that they could complete courses and qualify as clinicians.

Developed Post COVID-19 Support for Staff

The Musculoskeletal Physiotherapy services at Queens Hospital Burton (QHB) and London Road Community Hospital (LRCH) developed staff services to support employees who experienced ongoing symptoms post COVID-19. The Vocational Rehab team developed videos for staff and managers to advise on fatigue management, pacing, anxiety and return to work. This has been adopted by NHSE and included on their website for the general public to access.

Post COVID-19 rehabilitation

Staff can now access physiotherapy of musculoskeletal conditions and post COVID-19 rehabilitation.

The purpose of this support pathway is to, where appropriate, provide rapid access and a single point of entry to colleagues for assessment and treatment.

This new support function is available to all UHDB colleagues across all sites, replacing the previous rapid access routes for MSK that were in place, and can provide access to programming and support for psychological support, post viral fatigue, pain management, joint weakness/pain, respiratory issues and breathlessness, reduced function, MSK or other post-viral related issues experienced.

Staff can access this support by either;

- Self –referral

- Being referred by their line manager

- Being referred by Occupational health

All services across the Division expanded the working day within departments; including Imaging, Therapies, Pathology and Pharmacy. Pathology provided an overnight and weekend service to support rapid delivery of COVID-19 test results. Pathology risk assessed lab processes i.e. handling of samples to minimise infection control risk Because of the increased demand for COVID-19 tests Pathology temporarily stopped providing some low frequency tests. Teams continued to recruit staff despite pressures on the department and management.
Community dietetics supported care homes remotely to ensure that expert advice was available when access to care homes was prevented.

Radiation Protection improvements were continued during the pandemic to ensure safety procedures were brought up to CQC requirements; this was supported by a review of the imaging Governance team and investment in new roles. Regular meetings were set up to support the improvement work; this work is on-going to meet required standards of compliance and will need to continue in order to maintain patient safety. A review of equipment replacement schemes have been escalated to ensure that imaging equipment meets the standards for lowest radiation dose.

Pharmacy supported the Clinical Record Interactive System (CRIS) project to allow access to medicines for patients at home cared for via the virtual ward thus preventing hospital admission. Pharmacy also supported the vaccination programme with management of the supply, storage and delivery of vaccines to the Vaccine Hub. Pharmacists supported as expert advisors and as prescribers in the vaccination hub put in new Patient Group Directions (PGDs) to ensure that vaccinators were fully equipped to draw up and deliver vaccinations. Clinical staff were redeployed to the vaccination hub or worked in the hub additionally to contracted hours.

Processes were put in place for Royal Derby Hospital (RDH) patients who are due to start treatment such as chemotherapy and dialysis to receive the vaccines to reduce the risk of infection- due to immune system
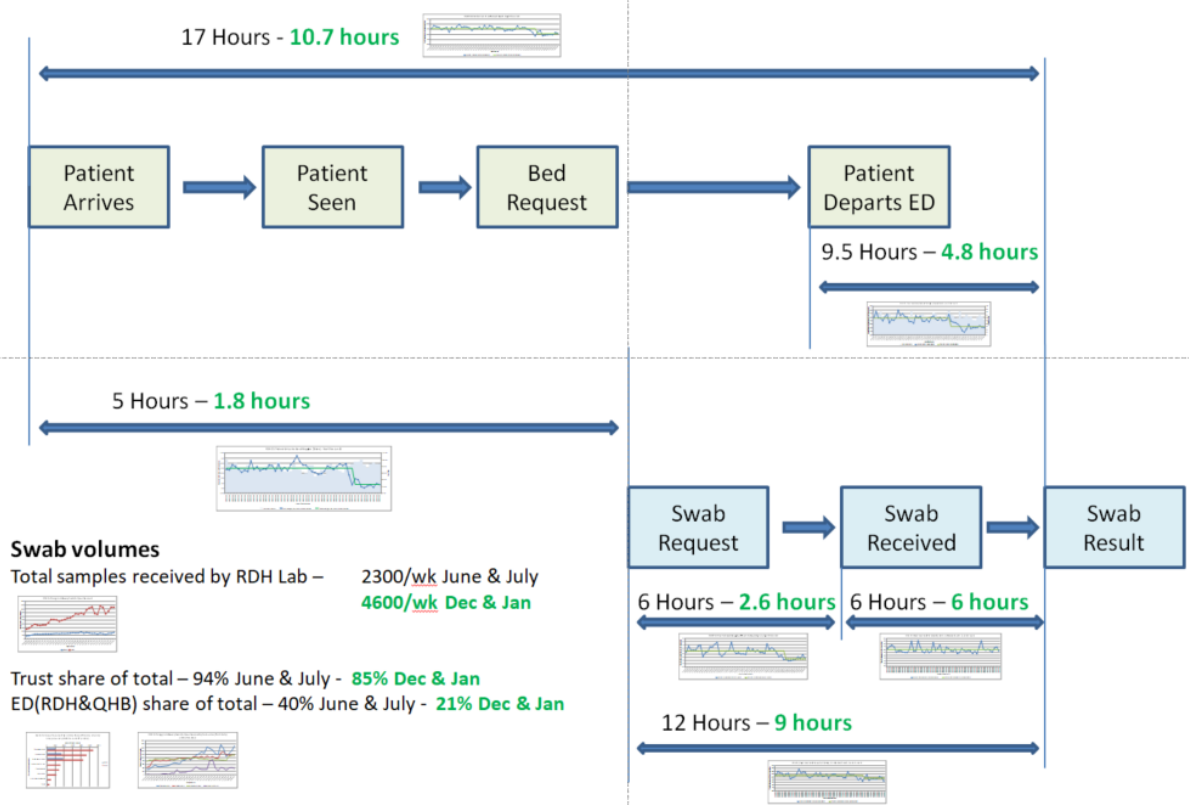
compromise the risk of serious illness and even fatality with infection is high and this group of people need protection from COVID-19 and other transferable viruses.
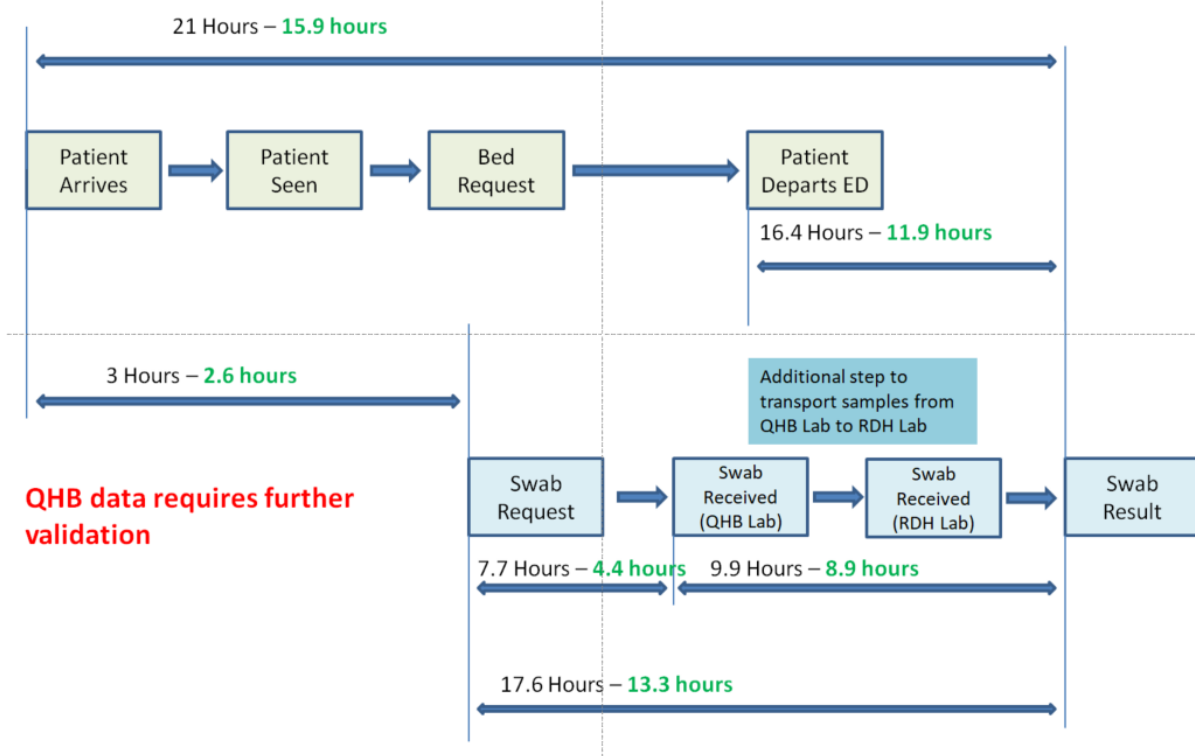
What were the results?

Training videos and staff training sessions were designed and delivered to groups of staff which led up skilling of Physiotherapy staff to deliver optimal patient care and improved outcomes for those patients who were respiratory compromised due to COVID-19. This did contribute to saving lives and supporting patients into recovery. The learning from wave one was carried into wave two of the pandemic and skills were enhanced and expanded as more was learnt about the virus and the effects on the human body.

Up skilling pathology staff to deliver overnight testing and extending hours resulted in reduced time waiting for swab results and therefore decisions on which pathway was needed for admissions were made more rapidly and front door processes improved. This was evidenced on daily operational updates and in Silver meetings where reduced waiting times for swab results and reduced breaches of admission targets were discussed and reports shared.

RDH ED Patient Pathway Including Swabbing (times are averages)

17 Hours - 10.7 hours

Patient Arrives → Patient Seen → Bed Request → Patient Departs ED

9.5 Hours – 4.8 hours

5 Hours – 1.8 hours

Swab volumes

Total samples received by RDH Lab – 2300/wk June & July
4600/wk Dec & Jan

Trust share of total – 94% June & July - 85% Dec & Jan
ED(RDH&QHB) share of total – 40% June & July - 21% Dec & Jan

Swab Request → Swab Received → Swab Result

6 Hours – 2.6 hours | **6 Hours – 6 hours**

12 Hours – 9 hours

QHB ED Patient Pathway Including Swabbing (times are averages)

UKAS SU3 Inspection – Microbiology had a successful visit with 22 findings and positive feedback. Regional inspection of our (unlicensed) aseptic Pharmacy facilities (EL97 audit) was completed virtually. UHDB Pharmacy was assigned the lowest possible risk rating (i.e. the best possible outcome)

Complaint numbers reduced during the first half of the pandemic.

KPI's were maintained in Pathology. Implementation of new equipment and tests into Pathology and reporting of testing as per national requirements was delivered.

Vacancy and turnover rates remained stable or improved in some areas.

Rapid discharge once medically fit was supported by both Therapy and Pharmacy services which in turn supported a reduced length of stay for patients.

How have we shared learning?

Business Unit meetings report and record quality measures, the quality reports are shared on a monthly basis at Divisional Governance with reports on Risks, Incidents, Inquests, Complaints discussed and actions plans agreed. Monthly Risk and compliance meetings are held to discuss the Divisional risks. Monthly Cancer Improvement meetings are held to review compliance with national targets, service and pathway improvements, concerns about waiting times and actions to address them as well as audits of service quality. Each month the Division reports to the Patient Experience Group on service improvements and shared learning. Monthly attendance at and bi-monthly

reporting into the quality improvement group to share escalations and actions taken to reduce risks and to improve patient safety. Videos have been shared on Net-i

Services have shared expertise and experience with other clinicians across Derbyshire and Staffordshire on post COVID-19 management which has enhanced collective knowledge and understanding and therefore improved patient care.

How will we sustain this?

There is a plan to support staff to remain up skilled and competent by providing, on a regular basis, skills updates and training so staff can be rapidly redeployed to areas where they can be most effective should there be a pandemic or requirement for rapid response in the future.

Point of care tests are now established in the Emergency Department (ED), entry points and assessment units including maternity which has improved patient flow to the right place early in their journey through the hospital. Evidence is being gathered about how much of the outpatient work can safely and effectively be delivered virtually. There is an expectation that many services will not return to face to face consultations for all patients but there will be a range of modalities available to meet the needs of the patient.

What are our aims for 21-22?

We aim to restore our outpatient services. We plan to reduce our waiting times particularly where there is a large backlog such as in Sonography and Spasticity. We will continue to introduce quality improvement methodology across services in the Division and train all staff to think about quality improvement in their areas of work, providing forums for sharing good practice

Learning and Excellence

What have been the challenges?

Speed of change during the pandemic meant that services and staff had to respond rapidly and frequently to new ways of working, this meant adapting processes and changing procedures. Keeping all staff fully briefed was difficult especially when there were high levels of sickness in the teams. Staff were displaced and redeployed which meant learning new processes which in turn reduced the pace at which the teacher and the learner could work. Staff at risk needing to work from home were sometimes without equipment or connection to systems and that took time to remedy. Meetings and training were reduced for periods during the pandemic except for essential up skilling. Student placements were also disrupted.

What have we done?

Throughout the pandemic the division have maintained governance processes; incident investigations, introduced a new PSIRF process and undertaken harm reviews. We have worked together to design a new governance processes – which has been continuously improved and amended as new evidence and research came to light.

Shared learning across specialities - Post COVID-19 Forum was established to share knowledge and to update on what services are offering to long COVID-19 sufferers across Derbyshire. Regular Bronze meetings were instigated to share learning and escalate concerns supported by Weekly Divisional meetings which provided the opportunity to share and celebrate good practice across the Division. The staff have adapted to changes well and adopted flexible working from home and shielding staff in order to maintain the Quality Management System where possible for Pathology. The team also introduced and embedded the use of Microsoft Teams for meetings across site to maintain effective communication across Derbyshire Pathology at all levels. We have communicated changes

through regular teams meeting and feedback from Gold / Silver, as well as Carrying out patient surveys to understand their experience of using virtual consultation systems

What were the results?

Research has been carried out in the form of both patient and staff surveys, the outcome measures have provided evidence for the Musculoskeletal Physiotherapy outpatients team in relation to the safety and effectiveness of virtual clinics.

- 44.5% were face to face
- 49% by telephone
- 6.5% by telemedicine.

In comparison, for the same period last year 97% of contacts were Face to Face (F2F) Imaging DMO1 reports indicate changes in performance.

Swab result waiting times have been monitored throughout.

Training records for up skilling of staff were recorded which will be used for understanding competencies if redeployment is enacted as a response to incidents/pressures on critical care and wards in the future.

COVID-19 Vaccine figures - numbers of doses ordered, delivered, wasted, number of reactions to vaccines all recorded and monitored by Pharmacy .

Cancer waiting times which rose and then fell as services altered to meet the needs of patients whilst maintaining infection prevention methodology - focus is now on 62 day waits (table below)
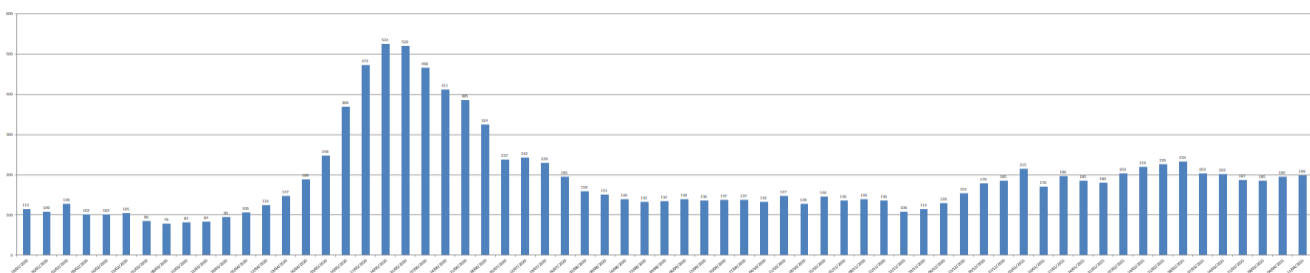
How have we shared learning?
Learning has been shared by a variety of forums which include; Bronze meetings, weekly Divisional Management Team (DMT) and monthly Divisional Delivery Group (DDG) and Divisional Governance meetings.
Business Unit update meetings have been held monthly. Internal communication of Bronze, Silver and Gold updates have been provided to keep staff fully informed.

How will we sustain this?

We are reviewing our processes for sharing information to ensure that good practice and learning is shared across BU.

What are our aims for 21-22?

The Divisional aims include setting up Quality Improvement forums as well as establishing a Lead Clinical Academic post, which will encourage and facilitate research, audit and service evaluation this will be shared across the Division. Post-implementation audits for new equipment and tests, may need to be scheduled for beyond 12 months as there is such a high number of changes to be audited.

Best outcomes for patients

What have been the challenges?

Closure of outpatient areas and reduced face to face appointments had led to an increase in Virtual appointments via internet platforms; as a result of this major change in process some patients have seen delays in on-going referrals for assessment and treatment. Not seeing patients face to face has been challenging for all parties and new skills have had to be developed in order to ensure information is shared by patients in a timely manner and that conditions can be fully understood and assessed.

Social distancing which has impacted on how many patients can be on site or in a department at any time and PPE and cleaning schedules impacted on the number of appointments available, for example in imaging where equipment and waiting areas had to be cleaned after every patient led to reduced attendances
UHDB saw fewer cancer referrals during the pandemic waves and late stage diagnosis and reduced treatment options have increased due in part to these delays in accessing services.

Partners returning back to Obstetric Ultrasound for 12 & 20 week scans has been a challenge due to the restricted space available in U/S rooms and waiting area but the teams have worked to support this reintroduction whilst managing the COVID-19 restrictions.

Support and pharmacy expertise for the COVID-19 vaccination hub has included prescriber support, stock management, provision of a supervising pharmacist, sharing learning with Clinical Commissioning Group (CCG) colleagues, supporting the legal framework to administer the vaccine using both Patient Group Directions (PGD's)/ Patient Specific Direction (PSD's) this has required time and effort to ensure that new governance processes were created and adopted. Staff were redeployed from normal places of work to support this and other COVID-19 responsive services.

The division also provided (large scale) COVID-19 testing for the Trust, which included the development of a new pathway supporting off site surgical swabbing and the Point of Care Testing in Emergency Departments (ED's) and assessment areas, all of which was outside of normal scope of practice.

What have we done?

The division supported the training and competency assessments of staff to support Ward 2 in developing new processes for the delivery of end of life analgesia via syringe drivers. The aims of this service were to reduce the delay in providing adequate pain relief for this group of patients and audits have demonstrated that this has been successful in delivery of pain relief in a timely manner.

The COVID-19 vaccination hub is an example of the division working across professional and organisational boundaries to deliver safe and timely COVID-19 vaccines to our staff, external partners and patients. The pharmacy team input has been critical to ensure safe procurement, supply, minimise wastage, ensure appropriate legal framework for administration, professional advice regarding storage and administration of novel vaccine, prescribing support, governance support, clinical updates and advice for high-risk groups e.g. allergy history and providing vaccines for high risk patient groups across the system.

OT in Vocational rehab produced advice and guidance videos for staff, patients and managers to support with management of long COVID-19 symptoms as a result of this work NHSE have asked permission to use the videos on their website.

Pathology has become part of team through Midlands & East 2 Pathology Network (ME2) network which has been involved in acquiring the new equipment, reagents and amendments to our equipment to facilitate COVID-19 testing. The division have also supported the introduction of Point of Care Testing (POCT) testing for rapid COVID-19 testing ID-Now they have also trained Trust staff - which has seen a 30% increase of POCT within the organisation. A new phlebotomy appointment system Swiftque was introduced at Royal Derby Hospital (RDH) and London Road Community Hospital (LRCH) - supported at Queens Hospital Burton (QHB) Phlebotomy to introduce and manage patients services for clinic appointments.

What were the results?

The Ward 2 London Road Community Hospital (LRCH) Syringe driver audits have been instigated and reviewed on a monthly basis to measure what overall improvements have been made month on month, since the ward opened in January 2020 there has been a documented increase in the timely use of syringe drivers. In November 2020 91% of syringe drivers set up on time or earlier compared to just 62% in August 2020. The team on Ward 2 now feel confident in the administration of syringe drivers and have successfully demonstrated individual competency levels. The timely delivery of medication has improved the care for our patient's with a 75% reduction in PRN usage being reported. The medical team are now effectively communicating changes and new starts to the syringe driver process. The ward has also successfully moved over to use Lorenzo.

How have we shared learning?

The division has shared learning through both the patient experience group and quality improvement group on a regular basis.

How will we sustain this?

The Ward 2 London Road Community Hospital (LRCH) Syringe driver audit will be used to continue to monitor this new process until it becomes fully embedded and sustained into everyday business, then audits will be undertaken to ensure this continues. Matrons are leading on sharing the process for nurses to gain skills in drawing up syringes and setting up drivers on Nightingale Macmillan Unit (NMU) where this will be audited to monitor how the change in practice has been adopted.

Patient surveys will be used as restrictions on face to face appointments are gradually released, the evidence gained during the pandemic will be analysed and used to determine how outpatient appointments are delivered in the future. Working from home will continue to be used were appropriate to reduce congestion on site and maintain compliance with social distancing guidance both from the Trust and Nationally.

Some of the changes have become business as usual for example COVID-19 Polymerase Chain Reaction (PCR) and antibody testing which has included effective liaison with the Trust(s) to ensure Point of Care Testing (POCT) testing roll out is supported and successful whilst pulling back redeployed staff.

What are our aims for 21-22?

The division have several key identified aims for the next year which include, establishing forums for sharing learning and best practice.

The Pathology team want to get all COVID-19 testing UKAS accredited (UKAS The National Accreditation Body for the United Kingdom) plus Imaging and Pathology want to ensure they maintain current UKAS accreditation for all departments where accreditation is required.

Quality Culture

What have been the challenges?

There have been limitations due to the redeployment of staff, standing down of meetings, corporate teams being redeployed to support other areas which has impacted on the lack of agreement on processes and improvement recommendations

What have we done?

The divisional team have been working with the Medical Director of Quality & Safety and the Director of Quality, Clinical Governance, Risk and Compliance to develop a network of staff trained in the development and implementation Quality Improvements (QI). This team will led QI across the division and create a plan supporting the embedding of quality improvement methodology into a variety of teams. They have regular cross Divisional meetings to share thoughts and ideas on how QI can be implemented and how to ensure that staff across the Division are engaged with service improvement.

Our Pharmacy and Imaging teams are revitalising quality improvement groups in their Business Units - Pharmacy Dispensary is looking at stock management and Imaging is reviewing reported errors and working with teams on quality improvement plans to reduce errors.

Pathology prioritised tasks and risk assessed the impact to deliver the most urgent test results to manage the impact of the pandemic. Pathology enrolled on the quality assurance schemes for the Polymerase Chain Reaction (PCR) and Antibody testing

What were the results?

The Cancer Matrons have been considering themes from incidents on the wards and in the Chemo Suite. They are reviewing falls and extravasation, by using quality improvement methodology they aim to work with the teams on identifying improvements could lead to a reduction in incidents.

How have we shared learning?

Learning will be shared through a Quality Improvement Forum that the division are planning to support the sharing of learning and discussing QI.

How will we sustain this?

We will be allocating time in the job plans of the Governance team to train others and embed quality improvement methodology across the Division. This will start when the team have been released from current commitments in the vaccination hub and patient property return service.

What are our aims for 21-22?

Create Quality Improvement Forum. Cascade training in quality improvement methodology, including Plan, Do, Study, Act (PDSA) Project management tool and Kata, across the Division starting with specific groups of staff. We will allocate time in the Governance team job plans to support teams on QI projects acting in a mentoring capacity to enable teams to establish QI and to use the methodology to gain improvements and to measure outcomes.

Quality Improvement

What have been the challenges?

Redeployed teams and disrupted services have impacted on quality improvement. Staff sickness and isolation reduced opportunities for reviewing service delivery and quality improvement projects during the pandemic.
With the governance team being dispersed to support return of Patient Property in the Bereavement Centre and the Vaccination Hub there was less time available to support both governance service and quality improvement projects. The speed of changes has made also made it challenging to focus on improvement. The Division have also been supporting research such as the Recovery trial, the Siren study.

What have we done?

Improvement practice has been introduced and changes implemented in Royal Derby Hospital (RDH) Pharmacy Dispensary, as part of a project to improve rapid discharge processes, both pharmacy and therapy departments provided staffing and expertise in the RDH Discharge Assessment Unit. This project has been through the Plan, Do, Study, Act (PDSA) cycle.

There is now a pharmacy stock management task and finish group in place. This group works closely together with the therapy team to identify critical medicines for COVID-19 patients where patient numbers would significantly increase usage. They continue to track usage against current stock levels and known supply issues identifying alternative formulations, supply routes or developing contingency plans with clinical teams.

The Divisional Governance team, Divisional management team, Pharmacy and Therapies have participated in winter shifts COVID-19 vaccination hub and contributed to hold quality improvement discussions and review changes in practice resulting from shared learning feedback.

Home workstation deployment to support Radiologist and Radiographer colleagues has ensured that services continue to run throughout the pandemic. In order to comply with infection control measures and limit the number of patients in imaging at any time, patient pagers were introduced on both main sites. This allowed patient to return to their car or wait in a COVID-19 safe area between procedures. Work is now underway to review their use in all the community sites.

A new Combined Day Unit (CDU) chemotherapy reaction bleep in use (carried by Combined Triage Assessment Unit (CTAU) team) has been introduced as part of learning from an incidents investigation Patient Safety Review (PSR).

The prosthetics workshop Annual Quality Assurance external audit completed and validated which is an achievement during a pandemic.

All therapy staff worked with Discharge team staff to reduce the duplication in ordering of equipment and removed unrequired equipment requests from the system whilst educating the Discharge staff on what equipment is appropriate for particular patients.

London Road Community Hospital (LRCH) MSK have transitioned to paper-light working using CITO (pilot) (which is a platform for electronic case notes) and has been helping support staff working from home.

The Stroke team supported patients to maintain contact with relatives whilst visiting restricted by the use of iPads, phone calls and a communication champion. This support also included exploring a digital platform to support self-management exercises for post stroke recovery redeployment.

