Derbyshire Healthcare NHS
NHS Foundation Trust

Bettertogether

Annual Report and Accounts

Derbyshire Healthcare NHS Foundation Trust
2011/12

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If you require further assistance with this document please contact:

Communications Department
Derbyshire Healthcare NHS Foundation Trust
Trust Headquarters
Bramble House
Kingsway Site
Derby
DE22 3LZ

Tel: 01332 623700 ext 3510
Monday to Friday 9am-5pm
email: communications@derbyshcft.nhs.uk

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Chairman's Foreword

When you read this report you will be struck by how busy the organisation has been in this, our first year as a foundation trust.

During the year we welcomed the many new members of staff who joined us when we started the integration of children's' universal and specialist services,paediatric services and substance misuse services all from Derby City. Effective integration of services of this size takes time but is well underway.

We have also seen the changes to operational and clinical pathways which have enhanced our focus on delivering a high quality and personal service as quickly as possible. Our aim is always to put users of our services right at the centre of our care approach.

Effective care is a combination of important factors which must come together in "the patient experience". Excellent clinical treatment (obviously) , but also an emphasis on treating everyone with respect and dignity and taking time to listen to what our service users and their carers are saying.

In times of austere economic conditions it is essential that our work in controlling cost must be balanced against our essential commitment to preserve the quality of our care services and maintain our excellent grades in the measurements of performance used by our numerous external regulators. I am happy to confirm for you that this balance has once again been achieved.

The NHS is one of the most complex organisations on the planet. When financial pressures mean that we must all look carefully at how we deliver optimum care with the limited resources we are given it means that every part of the NHS must reflect on how we can improve efficiency by working in a more integrated way across the diverse parts of this huge national structure.

You will read later in this report of the work that your foundation trust has been doing in this area particularly with our colleagues in the acute sector. This work continues to reduce the time that many people with mental illness have to spend in acute hospital beds away from their homes.

There are also plenty of examples in this report of how we are being innovative in the design of services so that we can do things differently whenever we see an opportunity to improve service user experience whilst they are in our care. This is a never ending process and we often recognise ways to change things that deliver improvement without spending a lot of our scarce resource.

An essential part of being a foundation trust is working with a council of governors who act on behalf of members in holding the board of directors to account for the formulation and execution of our strategy. I am pleased with the progress made by governors in firstly understanding their new role and secondly carrying out their significant responsibilities in 2011/12. They are making a highly effective contribution in improving the overall governance of your foundation trust.

When you read this report I think that, like me, you will be surprised at the number of county-wide events we get involved with. It is essential that we do not restrict ourselves to looking inwards at our service. A foundation trust has to engage closely with its community at every opportunity and the variety of activities where we engage in local events is firm proof that we take our civic role seriously, involving the board, governors and staff in as many activities as we can.

A major initiative that we are delighted to embrace is the national commitment to improve and embed equality in everything that we do. I am delighted to be personally involved in ensuring that the aims of this process are cascaded into every part of the organisation.

This is, of necessity, a large and complex place. We work from many sites and our team is made up of thousands of people. Any service which is truly effective is made up of much more than physical assets, it is the combination of the individual actions and attitudes of a large number of individuals who make up our most valuable asset, our people. They are involved in a huge variety of activities which are all essential to providing a service that is fit for the population in the city, county and beyond that we serve. I do not want to end this piece without recognising all that our people do often in difficult and challenging circumstances. On behalf of the board that I chair I would like to take this opportunity to thank every one of them for the excellent job that they all do every day of the year.

And as we end one year we move into the new one ready to face the challenges that will come confident that we have an organisation and a team of people who will continue to deliver a first class service to all who need our care. We live in difficult times but I remain confident that we shall achieve all our goals in the year ahead.

Alan Baines
Chairman
Derbyshire Healthcare NHS Foundation Trust

Chief Executive's Introduction

At the end of our first full year as a Foundation Trust, I am extremely proud to be introducing this annual report to you.

It's been a long haul, but in the current economic and political climate, to be finishing our first year in a position of sound financial health, with a strong grip on quality governance across our services, and with no significant risks on the horizon, is a tremendous achievement and a tribute to all of our staff at every level in the organisation. We have created a strong base upon which to build our future.

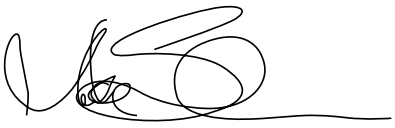
Part of the rationale for the Trust's change of name was to accommodate a wider range of services under our responsibility, and it was therefore wonderful to secure the transfer of universal and specialist children's services from Derby City PCT at the start of the year. We're not quite there yet, but good progress is being made towards the full integration of these new services, and I've been extremely impressed by the commitment and dedication of those clinicians I've been able to spend some time with.

Its also been a real achievement, and an important landmark, to win the tendering competition for substance misuse services in both the City and County, which re-affirms our commitment to continue providing those specialised services. It also underlined again the fact that there is no room for complacency in any of our services, any of which could be market tested if commissioners have concerns about either value for money or quality.

Elsewhere in the Trust, even after 12 years as Chief Executive, I continue to be astonished by the innovation and professionalism of our staff, and want to recognise too the important part played by our support services who I know are equally proud of the work they do.

One of the most important elements of our Foundation Trust application was to encourage and support partnership working and engage our local people. I have been very encouraged by the way in which our Council of Governors has matured over the year, and the progress in the further recruitment of members. We must create the opportunities to ensure meaningful engagement in planning the future development of the Trust.

The year ahead will present fresh challenges as we continue to work through one of the most difficult periods of economic austerity, combined with extensive change to the structure of the NHS, which most of us can remember. I know that we can, and will, respond to the need to review the ways in which we deliver our services, in a year in which the Payment by Results system finally impacts upon Mental Health services. I have every confidence that together we will be successful, as our track record demonstrates.



Mike Shewan
Chief Executive
Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – An Introduction to our Trust

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We are Better Together – An Introduction to our Trust

Derbyshire Healthcare NHS Foundation Trust was established on 1 February 2011 when Monitor, the Independent Regulator of NHS Foundation Trusts, under its powers under Section 35 of the National Health Service Act 2006, authorised Derbyshire Mental Health Services NHS Trust to become a Foundation Trust.

An Introduction to the Services We Provide
Derbyshire Healthcare NHS Foundation Trust is the largest provider of mental health, and substance misuse services in Derbyshire, primarily serving the people of Derbyshire and Derby City which has a combined population of approximately 1 million.

Our trust focuses on services for those with severe and enduring mental health problems. These services 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 wide range of services which reflect the spectrum of care needs of people with mental health problems. This includes services for individuals who need support from community staff, through to inpatient, crisis resolution and more specialised services. In addition we provide specialist substance misuse services, and community based learning disability services.

In April 2011 Derbyshire Healthcare NHS Foundation Trust became the provider of Children's Universal and Specialist Services for Derby City following a successful tender process. In addition as part of the Transforming Community Services (TCS) programme, Derbyshire Healthcare NHS Foundation Trust transferred into the organisation Community Paediatric Services and Substance Misuse Services from NHS Derby City.

A key to the delivery and success of our services is our partnership working. Derbyshire Healthcare NHS Foundation Trust works in close collaboration with many partner organisations including NHS Derby City and NHS Derbyshire County and the developing Clinical Commissioning Groups, Derby City Council and Derbyshire County Council, Phoenix Futures, Turning Point, Derby and Nottingham Universities, Derby County and Belper Town Football Clubs, Derbyshire Voice, the mental health charity MIND, First Steps and others supporting people with mental health, learning disability, substance misuse and children's health needs. These partnership arrangements enhance and improve services for the Derbyshire locality, and support the delivery of services along a continuous and integrated pathway.

Our Services

Our frontline clinical services are delivered through a structure of 2 Divisions. The Acute and Community Care Division is responsible for the delivery of all Adult and Older People's services and the Specialist Services Division is responsible for delivering Children and Young people's services along with some of our more highly specialized services.

We provide the following services for the whole of Derbyshire:

- Services for adults of working age (inpatient, community and emergency/crisis care)
- Forensic services (low secure, prison in-reach and court diversion)
- Perinatal mental health services (inpatient and community)
- Community Services for Older People
- Memory Assessment and treatment services.

In addition, we provide the following services for Southern Derbyshire:

- Universal Children's Services (Derby City)
- Community Paediatric Services
- Specialist Children's services (Derby City)
- Safeguarding Services (Derby City)
- Child and Adolescent community mental health services.

The Adult and Community Care Division delivers clinical services through a range of adult and older peoples clinical teams managed in Service Lines split by geography. The table below shows all of the clinical services delivered by the Division.

Acute Care City	Acute Care County	Adult Community City	Adult Community South	Adult Community North	Older People's Services Inpatients	Older People's Services Community
Enhanced Care Ward Radbourne Unit	Morton Ward Hartington Unit	Recovery team 1 Derby City	Amber Valley Adult Recovery team	High Peak & North Dales Adult Locality team	Ward 1 Derby Community Hospital	High Peak/North & South Dales Older Adult CMHT
Ward 33 Radbourne Unit	Pleasley Ward Hartington Unit	Recovery team 2 Derby City	Erewash Adult Recovery team	Chesterfield Central Adult Locality team	Ward 2 Derby Community Hospital	Chesterfield & North East Older Adult CMHT & Memory Clinic
Ward 35 Radbourne Unit	Tansley Ward Hartington Unit	Care Management Derby City	South Derbyshire/ Dales Recovery team	Killamarsh & North Chesterfield Adult Locality team	Cubley Court (male) Kingsway	Memory Clinic Hartington Unit
Ward 36 Radbourne Unit	Outpatients Department Hartington Unit	Placement Review team	Early Intervention Services South County	Bolsover & Clay Cross Adult Locality team	Cubley Court (female) Kingsway	Amber Valley & Erewash Older Adult CMHT
A&E Liaison Royal Derby Hospital	North Crisis Resolution and Home Treatment team	Outpatients Department Derby Community Hospital	Pathfinder Service South County & City	Early Intervention Services North team	Tissington House Kingsway	City Older Adult CMHT
Day Hospital Derby Community Hospital				Corner House, Medical & Psychological team Rotherham	Physiotherapy Services	Discharge/ Placement team & South Derbyshire Older Adult CMHT
South/City Crisis Resolution and Home Treatment team					Older People's Mental Health Confusion Liaison team	Midway Day Hospital
Occupational Therapy Radbourne Unit						Dovedale Day Hospital

The Specialist Services Division delivers a wide range of clinical services. Rather than being split by geography these services are categorised and managed according to the types of interventions that are delivered. The table below shows this.

CAMHS, Learning Disability and Perinatal Service Line	Forensic and Rehabilitation Service Line	Substance Misuse and Eating Disorders Service Line	Psychology and psychological Therapies Service Line
CAMHS Liaison Service Derby	Kedleston Low Secure Unit Kingsway	North East Derbyshire Community Drug team (Zone 1) Chesterfield	Duffield Road Psychotherapy Service Derby
CAMHS City team Derby	Cherry Tree Close Rehabilitation Service Kingsway	Chesterfield Community Drug team (Zone 2) Chesterfield	Cognitive Behaviour Therapy team Rykeneld, Derby
Young Persons Specialist Service (City and County) London Road Community Hospital	Melbourne House Kingsway	High Peak and Dales Community Drug team (Zone 5) Matlock	Psychology Oaklands, Derby
CAMHS County Service Long Eaton	Prison Inreach Service HMP Foston	Derby City Drug and Alcohol team Derby	IAPT Rightsteps for Derbyshire, Belper
CAMHS County (Amber Valley) Belper	Criminal Justice Liaison Kingsway	Breakout Derby	
CAMHS County South Derbyshire Swadlincote	Audrey House Rehabilitation Unit Derby	Hospital Alcohol Liaison team Royal Derby Hospital	
CAMHS LD County Service Derby		SCAMS Derby	
Perinatal Inpatient and Community The Beeches, Radbourne Unit		Countywide Eating Disorders Service Belper	
Erewash CTLD Long Eaton Nottinghamshire		Bradshaw Clinic Derby	
South Derbyshire CTLD Bankgate Resource Centre, Swadlincote			
Derby City CTLD St Pauls House, Derby			
Amber Valley CTLD Alfreton Primary Care Centre			
Derbyshire Dales (South) CTLD St Oswald's Hospital, Ashbourne			
Assessment and Treatment Service Derby			

Child and Family Health Services

Locality 1 and 5	Locality 3 and 4	Locality 2
Oakwood/Spondon team Beaufort Business Centre	Abbey team Littleover/Mickleover team Cardinal Square, Derby	Alvaston/Boulton team Chellaston/Melbourne team Coleman Street Health Centre, Derby
Derwent team Revive Healthy Living Centre, Chaddesden	Austin/Sunnyhill team Austin Sunnyhill Children's Centre	Sinfin team Sinfin Health Centre, Derby
Chaddesden/Borrowash team Allestree/Darley team Mackworth team Breastfeeding team Cardinal Square, Derby	Arboretum/Normanton team Peartree Clinic	Osmaston/Allenton team Alvaston, Derby
	Rosehill SureStart The Big Building, Derby	

Specialist Children's Services

Community Paediatricians Cardinal Square, Derby	Specialist Health Visitors (Disabilities) Royal Derby Hospital	ADHD and Behaviour Nurses Revive Healthy Living Centre, Derby
Children's Pysio and OT City The Lighthouse, Derby	Specialist Nurses for Children with Disabilities Cardinal Square, Derby	The Light House Derby
Children's Pysio and OT South Derbyshire Cardinal Square, Derby	Children in Care Nurses Sinfin Health Centre, Derby	Revive Healthy Living Centre Derby
		Special School Nurses Cardinal Square, Derby

For more information about the specific teams that deliver clinical care within the Trust or to understand more about the core standards of care each team works to please visit the Trust's Core Care Standards website at www.corecarestandards.co.uk

Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – A Review and Celebration of the Year

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Better Together – A Review and Celebration of the Year

Introduction by Ifti Majid, Executive Director, Operations, Performance and IM&T

The main focus of the Operations, Performance and IM&T Directorate this year has been to review and transform operational and clinical pathways to ensure that those people who use our service receive high quality clinical interventions in a timely way whilst most importantly having a good experience of using our services.

This has been an exciting year and one of significant change for the Directorate with a large influx of new services joining the Trust in April 2011. The Bradshaw Clinic (substance misuse services), Community Paediatric services and, following a successful tender process, Derby City Children's services all joining the Trust on the 1 April 2011. These new services have brought real diversity and have further enhanced the specialist skills in the Directorate. A major piece of work that has been successfully completed was to ensure that the new services were fully integrated within the Trust during this first year.

A great start to the year was the Care Quality Commission (CQC) choosing to carry out an unannounced inspection of the Hartington Unit adult acute in-patient unit. The visit went very well with the CQC confirming we were meeting all standards. We have taken this visit as a learning opportunity to further improve services across the Directorate during the course of 2011/12.

Our staff in mental health and learning disability community services have worked hard to ensure that the alterations in the way that Derbyshire County Social Care staff are delivering the personalisation agenda have resulted in minimal impact on those people who use the service, this challenge has required constant review throughout the year.

The Lord Mayor of Derby chose our Child and Adolescent Mental Health services (CAMHs) as one of his charities for the year and he has been a regular visitor to services, attending the opening of Melbourne House, a new purpose built service for women with complex needs in the summer.

During August we celebrated the 25th Anniversary of the opening of the Hartington Unit, a great event planned jointly by service users and staff.

The autumn found the Directorate in the midst of tendering processes for substance misuse services for both the City and the County Services and we were delighted to have been successful in securing both. Services are now busy implementing the revised service models.

During September the Directorate drive to maximise feedback to continue to improve our services was demonstrated by a great event at the Radbourne Unit in Derby where representatives from many stakeholder organisations gathered to carry out a live Equality Impact Assessment. The outcome gave us a wealth of information to develop an improvement plan.

Learning from our experience of the winter of 2010, and the challenges this gave us, we have focussed a lot of planning time on ensuring that if we had similar unforeseen challenges services would continue with minimal disruption.

Working in collaboration we have launched a number of initiatives with both the Royal Derby Hospitals and Chesterfield Royal Hospital aimed at supporting our acute hospitals in Derbyshire and Derby to reduce the length of time patients with a mental health problem, especially dementia, need to stay in acute hospitals. The aim of this piece of work was to give a much better experience for the patient, and their carer's, whilst also ensuring that more beds are available during winter pressure times.

As the year 2011/12 closed I have reflected on a successful year in its self but one that positions us as an organisation to continue to improve the experience people using our services have; one that grows the information we give to and receive from our stakeholders and ensures that where possible our services are integrated to deliver care in a way that makes sense to local people.

A more detailed breakdown of some of the changes we have made over this year, the challenges overcome and how we have responded to feedback from those who use our services follows.

Acute and Community Care Services Division

1. Older Peoples Community Services
This year we have piloted a range of memory assessment service models to help us to understand the type of service that best suits residents of Derbyshire.

Services have been improved through use of new clinical developments such as Dementia Care Mapping within the Day Hospital settings and the rolling out of Royal College of Nursing supported Dementia Awareness training.

The South Dales Older Peoples CMHT has moved into a new base at St Oswald's Hospital in Ashbourne, greatly enhancing the delivery of the service. The move has enabled the teams to be based together in one large office. This has allowed for a more efficient and effective communication. The move has also meant the team is now centrally located so is better placed within the area it serves.

The community teams have supported the development of the Living Well programme through the Day Hospitals within Derby City and at Ilkeston Resource Centre. This programme aims to support patients and their carers who have received a diagnosis through the Memory Assessment Service. We have developed our own innovative approach to engagement through the use of Dementia Question Time. These sessions have been piloted at Ilkeston Resource Centre enabling patients, carers and family members to join an informal discussion with members of staff exploring individual and shared experiences. The group attendance has been very healthy, with more than 30 people participating in each session and the feedback has been extremely positive. Holding the sessions in the evenings has allowed for more

family and carers to interact with staff. In 2012 we will further expand this successful service and introduce it into Chesterfield in the North of the County.

Older Peoples Inpatient Service
This year has seen a number of changes including the development of the Older Peoples Mental Health Liaison service at Royal Derby Hospital and the joint development of the Nurse for Confused Patients in collaboration with the Royal Derby Hospital. These services are in place to support the staff at the acute hospital in recognising patients who are suffering from confusion, assessing them within the team

and then referring them to the most appropriate mental health pathways if needed, whilst continuing to improve the patient experience. The pilots began in December 2011 with commissioner funding and so far the services have assessed over 500 patients.

An area of focus for the Older Peoples Inpatient Services has been ensuring that patients admitted to dementia wards are away from home for the minimal time possible, as it has been found that people with dementia function better within a familiar environment and the longer they are away from home the less likely they are to return. The average length of stay during the year has reduced and a lot of work has been done utilising the Productive Pathway team to ensure systems and processes are as efficient as possible.

We are very proud of the sleep project innovation introduced on Wards 1 and 2 (previously 31 and 35), London Road Community Hospital, which significantly improved sleep routines for patients. This project involved developing targeted questionnaires to help identify current sleep problems in patients whilst providing details of previous sleep patterns. Sleep problems can be common when in a new environment so the questionnaires now help to find out how patient stays can be made more comfortable ie use of quilt/ blanket or darkness/ some light in the room. Sleep charts are also completed for the first few days so as to accurately understand the current sleep pattern. When a sleep problem is identified the staff are able to offer advice and support so that together with the patient they can work towards improving sleep.

In addition we were able to alter our inpatient spaces in order ensure we have single sex environments on the wards.

We have responded positively to feedback in several ways during 2011/12;

- following a patient questionnaire we have had a door bell installed to reduce waiting for access
- a new TV was purchased and relaxation DVD's are now playing in the waiting room, this has proved very successful with people who use this service
- at Tissington House and Cubley Court male inpatient service we now have a system in place that allows carers to have key access to their relative's bedroom during their visit allowing them to have a greater degree of involvement and flexibility regarding their visit
- all older people Inpatient wards now have patient information booklets written specifically for the people who use our service.

2. Adult Acute Inpatient Services

In 2011/12 acute inpatient services have focussed on driving the quality agenda forward into every aspect of our service. This can be demonstrated through the Quality cycle outcomes, Releasing Time to Care results, PEAT inspection results, and the results of a very successful Care Quality Commission Inspection of the Hartington Unit.

In the last year we have expanded Mental Health Liaison services by introducing the Older People's Mental Health Liaison Service to support assessment and discharge from our local Acute Hospital and have further developed the role of the early discharge in reach worker in Chesterfield Crisis team to support discharging people early from the Hartington Unit following an acute inpatient stay.

We have several pilots running which will inform how we increase the variety of interventions offered to patients by staff. A couple of examples of these pilots are;

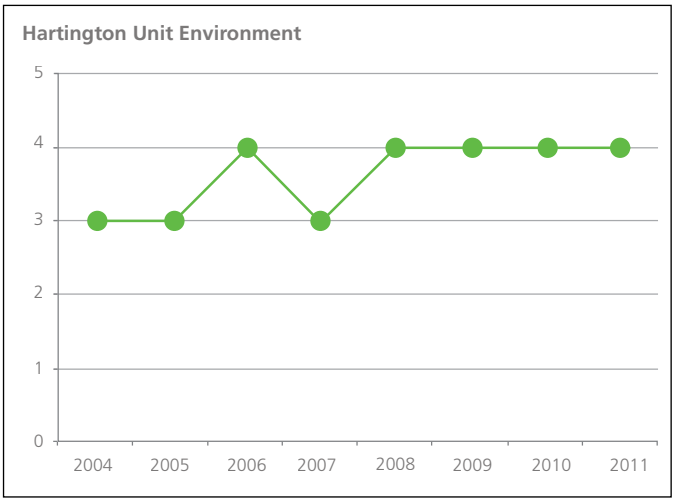
- compassion focused training within the crisis team
- a group work approach called the Meta-Cognitions group- assisting patients to work with a diagnosis of psychosis.

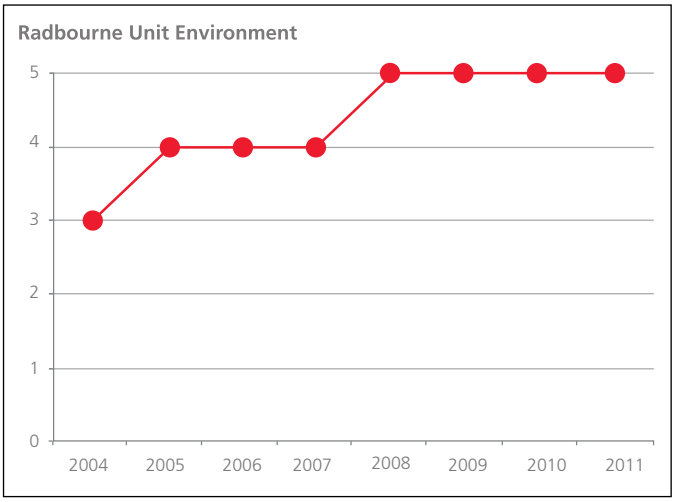
In order to improve access and responsiveness to patient need the Mental Health Liaison Team have moved staff into the Emergency Department at the Royal Derby Hospital this year.

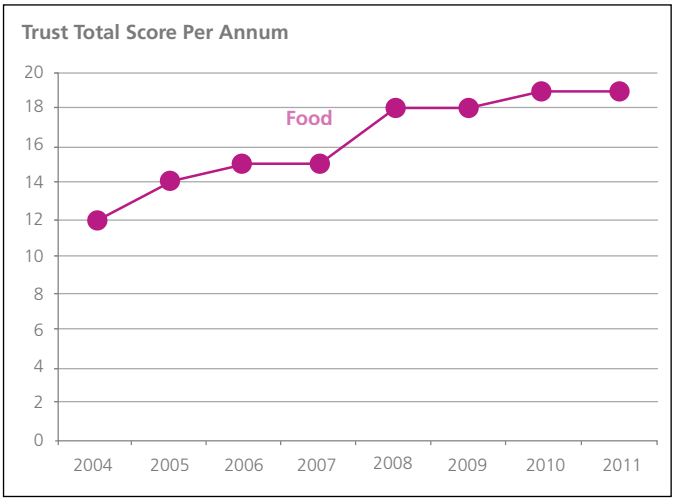
In improving the built environments within which our services are delivered, and enhancing the range and choice, we have;

- provided a new kitchen on the Radbourne Unit which has improved the choice and quality of food available to patients
- provided a call order food service to staff
- provided a new gym for patients, which includes showering facilities for patients and staff
- upgraded the OT departments multi-functional room, making it a more useable space which is light and airy
- further landscaped the courtyards at Radbourne providing a pleasant, green space for patients and visitors to sit
- all ward areas have had lockers fitted for patients to be able to store safely personal items
- all wards now have vinyl flooring with the removal of all carpet
- the provision of male/female only sitting rooms in all wards areas has added to the therapeutic milieu of the ward areas and been well received.

