

# Annual Report

2009/2010



# What we do

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Derbyshire Mental Health Services NHS Trust was formed on 1 April 2002 following wide consultation, and subsequent approval, from the Secretary of State for Health to form a new county-wide specialist Mental Health Trust.

This was achieved as a result of a merger between the Southern Derbyshire Community and Mental Health Services NHS Trust and the North Derbyshire Mental Health Confederation - previously managed by the Community Health Care Services (North Derbyshire) NHS Trust. As a consequence of these changes, the Community Health Care Services (North Derbyshire) NHS Trust was dissolved on 31 March 2002.

### What We Do

Derbyshire Mental Health Services NHS Trust is the largest provider of mental health, learning disability and substance misuse services in Derbyshire, primarily serving the people of the county of Derbyshire which has a population of approximately one million. Our Trust focuses on services for those with severe and enduring mental health diagnoses. These supplement other services (such as those provided in primary care) and are themselves complemented by more specialist services such as secure inpatient services provided from dedicated premises. We provide a range of services which reflect the wide spectrum of mental health problems. This includes services for individuals who need support from community staff, through to inpatient, crisis resolution and more specialised services. Derbyshire Mental Health Services NHS Trust works in partnership with numerous organisations throughout the county, including NHS Derby City and NHS Derbyshire County, Derby City Council and Derbyshire County Council, Turning Point, Derby and Nottingham Universities, Derby County and Belper Town Football Clubs, Derbyshire Voice, the mental health charity MIND and others. These relationships enhance and improve services in the county.

### Consultation

We were keen to ensure our annual report was a document which told the story of our Trust in a way that was interesting and relevant to the reader. Therefore during April and May of 2010, we asked service users, carers, voluntary groups and staff organisations to comment on the content and format of this report. We have also previously consulted with the learning disability service and black and minority ethnic group community leaders to help us understand how best to communicate this report to people who may have difficulty reading the whole report in its original format.

Following consultation, the full document is available on request in: Large print, CD, Online and Easy read formats.

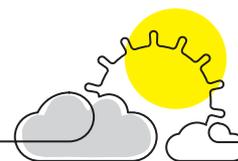
Translations of any section from the main index are available on request in: braille, other languages.

By arrangement: Personal assistance by a specialist from the Learning Disability Service.

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# Core purpose

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Our core purpose is to improve the mental health and wellbeing of the people of Derbyshire and provide them with effective, accessible and modern mental health and learning disability services.

We have summarised our vision, strategic objectives and operating principles using a framework of 1-4-7 which has resonated with our stakeholders, particularly service users, because it references the fact that currently one in four people will experience a mental health problem, and one in seven will require help from specialist services. We therefore have one vision, four strategic objectives and seven operating principles.

**Our vision is to be the first choice provider of mental health and substance misuse services, and to make a positive contribution to the provision of Learning Disability services.**

Our business is the provision of safe, effective and caring environments in which we can ensure a positive experience for everyone who uses our services. Most of us will not need to use mental health services in our lifetime. For those who do, we want our Trust to be the first choice provider, particularly in the key areas of mental health and substance misuse and we will help and support people with learning disabilities who need specialised health services.

We have worked hard over many years to build an excellent record of quality service provision, which gives us a first class foundation upon which to build further success. One of our principal objectives is to ensure that our performance is consistently in the top 25% when compared with other service providers. Whilst we will grow and develop our core services, we will extend our business beyond our traditional geographical boundaries. We will challenge our competitors on both quality of service and value for money and by doing so maintain our competitive advantage.

We are determined to exceed the expectations of those who need our help, commission our services or live in the communities we serve. We have set a specific personal objective for all our staff: the responsibility to take action to reduce the stigma associated with mental illness and learning disabilities.

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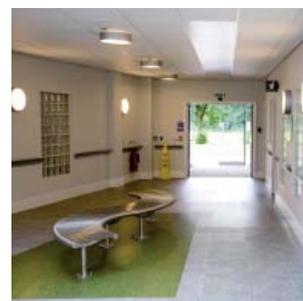
**One vision**  
**Four objectives**  
**Seven principles**

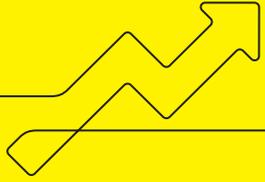
## Objectives

In order to achieve our objectives we will set stretching quality performance indicators and enhance our in-house skills to meet business growth opportunities through selective responses to market testing and discussions with existing and prospective commissioners.

As we generate financial surpluses, we will design plans with our commissioners and members that will benefit both our service users and the wider community. We will achieve this by developing and delivering local specialist services, which complement our core competencies and bring us new business opportunities.

In creating our strategy we have developed a clear sense of how our services will evolve and develop to meet the needs of our local people and future service demands. The 1-4-7 framework provides clarity to ensure an organisation wide approach to modernising services and delivering the key strategic objectives.





You will read in this Annual Report full details of how we are structured, how we configure and deliver our services and our financial position.

# Chairman's foreword

This has been an extremely busy year for our Trust with many new initiatives and developments being introduced to improve our services even further.

Perhaps most importantly, I point to the opening of our superb new facilities at Kingsway and Ilkeston. Just walking around these excellent buildings and chatting to staff makes it abundantly clear what an improved setting has been achieved for users of our service, their families and friends, and for our staff.

I am pleased to report that, despite continuing difficulties in the economy, we have once again produced a strong financial performance. This strong financial viability means the Trust is well-positioned to withstand the demanding financial challenges ahead.

We all know that during the coming years we will have to face further demands for increased financial efficiencies. I have absolutely no difficulty in fully embracing efficiency and carefully accounting for public money in everything we do. However I will never (and neither will my Board, or the excellent team of people who work for this Trust) agree to any financial measure which will have an adverse impact on the safety of those people in our care or on our employees.

I expect our application to become a foundation trust to be successful this winter and we shall use our new authorisation to improve the range and quality of our services for the residents of Derbyshire even further.

I am not complacent but in the light of the tremendous quality of the staff in our Trust, I am sure we can face the future together with confidence.



**Alan Baines**  
Chairman



**Alan Baines**  
Chairman

# Chief Executive's introduction

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**Mike Shewan**  
Chief Executive

The beginning of this year marked the 10th anniversary of my appointment as Chief Executive.

I am immensely proud of what has been achieved in that time, but little has given me as much satisfaction as seeing our plans for the new build facilities on the Kingsway site finally come to fruition. They really do provide an absolutely first class patient care environment, but have also dramatically improved accommodation for many of our important support services.

This has been a year of intensive planning to address the impact of the recession over the next 3 or 4 years. We have recognised the need to change the way service users enter, progress through, and leave our services, and begin a major programme of care pathways review. The fundamental driver is to improve patient experience, but to do so in a way which maximises the resources available to us. We know we, like the rest of the NHS, have to reduce our costs, but we are determined this should not result in a poorer quality service. Much progress has been made already, and I want to pay tribute to the admirable working partnership between our clinicians, service users and carers, and managers who have facilitated this.

In 2009/10 we launched the Productive Series – a national NHS initiative which encourages front line staff to look at their working practices to find ways of releasing time to care for patients through more efficient ways of working. We are the only Trust nationally to adopt an innovative approach by implementing this system across the whole care pathway, in community and inpatient settings, rather than through individual teams. It is extremely important in the current climate that staff are empowered to identify and make improvements for the benefit of service users, and the Productive tools are proving a popular way to embrace this.

In addition to our core business, we saw the extra challenge of dealing with a pandemic flu virus in this year. The summer of 2009 will be remembered by most NHS staff for the outbreak of Swine Flu. This created additional pressures for all our services and I am proud of the way our staff met this challenge without any impact on delivery of our services.

It remains important to the future of our services that we achieve foundation status as soon as possible. We have been working towards this throughout the year, in an assessment process which has been made much more rigorous following inquiries into other parts of the NHS, and at the time of writing we have been given the Secretary of State for Health's approval to undergo Monitor's assessment regime. I hope this will result in authorisation before the end of the year.

As the NHS prepares to respond to the challenges of the reforms set out in the recent White Paper, "Liberating the NHS" I am confident we will continue to place quality at the heart of all we do, and with another very successful year behind us, will do everything we can to give the people of Derbyshire a mental health and learning disabilities service they can be proud of.



**Mike Shewan**  
Chief Executive



# Our services - what we do

In April 2010 a new business unit structure was established across the Trust, but during the period of 2009/10 covered by this report, our services were delivered through three Business Units which were structured as follows:



These three business units allowed us to respond to the different needs of local communities across Derbyshire, as well as the specific care and treatment needs of different age groups.

### We provided the following mental health services for the whole of Derbyshire:

- Services for adults of working age (inpatient and community)  
Forensic services (low secure and prison in-reach)
- Perinatal mental health services (inpatient and community)
- Services for Older People (community only)  
Memory services.

### In addition, we provided the following services for Southern Derbyshire:

- Inpatient services for older people
- Child and Adolescent community services

### New Builds

Two opening ceremonies took place in December to mark the opening of the new build developments at the Kingsway and Ilkeston hospital sites.

At Kingsway, Sir John Brigstocke, KBC, unveiled a commemorative plaque in the Ashbourne Centre and the chairman and chief executive performed ribbon-cutting events at Cubley Court and Tissington House. At Ilkeston Resource Centre, Liz Blackman, MP, Member of Parliament for Erewash, also unveiled a plaque to commemorate the official opening of the new building.

# Overview of our main business unit services

## Adult North and Specialist Services Business Unit

The Adult North and Specialist Services Business Unit provided a number of services covering Derby city and Derbyshire county areas. It aimed to provide the highest quality services in line with best practice and Derbyshire Mental Health Services strategic objectives.

The unit employed around 600 staff who delivered services within community and inpatient settings. The services provided were as follows:

### Adult Services

Including:

- community mental health teams
- assertive outreach
- early Intervention
- adult Acute Inpatient Wards with a small number of Older Adult beds
- rehabilitation (community and inpatient)
- psychology
- mental health liaison
- crisis resolution home treatment services.

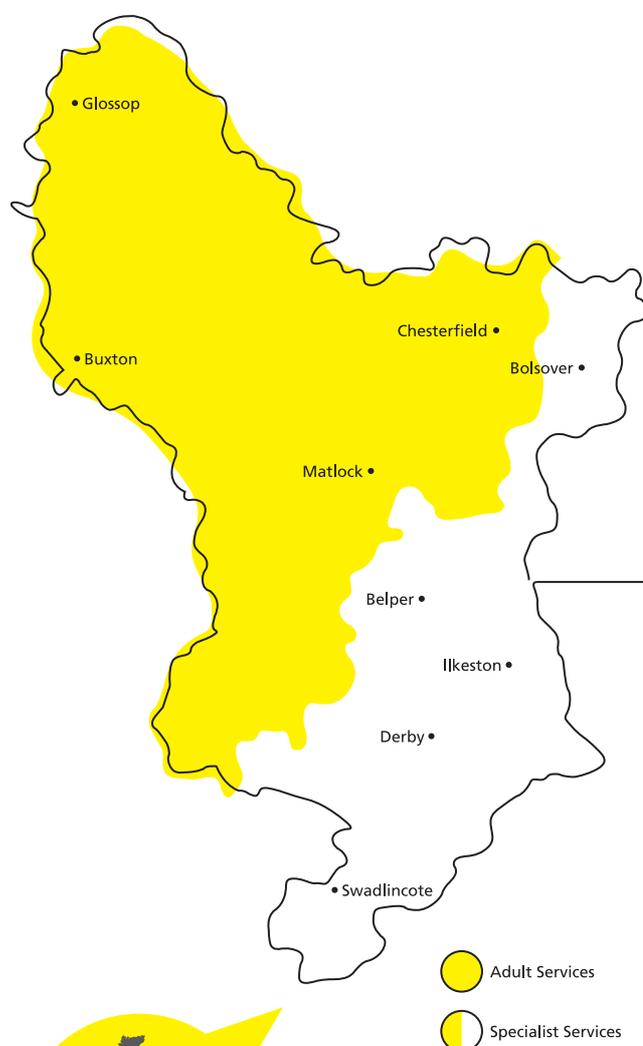
These were delivered within the North Business Unit catchment area covering the High Peak and North Derbyshire Dales (combined population of 160,900), and Chesterfield and North East Derbyshire (combined population of 270,450) localities. The area covers a wide geographical spread and communities are situated mainly within rural and urban settings.

### Specialist Services

Including:

- child and adolescent mental health services, commissioned to cover Derby city and Southern Derbyshire
- substance misuse services, covering the county
- eating disorder service, covering the city and county
- psychological therapies, which cover both the city and the county.

Our multi-professional team delivered a high level of collaborative working.



## Adult South and Specialist Services Business Unit

The Adult South and Specialist Services Business Unit was responsible for delivering mental health services to adults within Derby City and Southern Derbyshire. Our services ranged across the whole of the adult care pathway and delivered against national guidance, both within the community and inpatient settings. Included within the business unit were services for people with needs for rehabilitation services, acute care services, community mental health services, perinatal and forensic services.

There were approximately 500 staff working within the service from a range of disciplines and professions which included medical staffing, psychologists, occupational therapists, nurses, social workers and family therapists.

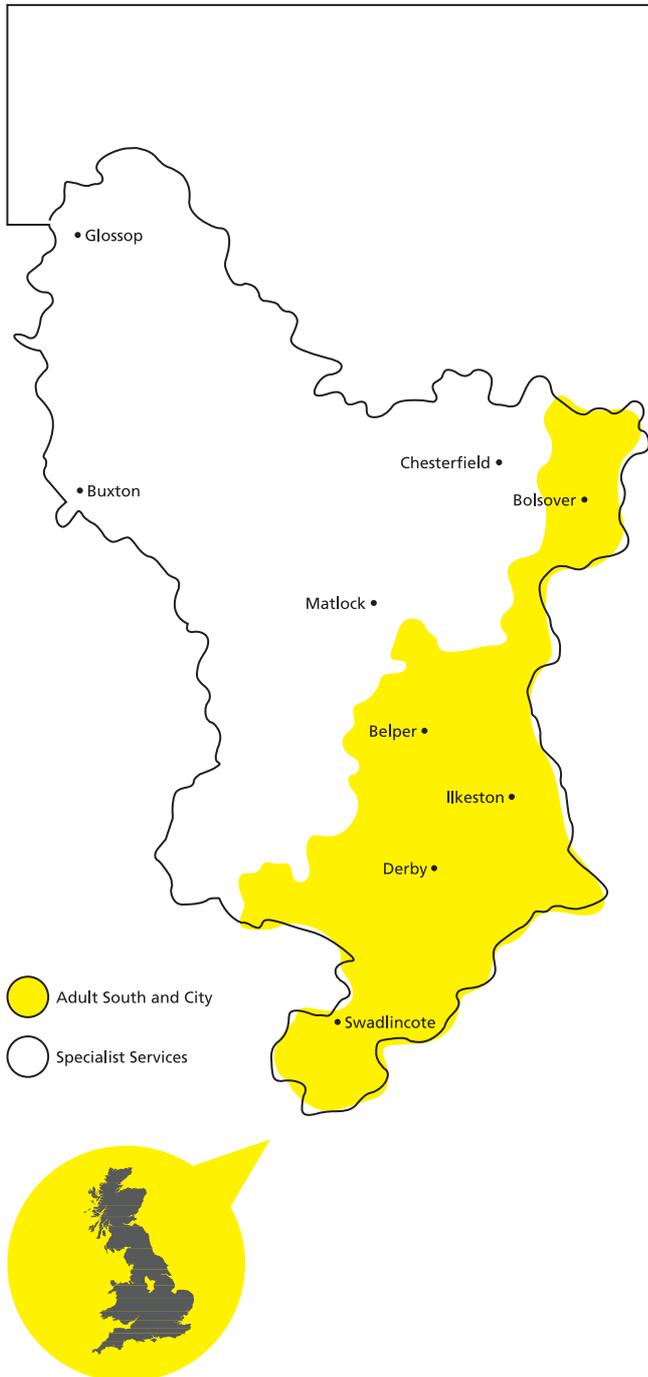
### Services provided within an inpatient setting:

- acute inpatient care, Radbourne Unit
- inpatient rehabilitation service, Cherry Tree Close
- inpatient rehabilitation service Audrey House
- low secure and Psychiatric Intensive Care Unit service, Kedleston Unit
- perinatal inpatient service, The Beeches
- occupational therapy service.

### Within a community setting the following services were provided:

- community mental health teams
- early intervention service
- mental health liaison service
- assertive outreach teams
- crisis resolution and home treatment teams
- perinatal community mental health team
- day hospital service
- outpatients department.

In addition we provided a prison in-reach service to HMP Foston Hall and HMP Sudbury, and a Criminal Justice & Liaison service to police custody suites across Derbyshire.



## Older People & Learning Disability Business Unit

**The Older People service was responsible for delivering services to older people across Derby City and Derbyshire County. They also delivered services to younger people whose needs are best met by their expertise. They delivered services to best practice, national standards and guidelines within existing resources.**

### Older People's Services

The Older People business unit has inpatient services at Kingsway and the London Road Community Hospital. The key achievement in year for Older People's services was the opening of the new inpatient facilities on the Kingsway site. All Older People's inpatient services are now delivered from purpose-built accommodation providing individual en-suite bedrooms.

- Tissington House - 14 beds for people with dementia
- Cubley Court - 36 beds for people with dementia
- Wards 41 and 45 at the London Road Community Hospital - 32 beds for people with mental ill health

We also saw the opening of a Resource Centre for Older People's services in the grounds of Ilkeston Community Hospital.

This new facility now provides accommodation for two Community Mental Health teams, Amber Valley and Erewash, Day Hospital provision - Midway and outpatient clinic facilities.

The Resource Centre and the new wards provide excellent modern accommodation for Older People's services and the people they serve.

### **We have Community Mental Health teams in the following areas:**

Derby City, Amber Valley, South Derbyshire, North East Derbyshire, Chesterfield, Erewash, North Dales, South Dales, High Peak

We provided day hospital services at Dovedale on the London Road Community Hospital site and day services at Woodside on the Ilkeston Community Hospital site.

### Learning Disability Services

The Learning Disability services are in the process of undergoing significant changes relating to the services provided by the Core Houses. The Core Houses provide inpatient services to people with a learning disability.

We have been working closely with Commissioners, advocacy services and housing services towards the closure of Core Houses and the reprovision of services with independent providers as part of the Government Campus Closure plan.

This offers exciting and life changing opportunities for people with a learning disability, and we anticipate the completion of this programme within the next few months.

The Business Unit had around 400 staff delivering services in community settings and inpatient areas.