What were the results?

During peak activity, medicines utilised to treat COVID-19 symptoms were tracked on a daily basis to ensure sufficient supplies to treat our patients safely. Pharmacy continue to track usage against current stock levels and known supply issues – identifying alternative formulations, supply routes or developing contingency plans with clinical teams. Managing equipment through the discharge lounge has reduced equipment lost through the trust from the city Clinical Commissioning Group (CCG) contract from £25,000 a quarter to £5,000 a quarter.

How have we shared learning?

Learning is shared through weekly Divisional meetings and Divisional Governance meetings.

How will we sustain this?

The Division is reviewing our Quality Improvement governance structure and processes. The Divisional Governance team have had training in Patient Safety Incident Response Framework (PSIRF) and QI processes and will support the Business Units in their quality improvement projects. The Governance team is gathering information on common themes reported through the Datix system and will be sharing these within the Business Units and will facilitate learning from incidents quality improvement projects.

What are our aims for 21-22?

The aim is to redesign our Governance structure within the Division to give greater focus on Quality Improvement across all Business Units and to establish and formalise means of sharing good practice across the Division with opportunities for departments and specialities to showcase learning and improvement.

Putting patients and communities first	Ultrasonography redesigned their processes to allow partners to attend antenatal ultrasound consultations at 12 and 20 weeks of pregnancy. This required the teams to create new processes which supported infection control whilst permitting partners to be in the room during the ultrasound procedure.

Right first time	Pathology introduced point of care testing in ED and front door assessment units which allowed clinicians to make rapid decisions on where to admit patients. This reduced delay in the early part of the patient pathway. Research evidence on nosocomial infections indicated that transmission of infection was greatest in the early part of the patient pathway through the hospital. Point of Care allowed early diagnosis and reduced waiting times for swab results by hours. Providing PCR testing -with in KPI of 95% in 15 hours Having PCR resilience with different platforms Quality assurance schemes for the PCR and Antibody testing
Investing our resources wisely	Radiographers and radiologists were set up with home stations to be able to review and report on scans and X-rays from home. The additional equipment required to enable home working was an investment as it has allowed the service to continue to run when space due to social distancing was extremely limited in the workplace * ME2/National procurement has ensured that resources have been shared and allocated fairly across the region
Develop and nurture our colleagues	Up skilling of staff who were redeployed to work in areas other than their speciality - Pharmacy in Critical Care, Physio on ICU and CPAP and Respiratory wards, Physio and OT from outpatient areas to work on Inpatient wards - competency training and a buddying system was designed to support staff working in new areas Emphasis on wellbeing for staff - wellbeing champions across the business units who have supported colleagues. Imaging have a wellbeing group which continues to provide ideas, newsletters, competitions, information and signpost to helpful resources
Ensure improvement through effective partnerships	Therapies and Pharmacy worked closely with Discharge Team, Social Services OT and the Improvement Team to establish rapid discharge pathways and to set up an enhanced Discharge Lounge in response to NHSE guidance on Enhanced Discharge * Total engagement from IT departments to support response to different ways of working and getting results out rapidly * Excellent support from our equipment engineers to get new testing equipment up and running

Division of Medicine

Safest Care

What have been the challenges?

Due to the COVID-19 pandemic there have been widespread staffing issues due to sickness and shielding over the past 9 months. This has had an impact on the team morale along with the fear of COVID-19 which has had a direct impact on people's mental health.

Department of Medicine for the Elderly (DME) across both acute sites had to convert wards to COVID-19 cohort wards. There were capacity issues and instances of nosocomial infections whilst recognising the need to care for different patient cohorts, with rapid changes required, including ward moves to support patient flow and safe patient placement. Visiting restrictions were applied in response to National Guidance which presented challenges for staff, patients and their families.

Derby Acute Medicine Business Unit (DAMBU) delivered large-scale departmental moves to accommodate infection prevention and control advice and pathway navigation. Rota changes were required for medical staff to support changes in Departmental/Unit layouts. Restrictions on visiting and accompanying patients to ED impacted negatively on complaints. The division has seen an increase in violence and aggression towards staff in the Emergency Department as well as an increase in Mental Health presentations and requirement for on-going care and treatment.

Ward 409 faced multiple speciality changes, fluctuating acuity and dependency from a range of admission sources and was, on two separate occasions, converted to a cohort COVID-19 ward. There has been a need to rapidly develop and sustain speciality knowledge with a niche skill mix and complex patient base.

Medical Outpatients Royal Derby Hospital (RDH) had to reduce its floor plan and reset its functions within short timeframe while redeploying staff to other areas. This also caused anxiety and disruption across the team.

Dermatology converted services to telephone which was suboptimal for many and NHS Attend Anywhere proved difficult as it was less suitable for dermatology patients. A reduction in clinic capacity because of social distancing limited patient access and a halt to all but most urgent surgical cases during lock down created delays and waiting lists grew further.

The Queens Hospital Burton (QHB) Acute Stroke unit was set up in 2020 with a new way of working including how they received and repatriated patients to a different ward footprint, staffing template and skill mix. COVID-19 activity compounded this challenge with two outbreaks and the repatriation-pathway was put on hold and further ward moves had to take place.

What have we done?

Ward 410 undertook wellbeing schemes including "wellbeing Wednesday" and "feel good Friday." This allowed staff 15 minutes out of the day to get together in small groups to have a time out and monthly staff meetings and separate sisters meetings continued. Ward 410 had 17 new starters across Registered Nurses (RN) and Health Care Assistants (HCA) vacancies and have promoted 5 staff members into a higher band, they also created a second clinical educator post to help improve care quality across the ward and allow staff to feel empowered and supported in their development.

Department of Medicine for the Elderly (DME) highlighted, clear communication with all stakeholders to ensure that all staff members were kept informed and promoted staff fluidity of role and base ward. High numbers of staff moved across to the QHB site to support the staffing challenges. Staff moved specialities to support with the increased requirement for Continuous Positive Airway Pressure (CPAP) beds at Royal Derby Hospital (RDH) site. Teams were empowered to "work differently" to bridge the staffing gaps.

Department of Medicine for the Elderly (DME) also welcomed volunteers and redeployed staff members to become valued members of their teams and support during each of the pandemic waves. Communication groups were set up to ensure any changes were communicated and received in a timely manner. The Multi-Disciplinary Team (MDT) worked closely with patient flow and the discharge team to ensure delays to discharge were minimised.

There was close liaison with the Infection Prevention and Control, Infection Prevention Control Team, and Microbiology to understand sources of nosocomial infection outbreaks and manage the situation resulting in clear adherence to Infection Prevention Control Team (IPCT) guidelines in relation to use of space, social distancing and PPE. The continuation of all IPC audits gave consistent assurance and PPE champions were on all ward areas while Train-the-Trainer fit testers on Department of Medicine for the Elderly (DME) wards were supported by corporate teams. Staff members wearing appropriate PPE, were stationed in specific bays to address urgent needs and rotated more frequently to ensure PPE breaks. Clear escalation routes were set up to challenge inappropriate patient placement and collaboration with Patient Flow/ Infection Prevention Control Team (IPCT) to ensure any necessary moves were facilitated without delay.

Non-clinical support staff / volunteers helped to facilitate virtual visiting in conjunction with the patient experience team and the iPads provided. Plans were agreed with relatives to ensure they remained informed – daily calls to a nominated individual. Support for visitors of vulnerable or End of Life patients while support staff worked with End of Life (EOL) patients to create lasting memories for relatives. Treetops Hospice to provided support sessions for staff following the death of a colleague and Human Resources (HR)/Occupational Health (OH) ensured staff had the opportunity to talk about how they felt, particularly in relation to the numbers of and the types of deaths witnessed. 'Time to talk' sessions were established on wards and delivered locally and staff were encouraged to take regular leave to reduce burnout.

In line with infection prevention control guidance the Division moved the Derby Emergency Department (ED) into three separate areas to improve social distancing of patients and manage suspected COVID-19 cases safely. In response to the increased levels of nosocomial COVID-19 infections Royal Derby Hospital (RDH) Emergency Department (ED) purchased Redirooms to isolate patients whilst awaiting swab results and prior to the implementation of point of care testing. ED Implemented an Urgent Treatment Centre model working with Partners to ensure rapid implementation and continuous improvement.

All the Burton Acute Medicine Business Unit, (BAMBU), Emergency pathways including the Minor Injury Unit, (MIU), created streamlined pathways to manage COVID-19 and non-COVID-19 patients effectively in line with national guidance to maintain two safe streams to prevent cross infection. Close correlation to data, presentations and monitoring national trends allowed for surge-management of both COVID-19 and non-COVID-19 increased attendances.

Burton Acute Medicine Business Unit, (BAMBU), created a more flexible staffing process across all areas, supported by daily staffing reviews onsite across Queens Hospital Burton (QHB) and responded to challenges as they emerged. This was also completed in line with staff with restrictions in place to enable them to continue to work. The Emergency Nurse Practitioner (ENP) team provided a daily in reach service and covered the clinical navigator shift daily for 6 months, in turn the Minor Injury Unit (MIU) team rotated to backfill the Emergency Nurse Practitioner (ENP) team.

The creation of two assessment centres posed a challenge, however staff came to together daily to ensure a safe skill mix occurred. Redeployed staff from corporate teams and outpatients were orientated and supported into the areas. Systems- IT responded to change and updated the tracker and areas to ensure staff could continue to work.

An updated COVID-19 assessment clerking sheet was created to allow a single assessment to be completed to reduce repetition and included prompts from national guidance.
A virtual sticker was created to track COVID-19 status to enable monitoring of Polymerase Chain Reaction (PCR) results.
The introduction of point of care testing allowed for a definitive pathway for patients to follow in ED. The Point of Care Test, (POCT), was linked to Meditech for instant results in the patient notes.
Safety huddles were used across areas, to facilitate responsiveness and identify anything that delayed patient care/journey.

Supporting staff was vital. Clear daily communication allowed for staff to feedback on how processes were feeling and highlight any improvements that were needed.
A 'wobble room' was created in the Emergency Department (ED) and a staff room on Acute Assessment Centre (AAC) and a well-being pack was created by staff for staff, explaining how to access help and support if needed. Staff meetings continued on Microsoft Teams for shielding staff that were supported by their line managers.

First Assessment – Navigation has evolved during the past year and now Minors has moved to fracture clinic , this enabled more directive approaches to the minor injury and illness stream and moved these away from the main department of Emergency Department (ED) at Queens Hospital Burton (QHB).

Derbyshire Healthcare provided streamers and in conjunction BAMBU created a clear navigator stream to simple, complex and major acuity, this is in line with Care Quality Commission (CQC) Reset Project to allow the Emergency Department (ED) to identify the quick and sick to maintain patient safety.

On Ward 409 all Registered Nurses (RN's) were trained and competent in using/ demonstrating the following- enteral feeding tubes, Forced Vital Capacity (FVC) monitoring and escalation of abnormal results, Dyno-monitoring and escalation, seizure management and rescue meds, IViG (Intravenous Immunoglobulin) administration, NG (Naso-Gastric) insertion (coordinators only) all through training and competency package.

Ward 409 routinely used the Discharge Assessment Unit (DAU) to allow for admissions earlier in the day and achieved the Bronze status for Every Day Counts accreditation.

To make sure the Royal Derby Hospital (RDH) Outpatient redesign process was successful they involved the team to gather their opinions and suggestions. Particular members of the team took a lead with the changes and were integral in the success of the process. They devised a checklist and liaised with the consultant team to ensure that the requirements were met.

Dermatology set up a tele-dermatology acne/Isotretinoin service, which proved to be an effective way of delivering care to this group of patients and photo-triaging helped stratify risks accordingly along with a photograph advice and guidance service for adults and children. This provided a rapid response to GP queries.

What were the results?

On Ward 410 there has been a real positive upturn in the work environment, which has resulted in steady improvement in ward matrix results. Continual improvement is being worked on with the clinical educators on the ward.

In Department of Medicine for the Elderly (DME) relative feedback, particularly in relation to End of Life (EOL) care has been phenomenal and very emotive. Peer and senior feedback remained positive and feedback from teams, staff members has been listened to.

At Royal Derby Hospital (RDH) Emergency Department (ED) close working between clinical teams ensured safety and quality was maintained. Quality Impact Assessments (QIAs) were undertaken for the moves and appropriate mitigation put in place for any risks. Some improvements seen toward the latter part of the financial year in Emergency Department (ED) 4 hour performance.

RDH AED 4 Hour Performance
Type 1 & 3 Monthly Trend

Dec-20	Jan-21	Feb-21	Mar-21
52.12%	49.68%	58.92%	70.03%
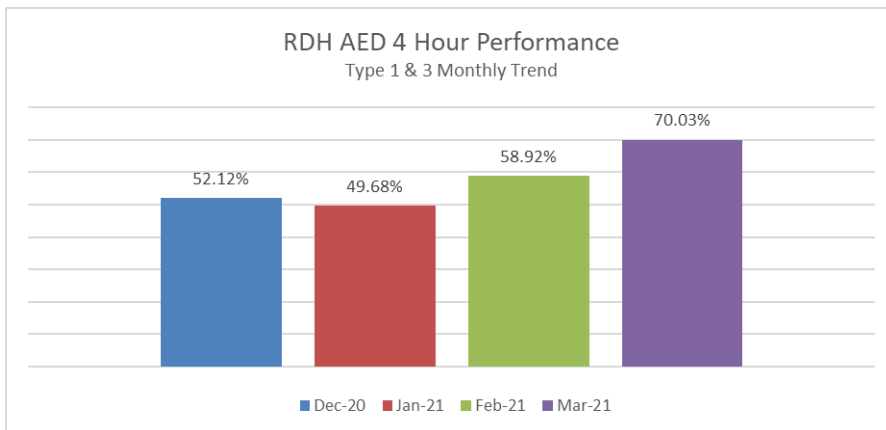
Measuring the impact of the Redirooms will be assessed, but there was a positive impact on closed beds, contact patients and overall nosocomial infection rates.

Ward 409 sustained and continued to develop the Renal Assessment Unit as a service, most recently embedding a formal referral process, which will be rolled out Trust wide and audited. Positive patient feedback in the form of cards, ward donations and verbal feedback was already coming through.

RDH Medical Outpatients measured feedback from the clinicians and resolved issues in real-time. They invited feedback from the patients and the team to develop the service further.

How have we shared the learning?

Ward 410 used a ward WhatsApp group and email updates when more urgent action was taken they also had a communication board and produced a ward newsletter on a monthly basis.

Department of Medicine for the Elderly (DME) shared the learning through Sisters meetings and Business Unit/Divisional meetings. Department of Medicine for the Elderly (DME) produced a Queens Hospital Burton (QHB) COVID-19 newsletter and used closed social media accounts.

The Derby Acute Medicine Business Unit (DAMBU) Presented on the National Frailty Benchmarking Forum about the positive impact of the Redirooms and monthly risk and governance meetings were held for Emergency Department and Acute Medicine to share learning from incidents and changes. Teams communicated via email, closed social media groups and in smaller team meetings to ensure two-way communication was maintained.

How will we sustain this?

Ward 410 staff will have had frequent opportunities to voice their opinions and provide feedback on all ward improvements, all ward sisters and charge nurses are being given teams to support and assist with their development. They will also be supported in creating projects for personal and professional development.

Department of Medicine for the Elderly (DME) will continue to offer regular updates to relatives to support a reduction in complaints themed around a lack of communication. Regular team time out for small groups of staff to support health and wellbeing will continue. Relationships with Discharge teams will be strengthened to support a reduction in delays. Close collaboration will continue with Clinical Governance Advisors to identify themes and trends and inform Quality Improvement work. Department of Medicine for the Elderly (DME) will remain vigilant in relation to Infection Prevention Control Team (IPCT) recommendations and PPE adherence. The Department of Medicine for the Elderly (DME) will build on the fluidity of staff across the division to roll out initially Band 6 rotation through the DME wards.

In Derby Acute Medicine Business Unit (DAMBU) the future of the Redirooms will be considered as part of the wider seasonal and Infection Prevention and Control Strategies. The Acute Front Door redesign business case is underway and the Emergency Department now occupies the space required for this.

What are our aims for 21-22?

Ward 410 will continue to work on ward improvements to improve the patients and staff experience. This includes: display boards, day room revamp, improved equipment and available resources. Ward 410 also aiming to provide staff with a strong and approachable management structure to help them to feel comfortable and fulfilled within the ward environment.

The Department of Medicine for the Elderly (DME) will continue to work with colleagues in the Discharge Business Unit to ensure that there are no avoidable delays for our patients and re-launch Red to Green and Every Day Counts. Create an Infection Prevention Control PSIP to pull together key themes from Infection Prevention Control (IPC) audits and increase compliance. The Department of Medicine for the Elderly (DME) will reduce hospital acquired pressure ulcers using a PSIP to pull together key trends and themes from incident. The Department of Medicine for the Elderly (DME) will use a Falls PSIP to pull together key trends and themes from incident reports and reduce falls. The Department of Medicine for the Elderly (DME) will implement / support "real time" documentation.

The Derby Acute Medicine Business Unit (DAMBU) will continue to focus on improved waits in the Department for Emergency Department (ED) patients and continue to develop the Urgent Treatment Centre (UTC) model to integrate further with primary care, secondary care specialities. The medical assessment unit size will be reviewed ensure improved flow from the Emergency Department (ED), increased direct discharges and improved quality and safety for patients and staff.

Learning and Excellence

What have been the challenges?

The Derby Respiratory Infections Team was set up to address historical issues with guideline concordance, care quality and patient outcomes. There were also issues with low severity patients being managed in hospital rather than as outpatients. Antibiotic stewardship had the potential for safe streamlining of regimens based on rapid

microbiological testing, with earlier decision-making and discharge. COVID-19 has saw a very large number of patients admitted with Community Acquired Pneumonia (CAP), and there was a significant challenge to 1) support these patients in their recovery after discharge, and 2) ensure that patients were identified who had not resolved after 3 months, as defined either by a clearing of infective change on chest radiograph or persisting disabling symptoms.

What have we done?

Burton Acute Medicine Business Unit (BAMBU) teams continue to learn, through a clear governance structure, as departments continue to benchmark against other areas and against national guidance and learn from these, BAMBU used SAM guidance in preparation for the opening of Acute Medical Unit (AMU) and the Royal College of Emergency Medicine standards and guidance (RCEM 50).

Regular auditing and quality audits occurred to ensure delivery of a high standard of care, trends and themes through Datix, complaints and family and friends are monitored.
As a senior team we work closely as multi-disciplinary group to identify clear aims and objectives for the BU, meeting weekly to update and escalate as needed.

The redesign of the Emergency Department (ED) and acute medicine documentation was a step in improving clinical excellence, whilst setting the benchmark of what clerking is expected and automatically filled in the General Practitioner's (GP's) and health visitor letters. This was a risk escalated, that potentially caused delay or lack of information on discharge or follow up. This compliance improved and 97% of all patients were discharged with a General Practitioner's (GP's) letter from the Emergency Department (ED).

The objectives of the Derby Respiratory Infections Team were to:

1. Improve concordance with the National Institute for Health and Clinical Excellence (NICE) and British Thoracic Society (BTS) pneumonia guidelines.

2. Identify patients with low severity Community Acquired Pneumonia (CAP) for outpatient management, implementing early telephone-supported discharge and follow-up, reducing their length of stay.

3. Facilitate streamlining of antibiotic treatment using point-of-care microbiological tests within 48 hours of admission, reducing total amount of antibiotics prescribed both in route and spectrum.

During at the start of COVID-19 we learned all we could about the disease and its treatment, whilst monitoring other areas of UK to learn practices for caring for patients, e.g. proning, target Spo2 (A measurement of blood oxygen saturation levels) and need for more critical care beds. Information was coming through from various sources discussing how clinicians were dealing with COVID-19 and what to expect.

Respiratory Clinical Nurse Specialist (CNS) team at Queens Hospital Burton (QHB) was set up to disseminate this information across the Medical wards as there was a lot of fear and uncertainty and a lack of knowledge of the new disease. Socially distanced training sessions formulated and delivered to staff from medical wards and reached 60 staff in the early weeks of COVID-19. This included oxygen therapy, possible need for Continuous Positive Airway Pressure (CPAP) and what CPAP was, resuscitation guidance with PPE, donning/doffing PPE, Recovery Trial, taking swabs, self- proning for patients that could do this, or re-educating about "high side lying" for patients that were more dependent.

This was followed up by attending ward areas on a regular basis ensuring staff were familiar with proning and re-iterated oxygen therapy and titration, identification of possible ICU patients and referral to CCOT teams, referral to

Recovery trial team and then ensuring dexamethasone, Remdesivir was considered when this was recommended which is a drug approved for treating the SARS-CoV-2 virus. There was a high uptake of referrals to Recovery Trial and a marked improvement in positioning and oxygen titration. A chart was developed for patient-positioning and used by wards to aide nursing care. There were improvements in COVID-19 patients when repositioned from supine to side or prone and this was promoted across the COVID-19 wards.

Respiratory Support Unit on Ward 3 (AKA AIrvo bay) QHB was set up to respond to the third wave of COVID-19 and the resulting increase CPAP and nasal high flow oxygen (NHFO) demand. Staff were trained in high flow oxygen to allow more patients to receive this treatment more safely and aim to reduce ICU requirement. A Standard Operating Procedure (SOP) and admission criteria were developed with respiratory consultant at Queens Hospital Burton (QHB) and Royal Derby Hospital (RDH) and patients were selected by the Critical Care Outreach Team (CCOT) or Respiratory Clinical Nurse Specialist (CNS) teams as suitable to aide resource allocation and reduce inappropriate use of NHFO. Throughout the pandemic, the Respiratory Clinical Nurse Specialist (CNS) team recognised that some patients were remaining in hospital due to being unable to wean off oxygen. Right from the first Intensive Care Unit (ICU) survivor in May 2020 we have supported patients going home with oxygen post COVID-19 but latterly this has developed into a more formal "Virtual Ward" akin to Impact + at Royal Derby Hospital (RDH). This was delivered within a reduced staff template due to redeployment and availability.

Respiratory at Queens Hospital Burton (QHB) also managed to maintain contact with many chronic respiratory patients who were shielding but needed of support and kept a limited clinic going for patients needing rapid follow up for other non COVID-19 issues or medication regimes.

What were the results?

Derby Respiratory Infections Team reviewed 1,336 patients with confirmed CAP. A comparison was made with a pre-intervention Community Acquired Pneumonia CAP cohort prior to COVID-19 pandemic.

Length of stay was reduced when compared with pre-intervention after adjustment for pneumonia severity (low severity 3.4 vs 4.5 days, moderate severity 5.4 vs 7.7 days, high severity 6.5 vs 8.7 days), and readmission rate was unchanged. Mortality was unchanged in lower severity groups (2.7 vs 2.6%), but there was an association with a lower mortality in the high severity group post-intervention (13.1% vs 30.1%). The rate of microbiological diagnosis was almost tripled (28.0% vs 11.4%), and there was a reduction in the amount of broad spectrum antibiotic prescribed (7.5 vs 9.5 days).

Following March 2020 and the arrival of the COVID-19 pandemic, 1,313 patients with pneumonia were reviewed and 749 were supported with discharge between March 2020 and February 2021. Follow up chest radiographs were organised where appropriate and reviewed by the team. An Multi-Disciplinary Team (MDT) format was used to discuss cases that had not resolved, and further investigations and respiratory medical clinic review organised if appropriate. The guideline-concordant clinical care of patients recovering from COVID-19 was profoundly improved by the existence of this service.

An example of patient feedback:

"….Since returning home I have found the follow up phone calls invaluable; offering reassurance that I am sure aided my improvement as it reduced the stress of the on-going symptoms. I am aware that the same advice was repeated to me several times (due to the fact that I kept repeating the same questions) but again I found this very, very helpful and reassuring."

How have we shared the learning?

The Derby Respiratory Infections Team shared learning locally through a hands-on role in educating the medical, nursing, and Advanced Health Practitioner (AHP) teams who are involved in the day-to-day care of patients with Community Acquired Pneumonia (CAP), and have presented at nurse education days in respiratory and Emergency Department (ED).

The Derby Respiratory Infections Team way of working was novel, and the team were keen to disseminate the experience nationally. They presented the model of working and outcomes at British Thoracic Society (BTS) and National Institute for Health and Clinical Excellence (NICE) conferences, and it was written up as a NICE case study example of excellent care, and presented at the Advancing Quality Alliance. NHS health and care quality improvement organisation (AcQUA) quality improvement forum in the North West. The team have also hosted visiting teams from other Trusts (most recently Birmingham and Kettering) who wish to replicate our model.

In recognition of these achievements, the team was proud to win "Respiratory Team of the Year" at the 2020 British Medical Journal (BMJ) Awards.

How will we sustain this?

The Derby Respiratory Infections Team continues to go from strength to strength. Two of the nurse members are in the process of becoming non-medical prescribers, and this will enable them to extend their roles, hopefully facilitating same day emergency care and follow up independent of the admitting teams. The team will continue to grow as a group, and share experiences on a national stage; members of the respiratory infection team hold national level roles in diverse groups including National Confidential Enquiries of Patient Outcomes and Death (NCEPOD), the British Thoracic Society (BTS) infection specialist advisory group and the King's Fund.

What are our aims for 21-22?

The Derby Respiratory Infections Team will continue to grow as a group, fighting to improve outcomes for patients with CAP. Specifically, they have the following goals over the next 12 months:
1. Enhance and facilitate infection control pathways at the front door using novel microbiological testing platforms, aiming for a comprehensive microbiological panel for all patients admitted with an acute infection
2. Extend the nurses' roles by attending educational courses and obtaining prescribing qualifications
3. To fully engage with the Same Day Emergency Care (SDEC) agenda to manage as many appropriate Community Acquired Pneumonia (CAP) patients as possible on an outpatient basis.
4. Participate in research initiatives in collaboration with local academic groups to drive up standards of care

Best outcomes for patients

What have been the challenges?