PEAT Assessment Table 2004 – 2011 (1-5 scoring with 5 being maximum score)







Inpatient services have seen developments and improvements in quality and in the care environment. Many of these changes have been driven by patient and carer feedback through the "you said, we did" initiative. Examples include;

- extended opening hours of the recreational hub in The Hartington Unit
- extended opening hours of the gymnasium with extra staff trained to support this and
- installation of information monitors in all patient areas

3. Adult Community Services

A key change to the delivery of services in Community Care in the County of Derbyshire this year has been that Derbyshire County Council now operates under a separate management structure and from independent sites in order to enhance the Personalisation Agenda. The two agencies continue to work in close partnership to ensure this different approach does not impact upon patient care.

To ensure high quality and timely assessment we have further developed Pathfinder services. These services provide rapid assessment for all routine and urgent referrals to the Trust. Over the course of 2011/12 this has further improved the relationship and joint working with primary care, has abolished waiting lists for assessment, improving the first experience of our services for service users.

Community Services for adults have been re-focussed around more locally based and accessible services. Previously we had a large Chesterfield based CMHT surrounded by five smaller locally based CMHTs and a centralised Assertive Outreach Team, we now have four Locality based Pathfinder and Recovery Services of equal size and resource.

We have regularly made improvements based on service user and carer feedback during the course of 2011/12. A good example of this is the improvement made to the entrance and reception area at Central Locality Recovery Service, St Marys Gate and Chesterfield. Patients and carers had expressed concerns about the entrance and reception areas at this location. We have made improvements to the reception area, and improved access by relocating the entrance speaker phone. We have received some very positive feedback from patients and carers regarding these changes.

A successful open day has been held at the Bolsover and Clay Cross Locality base in order for patients and partner agencies to view behind the scenes at the new Locality base.

Assertive Outreach services have moved to the provision of locality services in a drive to support local access and better integration with local communities. Staff are now based within and supported by Recovery Teams across the County.

Specialist Services Division

Learning Disability Services

This year has seen significant physical changes to services, with three clinical teams moving base; the Dales team moved from Wirksworth to Ashbourne, the South Derbyshire team relocated from Bretby to Swadlincote and the Assessment, Treatment and Support service (AT&SS), Heads of Profession, Nurse Consultant, and medical services based at St Paul's in the City moved to another city location, Temple House.

These moves realised efficiencies for the Trust, but were mainly focussed on improving accessibility for our service users.

As a result of transformational change the service has seen the introduction of the Referral Pathway and has adopted a whole service approach, reconfiguring our processes to streamline the service user's treatment journey. Each service user now has a Lead Practitioner who co-ordinates their treatment according to their needs.

Several new service initiatives have been launched this year. The Derby City Intermediate Care team has offered an extended out-of-hours service to help both prevent admission to hospital and to facilitate early discharge from acute hospital services, where appropriate. The Health Facilitation team now supports primary care services and other mainstream health services to make reasonable adjustments, and provides training and support to these same services. A newly appointed Acute Liaison Nurse, who is based at Royal Derby Hospital, works to ensure people with learning disabilities have equitable access to acute hospital services. Training and education is also provided to help hospital staff make reasonable adjustments.

The "Weigh Ahead Group" was launched with accessible resources to encourage weight loss and healthy living as part of physical health and wellbeing promotion.

The Learning Disability service continues to develop accessible tools to enable people with a learning disability to understand and make informed decisions regarding their care and treatment. Recent examples of this are:

- an accessible safeguarding screening tool
- accessible information to assist when completing an alcohol use assessment
- accessible versions of mental health diagnosis tools
- an accessible "end of life" toolkit.

Substance Misuse Services
This year has seen been very challenging for the Substance Misuse Service, with several highlights.

- Drug services (The Bradshaw Clinic) formerly provided by Derby City PCT were transitioned into our Trust on 1st April 2011 and integrated into the Substance Misuse Service
- HALT (Hospital Alcohol Liaison Team) was established and developed throughout the course of the year. This service is based at Royal Derby NHS Foundation Trust and delivers a service to those people who present at the acute hospital with a comorbid or discreet alcohol related illness
- the success of the team in the retendering process for both the City Adult Drug Treatment Service, Countywide Adult Drug Services, and Children and Young Peoples Services in Derby City
- the development of a collaborative partnership with Phoenix Futures in the delivery of integrated substance misuse services.

As a direct result of service user feedback the following improvements to the delivery of the services have been undertaken;

- the creation of a Family Room at Bayheath House, which enables parents with young children to access services more effectively and supports several agendas including Safeguarding Children and Privacy and Dignity
- the creation of an allotment for service users in the County providing meaningful activity
- the establishment of an East European substance misuse clinic in Derby City
- the establishment of a SMART group in Derby City
- the establishment of a new Recovery Service User Engagement Group.

Young Peoples Substance Misuse Services have continued to develop the service during 2011/12 and can include in their successes the provision of Hepatitis B/C testing. A review of clinic delivery was undertaken, and an active programme throughout the year reduced the number of young people who were not attending their appointments.

Rehabilitation Services
Audrey House staff have taken part in a Behaviour Change Pilot this year, which uses every opportunity to promote a health and wellbeing framework for lifestyle behaviour change in partnership with patients. From the pilot evaluation it is evident that the team at Audrey House are already involved in many health promoting activities and that patients view this as an important part of their person centred care.

The profile of service users has been changing during 2011/12 at Cherry Tree Close. Historically, Cherry Tree Close has functioned as a longer-term Rehabilitation Service however, moving away from this model, Cherry Tree Close now aims to provide rehabilitation and recovery over a 12 to 24 month timeframe.

Improvements to the patient environment have led to both Audrey House and Cherry Tree Close having an Internet Kiosk located on site. They have formed part of the development of new patient resource rooms which also accommodate other facilities including a reading resource for patients.

The service model at Longcroft Court and Cobden Road has changed to a Supported Living model, which does not require 24hr nursing care; this is a very positive change for service users who become tenants rather than patients. The management of these community based social care resources has transferred out of the Trust.

Forensic Services
Melbourne House opened in September 2011. This is a dedicated service located in a purpose built 10 bedded unit and provides an alternative care pathway for women in secure and criminal justice settings, who require further in-patient rehabilitation but not at medium or low secure settings.

The opening of the service was well attended by Trust Staff, the PCT, Service User Groups and local dignitaries including the Mayor of Derby.

In response to patient feedback we have delivered improvements in the following areas;

- adjustments to the therapeutic programme
- ward routines have responded and changed
- we have purchased suggested therapeutic/activity equipment
- we have facilitated access for all patients on the unit to the internet.

The Kedleston Low Secure Unit was audited by the Care Quality Commission in August 2011. There were some very complimentary remarks made about the standard of care on the unit, the high standard of clinical record keeping and several areas of highlighted good practice.

The team have also welcomed a new Consultant Psychiatrist to the Kedleston Unit during 2011/12. The daily community meetings at the Kedleston Unit for both patients and staff have provided a more open and informal information sharing forum.

The Prison Inreach team have welcomed a new Consultant Forensic Psychiatrist for HMP Foston Hall, an additional Consultant Psychiatrist for HMP Foston Hall and one for HMP Sudbury, enhancing substantially the skill mix and expertise available within the offender health care pathway.

The CBT service into HMP Swinfen Hall was commissioned late in 2010 and 2011 has seen the first full year of successful service delivery.

2011 has also seen exciting opportunities nationally, with a joint NOMS/DoH initiative to develop services for people with a Personality Disorder.

The Criminal Justice Mental Health Team started the year on a really positive note, having been selected in late 2010 as one of 22 evaluation pathfinder projects for the national liaison and diversion network. This project aims to review liaison and diversion services on a national level, building the future business case for services and developing a national framework for standards across the country.

The team were privileged to be visited by Professor Louis Appleby, who is leading on the work being undertaken at a national level in evaluating services like our own in November 2011.

Children's Universal Services

The Child & Family Health Services, Children's Specialist Services and Community Paediatric Services joined the Specialist Services Division in April 2011.

Child & Family Health Services provide universal health care to children, young people and their families living in Derby City. The Health Visiting service comprises of Health Visitors, Community Staff Nurses and Community Nursery Nurses. The teams provide a care programme of contacts as guided by the Healthy Child Programme – Department of Health, March 2008 – to all children.

The School Nursing service comprises of Specialist Practitioners, Community Staff Nurses and Community Nursery Nurses. The School Health teams provide a public health role and safeguarding to pupils on a referral basis.

In 2011/12, following the engagement of young people on the review of our school nursing services we have established a young person's engagement group for consultation, advice and feedback on service developments.

The Breastfeeding Team provides specialist breastfeeding advice to mums across the City and also provides training to staff teams both internally and across partner agencies. The team are supporting the Trust to achieve the Baby Friendly Initiative status and have been delighted to pass the stage 1 assessment this year.

The role of the Paediatric Liaison Health Visitor is to liaise between the Accident and Emergency Department, Walk in Centre, Open Access and the Community Children's Services teams. This role also has an important part to play with the support of the Unintentional Injury Strategy.

The ADHD and Behaviour Nursing services, which were newly implemented at the point of joining the Trust, are developing well and the process is underway to provide a Physiotherapy Botulinum service in support of Derby Hospitals NHS Foundation Trust.

In response to direct patient feedback in 2011/12 the following improvements to services have been made;

- we have reviewed and amended individual care plans for children
- we have increased flexibility to service delivery including adjusting the location of some statutory children in care reviews and Specialist HV clinics
- we have developed initiatives to improve waiting times and
- we have continued development of partnership working with schools and social care.

Child & Adolescent Mental Health Services

The new revised service model has evolved this year in response to the formal CAMHS consultation process, with reference to NICE guidance, information collated from Key stakeholders, and feedback from service users.

The new service model is based on a recovery and resilience philosophy and brings together knowledge about groups of children and young people and effective interventions enabling a service model that is both targeted, specialist, and at the same time provides a safe continuum of service provision. The model maximises opportunities to improve mental health outcomes for children and families and sets the platform for new service development opportunities.
Over the last six months the service has developed a

dedicated self-harm service which has increased continuity of service delivery for young people with self-harm behaviour, and has extended the service to 16 and 17 year olds taking over this provision from the adult Mental Health Liaison team, and enabling a more appropriate care pathway based on NICE good practice standards.

The Tier 3+ commissioned service developed a pilot treatment model, providing intensive community support for young people to prevent inpatient admission. We are also very excited to report that the team made a successful bid to be part of the National Children and Young People's Improving Access to Psychological Therapies (IAPT) project, which will see significant investment of capacity and specialist training, further enhancing the service.

Perinatal Services

The Perinatal Service has embraced multidisciplinary team new ways of working and, as a result, has increased access to the service for women with serious mental health problems during pregnancy and the first postnatal year.

The Royal College of Psychiatry Quality Network for Perinatal Mental Health Services has awarded the Highly Specialist Perinatal Mental Health Service with full accreditation in recognition of high quality standards delivered to service users in 2011/12.

Service user's views were actively sought as part of the continuous improvement reviews and as a result we have implemented the following changes to the Beeches inpatient unit;

- we have established a dedicated internet kiosk within the Beeches
- we have enabled Wi-Fi access on site to allow women to bring their own laptops onto the unit for keeping in touch with family and friends as well as news and current affairs.

Eating Disorders Services

The team has received additional investment this year to facilitate the appointment of a consultant, a dietician and two further clinicians, enabling the service to offer more intensive home support. The aim of the investment is to ensure inpatient stays are not prolonged or delayed, and that care is delivered as close to home as possible. This will improve continuity of care and has created a consultant led, Countywide Eating Disorder Service, which we are excited to report upon fully in next year's annual report, following a full year of service delivery.

We have invested in a community based partner in 2011/12 as part of our enhanced and integrated care pathway. First Steps voluntary self-help group now work in partnership with the team, offering support with social eating, both within the home and in more social settings as part of the bespoke care plan for an individual.

Psychological Therapies Services
The therapy services were brought together under one manager for Psychology and Psychological Therapies in April 2011.

Psychodynamic Psychotherapy Services, the Cognitive Behavioural Services and the Group Programme have continued to deliver evidenced based interventions whilst awaiting the outcome of the commissioner led review of the psychotherapy service specification.

The CBT group component started working with the CLAHRC (Collaboration for Leadership in Applied Health Research and Care) in a chronic mood disorder study in 2011/12. This is aimed at establishing whether a specialist depression service for people with chronic depression is clinically effective and financially viable compared to standard treatment.

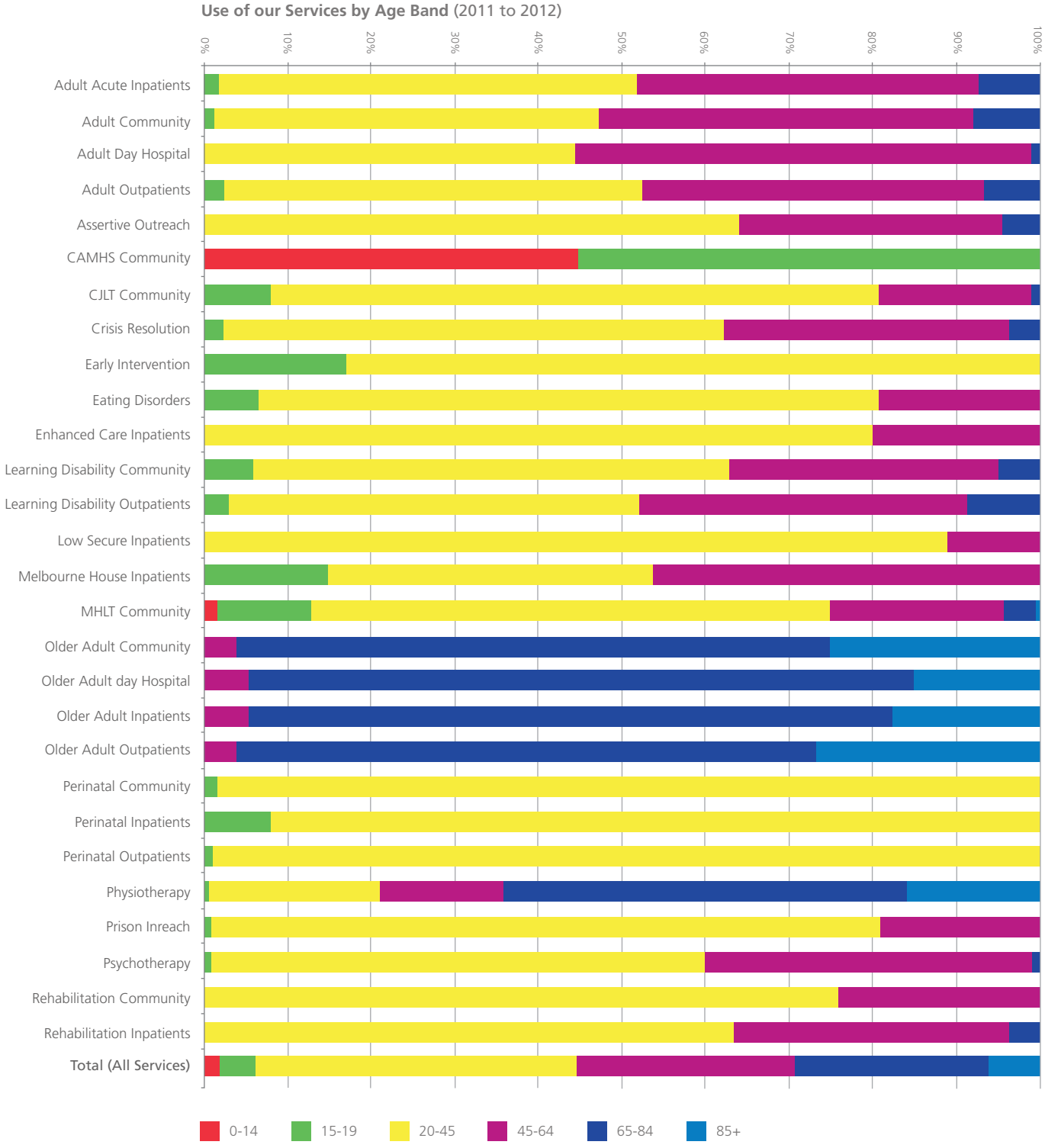
The IAPT team devised a plan from April to ensure improved performance against all commissioned targets for 2011/12. To date the team is on trajectory to deliver against its total commissioned activity level and clients are receiving more interventions per completed treatment year on year, recovery rates have increased to over the 40% target as a result this year.

In order to improve recording and reporting within the IAPT service, we have moved to IAPT, a new data collection and information management system.

Information Management and Technology Department
This year the Information Management and Technology Department have been focused on delivering solutions that enhance service user's experience of our services, support the efficient provision of our service, or reduce the administrative commitment required by staff. We have had a very productive year which has had a direct impact on those people who receive services in a number of instances; in this we have met our aims. Examples of initiatives being undertaken in 2011/12 include;

- provision of internet kiosks in all inpatient areas to allow service users to maintain links whilst they are receiving treatment
- information screens in the reception areas of seven units to provide information to service users and carers
- free Wi-Fi on all inpatient wards to allow service users and carers to access the internet using their own devices
- the provision of service user kiosks so that the Trust can understand the service provided and ensure that we make any adjustments required
- undertaken a trial of using a fully electronic record to record all information relating to patient and on the basis of that trial are now looking to acquire a system to support all the Trusts clinical processes
- replaced all PCs and laptops over five years old within the Trust and standardised the software used to ensure that all PCs will be able to support new systems as we move towards a fully electronic record
- made multiple changes to the current electronic system to streamline clinical processes and support new teams
- delivered new dashboards for the Trust management team which can show activity, HR and finance information at all levels of the business from the Board to individual teams
- delivered multiple solutions based on our new intranet called 'Connect' to support staff and teams work more efficiently such as the introduction of team sites to allow teams to collaborate and share information effectively
- increased our compliance to the Information Governance Toolkit from 62% to in excess of 80% whilst maintaining our rating of 'Satisfactory'. The Information Governance Toolkit measures the policies, processes and procedures we have in place to ensure we manage information effectively.

Users of Our Service 2011/12

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DEPRESSION

Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – Our Governors and Membership Review of the Year 2011/12

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Better Together – Governors Making a Difference

Introduced by Lew Hall, Lead Governor

The Trust has now completed one full year as a foundation trust. The year commenced with the Board of Governors already in place and active. Our foundation trust is required to operate with 29 Governors with 16 of those being elected public governors, of which I am one, four elected staff governors, and nine appointed governors.

Over the year the governors have interacted with the Trust in a wide variety of ways. These include attending and contributing to the Council of Governors meetings which are held four times per year and the formation of working groups which allow the governors to go into further detail on specific issues such as governor development, membership development, strategy and finance and quality and patient experience. The agendas for the aforementioned Council of Governors meetings are varied but include topics related to the annual plan, quality, financial performance and reports from the governor working groups.

Our first full year as governors has been an eventful one. It was preceded by several induction/training sessions which proved to be very successful in paving the way forward. They also provided the means of allowing all the governors to get to know each other along with the executive board members. These meetings were followed by several familiarization visits to the Trusts sites situated across the County. The visits were arranged so that the newly elected public governors were able to gain a more in depth knowledge of the workings of the Trust. In addition the visits also enabled the governors to meet some of the dedicated staff and many service users.

Throughout the year several of the governors have been out and about representing the Trust by meeting with the public and undertaking presentations in an attempt to combat stigma, explain what the Trust is and what it does and to support the recruitment of new members of the Trust.

The governors now have their own stand in the market place at the Trusts corporate induction days. The purpose of this is to inform the newly recruited members of staff the purpose of the Board of Governors and the individual governor's roles and responsibilities.

In September several of the governors and I attended a Foundation Trust Governors Association Conference in Sheffield along with eighty three representatives from 21 other foundation trusts. As the conference progressed it soon became apparent that measured against those other Trusts we had got off to a very good start in our first year as a foundation trust, and we are proud of this achievement.

Attempts are now being made to engage more with the membership of the Trust a sour members can assist us greatly in our attempt to continually improve. I look forward very much to seeing the progress we can make in 2012/13 building on the fabulous start we have had this year.

Better Together – A Governor Review of the Sub Committees that Support the Council of Governors

Introduced by Christine Williamson, Public Governor and Mark Crossley, Public Governor

The Council of Governors have had a very full first full year as a group and we are going to update you on the work of the four sub committees of the Council of Governors during 2011/12, and the other community based activities we have been engaged with throughout the year.

Membership Development Group
This group was established to enable governors and members of staff to come together and work together in order to support the engagement of new and existing members, and discuss and agree the means by which the Trust communicates with and recruits members effectively.

Christine Williamson (Public Governor) is the Chair of this committee and has described this year as being;
"A very exciting and fruitful experience, you get to discuss events and ways to engage with the community, we are always looking out for new members."

Strategy, Finance and Planning Group
The strategy and finance working group have met four times since its formation and currently meets bi-monthly. Mark Crossley, Public Governor, chairs this group on behalf of the Council of Governors, and during 2011/12 Kathryn Blackshaw was the representative on behalf of the Board of Directors.

During the course of 2011/12 the meeting has received reports and been consulted with on matters related to the ongoing planning, finance and strategy of the organisation and has covered topics such as HR, Engagement, Finance, Annual Plan, Annual Report, current opportunities, estates and IT. Mark Crossley, the Chair of this group states of the work of the committee over 2011/12:

"As chair of this working group I want to assure the public that the executive board and non-executive directors work tirelessly and are accountable through the council of governors and this sub group to ensure the trust continuously improves, …my perception of the trust has significantly changed, my anxieties have substantially reduced, I've gained a wealth of knowledge and experience through this role."

Patient Experience Group
This Group is where governors over the last year have gained an understanding and insight into the experience of patients using our services. The hospital and community services all receive a Quality Visit, which governors attend, and an assessment is undertaken regarding the standard the service has reached, with particular reference to patient experience. Christine Williamson, Patient Experience Group Member and public governor comments:

"I have been to most of the areas this year that are graded and the staff are very proud of all their accomplishments and awards. They are not allowed to rest on their laurels because every year they are visited and their performances are assessed."

Governors Development Group
This committee has provided a forum during the year for governors to meet and discuss what their experiences have been during each month, and evaluate what improvements in their roles and experience they would like to develop. During the year it has also provided a forum for governors to discuss how they are linking into their constituencies and local areas, and has proved a good opportunity for governors to communicate with each other outside of the formal Council of Governors meeting.

My Year as a Governor

Christine Williamson – Public Governor

My constituency area is Derby West, which includes Derby City, Peartree, Normanton, Littleover, Mickleover, Alvaston, Allenton and Wilmorton. During this year I have attended many events as a Public Governor like the 'Time to Change' roadshow in the Westfield Centre, Derby on 5th August. This was a great experience where we gave tea and coffee to people who just wanted to talk about their experiences of mental health and their life. As a listener I felt humbled and learnt so much about the general public and I believe those who attended valued the event equally.

I also attended the University for Living Library day; we recruited 110 new members at this event. In addition I have attended openings of new wards and have been lucky to go on site visits to all the various divisions of the Trust and learnt a great deal and made some great friends in the process.

As a trust we are champions for Dignity and Care and this year have also started a new committee for EDS, which means Equality Delivery System. During this year, as a public governor for the Trust I have attended the EDS conference that the Trust facilitated.

In addition I have also had the pleasure of being invited on a Multi Faith Tour of my constituency which has a very diverse population, to support me in understanding how I may represent my constituency and giving me opportunities to improve the contacts I have in the community to support engagement. The Trust has identified proactive engagement as a priority, and I am very happy as a governor to see the effort at engagement that has been made by the Trust on an on-going basis.

As a Governor I attend many formal meetings and events in my role. As a result of the input I have received and the level of engagement I have had across the organisation this year I can now go in a room and recognise the majority of the people attending and they know me, which personally is a great achievement that I have made during my first year as governor.