The last year saw a sustained effort by all staff to ensure continuing high standards of care and services were delivered.

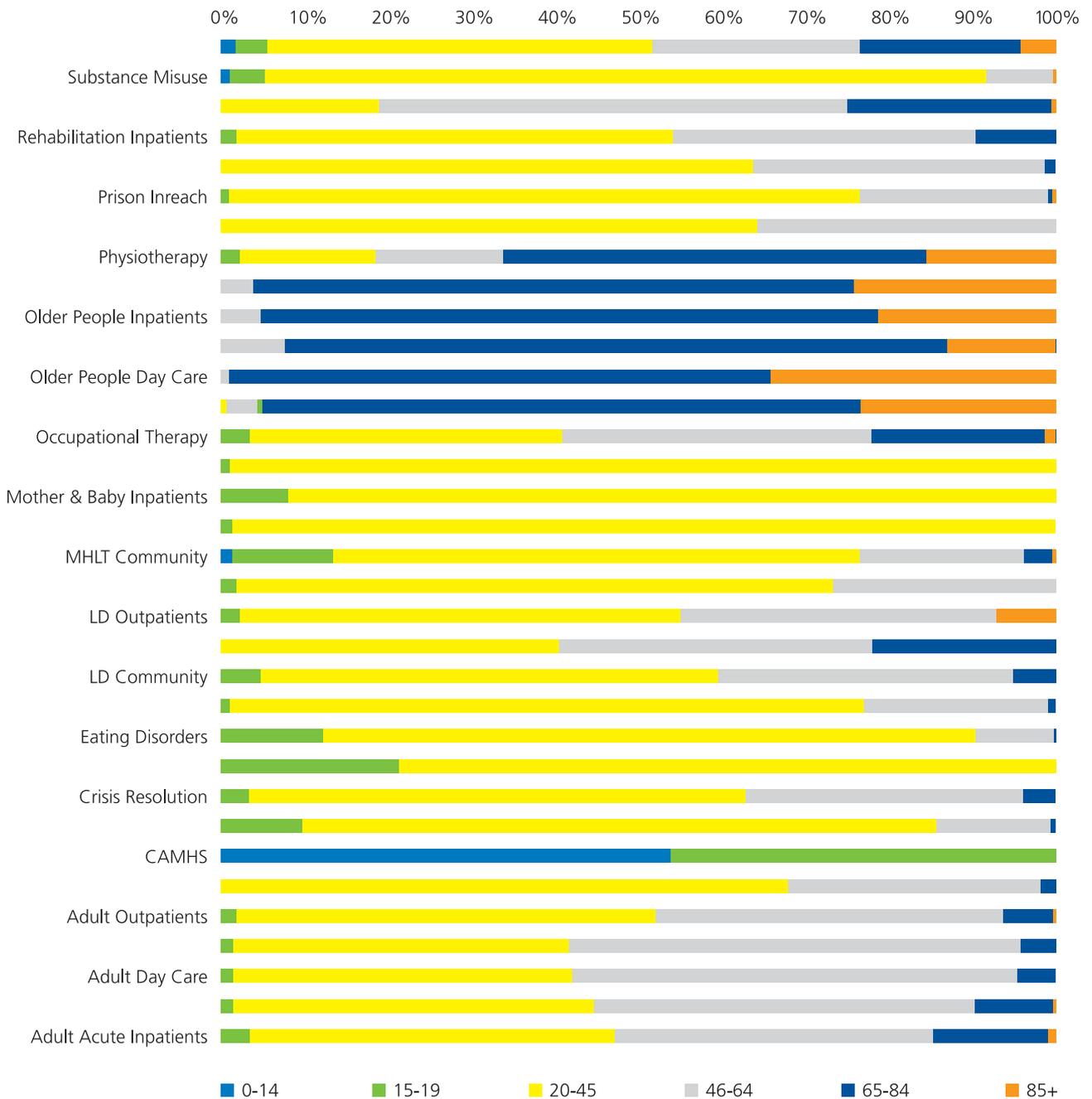
### **The Community Learning Disability teams are based at:**

Derby City, Alfreton, Bretby, Long Eaton, Wirksworth

The Assessment and Treatment service covers South Derbyshire and is located in Derby city.

The Medical Department is also countywide and city located and is linked to the five community teams.

## Use of our Services by Age Band





# Capital projects

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The Kingsway Retraction project is a direct result of the major transfer of services that took place in May 2009 to the brand new purpose built PFI buildings.

The Kingsway Retraction project was a significant Trust capital scheme funded over 3 financial years to provide alternative accommodation for the services and teams which were not part of the PFI project on the Kingsway site. The project carried out conversion and alteration works to 3 existing buildings – namely Kingsway House, Albany House and Bramble House. The final teams relocated from the old hospital buildings in January 2010. There was also alteration work to the infrastructure and external works of the site and this will continue into the early part of 2010/11 to bring together the new site layout.

The project to create a new Enhanced Care Ward at the Radbourne Unit in a very short time scale to meet the needs of the service is now complete. This was completed on time and has delivered an upgrade to Ward 33, and a redesign of Ward 32, to accommodate the Enhanced Care Ward facility. This has improved the environment for both wards to a very high level for patient care.

The team also completed a project to provide new hand wash facilities in all ward areas, to improve the Trust's infection control rates with an innovative and distinctive design solution.

### Telecommunications

This year the Trust embarked upon the modernisation of the telephone infrastructure, by the utilisation of Voice Over Internet Protocol (VOIP). We can now move forward and improve communication links between our sites, making it easier for our staff to work in a more flexible and mobile way. We already have some teams on our Kingsway site using VOIP which allows for hot desk working, fixed phone, mobile phone pairing and home working.

We will shortly have the Kingsway, Radbourne Unit and St James House sites linked using VOIP. All calls between these sites will be internal, thus reducing the call costs. This roll out of VOIP over the next few years will increase flexibility and control over our network.

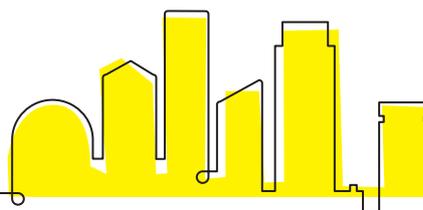
This year also saw the opening of a small scale call centre operation for the "Right Steps for Derbyshire" project, based at Unity Mill in Belper and the use of VOIP and other new technology solutions has made this a real success.

### Security Management

In recent years new statutory requirements have been placed upon all NHS Trusts to ensure the disruption and financial losses caused by crime are dealt with by trained professionals to national standards. Priority areas of action are the protection of NHS staff, property and assets.

Some of the statutory requirements the Trust has fulfilled include appointing a Local Security Management Specialist (LSMS) as professional lead and the nomination of the Executive Director of Nursing & Quality as the Security Management Director with Board level responsibilities. The Trust has also appointed a Non-Executive Director to champion security management and scrutinise actions being taken by the Trust to fulfil its responsibilities.

The cumulative total of all breaches of security reported within the Trust fell by 20% from 2008/09 to 2009/10.



### Securing Trust Premises

To ensure the Trust can assess the risks present in our care environments, the Security Management Department has risk assessed 89% of all Trust premises this year, specifically from a security perspective.

The use of technology has expanded this year, including CCTV, access control systems and intruder alarms. This technology has also been standardised to ensure its operation is simplified; this will assist the Trust to identify the perpetrators of crime or breaches of security.

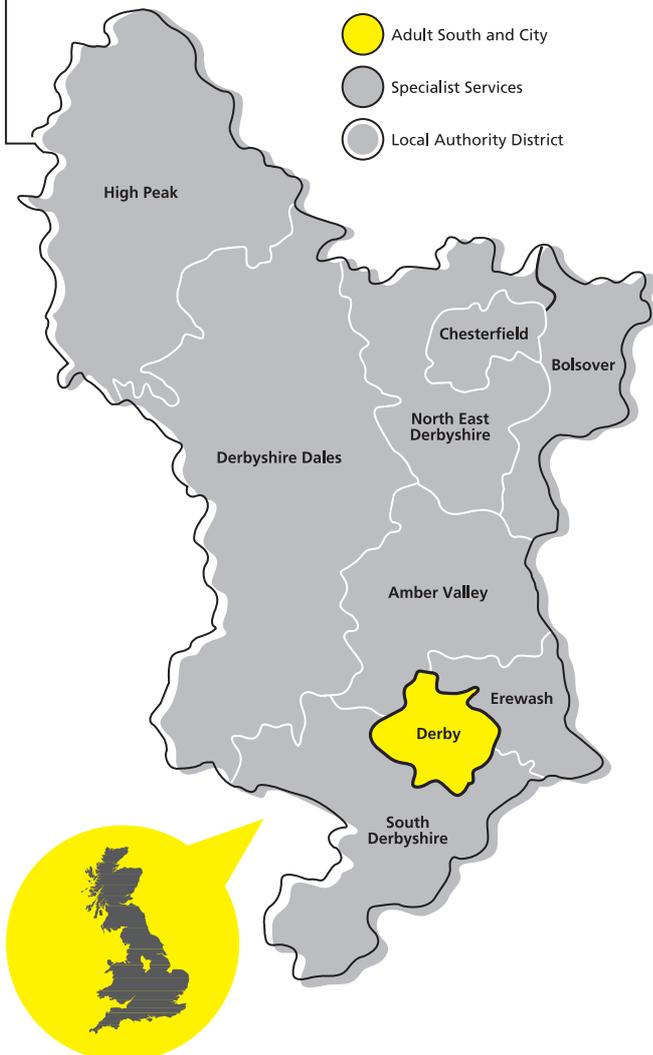
### Property Management

The Trust has been developing its electronic property database to capture and centralise the vast amounts of property information. This web access system will improve the management of assets and in time, contain a complete record of all the sites we provide services from, as well as an interactive system which monitors the costs, utilisation and quality of our estate assets.



# Business environment

The Trust delivers services within an area that contains a mixture of rural, semi-rural and urban geography covering 815 square miles. The population of Derbyshire is estimated to be 997,000 in 2009.





The main concentrations of urban population in the County are in Derby City, which is a Unitary Authority, and in Chesterfield, which is one of the eight District & Borough Councils in the surrounding areas. The other district and borough councils are Amber Valley, Erewash, North East Derbyshire, Bolsover, South Derbyshire, Derbyshire Dales and High Peak.

The Trust works in partnership with the social care departments of Derbyshire County Council and Derby City Council. This has resulted in jointly-managed services for most mental health services across Derbyshire.

#### Key Commissioners (Purchasers of Health Care)

The key commissioners for the trust are NHS Derbyshire County, NHS Derby City, the county Drug and Alcohol Team (DAAT) and Derby City Community Safety Partnership. The commissioning structures in the PCTs cover both health and social care; these are delivered through a lead commissioner arrangement.

#### Regional Procurement

We are a member of the Regional Collaborative Procurement Hub. We also have a service level agreement with Derby Hospitals NHS Foundation Trust for supplies and procurement. Their procurement department provides specialised commodity knowledge for goods and services purchased for our Trust. It is their responsibility to improve purchasing and supply chain activity throughout the Trust.

#### Competitors

For mental health services in Derbyshire there are a number of specialist service providers. Our Trust, which is highly regarded, is a major provider of mental health care across Derbyshire. We have received excellent or good for our quality of services over the last 3 years in the Care Quality Commission annual health check. We have a number of authorised Foundation Trusts operating on our borders who, along with private sector providers, may well be interested in providing some care pathway elements especially in specialist areas, ie forensic services. Our learning disability services are subject to separate commissioning arrangements, led by Local Authorities and the respective PCTs. In line with national policy, Commissioners are currently decommissioning some of our services (known as Campus provision - residential care) in favour of providing more appropriate supported living alternatives working with the independent sector.



# Business development

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## Service Developments

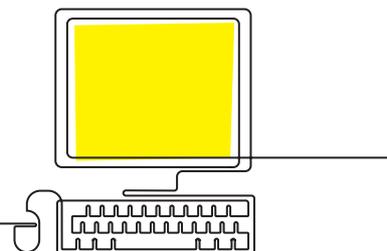
During 2009/10 the Trust has continued to respond to the changing requirements and expectations of both patients and commissioners, and has successfully developed and implemented a number of new and innovative services.

In September 2009 we launched our Right Steps for Derbyshire Improving Access to Psychological Therapies service in Amber Valley and Erewash. This service combines the clinical strength of the Trust and the community-based face of Turning Point to offer a discrete and non-stigmatising approach to delivering psychological therapy; involving Wellbeing Coordinators, holistic care packages, comprehensive supported employment interventions and telephone assessment and support.

Community services have also been strengthened through the creation of a Court Diversion Service (in line with the recommendations of the Lord Bradley Review). This service offers early intervention and the provision of health screening checks and support for individuals and their families in contact with the criminal justice system. This enables earlier access to mental health, substance misuse and other primary care services; which alongside employment, housing and social support will be beneficial in terms of improving health and reducing re-offending rates.

In addition we have continued to develop our Substance Misuse Services, building on the strength of our dedicated and highly experienced workforce. During 2009/10 we developed a consultant-led specialist prescribing service, serving both generic and criminal justice clients across Derbyshire. The service is responsible for delivering substitute, reduction and detoxification prescribing interventions as part of an integrated drug treatment care pathway. This has been supplemented by the appointment of a dual diagnosis lead working across the Trust to implement the Derbyshire dual diagnosis strategy and support the development across the wider health and social care community.

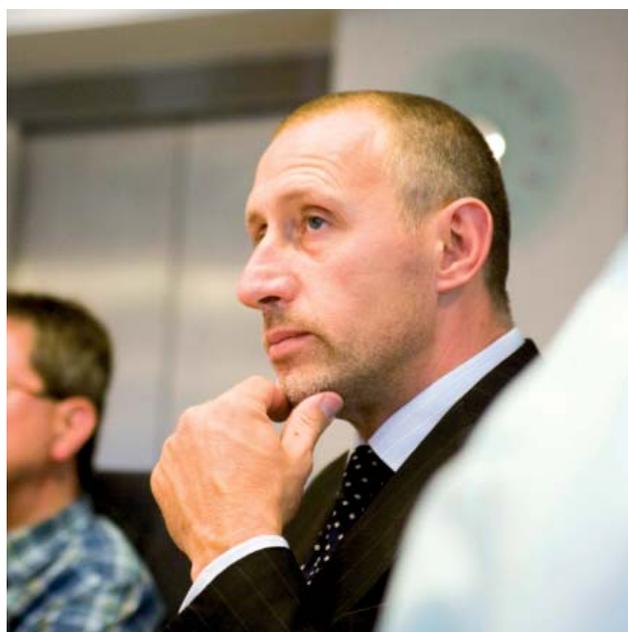
In terms of our inpatient provision the Trust has recently expanded the Cherry Tree Close Rehabilitation Unit, and is working closely with commissioners regarding the development and provision of locked door rehabilitation services across the county, ensuring that Derbyshire residents are able to access services much closer to home. In addition we have also expanded the Beeches Perinatal Unit, and are now able to offer unrivalled clinical expertise to women in both Derbyshire and the surrounding area.



## Information Management and Technology

We have an Information Management & Technology Strategy which closely links our initiatives to the clinical needs of the business. Key activities completed this year included:

- the reduction of our patient administration systems from 4 to 1 - increasing our ability to drive standard business processes and have one view of a patient's record - thus improving clinical risk management
- provision of electronic access to Pathology services, allowing results to be received quickly, securely and accurately thereby improving clinician's information to support diagnosis
- installation of wireless networks to support clinician's access to information resources whilst on the wards and development of plans to provide access to the internet for both patients and carers, improving their access to information. This facility will both support rehabilitation and ensure, whilst receiving care in our organisation, patients can maintain existing social networks
- successful implementation of the use of digital pens, to enable real time recording of information wherever clinicians are seeing patients. This has resulted in significant improvements in data capture (up to 60% in some teams) and around 90% of data being classed as complete within the week the activity occurred
- improving our computer infrastructure, which is now automatically updated when Microsoft release security patches, ensuring we maintain a safe and secure operating environment
- implementation of more mobile working for clinicians, to allow them to stay connected to work while they are working in the community.



# Business development

## Patient Experience

The Improving the Patient Experience team consists of the former Complaints and PALS team, Releasing Time to Care project team, Care Programme Approach service and Public Health team.

Over the year the team has made a concerted effort to enhance the patient experience from developing our Privacy and Dignity in Care programme, led by our Chairman, which includes our commitment to delivering same sex accommodation, through to ensuring staff have increased direct patient contact, and patients and carers are full participants in the care team.

Working in close partnership with service users, carers and their representatives through a number of forums including the Improving the Patient Experience Committee, we are continuing to develop and implement ways of establishing what patients expect from a quality care service and their satisfaction with the services they receive. We are using this information to further improve the overall patient experience.

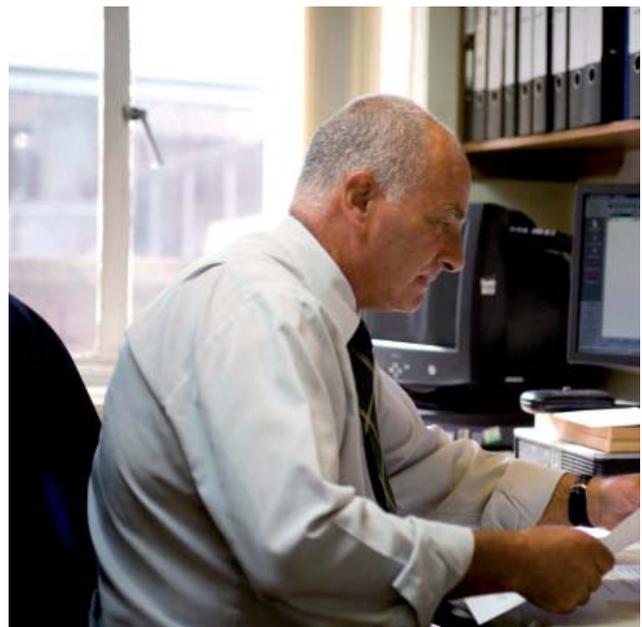
A total of 136 general and 'signposting' enquiries have been made during the year to the Improving the Patient Experience department.

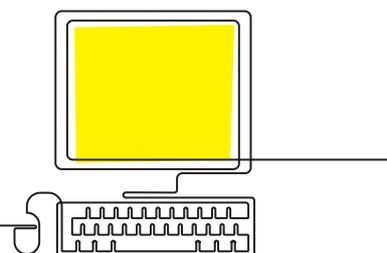
Information has been provided in relation to: self help groups, carer's information, access to records, diagnosis and care and signposting to appropriate services.