Both Renal Units had different COVID-19 experiences but, both their stories demonstrated the staff wiliness to work differently. Both units experience shortage of staff through shielding and sickness. The wiliness for Ward 407, home therapy nurses and the research nurses all in some part assist in helping both derby and Lichfield by working alongside their colleagues to dialysis patients on a regular basis.

Maintaining the stroke pathway during outbreaks was a challenge and continuing to provide on-going stroke specific support for patients on discharge, with changes in community services and using the 'Discharge 2 Assessment' pathway was problematic. On Ward 312 the challenge of delivering rehabilitation without relatives was compounded by not having use of communal areas, such as the gym and dayroom for therapy and recreation. Maintaining good communication with relatives was also difficult.

What have we done?

The Renal teams have been flexible in the delivery, in changing work environment, to coping with personal changes which have meant the service has been met. The consultants have been supportive in their roles and meeting to support staff in the day to day demands of the needs of the units meeting ever morning.

The Derby unit created red and green dialysis zones .They learned Haemodialysis patients were more resilient to COVID-19 than feared. The dialysis staff supported Intensive Treatment/Therapy Unit (ITU) in managing dialysis patients and renal replacement therapy training Intensive Treatment/Therapy Unit (ITU). The ward set up additional Dialysis station in the respiratory Ward 404.

The service as a whole was the only unit nationally to increase its patient home dialysis and inpatient capacity. Moving training from a centre point in the dialysis unit to in home placement model. Home therapy trainers went to the patients home to train them to manage their own dialysis in a two week programme. The unit had national and regional network recognition when it increased home therapy rather than decrease its activity to supplement in hospital patient dialysis

The Burton Acute Medicine Business Unit (BAMBU) continue to be monitored by quality indicators around performance and quality data audit, deep dive and analysis of data is vital to understand improvement methods needs to enable the best outcomes for patients . A clear first assessment policy was reviewed and updated to help support the two streams active in Emergency Department (ED) and Minor Injury Unit (MIU). Incidents with harm and near misses are reviewed to work towards improvement projects, with Root Cause Analysis (RCA) feeding into the governance structure.

Ward 312 embraced Information Technology (I.T) by assisting patients with video calling, and invested in tablet computers with the use of charitable funds. Regular updates for the relatives were placed in the notes so they could see when and who has been updated and this was underpinned with meetings to discuss progress and discharge planning with relatives.

Ward 312 Engaged with infection control teams in outbreak meetings, de-cluttered available space to promote social distancing. More regular communication was established between Ward 410 and Ward 312 coordinators, to anticipate transfers and assist with prompt swabbing and identifying potential contact patients.

Ward 312 commenced a project to improve Lying and Standing Blood Pressure (BP) compliance, in line with the aims of Falls prevention group and implemented new self-management folders for patients work on their rehab goals

What were the results?

On Ward 312, after a temporary increase in patient falls, falls reduced. Lying and Standing Blood Pressure compliance improved and training compliance improved. Ward 312 were able to keep flow of patients through the stroke pathway during COVID-19 outbreaks by working closely with ASU and received positive feedback from outbreak team on management.

How have we shared the learning?

From Ward 312 individualised specific care plans were shared across the stroke pathway. Multi-Disciplinary Team (MDT) teaching days were established and the Stroke Patient Information Group (SPIG) group was reinstate (via Microsoft Teams) for stroke survivors to support current patients and there are plans to reintroduction bit-size teaching sessions after Multi-Disciplinary Team (MDT) meetings

How will we sustain this?

Now the Microsoft Teams format is proven, groups will be more sustainable through any future challenges.

What are our aims for 21-22?

Ward 312 aim to ensure national targets are met. They also aim to co-develop a business case to improve stroke community services

Quality Culture

What have we done?

BAMBU created an open and honest culture with feedback, recognising the good factors and acknowledging areas that required improvement, aiming to give constructive feedback and challenge to staff regarding quality metrics.

BAMBU continued to use the lean model of quality improvement of Kata – understanding current process and metrics

A new Pit stop Assessment has been completed and the first assessment at both Minor Injury Unit (MIU) was reviewed in line with current challenges with social distancing.

Women and Children Division
Safest Care

What have been the challenges?

In response to COVID-19-19 pandemic, Children's services temporarily moved onto one site for 6 months. Though children were less severely affected than adults from this illness, the pressure of reduced staffing levels due to sickness and shielding resulted in us bringing our skilled workforce together at Royal Derby Hospital to maintain safe staffing levels and provide safe care to children across Derbyshire and Staffordshire.

During the COVID-19 pandemic, Ward 209 were required to support Medical Outliers which meant that there were few beds to nurse the elective gynaecology oncology patients who still needed surgery. Patients were facing delays to surgery and this potentially could have supported a poor prognosis.

What have we done?

The recent relocation of the Children's Emergency Department due to the COVID-19 pandemic has given the team cause to reflect on the quality and equity of care for children presenting acutely injured or unwell to the front door across UHDB. These reflections together with the core values of the UHDB PRIDE objectives resulted in a significant change to pathways at Queens Hospital Burton (QHB) and Royal Derby Hospital (RDH) in relation to High Dependency Unit (HDU) care and Paediatric assessment pathways.

Putting patients first - means that our children have the right to access the same pathways and quality of care whichever Emergency Department they currently attend.

Right first time - suggests we should be ensuring that children have access to the person best qualified to suit their needs. Co-locating Paediatric Assessment Unit (PAU) to have a single Emergency Department allows this.

Investing our resources wisely - suggests we should avoid the cost of unnecessary admissions and duplication, we should use our staffing efficiently and effectively where they are most needed and in doing this be able to provide even higher quality care.

Developing our People – Having specialised services such as high dependency care as a standalone unit and centralised on one site enables us to maintain specialist skills. The relocation of services to one site improved cross site working which has been maintained since QHBs return

Ensuring Values through Partnerships – improving flow and safety through the emergency department and reducing inpatient admissions fits in with Clinical Commissioning Group (CCG) strategy.

The gynaecology staff from outpatients and Clinical Nurse Specialist (CNS) roles were redeployed to Ward 209 and the day case unit was opened as 24 hour unit. This meant that patients could have their surgery at the appropriate time and were being nursed by a gynaecology team.

What were the results?

The model returned for Paediatric Assessment Unit (PAU) intended as an interim model while additional front door models are explored, has been more in line with Royal College of Paediatrics and Child Health (RCPCH) facing the future standards and has been more time efficient than pre COVID-19 with improved triage and assessment times.

Equally High Dependency Unit (HDU) as a standalone unit supporting critically ill children and young people across Derbyshire and Staffordshire enable us to benchmark positively against national standards.

Ward 209 engaged as part of a working group to embed the concepts and domains of Every Day Counts (EDC) into practice with the aim of achieving Bronze Accreditation. This was achieved by reviewing practices to enhance the quality and experience of the service offered. Ward 209 achieved bronze accreditation in Autumn 2019.

How have we shared the learning?

The speed of change required and reduced our ability to have effective face to face discussions with all staff affected by the changes. The speed of change may have been unsettling initially however the staff adjusted well to cross site working

How will we sustain this?

These practices of cross site working are being developed further for additional staff due to the positive outcomes for learning, development of skill and relationships.

What are our aims for 21-22?

We strive to continually improve health and well-being and aim to grow our Children's Services in collaboration with tertiary centres to provide more specialist services locally. We understand that it is the small things that can make the biggest difference to our patients, their families and staff. When we review and develop services we will fairly represent our patients, families and staff from Staffordshire and Derbyshire

We celebrate excellence, professionalism and kindness.

Learning and Excellence

What have been the challenges?

The pandemic resulted in a challenge to deliver essential face to face training for many reasons:

- Staff shortages (due to shielding)
- Lack of access to our multi-professional colleagues (due to redeployment to other areas and shielding)
- National and Local Social distancing recommendations
- Limited resources and increased time required due to social distancing restrictions.
- General anxiety and moral dilemma of potential impact of an unknown virus versus valuable and essential training to improve outcomes for mothers and babies.

The ten safety actions outlined in the Maternity Incentive Scheme Year 3 did not stop and it was necessary to find ways within the restrictions to continue with training in relation to Safety Action 6 and Safety Action 8.

What have we done?

The impact of the pandemic has resulted in major changes to the way in which training is delivered and utilisation of the available resources, It has been essential that access to the multi-professional team for both facilitators and delegates has been efficient. Microsoft Teams as a mode of delivering virtual learning and facilitation of multi-professional training, discussion and shared learning has been pivotal.

Purchase K2 e-learning system to assess competence of learning and understanding of fetal physiology, access has been given to all Obstetric and midwifery staff. The system has the capability to run reports to provide evidence of compliance.

We have establish ways of uploading and presenting information via Teams which would have been previously carried out in person for example sharing Cardiotocography (CTG) traces via excel which enables us to recreate scrolling through the trace as you would in real life as opposed to snippets of trace in isolation

We wanted to capture the challenges and learning from the children's services workforce so a survey was sent to all consultants and nursing staff to ask for learning and reflection around COVID-19 and opportunities for the future. This was supported by then developed into the artistic conversation below.

What were the results?

The outcome has been that all midwifery and Health Care Assistant (HCA) staff have participated in face to face training of essential areas such as Automated External Defibrillators (AEDs), Obstetric emergencies, Neonatal resuscitation and multi-professional case reviews for intrapartum fetal monitoring. The virtual training including pre-recorded scenarios has not only enabled staff to remain up to date with their training but has also enabled us to be on schedule to meet the target of 90% compliance of all professions for multi-professional training for Maternity Incentive Scheme Yr3 laid out by NHS Resolution by 15th July 2021.

The compliance can be evidenced by recording attendance of the study sessions on the LMS, K2 learning system database and local databases.

How have we shared the learning?

The essence of the training utilises local incidences and case studies to demonstrate learning through assessment, care planning, reflections and exploring the potential threats from human factors and how to mitigate against these.

Multi-professional training enables us to recognise perspectives from different job roles, learn from the experience of the team and learn in a very practical way relating the refresher of theory to the practical issues being discussed. Where possible we will include local systems and processes and embed this with simulations in practice which we have recommended in March 2021.

The above staff feedback was displayed as posters on ward and were used to support activity and plans within the wellbeing team with wellbeing champions from each area.

How will we sustain this?

UHDB Maternity services recognise that a well-trained team is fundamental to a safe service. This commitment and strong leadership will ensure that this commitment continues. The recent Ockenden Report states that multi-disciplinary training and evidence of a training schedule is one of the 7 Immediate and Essential Actions that Trusts must provide assurance of. The Maternity Incentive Scheme Safety Actions will continue to measure our maternity service and Safety Action 6 and Safety Action 8 will give us the opportunity to demonstrate this.

What are our aims for 21-22?

The Divisions aim is to develop and deliver multi-disciplinary team (MDT) training that is responsive to COVID-19 restrictions but also contains the quality training that our staff require. This will be in response to local and national drivers to ensure that its remains the most current and necessary to staff.

Provide assurance internally and externally that UHDB has a highly trained workforce

Best outcomes for patients

What have been the challenges?

Increasing numbers of Complex Young people are attending the Emergency Department in severe distress have increased during the last year and this is outing increased pressure in the Children's Emergency Department and clinical areas. The complexity of these children, involves an interplay between Mental Health disorders, Behavioural Problems, Parental Coping and support and underlying learning disabilities. These patients often have no underlying medical problems but cannot be cared for at home due to concerns about safely or safeguarding. 50% of patients are discharged home directly from the emergency department, but there is a cohort of more complex patients for whom there is no identified or available discharge location deemed to be safe or secure for them to be cared in . This group of children have issues which are not often quickly resolvable and can lead to prolonged Children's Emergency Department (CED) and inpatient ward stays.

This problem is exasperated by Derby being a net importer of looked after children who are at highest risk of developing these problems. In addition to this, Derbyshire Health Care NHS Foundation Trust does not have a 136 suite commissioned for young people, nor is there a Tier 4 unit within the county

This had caused additional challenges to the service including an increase in supervised care requirements on the Children's wards for which the staff template has been insufficient in being flexible to the needs of the service. The division also has business continuity issues with regards adequate space to undertake the supervised care and this has led to beds closured to support the safe management and care of the patients, parents and staff. In addition to these challenges the services has been required to continue to provide the care and management of acutely ill children with medical conditions.

This complex patinet group has also affect staff morale and safety in the last 12 months which is reflected in the most resent staff survey, this detailed a 10% increas in staff reporting that they have experienced physical violoence from a patient/service user in the last year. There has also been an increase in staff reporting assults against them and that they do not feel safe when at work and caring for others within their care.

These challenges to provideing the best outcomes for patients has also impacted on reported patient experience primariliy because of an increased useage of Health Care Assistants (HCA's) to provide 1:1/2:1 observations. Bank staff generally have no specialised training n the managmeent of these complex needs and this can led to escalations in behaviurss when they are unable to effectively assess and treat triggers in a young person's behaviour. The wards are unable to provide coninuity of care and management which leads to a lack of structure to the day causing escalations in behaviours in children with complex needs

The National trajectories to implement Midwifery Continuity of Carer (CofC) are ambitious and it has been acknowledged over this last year that releasing midwives from existing staffing establishment to join a CofC team is

not sustainable. This challenge has been exacerbated by the staffing challenges brought about by the COVID-19 pandemic, without additional investment for recruitment CofC will not be able to progress.

This has resulted in the implementation of additional CofC teams not being progressed in line with UHDBs action plan meaning there are midwives who have submitted an interest to join the next CofC team who cannot be join at this stage, this has in turn led to frustration amongst midwives who have volunteered and are enthusiastic to work in a CofC model and also midwives within current teams who do not have teams to full capacity and the potential for burnout.

Writing a business case to support this work was challenging as there is so much unknown about providing CofC on a larger scale and very few units who have reached this point and can share their learning. The findings from birth rate plus were able to inform this work and confirm our calculations were correct.

What have we done?

The Children's services have undertaken a series of change projects to make an impact on the identified complex patient issue to ensure safety is paramount and maintained within the organisation, these include:

- Rock Solid (an agency that provide behavioural supervision and are trained in restraint) now regularly fill supervision shifts in Children's Emergency Department (CED) and the wards
- Physical space has been reviewed to remove/reduce ligature risks and risk of self-harm, including plans to replace some bathroom doors with 'saloon style' doors
- Risk assessments conducted for all areas in which young people with challenging behaviour might be cared for. These have been used to create laminated plans for each door which highlight for staff and 1:1 supervision the key items that should be removed from the room to reduce risk and the items that cannot be removed and as such additional attention should be paid to.
- Positive behaviour service in place to to help support staff to manage these patients in hospital by identifying behaviour triggers etc., training for staff and working across the system to share key information and plans to enable staff to care for these young people with minimal risks
- Developed and recruited to Strategic case co-ordinator, a senior post to co-ordinate across organisations to ensure timely effective actions to progress discharge start date planned for June 2021
- We are collecting detailed information about delays to discharge and repeat Children's Emergency Department (CED) and ward attenders and sharing this with systems partners to highlight issues and gain traction for actions to progress discharge

Within Maternity, once the situation around staffing was understood a business case was developed to secure funding to address vacancies and support expansion of CofC, this was supported by the Birth Rate Plus review which was completed in March 2021. This has resulted in a two year plan being developed to support the expansion of the CofC programme.

Through the COVID-19-19 pandemic not all areas were able to continue to operate their CofC teams, at UHDB the two teams already in place were able to continue and a third team was launched in May 2020 which shows the commitment from UHDB to CofC.

Engagement work has taken place around the waves of COVID-19-19 to continue communicating the message of CofC in an appropriate manner considering the effect of fatigue within the workforce.

What were the results?

Within the Children's Business Unit there has been some success in managing the concerns relating to complex needs but they are seeing increasingly complex attendances which mirrors the national picture post COVID-19 pandemic. This has made it difficult to show clear benefits due to increased acuity and associated incidents.

All women who have received care through a CofC pathway are provided with an opportunity to complete an evaluation form at the end of their involvement with maternity care. The responses have been extremely positive and women feed back their satisfaction at receiving care through the CofC pathway

When the CofC teams were introduced changes were made to the EPR so all relevant data could be captured for women received care through a CofC pathway. The local data supports the evidence found Nationally that care through a CofC pathway improves clinical outcomes as per the tables below:

How have we shared the learning?

Five engagement sessions for maternity staff have just been completed with a plan to continue monthly sessions, this is supported by posters displayed around all sites and updates provided on the Maternity Professional Forum closed Facebook group including patient feedback. CofC Steering group meetings are held every two weeks and provide an opportunity for updates and discussion around implementation for senior midwives, matrons, Head of Midwifery (HOM), Director of Midwifery (DOM), finance and Human Resources (HR), this group recently includes service user representation from Staffordshire Maternity Voices Partnership (MVP) and shortly Derbyshire Maternity Voices Partnership (MVP) will be attending too.

Separate meetings and updates are provided for the Maternity Voices Partnership (MVP) service user group so they kept up to date on developments on CofC.

Across the region network meetings have been set up over the last year, now supported by the clinical network to share learning across the region from those involved in the development of CofC.

A number of case studies have been developed showcasing the development of the CofC teams at UHDB and shared on the NHSE portal for information for other units.

How will we sustain this?

Within the Children's Service some system and trust specialist roles have been created in recognition of the on-going challenge faced by these patients and the staff caring for them. Developing and building relationship as a system is key to caring for the Children and Young People (CYP) and the creation of effective care and discharge planning and this is on-going as activity increases and complexities are experienced.

Due to the National trajectories and CofC being incorporated in Clinical Nurse Specialist Team (CNST) the implementation of CofC is a must do. The recent business case will support the local implementation by addressing the staffing challenges there have been in a two year phased recruitment approach.

During the setup of the CofC teams a PDSA cycle approach has been taken since the launch in 2019 and amendments made as appropriate.

What are our aims for 21-22?

During 2021/22 the Children Services team want to have a positive impact on the number of incidents of violence against staff whilst ensuring these children have a safe and secure location in which to be cared for. The buisness unit also want to reduce the number of inpatient bed days for children working with the integrated care system and using national investrment to support care in the ciommunity and facilitaing quicker discharges.

Our aims at UHDB during 21/22 are to expand the number of CofC teams across all sites in line with a two year plan. This is dependent on a recruitment drive which is currently underway. Continue to collect data related to women receiving care through a CofC pathway to evidence clinical outcomes and improved patient satisfaction.

Quality Culture

What have been the challenges?

We have a very active youth forum which has not only given children and young people a voice in children's services but we are the first trust to appoint a young Governor therefore providing a voice across the trust.

In the last 12 months during COVID-19 maintaining this voice has been a challenge. Despite children and young people being less severely affected medically than adults from this illness the impact of isolation from friends and family, the loss of routine with schools being closed has had a profound impact on mental health and wellbeing.

What have we done?

March 2020: UHDB Youth Service Digital Youth Service is launched as a result of the pandemic with Youth Club, Youth Forum, education sessions & support groups delivered via Zoom.

What were the results?

The success is evident in the youth forums achievements

- The Youth Forum helped to develop a signposting leaflet for Mental Health & Wellbeing Services to be handed out in clinics
- Worked with Piota to develop the HealthZone UK app. The app is now in use by the Paediatric Diabetes Team at Derbyshire Childrens Hospital allowing education, resources & News to be shared via notifications
- Helped the Patient Experience Team to develop Feedback forms & a Feedback app for patients following a visit to UHDB Paediatrics services
- Spoke at the NHS England Patient Experience national conference on their experience of Transition & their involvement with the Youth Forum
- The Youth Forum helped to develop a signposting leaflet for Mental Health & Wellbeing Services to be handed out in clinics:
- The Youth Forum worked with the Paediatric Diabetes Team to devise a tool to improve patient experience in Clinic. The Clinic Compass allows patients to think about what they wish to speak about ahead of seeing their Medical Team with an aim to "steer" their own consultation/appointment
- Young people fed back to the senior team on the new Inpatient ground rules with focus around developing positive behaviours and better relationships with Ward staff
- Young people helped to develop a daily routine for the Ward to include schooling & education, Play & Youth Work support and clearer timings

How have we shared the learning?

Through the Youth Forum, the Youth Group and UHDB was one of the first Trusts in the country to include young people as members of the Council of Governors.

How will we sustain this?

The youth team are substantively employed and the youth forum is a key priority. The youth clubs and relationship building session with peers support our young people to grow their confidence and commitment to the youth forum.

What are our aims for 21-22?

The Children's business unit are aiming to work closely with the Positive Behaviour Support Service to keep improving care for the young patients within the care or UHDB, to present at the PHS national conference on positive role of the Digital Youth Service throughout the COVID-19 pandemic and to be part of the interview panel for a new youth worker

Quality Improvement

What have been the challenges?

Maternity services nationally are challenged to improve services to meet the required standards identified in Saving babies Lives Care bundle version 2 (SBLCBv2) to ensure robust use of cardiotocogragph (CTG) to assess fetal wellbeing. There are two significant elements:

> 1. There is a requirement for all Trusts to be able to demonstrate that all qualified staff who care for women in labour are competent to interpret cardiotocographs (CTGs), always use the buddy system and escalate accordingly when concerns arise or risks develop.

> 2. Raising awareness amongst pregnant women of the importance of reporting Reduced Fetal Movements (RFM), and ensuring providers have protocols in place, based on best available evidence, to manage care for women who report Reduced Fetal Movements (RFM),. SBLCBv2 recommends the antepartum use of computerised CTG over and above visualised cardiotocographs (CTGs), due to the potential to reduce the risks of human error.

The aim of Saving Babies' Lives Version Two. A care bundle for reducing perinatal mortality (SBLCBv2) is to build on the success of the original Saving babies lives care bundle and contribute to the NHS ambition of achieving a 50% reduction in stillbirths and maternal and neonatal deaths by 2025.

UHDB Trust had been using different processes to assess fetal wellbeing in labour and when women presented with Reduced fetal movements (RFM) over the last few years. Therefore all midwifery and obstetric staff involved in undertaking, reviewing and categorising cardiotocographs (CTGs), across both sites required training and updating to align the service provided to women across the Trust. Additional investment was also required to upgrade CTG machines to ensure that all women presenting with RFM could have a computerised cardiotocographs (CTGs), as recommended without any delay due to equipment.

What have we done?

The maternity services have written and successfully launched a cross site standardised guideline for fetal monitoring which covers both antenatal and intrapartum cardiotocographs (CTGs),. Significant staff training for both midwifery and obstetric staff in new methods of monitoring fetal wellbeing antenatally, assessment methods and the introduction of new paperwork and stickers to support robust assessment processes and documentation has been undertaken In addition the introduction of multi-disciplinary safety huddles when cardiotocographs (CTGs), interpretation is complex, to ensure robust review occurs.

What were the results?

These projects have only very recently been launched and therefore data for outcomes is limited. However data available is positive in improving outcomes. Initial monitoring from the Queens Hospital, Burton (QHB) site maternity unit demonstrates that in the week prior to the introduction of FIGO the Emergency Caesarean Section (EMCS) rate was 27.7%, this reduced to 25% consistently for the first two weeks of implementation. It was also noted that since the launch of the International Federation of Gynaecology and Obstetrics (FIGO) on Queens Hospital Burton (QHB) site there had been no Neonatal Unit (NNU) admissions that were related to fetal monitoring.

How have we shared the learning?

During the implementation phase for Dawes Redman both Royal Derby Hospital (RDH) and Queens Hospital Burton (QHB) sites had Dawes Redman champions working non clinically to provide hands on support to staff. At Queens Hospital Burton (QHB) they also had International Federation of Gynaecology and Obstetrics (FIGO) champions working non clinically to provide hands on support to staff.
Initial data outcomes have been shared with the midwifery and obstetric teams at QHB via group email and
CTG learning is shared on a weekly basis as part of the cardiotocographs (CTGs), clinic which allows a retrospective interactive review of an interesting or difficult to interpret cardiotocographs (CTGs)

How will we sustain this?

This improvement will be included in mandatory training moving forwards and become embedded in practice. Fetal physiology, on which FIGO is based, is part of the current mandatory training provided in maternity. In addition to this CTG interpretation is also included in mandatory training provision. The cardiotocographs (CTGs), clinic provides further regular opportunities for staff to engage in the discussion of cardiotocographs (CTGs), interpretation and for these principles to become well embedded.

What are our aims for 21-22?

A Quality Improvement project is in place and will focus on:

- Correct categorisation of intrapartum cardiotocographs (CTGs), including - hourly reviews and fresh eyes
- Correct categorisation of Antenatal cardiotocographs (CTGs), reviews
- Correct timing of hourly reviews and fresh eyes reviews
- Safety huddle review: Where the appropriate team involved and was an appropriate plan documented.

An audit will be set up to review 5-10 sets of notes per site per week in relation to the criteria.

On-going review of HIE rates, avoidable term admissions to neonatal unit and emergency caesarean section rates for fetal distress.

Division of Surgery

Safest Care

What have been the challenges?

Responding to the challenges that the COVID-19 -19 pandemic has given the division, in terms of ward moves both physically and from a specialty perspective has been particularly challenging. Along with the redeployment of staff to unfamiliar areas and hours of working.

With an increase in delays to accessing services in both primary and secondary care during the pandemic and extended waiting times for a consultation there has been an impacted on the acuity of patients being treated within UHDB.

The management of a very anxious and stressed workforce in unprecedented times with uncertainty and constant changes to guidance has also been challenging for the Division.

What have we done?

We have had very effective communication with all our staff using 2-weekly sisters meetings, matron huddles, Intensive Treatment/Therapy Unit (ITU) working groups, redeployment plans and engagement sessions with theatre staff. We have involved all teams to support from educators, medical teams, admin, nurse specialists, outpatient staff and external colleagues. Communication was key to enable activating plans, engaging the staff in areas most affected and the development of up skilling packages for all staff which were tailored to their new location i.e. ward or ICU. Development of new clinical pathways as the pandemic unfolded and services needed to see patients who were not suffering with COVID-19. We have managed to take our Intensive Treatment/Therapy Unit (ITU's) into a super surge capacity delivering 200% more than they would ordinarily. Restarted elective activity in a specific area with a bespoke pathway to keep them as safe as possible and redesign of theatres to enable segregation from confirmed or suspected COVID-19 patients.