When I went on my visit to the Kingsway Site, my first visit in 40 years, I saw how wonderful the wards were, caring and giving care and commitment above and beyond what is required of them. The staff are all very proud of their hospital and this is well evidenced during their effective day to day running of the hospital.

As a result of my experiences in the last year I can recommend to anyone who has some free time and wants to make a difference to become a governor of this Trust.

I am very much looking forward to an exciting and stimulating 2012/13, to build on a very successful first full year as a Governor and as a Foundation Trust.

Statutory Role of Governors

Governors are either elected to represent the communities they serve and staff working in the Trust, or appointed to represent key organisations with which the trust has close working relationships. All Governors are bound by the same statutory duties, namely:

- appointment of Chairman (after initial appointment)
- removal of Chairman
- annual appraisal of Chairman of the Board of Directors
- appointment of Deputy Chairman
- agree the remuneration and terms and conditions of service for Chairman and Non-Executive Directors
- appointment, removal and agreement of terms and conditions of service for Non-Executive Directors
- appraisal of non-executive directors
- formally approve the appointment of the Chief Executive.

Other duties include:

- receiving the Trust's annual accounts
- contributing to the Trust's forward plan
- establishing priorities for review and reporting in the quality account/report.

Better Together – The Steps Taken by the Board to Understand the Views of Governors and Members

Governors can and do add value by contributing to a wide variety of other committees or governor working groups.

In the year since authorisation, the relationship with Governors has developed in terms of engagement in the planning and direction of the Trust. A series of training events, meetings and Work Groups involving Governors have been established in order to ensure that Governors are able to fulfil their roles within the Trust. The specific areas of work that the governors are involved in range from finance and strategy, quality and membership development.

Further engagement is in regular informal meetings between the Chair, the governors and one to one development sessions for governors.

During the year Governors have:

- established priorities for quality improvement contained within the quality account/report
- attended a number of training events to improve governor performance and understanding of the changing health service environment
- been involved at looking at strategies to improve membership and engagement
- engagement in quality and improving the patient experience
- involvement in Business Strategy including contribution to the annual plan

The Trust Board looks forward to on-going collaboration with governors and through them with the membership at large.

Details of Governors Constituency – Public (16 seats)	**Title**	**First name**	**Surname**
Public Amber Valley North	Mrs	Victoria	Yates
Public Amber Valley South	Dr	Dermot	Murray
Public Bolsover Up to 31.12.11	Mr	Roger	Dubois
Public Chesterfield North	Mr	Alan Eber	Smith
Public Chesterfield South	Mr	John	Stevenson
Public Derby City East	Miss	Joanne	James
Public Derby City East	Mr	David	Randle
Public Derby City West	Rev	Moira	Kerr
Public Derby City West	Mrs	Christine	Williamson
Public Derbyshire Dales	Mr	Simon	Meredith
Public Erewash North – Lead Governor	Mr	Lew	Hall
Public Erewash South	Mr	Christopher	Williams
Public North East Derbyshire	Mr	Kenneth	Stevenson
Public South Derbyshire	Mr	Barry	Appleby
High Peak	Ms	Louise	Glasscoe
Public Surrounding Areas	Mr	Mark	Crossley

Constituency – Public (4 seats)			
Staff Medical and Dental	Dr	Edward	Komocki
Staff Nursing and Allied Professions	Mrs	Katrina	De Burca
Staff Nursing and Allied Professions	Ms	Anne	Shead
Staff Administration and Allied Support Staff	Mrs	Sue	Flynn

Appointed (9 seats)			
Derby City Council	Cllr	Ruth	Skelton
Derby City Primary Care Trust Up to July 2011	Mr	Angus	Maitland
Derby City Primary Care Trust From 1.2.12	Dr	John	Orchard
Derbyshire Constabulary	Assistant Chief Constable	Dee	Collins
Derbyshire County Council	Cllr	Peter	Makin
Derbyshire County Primary Care Trust	Dr (Assistant Director, Public Health)	Judith	Bell
North Derbyshire Voluntary Action	Mrs	Kathy	Kozlowski
Southern Derbyshire Voluntary Sector Mental Health Forum	Ms	Wendy	Beer
University of Derby	Prof	Patricia	Owen
University of Nottingham	Prof	Paul	Crawford

Better Together – The Membership of our Trust

The Trust business plan outlines the ways in which we intend to develop and grow our core services. It recognises the need to strengthen our relationships so that they are sustained into the future and ensure that what we plan to do is inclusive of our members.

We want to develop an active, progressive Membership base which is representative of our population and geography. Therefore, the intention is to expand our membership at a rate which matches our ability to meet their expectations and the Trust's business needs.

Any individual aged 16 or over, who lives in an area specified in the Constitution (at Annex 1) may become a member of a public constituency. These areas correspond to electoral areas within Derbyshire and the surrounding areas. Membership is subject to the grounds for exclusion contained at Annex 8 of the Constitution. It is the responsibility of individuals to ensure their eligibility.

An individual who is employed by the Trust under a contract of employment is eligible to become a member of the appropriate class of staff constituency – medical and dental, nursing and allied professions and administration and allied support; unless he or she informs the Trust that he/she does not wish to do so.

Better Together – How to Become a Member and Help Shape our Future Plans

Part of our membership strategy for 2011/12 was to increase the number of members to over 8,000 by the end of the financial year.

This target was successfully achieved and the Member ship report below provides an analysis of the membership. Throughout the year we attended a range of events across Derbyshire to raise awareness of our Trust and recruit members from a cross section of communities, ensuring our membership is representative of our local communities.

Membership size and movements

Public constituency	**Last year (2011/12)**	**Next year (estimated (2012/13)**
At year start (April 1)	5,581	6,205
New Members	862	56
Members leaving	257	0
At year end (March 31)	6,186	6,261
Staff constituency	**Last year (2011/12)**	**Next year (estimated (2010/11)**
At year start (April 1)	2,406	2,406
New Members		
Members leaving		
At year end (March 31)	2,354	2,359
Total Membership	**8,540**	**8,620**
Analysis of current staff membership		
Medical and Dental	137	137
Nursing and Allied professionals	1,544	1,546
Administration and support staff	673	676

Analysis of current public membership

Public constituency Number of members Eligible membership		
Age (years)		
0-16	22	20
17-21	224	224
22+	4,739	4,814
Unknown	1,201	1,203
Ethnicity:		
White	5,005	5,046
Mixed	34	34
Asian or Asian British	143	155
Black or Black British	85	87
Other	8	8
Unknown	911	931

Socio-economic groupings:		
ABC1	3,658	3,702
C2	1,376	1,388
D	371	382
E	742	750
Unknown	39	39
Gender analysis		
Male	2,496	2,527
Female	3,612	3,656
Unknown	78	78

Better Together – How Have We Increased Our Membership?

During 2011/12 a wide range of initiatives and activities have taken place to recruit and engage new members to ensure a representative membership across Derbyshire.

The initiative to combat stigma continued to be the basis for membership recruitment and engagement to meet the following objectives:

- to increase the ability of people with mental health problems to address discrimination
- to raise awareness of the stigma and discrimination that millions of people with mental health problems face every day
- to build on partnerships with employers, education facilities, sports clubs and libraries to raise awareness of mental health issues and the need to reduce stigma
- to increase membership of the Trust.

The following events have been held in order to meet the above objectives:

- Shipley Park event in collaboration with Green Health, Police Mental Health Action Group, Changing Minds, Rethink and the Amber Trust
- Derby 10k run
- Spring Carers event – Making Space Carer's forum
- Sikh Vashaki Event – held in the Sikh Temple
- YMCA coffee morning
- Liberation day event, Swadlincote
- Chaddesden Big One stall
- Derbyshire County show
- Refugee week – partnership event with Refugee Action, Red Cross, Upbeat Communities
- North Derbyshire Voluntary Action
- Derby Women's Centre
- Learning Disabilities Big Health Day – involvement with the Royal Derby Hospital and other providers of services to people with learning disabilities
- Time to Change Road Show – partnership with Time to Change, Rethink, Derbyshire Mind, NHS Derby City, Derby City Council – resulted in the recruitment of 35 volunteers
- EDS Conference involving BME groups
- Derby College Fresher's Fairs
- Wilne 10k run
- Merrill College event
- Human Library event – partnership event with Derby University, Rethink, Derbyshire Mind, Derby University, Derby & Derbyshire Housing services, Amber Valley Community Services, Chesterfield Community Service, Derby/Derbyshire Focus Line, First Steps, Amber Trust, Derbyshire Community Health Services Stop Smoking Service, Derbyshire Alcohol Advice Service, Derbyshire Counselling and Therapy Centre, Derby Museum, Disability Direct, Derby Libraries, Derbyshire Young Carers, Derbyshire Police, Making Space, Wellness Working, Mental Health and Therapeutic Practice, Sinfin Timebank, NDVA, Derbyshire LiNK, Derby Fire Service, EMAS, Derby Homes, Refugee Advice Centre, Hope Centre Derby, Red Cross
- Derby University Health day.

Better Together - How can you become a member of Derbyshire Healthcare NHS Foundation Trust?

- anyone 16 years and older is eligible to become a member and membership is free
- get a better understanding of mental health, children's services 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 Membership Office
Derbyshire Healthcare NHS Foundation Trust
Bramble House
Kingsway Site
Derby
DE22 3LZ

E-mail: membership@derbyshcft.nhs.uk
Tel: 01332 623700 ext. 31219


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Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – A Look Back Over Our News and Events in the Year 2011/12

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April 2011

"It's fantastic that through a few small changes and dedication from staff we managed to reduce our carbon footprint by such a great amount. I hope Climate Week has demonstrated what a big difference we can make to lower the Trust's carbon emissions."

Scott Darby, Energy & Environmental Officer for Derbyshire Healthcare NHS Foundation Trust

New activity room

The Trust upgraded the Occupational Therapy (OT) facilities at the Radbourne Unit, Royal Derby Hospital. The former pastoral suite was transformed into a multi-functional, purpose built activity room. The room has new flooring, modern lighting and fitted units as well as a large TV and notice boards.

Bev puts dignity at the heart of Trust services

Bev Taylor, a CPN in the North and South Dales and High Peak Older Adults Community Mental Health team was nominated Dignity Champion of the month by the Dignity in Care network.

Lisa said: "Bev has faced many personal tragedies throughout the year but this hasn't stopped her being an excellent CPN and advocate for her patients. She is always a positive and calming influence on the team.

Derbyshire Healthcare smashes carbon reduction target

Derbyshire Healthcare NHS Foundation Trust took part in Climate Week successfully lowering its carbon emissions by a massive 9% over the week, smashing its 5% target and saving over 1.3 tonnes of CO_2.

This was achieved by members of staff doing small things such as turning off lights when leaving a room, making sure radiators and heaters were set to the correct temperature and turning off monitors when closing down computers. The Trust hopes to maintain this reduction in the future to help reduce its impact on the environment.

May 2011

Derbyshire Healthcare hosts national spirituality conference

A national spirituality and mental health conference was hosted by Derbyshire Healthcare NHS Foundation Trust on Friday 6 May 2011.

The conference, organised by the National Spirituality and Mental Health Forum entitled 'Wanted! Spirituality in your Trust', and was being held with the aim of raising awareness across NHS Trusts of the importance of holistic welfare in the healing process for service users.

Professor Peter Gilbert, Project Lead and Emeritus Professor of Social Work and Spirituality at Staffordshire University and Dr Ewan Kelly, Senior lecturer and Programme Director for Healthcare Chaplaincy and Spiritual Care, were the main speakers at the conference which was opened by Kathryn Blackshaw, Deputy Chief Executive.

A series of workshops included:
- getting a spirituality strategy up and running
- research in spirituality: paradigms, problems and provision
- combining spirituality and equalities agendas
- supporting staff and service users: making space including retreats for staff.

Throughout the day presentations took place to discuss the importance of spirituality, the lessons of the last decade and spirituality and healthcare. Attendees were given the chance to ask any questions relating to spirituality they may have.

Kathryn Blackshaw, Deputy Chief Executive, said: "This conference was held to allow us to explore how spirituality can improve outcomes for mental health service users, as well as enabling us to examine how it can be integrated into mental health services more generally. It was also an important opportunity for staff to gain a better understanding of their own spirituality, which in turn helps them to recognise and encourage the spiritual needs of those in their care.

"By aiding the overall wellbeing of a person, this in turn encourages positive mental health."

Derbyshire Healthcare - Getting it Right

Derbyshire Healthcare NHS Foundation Trust signed up to the MENCAP Getting it Right charter, making a commitment to improve the services it offers to clients with learning disabilities. Getting it Right spells out key activities that all healthcare professionals should put into practice to ensure there is equal access to health for clients with learning disabilities.

Carolyn Gilby, Assistant Director for Specialist Services said: "The Trust recognises the importance of getting it right when it comes to the care of service users with learning disabilities. We are committed to delivering the objectives of the MENCAP charter and the introduction of the Intermediate Care team, Acute Liaison Nurse and Health Facilitators will be instrumental in helping us to achieve this."

Acclaim for swab testing study

Lynne Brunt, an Advanced Nurse Practitioner with the Young People's Substance Misuse service at Derbyshire Healthcare NHS Foundation Trust had some of her work published in Drug and Alcohol Review, the journal of the Australasian Professional Society on Alcohol and other Drugs (APSAD).1

Lynne worked with Ade Apoola, a Consultant from the Department of Genito-Urinary Medicine at London Road Community Hospital on a study entitled 'A randomised controlled study of mouth swab testing versus same day blood tests for HIV infection in young people attending a community drug service', which was published in Drug and Alcohol Review in January 2011.

The study came from the frustration of trying to encourage young chaotic substance misusers to be tested for blood born viruses; it was hoped it would highlight the need for the funding of community testing using oral mucosa swabs, which can be done in any location without the need for a blood test. Young people frequently refused to have a blood test or attend the Genito-urinary clinic as they were fearful of seeing someone they knew and the embarrassment associated. Following the research by the Drug and Alcohol Action team, Commissioners agreed to fund the testing for HIV, Hepatitis B and C.

"Working with substance misusers requires a wide range of holistic skills to encourage them to make positive life choices. I am pleased the study has been published in the magazine as it highlights one of the many issues that young people face."

Lynne Brunt, Advanced Nurse Practitioner

The Beeches hits YouTube

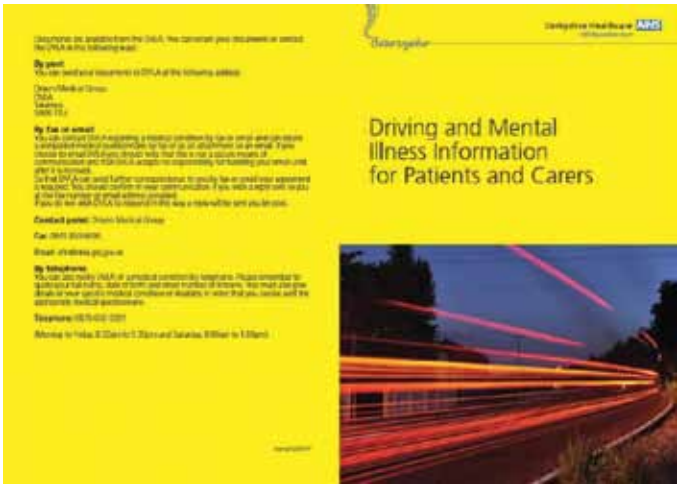
Derbyshire Healthcare NHS Foundation Trust's perinatal mental health inpatient facility, The Beeches, delivered its starring role on YouTube this month!

Staff from the unit produced a video to promote their service nationwide, which outlines the high standards of care available and highlights the success of their approach. This approach focuses on nurturing the relationship between mother and baby, preparing them for a lasting return to their families.

The Beeches has been a national forerunner in the care of mothers with perinatal mental health problems and their babies for over fifteen years.

"We are delighted with the video, which is the culmination of a lot of hard work by staff on the unit. We are very proud of the service we extend to mothers and their babies, and we hope that this video will increase awareness about our unit and the quality of care we offer."

Cheryl Sticka, Unit Manager



Derbyshire Healthcare launches driving and mental illness campaign

Following a recent audit Derbyshire Healthcare NHS Foundation Trust launched a campaign to increase the awareness of the latest DVLA guidelines regarding driving and mental health issues.

No previous audit had taken place within the Trust so an assessment was needed to determine the awareness of driving restrictions among patients and staff. The audit consisted of a sample of 25 patients from across Derbyshire suffering from severe and enduring mental health problems and on enhanced CPA.

The Trust worked with the DVLA to develop a guide 'Driving and Mental Illness Information for Patients and Carers' which will be rolled out to patients and carers. It is the duty of the driver, not the clinician, to inform the DVLA of any mental health issue or if any medication has been prescribed, and it is hoped that the booklet will make patients aware of this fact.

Dr Simon Taylor, Consultant Psychiatrist at the Trust, said: "Mental illness affects many people. Sufferers are not precluded from driving, although the DVLA has rules about when this should temporarily cease. This hand-out outlines these rules and who to contact for more information."

June 2011

Midland Games 2011 under starter's orders
On 7 June 2011 over 300 athletes with learning disabilities from across the East Midlands gathered at Moorways Stadium, Derby to participate in 'The Midland Games 2011'. The Midland Games are organised by the South Derbyshire Learning Disability service (part of Derbyshire Healthcare NHS Foundation Trust) in conjunction with community partners.

Athletes competed in track events ranging from a 400m run to a 50m assisted run, as well as self-propelled and electric wheelchair events. Field events included the shot putt, 'jav ball', the 'turbo jav' and Boccia (a sport played worldwide by people with varying levels of disability, similar to bowls).

Laura Warnock, Senior Physiotherapist for Derbyshire Healthcare NHS Foundation Trust, said: "Evidence suggests that many people with learning disabilities have difficulty accessing community settings for fitness improvement, leading to increased risk of obesity, reduced cardiovascular function, and increased risk of associated health risks[2].

"The Midland Games has proved successful in improving health related fitness, and introducing people with learning disabilities to fun physical activity."

This year's event was organised by physiotherapists from Derbyshire Healthcare NHS Foundation Trust's South Derbyshire Learning Disability Service with Derby Athletics club, in conjunction with Derby City Council. Mike Shewan, Trust Chief Executive and Alan Baines, Chairman attended.

South Derbyshire Learning Disability Services were very excited and grateful to the 2012 Paralympics Sitting Volleyball Team, who attended and supported the event, aiming to raise awareness of their sport and get participants involved on the day.

Trust goes green for Green Transport week
Derbyshire Healthcare NHS Foundation Trust flew the green flag this Green Transport week (17-26 June) by encouraging staff to car share, walk or cycle to work if possible.

Scott Darby, Energy and Environmental Officer, cycled over 10 miles around Trust sites on 20 June, supported by Cycle Derby, meeting with staff and taking part in team meetings to offer advice on green transport and energy saving measures. This was part of the Trust's bid to be as green as possible.

The previous month a campaign was launched calling for staff to become 'Green Champions' to help the Trust reduce energy consumption and become more environmentally friendly.

Scott Darby said: "It was great to cycle around some of our sites meeting staff, and spreading the Trust's green message. By becoming more environmentally friendly we

can save money as well as energy. It's really encouraging that we already have 10 people signed up to become Green Champions and I hope that, by visiting staff to promote Green Transport week, I've also inspired some to become Green Champions."

A lot of wellbeing at the Radbourne Unit

Derbyshire Healthcare NHS Foundation Trust's Radbourne Unit, Royal Derby Hospital celebrated turning a section of unused land outside Ward 35 into an allotment for patients.

There has been a vast amount of research into horticulture as therapy, and evidence suggests gardening has a positive influence on mental health and wellbeing, especially mood disorders. A wide variety of services were involved in creating the allotments, including Health and Safety, Infection Control, Occupational Therapy and the Estates Department, who cleared and rotovated the land.

Previously the patients had access to gardening during Occupational Therapy sessions but this was within office hours. The allotments were created so staff could engage with the patients in a similar way at evenings and weekends.

Graham Spencer, Ward 35 Manager, said: "The allotment has proved a great success. Patients enjoy watering and tending to the plants and the feedback we've had has been really positive. It's helped motivate some patients with mood disorders, like depression, into meaningful activity and I believe it certainly plays a part in their recovery. Staff and patients are stimulated into therapeutic engagement and it's had a great effect on the sense of community within the ward."

Refugee week kicks off in style

This Refugee week, 20 – 26 June 2011, Derbyshire Healthcare NHS Foundation Trust supported a series of events organised by the Derby Refugee week planning committee. Refugee week is a national event which celebrates the contribution of refugees to our culture. The aim of the week's events is to raise awareness of the issues and challenges faced by refugees and asylum seekers and encourage better understanding between communities.

Activities kicked off in style with a football tournament involving 11 teams from different communities, which was held at Derby Arboretum on Sunday 19 June. The Trust donated a trophy for the winners, with Hamari East African community group emerging victorious after an afternoon of stiff competition.

Derbyshire Healthcare NHS Foundation Trust also hosted a free training event on Thursday 23 June, with representatives from different cultural backgrounds giving attendees insight into their culture and community. The event was held at the Education Centre on the Kingsway Site in Derby and was well attended, with delegates from key partners including Derby City Council, Derbyshire Constabulary, Derbyshire Fire and Rescue Service and East Midlands Ambulance Service. The training consisted of a presentation from Karina Martin, from the Refugee week planning committee, and group work and discussion aimed at improving understanding between cultures.

July 2011

The Beeches gains accredited status
Derbyshire Healthcare NHS Foundation Trust's perinatal mental health facility, The Beeches celebrated following their first accreditation review in which they achieved the level two standard. The quality of care indicated by the accreditation is reflected in our full recovery rate, which is over 80%, and low readmission rate, which consistently remains below 5%, ultimately enabling a smoother transition into the community and a lower risk of readmission.

The Quality Network for Perinatal Mental Health is an initiative of the Royal College of Psychiatry Centre for Quality Improvement and works with specialist perinatal mental health teams to improve the quality of mental health care for new mothers. There are three main phases of the accreditation review, including a detailed self review, peer review and a decision about accreditation category, with feedback.

There are four categories of accreditation; the Beeches achieved Category 2, meaning they now have accredited status. To achieve this, the team had to meet a strict set of standards surrounding patient care and procedures. The review team were impressed by how motivated, friendly and welcoming the team were. This view was also reflected by the patients and partners spoken to, who also found the staff to be very understanding and caring. Cheryl Sticka, Service Manager said: "This is a fabulous achievement and meeting these standards offers assurance to our patients and referrers of the quality service on offer and how it is being regulated."

Car Boot sale drives fundraising for youth and music groups
Derbyshire Healthcare NHS Foundation Trust's Young Person's Specialist Service held a car boot sale on 23 July 2011 from 10am until 3pm to raise money for their youth group and music club.

The car boot took place at The Resource Centre, London Road Community Hospital and London Road, Derby.

The young people who use the service came up with the idea of a fundraising event. They aimed to maximise the group's potential and expand their opportunities, whilst building on skills such as organisation and team building.

Money raised on the day was used to purchase equipment, fund activities and enable the continued success of the youth group and music club.

As well as the car boot stalls there was a tombola, raffle, refreshments and cakes.

"The groups offer a supportive environment for young people with mental health problems and help their recovery process by promoting social inclusion, building confidence and self-esteem and encouraging them to express their creativity."

Scott Lunn, Service manager for the Young People's Specialist Service

August 2011

Time to change road show hits Derby

The 'It's time to talk. It's Time to Change' road show hit the streets of Derby on Friday 5 August 2011 from 10am until 6pm. Local residents were invited to come along to Westfield Shopping Centre to help get the country talking about mental health.

The road show was one of hundreds of events taking place all over the country between June and October, with over 140,000 people expected to get talking about mental health.

Mike Shewan, Chief Executive at Derbyshire Healthcare NHS Foundation Trust, said: "The Time to Change road show gave Derbyshire people a chance to find out more about mental health by talking to someone with personal experience.

"Just a few small words can make a big difference to someone with a mental health problem and talking about mental health can help to break down stigma and discrimination."

"This fantastic event brings together people who are otherwise unlikely to meet. We want to use this as an effective way of breaking down stigma and promoting an inclusive community."

Trust's Governors impressed by ward visits

Derbyshire Healthcare NHS Foundation Trust hosted a series of site visits for its Council of Governors to give them an insight into services and patient care.