Outreach meetings are undertaken in clinical areas by a member of the Improving Patient Experience team, with a view to identifying and remedying patient concerns before they become an issue.

In year 78 outreach sessions were completed within inpatient services and issues raised included:

- hotel services - food choice and quality, menus out of date. All concerns were raised with the catering suppliers and appropriate action taken to address issues, such as staff working closely with patients to ensure menus are completed on time, e-mail communication with the catering department was introduced
- aids and appliances not being readily available caused concern and reassurance was given that action would be taken to replace or repair equipment when needed
- issues relating to changes to the Chaplaincy service were raised with the relevant business unit managers. Chaplaincy collars were reinstated.





## Service User Involvement

Ever since the Trust was formed service user involvement has been an essential element in understanding how we can do our job better for the people who rely upon us to deliver excellent services.

Whenever possible we take every opportunity to involve our service users in decisions that may have an effect on the services or information we provide. Understanding is a two way process and we hope that any service users who engage with us can also increase their own knowledge about how we work.

The nature of this relationship allows our Trust to sympathetically develop services using people's expectations and aspirations of us as a public organisation.

The Trust holds several regular meetings where representatives from charities, carer groups, service users, and other organisations can attend to share their views.

In the course of a year there are also regular consultations and surveys that service users can take part in. We take the views of our service users very seriously and for the period this report covers we have involved service users through:

- Partnership of the Improving Patient Experience Committee
- Involvement in regular engagement meetings with divisions
- Participation in training Doctors.

## Health Service Ombudsman

The role of the Parliamentary and Health Service Ombudsman is to provide a service to the public by undertaking independent investigations into complaints that government departments, a range of other public bodies in the UK, and the NHS in England, have not acted properly or fairly or have provided a poor service. They aim to provide an independent, high quality complaint handling service that rights individual wrongs, drives improvement in public services and informs public policy.

### Compliments and Complaints

In April 2009 changes came into force within the NHS complaints procedure. Those changes gave a clear remit that the complainant must be at the centre of the complaints handling process. Our aim is to investigate matters in a way which is patient centred whilst being reasonable, appropriate and proportionate to the issues being raised. Concerns and complaints which cannot be resolved by the next working day now fall within the complaints process and are, therefore, all reported in the same manner. In view of this recording change, the number of overall concerns and complaints showed a steep increase on last year.

#### 2008/09

Formal complaints totalled 93.

#### 2009/10

Overall 373 concerns and complaints have been reported. Of those, 94 required a formal investigation.

### Acknowledgments within Target

#### 2008/09

88% of the formal complaints were acknowledged within the target time.

#### 2009/10

92% of the formally investigated complaints were acknowledged within the target time.

There were also 279 locally resolved lower impact complaints and these were managed as per the new procedure.

### Responses sent within Agreed Target

#### 2008/09

81% of formal complaints were responded to within the agreed target.

#### 2009/10

82% of the formally investigated complaints were resolved within the agreed target.

### Ombudsman and 2nd Stage Reviews

During 2009/10 the Health Service Ombudsman reviewed 14 cases, 13 required no further action and 1 case is still being considered. This gives assurance that the Trust is working to the Ombudsman's Principles of Good Complaint Handling.

#### 2008/09

Nine Healthcare Commission assessments were completed and five required further action by the Trust.

#### 2009/10

14 assessments were requested.

13 have been confirmed as requiring no further action. One is still with the Ombudsman undergoing an assessment.

### Compliments Received

452 compliments were reported across the Trust during the year.

Many of the compliments received were thanks for the care and treatment provided to family members during inpatient admissions or in respect of the care received in the community. Appreciation was shown for the kindness shown by staff at difficult times.

### Comments Received

We have in place a system that encourages patients, friends and relatives to give feedback about their experience. This is managed locally by wards and teams who agree any actions required.

Such actions include changes to the afternoon visiting hours and improvements in food choice and quality.

	Locally resolved	Formally resolved
Admissions, discharge and transfer arrangements	25	5
Aids and appliances, equipment, premises (including access)	5	0
Appointments, delay/cancellation (outpatient)	17	0
Appointments, delay/cancellation (inpatient)	2	0
Attitude of staff	27	7
All aspects of clinical treatment	116	53
Communication/information to patients (written and oral)	32	15
Consent to treatment	1	0
Complaints handling	1	0
Patient privacy and dignity	2	0
Patient property and expenses	6	1
HA/PCG commissioning (including waiting lists)	2	1
Independent sector services commissioned by Health Authorities	2	0
Independent sector services commissioned by Trusts	3	0
Personal records (including medical and/or complaints)	3	3
Failure to follow agreed procedure	3	6
Policy and commercial decisions of trusts	2	0
Hotel services (including food)	3	0
Patient status, discrimination (e.g. racial, gender, age)	0	1
Others	27	2

### Concerns/complaints by subject

2009/10	Locally resolved	Formally resolved
City Division	121	35
County Division	126	39
District Division	22	18
Non Trust	11	0
Corporate	0	2

### Concerns and Complaints by Division

The key themes from concerns and complaints are issues relating to assessment and care planning, medical care/treatment inadequacy and concerns about prescriptions, care provided in respect of assessment and care planning, care provided issues relating to communication and information provided.

### Care Quality Commission Registration

The Health and Social Care Act 2008 introduced a new, single registration system which applies to both health and adult social care. The new regulations are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2009, and were laid before Parliament at the end of October 2009.

From April 2010, NHS Trusts must be registered with the Care Quality Commission.

The Trust received confirmation of unconditional registration from the Care Quality Commission in relation to the regulated activity for providing accommodation for people who require nursing or personal care at the following locations:

1. London Road Community Hospital – older adult inpatient care, older adult day hospital services, outpatient services
2. The Radbourne Unit – adult inpatient care, day hospital services
3. The Hartington Unit – older adult and adult inpatient care, day hospital services, outpatients
4. Kingsway site – Kingsway inpatient services, substance misuse services, community services, learning disability services, prison in-reach services.

### Care Quality Commission Annual Health Check

In October 2009, the Care Quality Commission published their performance assessment of all Trusts – this is called the Annual Health Check.

The Annual Health Check consists of two summary scores - one for quality of financial management and another for quality of services.

The Trust's area of outstanding performance was in the overall achievement of 'excellent' for the quality of financial management and in particular the achievement of a level 4 for the value for money section. The Trust received a score of 'good' for its quality of services.

In November 2009 the Trust was able to declare full compliance with the Care Quality Commission Core Standards which will be measured as part of the 2009/10 Annual Health Check due for publication in October 2010.

In June 2009 the Trust published its first Quality Strategy. This set out the Trust Board's commitment to providing and evidencing high quality patient care. The Strategy outlines how the Trust will drive quality towards excellence in the three domains of quality as described in High Quality Care for All (DH June 2008):

- Safety
- Patient Experience
- Clinical Effectiveness.



# Workforce

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The Trust Board recognises that good people are our greatest asset. As a Mental Health Trust the majority of our resources are invested in our staff.

### Workforce Planning

Our workforce plan has been developed in detail to support the Service Delivery Strategy and ensure we have the right people in the right place at the right time. This will see some changes in staff groups as we work towards a modernised workforce which is fit for purpose.

On 31 March 2010 we employed 2,132 people in 1,875.77 contracted full time equivalent (FTE) posts. This is not the same as the staff FTE contained in the Annual Accounts which is based on worked FTE. The contracted FTE posts are distributed across the Trust as shown opposite.

In 2008 we developed a Human Resource Strategy, which confirms both our commitment to our staff and to becoming a model employer. The Human Resource Strategy is structured around five key areas of effective workforce practice:

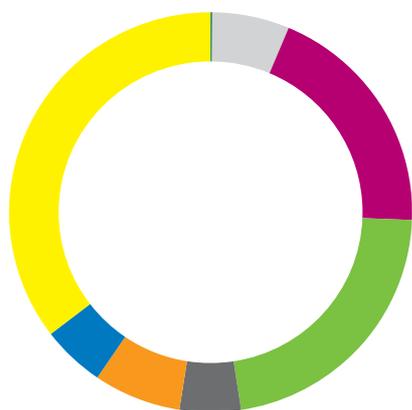
- Workforce Planning
- Governance Arrangements
- The Trust as a Good Corporate Citizen
- The Trust as a Good Employer
- Learning and Development.

### Organisation Development Reference Group

From time to time the Trust has a need to gather information directly from our own workforce. This information is used to help develop the Trust's views about any matter that might occur during the course of its business.

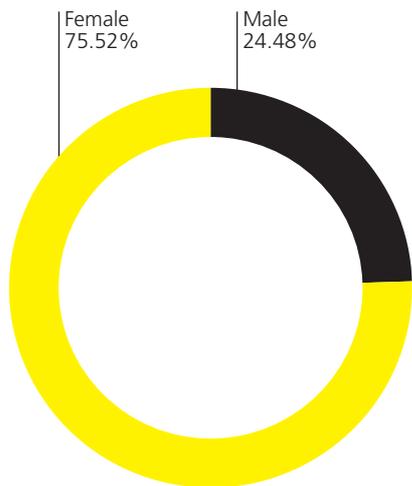
The Organisational Development Reference Group comprises more than 40 members of staff who are trained to facilitate focus groups across the Trust. The broad feedback from the focus groups is collated, reviewed and, if appropriate, action plans may be developed.

## Workforce %FTE



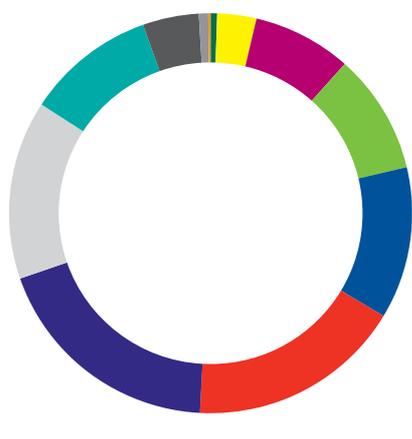
Staff Group	Headcount	FTE	Workforce %FTE
Add Prof Scientific and Technic	133	117.65	6.28%
Additional Clinical Services	409	361.61	19.29%
Administrative and Clerical	477	411.76	21.97%
Allied Health Professionals	110	91.78	4.90%
Estates and Ancillary	169	131.80	7.03%
Medical and Dental	104	94.99	5.07%
Nursing and Midwifery Registered	729	663.99	35.42%
Students	1	1.00	0.05%
<b>Total</b>	<b>2,132</b>	<b>1,874.57</b>	<b>100%</b>

## Gender 2009/10



Staff Group	Female		Male	
	Headcount	Headcount %	Headcount	Headcount %
Add Prof Scientific and Technic	101	4.74%	32	1.50%
Additional Clinical Services	308	14.45%	101	4.74%
Administrative and Clerical	404	18.95%	73	3.42%
Allied Health Professionals	105	4.92%	5	0.23%
Estates and Ancillary	113	5.30%	56	2.63%
Medical and Dental	44	2.06%	60	2.81%
Nursing and Midwifery Registered	535	25.09%	194	9.10%
Students			1	0.05%
<b>Total</b>	<b>1,610</b>	<b>75.52%</b>	<b>522</b>	<b>24.48%</b>

## Age Profile 2009/10



Age Band	Headcount	Workforce %FTE
16 - 20	11	0.52%
21 - 25	67	3.14%
26 - 30	169	7.93%
31 - 35	207	9.71%
36 - 40	262	12.29%
41 - 45	368	17.26%
46 - 50	402	18.86%
51 - 55	308	14.45%
56 - 60	222	10.41%
61 - 65	96	4.50%
66 - 70	16	0.75%
71 & above	4	0.19%
<b>Total</b>	<b>2,132</b>	<b>100.00%</b>

## The NHS Staff Survey

The Care Quality Commission conducts the annual NHS National Staff Survey. This provides information regarding the views and experiences of staff who work in the NHS. The survey findings are used as part of their annual health check of the NHS. The Department of Health and other national NHS bodies also use the results to assess the effectiveness of national workforce policies and strategies and inform future developments.

The 2009 Survey was conducted between October and December 2009, with the results being published on 17 March 2010. The Trust achieved a response rate of 60%, compared with 59% last year and a national average of 55%. This year the report identifies 40 key areas of the Trust's performance. These are categorised against the performance of all Mental Health and Learning Disability Trusts in England – banded according to the worst performing 20%, average performing 60% and best performing 20% of Trusts.

The table below shows a comparison of the Trust's results over the previous seven years, since the survey was introduced. It should be noted that the number of key areas has increased again this year, and the report has again been structured around the four pledges to staff in the NHS Constitution (published in January 2009).

Staff were asked for feedback based on their experiences in the previous 12 months. The Trust scored amongst the best performing 20% of Mental Health and Learning Disability Trusts in seven areas:

- Percentage of staff appraised
- Percentage of staff suffering work related injury
- Percentage of staff experiencing physical violence from patients or relatives
- Percentage of staff experiencing physical violence from staff
- Percentage of staff experiencing harassment, bullying or abuse from patients or relatives
- Percentage of staff having equality and diversity training
- Percentage of staff experiencing discrimination at work.

Significant improvement was also noted in the following areas:

- Percentage of staff appraised
- Percentage of staff appraised with personal development plans
- Percentage of staff experiencing physical violence from staff
- Percentage of staff having equality and diversity training.

An action plan is in place to address areas of concern arising from the survey and key performance indicators are monitored as part of the performance management process.

Year	Worst performing 20%	Average performing 60%	Best performing 20%	Total
2003	16	10	2	28
2004	13	11	4	28
2005	8	19	1	28
2006	5	21	2	28
2007	6	18	3	27
2008	12	20	4	36
2009	15	18	7	40

## Performance results 2003 - 2009

### Work Related Stress

The Trust is committed to dealing effectively with work related stress. The Stress Management Group was established in November 2009 to oversee a review of the Tackling Stress in the Workplace Policy and associated risk assessment processes. This also involved a programme of focus groups taking place across the Trust to explore the current context of work related stress and identify action that could be taken to prevent and address these issues. This work is ongoing and will involve all staff being encouraged to participate in the Health & Safety Executive Workplace Stress Survey in order to monitor progress.

### Challenging Harassment in the Workplace

The Trust has a network of ten harassment advisors who have been fully trained to deal with issues of harassment and bullying. The group, coordinated by the Organisational Development Facilitator, meets periodically for ongoing training, supervision, monitoring and review. The service has continued to be publicised using a wide range of electronic communication structures, the Chief Executive's monthly Core Brief, Trust magazine and information leaflets. The Harassment Advisors also hosted a display stand at the Trust's six-monthly Health Awareness Events, which have presented the opportunity to further promote the service.

### Violence and Aggression

Reports of assaults on staff have decreased for the third consecutive year. 254 physical assaults were reported by staff during 2009/10, a reduction of 31% on the previous year. This is the result of the introduction of a number of processes to protect staff.

The Trust developed a robust reporting procedure which allows for assaults on staff to be reviewed on a case by case basis, to ensure appropriate action was taken against the assailant. This process was presented to a regional meeting of Local Security Management Specialists as best practice. Efforts will continue in 2010/11 to protect the Trust's most valued resource, its staff.





### Annual Awards

The Trust's annual awards recognise the excellent contribution made by teams and individuals in bringing about service improvements. The awards were announced and presented at the Annual Public Meeting, held at Pride Park Stadium in September 2009.

This year there were seven categories for the Team of the Year Award, with two joint overall winners. These were the Magnolia Team within the Learning Disabilities Service, for an ongoing programme of work to achieve better life outcomes for people with learning disabilities and complex needs, and the Older People's Services inpatient team, for their exceptional commitment in working together to transfer services to new premises on the Kingsway site.

The Innovation Award was introduced for the first time this year, to give staff a platform to showcase their innovative ideas to deliver continuous improvements in service quality. This was won by Michael Garratt, Chargehand Porter, for his initiative in facilitating the security of medical records whilst in transit.

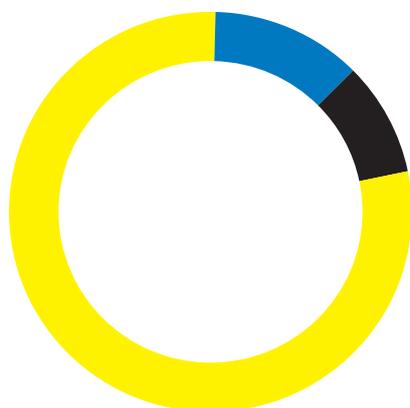


The Employee of the Year Awards recognise the exceptional dedication, commitment and drive shown by individuals. These were awarded to Valerie Smith, Staff Nurse (Diamond Award); Lucia Whitney, Consultant Psychiatrist (Inspirational Leader Award); David Weaver, Recreational Team Leader (Appreciation Award) and Martin Burton, Maintenance Technician (Reducing Stigma Award).

The Joint Investment Framework Awards, sponsored by the Joint Investment Framework, were awarded to Terry Hawksworth and Sharon Douse for their exceptional effort and achievement in successfully furthering their skills and qualifications.

The Chief Executive's Award was won by Wendy Slater in recognition of her outstanding contribution to the development of the Care Programme Approach (CPA).

## Workforce Diversity



Staff Group	BME		White		Not Known	
	Headcount	%	Headcount	%	Headcount	%
Add Prof Scientific and Technic	14	10.53%	113	84.96%	6	4.51%
Additional Clinical Services	41	10.02%	310	75.79%	58	14.18%
Administrative and Clerical	21	4.40%	429	89.94%	27	5.66%
Allied Health Professionals	3	2.73%	97	88.18%	10	9.09%
Estates and Ancillary	17	10.06%	117	69.23%	35	20.71%
Medical and Dental	33	31.73%	40	38.46%	31	29.81%
Nursing and Midwifery Registered	68	9.33%	570	78.19%	91	12.48%
Students	0	0.00%	1	100.00%	0	0.00%
<b>Total</b>	<b>197</b>	<b>9.24%</b>	<b>1,677</b>	<b>78.66%</b>	<b>258</b>	<b>12.10%</b>

### Equal Opportunities

The Trust is committed to providing equality of opportunity and eliminating discrimination in service delivery, employment and, when engaging with our local community, service users, carers and the general public.

All public organisations are required by Law to have Equality Schemes in respect of race, disability and gender. However, in line with good practice, DMHST have also published a Single Equality Scheme, which in addition to covering race, disability and gender, includes wider equality strands such as age, sexual orientation, transgender and religion or belief.

We are making good progress with Equality and Diversity Training. This subject is part of the corporate induction programme for new starters. We are currently delivering Race Equality and Cultural Capability training to all clinical staff.