What were the results?

One outcome was a swabbing pathway for all elective patients being commenced to enable the teams caring for the patient to have as much assurance as possible that the patient was not COVID-19 positive. A formal audit was commenced as the surgeons began operating to monitor patients and if they became COVID-19 post operatively or not. The audit showed that the pathway was successful and the patients remained COVID-19 free. When deployed staff could return to their respective areas there were numerous requests for them to remain with their new team, which the division has been working with. Many staff also joined the bank to enable them to keep their new skills and connections.

How have we shared the learning?

Learning is shared cross divisionally via silver, workforce meetings, clinical leaders and feedback at areas such as Trust Delivery Group (TDG), QDDs and quarterly performance meetings. Also at all the divisional meetings such as sisters meetings, matrons, team brief and operational meetings.

How will we sustain this?

All meetings continue and evidence and learning shared including on divisional days and team time outs.

What are our aims for 21-22?

To restore activity to enable more elective patients to be treated and experience long term effects because of extended waiting times for consultation or surgery.

Learning and Excellence

What have been the challenges?

The biggest challenge has been how to manage a service in unprecedented times with minimal knowledge and experience of a global pandemic and the implications on service delivery. The teams were all learning as they progressed through the pandemic waves, increases and decreases of demand and the uncertainty of service requirements and they needed to ensure they shared their experiences of what worked and what did not with other colleagues during the year.

What have we done?

Effective communication with all teams especially mindful to use the teams around the senior management team to help in this such as administration, shielding and additional redeployed staff.

What were the results?

Effective actions taken in a structured way that kept the patients and staff as safe as possible so the division did not see an increase in incidents and staff felt well informed.

How have we shared the learning?

Learning is shared cross divisionally via silver, workforce meetings, clinical leaders and feedback at areas such as TDG, QDDs and quarterly performance meetings. Also at all the divisional meetings such as sisters meetings, matrons, team brief and operational meetings.

How will we sustain this?

All meetings continue and evidence and learning shared including on divisional days and team time outs.

What are our aims for 21-22?

To encourage staff to continue to develop themselves and to be more aware of their own health and wellbeing needs and seek opportunities to access support.

Best outcomes for patients

What have been the challenges?

The challenges have been the opportunity to provide the best outcomes for our patients such as a date for surgery and deliver this to the patient in the safest way possible in a pandemic.

What have we done?

Re assessed all patients and allocate them a category related to urgency of need. They were then allocated a period for surgery based on urgency to ensure the sickest were prioritised. The division then devised plans to support the bed provision for the patients in the elective pathway in a very turbulent situation. The division have developed policies and protocols to support this process and ensure that patients are effectively triaged according to condition, requirements and clinical condition

What were the results?

The division has been able to operate on patients despite the challenges being faced of rising COVID-19 numbers from September onwards, which affected the staff as well. This is measured in performance and sickness reports.

How have we shared the learning?

Divisional days and divisional meetings.

How will we sustain this?

We continue to deliver the green pathway for all elective patients and have increased activity as COVID-19 numbers have once again declined.

What are our aims for 21-22?

To continue to increase activity for elective patients sustaining a surged Intensive Treatment/Therapy Unit (ITU) provision on both sites for the remainder of 2021 into 2022.

Quality Culture

What have been the challenges?

As the 2nd wave of the pandemic hit there was a need to reassess the staffing levels on all the wards as sickness rose and we did not have staffing numbers due to less redeployed staff as we had in wave 1. We experienced an increase in the numbers of staff needing to shield in addition to rapidly increasing sickness levels in most areas of the division. during the 2nd wave of the pandemic the division experienced increased challenges in relation to restricted visiting this impacted on Patients and relatives as they relied on visiting to ensure effective communication and updates regarding loved ones . Patients admitted during the pandemic on either the red or green pathways have had a heighten sense of anxiety as have relatives who have not been able to visit. Ward teams have been supplied with iPads to enable them to contact loved ones but due to the nature of some conversations staff were supporting patients and relatives whilst Goodbyes were being expressed sometimes for staff this was several times in one day.

What have we done?

The division has reassessed the staffing levels on each ward to understand fully what ' safe staffing level' meant for each area. This was challenging as it involved asking tired, scared staff to constantly work below their normal staffing template on every shift. The matrons needed to assess the situations across their areas to ensure basic care could be

given to the patients and to use other resources available to them to help such as admin staff / non-clinical runners to answer phones and hand out meals. It was important to give the staff the permission to give the basic care when ordinarily we would expect the gold standard and nothing less. Staff have needed emotional support and have been really traumatised in some cases by the numbers of patients who have died in their care.

What were the results?

A risk assessment was completed in relation to the staffing levels and the potential impact on care to our patients that could result. This was raised formally with trust senior nursing leads, HR directors and employee relations to ensure all efforts to mitigate were discussed and actioned where possible. There has been a rise in complaints as result of the patients not being allowed to have visitors and being with loved ones at the end of their lives. Initially in wave 1 as telephone consultations began, there was a surge in complaints, as patients were not getting calls when they were expecting them but this was addressed and the complaints stopped.

How have we shared the learning?

Patient experience committee through a Quality Improvement (QI) project around telephone consultation. Through divisional governance structure, senior nurse meetings, matrons meetings, workforce groups and chief nurse meetings.

What are our aims for 21-22?

To mitigate the impact of the on-going challenges the pandemic presents to our staff and our patients but ensuring quality and safety are at the forefront of all we do.

Statement of Assurance from the Board

Information on the number and types of relevant health services

During 2020/21 the University Hospitals of Derby and Burton NHS Foundation Trust provided and/or subcontracted 123 relevant health services.

The University Hospitals of Derby and Burton NHS Foundation Trust has reviewed all the data available to them on the quality of care in 123 of these relevant health services.

The income generated by the relevant health services reviewed in 2020/21 represents 100% of the total income generated from the provision of relevant health services by the University Hospitals of Derby and Burton NHS Foundation Trust for 2020/21

During 2020 / 2021, 67 National Clinical Audits and 2 National Confidential Enquiries covered relevant health services that University Hospitals of Derby and Burton NHS Foundation Trust provides.

During 2020 / 2021, University Hospitals of Derby and Burton NHS Foundation Trust participated in 97% (65) of National Clinical Audits and 100% (2) of National Confidential Enquiries which it was eligible to participate in.

The Trust was eligible but didn't participate in the following National Clinical Audit:

National Ophthalmology Audit
The Trust was unable to participate in the National Ophthalmology Audit as participation required further investment in order to purchase the required software and training package as stipulated by the host organisation.

Trauma Audit & Research Network
The Trust was unable to participate in the Trauma Audit due to delayed recruitment to the Trauma Audit & Research Network (TARN) administrator vacancy which was previously supported by Nottingham University Hospital.

Fracture Liaison Database (Inpatient Falls)
Due to the impact of the COVID-19 pandemic, no data was submitted to the Fracture Liaison Database for Inpatient Falls. The Trust intends to submit data for April 1st 2021 – March 31st 2022.

Surgical Site Infection Surveillance Service
Due to the impact of the COVID-19 pandemic, no data was submitted to the Fracture Liaison Database for Inpatient Falls. The Trust intends to submit data for April 1st 2021 – March 31st 2022.

The National Clinical Audits and National Confidential Enquiries that University Hospitals Derby and Burton NHS Foundation Trust was eligible to participate in during the period are as follows:

National Clinical Audit and Clinical Outcome Review	Host Organisation
Antenatal and new-born national audit protocol	Public Health England
Cardiac Rhythm Management	National Institute for Cardiovascular Outcomes Research
Case Mix Programme	Intensive Care National Audit and Research Centre
Child Health Clinical Outcomes Review Programme – Long term Ventilation in children and young people	National Confidential Enquires in to outcomes and Death

Elective Surgery (National PROMs Programme)	NHS Digital
Falls and Fragility Fractures Audit Programme Fracture Liaison Service Database	Royal College of Physicians
Falls and Fragility Fractures Audit Programme Inpatient falls	Royal College of Physicians
Falls and Fragility Fractures Audit Programme National Hip Fracture Database	Royal College of Physicians
Fractured Neck of Femur (care in emergency departments)	Royal College of Emergency Medicine
Inflammatory Bowel Disease programme Biological Therapies Audit Service Standards	Inflammatory Bowel Disease Registry
Inflammatory Bowel Disease programme Biological Therapies Audit	Inflammatory Bowel Disease Registry
Learning Disability Mortality Review Programme	University of Bristol
Maternal, New-born and Infant Clinical Audit Programme – maternal morbidity and mortality confidential enquiries	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal Mortality surveillance and mortality confidential enquiries	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, New-born and Infant Clinical Outcome Review Programme Perinatal Mortality Surveillance	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal morbidity confidential enquiries	MBRRACE - UK – National Perinatal Epidemiology Unit
Medical and Surgical Clinical Outcome Review Programme In-hospital management of out-of-hospital cardiac arrest	National Confidential Enquiry into Patient Outcome and Death
Medical and Surgical Clinical Outcome Review Programme Dysphagia in Parkinson's Disease	National Confidential Enquiry into Patient Outcome and Death
Myocardial Ischaemia National Audit Project	National Institute for Cardiovascular Outcomes Research
Mandatory Surveillance of	HCAI
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Paediatric Asthma Secondary Care	Royal College of Physicians
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Adult Asthma Secondary Care	Royal College of Physicians
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Chronic Obstructive Pulmonary Disease Secondary Care	Royal College of Physicians
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Pulmonary rehabilitation- organisational and	Royal College of Physicians

clinical audit	
National Audit of Breast Cancer in Older Patients	Royal College of Surgeons
National Audit of Cardiac Rehabilitation	University of York
National Audit of Care at End of Life	NHS Benchmarking Network
National Audit of Dementia (care in general hospitals)	Royal College of Psychiatrists
National Audit of Seizures and Epilepsies in Children and Young People	Royal College of Paediatrics and Child Health
National Audit of Small Bowel Obstruction	South Yorkshire Surgical Research Group/Association of Coloproctology
National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society
National Bowel Cancer Audit	NHS Digital
National British Spine Registry Audit	National British Spine Registry
National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre
National Comparative Audit of Blood Transfusion programme - Medical Use of Blood	NHS Blood and Transplant
National Comparative Audit of Blood Transfusion programme - perioperative management of anaemia in children undergoing elective surgery	NHS Blood and Transplant
National Diabetes Audit – Adults (Core)	NHS Digital
National Diabetes Audit – Adults (Harms)	NHS Digital
National Diabetes Audit – Foot care	NHS Digital
National Diabetes Audit - Inpatient	NHS Digital
National Diabetes Audit – Pregnancy in Diabetes	NHS Digital
National Early Inflammatory Arthritis Audit	British Society for Rheumatology
National Emergency Laparotomy Audit	Royal College of Anaesthetists
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research
National Joint Registry	Healthcare Quality Improvement Partnership
National Lung Cancer Audit	Royal College of Physicians
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists
National Neonatal Audit Programme	Royal College of Paediatrics and Child Health
National Oesophago-gastric Cancer	NHS Digital
National Ophthalmology Audit	Royal College of Ophthalmologists
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health
National Prostate Cancer Audit	Royal College of Surgeons of England
National Vascular Registry	Royal College of Surgeons of England
Sentinel Stroke National Audit programme	Royal College of Physicians

Serious Hazards of Transfusion : UK National Haemovigilance	NHS Blood and Transplant
Society of Acute Medicine Benchmarking Audit	Society of Acute Medicine
Surgical Site Infection Surveillance Service	Public Health England
Trauma Audit & Research Network	Trauma Audit & Research Network
UKCOGS - UK COVID-19 and Gynaecological Cancer Study	
UK Registry of Endocrine and Thyroid Surgery BAETS	British Association of Endocrine and Thyroid Surgeons
UK Renal Registry	UK Renal Registry

The National Clinical Audits and National Confidential Enquiries that University Hospitals of Derby and Burton NHS Foundation Trust participated in during 2020 / 2021 are as follows:

National Clinical Audit and Clinical Outcome Review	Host Organisation
Antenatal and new-born national audit protocol	Public Health England
Breast and Cosmetic Implant Registry	Breast and Cosmetic Implant Registry
Cardiac Rhythm Management	National Institute for Cardiovascular Outcomes Research
Case Mix Programme	Intensive Care National Audit and Research Centre
Child Health Clinical Outcomes Review Programme – Long term Ventilation in children and young people	National Confidential Enquires in to outcomes and Death
Elective Surgery (National PROMs Programme)	NHS Digital
Falls and Fragility Fractures Audit Programme Fracture Liaison Service Database	Royal College of Physicians
Falls and Fragility Fractures Audit Programme **National Hip** Fracture Database	Royal College of Physicians
Fractured Neck of Femur (care in emergency departments)	Royal College of Emergency Medicine
Inflammatory Bowel Disease programme Biological Therapies Audit Service Standards	Inflammatory Bowel Disease Registry
Inflammatory Bowel Disease programme Biological Therapies Audit	Inflammatory Bowel Disease Registry
Learning Disability Mortality Review Programme	University of Bristol
Maternal, New-born and Infant Clinical Audit Programme – maternal morbidity and mortality confidential enquiries	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal Mortality surveillance and mortality confidential enquiries	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, New-born and Infant Clinical Outcome Review Programme Perinatal Mortality Surveillance	MBRRACE - UK – National Perinatal Epidemiology Unit
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal morbidity confidential enquiries	MBRRACE - UK – National Perinatal Epidemiology Unit

Medical and Surgical Clinical Outcome Review Programme In-hospital management of out-of-hospital cardiac arrest	National Confidential Enquiry into Patient Outcome and Death
Medical and Surgical Clinical Outcome Review Programme Dysphagia in Parkinson's Disease	National Confidential Enquiry into Patient Outcome and Death
Myocardial Ischaemia National Audit Project	National Institute for Cardiovascular Outcomes Research
Mandatory Surveillance of	HCAI
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Paediatric Asthma Secondary Care	Royal College of Physicians
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Adult Asthma Secondary Care	Royal College of Physicians
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Chronic Obstructive Pulmonary Disease Secondary Care	Royal College of Physicians
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Pulmonary rehabilitation-organisational and clinical audit	Royal College of Physicians
National Audit of Breast Cancer in Older Patients	Royal College of Surgeons
National Audit of Cardiac Rehabilitation	University of York
National Audit of Care at End of Life	NHS Benchmarking Network
National Audit of Dementia (care in general hospitals)	Royal College of Psychiatrists
National Audit of Seizures and Epilepsies in Children and Young People	Royal College of Paediatrics and Child Health
National Audit of Small Bowel Obstruction	South Yorkshire Surgical Research Group/Association of Coloproctology
National Bariatric Surgery Registry	British Obesity and Metabolic Surgery Society
National Bowel Cancer Audit	NHS Digital
National British Spine Registry Audit	National British Spine Registry
National Cardiac Arrest Audit	Intensive Care National Audit and Research Centre
National Comparative Audit of Blood Transfusion programme - Medical Use of Blood	NHS Blood and Transplant
National Comparative Audit of Blood Transfusion programme - perioperative management of anaemia in children undergoing elective surgery	NHS Blood and Transplant
National Diabetes Audit – Adults (Core)	NHS Digital
National Diabetes Audit – Adults (Harms)	NHS Digital
National Diabetes Audit - Inpatient	NHS Digital
National Diabetes Audit – Pregnancy in Diabetes	NHS Digital
National Early Inflammatory Arthritis Audit	British Society for Rheumatology
National Emergency Laparotomy Audit	Royal College of Anaesthetists
National Heart Failure Audit	National Institute for Cardiovascular Outcomes Research
National Joint Registry	Healthcare Quality Improvement Partnership

National Lung Cancer Audit	Royal College of Physicians
National Maternity and Perinatal Audit	Royal College of Obstetricians and Gynaecologists
National Neonatal Audit Programme	Royal College of Paediatrics and Child Health
National Oesophago-gastric Cancer	NHS Digital
National Ophthalmology Audit	Royal College of Ophthalmologists
National Paediatric Diabetes Audit	Royal College of Paediatrics and Child Health
National Prostate Cancer Audit	Royal College of Surgeons of England
National Vascular Registry	Royal College of Surgeons of England
Sentinel Stroke National Audit programme	Royal College of Physicians
Serious Hazards of Transfusion : UK National Haemovigilance	NHS Blood and Transplant
Society of Acute Medicine Benchmarking Audit	Society of Acute Medicine
Trauma Audit & Research Network (TARN)	Trauma Audit & Research Network
UKCOGS - UK COVID-19 and Gynaecological Cancer Study	
UK Registry of Endocrine and Thyroid Surgery BAETS	British Association of Endocrine and Thyroid Surgeons
UK Renal Registry	UK Renal Registry

The National Clinical Audits and National Confidential Enquiries that University Hospitals of Derby and Burton NHS Foundation Trust participated in, and for which data collection was completed during 2020 / 2021 are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of the audit or enquiry:

SITE KEY
QHB QUEENS HOSPITAL BURTON
RDH ROYAL DERBY HOSPITAL
UHDB UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST

National Clinical Audit and Clinical Outcome Review	% Cases	Site
Antenatal and new-born national audit protocol	Outstanding – Awaiting detail	UHDB
Breast and Cosmetic Implant Registry	Outstanding – Awaiting detail	UHDB
Cardiac Rhythm Management	100%	RDH
Case Mix Programme	100%	UHDB
Child Health Clinical Outcomes Review Programme – Long term	100%	RDH

Ventilation in children and young people		
Elective Surgery (National PROMs Programme)	100%	UHDB
Falls and Fragility Fractures Audit Programme Fracture Liaison Service Database	100%	UHDB
Falls and Fragility Fractures Audit Programme **National Hip** Fracture Database	100%	UHDB
Fractured Neck of Femur (care in emergency departments)	Outstanding – Awaiting detail	UHDB
Inflammatory Bowel Disease programme Biological Therapies Audit Service Standards	Outstanding – Awaiting detail	UHDB
Inflammatory Bowel Disease programme Biological Therapies Audit	Outstanding – Awaiting detail	UHDB
Learning Disability Mortality Review Programme	100%	UHDB
Maternal, New-born and Infant Clinical Audit Programme – maternal morbidity and mortality confidential enquiries	100%	UHDB
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal Mortality surveillance and mortality confidential enquiries	100%	UHDB
Maternal, New-born and Infant Clinical Outcome Review Programme Perinatal Mortality Surveillance	100%	UHDB
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal morbidity confidential enquiries	100%	UHDB
Medical and Surgical Clinical Outcome Review Programme In-hospital management of out-of-hospital cardiac arrest	100%	UHDB
Medical and Surgical Clinical Outcome Review Programme Dysphagia in Parkinson's Disease	100%	UHDB
Myocardial Ischaemia National Audit Project	100%	UHDB
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Paediatric Asthma Secondary Care	Outstanding – Awaiting detail	UHDB
National Asthma and Chronic Obstructive Pulmonary Disease	Outstanding – Awaiting detail	UHDB

Audit Programme Adult Asthma Secondary Care		
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Chronic Obstructive Pulmonary Disease Secondary Care	Outstanding – Awaiting detail	UHDB
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Pulmonary rehabilitation- organisational and clinical audit	Outstanding – Awaiting detail	UHDB
National Audit of Breast Cancer in Older Patients	Outstanding – Awaiting detail	UHDB
National Audit of Cardiac Rehabilitation	Rehab – 46% Event - 93% Patient - 93% Assessment - 62%	RDH
National Audit of Care at End of Life	Data collection for 2020 cancelled due to COVID-19	UHDB
National Audit of Dementia (care in general hospitals)	100%	UHDB
National Audit of Seizures and Epilepsies in Children and Young People	Outstanding – Awaiting detail	UHDB
National Audit of Small Bowel Obstruction	Outstanding – Awaiting detail	UHDB
National Bariatric Surgery Registry	100%	UHDB
National Bowel Cancer Audit	100%	UHDB
National British Spine Registry Audit	100%	RDH
National Cardiac Arrest Audit	100%	UHDB
National Comparative Audit of Blood Transfusion programme - Medical Use of Blood	100%	UHDB
National Comparative Audit of Blood Transfusion programme - perioperative management of anaemia in children undergoing elective surgery	Outstanding – Awaiting detail	UHDB
National Diabetes Audit – Adults (Core)	Extension of data submission deadline to 30/06/2021	UHDB
National Diabetes Audit – Adults (Harms)	Extension of data submission deadline to 30/06/2021	UHDB
National Diabetes Audit - Inpatient	Data collection for 2020 cancelled due to COVID-19	UHDB
National Diabetes Audit – Pregnancy in Diabetes	Outstanding – Awaiting detail	
National Early Inflammatory Arthritis Audit	100%	QHB
National Emergency Laparotomy Audit	100%	UHDB

National Heart Failure Audit	100%	RDH
National Joint Registry	100%	UHDB
National Lung Cancer Audit	100%	UHDB
National Maternity and Perinatal Audit	Outstanding – Awaiting detail	UHDB
National Neonatal Audit Programme	Outstanding – Awaiting detail	UHDB
National Oesophago-gastric Cancer	100%	UHDB
National Paediatric Diabetes Audit	100%	UHDB
National Prostate Cancer Audit	100%	UHDB
National Vascular Registry	100%	UHDB
National audit of seizure management in hospitals	Outstanding – Awaiting detail	UHDB
Sentinel Stroke National Audit programme	Outstanding – Awaiting detail	UHDB
Serious Hazards of Transfusion : UK National Haemovigilance	100%	UHDB
Society of Acute Medicine Benchmarking Audit	100%	UHDB
UKCOGS - UK COVID-19 and Gynaecological Cancer Study	Outstanding – Awaiting detail	UHDB
UK Registry of Endocrine and Thyroid Surgery	100%	UHDB
UK Renal Registry	100%	UHDB

The reports of 55 National Clinical Audits were reviewed by the provider in the reporting period of 2020/ 2021 and University Hospitals Derby and Burton NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

SITE KEY
QHB   QUEENS HOSPITAL BURTON
RDH   ROYAL DERBY HOSPITAL
UHDB UNIVERSITY HOSPITALS OF DERBY AND BURTON NHS FOUNDATION TRUST

National Clinical Audit and Clinical Outcome Review	Site	Action been taken to improve quality
Antenatal and new-born national audit protocol	UHDB	Report delayed due to COVID-19 Pandemic
Breast and Cosmetic Implant Registry	RDH	• The Registry is working with organisations to improve data quality to ensure statistical robustness of future reporting.
Cardiac Rhythm Management	UHDB	Awaiting publication date from the national body
Case Mix Programme	UHDB	The report was reviewed by the audit lead and no actions were required as the Trust exceeded the benchmark standard.

Child Health Clinical Outcomes Review Programme – Long term Ventilation in children and young people	UHDB	The report was reviewed by the audit lead and the resulting actions are: • Ensure local RDH list / data base is in place • Emergency physiotherapists to be available 24/7
Elective Surgery (National PROMs Programme)	UHDB	The report was reviewed by the audit lead and a resulting actions are: • The Trust is a positive "outlier" with pre-operative questionnaires returned – a headline participation rate of 108.3% (86.5% in England) • Post –operative questionnaires sent out, and returned - a response rate of 58.8% (59.6% in England)
Falls and Fragility Fractures Audit Programme (FFFAP) – Fracture Liaison Service Database	UHDB	Report was delayed due to COVID-19 pandemic and issued 13th May 2021. This will be included in the 2021/2022 Quality Account Submission.
Falls and Fragility Fractures Audit Programme Inpatient falls	UHDB	The report was reviewed by the audit lead and a resulting actions are: • The Trust continues to investigate all falls with harm as part of the Patient Safety Incidence response framework. • Learning takes place locally and is directly linked from patient safety review in the area to understand
Falls and Fragility Fractures Audit Programme National Hip Fracture Database	UHDB	The report was reviewed by the audit lead and a resulting actions are: • RDH is a positive "outlier" with 30-day mortality - with adjusted 30 day mortality in 2018 that was better than the lower 95% limit • QHB scoring above the National average exception of prompt mobilisation 79.3% against the national average of 81%
Fractured Neck of Femur (care in emergency departments)		Report delayed due to COVID-19 pandemic – due Summer 2021. This will be included in the 2021/2022 Quality Account Submission.