As part of this a small number of Governors visited Cubley Court and Tissington House, two of the Trust's Older People's units situated on the Kingsway Site, on 22 July 2011. It was hoped the Governors would come away with a greater understanding of Trust services, resources and how patients are treated.

The Governors learned about the thought put into designing the wards, including features such as 'wander loop' corridors with colour coordinated walls and doors, so patients with dementia can walk freely without losing their bearings.

They were able to access all areas of the units, such as the lounge at Cubley Court which gives males and females the opportunity to interact. They also heard about the many social activities which take place in the ward's courtyard, including a recent street party style event for patients to celebrate the Royal Wedding.

Katrina De Burca, Governor for Staff Nursing and Allied Professions said: "I was very impressed with the way the units have been designed. The staff are passionate, professional and caring."

Christine Williamson, Governor for Derby City West said: "I really enjoyed my visit to both Tissington House and Cubley Court. I was so impressed with the atmosphere and the general brightness and calm of the site."

Derbyshire Healthcare improves on scores in Patient Environment Action Team (PEAT) Assessments

Derbyshire Healthcare NHS Foundation Trust received its best ever scores in the latest round of the Patient Environment Action Team (PEAT) inspections.

PEAT was established to assess NHS hospitals. Under the programme every inpatient healthcare facility in England with more than 10 beds is assessed annually, and given a rating of excellent, good, acceptable, poor or unacceptable against a range of categories.

In the 2011/12 assessments, Derbyshire Healthcare NHS Foundation Trust was reviewed for its standards of food, privacy & dignity and general environment – and showed significant improvements on last year's scores.

"The Trust is committed to constantly improving patient facilities and putting patient experience at the forefront of everything; these scores really showcase all the hard work that has been put in by members of staff to bring about these improvements."

Keith Turner, Head of Estates and Facilities Manager

All wards were rated 'excellent' for their food and privacy & dignity and all except one scored 'excellent' for the environment.

New gym facility opens at the Radbourne Unit

Derbyshire Healthcare NHS Foundation Trust opened a new gym facility at the Radbourne Unit on Thursday 11 August, following the closure of the old gym.

The facility contains training equipment including a treadmill, a rowing machine, three gym bikes, weights and a cross trainer. The area has remote climate control so the environment can be adjusted to the service users' needs. It is also open-plan, unlike its predecessor, so offers a more therapeutic environment.

Every service user has a full assessment by a charted Physiotherapist before they use the gym and exercises are prescribed to meet individual goals. Once in the gym, there is also a member of the Physiotherapy team present for motivation and guidance.

Lauren Fordham, a Physiotherapist at the unit, said: "People will use the gym for their individual goals. Exercise can benefit the individual in many ways including helping with anxiety, depression, weight loss, sleep regulation, painful conditions and feelings of stress. Exercise is a positive activity which we encourage as part of long term healthy living."

Happy birthday to the Hartington Unit

The Hartington Unit at Chesterfield Royal Hospital celebrated its 25 year Anniversary recently, with an event run by staff in the unit and service users.

The event took place on Wednesday 24 August and was organised by Clare Farnsworth, Recreation Co-ordinator, who with the recreation team created an unforgettable event.

The event was opened by Ifti Majid, Executive Director of Operations, Performance and IM T and included stalls run by service users who had made cakes, artwork and pottery in their therapeutic sessions and group activities. The whole day was based on ideas put forward by service users.

There was live music, a free tombola and other activities to join in with on the day.

Vanessa Crockford, manager of the therapeutic and recreation services, said: "It was a brilliant event which everyone who attended enjoyed. I would particularly like to thank the service users who dedicated their time, energy and contributions in making the event a success."

Sarah Butt, Service Line Manager, would also like to thank Chesterfield MP Tony Perkins, Trust Governors, partnership agencies such as Making Space, Derbyshire Voice, Pathways and other voluntary sector organisations for attending and being involved in the day.

Added thanks go to Tesco at Clay Cross for the donations towards the tombola.

September 2011

Ready, set, GO for first Wilne 10k road race
The first Wilne 10k road race took place in September 2011.

Derbyshire Healthcare NHS Foundation Trust sponsored the race, which took place on Sunday 4 September. The race navigates through the village of Church Wilne, which is a scenic, flat, traffic-free road route. The race is open to all abilities and is an excellent course for people looking to complete an easy flat 10k, or for runners wanting to set a new personal best time.

Derbyshire Healthcare staff members and Governors were there on the day to raise awareness of mental health issues, to promote the link between exercise and positive mental health and also to recruit members to our Foundation Trust.

A walk to remember
Staff and Governors from Derbyshire Healthcare NHS Foundation Trust took part in the Alzheimer's Society's Memory Walk on Saturday 10 September.

The one and a half mile morning stroll around Markeaton Park was for family and friends to remember loved ones living with, or lost to dementia. A Memory Wood was featured along the route, in which walkers could hang messages or photographs of family and friends.

Representatives of the Trust were on hand to show their continuous support for the Alzheimer's Society and to highlight the Trust's services dedicated to people with dementia.

Moira Kerr, Derbyshire Healthcare NHS Foundation Trust Public Governor for Derby City West, said: "It is important for organisations to support each other and help highlight mental health issues. This walk brought together people who had a common interest in Alzheimer's and dementia and really displayed great community spirit."

Joanne James, Derbyshire Healthcare NHS Foundation Trust Public Governor for Derby City East, said: "I was really impressed by the number of people who turned out for the Memory Walk. I wanted to represent the Trust and show my commitment to such a worthy cause which is close to my heart."

Melbourne House opening
Melbourne House opened on 19 September, with an official opening attended by the Mayor of Derby.

Years of work have come to fruition with the opening of this innovative new service. Melbourne House is a new inpatient, high support recovery service for women with complex mental health needs. The facility offers a transitional step between low secure and community-based services for women who would otherwise struggle to adjust. Melbourne House is a unique service for Derbyshire, offering safer care and a person focussed approach. The service aims to break the mould, and hopes to lead the way in service design for this client group, providing greater choice and service provision and promoting new innovations in psychological therapies, including Compassion Focussed Therapy and interventions. The opening event was a great success, and was well attended both by staff and invited guests. The unit's staff were on hand to guide visitors around the new facility, and answer any questions about the care they will be offering, while guests also had the opportunity to watch a short presentation about Melbourne House and the high support recovery service.

"I was most impressed with the attention to detail that had been made to make the environment welcoming and comfortable. I know the women who use this facility will get the very best of attention and help to get back to being an active member of society."

Governor Christine Williamson, who attended the event.

October 2011

Derbyshire Trusts show commitment to reducing health inequalities by signing new Charter
Derbyshire Healthcare NHS Foundation Trust made a commitment to embed equality across the organisations by signing the Equalities Charter for Derbyshire at an event held on Thursday 6 October 2011.

The event was run by the Derbyshire Community Health Equality Panel (DCHEP), Derby City Links and Derbyshire Links.

By signing the Charter, the Trust and other healthcare organisations demonstrated their commitment to delivering fairness and respect and reducing health inequalities.

The Equalities Charter for Derbyshire was signed by representatives from Derbyshire Healthcare NHS Foundation Trust, Derby Hospitals NHS Foundation Trust, Derbyshire Community Health Services NHS Trust, NHS Derby City and NHS Derbyshire County and East Midlands Ambulance NHS Trust.

An Equality Delivery System (EDS), which is designed to aid NHS organisations to improve and embed equality across their services, was also being launched at the event. The EDS event targeted local communities, voluntary and equality organisations and aims to enable them to work in closer partnership with the NHS Trusts in Derbyshire to address health inequality needs.

Kirit Mistry, Chair of Derbyshire Health Equality Partnership and Executive Director of Derby & Derbyshire Race and Equality Commission, said: "We have been instrumental in establishing the links between the local NHS Trusts and partnership organisations. It is important for everyone involved to ensure equitable outcomes for Derby's Diverse Communities".

Harinder Dhaliwal, Assistant Director of Engagement at Derbyshire Healthcare NHS Foundation Trust, said: "We are committed to engagement, therefore are pleased to be supporting DCHEP to work in partnership with all of the NHS Trusts in Derbyshire to ensure we achieve the EDS outcomes".

Carolyn's call for Health Visitors
Carolyn Clarke, a Health Visitor from Derbyshire Healthcare NHS Foundation Trust featured in a national campaign for NHS Careers. As part of the current drive to recruit 4,200 Health Visitors nationally by 2015, NHS Careers featured Health Vistors who have recently returned to practice to try and encourage others to follow suit.

Carolyn was followed on her rounds for a day by a photographer, who captured key parts of her role to be featured in the materials for the campaign, such as posters and leaflets.

Carolyn was thrilled to be back, she said: "It was really fulfilling to start visiting families again. The return to practice course was invaluable in making this happen. It was surprising how much health visiting had changed in the four years I was away. The course also really boosted my confidence by easing me gently back into the workforce. I honestly believe that you never really lose your skills as a health visitor. The return to practice course just revitalises them."

Don't Walk past it!

Don't walk past it

Derbyshire Healthcare NHS Foundation Trust launched the Don't Walk Past It campaign, to encourage staff to make improvements in their areas.

The campaign aimed to empower staff to report problems they see in their work environment, with patients and with staff behaviour, instead of leaving it for someone else to fix, as well as rewarding individuals for positive changes.

Paul Lumsdon, Executive Director of Nursing and Quality, said: "If staff members see something that needs fixing or improving, they should fix it there and then, and if they can't it should be reported to their manager.

"The campaign is ultimately about making improvements and helping out people in need, whether it is the patients we care for or our colleagues".

Derbyshire Healthcare opens its doors to the UK's first live equality impact assessment event

On 19 October 2011 Derbyshire Healthcare NHS Foundation Trust hosted the UK's first live equality impact assessment on diversity event. Members of staff from the Radbourne Unit and Engagement team joined up to organise the 'Have your say' day. The unit opened its doors to over 40 people from diverse local communities, voluntary sector mental health groups and partner organisations including the police, to gain new ideas, new ways of working and increase communication. Patients, carer groups and staff also attended the event.

It was hoped the involvement and contributions of such a diverse range of people would support the unit to better meet the needs of all sections of our communities and vulnerable groups, and give people an insight into patient care. The aim of the day was to work together, with stakeholders, to strengthen the delivery of personalised care and improve outcomes.

People were split into groups, given tours of the unit by staff and talked through the care pathway from arrival to discharge. Small groups were given the opportunity to shadow staff on the wards. Attendees were asked to give feedback on the unit, services and the care pathway using touch, smell, sight, taste and sound.

Harinder Dhaliwal, Assistant Director for Engagement, said: "We are keen for service users and carers to have a voice on how our organisation performs and we will certainly benefit from their expertise and scrutiny."

Chris Wheway, Assistant Director of Acute & Community Care Services, said: "I'm really proud of the team for organising such a worthwhile day and positioning Derbyshire Healthcare NHS Foundation Trust as a leader in innovation and equality. We believe in order to serve our community we need to understand it better and we hope the outcomes from the day will help us to achieve this objective. If this is the case more live impact events will be rolled out throughout the Trust."

Derbyshire Healthcare to host third human library event

Derbyshire Healthcare NHS Foundation Trust hosted its third 'human library' event on Monday 10 October at Derby University, in partnership with Rethink, Derbyshire Mind, Time to Change and Derby University. This free event, which is open to the public, coincided with World Mental Health Day. Changing Minds and Derbyshire Healthcare NHS Foundation Trust decided to run a week-long series of events to celebrate.

The human library is a mobile library set up as a space for dialogue and interaction; the stories come from people rather than books. Visitors to the human library are given the opportunity to speak informally with "people on loan"; who will be varied in age, sex and cultural background, including people who have experience with mental health. This year we have 22 'books' taking part in the event.

This type of library enables groups to break stereotypes by challenging the most common prejudices in a positive manner. It also gives varying social groups an opportunity to interact with each other. The Mayor of Derby, Les Allen, opened the event.

November 2011

Health leaders embark on multi faith tour of Derby
Members of Derbyshire Healthcare NHS Foundation Trust's Board of Directors undertook a multi faith tour which saw them visit a Muslim Mosque, a Hindu Mandir and a Sikh Gurdwara on Wednesday 2 November.

Mike Shewan, the Trust's Chief Executive, and a number of other board members liaised with community leaders to explore how we can work collaboratively with them to promote mental health and wellbeing across the city and specifically within their communities. It is hoped the visits will result in improved communication and understanding between the Trust and the community it serves.

"It's fantastic to have the opportunity to visit some of the communities we serve and learn more about their faith and culture. As a Trust we are committed to improving our engagement with key stakeholders in our community and, by touring some of the City's places of worship, it gives us a great opportunity to make links and develop relationships."

Harinder Dhaliwal, Assistant Director for Engagement at DHCFT

Mike Shewan, Chief Executive, said: "This multi faith tour is about breaking down barriers and encouraging understanding. We hope that by working closely with local communities and faith leaders we can promote inclusion not only in our Trust but throughout the County."

The tour began at a Muslim Mosque, before moving on to the Hindu Mandir and then a Sikh Gurdwara, where members of the board had the chance to sample some traditional cuisine as part of their visit.

Quality on show at Derbyshire Healthcare event
Derbyshire Healthcare NHS Foundation Trust held its Quality, Audit and Research showcase on 17 November 2011, at the Winding Wheel, Chesterfield.

The event focussed on dignity and respect and demonstrated how Derbyshire Healthcare staff deliver the Trust's dignity pledges within their teams.

The day began with opening remarks from Alan Baines, Trust Chairman, followed by research presentations at 10.30am and audit presentations at 1.30pm.

The quality showcase exhibitions ran all day and included informative and engaging information stands. Staff were on hand to answer questions or give advice in relation to their services throughout the day.

Some of the teams attending with displays included: Physiotherapy, Patient Experience, Occupational Therapy, Community Mental Health teams and Equality, Diversity and Engagement.

Mouse mats aim to keep staff present and correct

The Health, Safety and Risk team at Derbyshire Healthcare NHS Foundation Trust created a mouse mat to encourage all desk based staff to consider their display screen equipment, desk and chair set up to reduce the likelihood of back injuries occurring. The mouse mats have a modern and colourful design and give practical advice on how to make minor changes to your workstation which can help to prevent discomfort and injury.

Robert Morgan, Health and Safety Adviser for Derbyshire Healthcare NHS Foundation Trust, said: 'We're delighted with the mouse mats and we hope they will serve as a convenient reminder for staff to help them ensure their workstations are correctly set up to avoid any injury or discomfort.

"The Health, Safety and Risk team has seen significant reductions in the numbers of staff seeking occupational health referrals for work related musculoskeletal injuries over the past year, and we hope to see this trend continue over the coming months with the aid of the new mouse mat."

Derbyshire Healthcare welcomes esteemed Professor

Professor Louis Appleby, National Clinical Director for Health and Criminal Justice and Professor of Psychiatry at the University of Manchester visited the Criminal Justice Mental Health team at Derbyshire Healthcare NHS Foundation Trust on Thursday 1 December.

The Trust's Criminal Justice Mental Health team provides services across the criminal justice system, including an innovative screening service which allows early detection and assessment of offenders with mental health problems. Crucially, the service has the potential impact of helping to reduce re-offending and has strong links with the police, courts and the probation service to ensure they are best placed to meet the needs of the people they screen, something which Professor Appleby had the opportunity to observe first hand, as he visited the custody suites at St Mary's Wharf, Derby with the team.

Professor Appleby received a warm welcome from the Trust, followed by a presentation from the Criminal Justice Mental Health team. This covered their services and involvement in the pathfinder diversion scheme, which aims to result in a national framework to ensure equitable care for those in the criminal justice system. The team are taking part in an evaluation project which will assist with the creation of this framework.

Finally, Professor Appleby paid a visit to Melbourne House; the Trust's recently opened high support inpatient facility for women, to see how this innovative care model is benefitting patients, many of whom have a history in criminal justice settings.

"We're delighted to be welcoming Professor Appleby to our Trust. As a respected authority on the reform of mental health services, it's exciting for us to be able to showcase to him some of the innovations being offered by our Trust to ensure equitable care for those in the criminal justice system."

Sarah Carter, Assistant Director for Business Strategy at DHCFT

December 2011

Derbyshire Trust is shining star of East Midlands after winning national health award

The Security Management department at Derbyshire Healthcare NHS Foundation Trust won a national Health Business Award for Hospital Security.

Derbyshire Healthcare NHS Foundation Trust was the only Trust in the East Midlands to win a Health Business Award this year.

The awards, which recognise excellence and best practice within the NHS, were held on, 8 December 2011, at Arsenal's Emirates Stadium.

The Hospital Security award recognises hospitals which have made significant steps towards creating a safer environment for patients and staff through the implementation of a security policy - incorporating advancements in CCTV, access control and other monitoring technologies.

The Trust was shortlisted from national entries, and subsequently won as a result of significantly reducing crime over the past four years.

Shaun McCartney, Security Management Specialist, said: "Winning the Hospital Security award is a great achievement for the Trust. This recognises the hard work that goes into keeping our staff and property safe and secure as well as maintaining a safe environment for all who use our services".

Young people get walking to raise cash for mental health charity

Derbyshire Healthcare NHS Foundation Trust's Early Intervention team recently presented a cheque for £182.50 to the mental illness charity, Rethink, after raising money at a sponsored walk in Darley Park.

The cheque was presented to Becky Edwards of Rethink on Monday 5 December by service users who took part in the sponsored walk.

The Early Intervention service provides treatment and support for young people who suffer from mental health problems by having group meetings and going out on day trips.

Suzy Haslam, a service user who helped organise the event, said: "We were all very excited for the sponsored walk and overall it took us about an hour from start to finish. We decided to use Rethink as our chosen charity because the group are passionate about helping people with mental health problems."

Trust furthers EDS agenda

Following the launch of the Equality Delivery System (NHS Equality Performance Framework) and Equality Charter in October, Derbyshire Healthcare NHS Foundation Trust held a workshop to introduce the initiative to staff on Friday 9 December.

The Equality Delivery System (EDS) is a toolkit to help health Trusts understand how equality can drive improvement and ensure care is of high quality, personal, fair and diverse.

Through the charter, the Trust pledged to show leadership of the equality agenda and progress its work through the implementation of the EDS, by identifying local needs and tackling inequalities, particularly for those groups at risk of disadvantage and discrimination.

Since signing up to the charter, Derbyshire Healthcare NHS Foundation Trust has taken the work forward through a number of EDS focused discussions with senior managers and local stakeholders. "The Equality Delivery System: understanding the local population and health needs workshop" is a joint initiative delivered in partnership with public health colleagues from the local authority and is designed to draw on the Joint Strategic Needs Assessments and other public health intelligence. The aim of the session is to support managers in assembling evidence for their EDS self-assessment and help measure and deliver better outcomes for service users. EDS grades, equality objectives and associated actions will be shared with local partners.

Harinder Dhaliwal, Assistant Director Engagement, said: "The Trust is committed to equality and wants to be the best it can be for service users and staff. We are embracing the EDS as it supports the organisation in delivering better outcomes and making a positive impact so that everyone counts and no one is left behind."

Service user conference promotes recovery

Derbyshire Healthcare NHS Foundation Trust hosted a recovery conference for substance misuse service users on Wednesday 14 December 2011 at the Chesterfield Hotel.

The purpose of the conference was the promotion of recovery and to inform service users of new initiatives in the community, such as group work, walking groups, art therapy and mutual aid. Attendees had the opportunity to learn about volunteering initiatives, peer mentor schemes and how they can become recovery champions and help other service users.

Invited service user representatives heard from a number of key speakers including Mick Burrows, Senior Commissioning Manager for NHS Derbyshire County, Carl Cundell, Manager of Sheffield's Alcohol and Recovery community, and Mark Gilman, National Strategic Recovery Lead for the National Treatment Agency.

There was also a series of workshops taking place throughout the day, giving attendees a forum for open discussion around key topics such as 'what is recovery' and 'creating recovery infrastructure in Derbyshire'.

Derbyshire Healthcare urges staff to Think! Family

December marked the launch of Derbyshire Healthcare NHS Foundation Trust's Think! Family campaign. The aim of the campaign is to help and support parents in giving children a good early start, as well as helping adults who are vulnerable feel supported in caring for children.

Think! Family was developed by the Department of Health to encourage staff working in both adults and childrens services to take into account family circumstances and responsibilities in order to offer the correct support to all.

Support materials have been developed for Trust staff to enable them to have to hand essential information to assist with multi-agency and partnership working. Useful information and key contact details will be available in newly produced materials including leaflets, pens and business cards.

Karen Johnson, Consultant Nurse for Safeguarding and Think! Family Lead, said: "To "Think! Family" means to help and support families by taking into account each member's circumstances. We hope this campaign reminds and encourages staff that by working closely with other organisations, such as social services, we can provide the best care and support for families."

January 2012

Health and wellbeing given new year push
The Trust renewed its focus on improving the health and wellbeing of staff, by introducing a health and wellbeing group to focus on health promotion and ill health prevention. Staff from Occupational Health were involved, and developed initiatives to support staff to lead a healthier lifestyle.

Staff nurse triumphs in Dementia Studies
The Trust congratulated a member of staff, Caroline Cheetham, Staff Nurse at Midway Day Hospital, Ilkeston, who successfully completed her Master's Degree in Dementia. Caroline self-funded her studies and achieved grade Bs throughout her course enabling her to gain the degree. Since graduating, Caroline has been able to provide study sessions and introduced new research for discussion with staff at Midway Day Hospital.

"I have no hesitation in saying this has positively affected patient care at Midway Day Hospital, we are all very proud of her. It is more important than ever that staff are able to share new ways of working and up to date research in dementia, given the rising number of cases we see each year."

Sarah Wood, Midway Day Hospital Manager

February 2012

Solar panels
Solar energy panels were installed on the Energy Centre roof, Kingsway Site, in a bid to cut energy bills and reduce our carbon footprint.

The panels aim to save the Trust money on electricity bills, and can generate up to 8250kWh of electricity throughout the year, which in turn can save around £1070 on our energy bills per year.

Volunteers needed for largest bipolar disorder study in the world
The research team at Derbyshire Healthcare NHS Foundation Trust asked for volunteers for a national research study investigating the causes of bipolar disorder as part of its collaboration with the Mental Health Research Network.

The study was led by the Mood Disorders Research Group, a team of psychiatrists and psychologists aiming to gain a better understanding of mood disorders and to improve treatment for the future.

March 2012

Children's IAPT
The Trust's innovative new IAPT (Improving Access to Psychological Therapies) service for children and adolescents was launched on 2 March 2012 with an event taking place at Pride Park Stadium, Derby.

The Trust worked with a collection of organisations, led by Salford Cognitive Therapy Training Centre at Greater Manchester West Mental Health NHS Foundation Trust, to develop a service providing specialised training for clinicians working with children and young people. The successful bid was awarded more than £2.7 million by the Department of Health in November 2011, and this launch event marks the start of the process.

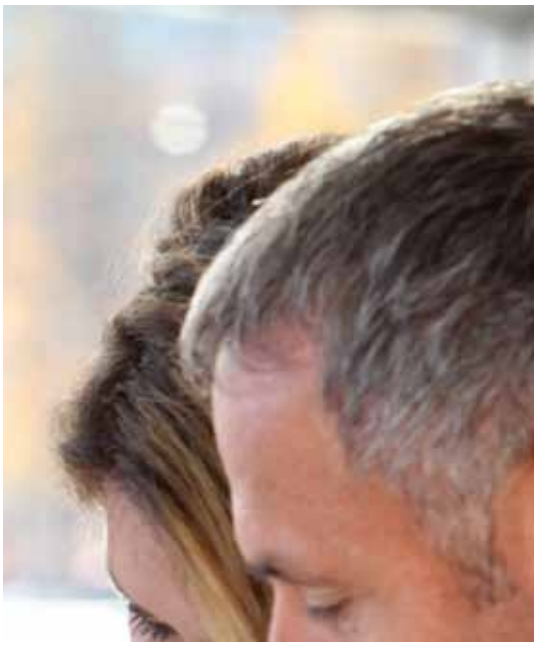
The Mayor of Derby attended the launch to learn more about the National Children and Young People's Improving access to Psychological Therapies (IAPT) project.