### Trust Single Equality Scheme

The Trust is aware of its responsibility as a public body with regard to the general duty to promote race, equality and gender. However that commitment to equality is not only confined to meeting legal requirements but also ensuring the Trust provides the best possible health care service to our local population, and is reflective of no inequalities in accessing these services. The Trust's Single Equality Scheme is therefore intended to respond to the spirit, as well as the letter of the Race Relations (amendment) Act 2000, the Disability Discrimination Act 2005 and Equality Act. The scheme aims to integrate equality and fair treatment issues into our core priorities and functions, with leadership and commitment at all levels of the organisation central to the success of the scheme. To this end, the Equalities Forum has been commissioned by the Governance Committee to lead on the implementation of the scheme.

## Recruitment Equal Opportunity figures April 2009 - March 2010

The equal opportunity information is taken from NHS Jobs reporting functionality for the financial year 2009/10. Although this information is recorded on application forms by applicants it is not disclosed to appointing managers at any stage of the recruitment process.

## Equality Impact Risk Assessments

It is a legal requirement under the Race Relations Amendment Act 2000, the Disability Discrimination Act 2005 and the Equality Act 2006 that all policies are subject to an Equality Impact Risk Assessment (EIRA). An EIRA is a tool aimed at improving the quality of health services, by ensuring individuals and teams think carefully about the likely impact of their work on different communities or groups. It is also a tool to drive change and should lead to improvements in the way we formulate policy and deliver our services.

The EIRA process forms part of the Trust formal policy approval process as set out in our Standards for Developing Trust Policies & Procedures.

Race	Nationality	Applied (5,417)		Short listed (1,431)		Appointed (243)	
		No.	%	No.	%	No.	%
White	British	3,590	66.27	1,076	75.19	205	84.37
White	Irish	65	1.20	25	1.75	6	2.47
White	Any other white background	177	3.27	37	2.59	9	3.70
Asian/Asian British	Indian	496	9.16	82	5.73	7	2.88
Asian/Asian British	Pakistani	231	4.26	36	2.52	3	1.23
Asian/Asian British	Bangladeshi	21	0.39	3	0.21	0	0.00
Asian/Asian British	Any other Asian background	86	1.59	9	0.63	0	0.00
Mixed	White & Black Caribbean	44	0.81	13	0.91	3	1.23
Mixed	White & Black African	12	0.22	5	0.35	1	0.41
Mixed	White & Asian	29	0.54	2	0.14	0	0.00
Mixed	Any other mixed background	23	0.42	0	0.00	0	0.00
Black/Black British	Caribbean	92	1.70	30	2.10	4	1.65
Black/Black British	African	401	7.4	80	5.59	4	1.65
Black/Black British	Any other black background	22	0.41	6	0.42	0	0.00
Other Ethnic Group	Chinese	29	0.54	5	0.35	0	0.00
Other Ethnic Group	Any other ethnic group	54	1.00	8	0.56	1	0.41
Undisclosed	Undisclosed	45	0.83	14	0.96	0	0.00

## Percentage of short listed and appointed applicants

	Applied (%)	Total Short-listed (%)	Appointed (%)
White	70.74	79.53	90.53%
Ethnic Minority Background	28.43	19.49	9.47%
Not Disclosed	0.83	0.98	0

### ▼ Disabled applicants

	Applied (5,417)		Short listed (1,431)		Appointed (243)	
	No.	%	No.	%	No.	%
Disabled	246	4.55	69	4.82	14	5.76
Not Disabled	5,122	94.55	1,350	94.34	228	93.83
Not disclosed	49	0.90	12	0.84	1	0.41

### ▼ Applicants by gender

	Applicants (5,417)		Short listed (1,431)		Appointed (243)	
	No.	%	No.	%	No.	%
Male	1,595	29.44	343	23.97	56	23.05
Female	3,819	70.50	1,088	76.03	187	76.95
Undisclosed	3	0.06	0	0.00	0	0.00

### ▼ Applicants by age group

	Applied (5,417)		Short listed (1,431)		Appointed (243)	
	No.	%	No.	%	No.	%
Age 16-19	187	3.45	37	2.59	5	2.06
Age 20-29	2,297	42.4	493	34.45	72	29.63
Age 30-39	1,332	24.59	366	25.58	65	26.74
Age 40-49	1,125	20.76	370	25.86	77	31.69
Age 50-59	439	8.11	151	10.55	23	9.47
Age 60-69	36	0.67	13	0.91	0	0
Other	1	0.02	1	0.06	1	0.41

### ▼ Applicants by sexual orientation

	Applicants (5,417)		Short listed (1,431)		Appointed (243)	
	No.	%	No.	%	No.	%
Lesbian	16	0.30	5	0.35	0	0.00
Gay	58	1.07	14	0.98	2	0.82
Bisexual	40	0.74	8	0.56	1	0.41
Heterosexual	4,938	91.16	1,312	91.68	224	92.18
Undisclosed	365	6.73	92	6.43	16	6.58

### ▼ Applicants by religious belief

	Applied (5,417)		Short listed (1,431)		Appointed (243)	
	No.	%	No.	%	No.	%
Atheism	617	11.39	153	10.69	35	14.40
Buddhism	34	0.63	6	0.42	1	0.41
Christianity	2,947	54.40	828	57.86	128	52.68
Hinduism	185	3.42	16	1.12	1	0.41
Islam	323	5.96	50	3.49	3	1.23
Jainism	2	0.04	0	0.00	0	0.00
Judaism	11	0.20	0	0.00	0	0.00
Sikhism	203	3.75	40	2.80	4	1.65
Other	567	10.47	157	10.97	37	15.23
Undisclosed	528	9.74	181	12.65	34	13.99

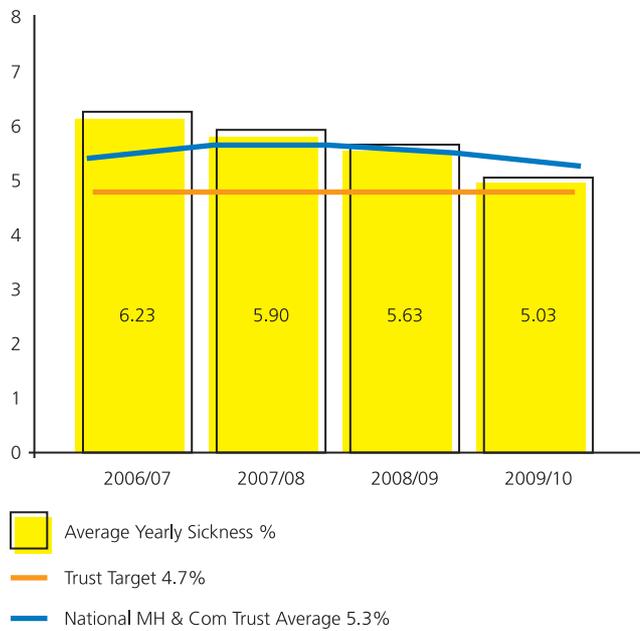
## Sickness Absence Management

Sickness levels have reduced during the previous 4 years in the Trust. In 2006/07 the annual sickness rate was 6.23%, in 2007/08 5.90%, in 2008/09 5.63% and in 2009/10 5.03%. The Trust has set a target of 4.7% which has been achieved during several months in the last financial year.

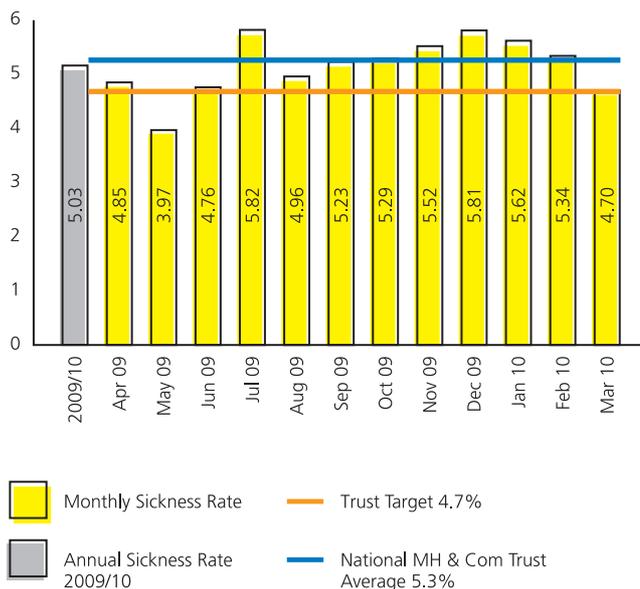
## Staff Partnership

Recognising the valued contribution they make, we continue to work in partnership with our staff and their representative groups, to ensure our workforce has a voice that is heard throughout the organisation at every level. Our Staff Partnership Framework outlines how we undertake to do this, and staff views are regularly fed back at our Staff Partnership Forum, which has representatives from the unions, all areas of our business and senior managers. As well as providing a formal mechanism for negotiation and consultation, it is also a way for staff to help shape decision making and policy setting.

Annual Sickness % - last 4 years



Sickness % April 2009 to March 2010





## Learning & Development Service

The Learning & Development Service moved into new purpose built education facilities during June 2010. It is responsible for the provision of high quality learning and development opportunities which support the delivery of clinically effective and safe services. Working collaboratively, they support all staff to develop the essential skills, knowledge and attributes to improve the experience of service users and carers.

Its main aim is to ensure the Trust, working with its partners, stakeholders and related sectors, develops and equips its staff with the skills they need to:

- Facilitate evidence based practice
- undertake their working role effectively and safely
- Provide continuing professional/personal development
- Support workforce development, new ways of working and service modernisation.

The key areas of responsibility across the Trust include:

- Delivery of statutory and mandatory training
- Training Needs Analysis and development of annual training plan
- Educational commissioning
- Delivery of essential and core learning
- Workforce development
- Continuing professional development
- Life long learning
- Appraisal and personal development
- Knowledge and skills framework (KSF)
- Supporting pre and post registration programmes
- Vocational qualifications
- Leadership and management development
- Library and information service.

## Statutory and Mandatory Training

Mandatory training is an annual training programme for all Trust employees to work safely and effectively in accordance to legislation, organisational guidance and NHS Litigation Authority Standards. This helps to ensure all staff have the same knowledge and information. In the past year we can be justifiably proud of our achievements in education and acknowledge the enormous support and contribution of all managers and staff within the organisation to compulsory training. Considerable effort has gone into induction and compulsory training programmes, for example:

- Induction programmes achieved 100% attendance for all new starters
- Moving and Handling Training achieved 91%
- Infection Prevention and Control Training achieved 91%.

### New Central Training Database

The Learning & Development service has successfully led the implementation of the new centralised training database known as the Oracle Learning Management System.

Providing an integrated 'real time' approach to the updating and reporting of training information, it enables training profiles or 'Compulsory Training Passports' to be developed alongside integrated reporting, electronic course booking and online catalogue.

### Annual Staff Awards Ceremony

Recognising the achievements of staff throughout the Trust, our annual Staff Awards Ceremony was held in September 2009 at Pride Park Stadium. Staff who had completed courses ranging from doctorates, degrees and masters to National Vocational Qualifications, Management Awards and the European Computer Driving Licence, were all invited to attend this prestigious evening. Certificates of Achievement were presented by The Mayor of the City of Derby and Mike Shewan, Chief Executive of the Trust.

### Continuing Professional Development

The Trust-wide Training Needs Analysis (TNA) process drew from principles in the document 'A High Quality Workforce'. These included engaging clinical staff in workforce planning and effective educational commissioning which is linked to service delivery plans. The information gathered was used to plan and commission training, enabling the Trust to access higher education course (Non Medical Education Training/Learning Beyond Registration) funding via the Healthcare Deanery for Continued Professional Development of registered staff and National Vocational Qualifications. Having a robust TNA process helped the Trust to meet many standards such as the Learning & Development Agreement with NHS East Midlands, Skills Pledge, Quality Standards, NHS Litigation Authority Standards, NHS Constitution and our own commitment to the Knowledge & Skills Framework.

The volume of protected time, 'block' training, work based and on-the-job learning is higher than the preceding year. During the past year a range of E-learning programmes have been developed which have provided a way of increasing access and flexibility to training. Effective working relationships continue to be established with the University of Derby, leading to collaborative programme development in key areas such as medicines management.

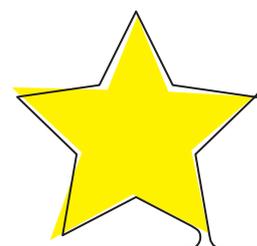
### Mentor Database

In line with Nursing Midwifery Council requirements, the Trust has developed a robust database of qualified mentors, which has enabled the organisation to effectively co-ordinate/map qualified mentors and clinical placements to support the pre-registration nursing programme. Mentor programmes and updates continue to be delivered in partnership with local universities and have been embedded in the calendar of course delivery, evaluations continue to be positive.

### Widening Participation

In 2009, the Chief Executive signed the Skills Pledge which demonstrates the Trust's commitment to actively encourage and support staff to gain skills and qualifications such as National Vocational Qualifications (NVQs) and Apprenticeships as well as literacy and numeracy. In the last year more than 100 members of staff have commenced NVQs. Qualifications have ranged from catering, business administration to team leading and Health & Social Care. Eleven staff enrolled onto the full apprenticeships framework consisting of NVQ's, Technical Certification and key skills in numeracy/literacy.

The Skills for Life event held at the Education Centre in February attracted over 60 members of staff. As a result, the Learning & Development Service continue to liaise with local education providers to deliver qualifications in a variety of sectors.

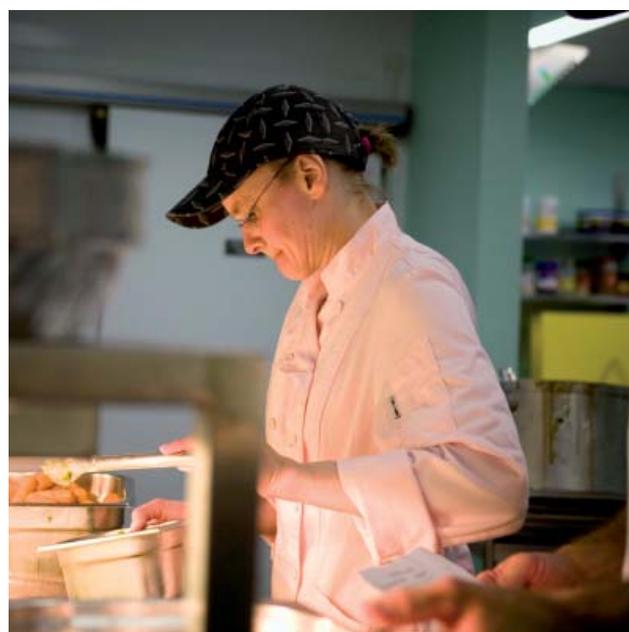


### Library and Knowledge Management

The Library & Knowledge service moved into new purpose built library facilities in the Ashbourne Centre in June 2010. As well as traditional resources, the library intranet pages have been refined and access to electronic resources streamlined. Trust staff can now access over 500 electronic journals and 200 electronic books from their own desktops. Staff can readily keep abreast of changes in clinical practice ensuring their skills and knowledge are up to date and helping them deliver high quality safe care to our service users.

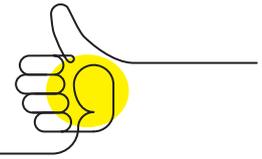
### Clinical Supervision

The Trust is committed to the implementation of Clinical Supervision for all clinical staff to ensure safe and effective practice. Clinical Supervision will underpin the delivery of all treatments, therapies and interventions in the Trust. Clinicians are provided access to regular protected time for supervision, through a register of accredited supervisors and a commitment to necessary resources to enable this supervision to operate. Clinicians delivering clinical supervision as part of their role are required to undertake the Trust's clinical supervision training, enabling entry onto the Trust's register of accredited supervisors. As part of the Trust's commitment to regular audit processes, and effective implementation of supervision, an audit of the Trust's Supervision Policy and Procedures was undertaken between March and July this year. This audit generated recommendations for improvements which will be moved forward for implementation. Annual audits will monitor and ensure continuing effectiveness of clinical supervision.





# Corporate social responsibility



Corporate Social Responsibility has now been embraced by all NHS organisations and it has a significant part to play in the way we conduct our business. Our Trust champions and supports the ethos of being a Good Corporate Citizen.

In practical terms this means we undertake that our day to day activities will sit comfortably within the communities we serve and only have positive impacts within those communities.

The way we employ staff, construct buildings, purchase goods and engage with people and organisations to remove health inequalities are all part of our commitment to responsible and sustainable development.

The phrase 'Carbon Footprint' is one of the more common and understood aspects of how Good Corporate Citizenship seeks to improve the environment, not only for our staff but also our neighbours. Details of how we are reducing our 'Carbon Footprint' can be found in the Estates & Facilities section of this report.

While most of the key areas can be addressed through practical means, the success of community engagement is an element that relies upon the involvement of people outside our Trust. Community engagement has a vital part to play in our plans to remove the stigma which surrounds mental health illnesses.

We are taking the message out to communities that mental health illness is far more common than most people realise, with one in four people experiencing some form of mental health illness in their lifetime.

We have ongoing partnerships with many well known local organisations and employers who have recognised their own need to become better informed and in turn become better corporate citizens themselves.

## The Trust has six key areas of activity:

Community Engagement

Procurement

Facilities Management



Transport

New Buildings

Employment and skills



### Community Engagement

**The Trust has several partnership agreements in place including :**

- Derby County Football Club
- Belper Town Football Club
- Derbyshire Friend
- Derbyshire Libraries
- Action On Stigma.

The Trust takes every opportunity to meet with people either at events or within their own communities. Some of the events we have been involved in this year included:

#### **Belper Town Football Club**

The Trust donated the 1 in 4 trophy to the club which was presented to the player of the season. Players also raised awareness of mental health and supported the anti-stigma message by warming up before matches in Trust t-shirts.

#### **Living Library Event**

In February 2010 at the Derby Assembly Rooms, in partnership with Rethink and Derbyshire Mind we held a living library event, where people told their mental health stories in the format of a 'living library'. Stands were hosted by 33 voluntary and statutory organisations and 21 "living books" told their stories.

#### **Libraries Partnership**

In conjunction with Derby Libraries we ran a 4 month promotion campaign at city libraries on mental health awareness. As part of this, our clinicians also took part spending a day in the library answering questions about mental health.

#### **Derby 10k Run Project**

Approximately 100 members of staff participated in the Derby 10k run, which was sponsored by Sporting Futures. Staff wore anti stigma t-shirts for the race and we hosted a stand at the finish line at Pride Park providing mental health information and anti-stigma materials, also enabling runners to join our Trust.