Inflammatory Bowel Disease programme Biological Therapies Audit Service Standards		Report delayed due to COVID-19 pandemic – due Summer 2021. This will be included in the 2021/2022 Quality Account Submission.
Inflammatory Bowel Disease programme Biological Therapies Audit		Report delayed due to COVID-19 pandemic – due Summer 2021. This will be included in the 2021/2022 Quality Account Submission.
Learning Disability Mortality Review Programme		Report delayed due to COVID-19 pandemic – due May 2021. This will be included in the 2021/2022 Quality Account Submission.
Maternal, New-born and Infant Clinical Audit Programme – maternal morbidity and mortality confidential enquiries		Awaiting publications date from the national body
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal Mortality surveillance and mortality confidential enquiries		Awaiting publications date from the national body
Maternal, New-born and Infant Clinical Outcome Review Programme Perinatal Mortality Surveillance		Awaiting publications date from the national body
Maternal, New-born and Infant Clinical Outcome Review Programme Maternal morbidity confidential enquiries		Awaiting publications date from the national body
Medical and Surgical Clinical Outcome Review Programme In-hospital management of out-of-hospital cardiac arrest	UHDB	Report issued in April 2021 and will be included in the 2021/2022 Quality Account
Medical and Surgical Clinical Outcome Review Programme Dysphagia in Parkinson's Disease	UHDB	Awaiting publications date from the national body
Myocardial Ischaemia National Audit Project		Awaiting publications date from the national body
National Asthma and Chronic Obstructive Pulmonary Disease (COPD) Audit Programme Paediatric Asthma Secondary Care		Awaiting publications date from the national body
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Adult Asthma Secondary Care	UHDB	The report was reviewed by the audit lead and a resulting actions are: • Work continues to improved processes of care and outcomes when patients are seen by a member of the specialist team. • A care bundle was delivered in 69.2% of patients seen by a

		member of the specialist team and in only 8.3% of those who did not. • Patients who received a respiratory specialist review were also between 7 and 24 times as likely to receive individual elements of the discharge bundle compared with patients who did not.
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Chronic Obstructive Pulmonary Disease Secondary Care		Awaiting publications date from the national body
National Asthma and Chronic Obstructive Pulmonary Disease Audit Programme Pulmonary rehabilitation- organisational and clinical audit		Awaiting publications date from the national body
National Audit of Breast Cancer in Older Patients	UHDB	The report was reviewed by the audit lead and a resulting actions are: • The Trust exceeds Cancer Nurse Specialist national benchmark • Multi-Disciplinary Team to be held to address • Data Quality improvement and M stage recording • A Review of RT after Breast Conserving Surgery after surgery
National Audit of Cardiac Rehabilitation	UHDB	The report was reviewed by the audit lead and the resulting actions are: • QHB the benchmarking for cardiac arrest per 1000 admissions has fallen to match the national average as identified in this quarter 2 report. Overall patient survival to discharge has gradually increased over the last 3 years. This is currently at 35.3% within the quarter 2 report. • RDH Patient survival to discharge percentage remains consistent at 27% - 29.3% • Resuscitation Team calls and cardiac arrests are monitored, retrospective reviews will continue to be undertaken and reported to

		identify potential issues relating to ReSPECT or escalation.
National Audit of Care at End of Life	UHDB	The report was reviewed by the audit lead and a resulting actions are: • An independent review has been commissioned by the Trust to assess the services around recognising the dying patient • An external lead has been identified in relation to this work • Continue to deliver the education programme across all UHDB sites • Develop a business case for a second EoLC facilitator to be based at Queen's Hospital to help embed the individualised care plan for the dying and expand the education • Reinstate bereavement surveys and complaint monitoring.
National Audit of Dementia (care in general hospitals)		Awaiting publications date from the national body
National Audit of Seizures and Epilepsies in Children and Young People		Awaiting publications date from the national body
National Audit of Small Bowel Obstruction		Awaiting publications date from the national body
National Bariatric Surgery Registry		Awaiting publications date from the national body
National Bowel Cancer Audit		Awaiting publication date from the national body
National British Spine Registry Audit	Derby	The report was reviewed by the audit lead and a resulting action is: Numbers low reflecting a decrease in elective activity. Follow up data rates are lower due to the introduction of virtual clinics.
National Cardiac Arrest Audit		Outstanding – Awaiting detail
National Comparative Audit of Blood Transfusion programme - Medical Use of Blood		Awaiting publication date from the national body
National Comparative Audit of Blood Transfusion programme - perioperative management of		Awaiting publication date from the national body

anaemia in children undergoing elective surgery		
National Diabetes Audit – Adults (Core)	UHDB	The report was reviewed by the audit lead and a resulting actions are: • Care processes completed by all member of the MDT, including DSNs and dieticians • Consider moving all RDH diabetes clinics to system one ensuring seamless working between primary and secondary care • All MDT staff to document discussions during consultations • Examine staffing levels, pathways and MDT cross site working to ensure increased access to structured education, insulin pumps, flash glucose monitoring and intensive support.
National Diabetes Audit – Adults (Harms)		Awaiting publication date from the national body
National Diabetes Audit - Inpatient	UHDB	The report was reviewed by the audit lead and a resulting action is: • During 2020 we have taken measures to extend our ability to provide staff cross-cover between Derby and Burton diabetes sites. We are actively investigating more substantive long-term options including: • Further integration and cross-site cover for staff, policies, processes and shared learning • The establishment of a collaborative system approach to strategic planning. This includes representatives from secondary care, community care, primary care, commissioners, patient representation and others to drive forward priorities as a system

		• Further investment in the workforce has been sought to help mitigate demand and cover key positions that currently have gaps, such as more dietetic time to help patients proactively manage their disease.
National Diabetes Audit – Pregnancy in Diabetes		Awaiting publication date from the national body
National Early Inflammatory Arthritis Audit	UHDB	Outstanding – Awaiting detail
National Emergency Laparotomy Audit	UHDB	The report was reviewed by the audit lead and a resulting action is: • Mortality has fallen to below the national average • Case ascertainment exceeding the national benchmark • Work continues to improve risk documentation • Admission to critical care when mortality is estimated to be above 5% has improved • The proportion of patients over 65 seen by elderly care specialists exceeding the national benchmark • Low ward to critical care rate for post op patients exceeding the national Benchmark • Low return to theatre rate exceeding the national benchmark • Maintain risk documentation across all medical staff involved in peri-operative journey; to ensure appropriate post op destination • Surgeons and Critical Care clinicians to ensure there are similarly resourced pathways for acute surgical patients on both sites.
National Heart Failure Audit		Awaiting publication date from provider

National Joint Registry	UHDB	The report was reviewed by the audit lead and a resulting actions are: • Exceptionally low revision rates for hip and knee replacements • Outstanding outcomes across the Trust • RDH is listed as one of nine units with better than expected revision rates for hip replacements since 2010. The Derby Nuffield is also in that list • RDH is one of 19 units with better than expected revision rates for knee revision since 2010. Again, the Nuffield Derby is also listed.
National Lung Cancer Audit	UHDB	The report was reviewed by the audit lead and a resulting actions are: • Increase in Early-stage diagnoses • Reduction in Late-stage diagnoses • Increase in 1-year survival in stage III patients) • More patients received access to specialist nursing • Excellent data completeness exceeding the national benchmark
National Maternity and Perinatal Audit. (Sprint Audit)	UHDB	Awaiting publication date from the national body
National Neonatal Audit Programme		Awaiting publication date from the national body
National Oesophago-gastric Cancer		Awaiting publication date from the national body
National Paediatric Diabetes Audit	UHDB	The report was reviewed by the audit lead and a resulting action is: • The Trust exceeds the benchmark standard for outcomes in England and Wales.
National Prostate Cancer Audit	UHDB	Awaiting planned publication date
National Vascular Registry	RDH	The report was reviewed by the audit lead and a resulting action is: • Low numbers of carotid artery surgeries performed at RDH. • QH B hyper-stoke unit and the repatriation of QHB vascular work

		in general from Stoke is expected to increase numbers in 2021.
National audit of seizure management in hospitals	UHDB	The report was reviewed by the audit lead and a resulting actions are: • Review reporting in regards to follow up arrangements for new and existing patients • Audit patients discharged from ED following a seizure looking particularly at documentation of advice provided. Followed by targeted actions to improve our performance.
Sentinel Stroke National Audit programme	UHDB	Outstanding – Awaiting detail
Serious Hazards of Transfusion : UK National Haemovigilance	UHDB	The report was reviewed by the audit lead and a resulting action is: • The Trust has a governance process in place which incorporates learning from incidents that is shared with the relevant teams, division or Patient Safety Group. To inform practice/policy development and training programs.
Society of Acute Medicine Benchmarking Audit	QHB	The report was reviewed by the audit lead and a resulting actions are: • Audit to be undertaken to Improvement documentation around the recording time of arrival and Early Warning Scores • Enhance the awareness of the importance of documentations to all staff • Expanding Ambulatory Emergency Care Services.
Surgical Site Infection Surveillance Service	UHDB	Outstanding – Awaiting detail
UKCOGS - UK COVID-19 and Gynaecological Cancer Study	UHDB	Awaiting publication date from the national body
UK Registry of Endocrine and Thyroid Surgery	UHDB	Awaiting publication date from the national

		body
UK Renal Registry	RDH	Awaiting publication date from the national body

The reports of 270 local clinical audits were reviewed by the provider in 2020 / 2021 and University Hospitals Derby and Burton NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Local Clinical Audit Topic	Site	Actions to improve quality
Pulmonary Embolism management in the Emergency Department	QHB	The report was reviewed by the audit lead and some of the resulting actions are: • To produce an algorithm for management of suspected Pulmonary Embolism in the Emergency Department which Includes the two-level Wells score and the available referral pathways in stable patients • Education of Emergency Department staff about the importance of calculating a two-level Wells score in managing suspected Pulmonary Embolism patients. This can be done at induction and at one of the weekly junior doctors' teaching sessions • Streaming pathway for direct referral to Acute Assessment Centre based at the Queens Hospital Burton (AAC).
Chest drain documentation in Queens Hospital Burton against British Thoracic Society guideline re-audit	QHB	The report was reviewed by the audit lead and some of the resulting actions are: • Improve awareness of the chest drain proforma by creating a post chest drain flyer • Education on why and how to use the proforma by reinforcing during chest drain procedure teaching • Monthly prospective re-audit to be undertaken from Sept 2019 • Present at Derby's Q&S Meeting for Cross Site Learning • Following Derby's uptake of proforma complete a joint site re-audit.
Ward 101 Snapshot	RDH	The report was reviewed by the audit lead and some of the resulting actions are: • To update and review the Ward 101 admission paperwork • A verbal introduction about Ward 101 and the admission process will be given to doctors at the ED induction on the first day of each new rotation. A handbook for the new FY1's has also been created

		• A discharge summary tray will be put on Ward 101 to ensure notes are kept aside for junior doctors to complete discharge summaries. Junior doctors will complete discharge summaries for patients who were discharged without one, and whose notes are kept aside • Second rotation of junior doctors (Nov 2019 - April 2020) will re-audit to check for improvement.
Tonsillitis rapid antigen testing quality improvement project	RDH	The report was reviewed by the audit lead and some of the resulting actions are: • Present as a business case to the Paediatric team to trial rapid antigen testing kits in Children's Emergency Department • Develop criteria for the use of rapid antigen testing within Children's Emergency Department and a guideline/protocol • Complete training with nurses in using this test • Trial introduction of rapid antigen testing into Children's Emergency Department with re-audit of antibiotic prescribing and use of swabs and rapid antigen testing over the same time frame.
Request for opinions to the Haematology team at Queen's Hospital Burton	QHB	The report was reviewed by the audit lead and some of the resulting actions are: • Haematology team will aim to respond to all RFOs received before 4:00 p.m. on the same day and are working continuously to shorten response times • The Trust will provide a document to be given to junior doctors at the orientation with guidance on haematology requests for opinion • Continue use of haematology note for clear haematological plans.
End of life care on ward 101	RDH	The report was reviewed by the audit lead and some of the resulting actions are: • Improve awareness in F1 ward 101 group by improving induction • Improve awareness with rest of clinical team by increasing teaching on end of life to be included in teaching for the following groups, CESR, JCF/ACP, nursing, HST and ACCS • Improve awareness/use of end of life checklist.
Are we meeting the *National Institute for Health and Care Excellence* quality standard of managing Parkinson's disease in elderly care?	RDH	The report was reviewed by the audit lead and some of the resulting actions are: • To keep in mind that the Trust have a Parkinson's Disease proforma when clerking patients in Medical Assessment Unit • To print out the Parkinson's Disease proforma and keep it next to the Medical Assessment Unit clerking proforma

		• To present the findings at the Medical Assessment Unit meeting to continue and increase awareness • To communicate effectively amongst all staff grades • To document clearly on source of prescription information, any details of side effects or reasons behind the delay of administration/dispensing • To keep in mind that the patients who are admitted with presenting complaint of reduced oral intake/increased confusion/swallowing difficulty requires appropriate assessment for alternative form of medication.
Hyponatraemia in medical inpatients- are we providing adequate investigation and management?	RDH	The report was reviewed by the audit lead and some of the resulting actions are: • Improve knowledge of the summary guidelines and education on the importance of hyponatraemia to patient outcomes and care • Highlight the importance of cortisol • Re-audit over a larger time scale to capture greater volume of patients and true reflection of current practice • Clarify acceptable terms of reference for fluid status and provide written protocol for data collection to make future audits more comparable • Clarify expected standards of documentation in hyponatraemia Encourage clearer documentation of hyponatraemia in particular fluid status and cause of hyponatraemia.
Management of patients with or at risk of acute coronary syndrome	QHB	The report was reviewed by the audit lead and some of the resulting actions are: • Create an order set in Version 6 for patients presenting with acute coronary syndrome • Raise awareness of the need for a repeat lipid profile at the 3 month clinic appointment • Provide an information booklet for acute coronary syndrome patients to include cardioprotective dietary advice.

Research

The research activities detailed in this report clearly describe work that has led to the best patient outcomes and the safest care; has contributed to worldwide learning and excellence and further supports the development of the quality culture within UHDB.

What have been your challenges?

In March 2020, there was a notable rise in the number of COVID-19 cases within the UK together with a concomitant increase in the number of patients with the disease being admitted to hospital.

At that time, very little was known about the disease; there were no known medications, or other treatments and no vaccines or other prophylactics.

Research was the only exit strategy from the COVID-19 pandemic and the UHDB response in supporting what became known as National Institute for Health Research Urgent Public Health (UPH) trials and studies has been outstanding.

It was necessary to close down recruitment to all other existing trials and studies at UHDB. All resources were focussed on supporting patient recruitment to the Urgent Public Health (UPH) trials and studies as they started to become available, whilst ensuring that patients already recruited to existing, non COVID-19 trials continued to receive their trial medication and treatment and to enable on-going data collection.

In the first wave of the pandemic, some of the clinical trials nurses were redeployed to support frontline clinical services and it was necessary to deliver the Urgent Public Health (UPH) trials with a reduced research workforce. When the second wave of the pandemic was building, the Department of Health & Social care issued guidance that research staff were not to be redeployed, but were to support the national effort to gather evidence to determine which treatments are effective against COVID-19 disease.

Furthermore, several members of staff were required to shield, thereby further depleting the clinical research team.

The non-clinical members of the R&D Department, including those required to shield, all worked from home from mid-March 2020 and rapidly adapted to remote working with no reduction in the quantity or quality of services provided to researchers. Indeed, the number of successful, submitted research grant applications supported by the team during this time was the highest recorded to date.

What have you done? What are the results?

(i)   COVID-19 Response

Over the course of the year, UHDB opened eleven Urgent Public Health (UPH) trials and studies to recruitment and recruited 4,979 participants.

The table below outlines the recruitment to the Urgent Public Health (UPH) trials and studies currently open to recruitment and the Trust's relative performance within the East Midlands.

Study Name	No. patients recruited	Position within East Midlands CRN (15 Partner Organisations)	Comments

COVID-19 ISARIC/CCP	2,322	3rd	
SIREN - SARS-COV2 immunity and reinfection evaluation	799	1st	
NHS CHECK	468	3rd	
RECOVERY trial	450	4th	
CLARITY: impaCt of bioLogic therApy on saRs-cov-2 Infection & immunity	125	1st	
Pregnancy and Neonatal Outcomes in COVID-19-19	252	1st	
GenOMICC	163	2nd	
PRONTO v1.0	104	1st	In East Midlands only UHDB recruited to this trial
REMAP-CAP	71	3rd	
FALCON C-19	63	2nd	
MERMAIDS ARI	8	1st	In East Midlands only UHDB recruited to this trial
TOTAL	**4,979**		

In addition to the above, 628 patients were recruited to non-UPH trials and studies where the patients were attending for treatment and for which support was still possible. This included, but was not limited to, studies in maternity and gynaecology (133 patients recruited), cancer trials (85 patients were recruited), non-COVID-19 trials involving patients attending via the "Green Channel" within the Emergency Department.

Therefore total recruitment to all trials and studies in 2020-21 was **5,607.**

Using the RECOVERY trial and the SIREN study as examples, we can see that the evidence provided by these UPH trials and studies has enabled the UK and, indeed, the world, to start to win the battle against COVID-19-19.

The RECOVERY Trial i.e. the **R**andomised **E**valuation of **COVID-19** Th**erapy** Trial is a large-enrollment clinical trial of possible treatments for people in the UK admitted to hospital with severe COVID-19 infection. The trial has tested ten interventions on adults: eight repurposed drugs, one newly-developed drug and convalescent plasma.

The trial published findings as soon as possible following recruitment of sufficient patients to each treatment arm. In June 2020, it was reported that no clinical benefits were obtained from either the use of

hydoxychloroquine or the use of Lopinavir-Ritonavir in hospitalised patients with COVID-19. However, later that month, it was reported that low-cost dexamethasone, a corticosteroid used in a wide range of conditions for its anti-inflammatory and immunosuppressant effects, reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19.

In December 2020, it was reported that no clinical benefits were observed in the use of Azithromycin in patients hospitalised with COVID-19. In the following month, the trial terminated recruitment of patients to the convalescent plasma arm as there was no convincing evidence that further recruitment would provide conclusive proof of worthwhile mortality benefits either overall or in any pre-specified sub-group.

In February 2021, it was reported that Tocilizumab reduces the risk of death when given to hospitalised patients with severe COVID-19 disease and also that it was shown to shorten the time to successful discharge from hospital and reduces the need for a mechanical ventilator.

It has been reported that the data show that COVID-19 patients with hypoxia and significant inflammation, treatment with the combination of a systemic corticosteroid such as dexamethasone plus Tocilizumab reduces mortality by about one third for patients requiring simple oxygen and by nearly one half for those requiring invasive mechanical ventilation.

By participating in the RECOVERY trial, COVID-19 patients admitted to UHDB were able to receive potentially life-saving treatments and to contribute to the urgent effort to produce evidence needed to identify effective treatments and improved patient outcomes.

The SIREN Study – SARS-COV2 Immunity and Reinfection Evaluation study was established as a National Institute for Health Research (NIHR) UPH study in June 2020. The overarching aim of this study is to test for the presence of COVID-19 antibodies, which can tell us if someone has had the virus and to advance our understanding of the spread of the virus. The more we understand about COVID-19 antibodies, and the more we know about COVID-19 reinfection, the more information we have at our disposal to help decision-makers control the spread of the disease.

The study recruited NHS workers from across the country with 799 volunteering to participate at UHDB.

One of the biggest questions SIREN sought to answer was whether individuals who had previously been infected with COVID-19 enjoyed protection from the virus in future. Two groups of participants were studied; those with evidence of a previous COVID-19 infection and those without. When SIREN reported its first analysis, the study showed that 83% of people infected with COVID-19 had some protection against reinfection and this was part of the evidence demonstrating that those who had previously been infected by the COVID-19-19 virus are likely to be protected against reinfection for several months.

As the national COVID-19 vaccination programme was rolled out, the study rapidly updated to include information about whether the participant had been vaccinated. By expanding the study to include vaccine information, SIREN has been able to assess the effectiveness of vaccines. In February 2021, siren published findings that healthcare workers were 72% less likely to develop infection after one dose of the vaccine, rising to 86% after the second dose.

SIREN found that the vaccine's protection starts after two weeks, and that this protection also helps to reduce the spread of infection. If an individual is not infected, they cannot spread the virus; the more individuals who cannot spread the virus, the greater protection for the whole population. By demonstrating an evidence basis for the effectiveness of COVID-19 vaccines, the SIREN study has provided evidence that the vaccination program will help end lockdown restrictions, in parallel with other measure including maintaining hand hygiene, using face coverings and observing social distancing.

The need for further vaccines is clear as new variants of the COVID-19 virus appear. Currently, the Trust is setting up a COVID-19 vaccine trial for Derbyshire residents which aims to recruit approximately 150 patients in 4 weeks and which will follow-up participants for approximately one year. The trial will open to recruitment in April 2021.

(ii)   Research Grant Applications

Supported by the Derby Clinical Trials Support Unit and the non-clinical R&D team members, in 2020-21, 21 research grant applications were submitted to National Institute for Health Research (NIHR) and other funding bodies requesting a total of £4,708,199. To date 5 of the applications have been funded successfully and we await the outcome of a further 6 of the submitted applications. The chart below demonstrate that this is the largest number of research grant applications made since 2014-15 and the success rate for those applications made in 2020-21 already exceeds that in 2014-15.

These new, non-COVID-19 trials and studies will be ready to start recruitment as the UK moves out of lockdown and so provide the opportunity for patients from a range of different disease areas to benefit from participation in high-quality UHDB-sponsored and supported trials.
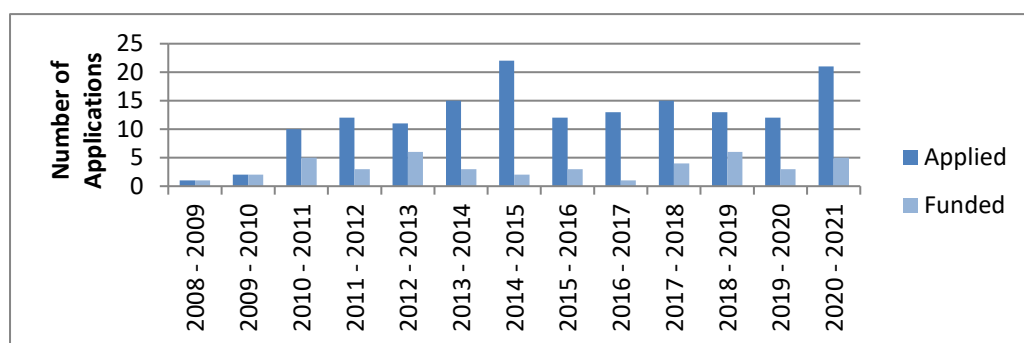
How will this be sustained? Aims for 2021-22

As the number of patients with COVID-19 disease continues to fall, following guidance from the Department of Health & Social Care, focus will shift towards prioritising support for COVID-19 vaccine trials, collection of longer-term follow-up data for COVID-19 studies and support for commercially-sponsored clinical trials (to ensure support for the Life Sciences industry in UK and to bring new treatment to our patients sooner) before moving to re-open trials and studies across all areas of UHDB.

If the predicted "third-wave" of the pandemic/spike in COVID-19 patient numbers materialises later in 2021, resource will be redeployed to support the COVID-19 platform studies such as RECOVERY in order to ensure that patient outcomes continue to be improved through research.

One COVID-19 vaccine trial will open to recruitment in UHDB in April 2021. It is highly probable that further vaccine studies will be conducted at UHDB, which will address reducing population immunity as a result of the emergence of novel variants of the SARS-COV2 virus with substantial mutations to the spike protein which enable varying levels of antigen escape. The refurbished clinical accommodation for the COVID-19 clinical trials will facilitate the on-going participation of UHDB in the international vaccine discovery work.

Information on the use of the CQUIN framework

All CQUIN activity paused for the financial year 20-21 due to the pandemic.

Delivery of National Targets
Assurance over Mandated Indicators

Cancer Waiting Times

Cancer performance is reviewed by the Cancer Improvement Group, which is chaired by the Divisional Director for Cancer, Diagnostics & Clinical Support. In addition to assuring performance against agreed improvement trajectories the Cancer Improvement Group reviews all breaches of the 62-day target to receive assurance that patients have not been harmed as a result of any delays. This group reports into the Operational Improvement Group which is chaired by the Executive Chief Operating Officer.

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

All cancers: 62-day wait for first treatment from: • urgent GP referral for suspected cancer • NHS Cancer Screening Service referral	University Hospitals of Derby and Burton NHS Foundation Trust	National Average	Highest Performing Trust (Excl Specialist Ctrs)	Lowest Performing Trust
2020-2021	70.7%	74.3%	85.3%	47.7%
2019-2020	74.30%	77.2%	82.3%	41.9%
2018-2019	78.8%	79.1%	85.6%	48.5%

A&E Wait Times

The four hour wait performance has again proved as challenging for UHDB as it has nationally particularly with the impact of COVID-19 and the need to establish separate streams of patients. There have been a number of improvements introduced throughout the year including capital works to increase the space in Emergency Departments at Derby and Burton and the introduction of an Urgent Care Treatment Centre at Derby. These improvement work streams are overseen by the Non-Elective Improvement Group, chaired by the Divisional Director for Medicine and which reports into the Operational Improvement Group.

The Trust continues to play a proactive part in both Derbyshire and Staffordshire Urgent Care strategy and improvement plans agreed with our local Clinical Commissioning Groups, local Accident & Emergency Delivery Board, and our local Health and Social Care partners.

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

A&E: maximum waiting time of 4 hours from arrival to admission/transfer/discharge	University Hospitals of Derby and Burton NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
2020-2021	74.7%	86.8%	98.1%*	67.9%*
2019-2020	77.46%	84.2%	98.80%	66.26%
2018-2019	85.17%	88.1%	97.91%	66.91%

Data has been extracted from NHSE statistics section. Includes Type 1-3 data. Highest / lowest values relate to March 2021 data only in 2020-21.

Referral to Treatment (RTT) Waiting Times

The Trust failed to achieve the incomplete target in 2020/2021 with the impact of lost capacity due to COVID-19 being the main contributory factor. The focus nationally and within the local Integrated Care Systems is to focus on the clinically urgent patients. This has been achieved by undertaking regular clinical reviews of patients on the waiting list and assigning a nationally defined clinical priority as per below:

Priorities	
P1	<72 hours
P2	<1 month
P3	<3 month
P4	>3 months
P5	Patient postponed - Covid
P6	Patient postponed - Other
P0	No Priority

Theatre capacity is reviewed daily to ensure that P1 and P2 patients can be treated as clinically indicated.

UHDB are working with System partners to utilise all available capacity to treat patients equitably according to their clinical priority. Indications are that it may take 2 years to recover waiting list backlogs – similar backlogs exist nationally.

As one of the largest Trusts in terms of theatres and elective activity, UHDB has been particularly impacted on by COVID-19 especially as a large proportion of that activity is in Trauma and Orthopaedics. As a partner within the Joined-Up Care Derbyshire system the Trust is participating within the Midlands Elective Care Delivery Programme. This programme consists of a series of workshops which aim to bring together colleagues from all professions involved in providing, managing and commissioning Orthopaedics and also Ophthalmology.

Referral to Treatment (RTT) is reviewed at the Elective Improvement Group which is chaired by the Divisional Director for Surgery and reports into the Operational Improvement Group.