Eating Disorders expansion
Derbyshire Healthcare NHS Foundation Trust's Eating Disorders Service launched a newly extended community service, which aims to keep patients out of hospital and in their own homes during treatment. The team held a launch event to give invited guests the opportunity to learn more about the service expansion and the innovative new service model which has already been introduced across the county.

The expanded service offers:

- a Consultant Psychiatrist
- a Dietician
- an Occupational Therapist
- an additional Nurse Therapist.

Derbyshire Healthcare NHS Foundation Trust is working innovatively with First Steps Derbyshire, reshaping the role of the voluntary sector in delivering services for Derbyshire. These new developments enable the team to offer more intensive support within the community and offer a high quality alternative to hospital admission. This service will offer bespoke programmes for people with severe eating disorders delivered by a multi-professional team. The intensive programmes offered will include a range of medical, psychological and social interventions.



Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – Our Workforce and Organisational Development Review

55

Better Together – Our Workforce and Organisational Development Review

Introduction by Helen Marks – Director of Workforce and Organisational Development

In 2011/12 Derbyshire Healthcare NHS Foundation Trust employed approximately 2065 whole time equivalent members of staff.

The Workforce & Organisational Development Directorate received a Gold Award for its work during this period and was commended for its significant contribution to the Trust. The team will, over the next 12 months, continue its good work in relation to staff engagement and health and wellbeing.

Better Together – Values to Leadership Programme
During the period between October and November 2011, East Midlands Internal Audit Services (EMIAS) undertook an evaluation of the Leadership programmes that have been running since January 2011. The objective of the evaluation was to assess whether implementation of the Trust's 'Values to Leadership' programme has demonstrated tangible benefits for the Trust and its users, including the extent to which patient outcomes and experiences have been positively impacted.

The findings demonstrated an assurance to the Trust of an overall positive return on the investment of the programme. 77% of participants reported that they are more aware of their own behaviour and 83% of individuals reported the coaching skills had been put into practice.

There were also some learning points and recommendations; in particular to shaping a range of formal performance metrics in order to continually assess the impact of the leadership programme. These will be included within the new Workforce dashboard. The implementation of the recommendations is taken forward by the Leadership Cabinet overseen by the Workforce Strategy Group.

The evaluation has also been shared at the December Tier 2 event where views were sought from the attendees on how the organisation can continue to build on the foundations that have already been established.

The Values to Leadership programme has been supported in its second year by the Trust Board, as one of the means by which our commitment to staff, investment in managers and the continuity of progress can be delivered.

The Trust is committed to ensuring the continuation of the progress we have already made with the 'Values to Leadership' programme. Together with the commitment of participants and attendees on the programme, approval has been given to continue with this investment for managers within the Trust.

A summary of each tier of the Values to Leadership Programme:

Tier 1 – Personal Impact
Leaders and Managers were keen to secure their place on one of the three cohorts for Personal Impact programme. The programme incorporated 360 degree assessments, political and strategic thinking and horizon scanning. Following the positive feedback from the 51 participants, the Trust will be looking to secure further opportunities to hold further programmes.

Tier 2 – Corporate Behaviour
Throughout the year, Leaders and Managers of the organisation attended a series of themed events aimed at developing talent management, coaching, commercial sector efficiencies and change management. The sessions also included structured and themed 'think tanks' which created an opportunity for networking and improved ways of working. An average of 111 managers and leaders attended each of these sessions.

Tier 3 – Management Development
A menu of management development sessions are available for managers to attend to develop a range of technical skills, including Recruitment and Selection, Dealing with Change, Managing Employee investigations and Appraiser.

Management Development sessions continued to be delivered throughout the year and were well populated. The sessions covered a range of technical skills designed to equip existing managers and develop new managers. In addition to the operational skills such as Recruitment and Selection, Managing Sickness and Attendance, Managing Employee investigations and Conducting Appraisals, more topical development was provided around Dealing with and Managing Change. The latter proved to be extremely valuable to managers during the current climate.

A full programme is scheduled for the forthcoming year as the Trust continues to develop its managers.

Better Together – The NHS National Staff Survey 2011

The NHS National Staff Survey is conducted every year. For the first time, the Trust took a different approach based on feedback from its workforce.

We surveyed a random sample of staff to obtain their views and experiences of working for the Trust. Questionnaires were sent to a random sample of 789 staff rather than all 2280 staff. Those members of staff selected to be surveyed all received one reminder to complete the questionnaire as opposed to numerous reminders as in previous years.

417 staff took part in the survey which equated to 53%; this response rate is considered below average compared to other Mental Health/Learning Disability Trusts in England. There were 38 questions included in the Survey measuring views on subjects ranging from job satisfaction to training opportunities to health and well-being.

Better Together – The Staff Survey Results and our plans

The results demonstrated that in the main staff are generally satisfied at work; however, we recognise that more still needs to be done to ensure that staff feel totally involved and engaged.

Communications across the Trust is getting better, according to those who took part in the latest National NHS Staff Survey. The number of staff who said there was good communications between senior management and staff increased by 25 per cent.

It is one of two key findings highlighted within the report where staff experience has improved the most. The other stand-out area showing the biggest year-on-year change was patient safety. Here, the percentage of staff witnessing potentially harmful errors, near misses or incidents fell by a third. There was also a significant reduction in the number of staff who had experienced physical violence from patients, relatives or the public – down by one-third.

Other areas where we have either improved our ranking, are in the highest 20% of Trusts or classed as being better than the national average, include:

- the number of staff receiving health and safety training within the last 12 months
- the number of staff receiving equality and diversity training within the last 12 months
- the number of staff using flexible working options
- our commitment to work-life balance
- the number of staff appraised within the last 12 months
- the number of staff with personal development plans
- the fairness and effectiveness of our incident-reporting procedures.

The survey also highlighted a number of areas where our ranking was below the national average. This information is helpful in providing a platform for developing strategies to address some of these issues.

Work-related stress was above the national average and we did not fare as well as other Trusts in motivating staff at work. Other areas where we were below average or within the worst 20% of Trusts included:

- quality of job design
- feeling there are good opportunities to develop their potential at work
- staff experiencing harassment, bullying or abuse from patients
- feeling pressure to attend work when feeling unwell
- the availability of hand-washing materials
- the provision of equal opportunities for career progression
- the number of you who said you felt valued by colleagues
- the opportunity to contribute towards improvements at work.

	2010/11		2011/12		
Our Staff Survey Summary Comparisons	**Trust**	**National average**	**Trust**	**National average**	**Trust improvement/ deterioration**
Response rate	61%	55%	53%	54%	-8%

Top 4 ranking scores	2010/11 Trust	2010/11 National average	2011/12 Trust	2011/12 National average	Trust improvement/ deterioration
% of staff having equality and diversity training in the last 12 months	73%	47%	72%	53%	-1%
% of staff using flexible working options	70%	67%	73%	67%	+3%
% of staff receiving health and safety training in the last 12 months	90%	80%	91%	83%	+1%
% of staff witnessing potentially harmful errors, near misses or incidents in the last 12 months (the lower the number the better)	32%	28%	22%	27%	-10%

Bottom 4 ranking scores	2010/11 Trust	2010/11 National average	2011/12 Trust	2011/12 National average	Trust improvement/ deterioration
% of staff suffering work-related injury in the last 12 months (the lower the score the better)	11%	8%	11%	8%	0%
% of staff suffering work-related stress in the last 12 months (the lower the score the better)	36%	33%	37%	31%	+1%
Staff motivation at work (the higher the score the better)	3.72	3.82	3.73	3.81	+0.01%
Quality of job design (clear job content, feedback and staff motivation) (the higher the number the better)	3.32	3.42	3.33	3.42	+0.01%

What are our priorities from the Staff Survey for 2012/13?

The organisation will continue to work on the 2 main themes which were agreed last year; Staff Engagement and Health and Wellbeing. However, in addition there will be a specific focus on education, training, roles and responsibilities. The Trust will continue to hold Listening Events to allow staff the opportunity to voice their opinions and have a say about their working lives, their working environment and their everyday work experiences. The Listening Events will provide individuals with ownership, responsibility and accountability for generating ideas for improvement. Progress will be monitored through the Workforce Strategy Group.

The Key Priority areas from the Staff Survey for 2012/13 include:

- Job role and responsibilities
- Training, learning, and development
- Health, safety and wellbeing
- Communication, involvement and engagement.

In addition, we will keep staff updated of progress of some of the local initiatives planned to improve the staff experience and the health and wellbeing of our workforce. For example, plans are in place to develop a menu of options for building resilience through change and developing initiatives focussed on prevention and health promotion.

We will continue to encourage as many staff as possible to take part in the 2012 National NHS Staff Survey later this year. In addition, we will use the Listening Events to discuss and explore alternative ways of how we maximise the number of staff taking part in the next Staff Survey.

Better Together – Our Commitment to Staff Engagement

Staff engagement and the potential impact it can have on morale, productivity, organisational performance and patient experience continues to be a high priority for the Trust.

Better engagement is critical to making the Trust a better employer, particularly ensuring we can recruit and retain staff in a fast-changing competitive NHS.

In these very challenging times, we know there are pockets of low morale, resistance to change and in some areas maybe a loss of goodwill; as well as more endemic problems with issues such as anxiety and stress.

Our Listening Events
During 2011 we undertook a series of Listening Events, 26 in total, across the Trust, involving staff from all service areas; the aim of which was to provide staff with the opportunity to voice their opinions and have a say about their working lives, their working environment and their everyday work experiences. The events were themed around four specific areas:

- Job Role, Responsibilities and Resources
- Training, Learning, Development and Support
- Health, Safety and Well-being
- Communication, Involvement and Engagement.

These events were very well attended and staff worked in small workgroups to identify key themes, common issues and ideas for improvement that would form the basis of an intervention (action) plan which would be agreed and prioritised in agreement with their Service Line Manager.

This approach gave ownership, responsibility and accountability to the staff/teams/managers for ensuring the agreed interventions were put in place.

Feedback received from the events has been very positive. Staff welcomed the feedback of the results from the staff survey which proved to be a very useful aide to encourage discussion and debate. Staff were also very encouraged to be able to have their voices heard by a member of the Executive Management Team who also attended each of the events. Arrangements are already in place to build on the success of these events and extend them into 2012/13.

The Listening to You Surveys
The Trust also established a 'Real-time Board' whose primary focus is obtaining the up-to-date, real time views of patients, service users and staff about their experiences in the Trust.

It was through this group that we have undertaken two additional short staff surveys using our Values Exchange Toolkit (internet based). The Listening to You surveys have been well received by staff and has provided them with a further opportunity to influence improvements in their work experience.

Following analysis the following actions were taken as a result of feedback from staff.

60% of staff recommended the Trust as place to work. Whilst this shows a positive response to the question in order to continue to improve the following actions were put into place:

The development of our Trust People Strategy which is designed to build a high quality workforce capable of delivering high quality care, services and outcomes to our patients and service users, through better engagement, more focussed education and development, improved workforce planning and talent recognition, and improving the work environment.

We continued our focus on Leadership and Management Development designed to create organisational leaders who are able to engage with, support and enable our staff to provide high quality care.

Following a series of Trust-wide focus groups involving staff from all areas and occupations, we have developed a set of Trust Values/Behaviours/ Attitudes which will form the basis of all that we expect from all of our staff.

70% of staff were happy with the standard of care we deliver. Again, whilst this shows a positive response to the question in order to continue to improve the following actions were put into place:

- We have introduced Compassionate Mind Training
- We developed our Focus on Frontline

86% of staff also said that patient care was their top priority therefore we have introduced and appointed Divisional Nurses whose major focus is improving quality of care

These are just two of the areas identified. Further questions were asked around staff feeling valued, staff being able to show initiative on their job, inviting ideas from staff on how to make the appraisal process more effective and seeking staffs' views on how the Trust can improve their health and wellbeing.

Our Commitment to Health and Wellbeing

Healthy Calendar 2012

It is well recognised that organisations that prioritise staff health and well-being, perform better, improve quality of care, and deliver better outcomes for their patients and service users. They also have higher levels of staff morale, staff retention and lower rates of sickness absence.

One of our major workforce objectives is a focus on improving the health and wellbeing of our staff. Following recent discussions with our occupational health service, plans are in place to improve staff health and wellbeing, with a greater focus on prevention and health promotion.

This year the organisation has launched a "Healthy Calendar 2012" which includes at least one health promotion/ prevention initiative per month throughout the year with January's topic being Bowel Cancer. This promotion received the highest number of staff views on the Trusts Intranet site.

In addition the following initiatives have been developed and implemented;

- The Trust has adopted the Mindful Employer initiative
- The Managing Work Related Stress Policy has been reviewed and re-launched along with new associated tools
- Training has been delivered to Workforce and Organisational Managers, and other trust managers in Workplace Coaching skills
- We have piloted 'Making Every Contact Count' addressing both patient and staff health and wellbeing by taking each opportunity when it presented itself to discuss health and wellbeing.

Implementing the Schwartz Rounds

In November 2011 we introduced an intervention into the Radbourne Unit, our acute inpatient mental health unit in Derby, called the Schwartz Round. This is a research project, supported by the Kings Fund, and seeks to offer professionals support in order for them to process the emotional impact of the work that they do. The rounds came initially from the US, but have been piloted in the UK by the Kings Fund for about 2 years (within the Royal Free Hospital in London and the Gloucestershire Trusts) where they have seen some interesting outcomes.

This approach is aimed at professionals, with a view to supporting them to deliver compassionate care to service users. The initiative acknowledges that providing care to service users can be emotionally challenging and facilitates an opportunity for staff to safely discuss their emotions, thoughts, fears etc. within work time in a supported environment. It provides staff with a forum to de-brief on issues they have experienced as well as witnessed. The themes for the rounds can be wide reaching. As well as allowing staff the opportunity to share their experiences, they also enable positive discussions on how we can improve the support we provide to staff.

We are the first Trust to pilot this intervention in a mental health setting. We have made these events available to both clinical and non-clinical staff working on the Radbourne Unit, which is a first for this type of initiative. The introduction of the rounds clearly demonstrates a commitment that the wellbeing of staff is important to the Trust.

The pilot will run from November 2011 to May 2012. If the pilot is successful then the organisation would wish to introduce this across the wider Trust.

Moving Forward – Our Key Priorities for 2012/13:

- Developing a Trust Health & Wellbeing Strategy
- To reshape our current Occupational Health Service to a Health and Wellbeing Service
- To have in place a clearly defined staff support framework.

Better Together – How are we Developing Employee Relations and Partnership Working?

We have a clear approach to working in partnership with our staff side colleagues. Our staff side representatives assist in shaping HR policies and procedures and contribute to key meetings such as the Workforce Strategy Group which oversees the implementation of the People and Leadership Strategy.

They also work with managers on key pieces of work such as the health and wellbeing agenda.

In addition there are formal consultation frameworks in place in the shape of the Joint Staff Consultative Committee and the Local Negotiation Committee.

Since June 2011 there has been a variety of engagement initiatives piloted within the organisation. This included the organising and facilitation of a series of very successful staff "Listening Events" for all Divisions, with Directors and Service Line Managers in attendance. In September we launched our first 'real time' ('Listening to You') staff questionnaire utilising the Values Exchange Toolkit. A follow up to this ('Listening to You Two') is being conducted in January.

The issues, identified through the listening events, fell into two main categories; team/department specific and corporate issues. The team/department specific issues are being addressed jointly by staff and their Service Line Managers who are also being supported through the coaching sessions by the Directors.

Staff expressed an interesting preference in the 'real time' questionnaire. On the whole they felt that it was a muchmore effective engagement tool in terms of length of time it took to complete the questionnaire, the number of questions to be answered; as well as providing an opportunity for a specific dialogue around key issues.

Through Education and Development

The Education & Development team is responsible for the development of a progressive learning culture through opportunities for learning and development for all staff to work to deliver a positive patient and carer experience, improved safety through efficient and modern, ways of working. The responsiveness of the team to work flexibly and support transformational change and patient care pathway experience is a priority that underpins all change.
The training that has been reviewed and developed over the past year can be described in four main areas to support fitness for practice:-

- Compulsory Training
- Role Specific Training
- Leadership & Management
- Professional & Practice Development.

All staff in the Trust have a 'Training Passport' that identifies and records Compulsory and Role Specific training. The passports are sent out to individual staff monthly to enable staff to plan their identified training. Collectively the information from the training passports allows the trust to monitor whether minimum standards for managing risk are being upheld.

The Education & Development Team work collaboratively with Higher Education Institutions, Commissioners and the Derbyshire Education Team to support clinical and non-clinical staff to be able to access appropriate programmes for essential skills, knowledge and attributes for delivery of services. The Team has shared responsibility with clinical teams for the development of practice learning opportunities and standards for healthcare students. Developments include.

During this year work has continued in partnership with the University of Nottingham and the University of Derby to progress the plans for delivery of Graduate Nurse educational programmes.

November 2011 saw the launch of a newly developed preceptorship programme aimed at supporting the transition into new health professional roles in a structured way.
The work undertaken within the Library & Knowledge

Management services delivers activity which meets the requirements of the Library Quality Assurance Framework Standards (LQAF) to focus on outcomes for patient care through enhancement of evidence based practice and learning. Over the past year successes include:

- involvement in research relating to inclusion and equality & delivery system work for the Trust focused on outcomes
- providing a space to undertake e-learning along with the support of staff to problem solve
- development of the Connect intranet pages, to make resources easier to find and access
- Work in progress includes the development of a system of team knowledge link workers in support and to develop and influence the culture of inquiry and evidence based practice for innovation and service improvement.

Through Coaching

Integral to the strategy is the development of a coaching culture across the organisation. Leaders have benefited from a range of opportunities to develop their coaching skills, including one day and three day courses, delivered at a range of venues by external coaching consultants during the course of the year. A coaching register is being established, which will be accessible by all staff, ensuring that leaders who have undertaken the training also have the opportunity to utilise and further develop these specialist skills.

The monthly Trust Corporate Induction for newly appointed staff formerly comprised a programme of formal presentations, delivered over two days. In April 2011 this was reviewed, to incorporate a large market-place style event, which is held in the Ashbourne Centre on the Kingsway Site, thereby reducing this to half a day. Feedback evaluation from attendees has been very positive, indicating a strong preference for this model.

Through Development of Our Human Resource Policies

The Policy Development Group has worked in partnership to make significant progress during the last 12 months in reviewing a number of key Workforce Policies.

In particular, the Trust has implemented a new and improved Grievance Procedure which incorporates a Managers Handbook that creates greater opportunities for informal resolution. The Trust has reviewed and improved its procedures for professional registration and re-registration of staff which will provide greater reassurance of a seamless process. Managers and Performance Teams will receive regular workforce reports for staff that are due for renewal within their service area.

The Policy Development Group continues to carry out a comprehensive review of Workforce policies in order to assess their effectiveness. Work has also been on-going in partnership with our staff side colleagues to review policies where appropriate.

Through Our Trust Values, Attitudes and Behaviours

All staff were invited to attend focus group events aimed at developing a framework of values that support how we work and how we make decisions. A set of Values, Attitudes and Behaviours that underpin what we believe to be important in the way that we work together within the Trust have now been agreed and will be launched throughout the organisation.

These values will also be incorporate into the recruitment processes to ensure we are attracting the right people into the right jobs. All potential applicants will be required to complete an on-line questionnaire at the same time they apply for posts. The questionnaire will ascertain whether or not their attitudes, values and behaviours match those of the Trust.Applicants that proceed to the next stage of the recruitment process will be required to attend a Values Based Assessment Centre where candidates will be observed and assessed by designated facilitators on a range of exercises.

In addition, a New Starter Policy has been developed. This policy outlines what is required of all our new staff in relation to demonstrating the organisation's values, behaviours and attitudes and what support they will receive in the form of a mentor/coach to assist them in their first six months with the organisation. The policy also sets out the process for dealing with staff who may find themselves in a position where they do not meet the organisation's expectations in the first six months of service.

Through Developing Our Workforce Dashboard

The Workforce Strategy Group has been shaping a new dashboard for monitoring workforce activities across the organisation during 2011/12. Each of these strategic areas will be underpinned by a set of metrics to assist in mapping the progress and achievement. It is proposed that the workforce dashboard is presented quarterly as part of the People Strategy update which means the workforce activity will be removed from the monthly performance report.

Through Prioritising Disability Awareness in the Workforce

The Trust has maintained its Two Tick Disability Symbol, and uses the logo on all job advertisements, and on NHS Jobs website. A key priority will be to include the Two Tick Symbol in all Trust recruitment literature in the future. Issues in relation to people with disabilities are included as part of the Recruitment & Selection Training Programme, and Health and Attendance Management Training within the Trust.

Through Equal Opportunities

The Trust is committed to creating an inclusive culture, in order to attract and retain high performing workforce. Key priorities for 2012 will be to develop the EDS programme within the Trust, and to ensure this initiate becomes part of our employer brand which means people will actively seek employment with us and our workforce will be diverse.

The Recruitment and Selection Programme and Update Training for Managers has been updated to incorporate positive action, labour market research and succession planning.

Through Consulting and Engaging in the year 2011-12

Terms and Conditions

The Board of Directors has agreed we should continue with our efforts in making good progress in meeting the challenges of achieving efficiency savings shift and harness our freedoms as a Foundation Trust and working in partnership with our staff, to do so.

Whilst we continue to explore opportunities to retain and attract NHS services in the face of increased competition, we are pursuing the opportunity to develop a more contemporary contract at local level, moving away from the nationally agreed set of terms and conditions of service which were agreed 10 years ago.

As a Foundation Trust we are able to negotiate local arrangements to create a new set of terms and conditions for staff on a modernised employment contract which better reflect our working practices. A specialist negotiation team has been established to enter into the discussions and negotiation with staff side at the earliest opportunity.

Older Peoples

Consultation has taken place with stakeholders across a wide range, from users and carers to other providers to commissioners and clinicians to deliver the new dementia care pathway.

Adult Care Pathway

In Community Care North Services (CCN) as part of phase 2 of delivering the transformational Adult Care Pathway, which commenced in 2009/10, is embedded in business as usual we have standing agenda items on the CCN operational meeting. The expectation is that there will be feedback to teams through management meetings.

We also have a local implementation team meeting where CCN service managers and the Service Line Manager plan implementation and equally service managers will share information from this, and feedback provided from teams to the Service Line Manager.

The Service Line Manager has had several specific meetings with Assertive Outreach team staff in North regarding changes.

In Community Care North Adult Services an opportunity was given for staff to attend an open meeting to share information relating to strategies in Chesterfield and the North.

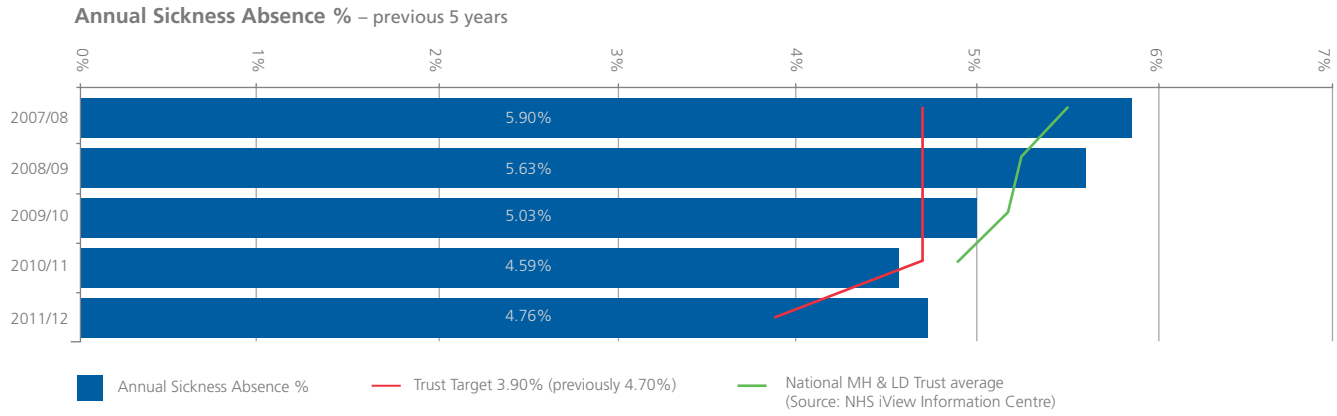
Substance Misuse

We are currently in Consultation with staff from City Drug services both adults and young persons, the first meeting of which was held on the 27th January. Individual meetings are in progress. The process will come to its conclusion at the end of April 2012.