### **Time to Change Pledge**

We led a ground-breaking initiative, encouraging all five Chief Executives from NHS Trusts around Derbyshire to sign up to the national Time to Change anti-stigma pledge. At this time, no other non-mental health Trust Chief Executive across the country had yet signed the pledge.

### **Merrill College/Shelton Striders 10k Run Against Stigma**

The Trust sponsored 500 t-shirts for runners who took part in the Merrill College/Shelton Striders 10k run. Each runner received a t-shirt at the end of the race, promoting both the Trust and Get Moving week – which is part of the national Time to Change anti-stigma promotional campaign.

### **Time to Change - Get Moving Week**

In October 2009, staff from the Trust supported a sporting event at Clowne College giving people the opportunity to take part in sports and physical activities, which we recognise can contribute to improved mental health.

### **March for World Mental Health Day**

The theme for World Mental Health Day in October 2009 was 'march for mental health'. In recognition of this, the Trust led an awareness initiative resulting in a parade through Derby city centre on World Mental Health Day, which was supported by service users and voluntary and statutory mental health organisations.



# Foundation Trust Project

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**Following an extensive assessment process Monitor, the Independent Regulator responsible for Foundation Trusts, took the decision in June 2008 not to approve our Foundation Trust application. Although Monitor acknowledged the quality of our clinical services were excellent, they did note that further work was needed regarding our long term financial planning and governance arrangements.**

Therefore, since June 2008, substantial work has been undertaken to address the issues raised by Monitor's team. As a result, the Trust has been able to provide assurance to the Strategic Health Authority that it is now in a position to proceed to Foundation Trust status; the assessment process has therefore commenced again and in July 2010 we received Secretary of State approval to re-engage with Monitor.

The following is a list of commonly asked questions in terms of what this will potentially mean for both the Trust and the wider community. If you require any further information however, please do not hesitate to contact the Foundation Trust project and membership office (please see opposite for contact details).

### **Why does Derbyshire Mental Health Services want to become a Foundation Trust?**

At the end of 2008 the Trust set out its vision and strategic objectives, with a goal of being the provider of choice for mental health services in Derbyshire.

Becoming a Foundation Trust supports these objectives. It will put engagement with local communities at the centre of our services and help us develop partnerships more easily.

Foundation Trusts are still part of the NHS and continue to follow the principles and standards of the NHS, such as not charging people for their care. The main difference is that a Foundation Trust is run locally and works with local communities to develop services in a way that meets local people's needs.

NHS Foundation Trusts are different in the following key ways:

- They are more accountable to local people who can become members and have a say in how the Trust is governed
- They have more freedoms to decide their priorities around the needs of local people
- They have greater financial freedom, which means they can carry over any surpluses from one year to the next and borrow money to invest in new services
- They are established as public benefit corporations and are therefore governed in a similar way as mutual building societies and co-operatives.

### **What are the benefits of becoming a Foundation Trust?**

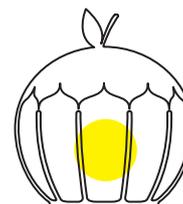
Becoming a Foundation Trust will provide a number of benefits for Trust staff, service users, carers and the community. It will;

- Reduce the burden and bureaucracy of central monitoring, while still ensuring high quality services are maintained
- Offer the opportunity for greater financial flexibility
- Give the freedom to develop enhanced health care services
- Enable long term planning
- Offer access to additional funding sources
- Generate greater organisational independence to fulfil local priorities
- Make the Trust accountable to the community we serve as a public organisation
- Enable greater involvement with the local community and staff in the development of services
- Give us the framework to realise our ambitions.

### **What are the risks?**

There will also be a few risks, which need to be taken into account as the Trust:

- Will be financially accountable
- Must adhere to legally binding contracts
- Will be responsible for increasing its membership and organising the election of Governors who represent the public.



### How will we be governed?

Foundation Trusts enable people to play a part in the running of the organisation by becoming members. Becoming a member of a Foundation Trust will influence how the organisation is governed and enable people to get involved in the development of services.

Members will be recruited from the local community. They will receive information about the Trust, give their views on the Trust and its services and elect Governors. Some Governors are also nominated by key local partner organisations. They agree how the Trust and services should develop.

### What is the role of the Council of Governors?

The Council of Governors will work with and oversee the Board of the Foundation Trust to agree the future plans of the organisation. The duties and responsibilities of the Council of Governors include:

- Developing a membership strategy
- Appointing or removing the Chairman and other Non-Executive directors
- Deciding on the pay of Non-Executive directors and Chairman
- Appointing or removing the Trust's auditors
- Approving any new Chief Executive appointment
- Acting as a channel of communication between the Trust and local communities.

### What is the difference between Non-Executive directors and Governors?

Executive and Non-Executive directors are appointed for their expertise. They run the Trust's services and develop future plans. They are responsible for meeting national standards, performance targets and financial requirements. They report to the Governors and members on how the Trust is performing, which makes them accountable to the local community.

### Become a member and help shape our future plans

- Anyone 16 years and older is eligible to become a member
- Membership is free
- Get a better understanding of mental health and learning disability issues
- Help reduce stigma and discrimination
- Elect Governors
- Stand for election as a Governor
- Make sure your views and those of your community are heard
- Receive information about the Trust and how we are performing.

If you would like to become a member or would like further information please contact us:

The Communications Department  
Derbyshire Mental Health Services NHS Trust  
Bramble House  
Kingsway Site  
Kingsway  
Derby  
DE22 3LZ

**Email:** [membership@derbysmhservices.nhs.uk](mailto:membership@derbysmhservices.nhs.uk)

**Free Phone:** 0800 345 7351

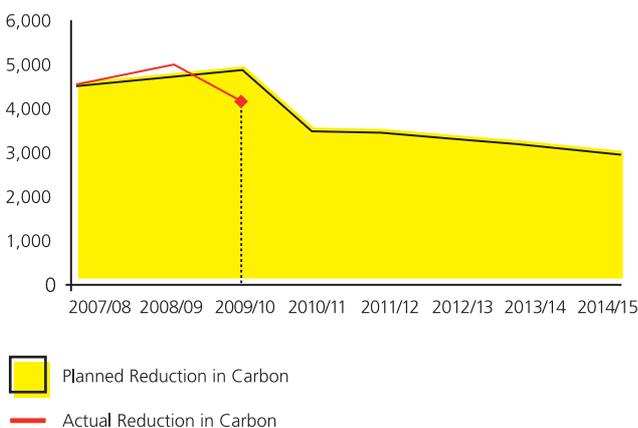
# Trust Estates & Facilities Department

The Estates & Facilities Department provides a diverse range of services across the Trust. These services provide support to the clinical teams to enable the Trust to deliver the best possible care.

## Environmental Management

We believe care of the environment has a direct impact on the health of the community at large. Therefore, the Trust commits itself to act in an environmentally responsible manner in discharging its statutory duties. The Trust has a responsibility for protecting the environment as part of its delivery of high quality healthcare, improving its environmental performance to reduce pollution, reducing carbon emissions, and making carbon reduction an integral part of any planning and change process.

The Trust has already starting reducing its Carbon footprint, as the graph shows, and this is an ongoing and long term commitment.



## Building energy use and carbon footprint

The need for the Trust to make the best use of these resources and conserve energy is a key part of the reduction of Carbon emissions and the Trust's Carbon Footprint, as well as reducing the spend on utilities.

The use of Smart meters and Building Management Systems will improve the management of these resources, and improve our overall efficiency.

## Environmental - Carbon Footprint

The Trust has a responsibility for protecting the environment and improving its environmental performance to reduce pollution, and Carbon emissions.

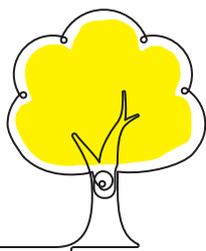
The Trust has signed up with the Carbon Trust which will provide a benchmark for our Carbon footprint that is verified and monitored by the Carbon Trust, giving assurance that the Trust has good governance arrangements in place. The main areas which are being targeted are energy, water, waste and travel, as these are the largest contributors to our Carbon Footprint, and will have the biggest impact.

## Estates & Facilities Management

The retraction project, to move staff out of the old hospital into their new locations in Kingsway House, Albany House and Bramble House, has been completed. This has been done with little or no effect on service delivery, and has improved all round communications both within the department and with other co-located departments.

## PEAT – (Patient Environmental Action Teams)

Once again the Trust's Facilities & Estates staff have achieved "Excellent" scores in the Patient Environment Action Team inspections. These independent inspections include all aspects of the patient environment and catering services, meaning our patients and visitors receive services of the highest quality.



### Catering

The Catering department has moved from the old hospital into their new kitchen in the Ashbourne Centre and this has resulted in many changes to service delivery, but the excellent standards have been maintained. The new restaurant and coffee shop are very well used by patients, staff and visitors and the quality and value for money are excellent.

### Cleaning Standards

Cleaning services are provided and monitored following the National Specification for Cleaning. Again this year, the standards have been extremely high which is a testament to the hard work of the hotel services staff and managers.

The Facilities patient survey results provided excellent feedback and demonstrated patient's appreciation of the work and attitude of the Estates & Facilities Management staff.

### Estates Maintenance

The closure of the old hospital buildings and their complete and safe clearance was successfully completed in February 2010, and the site was handed over to the Homes and Community Agency in accordance with the lease agreement.

The very hard winter in 2009/10 was a challenge for us all, but the work done, in very difficult circumstances, by the grounds and gardens maintenance staff meant all our sites were kept open and gritted, despite the adverse weather conditions.



# Our performance against key targets

## Care Quality Commission

In October 2009 the Care Quality Commission reported the results for 2008/09. Previously known as the Healthcare Commission, the Care Quality Commission is now responsible for assessing and regulating the performance of NHS Trusts. Last year in the Annual Health Check Derbyshire Mental Health Services NHS Trust was awarded an overall rating of 'Excellent' for use of resources and 'Good' for quality of services.

Component	Results 2006/07	Results 2007/08
Financial reporting	2	2
Financial management	3	3
Financial standing	3	3
Internal Control	3	3
Value for Money	3	3
<b>Overall Score</b>	<b>Good</b>	<b>Good</b>

## Use of Resources

The Auditors Local Evaluation (ALE) scores are the result of work completed throughout the year by the local external auditor. The assessment looks at a number of components called key lines of enquiry (KLOE) which together result in the overall assessment of how effectively a Trust manages its financial resources. The assessment is based on 5 components which are each awarded a score. From this an overall score for use of resources is calculated.

## ▲ Use of Resources

## Quality of Services

The annual quality of services score is derived from an assessment of a trust's performance against national core standards, existing national targets and new national targets.

## Text and Table

The chart below shows the number of service users who were referred to Consultant Outpatient clinics by their own GP and consequently seen by our services between 1 April 2009 and 31 March 2010.

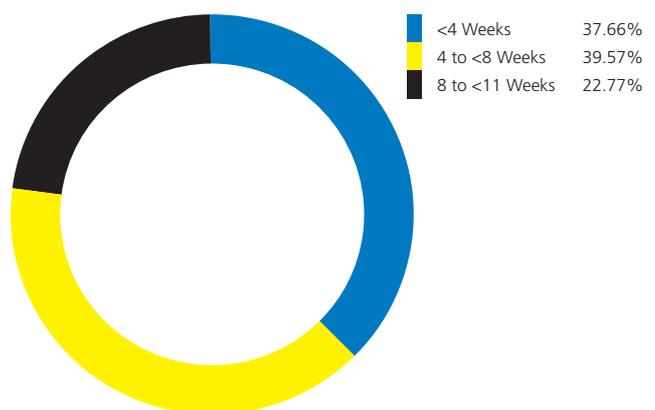
Direct GP to Outpatient referrals are monitored nationally and service users should receive their first appointment within 11 weeks.

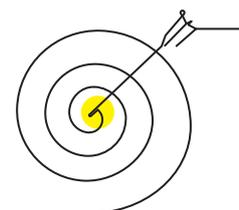
Each person referred to our service by their GP has been seen within 11 weeks.

Indicators	2008/09
CPA 7 day follow-up	Achieved
Delayed transfers of care	Achieved
Experience of patients	Satisfactory
Drug users in effective treatment	Achieved
Data quality on ethnic group	Achieved
Access to crisis resolution	Achieved
Patterns of care from MHMDS*	Achieved
Competences of the MHMDS*	Failed
Child and adolescent MH services	Underachieved
Green light toolkit	Underachieved
NHS staff satisfaction	Achieved
Number of people with a care plan	Achieved
Campus provision	Achieved

\*Mental Health Minimum Data Set

## GP Referrals Seen (Waiting Times) 2009/10





## Clinical Governance

### Effectiveness

The effectiveness team coordinates and provides support in the following areas:

- Research
- Clinical Effectiveness / NICE Guidelines
- Clinical Audit
- Mental Health Act.

The team facilitate and enable the organisation to address a wide range of issues related to clinical quality and effectiveness including:

- Contribution to Integrated Governance Strategy and Trust Quality Strategy
- The review and monitoring of the implementation of NICE guidelines
- Promoting and ensuring the good governance of research undertaken in our services or by Trust staff
- Ensuring the research and clinical audit programmes are driven by the need to give assurance to our Trust Board on how we as a Trust are meeting our Corporate Objectives
- Promoting continuous improvement through research enquiry, bids, participation and the implementation of findings
- Administration of the Mental Health Act in line with statute
- Development of revised requirements resulting from changes to legislation regarding mental health law
- Promoting awareness and a culture which reminds all staff to place the service user and best effective practice at the heart of service delivery.

### NICE Guidelines

The National Institute for Clinical Excellence (NICE) is an independent organisation responsible for providing national guidance on clinically effective treatments and care. It produces guidance for health care professionals, patients and carers, to help them make decisions about treatment and health care. NICE Guidance is issued in a number of forms, as detailed below, and can be found on the NICE website [www.nice.org.uk](http://www.nice.org.uk).

### Clinical Guidelines

These provide appropriate treatment and care guidelines regarding specific diseases and conditions. Healthcare organisations should ensure they take into account NICE clinical guidelines when planning and delivering care.

The Trust is assessed against NHS Litigation Authority Risk Management Standards for Mental Health & Learning Disability Services. The criterion that relates to the implementation of NICE guidelines requires trusts to evidence their implementation on the following NICE guidelines:

- Bipolar disorder
- Dementia
- Obsessive compulsive disorder
- Post traumatic stress disorder
- Schizophrenia
- Violence.

In addition to the guidelines listed above the Trust would consider the following NICE guidelines as the main guidelines relevant to the services we provide:

- Depression
- Self-harm.

Reference Number	NICE Guidelines	Level of Compliance
CG 38	Bipolar disorder	Partial
CG 42	Dementia	Partial
CG 31	Obsessive compulsive disorder	Partial
CG 26	Post traumatic stress disorder	Partial
CG 82	Schizophrenia	Partial
CG 25	Violence	Partial
CG 23	Depression	Partial
CG 16	Self-harm	Full

**▲ Trust compliance with the NICE guidelines listed above**

# Clinical audit

The Trust has a thriving clinical audit programme which supports our Trust Board Assurance Framework. Staff are encouraged and supported to participate in clinical audit and are able to select a project from the current audit programme.

### Audit Projects

During the year, audit projects which have been completed include:

- Effectiveness of training of clinical teams (Basic Life Support, Infection Control, Observation)
- Audit of standards relating to the Trust Policy for the Observation of Patients
- Various POMH-UK\* audits including Assessment of the side effects of Depot Antipsychotics, Lithium, Medicine Reconciliation etc
- Interface audits including Prescribing of Discharge Medication for Service Users who have self-harmed over the past 3 months and also GP advice and Clozapine & SMI\*\* registers
- Audit of supervision.

\*POMH-UK = Prescribing Observatory for Mental Health

\*\* SMI = Severe Mental Illness registers

### Care Programme Approach

The Care Programme Approach sets care standards for the way we provide mental health services, focusing on assessment, care planning, co-ordination of care, review, and the involvement of service users and carers. This year we have:

- carried out an extensive audit of care standards, including service user and carers' views audits, for which the Trust won a national award for Partnership Working (with the Derbyshire Mental Health Carers Forums), and was Highly Commended for monitoring and auditing
- worked with service receivers, carers and staff to improve how we work
- introduced a new reporting system to improve our monitoring of care standards

- begun a review of CPA and care standards to see where we can further improve what we do
- developed new contact cards for service users and carers to make sure they have the right phone numbers to ring in an emergency
- sent out regular information to staff, carers and service users, GPs and others about good practice, services, groups, opportunities, finance and other help
- produced a new edition of the Infolink Mental Health Resource Directory.

### Research

Since April 2009, 26 research studies have been completed. These include studies on:

- Compassion research programme
- An Investigation of Parental and Grandparental Perceptions relating to Causality, Treatment and Support for families of a Child with a diagnosis of Attention Deficit Hyperactivity Disorder (ADHD)
- Multi-Centre Monitoring of Self-Harm
- Assessing fitness to drive in people with dementia (Professor Nadina Lincoln, University of Nottingham).

### Mental Health Act

The Mental Health Act Office supports clinicians in the application and use of the Mental Health Act. Work has expanded to cover the Mental Capacity Act and Deprivation of Liberty safeguards. The office has been supporting clinicians in their application of Community Treatment Orders (CTOs). The office liaises with the Care Quality Commission (CQC) to facilitate visits to clinical areas and coordinate any action necessary following feedback from the CQC. The Trust continues to receive positive feedback from the CQC.



### Corporate Risk & Assurance

There has continued to be significant progress with regard to corporate risk and risk management across the Trust over the last 12 months, with the management of risk becoming further embedded within Trust systems and processes. Specific areas of achievement have included:

We achieved compliance with the NHS Litigation Authority Risk Management Standards for Mental Health and Learning Disability Trusts at Level 1 in March 2009. During 2009/10 we have continued to work towards the standards required for Level 2 compliance and feedback from two informal assessments in year have been very positive. Compliance assures the Trust Board that we have comprehensive risk management processes embedded across the organisation.

The Board Assurance Framework has been further developed during the year. As a result Clinical audits are now embedded in the framework, providing levels of assurance against risks to the Trust Strategic Objectives or identifying gaps, dependent on the audit findings. The Internal Audit programme is also now fully aligned to the Board Assurance Framework.

Considerable preparatory work has been undertaken in readiness for the initial pilots of electronic reporting of incidents using DATIX web, which are planned for mid 2010. The Trust reports around 6,000 incidents per year and it is expected that being able to report these electronically will speed up communication, thus enabling staff and managers to act more quickly, as well as reducing costs associated the current paper based system.