Maximum time of 18 weeks from point of referral to treatment (RTT) in aggregate – patients on an incomplete pathway	University Hospitals of Derby and Burton NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust

NHS
University Hospitals of
Derby and Burton
NHS Foundation Trust

EXCEPTIONAL
Care Together

2020-2021 (Mar-2021)	54.5%	64.4%	100.00%	33.2%
2019-2020 (Mar-2020)	79.08%	72.94%	100.00%	58.08%
2018-2019 (Mar-2019)	88.86%	86.70%	100.00%	71.14%

7 Day Services

Since 2016, Derby and Burton acute hospitals have completed a twice-yearly audit of patient notes as evidence to NHS England of the standard of care across 7 days of the week. The seven day service national survey covers the management of patients admitted as an emergency, measured against four priority standards.

Progress towards standards was previously measured twice a year through a 7 Day Service Self-Assessment tool. All acute NHS provider Trusts were required to undertake and submit a sample of case notes reviews for standards 2, 5, 6 and 8 across a seven day period. UHDB has improved across some of these standards and will continue to complete submissions of monitoring performance through a new Board Assurance Framework which is undertaken on a quarterly basis.

In line with national guidance, the Trust has paused engagement with the bi-annual self-assessment for 2020 / 2021 and will recommence once the national stance has been reviewed and the programme recommences.

Priority Standards

Priority Clinical Standards	• Standard 2: Time to Consultant Review • Standard 5: Diagnostics • Standard 6: Consultant directed interventions • Standard 8: On-going daily consultant-directed review

Standard 2	Standard 5	Standard 6	Standard 8
All emergency admissions must be seen and have a thorough clinical assessment by a suitable consultant as soon as possible but at the latest within 14 hours from the time of admission to hospital	Hospital inpatients must have scheduled seven-day access to consultant-directed diagnostic tests and completed reporting will be available seven days a week: • Within 1 hour for critical patients • Within 12 hours for urgent patients	Hospital inpatients must have timely 24 hour access, seven days a week, to consultant-directed interventions that meet the relevant specialty guidelines, either on-site or through formally agreed networked arrangements with clear protocols	All patient with high-dependency needs should be reviewed twice daily by a consultant and all other inpatients should be reviewed by a consultant once daily seven days a week, unless it has been determined that this would not affect the patient's care pathway

Priority Standards

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Freedom to Speak Up (FTSU)

What have been the challenges?

FTSU has seen its contacts from colleagues across all sites and disciplines more than double during the pandemic. During the first wave this led to significant challenges of Guardian capacity alongside the difficulties for managers and leaders in responding to FTSU in a timely manner.

What have we done?

The Trust is proud of its Freedom to Speak Up (FTSU) culture and its impact on providing the safest case, and as the significant capacity challenges were realised, alongside the recognition that during recovery this pressure on capacity would remain, a business case was submitted to increase capacity. This was agreed in late August 2020 and a new deputy post was created.

What are the results?

In August 2020 there was a backlog with 31% of the Quarter's cases, which had not been logged or followed up. By October 2020 the backlog was completely cleared and since that point, despite numbers remaining very high, 100% of cases have been logged, responded to and followed up. The recent compliance audit also showed an improvement on manager responses as there was greater capacity for the Guardians to follow up and support management actions. In addition to the reactive case work, the Lead Guardian has also been able to undertake a comprehensive gap analysis against national FTSU guidance and using this information update the policy and begin

to deliver on a new action plan and strategy to further develop FTSU. Monthly outcomes and learning are now being shared on Net-i for colleagues to see where learning and improvements are happening.

How do we share learning?

The impact of the business case and the evidence for its impact has been shared regionally with the Guardians Network and with the National Guardian's Office and other regional Chairs. Some of these have gone on to use the template which we used to evidence the need to address capacity issues in their own organisations.

How has this or how will this be sustained?

The Deputy and Lead role are substantive and they also have strong, dedicated administrative support. The detailed action plan and strategy set out the goals for the team over the next 12 months which will ensure improvements are sustained as well as new initiatives are embedded.

Guardian of safe working

The Doctors in Training contract (2016) establishes an obligation for the Trust to appoint a Guardian of Safe Working Hours. The Guardian must report to the Board, at least quarterly, regarding the Exception Reports submitted by Trainees. In addition, there is a requirement for the presentation of an annual consolidated report summarising the position regarding trainee doctor vacancies and the resulting rota gaps, and the plans to address any such gaps.

The Guardian is reassured that systems are in place to ensure trainee doctor vacancy data are now collected regularly and can be triangulated. There remains, however, a challenge in capturing and collecting day-to-day rota gaps that may result from short-term sickness or absence. Currently efforts are made to fill such gaps by swapping shifts, asking doctors to volunteer to cover the gaps or employing short-term locums.

Clinical specialities continue to address junior doctor vacancies by a number of mechanisms including (a) employment of Advanced Clinical Practitioners, (b) consideration of converting some trainee posts into Trust Grade posts, (c) development of posts that are more attractive to recruit into (e.g. Clinical Fellow research posts in anaesthetics that provide time for research)

The Guardian recommends;
- Further work is undertaken to improve the regular reporting and collecting of all junior doctor rota gap data, including short-term/short-notice gaps, and encompassing both trainee and Trust Grade doctors

Schedule 5 - 5.1
Information relating to registration with the Care Quality Commission and periodic/special reviews

University Hospitals of Derby and Burton NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is registered without any conditions.
University Hospitals of Derby and Burton NHS Foundation Trust has no conditions on registration.
The Care Quality Commission has not taken enforcement action against University Hospitals of Derby and Burton NHS Foundation Trust during 2020-2021.

During the last 12 months adjustments have had to be made to the method by which regulatory organisations have undertaken their roles in particular with regards the continuation of scrutiny and management of NHS and health and social care providers in light of the COVID-19 pandemic.

It had been paramount that this regulatory body has been seen as being supportive of all provider organisations whilst also being alert to providing a flexible focus on identified patient safety concerns and issues, the use of technology and remote access tools to enable the delivery of assurance.

This has also included the introduction of local relationship manager meetings with providers, virtual Q&A sessions for identified areas and where only necessary on sites inspections in relation to specific focused patients safety concerns.

University Hospitals Derby and Burton NHS Foundation Trust – Rating October 2020

2020 inspection	Safe	Effective	Caring	Responsive	Well Led	Overall
Royal Derby Hospital	Requires Improvement July 2020	Good July 2020	Good July 2020	Good July 2020	Good July 2020	Good July 2020
Queen's Hospital Burton	Requires Improvement July 2020	Requires Improvement July 2020	Good July 2020	Good July 2020	Requires Improvement July 2020	Requires Improvement July 2020
Community Health Inpatient Services	Good July 2020	Good July 2020	Good July 2020	Good July 2020	Good July 2020	Good July 2020

Unannounced Inspection July 2020:
In July 2020, the CQC undertook an unannounced inspection of the services at University Hospitals of Derby and Burton NHS Foundation Trust. As a result of the inspection the CQC revised the Trust's ratings from 'good' to 'requires improvement' in 2 areas: 'Safe' at Royal Derby Hospital and 'Effective' for Queen's Hospital Burton.
The Inspection Team highlighted a number of areas of good practice including multi-disciplinary teamwork, individualised care, infection control, information governance and staff understanding of keeping patients safe.
However, the Inspection Team identified six regulatory compliance ('Must Do') actions, which relate to three key themes:
1. The Trust must ensure that staff adhere to the Mental Capacity Act 2005 and record time specific and decision specific assessments of patients' capacity to consent to care and treatment where a patient may lack capacity. Staff must also ensure they consider a Deprivation of Liberty Safeguard application where they are restricting a patient for non-urgent care or treatment.
2. The Trust must ensure that learning following incidents is shared with all staff.
3. The Trust must ensure ward staffing levels are adequate to keep patients safe and in line with the Trust's supervision policy.

The CQC inspection report provides a clear guide for the required work which is necessary over the next few years if UHDB are to achieve an 'outstanding' CQC rating

If we are to achieve our aspiration we need to take this to the next level. We will do this through developing and utilising the capability of all staff to undertake quality improvement as part of everyday practice. We will build on our strengths and focus on creating an environment that nurtures learning and improvement at all levels in the organisation.

Engagement Meetings:

Over the last 12 months virtual monthly meetings have been held between the UHDB Corporate Leadership team and the East Midlands Inspection Team which has supported a high level of assurance being provided with regards UHDB's response to the COVID-19 pandemic as well as external support in a challenging period. These meetings have included regular updates on Nosocomial COVID-19 infection rates, development of the COVID-19 vaccination programme, Staff Well being and the National pilot of the Patient Safety Incident Response Framework (PSIRF) process as key examples as well as providing an opportunity for all parties to identify areas of excellent practice or areas for improvement or concern. These monthly meetings will continue during 2021 as they are beneficial to all parties

Information on Secondary Uses service for inclusion in Hospital Episode Statistics (new for 2021)

University Hospitals of Derby and Burton Hospitals NHS Foundation Trust submitted records during April 2020 - February 2021 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are published in the Data Quality Maturity Index.

The percentage of records in the published data which included the patient's valid NHS number; 99.2% for A&E, 99.6% for outpatients and 99.5% for admitted patient care.
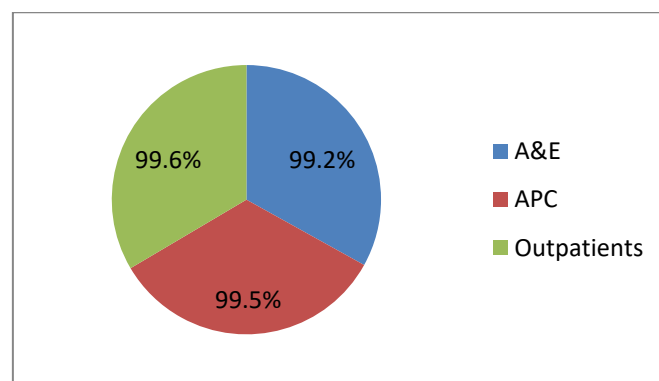
The percentage of records in the published data which included the patient's valid GP; 98.9% for A&E, 99.8% for outpatients and 99.4% for admitted patient care.
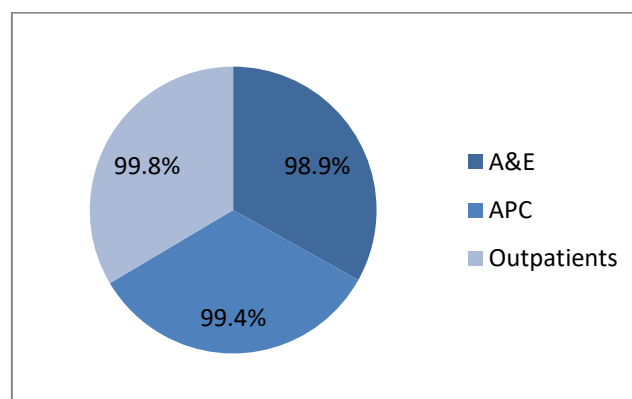
Information Governance
Risks relating to information are managed and controlled via the Information Governance Steering Group (IGSG) which is chaired by the Executive Medical Director/Caldicott Guardian and attended by the Director of Finance/Senior Information Risk Owner (SIRO). IGSG reports to Audit Committee and Trust Delivery Group (TDG). Information Asset Owners (IAOs) have been assigned to each Information Asset, completing an annual System

Specific Security Policy (SSSP) and risk assessment. All Business Units within the Divisions have an IG representative; they work closely with the IG Team to increase awareness and responsibilities.

The Trust uses the Data Security and Protection Toolkit (DSPT), which is an online self-assessment tool that provides a mechanism for organisations to demonstrate that they have arrangements in place to maintain the confidentiality and security of personal information. By assessing itself against the standard, and implementing actions to address shortcomings identified though use of the toolkit, organisations will be able to reduce the risk of a data breach.

The DSPT

The DSPT must be completed by organisations before the end of March each year, however due to the COVID-19 pandemic the deadline for the 20/21 submission has been delayed to 30 June 2021 to allow organisations to focus on coping with the impact of the pandemic.

The toolkit contains 42 assertions (statements) that organisations are required to affirm, and these assertions are supported by 150 different evidence items. NHS Digital has mandated 113 of these as mandatory – organisations can choose to complete the remaining non-mandatory evidence items if they wish. All mandatory requirements need to be achieved in order to demonstrate the Trust's compliance with data security requirements and result in a 'standards met' score. Other scores include 'standards not met' or 'standards not fully met (Plan Agreed)'.

The Trust Internal Auditor (360 Assurance) undertake an annual audit to review the Trust's DSPT evidence and compliance. The auditor's report for the 20/21 DSPT submission is close to completion and will be provided to the Trust as soon as finalised. The overall objective of the audit was to assess the effectiveness of the Trust's data security and protection environment as assessed through the toolkit.

In order to achieve this objective, they:
- Assessed the risk associated with data security and data protection control environment, across a sample of areas within the scope of the DSPT;
- Assessed the veracity of the DSPT self-assessment and submission, providing a level of confidence that the DSPT submission reflects our risk and controls.
- Assessed governance structures, by review of relevant terms of reference and minutes from committee(s) responsible for information governance; and through discussions with relevant officers;
- Assessed exposure to data security and protection risks, by reviewing arrangements in place and evidence in support of the assertions made within the DSPT.

Although the DSPT for 2020/21 is broadly similar to that completed in 19/20, NHS Digital have introducing new assertions and modified the wording to existing assertions to reflect emerging risks with a greater emphasis on cyber security.
Any risk areas identified will be scored based on likelihood and impact, using the NHS Digital definitions. The number and severity of risks will determine the Auditors assurance opinion based on the 'Strengthening Assurance' guidance issued by NHS Digital. If the Auditor identifies any significant issues, or are concerned about the pace of completion and arrangements to meet the submission deadline, this will be brought to the attention of the SIRO and Audit Committee.

IG incidents/data breaches
All incidents are reported through Datix, fully investigated and reported to the. Information Governance Steering Group (IGSG). Serious Information Governance Incidents must be reported through the DSPT Incident Reporting module. The toolkit asks a range of questions around the data involved, number of individuals involved and the potential impact/consequences for the individuals to decide on the seriousness of the incident. Serious incidents reported through the DSPT are escalated to the Information Commissioners Office (ICO) and Department of Health and Social Care as appropriate.

Serious IG incidents reported 2020-21

These incidents have all been fully investigated, appropriate actions taken, which include additional training where identified and revised working practices with the learning from these incidents being shared across the organisation.

Date	Incident
May 20	A company that manage our Trust Charity Lottery contacted 41 lottery members but in doing so mismatched some of their information, sending other members name and last few digits of bank account number to another member.
July 20	During COVID-19, when relatives not allowed visiting, we had husband and wife as inpatients. The lady (who has dementia) was being discharged to care home and husband staying with us for end of life care. Staff, with the husband's consent, wheeled beds together and took a photo so family could have a copy. The son, who we had listed as next of kin, gave verbal permission for photo to be used within internal communications promoting stories about teams that have gone the extra mile. Sadly the husband passed away. Unfortunately the Daughter, who felt she was next of kin was not happy as the photo was then published on our external website and social media pages and picked up/published on TV news, local papers and also abroad.
July 20	Email with attachment sent to incorrect recipient. Although it went to a 'trusted NHS partner' it was not intended for that organisation. The email had an attachment that contained patient identifiable data for 261 patients.
Sept 20	An email was sent to 39 patients providing them with information relevant to their condition. Unfortunately the person who sent the email sent one email to them all using the 'to' section rather than individual emails or using the 'bcc' option, which gave all recipients each person's personal email address.
Nov 20	A letter was sent to the parents of a child/patient. Unfortunately the person who sent the document had enclosed a sheet that should not have been included. The sheet contained the NHS number, patient name, gender, date of birth, mobile numbers and abbreviations of what device the child uses for 20 patients.
Feb 21	Records released by GP, following a SARs request. Patient had a baby taken into care and subsequently adopted. Unfortunately, the post-natal link within the mother's record not closed when the baby went into foster care. When patient attended UHDB and her NOK details updated our system generated an A31 message to the GP record, Systm1, which included this linked data - which is how the adoptive parent's address appeared on the mother's GP record.
Feb 21	Email sent to incorrect email address, contained a complaint response relating to a vulnerable patient.
Mar 21	An email attaching a complaint response was sent to an incorrect email address
Mar 21	During the processing of a Subject Access Request (SAR), 42 pages of a patient's health record were sent incorrectly to another patient. The staff member was processing two requests and inadvertently sent the pages to the wrong patient.

Clinical Coding Audit

University Hospitals of Derby and Burton Hospitals NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2020/21 by the Audit Commission.

Clinical coding translates the medical terminology written by clinicians to describe a patient's diagnosis and treatment into standard, recognised codes. The accuracy of this coding is highly important as the data is used for a range of purposes including:

- Monitoring provision of health services across the UK
- Research and monitoring of health trends
- NHS financial planning and Payment by Results (PbR)

- Clinical governance.

During 2020/21 the Trust implemented the following to improve the Clinical Coding service. This comprised of:

- Awareness of the need for accurate and comprehensive documentation has been raised either through attendance of coding representatives at junior doctor induction days or through attendance at divisional governance meetings
- A monthly report detailing where chronic comorbidities which have previously been recorded have been omitted on subsequent admissions allows the coding department to insert the omitted comorbidities
- A Data Quality Improvement Programme report, which focuses on breaches of ICD10 diagnostic, and OPCS 4.9 procedural coding rules, is produced each month to identify any coding and data quality errors which can be amended before the coding freeze date and attract the appropriate tariff
- The Trust has purchased the 3M MHA (Medical History Assurance) and DQA (Data Quality Analytics) across all sites. These are tools to support identification of areas for improvement
- A Data Quality Improvement Programme report, which focuses on breaches of ICD10 diagnostic, and OPCS 4.9 procedural coding rules, is produced each month to identify any coding and data quality errors which can be amended before the coding freeze date and attract the appropriate tariff

The Trust has a regular programme of internal clinical coding audit. These are performed by the Trusts Clinical Coding Audit and Quality Assurance Manager and the Clinical Coding Lead both are accredited Clinical Coders and Health and Social Care Information Centre (HSCIC) approved Clinical Coding Auditors. These audits aim to cover a random sample of the coding in all specialties. Auditors must conform to the Auditor's Code of Practice and The Clinical Coding Audit Methodology version 15 must be adhered to for any audits during 2020/2021.

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

In addition to the programme of internal audit, Trusts are required to complete an audit of a random sample of 200 Finished Consultant Episodes each year to support the Data Quality section of Data Standard 1 in the Data Security & Protection Toolkit. The most recent Data Quality (Clinical Coding) audit took place in February 2021.

Level of Attainment Achieved			
% Diagnoses Coded Correctly		% Procedures Coded Correctly	
Primary	Secondary	Primary	Secondary
91.5	93.8	93.8	89.5

Level of Attainment Required		
	Mandatory Level	Advisory Level
Primary Diagnosis	>=90%	>=95%
Secondary Diagnosis	>=80%	>=90%
Primary Procedure	>=90%	>=95%
Secondary Procedure	>=80%	>=90%

Mortality Data

Prescribed information	Form of statement

The number of its patients who have died during the reporting period, including a quarterly breakdown of the annual figure.	During 2020 / 21, 4067 of UHDB patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period: 1061 in the first quarter; 649 in the second quarter; 1077 in the third quarter; 1280 in the fourth quarter.
The number of deaths which the provider has subjected to a case record review or an investigation to determine what problems (if any) there were in the care provided to the patient, including a quarterly breakdown of the annual figure.	In the period 01/10/21 to 31/03/21 1273 Medical Examiner (ME) Scrutinies have been carried out in relation to 2323 (Quarters 3 and 4 only) of the deaths. The number of deaths in each quarter for which a ME scrutiny was carried out was 575 in the third quarter; 698 in the fourth quarter. A Lead ME Officer was appointed in November 2020 and provides robust ME support along with collating data in respect of scrutinies completed. Hence, scrutiny data is only available for Q3 and Q4. Going forward full data will be available. Two ME Officers have now also been appointed to support the service.
A summary of what the provider has learnt from case record reviews and investigations conducted in relation to these deaths	Learning is discussed in various forums, examples of which are below: **Patients Dying from Epilepsy and Seizure**. - Patients with first presentation of seizures would benefit from early specialist neurology input and advice. Patients with new diagnosis of epilepsy and started on antiepileptic medications will require a follow up plan. It is important to make arrangements for dose escalations or medication review after hospital discharge. Even if there has been an agreement with patient / family that a follow up appointment is not needed, a care plan for these patients need to be arranged with GP in case of problems with seizures that may arise. Few patients were started on suboptimal doses of antiepileptics. Once again, highlighting the need for specialist neurology input when newly diagnosed with epilepsy. If concerned regarding status epilepticus, it is important that the status epilepticus protocol is started. Most of the deaths were not likely to be preventable given premorbid status or severity of illness.

	If patient has had neurology consultation for seizures as inpatient, it would be advisable to check with neurology again whether a follow up is required. And neurology team involved in review should also inform medical team whether a follow up will be organised or not

The **RDH Rib Fracture Pathway** has been reviewed and was presented at the December LFDG. This was a quality improvement project that looked at historical rib fracture management in the over 70s and then the results from a new pathway introduction in 2019. The results showed that the daily DME (Department of Medicine for the Elderly) ward round on a defined surgical ward where patents over the age of 70 with rib fractures were cared for increased reviews by 44% and reduced length of stay to 3.6 days. |
| A description of the actions which the provider has taken in the reporting period, and proposes to take following the reporting period, in consequence of what the provider has learnt during the reporting period . | Examples of actions taken are:

Escalation of review and follow-up arrangements for patients with epilepsy will be clarified for UHDB clinicians and publicised on Net-I by the neurology team. A Neurology Ward has recently been set up.

Extension of DME Ward Round is being reviewed between DME and surgery. |
| An assessment of the impact of the actions which were taken by the provider during the reporting period. | Examples of impacts of actions are:

Moving forwards the above will improve the care pathway for seizure management of in-patients. Extension of the DME Ward Round should reduce length of stay for more patients. |
| General Narrative | The Trust's mortality statistics are monitored routinely (using HSMR via Healthcare Evaluation Data (HED) and the SHMI published by NHS Digital) and are reported and monitored at the Trust's Learning from Deaths Group (LFDG), QIG and QPC. The Trust is currently performing as expected and the number of deaths falls within the range expected for the patients treated. The LFDG initiates case note reviews where appropriate.

The Trust aims to review a percentage of deaths via its mortality review tool, which is accessed from the intranet and is completed by the relevant consultant. Scrutinies undertaken by the Trust Medical Examiners trigger a SJR. |

SJRs are routinely requested in the following circumstances:

- All relevant deaths in a specialty, diagnosis, or treatment group where an alert has been raised through whatever means e.g., HSMR, SHMI or other elevated mortality alert, concerns raised by audit work, concerns raised by the CQC or another regulator
- All deaths in elective admissions
- All deaths of patients with a learning disability
- All patients with significant mental health diagnosis (as identified via screening)
- Deaths where bereaved families, carers or staff have raised concerns about the quality-of-care provision
- Deaths where learning will inform improvement work as part of a programme of thematic reviews
- A further random sample of deaths that do not fit the previously identified categories.

The results from the reviews are fed back to departmental mortality meetings and the LFDG where learning points and themes are identified.

All learning disability deaths are also reported to the LFDG and SJR reviews undertaken on all deaths as stipulated above. All learning disability deaths are also reported to the LeDeR Programme by the Safeguarding Team.

The LFDG meets monthly with the following purposes:

- Monitor Trust mortality data both retrospectively and prospectively identifying areas for concern. The LFDG will agree the proposals for action plans including educational plans and monitor progress by exception and risks, escalating issues as required
- Monitor Divisional mortality indicators / dashboards which will also be used to inform a regular report to the Clinical Compliance Group (CCG) and then the Board of Directors.

It promotes a transparent approach to reviewing mortality data and ensures that the Divisions are aware of the tools and reports available to them to ensure a proactive attitude to understanding and monitoring mortality rates within their own areas.

As and when alerts are notified to the Trust, the Coding Department routinely undertakes coding reviews. All the records within the alert are investigated by a dedicated coding expert who then discusses the findings at the LFDG. Based on this expert advice, recommendations are reached – sometimes this can be education around a specific aspect of coding or the suggestion that a clinical review is required into the case notes. The presence of the coding expert at the LFDG is therefore a key element within this process.