Local Groups and Overview & Scrutiny Committees

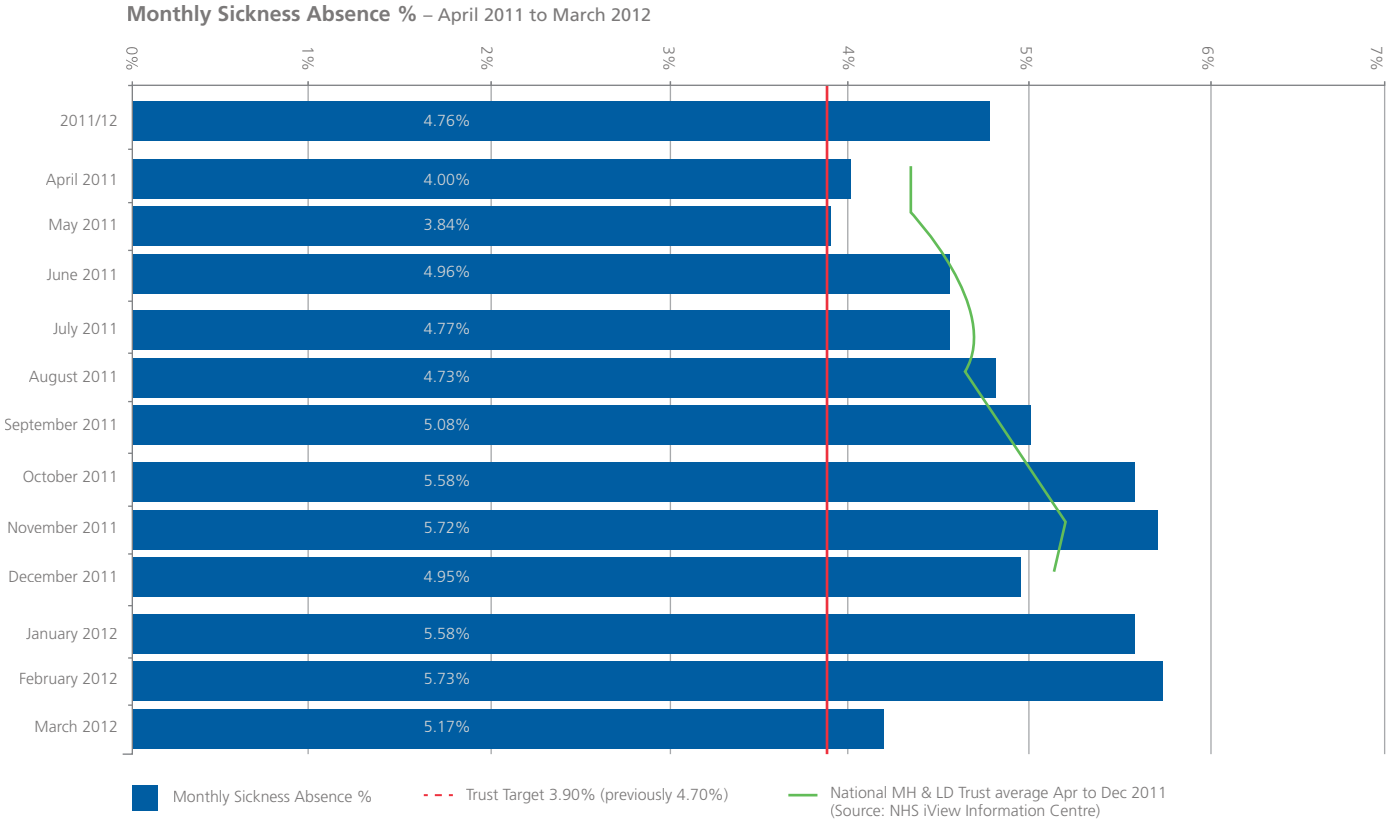
Psychological Therapies – August 2011/12 saw the start of the consultation on the revised specification for psychological therapies. This involved engagement and input from a number of stakeholders namely, the Trust, PCT, Overview & Scrutiny, Derbyshire Voice, Trust Membership, Trust staff, patients and GPs. Professor Paul Gilbert's input provided a wider health context. The consultation period concluded in November 2011 since which the PCT has been engaging with clinical commissioning groups to review feedback and it is expected further discussions around a final specification will begin with the Trust in April. Ahead of this representatives from the different teams making up the Trust Psychological Services provision have been working together to develop potential options around a service model for delivery and this will inform those discussions.

Our Annual Sickness Absence Rates



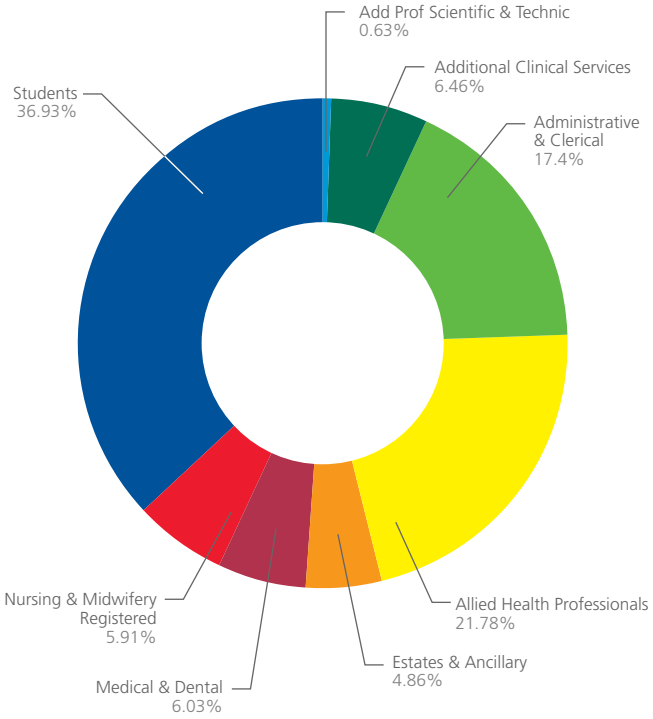
The annual sickness absence rate increased slightly during 2011/12;however sickness rates still remain lower than in 2007/08, 2008/09 and 2009/10.

After achieving the Trust sickness absence target of 4.70% during 2010/11 a new target was set at 3.90% which the Trust is working towards.



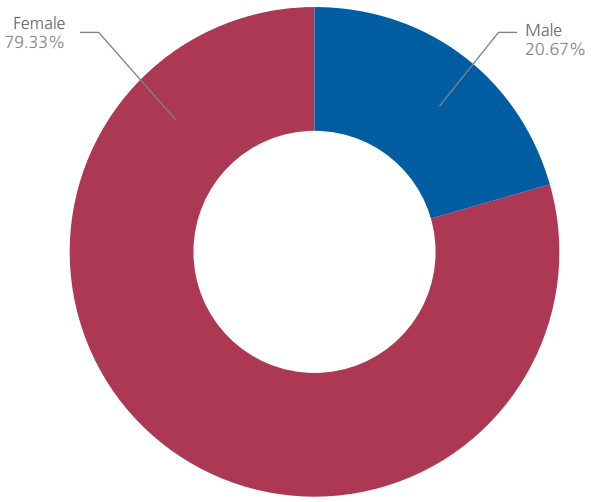
Workforce Profile (Full Time Equivalent)

Staff Group	Headcount	FTE	Workforce % FTE
Add Prof Scientific & Technic	148	133.42	6.46%
Additional Clinical Services	416	359.37	17.40%
Administrative & Clerical	522	449.89	21.78%
Allied Health Professionals	125	100.41	4.86%
Estates & Ancillary	161	124.55	6.03%
Medical & Dental	137	122.16	5.91%
Nursing & Midwifery Registered	849	762.77	36.93%
Students	13	13.00	0.63%
Total	**2371**	**2065.57**	**100%**



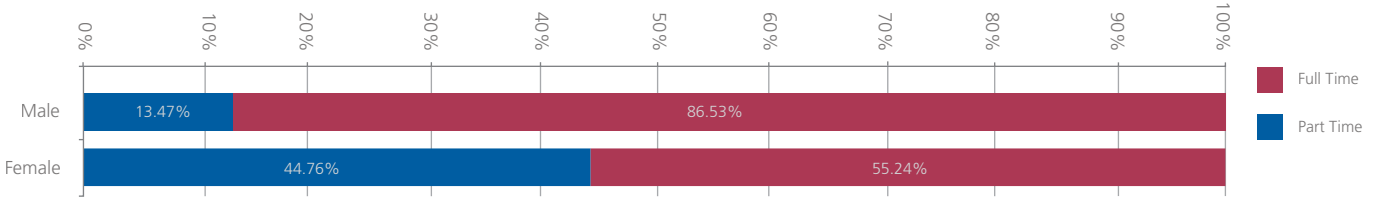
Gender Profile

Staff Group	Male	Male %	Female	Female %
Add Prof Scientific & Technic	35	23.65%	113	76.35%
Additional Clinical Services	95	22.84%	321	77.16%
Administrative & Clerical	72	13.79%	450	86.21%
Allied Health Professionals	7	5.60%	118	94.40%
Estates & Ancillary	54	33.54%	107	66.46%
Medical & Dental	62	45.26%	75	54.74%
Nursing & Midwifery Registered	165	19.43%	684	80.57%
Students	0	0.00%	13	100.00%
Trust Total	**490**	**20.67%**	**1881**	**79.33%**



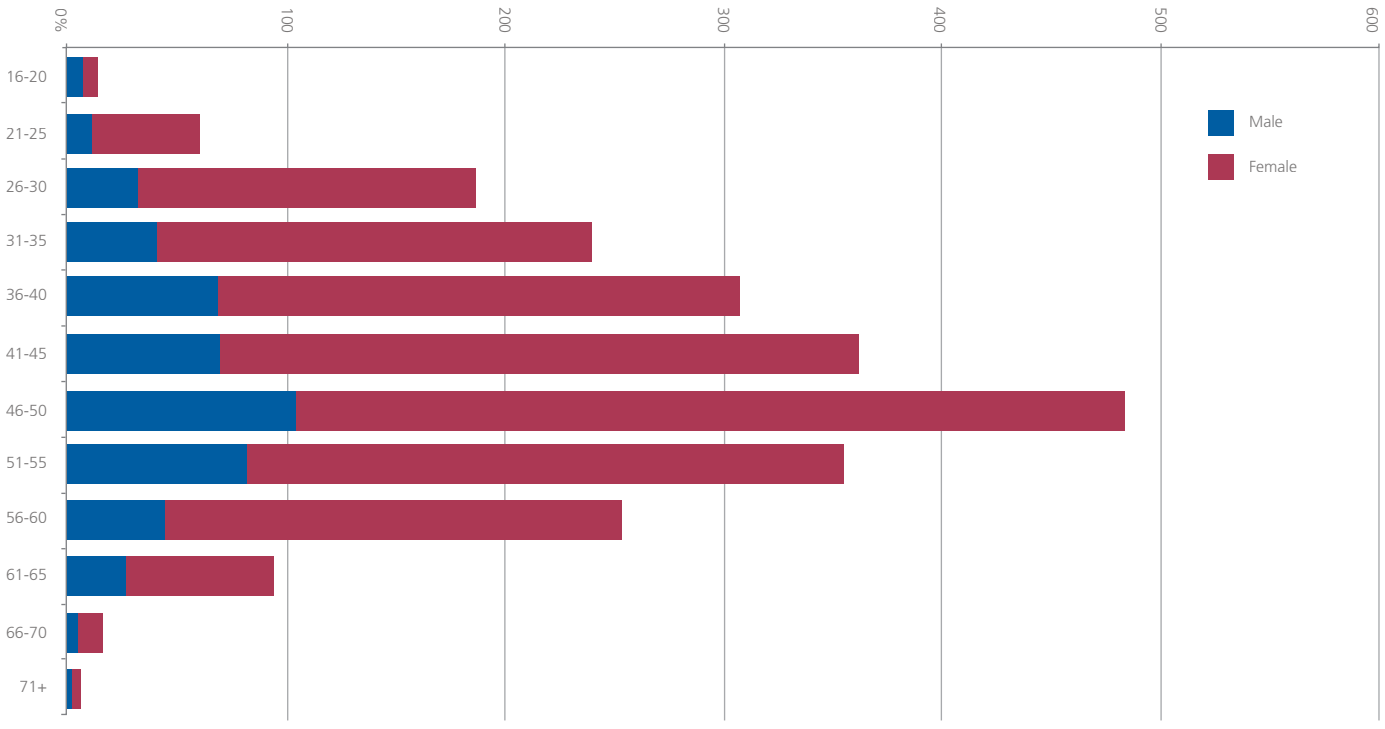
Part Time / Full Time by Gender

Employee Category	Male	Male %	Female	Female %
Part Time	66	13.47%	842	44.76%
Full Time	424	86.53%	1039	55.24%
Trust Total	**490**	**-**	**1881**	**-**

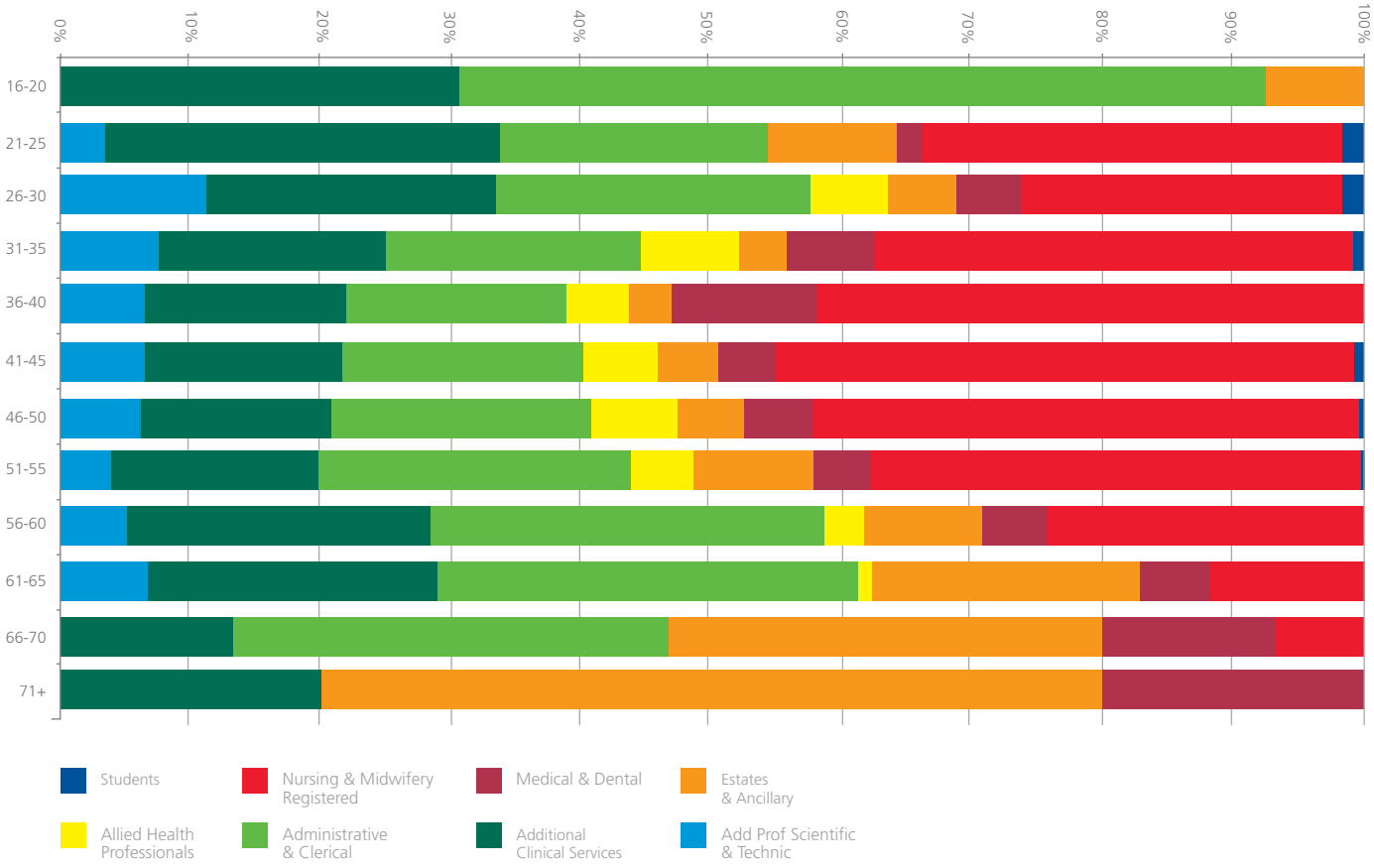


Age Profile

Age	Male	Male %	Female	Female %	Total
16-20	7	53.85%	6	46.15%	13
21-25	11	18.64%	48	81.36%	59
26-30	32	17.20%	154	82.80%	186
31-35	41	17.08%	199	82.92%	240
36-40	68	22.15%	239	77.85%	307
41-45	70	19.34%	292	80.66%	362
46-50	103	21.33%	380	78.67%	483
51-55	82	23.10%	273	76.90%	355
56-60	44	17.39%	209	82.61%	253
61-65	27	29.03%	66	70.97%	93
66-70	4	26.67%	11	73.33%	15
71 & Above	1	20.00%	4	80.00%	5
Trust Total	**490**	**-**	**1881**	**-**	**2371**

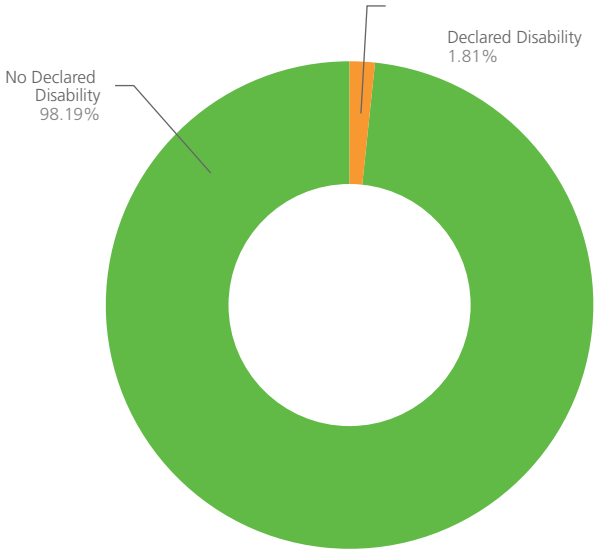


Age	Add Prof Scientific & Technic	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates & Ancillary	Medical & Dental	Nursing & Midwifery Registered	Students
16-20	0	4	8	0	1	0	0	0
21-25	2	18	12	0	6	1	19	1
26-30	21	41	45	11	10	9	46	3
31-35	18	42	47	18	9	16	88	2
36-40	20	47	52	15	11	33	129	0
41-45	24	54	67	21	17	16	160	3
46-50	30	71	95	33	25	25	201	3
51-55	14	56	85	18	32	16	133	1
56-60	13	59	76	8	23	13	61	0
61-65	6	21	30	1	19	5	11	0
66-70	0	2	5	0	5	2	1	0
71 & Above	0	1	0	0	3	1	0	0
Total	**148**	**416**	**522**	**125**	**161**	**137**	**849**	**13**



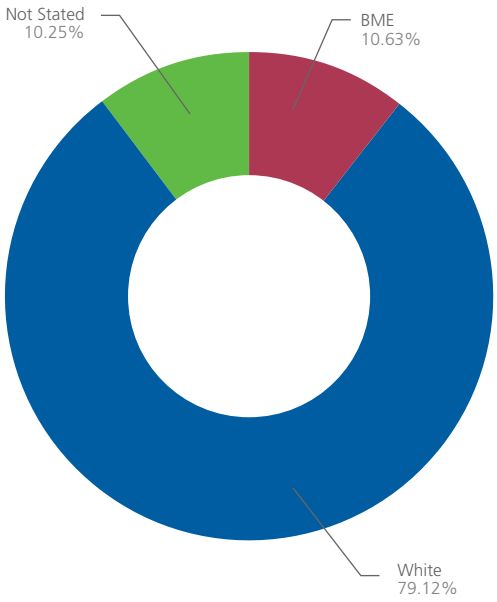
Disability

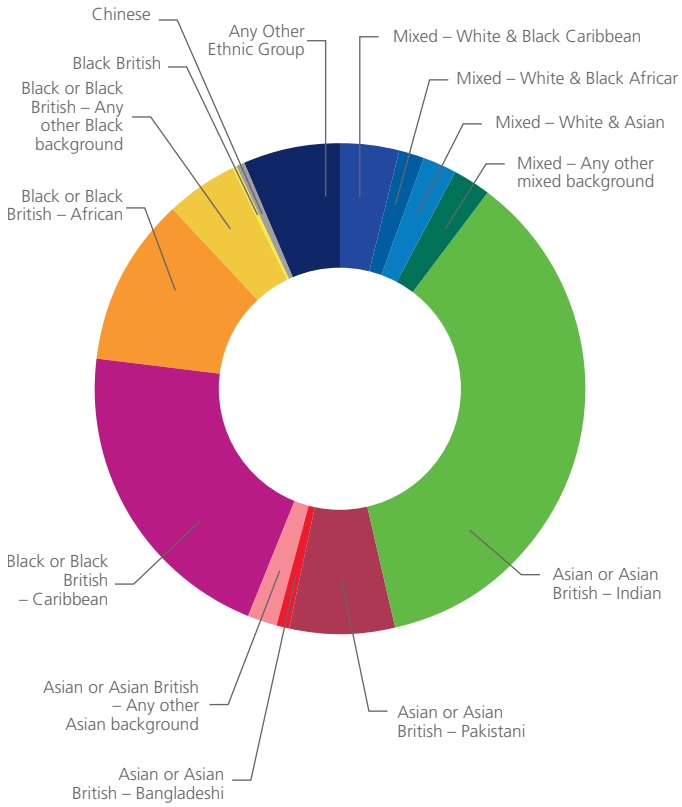
Staff Group	Declared Disability	Declared Disability %	No Declared Disability	No Declared Disability%
Add Prof Scientific & Technic	4	2.70%	144	97.30%
Additional Clinical Services	11	2.64%	405	97.36%
Administrative & Clerical	11	2.11%	511	97.89%
Allied Health Professionals	2	1.60%	123	98.40%
Estates & Ancillary	2	1.24%	159	98.76%
Medical & Dental	1	0.73%	136	99.27%
Nursing & Midwifery Registered	12	1.41%	837	98.59%
Students	0	0.00%	13	100.00%
Trust Total	**43**	**1.81%**	**2328**	**98.19%**



Race and Ethnicity

Staff Group	BME Headcount	BME %	White Headcount	White %	Not Stated Headcount	Not Stated %	Total
Add Prof Scientific and Technic	13	8.78%	127	85.81%	8	5.41%	148
Additional Clinical Services	53	12.74%	314	75.48%	49	11.78%	416
Administrative and Clerical	32	6.13%	468	89.66%	22	4.21%	522
Allied Health Professionals	4	3.20%	110	88.00%	11	8.80%	125
Estates and Ancillary	25	15.53%	105	65.22%	31	19.25%	161
Medical and Dental	47	34.31%	55	40.15%	35	25.54%	137
Nursing and Midwifery Registered	78	9.19%	685	80.68%	86	10.13%	849
Students	0	0.00%	12	92.31%	1	7.69%	13
Trust Total	**252**	**10.63%**	**1876**	**79.12%**	**243**	**10.25%**	**2371**