### Central Alert System (CAS)

The Trust has a robust system in place for the management of safety alerts. This has been evidenced through assessment by internal audit. The Trust assesses the relevance of each alert which it receives through the CAS system and decides on the appropriate distribution and action required to implement the specified actions to maintain the safety of our service users, staff and the public. Throughout the year the Patient Safety Manager produces a monthly report to the Trust Risk Management Committee on activity relating to Safety Alerts.

The Trust has reported no breaches to its reporting deadlines throughout the year. It currently has two outstanding alerts that have been managed through the Trust Risk Register.

### Serious Untoward Incident Review Group

The Serious Untoward Incident (SUI) Group ensures all immediate actions are taken to maximise the safety of patients and others and lessons are learned to prevent a reoccurrence of the incident.

The group has reviewed the process for the allocation of investigation teams to ensure the level of investigation is proportionate to the incident. The team of investigators are selected to ensure there is adequate representation from speciality areas and provide maximum objectivity in the process of an investigation.

The Trust has an agreement with the other five mental health trusts in the region to provide external investigators where this is required. The group has been ensuring the principles of the Being Open policy are implemented by proactively engaging with the relatives of service users involved in SUIs in formulating the Terms of Reference for the investigation.



The group also ensures one member of staff is allocated the responsibility of being the point of contact with the family to offer support and feedback the findings from the investigation.

#### **Personal Data Related Incidents**

There were no data related incidents relating to 2009/10.

#### **Emergency Planning**

This year we have invested more time to work with partner agencies to ensure a collaborative approach to dealing with major incidents. We recognise we are part of a host of emergency responders across the County and see strengthening partnership arrangements as something to continue in 2010/11.

To comply with the requirements placed upon all health bodies in England the Trust has tested and re-written its emergency plan this year in preparation for incidents such as the H1N1 (swine) flu, the first pandemic flu we have had to contend with for 40 years.

### Swine Flu

- A number of table top exercises were conducted throughout the H1N1 pandemic flu to see how the Trust would continue to deliver essential services if staffing levels dropped dramatically due to absence caused by the disease.
- We sourced the vaccine and consumables required to vaccinate all staff and patients despite national demand.
- The Trust provided 24 vaccination clinics around the County; this was in support of GP surgeries already administering the vaccine for high risk groups.
- Over twice as many staff asked to be protected against the H1N1 virus in comparison to those having the seasonal flu vaccine. This helped us build a resilient workforce to continue providing healthcare throughout this challenging period.

New systems were introduced to obtain real time data on staff absence, right down to individual department level so the situation could be continually monitored.

### Infection Prevention & Control

Surveillance of health care associated infections (HCAI) demonstrates that during the year there were no cases of MRSA bacteraemia and 1 case of Clostridium Difficile. There were 3 wards affected by the winter vomiting virus between December 2009 and March 2010.

### Safeguarding Children

The Named Nurse for Safeguarding Children has continued to provide advice and support for staff, including specific case supervision, processes of referral to Social Care, induction safeguarding training and attendance at key meetings.

Specialist safeguarding training has been delivered to Perinatal Mental Health Services in partnership with the Safeguarding Children Designated Nurse from NHS Derbyshire County. Investigations and reviews in relation to Serious Untoward Incidents involving safeguarding children issues, and Serious Case Reviews have continued to strengthen over the last year.

There have been significant changes to national guidance regarding Safeguarding during the last 12 months and Trust policies and procedures are in the process of being reviewed to ensure they meet this best practice.

## Partnership Work

In February 2010 Derbyshire Constabulary announced that 37% of their frontline uniformed officers had received mental health awareness and Section 136\* policy training from DMHST staff - this equates to 512 police officers who would otherwise have no insight into mental health disorders, nor an understanding of service users experience whilst being detained under Section 136 of the Mental Health Act. This was introduced to ensure joint protocols developed between Derbyshire Mental Health Services NHS Trust and Derbyshire Constabulary were followed correctly, in an effort to ensure people detained on a Section 136 are treated with dignity and taken to the most appropriate setting for an assessment by health care professionals. Since its inception, the training has been further enhanced by having service users involved in its delivery.

\*Section 136 - Police officers have a power under section 136 of the Mental Health Act 1983 to take a person, who is in a public place and appears to be suffering from a mental disorder and to be in need of immediate care or control, to a place of safety. The Act defines a place of safety as a police station, hospital, care home or any other suitable place. The person can be held under this power for up to 72 hours - in order that he/she can be assessed by mental health professionals.

In January 2010 Prevention and Management of Violence & Aggression instructors were trained by Derbyshire Constabulary to deliver person search training in house. This is essential to give staff the necessary skills and confidence to exercise our Search and Substance Misuse Policies, in order to maintain a safe and secure care environment.

An information sharing protocol was signed this year between the Trust and Derbyshire Constabulary, specifically to help both agencies reduce harm to patients, staff and the general public. This permits the sharing of confidential data in real time to allow both agencies to fully assess live incidents to achieve the best outcome for all involved. After piloting this between the two Derbyshire agencies the protocol is to be shared with East Midlands Suicide Prevention Managers and the Regional Coordinator for police negotiators as a best practice model.

## Security Statistics

All accumulated Security incidents are down by 16.5%:

Assaults on staff decreased by 24%  
Criminal damage decreased by 20.5%  
Burglary decreased by 66.5%  
Thefts decreased by 15%

## Health & Safety

The organisation demonstrates compliance with health and safety legislation, specifically the Health & Safety at Work Act 1974, which provides a suitable and sufficient risk management programme for staff, patients and the public accessing the Trust and its services.

### ▼ Compliance for training up to 31 March 2010 is as follows:

Fire Training	80%
Responsible Person Training	72%
Level A moving & handling	92.2%

The compliance level for Falls Prevention Training currently stands at 80.0%. This training is targeted to older adult in-patient services, with a significant reduction in the number of falls from 956 in 2008/09 to 665 in 2009/10.

All health and safety policies and procedures will be within their review date. A programme for revision is planned for 2010/11.

The Trust continues to work hard to enhance the patient experience and comply with a range of key standards.

Financial review  
2009/10





**Tim Woods**  
Executive Director of Finance

During the year ending 31 March 2010, the Trust generated income of £104 million from the provision of services, principally to the people of Derbyshire. Of that total £98 million was generated from NHS healthcare.

In addition to healthcare income, the Trust generated other operating income of £6 million. This income related to research and development, education and training and non-healthcare provided services.

# Finance Director's report

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The year 2009/10 was a successful one for Derbyshire Mental Health Services NHS Trust. We made a surplus of £1m, in line with our plan for the year. This was due to increased efficiency and activity across the Trust and included the first year financing of the Private Finance Initiative (PFI) buildings.



Full year	£000s
Income	103,615
Expenditure <sup>1</sup>	(100,056)
Operating surplus	3,559
Financing gains <sup>2</sup>	(1,214)
Public dividends <sup>3</sup>	(1,331)
Surplus	1,014

## Our results 2009/10

1 After technical adjustments

2 Interest paid/received during the year

3 Public dividend capital represents the Department of Health's equity interest in defined public assets across the NHS. The department is required to make a return on its net assets, including the assets of NHS trusts, of 3.5 per cent. For NHS trusts, this takes the form of a variable charge - a public dividend capital dividend. That payment represents a notional cost of servicing, but not repaying, debt.

During the year to 31 March 2010, the Trust generated income of £104 million from the provision of services, principally to the people of Derbyshire. Of that total, £98 million was generated from NHS health care.

In addition to health care income, the Trust generated other operating income of £6 million. This income related to research and development, education and training and non-health care provided services.

### Value for Money and Improved Efficiency

The Trust has reported a surplus of £1 million after delivering a £3.9 million cost improvement programme. A proportion of the schemes were non-recurrent, ie delivered savings for the current year only. However, it was still the most successful year for overall cost improvement delivery and this would not have been achieved without the hard work, commitment and contribution of all the Trust's staff.

The increased surplus was achieved whilst meeting the overall cash liquidity plans for the year. The improved financial position is a continuation of a trend witnessed in recent years, whereby the business units have delivered increased activity levels more efficiently.

### Trading Environment and Financial Risks

The main influence on the level of trading during the year has been maintaining delivery of activity levels as agreed with commissioners, in conjunction with achieving the planned efficiency programme.

A key consideration was ensuring the availability of sufficient cash resources during the financial year to allow for funding of the capital programme. This fulfils a key part of the Trust's financial strategy, which is to fund the capital programme from internally generated resources.

However, the overriding priority was to ensure the financial position remains secure so as to provide a sustainable future.

For 2010/11 the Board plans to maintain the level of surplus achieved during 2009/10. Due to reductions in the level of national funding and the requirement to fund pay and other cost pressures, this will require a cost improvement programme of 3.5%.

The key risks are:

- delivery of income-related activity levels to planned volumes
- receipt of planned income for developments and CQUIN
- achievement of planned efficiencies
- management of residual costs of services transferring.

The Trust has allocated contingencies within its revenue plans during the year to manage these risks.

The Trust has concluded contracts with commissioners for the forthcoming financial year before the end of March, which has allowed a greater degree of certainty in the planning process.

### Changes to Accounting Policies

Changes were made to the Trust's accounting policies during the year to comply with International Financial Reporting Standards (IFRS). The Trust previously reported under UK Generally Accepted Accounting Principles; however from 1 April 2009 adoption of IFRS became mandatory for NHS Trusts.

There is no significant difference between the value of land in the Statement of Financial Position and the market value of land.

After making enquiries, the Board of Directors have a reasonable expectation that the NHS Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason they continue to adopt the going concern basis in preparing the accounts.

### External Audit Services

The Trust incurred £100k in audit services fees in relation to the statutory audit for the year to 31 March 2010.

### Better Payments Practice Code

The Better Payment Practice Code requires the payment of undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust has a policy of paying suppliers within 30 days of receipt of a valid invoice and has paid 96% of non NHS invoices and 77% of NHS invoices within this target.

The Trust is a signatory to the Prompt Payments Code, a key initiative designed to encourage and promote best practice between organisations and their suppliers. Organisations which sign up for the code commit to paying their suppliers within clearly defined terms, and also commit to ensuring there is a proper process for dealing with any invoices which are in dispute.

### Liquidity and Capital Plans

In line with the application for Foundation Trust status, measures have been taken during the year to improve cash management. A 12-month rolling cash flow forecast has been incorporated into board reports and cash balances are being reviewed on a weekly basis to allow for more effective management of resources.

Cash was well managed throughout the year. The Trust's liquidity position has allowed it to fund its entire planned capital programme for 2009/10 through internally generated resources without recourse to external borrowing. The Trust has a number of developments planned over the 2010/11 year, to be funded exclusively by internally generated resources, including:

- Completion of the Site Retraction programme
- Further rationalisation of the Trust estate
- Upgrades to Information Management and Technology systems.

One of the Trust's highlights of the year has been the opening of the newly constructed PFI buildings. These have been recognised in the Trust's accounts increasing the asset base at point of recognition by £32m.

A significant transaction in year has been the incorporation of an exceptional item into the accounts associated with the writing down of land and buildings (called impairment), following a revaluation of the Trust's entire estate. The value of land and buildings has been reduced by £8.0 million. This has resulted in a technical deficit for the year of £7.6 million. As this is a non-cash transaction, it has no bearing on the Trust's financial viability. The Department of Health excludes exceptional items from consideration of the Trust's performance.

Our policy is to maintain our asset base by committing capital expenditure on existing assets at a level broadly consistent with their rate of depreciation. In the short to medium term, the Trust is planning to make further investments to fund the Estate Strategy. The Strategy will both rationalise the estate and develop the ability to deliver services in high quality accommodation in the most appropriate locations.

## Severance Payments

There have been no severance payments made during the financial period.

## Pension Liabilities

Past and present employees are covered by the provisions of the NHS Pensions Scheme. Details of the benefits payable under these provisions can be found on the NHS Pensions website at [www.nhsbsa.nhs.uk/pensions](http://www.nhsbsa.nhs.uk/pensions).

The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS Body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

Further detail can be found in note 11 of the Trust's full financial statements.

## Forward Look

Looking forward, 2010/11 and beyond appear challenging in the current economic climate. With a reduction in the income uplift, significant cost improvements will need to be identified and delivered. The Trust will continue to develop its medium-term financial strategy as part of the Foundation Trust application and in response to emerging economic factors.

This Trust has always demonstrated its ability to deliver service and financial targets. We are confident we will continue to deliver.

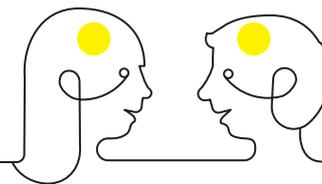


# Trust Board

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An NHS Trust Board is responsible for ensuring the delivery of high quality health care. In order to ensure this, there is a requirement to make best use of financial resources and deliver the services people need, to standards of safety and quality which are agreed nationally.





Our Trust Board meet on a monthly basis to discuss the business of our organisation. This is a public meeting, and anyone is welcome to attend and hear about the latest developments and performance news from our Trust. During 2009/10 our Trust Board was comprised of the following members:

Name	Role
Alan Baines	Chairman
Graham Foster	Non Executive Director
Mick Martin	Non Executive Director
Lesley Thompson	Non Executive Director
Carole Appleby	Non Executive Director - to 17 December 2009
Alan Barclay	Non Executive Director - to 31 December 2009
Mike Shewan	Chief Executive
Kathryn Blackshaw	Executive Director of Business Strategy
Paul Lumsdon	Executive Director of Nursing and Quality
Ifti Majid	Executive Director of Performance & IM&T
John Sykes	Executive Medical Director
Tim Woods	Executive Director of Finance
Graham Gillham	Director of Corporate and Legal Affairs
Helen Issitt	Acting Director of Workforce and Organisational Development - from February 2010

Our Trust Board ensures good business practice is followed and the organisation is stable enough to respond to the unexpected without jeopardising services, and confident enough to introduce changes where services need to be improved.

Therefore the Trust Board carries the final overall corporate accountability for its strategies, its policies and its actions as set out in the Codes of Conduct and Accountability issued by the Secretary of State. In order to discharge its responsibilities, the Trust Board has established a number of Committees of the Board as described below:

#### Audit Committee Membership

The Audit Committee reports to the Trust Board on an annual basis on its work in support of the Statement of Internal Control, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and how well embedded risk management is within the organisation, the integration of governance arrangements and the appropriateness of the self assessment against the Standards for Better Health (valid until March 2010). Our Audit Committee comprises:

Graham Foster - Non Executive Director -  
Chairman of Committee  
Lesley Thompson - Non Executive Director  
Mick Martin - Non Executive Director -  
to 17 March 2010

## Remuneration and Terms of Service Committee

The Remuneration and Terms of Service Committee advises the Trust Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Director members. Our Remuneration & Terms of Service Committee comprises:

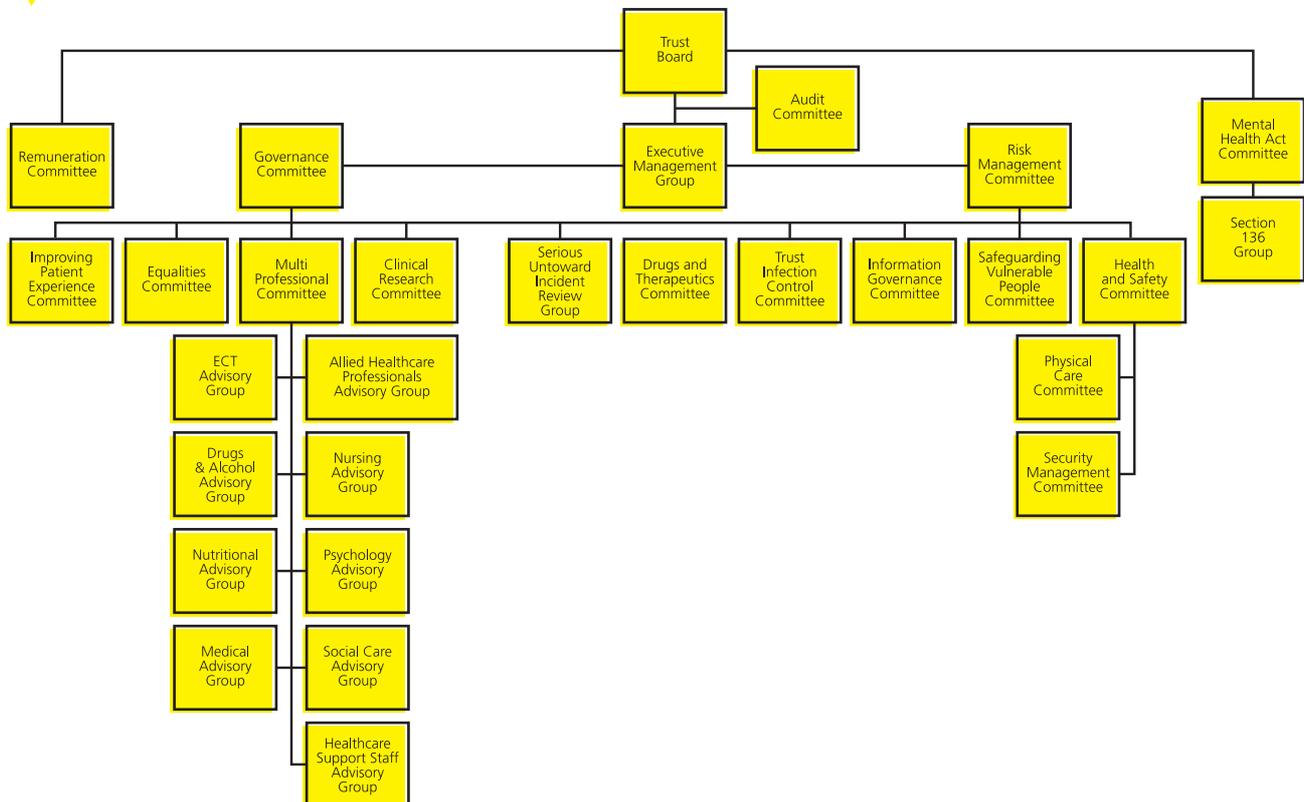
- Alan Baines - Chairman
- Lesley Thompson – Non Executive Director
- Mick Martin - Non Executive Director
- Alan Barclay - Non Executive Director - to 31 December 2009
- Carole Appleby - Non Executive Director - to 17 December 2009

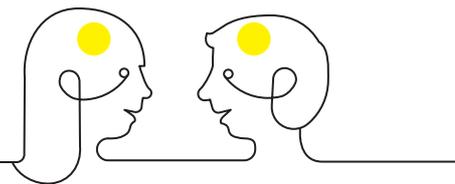
## Mental Health Act Committee

The Mental Health Act Committee receives information on, and reviews if necessary, the number of patients detained under each of the Sections of the Mental Health Act for the previous quarter. A key role is to consider matters of good practice in accordance with the requirements of the Code of Practice and the Mental Health Act (1983 & 2007). Our Mental Health Committee comprises:

- Trust staff and;
- Lesley Thompson - Chairman of the Committee
- Graham Foster - Non Executive Director
- Alan Barclay Non Executive Director - to 31 December 2009
- Mick Martin - Non Executive Director

## Trust Governance Structure





### **Register of Directors' Interests**

It is a requirement that the Chairman, board members and board-level directors who have regularly attended the board during 2009/10, and current members, should declare any conflict of interest which arises in the course of conducting NHS business.