Core Indicators

Unless stated otherwise - all figures relate to a combined Derby & Burton position

Summary Hospital-level Mortality Indicator (SHMI)				
Data Source: https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2021-04/shmi-data				
The value and banding of the Summary Hospital-level Mortality Indicator ('SHMI') for the trust for the reporting period	**University Hospitals of Derby and Burton NHS Foundation Trust**	**National Average**	**Highest Performing Trust**	**Lowest Performing Trust**
2020-21 (Oct 20 - Sep 21)				
2019-20 (Oct 19 - Sep 20)	89.39 (SHMI Banding 2)	100.22	68.69	117.95
2018-19 (Oct 18 - Sep 19)	93.84 (SHMI Banding 2)	100.26	69.79	118.77
2017-18 (Oct 17 - Sep 18)	96.76 (SHMI Banding 2)	100.34	69.17	126.81

2020/21 data not currently available

Pallative Care Coding				
Data Source: https://digital.nhs.uk/data-and-information/publications/statistical/shmi/2021-04/palliative-care-coding				
The percentage of patient deaths with palliative care coded at either diagnosis or specialty level for the trust for the reporting period	**University Hospitals of Derby and Burton NHS Foundation Trust**	**National Average**	**Highest Performing Trust**	**Lowest Performing Trust**
2020-21 (Oct 20 - Sep 21)				

2019-20 (Oct 19 - Sep 20)	0.28	0.36	0.60	0.09
2018-19 (Oct 18 - Sep 19)	0.26	0.36	0.59	0.12
2017-18 (Oct 17 - Sep 18)				

2020/21 data not currently available

Patient-reported outcome measure scores				
Data Source: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms				
The trust's patient-reported outcome measures scores for:	**University Hospitals of Derby and Burton NHS Foundation Trust**	**National Average**	**Highest Performing Trust**	**Lowest Performing Trust**
(i) groin hernia surgery	**Data not available**			
2020-21				
2019-20				
2018-19				
2017-18				
(ii) varicose vein surgery	**Data not available**			
2020-21				
2019-20				
2018-19				
2017-18				
(iii) hip replacement surgery				
2020-21				
2019-20	0.446	0.468	0.536	0.330
2018-19	0.457	0.465	0.557	0.348
2017-18	0.450	0.468	0.566	0.376
(iv) knee replacement surgery				
2020-21				
2019-20	0.335	0.342	0.421	0.243
2018-19	0.349	0.338	0.405	0.266
2017-18	0.359	0.338	0.417	0.234

Data Source: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms				
The trust's patient-reported outcome measures scores for:	**Burton**	**National Average**	**Highest Performing Trust**	**Lowest Performing Trust**
(i) groin hernia surgery	**Data not available**			
2020-21				
2019-20				
2018-19				
2017-18				

(ii) varicose vein surgery				
2020-21				
2019-20				
2018-19				
2017-18	0.000	0.092	0.155	0.008
(iii) hip replacement surgery				
2020-21				
2019-20				
2018-19				
2017-18	0.502	0.468	0.566	0.376
(iv) knee replacement surgery				
2020-21				
2019-20				
2018-19				
2017-18	0.397	0.338	0.234	0.417

Data Source: https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/patient-reported-outcome-measures-proms				
The trust's patient-reported outcome measures scores for:	**Derby**	**National Average**	**Highest Performing Trust**	**Lowest Performing Trust**
(i) groin hernia surgery	Data not available			
2020-21				
2019-20				
2018-19				
2017-18				
(ii) varicose vein surgery				
2020-21				
2019-20				
2018-19				
2017-18	0.000	0.096	0.134	0.068
(iii) hip replacement surgery				
2020-21				
2019-20				
2018-19				
2017-18	0.482	0.470	0.472	0.458
(iv) knee replacement surgery				
2020-21				
2019-20				
2018-19				
2017-18	0.037	0.340	0.368	0.289

Data for groin hernia or varicose veins is not available as collection of such data ceased on 1st October 2017
2019/20 data from latest provisional data publication (published August 2020)

2020/21 data not currently available

Readmissions within 28 days of being discharged				
Data Source: Local Data				
The percentage of patients readmitted to a hospital which forms part of the trust within 28 days of being discharged from a hospital which forms part of the trust during the reporting period aged:	**University Hospitals of Derby and Burton NHS Foundation Trust**	**National Average**	**Highest Performing Trust**	**Lowest Performing Trust**
2020-21				
(i) 0 to 15 and				
(ii) 16 or over				
2019-20 (Apr-Dec)				
(i) 0 to 15 and	11.30%			
(ii) 16 or over	12.40%			
2018-19				
(i) 0 to 15 and	11.50%			
(ii) 16 or over	12.20%			
2017-18				
(i) 0 to 15 and	10.90%			
(ii) 16 or over	12.20%			

National Data is not available for this indicator therefore unable to provide benchmarked data
Data for Burton currently unavailable so unable to provide at Trust level for 2020/21

Trust's responsiveness to patients personal needs				
Data Source: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021				
The trust's responsiveness to the personal needs of its patients during the reporting period.	**University Hospitals of Derby and Burton NHS Foundation Trust**	**National Average**	**Highest Performing Trust**	**Lowest Performing Trust**
2020-21				
2019-20	67.20%	67.10%	84.20%	59.50%
2018-19	68.20%	67.20%	85.00%	58.90%
2017-18	72.10%	68.60%	85.00%	60.50%

2020/21 data not available until August 2021

Staff who would recommend the trust as a provider of care
Data Source: http://www.nhsstaffsurveyresults.com/homepage

The percentage of staff employed by, or under contract to, the trust during the reporting period who would recommend the trust as a provider of care to their family or friends	University Hospitals of Derby and Burton NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
2020-21	80.50%	74.30%	91.70%	49.70%
2019-20	78.70%	70.50%	90.50%	39.80%
2018-19	78.60%	71.00%	90.40%	39.70%
2017-18				

Previous years data updated based on the NHS Staff Survey 2020 results publication

Patients admitted that were risk assessed for venous thromboembolism				
Data Source: https://www.england.nhs.uk/patient-safety/venous-thromboembolism-vte-risk-assessment-19-20/				
The percentage of patients who were admitted to hospital and who were risk-assessed for venous thromboembolism during the reporting period	University Hospitals of Derby and Burton NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust
2020-21				
2019-20	95.90%	95.33%	100.00%	71.59%
2018-19	96.13%	95.67%	100.00%	74.03%
2017-18				

2019/20 based on quarter 3 figures (Q4 cancelled due to COVID-19 pressures)
2020/21 - no data available due to VTE data collection/publication being suspended due to COVID-19 pressures

Reported C.difficile infection in patients aged 2 or over						
Data Source: https://www.gov.uk/government/statistics/clostridium-difficile-infection-annual-data						
The rate per 100,000 bed days of cases of C. difficile infection reported within the trust among patients aged 2 or over during the reporting period	University Hospitals of Derby and Burton NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust	Number of cases	Denominator (occupied beds)
2020-21						
2019-20	24.47				113	461728
2018-19	15.79				73	462341
2017-18	21.41				100	467024

Nationally published data no longer gives valid comparable rates for other acute trusts
Previous years recalculated based on the lastest published data
Rate calculation has changed in 2019/20 to include community data - hence the difference in rates in comparison to previous years

NHS
University Hospitals of
DERBY and BURTON
NHS Foundation Trust

EXCEPTIONAL
Care Together

2020/21 data currently unavailable

Reported patient safety incidents (All & Severe harm or death)								
Data source: https://digital.nhs.uk/data-and-information/publications/statistical/nhs-outcomes-framework/february-2021								
The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death *Number of Reported Patient Safety Incidents - All Incidents*	University Hospitals of Derby and Burton NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust	Incident rate per 1000 bed days	National Average Incident rate per 1000 bed days	Highest Score Incident rate per 1000 bed days	Lowest Score Incident rate per 1000 bed days
Oct 20 - Mar 21								
Apr 20 - Sep 20								
Oct 19 - Mar 20	9262	6502	22340	1271	40.0	50.7	110.2	15.7
Apr 19 - Sep 19	9416	6276	21685	1392	40.9	49.8	103.8	26.3
Oct 18 - Mar 19	9095	5841	22048	1278	38.0	46.1	95.9	16.9
Apr 18 - Sep 18	8670	5583	23692	566	38.9	44.5	107.4	13.1

The number and, where available, rate of patient safety incidents reported within the trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death. *Number of Reported Patient Safety Incidents - Severe Harm or Death*	University Hospitals of Derby and Burton NHS Foundation Trust	National Average	Highest Performing Trust	Lowest Performing Trust	Incident rate per 1000 bed days	National Average Incident rate per 1000 bed days	Highest Score Incident rate per 1000 bed days	Lowest Score Incident rate per 1000 bed days
Oct 20 - Mar 21								
Apr 20 - Sep 20								
Oct 19 - Mar 20	8	20	93	0	0.03	0.16	0.52	0.00
Apr 19 - Sep 19	14	19	95	0	0.06	0.16	0.67	0.00
Oct 18 - Mar 19	35	19	72	1	0.15	0.15	0.49	0.01
Apr 18 - Sep 18	23	19	87	0	0.10	0.16	0.54	0.00

Patient Experience

Patient Experience & Engagement

Engagement with our communities

At the beginning of the pandemic naturally all face-to-face engagement activities had to cease until further notice. Despite this we have continued to engage well with our communities through various networks and groups which successfully moved to virtual meetings. This move actually presented greater accessibility for many people, with less reliance on transport and venues as potential barriers. Particular networks we have continue to engage with are Joined Up Care Derbyshire, Together We're Better Staffordshire, Refugee & Asylum Seekers Network, and the Independent Community Inclusion Group (a network of representatives from various community and interest groups).

Friends and Family Test (FFT) figures

The majority of FFT feedback has been collected electronically following a suspension of paper surveys at the beginning of the pandemic. The FFT score has remained high throughout and reached the Trust target level of 95% in March 2021. The graph below shows performance throughout the year:
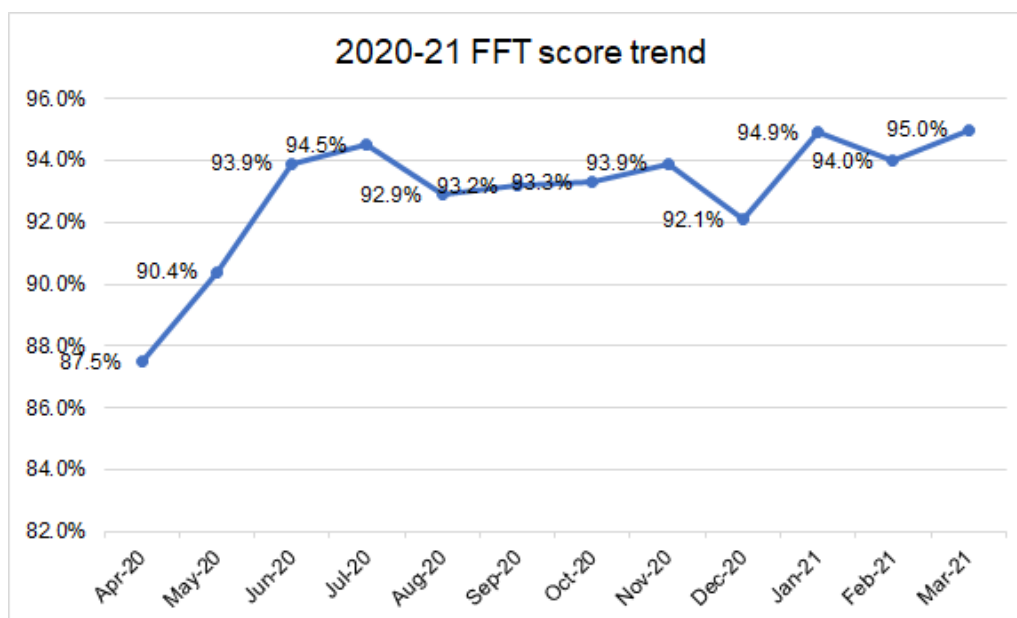
Themes identified from our patient feedback

Patients are asked to leave comments on FFT surveys, and these are themed within the survey system. The graph below shows themes throughout 2020-21. The topics seen through patient feedback have changed, seemingly as a result of COVID-19. There has been far greater positive feedback about Feeling Safe and the level of Professionalism and Competency of our staff, compared with 2019-20.
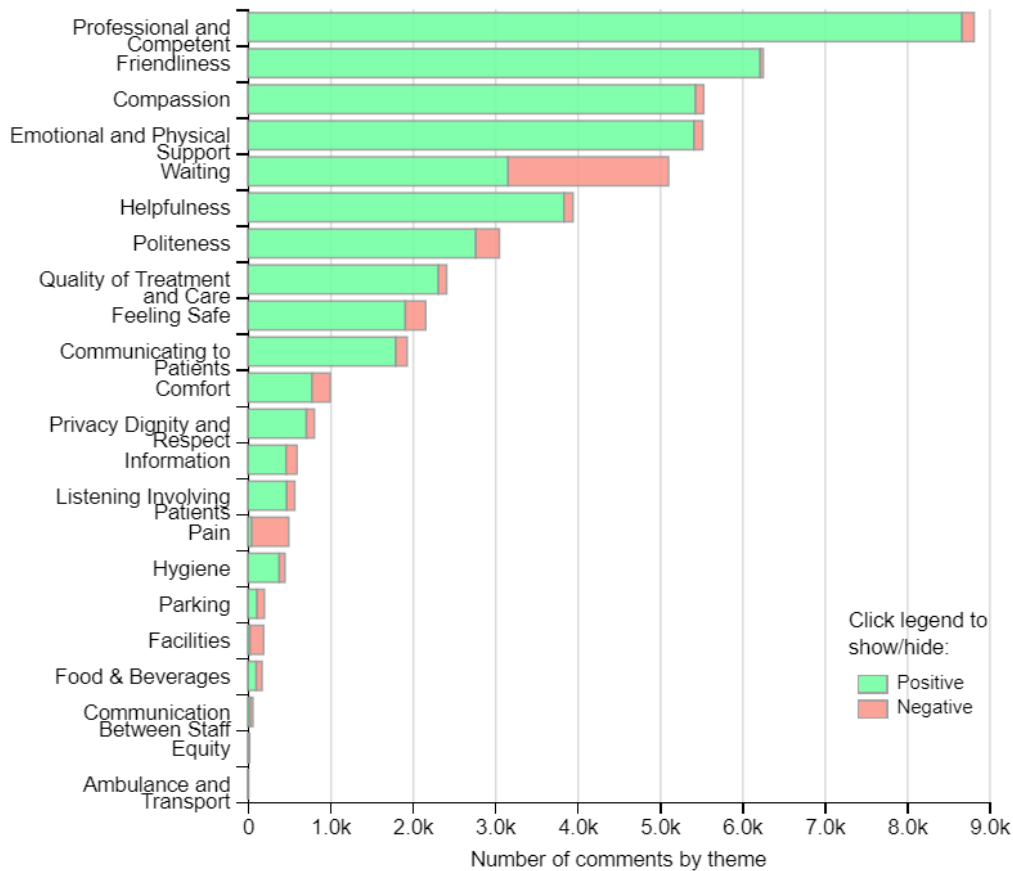
Always Events® Patient Pledges

The Trust continues to measure performance against its Always Events pledges:

- We will always provide care for your individual needs.
- We will always listen to what matters to you.
- We will always treat you with courtesy and respect.
- We will always keep you informed and ensure you understand.
- We will always be kind and maintain your dignity.

High performance has been maintained against the pledges, despite pressures associated with the COVID-19 pandemic.

	2020	2020	2020	2020	2020	2020	2020	2020	2020	2021	2021	2021	
Question:	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Benchmark
Did we provide care for your individual needs?	92	92	94	94	93	93	93	93	93	94	93	95	95
Did we listen to what matters to you?	91	91	93	93	92	92	92	92	92	94	93	94	95
Did we treat you with courtesy and respect?	95	95	96	96	96	96	96	96	96	97	96	97	95
Did we communicate in ways you could understand?	94	94	95	95	94	95	95	95	94	96	95	96	95
Did we give you enough information to help you understand what was happening?	90	91	91	91	90	91	91	92	91	92	92	93	95
Did we treat you with kindness and compassion?	94	95	96	96	95	95	95	95	95	96	96	97	95
Did we maintain your privacy & dignity?	96	96	97	97	97	97	96	97	97	97	97	98	95
Overall:	93	93	94	94	93	93	94	94	94	95	94	95	
Respondents:	1341	2051	4451	5327	5431	6645	6159	6443	6233	4796	6415	7937	

Go For It Fund

The Go For It Fund was placed on hold during 2020-21 due to the COVID-19 pandemic. Applications will recommence inline with Patient Experience week in July 2021.

Patient Experience Champions

The Patient Experience Team has continued to engage with Champions throughout the pandemic wherever possible, with virtual workshops held and various initiatives promoted, such as the Smile Behind the Mask campaign.

PALS

The Patient Advice and Liaison Service (PALS) received a total of 5112 contacts during the last financial year, comprising of 351 compliments, 1222 enquiries and 3539 concerns (excluding ex gratia claims).

This was a 24% decrease from the total contacts in the year 2019-20, and a 21% decrease in PALS concerns (from 4492).

The service introduced PALS KPI's during the pandemic, in conjunction with the Divisions, in order to respond to concerns in a timely fashion and to provide a better patient experience by endeavouring to resolve issues at an early stage. This will be monitored during 2021-22 to review the effectiveness of these timescales and to make on-going necessary changes in order to embed a culture of a timely and appropriate responses within the Trust.

 To encourage feedback, especially from current inpatients who may feel it is difficult to speak up, PALS is currently working on introducing a trial of small and easy projects at ward level which invite the patients to talk to the staff if they are unhappy or have any concerns. It is anticipated that this will help to resolve concerns quickly and to encourage good communication between staff and patients.
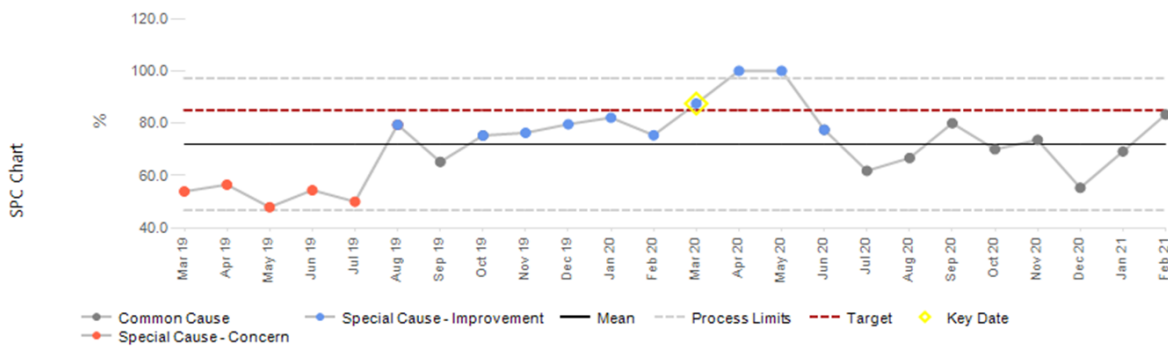
Finally, in line with the planned celebrations for Florence Nightingale's birthday during the summer, there are plans to roll out Trust wide new PALS leaflets, suggestion boxes and to refresh and install new display boards and new posters. This will raise the profile of the department, encourage feedback and support a listening culture within the Trust.

Bereavement Services

In response to the coronavirus pandemic, particularly in relation to the social distancing measures and the restrictions imposed to prevent visitors coming into our hospitals, our services had to respond differently. A deceased patient property release service was introduced to support wards and prevent footfall in our hospitals. A team of re- deployed staff from within the Trust as well as existing staff from Advice and Support Services came together to deliver this. Property was safely collected from the wards and stored, and the team contacted next of kin to arrange timed appointments to collect their loved ones' belongings from an off-site facility. The service evaluated extremely well from the people who used it who welcomed the personal approach of a dedicated time slot.

The Trust's bereavement service were also dealing with the unprecedented demand which was placed on their service due to the exponential number of deaths which were being reported and required processing in order for death certificates to be issued within a timely manner. Staff worked tirelessly to maintain the service which, during the peak period was extended to 7 days. Staff also supported other Trust colleagues who were involved in collating data for the daily reporting requirements on the number of COVID-19 deaths within a 24 hour period.

Complaints

Complaint Response Time (COM3)

NHS
University Hospitals of
Derby and Burton
NHS Foundation Trust

EXCEPTIONAL
Care Together

Number of Complaints (COM4)
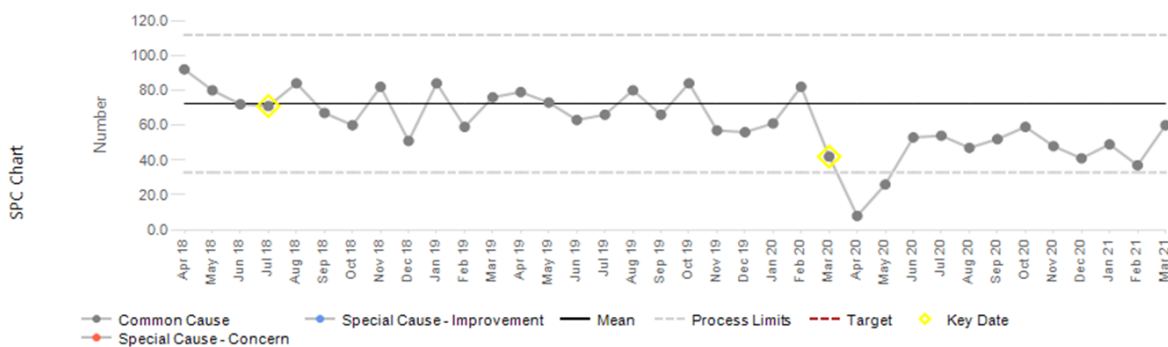
In response to delivering our services differently during the Coronavirus pandemic included cancelling face-to-face meetings with complainants, pausing complaint handling in line with national guidance and putting stop moments in place for non-urgent complaints, introducing an off-site deceased patient property release service; virtual visiting and messaging services; and the suspension of any face-to-face engagement work. Staff across the Patient Experience teams supported the changes and initiatives and resources were pooled to support the Bereavement Service during this challenging time. A national 3 month pause was placed on new and existing complaints from 26 March 2020 to allow focus on the front-line response to COVID-19-19.

In Quarter 1 the total number of complaints: decreased by 52% (87), compared to Q4 (182), with the biggest reduction seen in April 2020 (8) due to the Coronavirus pandemic. Complaint response time: improved by 11.8% from 82.7% in Q4 to 92.5% in Q1, which exceeded the 85% target however stop moments were in place during April and May 2020 to support the national pause on complaint handling. Whilst the national pause on the NHS complaints process was lifted on 1 July 2020, the Trust recommenced complaint handling on 1 June 2020, one month earlier, to resume investigations and provide responses to families.

Following significantly reduced numbers of complaints received in Q1 (87), there was an increase in new complaints received over the next three quarters (Q2 – 151, Q3 – 149, Q4 - 146). At the year end (Q4), complaint numbers had not returned to pre-pandemic levels (average of 209 per quarter). The number received in March 2021 (60) was 60% higher than the previous month (37), indicating that the number of complaints received is beginning to return to pre-pandemic levels.

During the third wave of Coronavirus, a 40-day timescale was applied for complaints received after 18 January 2021 to reflect the additional pressures (in line with Department of Health advice in place until 30 April 2021). The Trust continues to monitor open complaints in order to provide timely responses where possible. It was agreed at Chief Nurse meeting to cease the extended timescale at the end of April 2021 and revert to 25 working days for straightforward complaints and 40 working days for the more complex cases.

Complaint response performance fell in quarters 2 and 3 and was at its lowest in December 2020 (55.3%) This was partly due to Lead Investigators working on the backlog of investigations after the pause on complaint handling was

lifted whilst trying to restore clinical services. However, KPI performance during Q3 and Q4 has continued to improve, with the end of the year showing an upward trend in performance (average KPI performance for Q4 – 70.9%, March 2021 – 76.9%).

Complaint activity and KPI performance is reported and monitored through the Patient Experience and Improvement Group, Quality Improvement Group and Quality Performance Committee. The 85% response target remains for 2021-22 and Divisions are working to recover performance to achieve the target.
Facilitated reflection sessions are planned with the Patient Experience teams, both from a well-being perspective and to capture the learning.

There is a Patient Experience activity plan in place for 2021-22, including the following service improvement work for managing complaints:
- Complaints and PALS triage quality improvement project
- Complaints Masterclass – review content of training for Lead Investigators
- Complaints Review Group to recommence and review terms of reference (scrutiny of timeliness and quality of investigations and responses)
- PALS KPIs to be introduced to monitor the timeliness of responding to concerns/enquiries
- Capturing actions and learning from complaints – further work to capture actions/learning in DATIX

All acute

The data made available to the Trust by NHS Digital with regard to the percentage of staff employed by or under contract to the Trust during the reporting period who would recommend the Trust as a provider of care to their family and friends.

Staff Experience and Engagement 2020/2021

University Hospitals of Derby and Burton Foundation Trust considers that this data is as described for the following reasons:

UHDB local staff surveys

Following the national NHS Staff Survey results for 2019, the Trust ran a series of UHDB staff surveys during 2020 to gather more in-depth feedback into the components of staff engagement (advocacy, involvement and motivation), as well as looking in detail at employee wellbeing. The results have been used to inform work in both these areas.

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

The data made available to University Hospitals of Derby and Burton Foundation Trust by NHS Digital with regard to percentage of staff employed by, or under contract to, the Trust during the reporting period who would recommend the Trust as a provider of care to their family or friends.

The score for recommending the Trust for care is 80.5% for 2020, against an average of 74.3% for acute and acute & community trusts. This is a slight improvement from 78.7% in 2019.

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

The Trust has used findings from the national NHS Staff Survey to inform its approach to staff engagement, including using the quarterly local staff survey to explore all the component parts of staff engagement and to further understand colleagues' wellbeing needs.

In addition to this, the Trust has continued to use the Clever Together online crowdsourcing platform to gather feedback and comments throughout the year from our colleagues. These conversations have helped the Trust better understand how colleagues feel on a range of subjects including improving outpatients services, as well as to gather views on how to spend money donated for staff welfare through our charity (UHDB was the first trust in the country to use the Clever Together systems to ask about best use of charitable donations for employees).

Throughout 2020/21, the Trust has continued to provide a variety of forums, moving the majority of these online due to the pandemic:

- Ask the Execs: a weekly live stream giving colleagues a regular opportunity to hear from the Executive team and ask questions

- Trust Board brief: an update from the Executive Team about what's going on across the Trust and a chance to submit questions, broadcast across the intranet, Facebook and MS Teams

- Establishing the #TeamUHDBForum, including colleague and executive members
- Freedom to Speak up drop-ins, which have been in person as well as virtual and continued working with champions
- Leadership Community Forums (mid-band and senior leaders)
- Schwartz Rounds (face to face forums in which staff can reflect on their experiences of providing healthcare)
- Staff engagement groups
- Establishing a network of over 230 wellbeing champions, through monthly virtual networking meetings
- Patient Experience Champions workshops held virtually, including a 'smile behind the mask' initiative, enabling further engagement with over 280 colleagues. There are now over 880 Patient Experience Champions
- Lead Ambassadors (colleagues working together to promote compassionate leadership supporting the Organisational Development (OD) agenda).