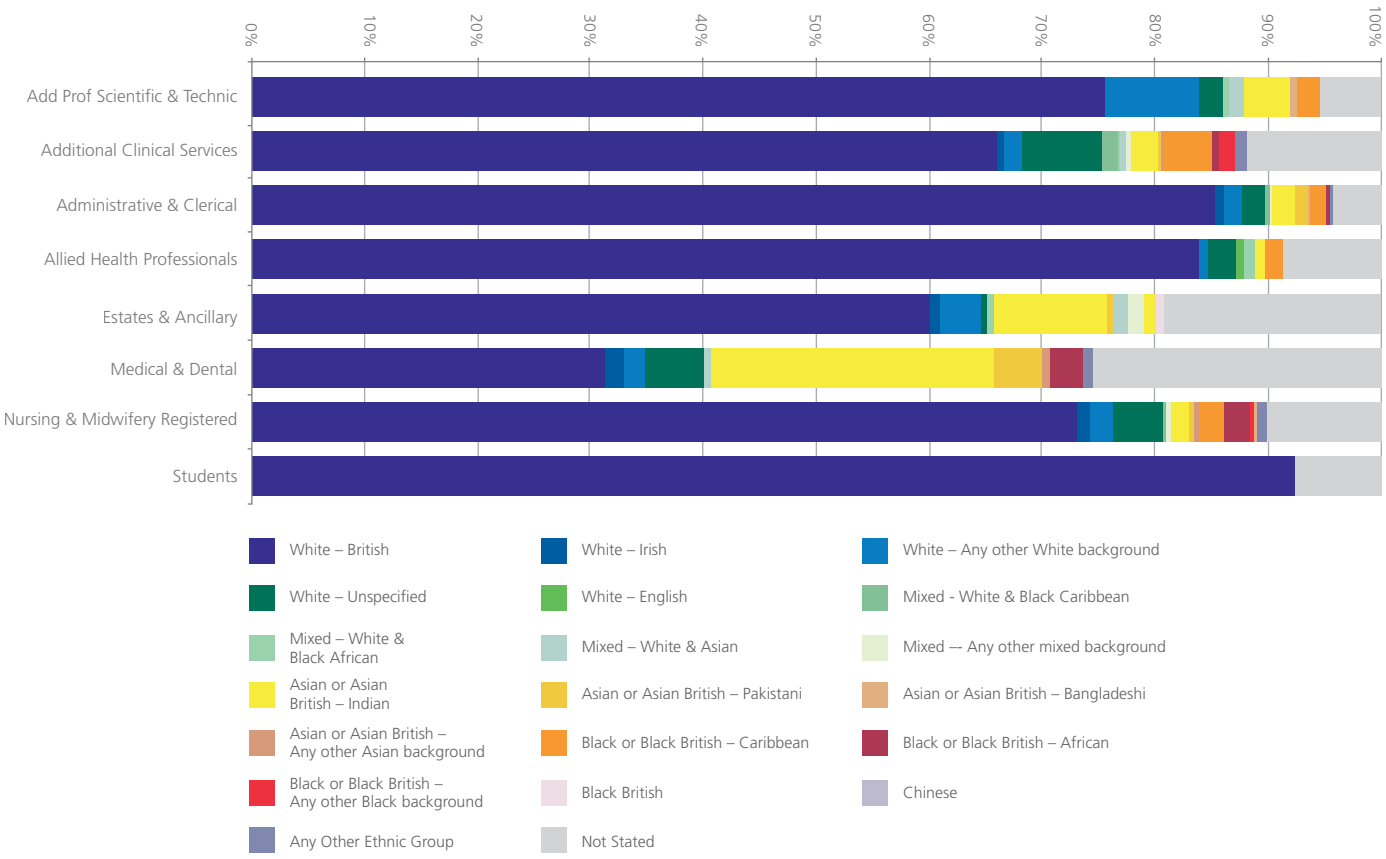




BME Breakdown	BME Headcount	BME %
Mixed – White & Black Caribbean	10	3.97%
Mixed – White & Black African	4	1.59%
Mixed – White & Asian	6	2.38%
Mixed – Any other mixed background	6	2.38%
Asian or Asian British – Indian	91	36.11%
Asian or Asian British – Pakistani	18	7.14%
Asian or Asian British – Bangladeshi	2	0.79%
Asian or Asian British – Any other Asian background	5	1.98%
Black or Black British – Caribbean	52	20.63%
Black or Black British – African	28	11.11%
Black or Black British – Any other Black background	12	4.76%
Black British	1	0.40%
Chinese	1	0.40%
Any Other Ethnic Group	16	6.36%
	252	**100.00%**

Race/Ethnicity by Staff Group

Ethnicity	Add Prof Scientific and Technic	Additional Clinical Services	Administrative and Clerical	Allied Health Professionals	Estates and Ancillary	Medical and Dental	Nursing and Midwifery Registered	Students
White – British	112	275	445	105	97	43	621	12
White – Irish	0	2	4	0	1	2	10	0
White – Any other White background	12	7	9	1	6	3	16	0
White Unspecified	3	30	10	3	1	7	38	0
White English	0	0	0	1	0	0	0	0
Mixed – White & Black Caribbean	0	5	3	0	0	0	2	0
Mixed – White & Black African	1	1	0	1	1	0	0	0
Mixed – White & Asian	2	2	0	0	0	1	1	0
Mixed – Any other mixed background	0	2	1	0	0	0	3	0
Asian or Asian British – Indian	6	10	10	1	16	34	14	0
Asian or Asian British – Pakistani	0	1	6	0	1	6	4	0
Asian or Asian British – Bangladeshi	1	0	1	0	0	0	0	0
Asian or Asian British – Any other Asian background	0	1	0	0	0	1	3	0
Black or Black British – Caribbean	3	18	7	2	2	0	20	0
Black or Black British – African	0	2	2	0	2	4	18	0
Black or Black British – Any other Black background	0	6	0	0	2	0	4	0
Black British	0	0	0	0	1	0	0	0
Chinese	0	0	0	0	0	0	1	0
Any Other Ethnic Group	0	5	2	0	0	1	8	0
Not Stated	8	49	22	11	31	35	86	1
Trust Total	**148**	**416**	**522**	**125**	**161**	**137**	**849**	**13**


0%
10%
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70%
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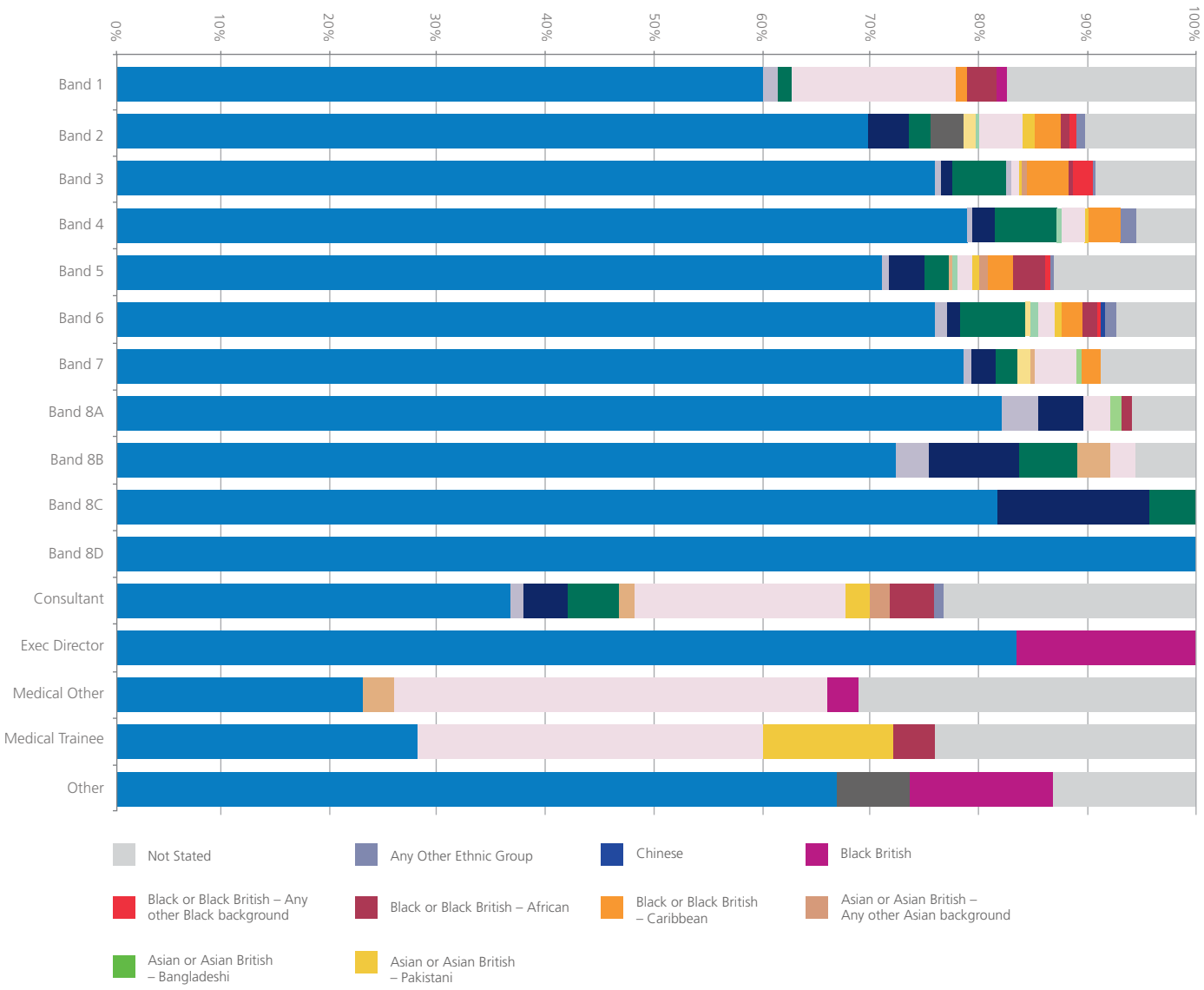
100%
Add Prof Scientific & Technic
Additional Clinical Services
Administrative & Clerical
Allied Health Professionals
Estates & Ancillary
Medical & Dental
Nursing & Midwifery Registered
Students
White – British
White – Irish
White – Any other White background
White – Unspecified
White – English
Mixed - White & Black Caribbean
Mixed – White & Black African
Mixed – White & Asian
Mixed –- Any other mixed background
Asian or Asian British – Indian
Asian or Asian British – Pakistani
Asian or Asian British – Bangladeshi
Asian or Asian British – Any other Asian background
Black or Black British – Caribbean
Black or Black British – African
Black or Black British – Any other Black background
Black British
Chinese
Any Other Ethnic Group
Not Stated

Race / Ethnicity by Payband

Ethnicity	Band 1	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8A	Band 8B	Band 8C	Band 8D	Consultant	Exec Director	Medical Other	Medical Trainee	Other
White – British	51	143	281	174	291	399	180	83	26	18	6	28	5	8	7	10
White – Irish	1		2	1	2	5	2	3	1			1		1		
White – Any other White background		7	4	5	13	7	5	4	3	3		3				
White Unspecified	1	5	18	12	9	31	5	1	2	1		4		3		
White English							1									
Mixed – White & Black Caribbean		6	1		1	1										1
Mixed – White & Black African		2				1	1									
Mixed – White & Asian			1		1	1	1		1			1				
Mixed – Any other mixed background		1		1	1	3										
Asian or Asian British – Indian	13	8	3	5	7	9	9	2	1			15		11	8	
Asian or Asian British – Pakistani		2	1	1	3	2						2	1	1	3	2
Asian or Asian British – Bangladeshi							1	1								
Asian or Asian British – Any other Asian background			1		3							1				
Black or Black British – Caribbean	1	5	15	6	9	12	4									
Black or Black British – African	2	2	1		12	6		1				3			1	
Black or Black British – Any other Black background		1	7		2	2										
Black British	1															
Chinese						1										
Any Other Ethnic Group		2	2	3	1	7						1				
Not Stated	15	21	34	13	55	39	21	6	2			18		11	6	2
Trust Total	**85**	**205**	**371**	**221**	**410**	**526**	**230**	**101**	**36**	**22**	**6**	**77**	**6**	**35**	**25**	**15**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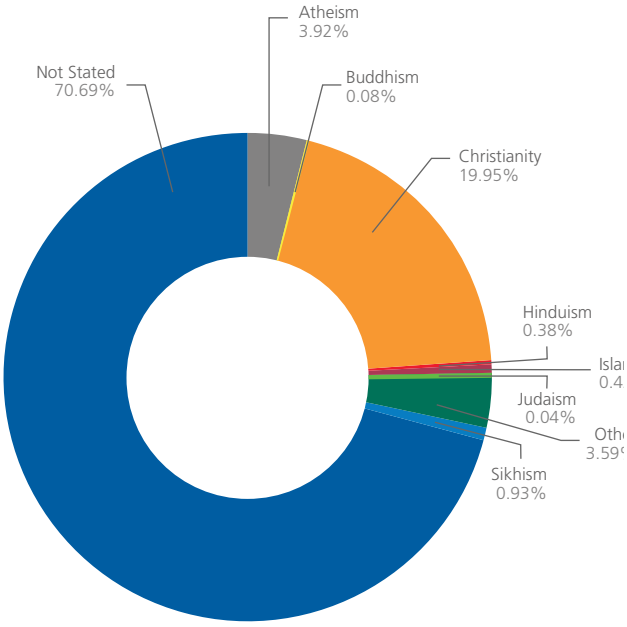
50%
60%
70%
80%
90%
100%
Band 1
Band 2
Band 3
Band 4
Band 5
Band 6
Band 7
Band 8A
Band 8B
Band 8C
Band 8D
Consultant
Exec Director
Medical Other
Medical Trainee
Other
Not Stated
Any Other Ethnic Group
Chinese
Black British
Black or Black British – Any other Black background
Black or Black British – African
Black or Black British – Caribbean
Asian or Asian British – Any other Asian background
Asian or Asian British – Bangladeshi
Asian or Asian British – Pakistani

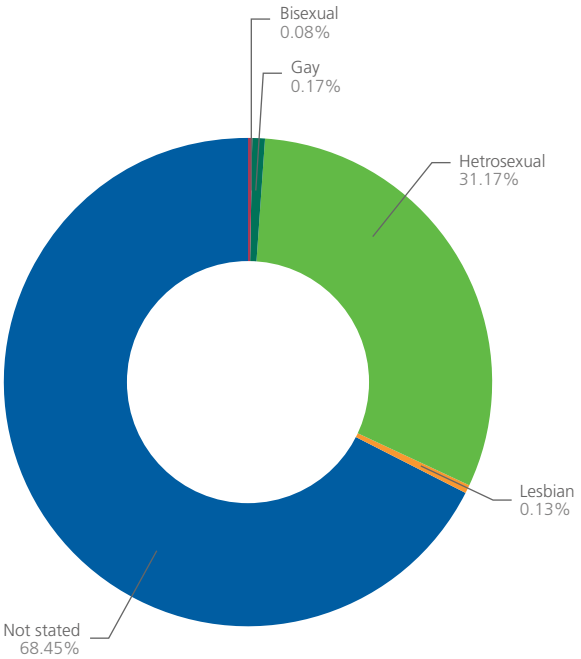
Religious Belief

Religious Belief	Headcount	Headcount %
Atheism	93	3.92%
Buddhism	2	0.08%
Christianity	473	19.95%
Hinduism	9	0.38%
Islam	10	0.42%
Judaism	1	0.04%
Other	85	3.59%
Sikhism	22	0.93%
Not Stated	1676	70.69%
Trust Total	**2371**	**100%**



Sexual Orientation

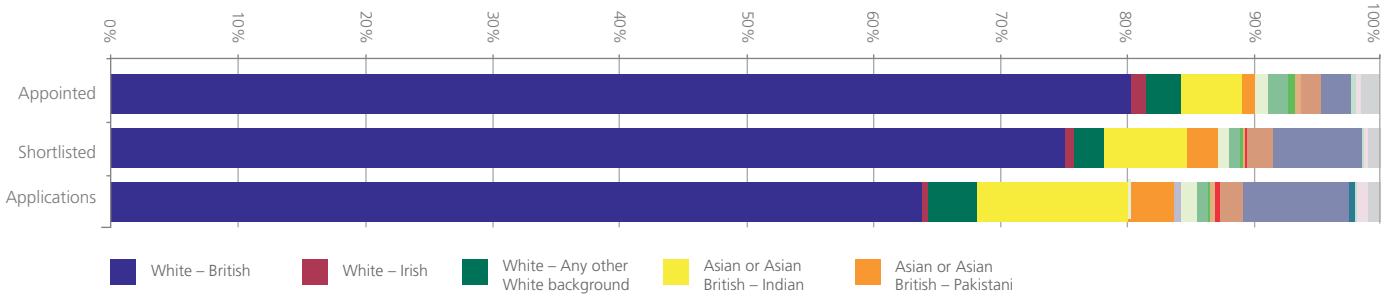
Sexual Orientation	Headcount	Headcount %
Bisexual	2	0.08%
Gay	4	0.17%
Heterosexual	739	31.17%
Lesbian	3	0.13%
Not Stated	1623	68.45%
Trust Total	**2371**	**100%**



Recruitment Stats (Apr-11 to Mar-12)

	Applied (A)		Shortlisted (S)		Appointed (Ap)	
Recruitment by Ethnicity	**No.**	**%**	**No.**	**%**	**No.**	**%**
White – British	3712	63.87%	1198	75.25%	179	80.27%
White – Irish	28	0.48%	9	0.56%	3	1.34%
White – Any other White background	222	3.82%	38	2.39%	6	2.69%
Asian or Asian British – Indian	688	11.84%	106	6.65%	11	4.93%
Asian or Asian British – Pakistani	229	3.94%	36	2.26%	2	0.90%
Asian or Asian British – Bangladeshi	16	0.27%	2	0.13%	0	0.00%
Asian or Asian British – Any other Asian background	84	1.45%	16	1.01%	2	0.90%
Mixed – White & Black Caribbean	46	0.79%	11	0.69%	4	1.79%
Mixed – White & Black African	11	0.19%	3	0.19%	1	0.45%
Mixed – White & Asian	17	0.29%	4	0.25%	1	0.45%
Mixed – Any other mixed background	27	0.46%	3	0.19%	0	0.00%
Black or Black British – Caribbean	97	1.67%	33	2.07%	4	1.79%
Black or Black British – African	499	8.59%	110	6.91%	5	2.24%
Black or Black British – Any other Black background	21	0.36%	1	0.06%	0	0.00%
Other Ethnic Group – Chinese	12	0.21%	2	0.13%	1	0.45%
Other Ethnic Group – Any other ethnic group	54	0.93%	7	0.44%	1	0.45%
Undisclosed	49	0.84%	13	0.82%	3	1.35%
Total	**5812**	**-**	**1592**	**-**	**223**	**-**

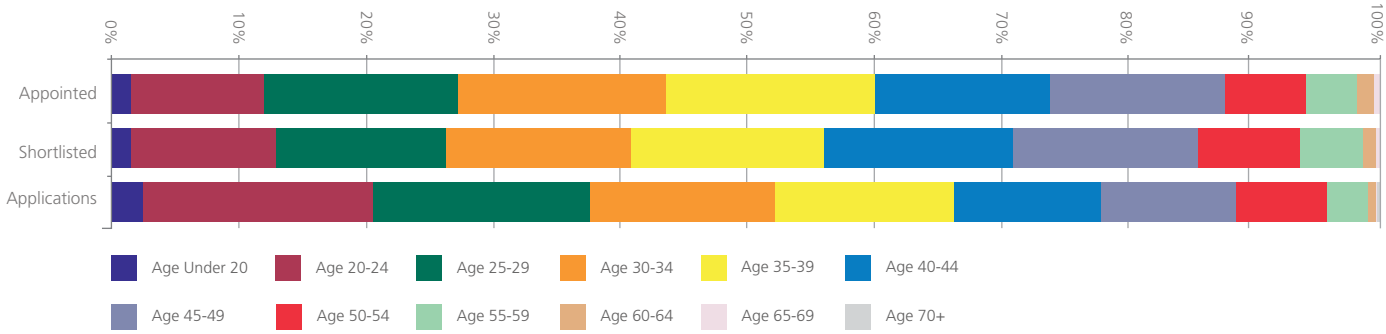
	Applied (A)	Shortlisted (S)	Appointed (Ap)
Recruitment Summary by Ethnicity	**%**	**%**	**%**
White	68.17%	78.20%	84.30%
Ethnic Minority Background	30.99%	20.98%	14.35%
Not Disclosed	0.84%	0.82%	1.35%



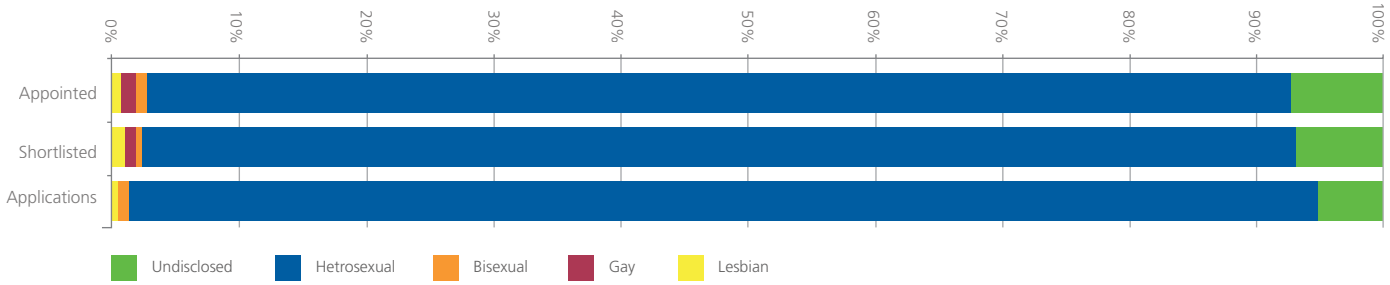
Applicants by Disability	Applied		Shortlisted		Appointed	
	No.	%	No.	%	No.	%
Disabled	286	4.92%	96	6.03%	8	3.59%
Not Disabled	5475	94.20%	1481	93.03%	211	94.62%
Not Disclosed	51	0.88%	15	0.94%	4	1.79%
Total	**5812**	**-**	**1592**	**-**	**223**	**-**

Applicants by Gender	Applied		Shortlisted		Appointed	
	No.	%	No.	%	No.	%
Male	1442	24.81%	302	18.97%	46	20.63%
Female	4365	75.10%	1288	80.90%	176	78.92%
Undisclosed	5	0.09%	2	0.13%	1	0.45%
Total	**5812**	**-**	**1592**	**-**	**223**	**-**

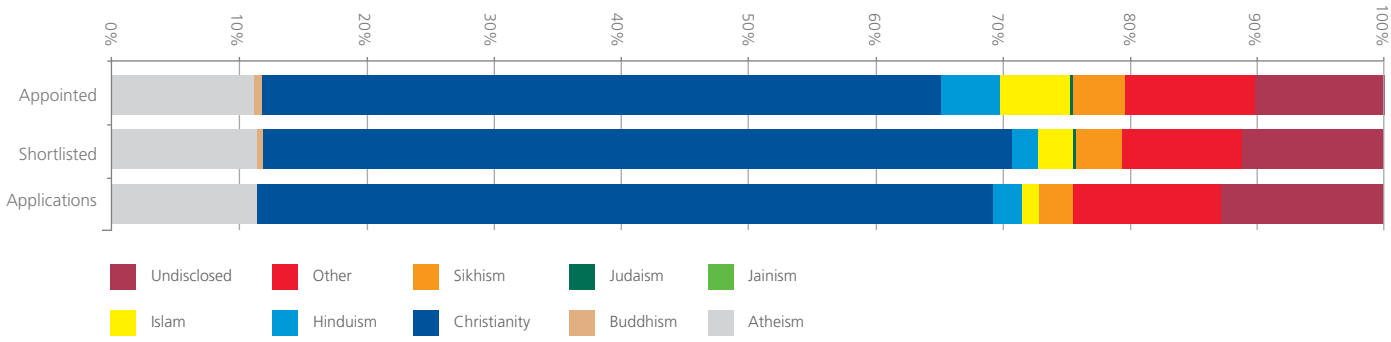
Applicants by Age Group	Applied		Shortlisted		Appointed	
	No.	%	No.	%	No.	%
Age Under 20	147	2.53%	26	1.63%	4	1.79%
Age 20-24	1049	18.05%	182	11.43%	23	10.31%
Age 25-29	997	17.15%	212	13.32%	34	15.25%
Age 30-34	847	14.57%	231	14.51%	37	16.59%
Age 35-39	821	14.13%	246	15.45%	36	16.14%
Age 40-44	673	11.58%	236	14.83%	31	13.90%
Age 45-49	629	10.82%	230	14.45%	31	13.90%
Age 50-54	411	7.07%	130	8.17%	14	6.28%
Age 55-59	186	3.20%	76	4.77%	9	4.04%
Age 60-64	37	0.64%	18	1.13%	3	1.35%
Age 65-69	7	0.12%	5	0.31%	1	0.45%
Age 70+	8	0.14%	0	0.00%	0	0.00%
Undisclosed	0	0.00%	0	0.00%	0	0.00%
Total	**5812**	**-**	**1592**	**-**	**223**	**-**



	Applied		Shortlisted		Appointed	
Applicants by Sexual Orientation	**No.**	**%**	**No.**	**%**	**No.**	**%**
Lesbian	38	0.65%	15	0.94%	1	0.45%
Gay	61	1.05%	14	0.88%	0	0.00%
Bisexual	60	1.03%	8	0.50%	2	0.90%
Heterosexual	5225	89.90%	1443	90.64%	208	93.27%
Undisclosed	428	7.37%	112	7.04%	12	5.38%
Total	5812	-	1592	-	223	-



	Applied		Shortlisted		Appointed	
Applicants by Religious Belief	**No.**	**%**	**No.**	**%**	**No.**	**%**
Atheism	660	11.36%	184	11.56%	26	11.66%
Buddhism	34	0.58%	7	0.44%	0	0.00%
Christianity	3112	53.54%	938	58.92%	129	57.85%
Hinduism	267	4.59%	35	2.20%	5	2.24%
Islam	320	5.51%	43	2.70%	3	1.34%
Jainism	5	0.09%	0	0.00%	0	0.00%
Judaism	5	0.09%	2	0.13%	0	0.00%
Sikhism	235	4.04%	58	3.64%	6	2.69%
Other	594	10.22%	150	9.42%	26	11.66%
Undisclosed	580	9.98%	175	10.99%	28	12.56%
Total	5812	-	1592	-	223	-



Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – The Business Environment

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Better Together – The Business Environment

Introduction by Kathryn Blackshaw, Deputy Chief Executive, Executive Director of Business Strategy

It has been a very challenging year for the Business Strategy Directorate, which incorporates Business Development, Marketing, Communications, Procurement, Engagement, Equality and Contracting.