The Chairman and board members should declare any business interest, position of authority in a charity or voluntary body in the field of health and social care, and any connection with a voluntary or other body contracting for NHS services. These should be formally recorded in the minutes of the board, and entered into a register, which is available to the public. Directorships and other significant interests held by NHS board members should be declared on appointment, kept up to date and set out in the annual report.

The Register of Interests is subject to annual review, and is published with the Annual Accounts 2009/10.

### **Board Codes of Conduct and Accountability and Nolan Principles**

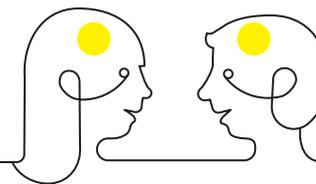
When reviewing their disclosures, each board member has personally reaffirmed in writing their agreement to comply with the NHS Codes of Conduct and Accountability, and the Seven Principles of Public Life (Nolan), and to state whether there is any relevant audit information of which the Trust's Auditors are unaware.

### **The Legal Issues**

The disclosure and statements referenced within this report are subject to the NHS Code of Conduct and Accountability which is binding upon Board Directors.

## Declaration of interests

Name	Interest	Area of interest	
Alan Baines	Director - European Capital Solutions Ltd	(a)	
	Director - Dovedale Capital Growth Ltd	(a)	
	Director - Sir Alex Ferguson Testimonial Year Ltd	(a)	
	Non Executive Director - Critical Pharmaceuticals Ltd	(a)	
	Non Executive Director - Piezotag Ltd	(a)	
	Non Executive Director - Treadcheck Ltd	(a)	
	Non Executive Director - Davenport Cabinetworks Ltd	(a)	
	Trustee of Changing Faces Charity	(d)	
Alan Barclay (to 31/12/2009)	Company Director - The British Office Supplies and Services Federation Ltd	(a)	
	Director - Rutland House School for Parents Ltd	(a)	
	Director - Vasanta Group Holdings Ltd	(a)	
	Director - ISA Group Ltd	(a)	
	Director - ISA Retail Ltd	(a)	
	Director - Kaye Office Supplies Ltd	(a)	
	Director - Kingfield Heath Group	(a)	
	Director - Kingfield Heath Holdings Ltd	(a)	
	Director - Kingfield Heath Investments Ltd	(a)	
	Director - Supplies Team Ltd	(a)	
	Director - Vasanta Group Ltd	(a)	
	Director - Vow (Ireland) Ltd	(a)	
	Director - Vow Europe Ltd	(a)	
	Minor shareholder as Chairman of Vasanta Group Ltd	(b)	
	Director of Supplies Team (subsidiary of Vasanta Group Ltd)	(b)	
	Chair Rutland House School for Parents	(d)	
	Graham Foster	Nil	
Lesley Thompson	Director - Beyond Coaching and Consulting Ltd	(a)	
	Director - Beyond Coaching and Consulting Ltd	(b)	
	Director - Beyond Coaching and Consulting Ltd	(c)	
	Non Executive Director - Skillforce	(d)	
	Associate Consultant - Right Management	(e)	
	Associate Consultant - RSM Bentley Jennison Consulting	(e)	
Carole Appleby (to 17/12/2009)	Managing Director/Owner - Blue Horizon Associates Ltd	(a)	
	Managing Director/Owner - Blue Horizon Associates Ltd	(b)	
	Managing Director/Owner - Blue Horizon Associates Ltd	(c)	
	Trustee Director - Home Start, Amber Valley, Crich, Derbyshire	(d)	
	Associate Consultant - Hornbeam Associates Ltd	(e)	



Name	Interest	Area of interest
Mick Martin	Director - Customer Services, Royal Mail	(a)
Kathryn Blackshaw	Partner is CEO of NHS Derby City	(e)
John Sykes	Nil	
Tim Woods	Nil	
Mike Shewan	Nil	
Graham Gillham	Nil	
Paul Lumsdon	Member - Mental Health and Learning Disability Nurse Directors and Leads Forum and Steering Group Visiting Fellow of Bournemouth University and the University of Derby	(e) (e)
Ifti Majid	Nil	

- (a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
- (b) Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
- (c) Majority or controlling share holdings in organisations likely or possibly seeking to do business with the NHS.
- (d) A position of authority in a charity or voluntary organisation in the field of health and social care.
- (e) Any connection with a voluntary or other organisation contracting for NHS services.



### Related Party Transactions

Derbyshire Mental Health Services NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the financial year a number of material transactions has occurred between this Trust and organisations for which the following four Board Members of Derbyshire Mental Health Services NHS Trust, or a person related to them, have a controlling interest. No personal benefit has been gained from these transactions.

The Department of Health is regarded as a related party. During the year Derbyshire Mental Health Services NHS Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department.

These entities are listed below:

- Derbyshire County Primary Care Trust
- Derby City Primary Care Trust
- Derby Hospitals NHS Foundation Trust
- East Midlands Strategic Health Authority
- Leicestershire County and Rutland Primary Care Trust
- Chesterfield Royal Hospital NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- NHS Purchasing and Supply Agency
- East Midlands Ambulance Service NHS Trust

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Derby City Council and Derbyshire County Council in respect of joint enterprises. The Trust has also received revenue and capital payments from a number of charitable funds. The members of the NHS Trust Board are also the Trustees for Charitable Funds. The audited accounts for the Funds Held on Trust are available from the Communications Department. The Register of Interests is available from the Legal Department.

### Financial Year 2009/10

Trust Board Member	Related Party	Relationship	Payments to related party £,000	Receipts from related party £,000	Amounts owed to related party £,000	Amounts due from related party £,000
Kathryn Blackshaw, Executive Director of Business Strategy	Derby City Primary Care Trust	Partner of Chief Executive	1,037	38,161	32	222
Paul Lumsdon, Executive Director of Nursing & Quality	University of Derby	Visiting Fellow	39	48	3	8
Michael Martin, Non-Executive	Royal Mail	Director of Customer Services	9	0	0	0
Lesley Thompson, Non-Executive	RSM Bentley Jennison Consulting	Associate Consultant	2	0	0	0

### Financial Year 2008/09

Judith Forrest, Former Chair	Derbyshire County PCT	Husband, Non-Executive	1,073	55,044	207	197
Judith Forrest, Former Chair	University of Derby	Independent Member of Council	18	124	0	39
Anne Hall, Former Non-Executive	Chesterfield Royal Foundation Trust	Husband, Deputy Chairman	1,278	5	132	0
Paul Lumsdon, Director of Nursing & Governance	University of Derby	Visiting Fellow	18	124	0	39
Michael Martin, Non-Executive	Royal Mail	Director of Customer Services	11	0	0	0
Lesley Thompson, Non-Executive	RSM Bentley Jennison Consulting	Associate Consultant	28	0	0	0



# Statement of Chief Accounting Officer's responsibilities

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The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance;
- Value for money is achieved from the resources available to the Trust;
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them;
- Effective and sound financial management systems are in place; and
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.



Signed:

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**On behalf of the Chief Executive Officer**

**Date:** 08.06.10

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# Statement on Internal Control 2009/10

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## 1. Scope of Responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

Myself, and the Trust participate in partnership processes to ensure that personal and joint accountability issues are dealt with effectively. As Accountable Officer and Chief Executive I have regular supervision meetings with the Chief Executive of NHS East Midlands and the Trust Chairman. In addition, the Derby City and Derbyshire partnership forums are well established and include representation from other NHS Trusts, Primary Care Trusts and Local Authorities.

## 2. The Purpose of the System of Internal Control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to:

- Identify and prioritise the risks to the achievement of the organisation's policies, aims and objectives,
- Evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control has been in place in Derbyshire Mental Health Services NHS Trust for the whole year ended 31 March 2010, and up to the date of approval of the Annual Report and Accounts.

## 3. Capacity to Handle Risk

The Trust has successfully integrated clinical and corporate risk management processes, which the Executive Director of Nursing and Governance leads on behalf of the Trust Board.

- There is a Board endorsed Integrated Governance Strategy which defines the organisational structures in place for the management and ownership of risk, including the responsibilities of Executive Directors for implementing the strategy. This is supported by a Risk Assessment Procedure
- There is an appropriate committee structure in place to ensure risk is managed effectively throughout the organisation and embedded in all Trust processes
- The Risk Management Committee is the principal committee concerned with the management of risk. The Audit Committee is responsible for ensuring appropriate assurances are sought for key controls which manage strategic organisation risks
- To enable staff to fulfil their responsibilities defined within the Integrated Governance Strategy, the Trust provides risk management training, defined within the Induction and Compulsory Training Schedule. This training is supported by procedural guidance and direction from specialist risk management staff.

#### 4. The Risk and Control Framework

The system of internal control is based on a framework of risk management processes for identifying and evaluating risk and determining effectiveness of risk controls and assurances received on these controls. The processes, which are embedded in the activities of the organisation, are defined within the Integrated Governance Strategy and its supporting policies and procedures.

##### Key elements of the risk and control framework include:

- Risk identification - proactively via risk assessments, project plans and reactively via incident, complaints and claims analysis, internal and external inspection and audit reports
- Risk evaluation - using a single risk matrix to determine impact and likelihood of risk realisation and grading of risk by colour
- Risk control and treatment - responsibility and authority for determining effectiveness of controls, development of risk treatment plans, including assigning appropriate resources is dependent upon the risk grade
- Risk Register - incorporating requirements of the Assurance Framework including mapping of each risk recorded to a strategic objective
- Incident investigation - robust systems for reporting and investigating incidents to identify areas for organisational learning and good practice
- Public stakeholders are involved in the management of risks which may impact on them via the Trust commitment to the Strategic Commissioning Group and regular briefings with the Overview and Scrutiny Committees
- Communication - the use of a 'Blue Light' system to rapidly communicate information on significant risks that required immediate action to be taken and a 'Learning the Lessons' newsletter to communicate good practice and actions that have been taken throughout the organisation.

##### Identified major risks, in year, as at 31 March 2010:

- Loss of existing business to competitors due to change in commissioner priorities
- Efficiency drive has a negative impact on service quality
- Failure to win new business
- Failure or delay in achieving savings requirements
- Failure to maintain a reference cost indicator (RCI) below 100.

##### Identified major future risks, as of 31 March 2010:

- Risk of not delivering the transformational change agenda
- Loss of reputation as a consequence of negative report within the public domain
- Loss of existing business to competitors due to change in commissioner priorities
- Efficiency drive has a negative impact on service quality
- Failure to win new business.

All major risks are managed through the Board Assurance process.

##### The key elements of the way in which public stakeholders are involved in managing risks which impact on them include:

- Quality Assurance Groups (a joint Trust and Commissioning group)
- Consultation for the Quality Account involving key stakeholders
- Impact assessments for the Transformational Change Programme including a requirement for consultation with key stakeholders
- Research and Audit Programmes aligned to the Board Assurance Framework.



### **The Board has in place an Assurance Framework that:**

- Covers all of the Trust's main activities;
- Details Board's strategic objectives;
- Identifies the risks to achieving the strategic objectives;
- Identifies and examines the system of internal control to manage the risks;
- Identifies and examines the review and assurance mechanisms which relate to the effectiveness of the system of internal control;
- Record actions agreed or taken to address the gaps in control and assurance;
- Is reviewed monthly by the Executive Director with overall responsibility for the management of the risk, and reported to the Audit Committee and Trust Board thrice yearly.

### **The Framework has identified gaps in control in the following areas:**

- Spreadsheet Integrity.

### **Limited assurance has been received in:**

- Respect of the overall control environment in place over the production and management of spreadsheets throughout the Trust.

The Trust has developed and is implementing a Spreadsheet Control Policy to fill this identified gap in control.

Throughout 2009/10 Internal Audit supported the Trust in its response to audit recommendations, undertaking prompt follow-up work which was reported to the Audit Committee, and which demonstrated that action was being taken in response to recommendations.

Action Plans are in place to deal with these issues and progress will be reported to the Audit Committee and Trust Board on a regular basis.

Equality Impact Assessments (EIA's) are integrated into Trust core business and have been completed for all corporate policies & procedures.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with.

A regular programme of Internal Audit reviews of information governance areas has been undertaken, including information security and compliance to the Information Governance Toolkit.

**The Trust has in place the following arrangements to management Information Governance risks:**

- A Senior Information Risk Owner at Board Level
- Annually completed Information Governance Toolkit, with reported outcomes to the Audit Committee and Trust Board
- Risks related to Information Governance reviewed by the Executive Director Lead and the Information Governance Committee
- A record of no (zero) Serious Untoward Incidents in respect of data security during 2009/10.

As an employer, with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

The Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

The Trust has achieved full registration with the Care Quality Commission from 1 April 2010.

**Evidence to support the Statement on Internal Control:**

- The Audit Committee has responsibility to oversee the assurance process, and provides reports regularly to the Trust Board
- Each strategic objective has been allocated to Executive Director within the Trust to be responsible for ensuring risk and control assessments are conducted, potential assurances mapped and reviewed when received to determine the level of assurance obtained and develop and monitor action plans

- Risk and control assessments, involving staff from various levels within the organisation have been conducted for each strategic objective, the results of which have been included in the Assurance Framework
- Reports to the Trust Board, Audit Committee, Risk Management Committee & Quality Governance Committee and on progress with the development of the Assurance Framework
- Routine reporting of significant risks to the Risk Management Committee and subsequently to the Trust Board
- Internal Audit Reports.

**5. Review of Effectiveness**

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

The Assurance Framework itself provides me with evidence that the effectiveness of controls that manage the risks to the organisation achieving its principal objectives have been reviewed. My review is also informed by:

- Registration with the Care Quality Commission from 1 April 2010 – without conditions
- Trust Performance Rating from the Care Quality Commission
- NHS Litigation Authority Risk Management Standards compliance with Level 1 Standards.
- Internal Audit reports received during year following on from the Internal Audit and External Audit Plans agreed by the Trust's Audit Committee
- Clinical Audits.

No significant internal control issues have been identified.

The processes applied in reviewing and maintaining the effectiveness of internal control are described above. In summary:

### The Trust Board:

- Is responsible for approving and monitoring the systems in place to ensure there are proper and independent assurances given on the soundness and effectiveness of internal control.

### The Audit Committee:

- Is responsible for independently overseeing the effectiveness of the Trust's systems for internal control and for reviewing the structures and processes for identifying and managing key risks
- Is responsible for reviewing the establishment and maintenance of effective systems of internal control
- Is responsible for reviewing the adequacy of all risk and control-related statements prior to endorsement by the Board
- In discharging its responsibilities takes independent advice from the Trust's internal auditor and Audit Commission.

### Internal Audit:

- East Midlands NHS Internal Audit Services provide the Trust with an independent and objective opinion on the effectiveness of the systems in place for risk management, control and governance.

### Internal Auditors

Tim Thomas	Head of Internal Audit
Kevin Watkins	Chief Internal Auditor

### External Audit:

- The Audit Commission provide the Trust with external audit services which include the review of the annual accounts and a review of the value for money achieved by the Trust.

### External Auditors

John Cornett	District Auditor
Trudy Enticott (from Nov 09)	Audit Manager
Claire Page (to Nov 09)	Audit Manager
Janet Dean (from Nov 09)	Principal Auditor
Helen Greensmith (to Nov 09)	Principal Auditor

With the exception of the internal control issues which I have outlined in this statement, my review confirms that Derbyshire Mental Health Services NHS Trust has a generally sound system of internal controls which supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.



Signed:

**On behalf of the Chief Executive Officer**

**Date:** 08.06.10

# 2009/10 Annual Accounts

## Statement of Director's Responsibilities in Respect of the Accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed subject to any material departures disclosed and explained in the accounts.

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the

Trust and to enable them to ensure that the accounts comply with the requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

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

Each Trust director confirms that as far as they are aware there is no relevant audit information which the NHS body's auditors are unaware of and they have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

By order of the Board.



Signed:

On behalf of the Chief Executive Officer

Date: 08.06.10



# Independent auditor's statement to the Board

## Independent auditor's statement to the Board of Directors of Derbyshire Mental Health Services NHS Trust

I have audited the financial statements of Derbyshire Mental Health Services NHS Trust for the year ended 31 March 2010 under the Audit Commission Act 1998. The financial statements comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' Equity, the Statement of Cash Flows and the related notes. These financial statements have been prepared in accordance with the accounting policies directed by the Secretary of State with the consent of the Treasury as relevant to the National Health Service set out within them.

I have also audited the information in the Remuneration Report that is subject to audit, being:

- the table of salaries and allowances of senior managers (and related narrative notes) on page 82 and
- the table of pension benefits of senior managers (and related narrative notes) on page 83.

This report is made solely to the Board of Directors of Derbyshire Mental Health Services NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies published by the Audit Commission in April 2008.

### Respective Responsibilities of Directors and Auditor

The directors' responsibilities for preparing the financial statements in accordance with directions made by the Secretary of State are set out in the Statement of Directors' Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

I report to you my opinion as to whether the financial statements give a true and fair view in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England. I report whether the financial statements and the part of the Remuneration Report to be audited have been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England. I also report to you whether, in my opinion, the information which comprises the commentary on the financial performance included within the Directors' Report included in the Annual Report, is consistent with the financial statements.

I review whether the directors' Statement on Internal Control reflects compliance with the Department of Health's requirements, set out in 'Guidance on Completing the Statement on Internal Control 2009/10' issued in February 2010. I report if it does not meet the requirements specified by the Department of Health or if the statement is misleading or inconsistent with other information I am aware of from my audit of the financial statements. I am not required to consider, nor have I considered, whether the directors' Statement on Internal Control covers all risks and controls. Neither am I required to form an opinion on the effectiveness of the Trust's corporate governance procedures or its risk and control procedures.