In addition to this we continue to work closely with our staff-side partnership colleagues on a range of issues, including discussing ideas within engagement forums, such as the new #TeamUHDBForum.

National Staff Survey 2020

The NHS Staff Survey is a recognised way of ensuring that the views of staff working in the NHS inform local improvements that are fed into local and national assessment of quality, safety and delivery of the NHS Constitution. A total of 12,875 colleagues were eligible to complete the survey and 6,804 took part (a full census), giving the Trust a response rate of 53%, which compares well with 47% in 2019 as well as with the 45% average for acute and acute & community trusts in the 2020 survey. (In 2020 the Trust was compared with acute and acute & community trusts nationally, whereas in 2019 the Trust was compared with acute trusts nationally).

These latest national NHS Staff Survey (2020) results show that the Trust is average for staff engagement, which measures staff motivation, involvement and advocacy. It is also average for equality, diversity and inclusion, morale, quality of care, and safe environment – bullying & harassment. It is slightly below average for health and wellbeing

(although improved from the previous year), immediate managers, safe environment – violence, safety culture, and teamworking. (The theme of quality of appraisals was not used in the 2020 survey.)

National position

Analysis of the data shows that the Trust is in the top half of acute and acute & community trusts nationally for the theme of staff engagement. Key questions include:

- Recommending the organisation as a place to receive treatment (in top quarter nationally)

- Recommending the organisation as a place to work (in top third nationally)

- Care of patients/service users is the organisation's top priority (in top half nationally).

Out of 75 questions the Trust is significantly better than the previous year for 19 questions and significantly worse for nine.

On 47 questions comparing the Trust's results with the previous year, the scores show no significant difference.

Most improved from last survey

The most improved scores from the last survey are:

- Q4f Have adequate materials, supplies and equipment to do my work, 63% (also most improved in 2019)
- Q4g Enough staff at organisation to do my job properly, 40%
- Q6a I have realistic time pressures, 26%
- Q10c Don't work any additional unpaid hours per week for this organisation, over and above contracted hours, 53% (also most improved in 2019)
- Q11d In last 3 months, have not come to work when not feeling well enough to perform duties, 50%.

Least improved from last survey

The least improved questions from the last survey are:

- Q2a Often/always look forward to going to work, 57% (part of staff engagement)
- Q2c Time often/always passes quickly when I am working, 74% (part of staff engagement)
- Q4i Team members often meet to discuss the team's effectiveness, 50%
- Q5g Satisfied with level of pay, 36%
- Q11c In last 12 months, have not felt unwell due to work related stress, 54% (also least improved in 2019).

These are being considered in action planning, along with key questions from the themes. The national staff survey 2020 action plan for 2021 includes:

- Providing a safe work environment free of bullying and harassment, violence and aggression and that provides psychological safety
- Ongoing focus on staff wellbeing
- Equality, diversity and inclusion - supporting our staff networks to thrive, looking at the barriers colleagues encounter through recruitment and development processes
- Developing our leadership and management support
- Supporting colleagues to make improvements at work.

Survey Coordination Centre

2020 NHS Staff Survey Results > Theme results > Overview

NHS England

	Equality, diversity & inclusion	Health & wellbeing	Immediate managers	Morale	Quality of care	Safe environment - Bullying & harassment	Safe environment - Violence	Safety culture	Staff engagement	Team working
Best	9.5	6.9	7.3	6.9	8.1	8.7	9.8	7.4	7.6	7.1
Your org	9.1	6.0	6.7	6.2	7.5	8.1	9.3	6.7	7.0	6.3
Average	9.1	6.1	6.8	6.2	7.5	8.1	9.5	6.8	7.0	6.5
Worst	8.1	5.5	6.2	5.6	7.0	7.2	9.1	6.1	6.4	6.0
Responses	6,552	6,591	6,613	6,499	5,991	6,355	6,568	6,539	6,677	6,620

The Trust's performance is represented in themes and the overview table is shown above.

Workforce Race Equality Standard (WRES)

Workforce Race Equality Standard (WRES)

The 2020 figures show no change in the percentage of Black Minority Ethnic (BME) colleagues experiencing harassment, bullying or abuse from patients, relatives or the public, alongside a slight reduction of 2% for white colleagues. Both figures for 2020 are slightly worse than the average. With harassment from staff the score for BME colleagues is 30%, which is 6% worse than white UHDB colleagues (24%).

The percentage of BME colleagues experiencing discrimination at work from managers/team leaders or other colleagues has increased by 2%, and is well above (worse than) levels reported by white colleagues.

The belief in fair career progression scores the same as in 2019 for BME colleagues and white colleagues, but there remains a negative gap between BME and white colleagues for 2020 of fourteen percentage points.

WRES Indicators	UHDB 2020	Average (median) for acute and acute & community	UHDB 2019

			trusts 2020	
% of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	White	26%	25%	28%
	BME	29%	28%	29%
% of staff experiencing harassment, bullying or abuse from staff in last 12 months	White	24%	24%	25%
	BME	30%	29%	30%
% of staff believing that the organisation provides equal opportunities for career progression or promotion	White	89%	88%	89%
	BME	75%	73%	75%
In the last 12 months have you personally experienced discrimination at work from manager/team leader or other colleagues?	White	6%	6%	6%
	BME	18%	17%	16%

Workforce Disability Equality Standard (WDES)

The WDES is a data-based standard that uses a series of measures taken from the 2020/21 financial year, to help improve the experiences of staff with a long term condition or illness in the NHS. It applies to all NHS Trusts and is overseen by NHS England.

Experiencing harassment (from public/managers/colleagues) if you are a disabled colleague remains at higher rates than for non-disabled colleagues but reporting harassment/abuse has improved from the previous year (as it has for non-disabled colleagues).

There is a negative gap of believing career progression is fair between disabled and non-disabled colleagues, although this has closed slightly. There is an improvement in disabled colleagues feeling pressure from their manager to attend when unwell and this is now in line with the average for disabled colleagues.

Satisfaction with feeling their work is valued has slightly improved for disabled colleagues and making adequate adjustments has improved by 6%. However, year on year staff survey data across the metrics continues to indicate that staff with a disability are more likely to have a worse experience than non-disabled staff for many parts of working   life.

Concerns identified from the staff survey data will be fed into Trust's Equality, Diversity and Inclusion group, in order for actions to be determined to address the issues and to draw up an action plan.

WDES Indicators 2020	Staff with an LTC or illness	Staff without an LTC or	Average for staff	Average for staff

					illness		with an LTC or illness	without an LTC or illness
			2020	**2019**	**2020**	**2019**	**2020**	**2020**
Indicator 4a (Q13a-c)	% of staff who experienced at least one incident of bullying, harassment, or abuse from …	Patient, service users, relatives	32%	32%	25%	27%	31%	25%
		Managers	16%	17%	9%	10%	19%	11%
		Colleagues	29%	29%	18%	19%	27%	18%
Indicator 4b (Q13d)	% of staff saying that they reported their last incident of bullying, harassment or abuse		47%	44%	48%	45%	47%	46%
Indicator 5 (Q14)	% of staff that believe their organisation provides equal opportunities for career progression		83%	81%	88%	88%	80%	86%
Indicator 6 (Q11e)	Experiencing pressure from your manager to attend work when unwell		33%	37%	25%	24%	33%	23%
Indicator 7 (Q5f)	Staff Satisfaction with extent work is valued by organisation		39%	37%	48%	49%	37%	49%
Indicator 8 (q26b)	Adequate adjustments made		76%	70%	-	-	76%	-
Indicator 9a	Staff Engagement (Score 0-10) (Organisational Average 7.0)		6.7	6.7	7.1	7.2	6.7	7.1

Feedback from Staff Surveys

Following the national NHS Staff Survey results for 2019, the Trust ran a series of staff surveys across the Trust during 2020/1 to gather more in-depth feedback into the components of staff engagement (advocacy, involvement and motivation) as well as looking in detail at employee wellbeing.

Staff attitude and opinion survey results

The Trust's overall response rate for 2020 was 53%, which compares well with 47% in 2019 and the 45% average for acute and acute & community trusts in the 2020 survey.

	2019 (previous year)		2020 (current year)	
	UHDB	Acute trust average	UHDB	Acute and acute & community trust average
Response rate	47.2% (5,886)	47.5% (259,296)	53.4% (6,781)	45.4% (402,201)

The staff engagement score for the Trust for 2020 is 7.0, which is on the average of 7.0 for acute and acute & community trusts nationally.

	2019 (previous year)		2020 (current year)	
	UHDB	Acute trust average	UHDB	Acute and acute & community trust average
Staff Engagement	7.1	7.0 (best 7.5, worst 6.1)	7.0	7.0 (best 7.6, worst 6.4)

The score for recommending the Trust for care to family and friends is 80.5% for 2020, above an acute and acute & community trust average of 74.3%.

Staff who would recommend the Trust for care	2019	2020
If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation	79%	81%
National average for acute (2019) and acute and acute & community trusts (2020)	71%	74%
Highest score for acute (2019) and for acute and acute & community trusts (2020)	87%	92%
Lowest score for acute (2019) and for acute and acute & community trusts (2020)	40%	50%

Strengths for the Trust include the Quality of Care theme which has improved from 2019. Three questions make up this theme and have not deteriorated from 2019. The Trust is above average for being 'able to deliver the care I aspire to' and average for being 'satisfied with the quality of care I give' and 'feeling my role makes a difference'.

We can also consider the positive performance in the Friends and Family Test questions, where UHDB has improved and is above the average for acute and acute & community trusts:

Question	UHDB 2020	National average 2020 (acute and acute & community trusts)
Q18a Care of patients/service users is my organisation's top priority	**82%** (80% in 2019)	**79%** (best 91%, worst 62%)
Q18c I would recommend my organisation as a place to work	**71%** (68% in 2019)	**67%** (best 84%, worst 47%)
Q18d If a friend or relative needed treatment I would be happy with the standard of care provided by the organisation	**81%** (79% in 2019)	**74%** (best 92%, worst 50%)

Annex 1: Supporting Statements

Statement from Derby and Derbyshire Clinical Commissioning Group

Annual Quality Report 2020/21
University Hospitals of Derby and Burton Foundation Trust
Commissioner Statement

General Comments
NHS Derby and Derbyshire Clinical Commissioning Group (DDCCG) is the co-ordinating commissioner for services provided by University Hospitals of Derby and Burton Foundation Trust (UHDBFT). Careful consideration has been given to the content and accuracy of the 2020/21 Quality Account to ensure it is in line with the national guidance. The information provided appears to be accurate and representative of the information available to the CCG through contract monitoring and quality assurance processes during the year.

Measuring and Improving Performance
It is noted that previous Quality Accounts describe the quality of services provided by UHDBHFT against national, regional, and local standards as detailed within the NHS Standard Contract, the local quality schedule and the Commissioning for Quality and Innovation (CQUIN) scheme. Due to the COVID-19-19 pandemic, this benchmarking was paused. As a result of the response required to the pandemic the priorities identified in the Quality Account 2019-2020 were not achieved. Commissioners note that despite the challenges of the last 12 months progress has been made against delivering the Quality Strategy 5-year plan.

Each of the Divisions at UHDBHFT have provided clear information demonstrating the challenges they have faced and insight into their experience over the last year. Commissioners note the focus on continuing to strive for excellence whilst adjusting to a new way of working to support staff and patients and restore services.

Patient Safety
Commissioners are pleased to note the progress and focus on incident reporting, with provided measurable metrics, and the initiatves undertaken in strenthening patient safety work with the commitment to learn from events when 'something goes wrong'. It is noted that the CQC unannounced inspection in June 2020 found that the Trust must ensure that learning following incidents is shared with all staff. DDCCG look forward to seeing the improvement this work will deliver and share the Trusts aspiration to achieve an outstanding rating from the CQC.

Commissioners note that UHDBHFT has engaged and embraced the Patient Safety Incident Response Framework (PSIRF) as part of the early adopter implementation which will support improvement in the area of incident management and learning to improve patient safety.

The introduction of the onsite Medical Examiners demonstrates a commitment to learn from deaths and improve transparency for the bereaved.

Clinical Effectiveness
Commissioners note the continued commendable participation in national Clinical Audits which supports identification of areas for improvement and the QIA process.

It is of note that a regional inspection of the Trusts Pharmacy was assigned the lowest possible risk rating and thus the best possible outcome in terms of their aseptic facilities during the pandemic. This is to be commended.

DDCCG welcome the improvements on Ward 2 at London Road Community Hospital in the timely use of syringe drivers with staff reported as more confident and competent in the administration of syringe drivers. This has resulted in improved care for patients with a 75% reduction in as required medication being reported.

Patient Experience
Commissioners note that all engagement activities face-to-face had to cease in 2020 and that the Trust found other means to engage with their communities though virtual meetings. This has been found to be a positive process and removed some barriers to engagement as it increased accessibility for many people.

Friends and Family Test (FFT) has continued to be collected electronically following suspension of paper services. Commissioners note that the score remained high throughout the year resulting in reaching the Trust target level of 95% in March 2021.It is positive to see that the positive feedback for patients Feeling Safe and the level of Professionalism and Competency has increased from 2019-2020.

Priorities for 21/22
Derby and Derbyshire welcome the priorities identified in this Quality Account towards delivering exceptional care. Commissioners commend the focus on supporting and developing staff and a commitment to restoring services. 2020/21 has not been without its challenges, and the CCG look forward to continuing to work with the Trust in driving improvements.

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

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

Brigid Stacey
Chief Nursing Officer
On behalf of Derby and Derbyshire Clinical Commissioning Group

27th May 2021

Term	Meaning
1:1	The ratio of care workers to patients. See also 2:1 and 3:1 ratios
AAC	Acute Assessment Centre based at the Queens Hospital Burton
Acqua	Advancing Quality Alliance. NHS health and care quality improvement organisation
AE	Accident and Emergency. Also known as ED
AEC	Ambulatory Emergency Care based at the Queens Hospital Burton
AED	Automated External Defibrillator
AGP	Aerosol generating procedures
AHP	Advanced Health Practitioner
Airvo	A humidifier wthat delivers warmed and humidified respiratory gases to spontaneously breathing patients.
AKI	Acute Kidney Injury
AMU	Acute Medical Unit
Azithromycin	An antibiotic used to treat many different types of infections caused by bacteria, such as respiratory infections
BAMBU	Burton Acute Medicine Business Unit
BTS	British Thoracic Society
BU	Business Unit. How services are divided into specialties within the Divisions
C.diff	Clostridium difficile
C19	Coronavirus variant identified in 2019 AKA SARS-CoV-2 virus
Caldicott Guardian	A senior role in an organisation to make sure that the personal information about those who use the organisation's services is used legally, ethically and appropriately, and that confidentiality is maintained.
CAMHS	Child and Adolescent Mental Health Services
CAP	Community Acquired Pneumonia
CCG	Clinical Commissioning Group
CCOT	Critical Care Outreach Team
CDU	Combined Day Unit (CDU) - chemotherapy suite
CED	Children's Emergency Department
CGA	Comprehensive Geriatric Assessment
Chemo	Abbreviation for chemotherapy
CITO	A platform for electronic case notes
Clever Together	Online crowdsourcing platform to gather feedback and comments throughout the year from our colleagues
CNS	Clinical Nurse Specialist
CofC	Continuity of Care
CoG	Council of Governors
COVID-19 19	Coronavirus variant identified in 2019 AKA SARS-CoV-2 virus
CPAP	Continuous Positive Airway Pressure. A CPAP machine increases air pressures that the airway doesn't collapse when breathing.
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRH	Chesterfield Royal Hospital
CRIS	Clinical Record Interactive System (CRIS). A project to make medical images more accessible
CT	Computerised Tomography

CTAU	The Combined Triage Assessment Unit (CTAU- previously referred to as the unwell bay), a unit for oncology and haematology patients undergoing chemotherapy or radiotherapy
CVC	Central Venous Catheter
CYP	Children and Young People
Cytology	The analysis of cells from the body under a microscope
DAHP	Director of Allied Health Professions
DAMBU	Derby Acute Medicine Business Unit
Datix	Digital platform for recording and managing incidents and near misses.
DDG	Divisional Delivery Group
DDND	Deputy Divisional Nurse Director
Dexamethasone	Dexamethasone is used to treat many conditions. These include inflammation
Division(s)	The 4 wider areas that services are split into to deliver care and treatment
DME	Department of Medicine for the Elderly
DMT	Divisional Management Team
DNACPR	Do Not Attempt Cardio Pulmonary Resuscitation
DND	Divisional Nurse Director
DOH	Department of Health
DPM	Discharge Planning Meeting
DQA	Data Quality Analytics
DQRG	Divisional Quality Review Group
DSPT	Data Security and Protection Toolkit
E.coli	Escherichia coli
ED	Emergency Department. Also known as AE.
EDC	Every Day Counts accreditation. A program to reduce unnecessary days in hospital
EDD	Expected Date of Discharge
EMAHSN	East Midlands Academic Health service Network Patient Safety Collaborative
EMCS	Emergency caesarean section
EMCSN	East Midlands Cardiac and Stroke Network
EMPSC	East Midlands Patient Safety Collaborative
ENP	Emergency Nurse Practitioner
EOL	End of Life
EPMA	Electronic Prescribing and Medicines Administration
EPR	Electronic Patient Record
ESCAPE programme	ESCAPE-pain. A group rehabilitation programme for people with chronic knee and/or hip pain
EWS	Early Warning Score
F2F	Face to Face meetings and patient interactions
FFT	Friends and Family Test
FIGO	The International Federation of Gynaecology and Obstetrics
FM	Facilities Management
FVC	Forced vital capacity is the total amount of air exhaled
GM	General Manager
Gold, Silver and Bronze meetings	Daily escalation meetings to discuss and resolve high level operational challenges
GP	General Practitioner
HCAI	Health Care Associated infection
HCW	Health Care Workers

HDU	High Dependency Unit.
HED	Healthcare Evaluation Data
HNA	Holistic Needs Assessment
HOM	Head of Midwifery
HPA	Health Protection Agency
HPV	Hydrogen Peroxide Vapour
HR	Human Resources
HRS	Health Research Sectors
HSCIC	Health and Social Care Information Centre
HSMR	Hospital Standardised Mortality Rate
HTA	Health Technology Assessment
Hydoxychloroquine	A quinoline medicine ordinarily used to treat or prevent malaria trialled in COVID-19 19 cases
IAO	Information Asset Owners
IBD	Inflammatory Bowel Disease
ICC	Infection Control Committee
ICD10	A code that can be used to indicate a diagnosis for reimbursement purposes
ICNARC	Intensive Care National Audit and Research Centre
ICO	Information Commissioners Office
ICOG	Infection Control Operational Group
ICU	Intensive Care Unit
ID Now	A COVID-19 test that was released during the pandemic
IG	Information Governance
IGSG	Information Governance Steering Group
Impact+	Multi-disciplinary team (MDT) made up of respiratory specialist nurses, physiotherapists, occupational therapists and consultants working across Southern Derbyshire and Erewash
IPC	Infection Prevention and Control
IPCT	Infection Prevention Control Team
ISS	Integrated Service Solutions
IT	Information Technology
ITU	Intensive Treatment/Therapy Unit
IViG	Intravenous Immunoglobulin Therapy
KPI	Key Performance Indicator
LGBT	Lesbian, Gay, Bisexual and Transgender
LIPS	Leading Improvements in Patient Safety
Lopinavir / Ritonavir	Antiviral medications
LRCH	London Road Community Hospital
Maternity Incentive Scheme	The maternity incentive scheme supports the delivery of safer maternity care through an incentive element to trusts contributions to the Clinical Negligence Scheme for Trusts
MAU	Medical Admissions Unit
MDT	Multi-Disciplinary Team
ME2	Midlands & East 2 Pathology Network. Networks in England for both test volumes and population coverage
Meditech	A platform for electronic case notes
MHA	Medical History Assurance

MHRA	Medical and Healthcare Products Regulatory Agency
MIU	Minor Injury Unit
MRC	Medical Research Council
MRSA	Methicillin Resistant Staphylococcus Aureus
MRSAb	Methicillin Resistant Staphylococcus Aureus bacteraemia
MS Teams	Microsoft Teams. Video communication platform to support remote working and meetings without being in the same room as each other
MSK	Musculoskeletal Physiotherapy
MSO	Medication Safety Officer
MSSA	Methicillin Sensitive Staphylococcus Aureus
MVP	Maternity Voices Partnership
NCEPOD	National Confidential Enquiries of Patient Outcomes and Death
Net-i	The Trust intranet platform for clinical and non clinical news, information and guidance to all staff
Neuro	Relating to nerves or the nervous system
NG	Nasogastric
NHFO	Nasal high flow oxygen
NHS	National Health Service
NHSE	National Health Service England
NHSG	Nutrition and Hydration Steering Group
NHSI	NHS Improvement
NICE	National Institute for Health and Clinical Excellence
NICU	Neonatal Intensive Care Unit
NIHR	National Institute for Health Research
NMBR	National Mastectomy and Breast Reconstruction
NMU	Nightingale Macmillan Unit. End of Life specialty ward (at the time of writing) based at the Royal Derby Hospital
NNAP	National Neonatal Audit Programme
NNU	Neonatal Unit
NOF	National Operating Framework
NPSA	National Patient Safety Agency
NRLS	National Reporting and Learning System
Ockenden Report	Independent maternity review into cases of serious and potentially serious concerns around avoidable baby deaths and cerebral palsy cases
OH	Occupational Health
OPCS	Listings of high cost drugs and chemotherapy
OT	Occupational Therapy/Therapist
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PAU	Paediatric Assessment Unit
PbR	Payment by Results
PCR	Polymerase chain reaction test for Coronavirus
PDSA	Plan, Do, Study, Act. Project management tool
PEAT	Patient Experience Assessment Team
PGD	Patient Group Directions. How a limited rage of medicines can be administered without the prescription of a doctor by other registered professionals.
PHE	Public Health England
PHSO	Parliamentary and Health service Ombudsman

Physio	Physiotherapy/Therapist
Piota	Application Developer
PLACE	Patient Led Assessment for the Care Environment
POC	Point of Care testing
PPE	Personal Protective Equipment
PRIDE	Trust objectives to achieve Exceptional Care Together
PRN	Pro re nata or 'when required' medications
PROMS	Patient Reported Outcomes Measures
Proning	To be placed in a front-facing position to help with breathing
PSD	Patient Specific Direction. The document to reflect the individual variation, conversation and administration of a medicine otherwise covered by a Patient Group Direction.
PSIRF	Patient Safety Incident Response Framework
PSR	Patient Safety Review
PUPG	Pressure Ulcer Prevention Group
QHB	Queens Hospital Burton
QI	Quality Improvement
QIPP	Quality, Innovation, Productivity and Prevention
QMS	Quality Management System
R&D	Research and Development
RCA	Root Cause Analysis
RCEM 50	Royal College of Emergency Medicine standards and guidance
RCP	Royal College of Physicians
RCPCH	Royal College of Paediatrics and Child Health
RDH	Royal Derby Hospital
Recovery trial	National trial to identify treatments that may be beneficial for people hospitalised with suspected or confirmed COVID-19-19
Rediroom	A mobile cart that expands into an air-filtered isolation room with hands-free entry
Rehab	Rehabilitation
Remdesivir	Remdesivir drug approved for treating the SARS-CoV-2 virus
Resp	Abbreviation for Respiratory
Resus	Abbreviation for Resuscitation
RFM	Reduced fetal movements
Rock Solid	An agency that provided behavioural supervision and are trained in restraint
RTT	Referral to Treatment (performance measure on the time waiting for treatment)
SAM	Society of Acute Medicine
SBAR	Situation, Background, Assessment , Recommendation
SBLCBv2	Saving Babies' Lives Version Two. A care bundle for reducing perinatal mortality
SDEC	Same Day Emergency Care
SDU	Step Down Unit
SHMI	Summary Hospital Level Mortality Index
SIG	Serious Incident Group
Siren Study	A national study to understand whether prior infection with SARS-CoV2 (the virus that causes COVID-19-19) protects against future infection with the same virus
SIRO	Senior Information Risk Owner
SJH	Samuel Johnson Hospital
SLAM	Service Level Activity Monitoring

SLM	Service Line Management
SMT	Senior Management Team
SOF	Single Oversight Framework
SOP	Standard Operating Procedure
SPIG	Stroke Patient Information Group
Spo2	A measurement of blood oxygen saturation levels
SRP	Sir Robert Peel Hospital
SSSP	System Specific Security Policy
STEIS	Strategic Executive Information System
SUS	Secondary User Service
Swiftque	Test booking platform
TDG	Trust Delivery Group
Teams' (as a verb)	To meet virtually via MS Teams
Tocilizumab	An immunosuppressive drug, mainly for the treatment of rheumatoid arthritis (RA)
UHDB	University Hospitals of Derby and Burton
UKAS	UKAS - The National Accreditation Body for the United Kingdom
UPH	Urgent Public Health trials
UTC	Urgent Treatment Centre
UV	Ultra Violet
VAT	Value Added Tax
VTE	Venous Thrombo Embolus
Ward 2	An End of Life Ward (at time of writing) based at London Road Community Hospital
Ward 206	An orthopaedic ward (at time of writing) based at the Royal Derby Hospital
Ward 209	A Gynaecology ward (at the time of writing) based at the Royal Derby Hospital
Ward 3	Medical ward at QHB. Respiratory specialty (at the time of writing)
Ward 312	A Stroke ward (at the time of writing) based at the Royal Derby Hospital
Ward 404	A Respiratory ward (at the time of writing) based at the Royal Derby Hospital
Ward 407	A Renal ward (at time of writing) based at the Royal Derby Hospital
Ward 409	A Neurology ward (at time of writing) based at the Royal Derby Hospital
Ward 410	A Stroke ward (at the time of writing) based at the Royal Derby Hospital
YP	Young People
Zoom	Platform for video communication

If you would like any part of this document translated into your own language, or require a version in large print, please contact us on

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