I read the other information contained in the Annual Report and consider whether it is consistent with the audited financial statements. This other information comprises the Foreword, the unaudited part of the Remuneration Report, the Chairman's Statement and the remaining elements of the Directors' Report. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements. My responsibilities do not extend to any other information.

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## Basis of Audit Opinion

I conducted my audit in accordance with the Audit Commission Act 1998, the Code of Audit Practice issued by the Audit Commission and International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures in the financial statements and the part of the Remuneration Report to be audited. It also includes an assessment of the significant estimates and judgments made by the directors in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Trust's circumstances, consistently applied and adequately disclosed.

I planned and performed my audit so as to obtain all the information and explanations which I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that:

- the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error; and
- the financial statements and the part of the Remuneration Report to be audited have been properly prepared. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements and the part of the Remuneration Report to be audited.

## Opinion

In my opinion:

- the financial statements give a true and fair view, in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England, of the state of the Trust's affairs as at 31 March 2010 and of its income and expenditure for the year then ended;
- the financial statements and the part of the Remuneration Report subject to audit have been properly prepared in accordance with the accounting policies directed by the Secretary of State as being relevant to the National Health Service in England; and
- information which comprises the commentary on the financial performance included within the Directors' Report, included within the Annual Report, is consistent with the financial statements.

## Conclusion on arrangements for securing economy, efficiency and effectiveness in the use of resources

### Directors' Responsibilities

The directors are responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance and regularly to review the adequacy and effectiveness of these arrangements.

### Auditor's Responsibilities

I am required by the Audit Commission Act 1998 to be satisfied that proper arrangements have been made by the Trust for securing economy, efficiency and effectiveness in its use of resources. The Code of Audit Practice issued by the Audit Commission requires me to report to you my conclusion in relation to proper arrangements, having regard to the criteria for NHS bodies specified by the Audit Commission. I report if significant matters have come to my attention which prevent me from concluding that the Trust has made such proper arrangements. I am not required to consider, nor have I considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

### Conclusion

I have undertaken my audit in accordance with the Code of Audit Practice and having regard to the criteria for NHS bodies specified by the Audit Commission and published in December 2006, I am satisfied that, in all significant respects, Derbyshire Mental Health Services MHS Trust made proper arrangements to secure economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2010.

### Certificate

I certify that I have completed the audit of the accounts in accordance with the requirements of the Audit Commission Act 1998 and the Code of Audit Practice issued by the Audit Commission.

**John Cornett**  
**Officer of the Audit Commission**

Rivermead House  
 7 Lewis Court  
 Grove Park  
 Enderby  
 Leicestershire  
 LE19 1SU  
 08.06.10



Signed:

**On behalf of the Chief Executive Officer**

**Date:** 08.06.10

# Remuneration report

## 2009/10

The remuneration of Board Directors is covered by the Remuneration and Terms of Service Committee which must meet at least once per year to consider the remuneration of Board Directors. The Committee is a sub-committee of the full Board and comprises the Chairman and Non-Executives. The Chief Executive attends to advise and confirm his agreement to the approach taken to the remuneration of the Executive Directors.

In 2006/07 the Remuneration Committee agreed a policy of bringing all Directors (including the Director of HR) and the Chief Executive onto an Agenda for Change Pay Banding. Three local pay scales (Executive 1, 2 and 3) were created and each Director was assimilated to a scale using the Agenda for Change job evaluation scheme.

Since then, work has been undertaken to produce a revised contract of employment using the national Very Senior Managers contract as a model. The contract has provision for individual performance review to form a part, but there is currently no policy to incorporate PRP payments in the contract.

### Salary and Allowances of Senior Managers 2009/10

Title	Name	2009/10			2008/09		
		Salary bands of £5,000	Other Remuneration bands of £5,000	*Benefits in kind (nearest £00)	Salary bands of £5,000	Other Remuneration bands of £5,000	*Benefits in kind (nearest £00)
Chief Executive	Mike Shewan	150-155	0	4,100	145-150	0	4,100
Executive Director of Finance & Contracting	Danielle Cecchini <sup>1</sup>	0	0	0	60-65	0	0
Acting Director of Finance	Robert Brian Steven <sup>2</sup>	0	0	0	30-35	0	0
Acting Director of Finance	Tika Khan <sup>3</sup>	0	0	0	10-15	0	0
Executive Director of Finance	Tim Woods	110-115	0	0	5-10	0	0
Executive Medical Director	John Sykes	60-65	120-125	4,100	60-65	115-120	4,100
Executive Director of Nursing & Quality	Paul Lumsdon	95-100	0	4,100	85-90	0	4,100
Executive Director of Business Strategy	Kathryn Blackshaw	95-100	0	4,100	20-25	0	4,100
Executive Director of Strategy, Planning & Marketing	David Pitt <sup>4</sup>	0	0	0	45-50	0	2,000
Executive Director of Operations	Ifti Majid	85-90	0	4,100	70-75	0	4,100
Director of Corporate & Legal Affairs	Graham Gillham	60-65	0	4,100	75-80	0	4,100
Chair	Alan Baines	20-25	0	0	10-15	0	0
Non-Executive Director	Lesley Thompson	5-10	0	0	5-10	0	0
Non-Executive Director	Graham Foster	5-10	0	0	0-5	0	0
Non-Executive Director	Michael Martin	5-10	0	0	0-5	0	0
Non-Executive Director	Alan Barclay <sup>5</sup>	5-10	0	0	0-5	0	0
Non-Executive Director	Carole Appleby <sup>6</sup>	0-5	0	0	0	0	0

\*Benefits in kind relate to lease cars provided for Senior Managers

## Pension Benefits of Senior Managers 2009/10

Title	Name	Real increase in pension at normal retirement age (bands of £2,500) £000	Real increase in pension lump sum at normal retirement age (bands of £2,500) £000	Total accrued pension at normal retirement age at 31 March 2010 (bands of £5,000) £000	Lump sum at normal retirement age related to accrued pension at 31 March 2010 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2010 £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder pension (to nearest £00) £00
Chief Executive	Mike Shewan	0-2.5	0-2.5	75-80	225-230	1,584	1,482	28	19,400
Executive Director of Finance	Tim Woods	0-2.5	2.5-5	40-45	120-125	796	695	67	46,800
Executive Medical Director	John Sykes	2.5-5	10-12.5	60-65	185-190	1,257	1,073	130	91,000
Executive Director of Nursing & Quality	Paul Lumsdon	0-2.5	5-7.5	30-35	100-105	668	570	70	48,900
Executive Director of Business Strategy	Kathryn Blackshaw	0-2.5	5-7.5	25-30	80-85	390	324	50	34,900
Executive Director of Operations	Ifti Majid	2.5-5	10-12.5	25-30	80-85	445	343	85	59,500
Director of Corporate & Legal Affairs	Graham Gillham	0-2.5	5-7.5	25-30	80-85	696	571	96	67,300

Contracts for all Directors are permanent, and there is no proposal in the Trust's Remuneration Policy to issue short term or rolling contracts. The Trust has a Contractual Notice Policy which covers all staff. The notice period for Directors and the Chief Executive is recommended as six months.

Any early termination of an Executive Director's contract would be considered by the Committee. A Compromise Agreement is equally likely to be issued where the termination of a contract is negotiated and mutually agreed to come to an end. Additionally, the Strategic Health Authority has to be involved in decisions when a severance is occurring.

### Notes to Remuneration Report

- 1 Danielle Cecchini left the Trust on 30 November 2008.
- 2 Robert Brian Steven acting in post from 3 November 2008 to 2 January 2009.
- 3 Tika Khan acting in post from 1 January to 28 February 2009.
- 4 David Pitt in post until 30 September 2008.
- 5 Alan Barclay left the Trust on 8 December 2009.
- 6 Carole Appleby in post from 1 July to 17 November 2009.

## Statement of Comprehensive Income for the Year Ended 31 March 2010

	2009/10 £000	2008/09 £000
<b>Revenue</b>		
Revenue from patient care activities	97,917	90,641
Other operating revenue	5,698	5,368
Operating expenses	<u>(108,706)</u>	<u>(93,348)</u>
<b>Operating surplus (deficit)</b>	<b>(5,091)</b>	<b>2,661</b>
<b>Finance costs:</b>		
Investment revenue	19	369
Other gains and (losses)	0	0
Finance costs	(1,233)	(35)
<b>Surplus/(deficit) for the financial year</b>	<b>(6,305)</b>	<b>2,995</b>
Public dividend capital dividends payable	<u>(1,331)</u>	<u>(1,860)</u>
<b>Retained surplus/(deficit) for the year</b>	<b><u>(7,636)</u></b>	<b><u>1,135</u></b>
<b>Other Comprehensive Income</b>		
Impairments and reversals	(5,181)	(6,581)
Gains on revaluations	6,569	0
Receipt of donated/government granted assets	0	0
Net gain/(loss) on other reserves (e.g. defined benefit pension scheme)	0	0
Net gains/(losses) on available for sale financial assets	0	0
Reclassification adjustments:		
- Transfers from donated and government grant reserves	(1)	(1)
- On disposal of available for sale financial assets	0	0
<b>Total comprehensive income for the year</b>	<b><u>(6,249)</u></b>	<b><u>(5,447)</u></b>
<b>Reconciliation from retained surplus/(deficit) for the year to breakeven performance</b>		
Retained surplus/(deficit) for the year <sup>1</sup>	(7,636)	
Adjustments for impairments	3,634	
Adjustment for dual accounting under IFRIC 12	<u>5,016</u>	
<b>Underlying in year surplus/(deficit) reported as breakeven performance</b>	<b><u>1,014</u></b>	

<sup>1</sup> Deficit in year is due to technical adjustments mainly relating to dual accounting under IFRIC12 and does not reflect underlying performance of the Trust's activities.

<sup>3</sup> The Trust's full Annual Accounts are available on request from:  
Communications Department, Derbyshire Mental Health Services NHS Trust, Trust HQ, Bramble House, Kingsway Site, Derby DE22 3LZ

## Statement of Financial Position as at 31 March 2010

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
<b>Non-current assets</b>			
Property, plant and equipment	73,025	45,858	50,663
Intangible assets	418	40	42
Investment property	0	0	0
Other financial assets	0	0	0
Trade and other receivables	269	0	0
<b>Total non-current assets</b>	<b>73,712</b>	<b>45,898</b>	<b>50,705</b>
<b>Current assets</b>			
Inventories	178	177	198
Trade and other receivables	2,491	2,275	3,473
Other financial assets	0	0	0
Other current assets	0	0	0
Cash and cash equivalents	3,800	2,241	2,982
	<b>6,469</b>	<b>4,693</b>	<b>6,653</b>
Non-current assets held for sale	0	0	0
<b>Total current assets</b>	<b>6,469</b>	<b>4,693</b>	<b>6,653</b>
<b>Total assets</b>	<b>80,181</b>	<b>50,591</b>	<b>57,358</b>
<b>Current liabilities</b>			
Trade and other payables	(8,397)	(4,775)	(4,895)
Other liabilities	0	(3)	0
DH Working capital loan	0	0	0
DH Capital loan	0	0	0
Borrowings	(625)	0	0
Other financial liabilities	0	0	0
Provisions	(432)	(470)	(918)
<b>Net current assets/(liabilities)</b>	<b>(2,985)</b>	<b>(555)</b>	<b>840</b>
<b>Total assets less current liabilities</b>	<b>70,727</b>	<b>45,343</b>	<b>51,545</b>
<b>Non-current liabilities</b>			
Borrowings	(31,726)	0	0
DH Working capital loan	0	0	0
DH Capital loan	0	0	0
Trade and other payables	0	0	0
Other financial liabilities	0	0	0
Provisions	(1,554)	(1,647)	(1,694)
Other liabilities	0	0	0
<b>Total assets employed</b>	<b>37,447</b>	<b>43,696</b>	<b>49,851</b>

Continued over page.

## Summary financial statements 2009/10

### Statement of Financial Position as at 31 March 2010

	31 March 2010 £000	31 March 2009 £000	1 April 2008 £000
<b>Financed by taxpayers' equity:</b>			
Public dividend capital	16,448	16,448	17,156
Retained earnings	(4,073)	2,970	1,888
Revaluation reserve	16,362	15,567	22,093
Donated asset reserve	30	31	34
Government grant reserve	0	0	0
Other reserves <sup>1</sup>	8,680	8,680	8,680
<b>Total Taxpayers' Equity</b>	<b>37,447</b>	<b>43,696</b>	<b>49,851</b>

The financial statements were approved by the Board on 8 June 2010 and signed on its behalf by:



Signed:

On behalf of the Chief Executive Officer

Date: 08.06.10

<sup>1</sup>Other reserves relate to originating capital reserve created on merger of Trust.

## Statement of Changes in Taxpayers' Equity

31 March 2010

	Public dividend capital (PDC) £000	Retained earnings £000	Revaluation reserve £000	Donated asset reserve £000	Gov't grant reserve £000	Other reserve £000	Total £000
<b>Changes in taxpayers' equity for 2009/10</b>							
<b>Balance at 1 April 2009</b>	16,448	2,970	15,567	31	0	8,680	43,696
Total Comprehensive Income for the year							
Retained surplus/(deficit) for the year	0	(7,636)	0	0	0	0	(7,636)
Transfers between reserves	0	593	(593)	0	0	0	0
Impairments and reversals	0	0	(5,181)	0	0	0	(5,181)
Net gain on revaluation of property, plant, equipment	0	0	6,569	0	0	0	6,569
Net gain on revaluation of intangible assets	0	0	0	0	0	0	0
Net gain on revaluation of financial assets	0	0	0	0	0	0	0
Net gain on revaluation of non current assets held for sale	0	0	0	0	0	0	0
Receipt of donated/government granted assets	0	0	0	0	0	0	0
Net gain/loss on other reserves (eg defined benefit pension scheme)	0	0	0	0	0	0	0
Movements in other reserves	0	0	0	0	0	0	0
Reclassification adjustments:							
- transfers from donated asset/government grant reserve	0	0	0	(1)	0	0	(1)
- on disposal of available for sale financial assets	0	0	0	0	0	0	0
Reserves eliminated on dissolution	0	0	0	0	0	0	0
Originating capital for Trust establishment in year	0	0	0	0	0	0	0
New PDC received	0	0	0	0	0	0	0
PDC repaid in year	0	0	0	0	0	0	0
PDC written off	0	0	0	0	0	0	0
Other movements in PDC in year	0	0	0	0	0	0	0
<b>Balance at 31 March 2010</b>	<b>16,448</b>	<b>(4,073)</b>	<b>16,362</b>	<b>30</b>	<b>0</b>	<b>8,680</b>	<b>37,447</b>

## Statement of Cash Flows for the Year Ended 31 March 2010

	2009/10 £000	2008/09 £000
<b>Cash flows from operating activities</b>		
Operating surplus/(deficit)	(5,091)	2,661
Depreciation and amortisation	3,130	2,471
Impairments and reversals	8,768	(193)
Net foreign exchange gains/(losses)	0	0
Transfer from donated asset reserve	(1)	(1)
Transfer from government grant reserve	0	0
Interest paid	(1,082)	(1)
Dividends paid	(1,331)	(1,860)
(Increase)/decrease in inventories	(1)	21
(Increase)/decrease in trade and other receivables	(485)	1,198
(Increase)/decrease in other current assets	0	3
Increase/(decrease) in trade and other payables	3,827	(55)
Increase/(decrease) in other current liabilities	(3)	0
Increase/(decrease) in provisions	(165)	(529)
<b>Net cash inflow/(outflow) from operating activities</b>	<b>7,566</b>	<b>3,715</b>
<b>Cash flows from investing activities</b>		
Interest received	19	369
(Payments) for property, plant and equipment	(5,527)	(4,088)
Proceeds from disposal of plant, property and equipment	0	0
(Payments) for intangible assets	0	(29)
Proceeds from disposal of intangible assets	0	0
(Payments) for investments with DH	0	0
(Payments) for other investments	0	0
Proceeds from disposal of investments with DH	0	0
Proceeds from disposal of other financial assets	0	0
Revenue rental income	0	0
<b>Net cash inflow/(outflow) from investing activities</b>	<b>(5,508)</b>	<b>(3,748)</b>
<b>Net cash inflow/(outflow) before financing</b>	<b>2,058</b>	<b>(33)</b>
<b>Cash flows from financing activities</b>		
Public dividend capital received	0	0
Public dividend capital repaid	0	(708)
Loans received from the DH	0	0
Other loans received	0	0
Loans repaid to the DH	0	0
Other loans repaid	0	0
Other capital receipts	0	0
Capital element of finance leases and PFI	(499)	0
Cash transferred to NHS Foundation Trusts	0	0
<b>Net cash inflow/(outflow) from financing</b>	<b>(499)</b>	<b>(708)</b>
<b>Net increase/(decrease) in cash and cash equivalents</b>	<b>1,559</b>	<b>(741)</b>
<b>Cash (and) cash equivalents (and bank overdrafts)</b> <b>at the beginning of the financial year</b>	<b>2,241</b>	<b>2,982</b>
Effect of exchange rate changes on the balance of cash held in foreign currencies	0	0
<b>Cash (and) cash equivalents (and bank overdrafts) at the end of the financial year</b>	<b>3,800</b>	<b>2,241</b>

## Better Payment Practice Code

Measure of compliance

	<b>2009/10</b>	<b>2009/10</b>	2008/09	2008/09
	<b>Number</b>	<b>£000</b>	Number	£000
Total Non-NHS trade invoices paid in the year	<b>26,146</b>	<b>20,450</b>	26,782	21,238
Total Non NHS trade invoices paid within target	<b>24,997</b>	<b>19,195</b>	25,057	19,188
Percentage of Non-NHS trade invoices paid within target	<b>96%</b>	<b>94%</b>	94%	90%
Total NHS trade invoices paid in the year	<b>1,299</b>	<b>12,351</b>	1,418	14,260
Total NHS trade invoices paid within target	<b>995</b>	<b>8,921</b>	1,111	11,978
Percentage of NHS trade invoices paid within target	<b>77%</b>	<b>72%</b>	78%	84%

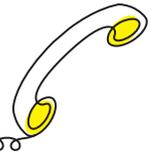
The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

## The Late Payment of Commercial Debts (Interest) Act 1998

	<b>2009/10</b>	2008/09
	<b>£000</b>	£000
Amounts included in finance costs from claims made under this legislation	<b>0</b>	1
Compensation paid to cover debt recovery costs under this legislation	<b>0</b>	0
<b>Total</b>	<b>0</b>	1

# Contacts

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If you require further assistance with this document please contact:

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