The Directorate supports the organization in developing its strategic direction, delivering value for money, delivering its contractual obligations, and engaging with its stakeholders.

During the course of the year we have undertaken a strategic review of procurement, supported the Divisional Services in delivering competitive bids to secure new and existing services, undertaken significant planning and market assessment work within our service delivery areas, supported the delivery of the QIPP programme, negotiated and managed the contracts to supply services, supported the development of the engagement agenda, and developed our partnerships. We work in collaboration with a large number of services, teams, individuals and partners, and continue to work with them to support and facilitate the development of our business.

Changes to the Commissioning Landscape and Our External Environment

The focus of our activity across the external environment has been to support the ongoing development of Health and Wellbeing Boards, and our 5, moving to 4 Clinical Commissioning Groups during their first transitional year. We are clear that in order to develop influence across what is a complex system, and to develop our strategic partnerships, with these emerging changes to the way in which the needs of communities are served, we must continue to actively engage outside of the organization, in the delivery of the shared agenda.

With effect from 1 April 2012 there will be 4 CCGs operating across Derbyshire. In response to GP Commissioners in the High Peak area we have undertaken significant work to address some long standing commissioning issues over service provision. Our Director of Operations has been taking a lead role in coordinating the Trust's input into developing a new service delivery model working in partnership with Pennine Healthcare FT. It is anticipated that the work undertaken to date in the High Peak will prove beneficial to the development of services in the whole of the ND CCG patch.

Both North Derbyshire CCG and Southern Derbyshire CCG have been leading on work across the whole health economy to establish "Integrated care" models of service provision.

We have ensured representation during 2011/12 on various groups across the two CCG programmes and it is clear that this is viewed by the CCGs as their major area for activity to support both QIPP delivery and service reconfiguration.

We were invited to attend a meeting of the Derby City GP and Primary Care Journal Club in February 2012 to discuss local service delivery and developments. This was a very positive meeting and we secured the commitment of the GPs to support a joint development/education programme between the Trust and themselves.

We have recognized the value of our partnerships and collaborations and invested significant resources into building and developing these. We have developed some new partnerships during 2011/12, of which some are mentioned below;

- Phoenix Futures, for the provision of Substance Misuse Services
- SPODA, for the provision of Carer and Family Services in Substance Misuse
- First Steps for Derbyshire, for the delivery of an integrated care pathway for Community Eating Disorder Services

We continue to build our existing partnerships and relationships and remain committed to them, and are continuously investigating ways in which we can deliver collaborative benefits.

We have a constant horizon scan to the external environment through the Business Development processes we have embedded during 2011/12. Moving forward we will continue to strive to ensure we are in a strong market position to develop the opportunities arising from the changes to the healthcare environment, including particularly Any Qualified Provider processes.

We meet with the officers of our 2 OSCs on a quarterly basis to talk through Trust plans for service developments/ reconfigurations and to seek their advice on consultation matters. The meetings are part of our approach regarding engagement.

Business Development

The Business Strategy team reviews all potential commercial opportunities on an ongoing basis. These are reviewed in line with the potential for growth within existing and new markets while considering our Trust's current capacity and risk strategies.Opportunities are discussed with relevant directorates and/or service areas and actions agreed. This system proves effective in indicating:

- New opportunities that we may wish to investigate
- Trends in the market place, service delivery models and procurement
- Changes to existing markets and services delivered therein
- Potential for greater competition
- Capacity and risk issues

All of the detail around these opportunities are discussed and presented to the Business Development Group each month, and this process has become embedded with 2011/12.

In addition the team has commenced a series of service by service "positioning" reviews for key service lines, in collaboration with the Divisional Units, during 2011/12.

We have supported the divisions in developing responses to tender and new business opportunities and are delighted to report some success in 2011/12.

- Following a successful bid process we transferred Children's Universal and Specialist Services into the Trust on 1 April 2011 and supported the implementation and mobilization of this service
- Following a service positioning review of our existing services we successfully led a collaborative bid for the delivery of High Intensity, Low Intensity, and CARATs Substance Misuse Services for Derbyshire County. We were formally awarded this contract in February 2012, and the Business Strategy Team have been supporting the mobilisation and implementation of this service, for commencement from 1 April 2012. The bid was developed with Derbyshire Healthcare NHS FT as the lead contractor. Previously Derbyshire Healthcare NHSFT provided Substance Misuse Services in the North of the County only, and the extension into the County and Prison CARATs represents a significant strategic shift of market positioning
- We also led a collaborative bid for the delivery of Substance Misuse Service in Derby City, and succeeded in growing our market share through adding Children and Young Peoples Services to our portfolio. This service was supported in its mobilisation project phase by the Business Strategy Team
- We supported the development of Business Case, and the implementation of our new 10 bedded High Support Service for Women, Melbourne House, a brand new dedicated service for women with complex needs
- We successfully developed a Business Case for the extension of our Eating Disorder Service in June 2011 to provide an integrated intensive care pathway into the community for people experience acute issues in relation to their eating disorder. As part of this process we developed an active collaboration with the voluntary sector provider, First Steps for Derbyshire, in order to deliver a holistic approach to this service.

Procurement Arrangements

During 2011/12 we have undertaken a systematic review of all procurement arrangements for the Trust. As a result of this we have served notice for the provision of procurement services to Derby Hospitals NHS Foundation Trust and this contract terminated on 31st March 2012. The service will be delivered from within the Procurement Team of our Trust moving forward into 2012/13.

We continue to be a member of the Regional Procurement Steering Group for Mental Health Providers, and participate in the evaluation of collaborative procurement opportunities across the new region.

Our Head of Procurement has participated in a number of Value for Money reviews over the year 2011/12, including mobile telephones and DigiPens which have led to the delivery of efficiency. In addition:

- Annualised savings have been achieved representing a range of 5 to 30% against each category spend area)
- Renegotiation of courier contract has achieved a 20% improvement in contract value
- Implementation of electronic catalogue for stationery has been undertaken
- Infection control savings have been achieved leading to a 30% cost improvement
- Inter Trust work aggregated procurement has led to delivered savings re mattress contract.

Future Challenges

A primary aim and challenge for the Trust in the forthcoming year is to ensure that we respond effectively to the changes to the commissioning landscape which will occur over the 2012/13;

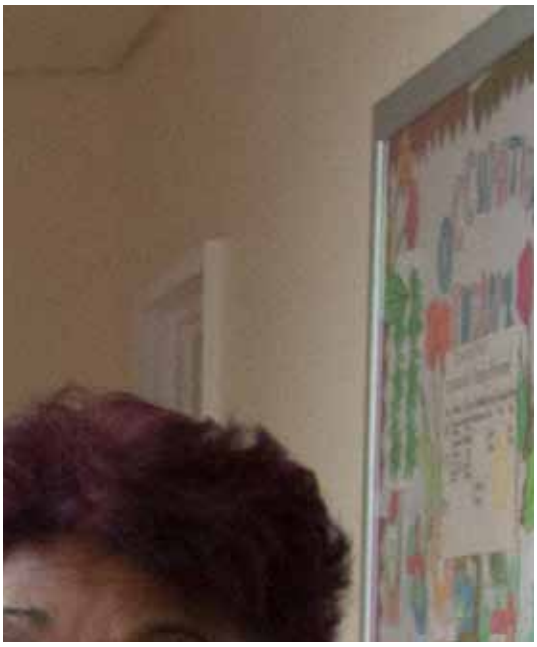
- Clinical Commissioning Groups
- Health and Wellbeing Boards development
- Improvements in the approach for clinical engagement with commissioning.

Each of these developments will have a strategic and tactical impact upon the Trust, and we will adopt our approaches as we welcome the opportunity to develop our services, and the communities we serve in collaboration and partnership.

Priorities will include;

- Maintaining existing commissioning relationships and developing our new ones,
- Ensuring clinical involvement from our Trust in commissioning processes
- In response to the Health and Wellbeing Strategy, identifying our collaborative and individual priorities and shaping our responses.

In addressing these challenges we will continue the approach we established in 2011/12, which focusses on collaboration, broad engagement, shared priorities, and enhancing local services.



Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – Our Quality Governance Framework

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Better Together – Our Quality Governance Framework

As a newly approved Foundation Trust during 2011/12, we have succeeded in meeting the standards set as part of Monitors robust and challenging examination of our quality governance arrangements.

The principles set out in the definition of quality governance from Monitor are now firmly established as Derbyshire Healthcare NHS Foundation Trust's organizing principle for quality governance.

We have an established framework for quality governance in place which is described in detail within the Annual Governance Statement. The Framework incorporates all the requirements of best practice as set out by our Regulator Monitor and provides a basis to deliver safe, responsive, and continual learning in the provision of high quality services.

The Integrated Governance Strategy sets out a holistic approach to governance, bringing together clinical and non-clinical risks into one framework for monitoring, reporting and management. The Trust Board receives regular reports from the Quality Governance and Risk Management Committees.

The Board Assurance Framework
The Board Assurance Framework is a high level report which enables the Board of Directors to demonstrate how it has identified and met its assurance needs, focused on the delivery of its objectives, and subsequent principal risks. An important outcome of the Board Assurance Framework is that it provides the central basis to support the Board's disclosure requirements with regard to the Annual Governance Statement.

The Trusts Board Assurance Risks are reviewed and updated on a monthly basis by the relevant Executive Director and now thrice yearly by the Executive Management Team. The Top 5 Risks (those with the current highest ratings) are reported to the Risk Management Committee and Board on a monthly basis.

Embedding Corporate Risk & Assurance
There has been further significant progress with regard to corporate risk & risk management across the Trust over the last 12 months. Areas of achievement in 2011/12 include the following;

- We gained compliance with the NHS Litigation Authorities Risk Management Standards for Mental Health and Learning Disability Trusts at Level 2 in June 2010 and has developed our systems throughout the course of the year in preparation for the assessment at Level 3 in 2012/13. All Trusts must be assessed against the Standards and compliance further assures the Trust Board that we have comprehensive risk management processes embedded across the organisation
- The Trusts Board Assurance Framework (detailing risks to the achievement of the corporate objectives) continues to be reviewed and updated on a monthly basis by the relevant Executive Director. The Top Risks (those with the current highest ratings) are reported to the Risk Management Committee and Board on a monthly basis
- Significant progress to mitigate and reduce the risks identified has been undertaken during 2011/12. This is evidenced by few gaps in controls or assurance that have been identified and a large number of completed actions. In addition no risks (against the corporate objectives) remain 'red' (High or Extreme) at year end
- The Board Assurance Framework details all sources of external assurance which mitigate the risks – including findings from internal audits, clinical audits and research projects
- Electronic reporting of incidents using DATIX Web Incidents is now embedded successfully within the organisation and was completed during 2011/12. The Trust reports around 5,000 incidents per year and the project has improved communication of incidents, thus enabling staff and mangers to respond more quickly and take more timely action to prevent incidents recurring
- In support of the project a robust training plan and drop in DATIX surgeries have taken place throughout the year. A project to move staff to reporting we plan to deliver Risk Assessments online using DATIX Web – Risks during 12/13.

Better Together – Our Approach to Clinical Effectiveness

Lord Darzi identified 'effectiveness' as one of the three domains that define a quality service in the document:High Quality Care for All: Next Stage Review – Final Report (2008).

At Derbyshire Healthcare NHS Foundation Trust we believe that effectiveness is doing the right thing (evidence based practice – NICE Guidelines):

- In the right way (skills & competency – training and development)
- At the right time (provision of treatments & services – NICE Guidelines)
- In the right place (location of treatment/services)
- With the right result (outcome – use of outcome measures, eg. HONOS).

How Have We Supported Effectiveness in 2011/12?

- We have delivered care to our service users in accordance with NICE Guidelines
- We have adhered to Trust policies, procedures, standards and professional codes of conduct
- We have participated in significant clinical audit & research to develop better outcomes
- We have used our Clinical Reference Groups to cascade changes in practice arising from clinical audit, research and serious untoward incidents to all staff
- We have used outcome measures to monitor the effectiveness of the care we are providing
- We have developed the Quality Strategy & Quality Accountand cascaded this to teams
- We have used our Personal Development Plans to enhance effectiveness.

Better Together – The Effectiveness Team

How Do We Support the Delivery of Improved Effectiveness?

Through Our Commitment to Developing Our Response To:

- Incident reporting, Serious Untoward Incident (SUI) management
- Clinical Audit
- Research
- NICE Guidelines.

Effective Serious Untoward Incident Management

In accordance with the NHS Executive guidelines, the Trust Serious Untoward Incident (SUI) Panel meets on a weekly basis and reviews all major and catastrophic safeguarding serious untoward incidents as part of the wider SUI management. This is matched against National Patient Safety Agency (NPSA) standards and level 3 investigatory safeguarding standards. The organisation continues to demonstrate robust analysis and scrutiny using the evidence based approach – 'root cause analyses'. Lessons learned and changes in practice are then brought into place with monitoring through the SUI panel, Safeguarding Committee and Trust Risk Management Committee. An example of this was the effective development of agreed information sharing and support between the Trust and Derbyshire Constabulary when dealing with a critical risk involving a child. This means that Derbyshire Constabulary can access information regarding a known service user and gain clinical and management support 24 hours per day, seven days per week at the point in which a child may be at risk as a result of a catastrophic event (i.e. attempted suicide).

Effective Incident reporting, Serious Untoward Incident (SUI) management - Learning from incidents

As an organisation we have embraced the importance of learning from the reporting of untoward incidents as defined in the National Patient Safety Agency: Seven Steps to Patient Safety (2004).

Below are examples of changes in practice that have occurred as a result of learning from untoward incidents:

- Implementation of a tracker system to prompt a review when service users are moved to different wards on several occasions
- Arrangements to prioritise cover when a care coordinator is absent
- Improved systems for the documentation of communication within the teams and to GPs
- Progression of work to procure a single electronic record
- Improvements in the recording and communication of information relating to clinical risk
- Development of Core Care Standards
- Improved monitoring of compliance with compulsory training
- Changes to the way we engage and communicate with families following Serious Untoward Incidents
- Use of a collaborative approach with staff involved in a Serious Untoward Incident
- Improvements in the recording of rationale for the decisions made in Multi-disciplinary meetings
- Improvements in the continuity of care between community and inpatient settings.

Effective Patient Safety

Patient Safety is the main priority of Derbyshire Healthcare NHS Foundation Trust. It is of paramount importance in terms of delivering quality of care and delivering better health outcomes.The organisation is committed to maintaining the safety and wellbeing of service users and staff. As part of this, it ensures that the environment is safe and meets national security, health and safety legislation, across all hospital and community provision that the organisation is responsible for.

The safeguarding of vulnerable adults and children across the spectrum of all services is of utmost importance and the organisation has declared its full compliance with national standards in the protection of children and adults.

During 2011-2012 the Trust has:

- Completed a "vulnerable adults safeguarding assessment" (March 2012)
- Actively participated in the multi-agency leadership of public protection
- Been commended for partnership working in the protection of children with the development and launch of the "Think Family" campaign
- Helped to minimise the risk of fires in the homes of vulnerable people in conjunction with Derbyshire Fire and Rescue with the "look up" campaign
- Focussed on the training of staff in all the levels for vulnerable children and adults as appropriate to their roles
- Attended all four local safeguarding boards for Derby and Derbyshire.

Effective Clinical Risk
Throughout the year the Trust has incorporated the results from last year's audit of the Trust Clinical Risk Management Standards into the revised training on clinical risk that focuses on the formulation and management of risk through the use of case studies.

Effective Safeguarding
Our Trust is an active partner within all of the local Safeguarding Boards for Safeguarding Children and Adults for Derby and Derbyshire. We have declared full compliance with the NHS Executive guidance and the Care Quality Commission standards for the protection of vulnerable children and adults. This year we led and launched the Think Family campaign, to raise practice awareness across the workforce and our partner agencies of the value of collaborative inter agency working and liaison.

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

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

In 2011/12 there were two cases of hospital acquired Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemia and two cases of Clostridium Difficile (Cdif). These figures are well within the trajectory set by our Commissioners.

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

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

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

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

Better Together – The Improving the Patient Experience Team

The Improving the Patient Experience team consists of the Complaints and Patient Advice and Liaison Service (PALS) team, Releasing Time to Care project team, Care Programme Approach service and Public Health team.

We continue to work with service users and carers and their representatives, in ensuring we are inclusive in our approach to improving services. Through involvement in key groups and committees, engagement, dignity and involvement are developed promoted and monitored on a continuous improvement cycle.

We have continued to improve our real time patient experience surveying with the introduction of Values Exchange.

Concerns, Complaints Compliments and Enquiries
Within the Department the total number of reported concerns, complaints, compliments and enquiries for the year was 11102, compared to 1025 the previous year. 600 compliments have been recorded.

Concerns and Complaints
341 concerns and complaints have been managed during the year. Of those 196 were resolved without the need for a formal investigation and 145 required a formal Trust investigation.

Responses within target
Of the 145 complaints formally investigated 141 (97.24%) have been acknowledged within an agreed target.

125 (86%) have been responded to within an agreed target a further 8 (6%) are on-going within target. To date 12 (8%) were completed outside of an agreed target.

Of the 145 complaints formally investigated 74 (51%) were reported as 'well founded'.

Top 5 issues arising from concerns and complaints received
1. All aspects of clinical treatment
2. Attitude of staff
3. Communication/information to patients (written and oral)
4. Appointments, delay/cancellation (out-patient)
5. Admissions, discharge and transfer arrangements.

Complaints from REGARDS groups
Complaints have been received from the following REGARDS groups

Concerns and Complaints - Our Top 5 Issues
All aspects of clinical treatment
Attitude of staff
Communication/information to patients (written and oral)
Appointments, delay/cancellation (out-patient)
Admissions, discharge and transfer arrangements.

Complaints from REGARDS groups
Complaints have been received from the following REGARDS groups

Sex		Total
Female	49.70%	163
Male	50.30%	165

Ethnicity		Total
Black Carribean	1.52%	5
Indian	0.91%	3
Mixed white and Asian	0.91%	3
Not stated	12.80%	42
Other Asian	1.83%	6
Other Black	0.30%	1
Other mixed	1.22%	4
Pakistani	1.22%	4
White – British	76.52%	251
White – Irish	1.22%	4
White – other white	1.52%	5

Age		Total
1-16	4.88%	16
17-30	16.46%	54
31-60	58.54%	192
61-91	13.72%	45
91 +	0.30%	1
71	0.30%	1
Not stated	5.79%	19

We have taken a number of actions as a direct result of feedback received from complaints and concerns this year

- Training provided regarding the importance of observations and of the need to report any concerns to the nurse in charge
- Discussion to take place in supervision regarding goal setting and recording of goals
- Education regarding staff attitudes and customer care training to be arranged
- Staff were made aware of the importance of documenting and escalating concerns regarding diet intake and of the need for robust monitoring
- Re-distribution of medical capacity provided into a clinic
- Record Keeping training and Care Plan Approach training provided
- The importance of ensuring effective communication with the families of patients, particularly during transfer, was highlighted to staff
- Asperger's training delivered
- Patient lockers provided
- Template appointment letters reviewed
- A review of the Observation policy/engagement policy was undertaken
- Bathrooms and toilets in ward areas reviewed for accessibility, changes made
- The process for Junior Doctors renewing prescriptions was reviewed
- Information posters reviewed and updated
- The process for the completion of 'Med 10' forms was reviewed
- A review of induction materials for locum/new therapists was undertaken to ensure that the standardised process for report management is clear
- Disabled ramp is cleaned to expose non-slip surface
- Disabled car parking space allocated
- New signs ordered and mounted, doorbell to call for assistance installed.

Learning the Lessons
Information showing how teams can learn from complaints and compliments has been shared across the Trust in the Learning the Lessons publication.

Learning from complaints
At the end of 2011 a thematic review of the complaints and compliments received by the Crisis and Home Treatment Team in Derby City and South County was undertaken. This was done in order to identify themes and contrast the differences between successful intervention and those which left people feeling dissatisfied. Four themes were identified as underpinning the issues which gave sufficient cause to express their satisfaction or dismay. These are; Consistency, Clarity / Communication, Attitude and Punctuality.
In order to address these issues and also to improve the delivery of the service a team attributes and values list was agreed based on the Trust organisational values. In addition the team are signed up to an attitudes and approach contract focusing upon positive reinforcement and open address of negative attitudes which affect morale and performance. A patient questionnaire, designed to be carried out as a proactive telephone survey for clients and carers was also initiated.

Health Service Ombudsman
During the year the Health Service Ombudsman's office assessed 9 complaints, 2 of which moved to an investigation. 1 case was not upheld and 1 investigation is still on-going. Of the 7 assessments, 5 required no further action. The Trust was asked to arrange an independent second opinion for one complainant and 1 case is still on-going.

1 complaint is also still being investigated from 2010-11.

The Trust is assured that complaint investigations are being undertaken to a high standard as no further action was required following the completion of the investigation.

Compliments
During the year 600 compliments have been reported into the department. The Trust encourages staff to report compliments and is considering different ways of highlighting and sharing the learning from the information received.

The key learning from compliments is that service users and carers appreciate staff who spend time with them to talk about their concerns and staff who show a kind, caring and supportive manner towards them.

Examples of our compliments:

- Thank you card from family thanking staff for caring for their father - treating him with dignity and professionalism
- Thank you letter from patient to staff on ward for doing an amazing job looking after her
- Thank you received from mother of patient for all the effort and staff motivation and time spent on focussing on her daughter's illness
- Thank you to card from patient to all staff, doctors and housekeeper. Thanking staff for the care and support making her stay comfortable as possible
- Thanking staff for the kindness and patience of staff and for encouraging the road to recovery
- Thank you for the help during a tough time, your kindnesses meant a great deal to me
- We couldn't have wished for a better place for mum to stay
- Staff made me feel really welcome and helped me in all aspects with my problems
- Thank you to the staff for going that extra mile
- I cannot thank the nursing staff enough for the care and support that they have shown not only to dad but to us and family
- Thank you all for the hard work and effort you've put into looking after dad
- Relative thanked staff for supporting them either practically or with words of encouragement during what was a very difficult time for them both.

Learning from compliments

Teams shared their experiences of how they proactively collected and recorded compliments received.

During a 'productive ward' session staff advised that their current way of dealing with compliments is to routinely log the information into their compliment book and to send off the completed sheet at the end of each month. Staff also commented that they 'tend to share compliments with each other when they receive cards, etc 'We have a tin which we place all cards, letters compliment correspondence into. We praise each other really; at times we also share feedback within our team meetings which are held once every fortnight'.

Enquiries

A total of 160 general and 'signposting' enquiries have been made during the year to the Improving the Patient Experience department.

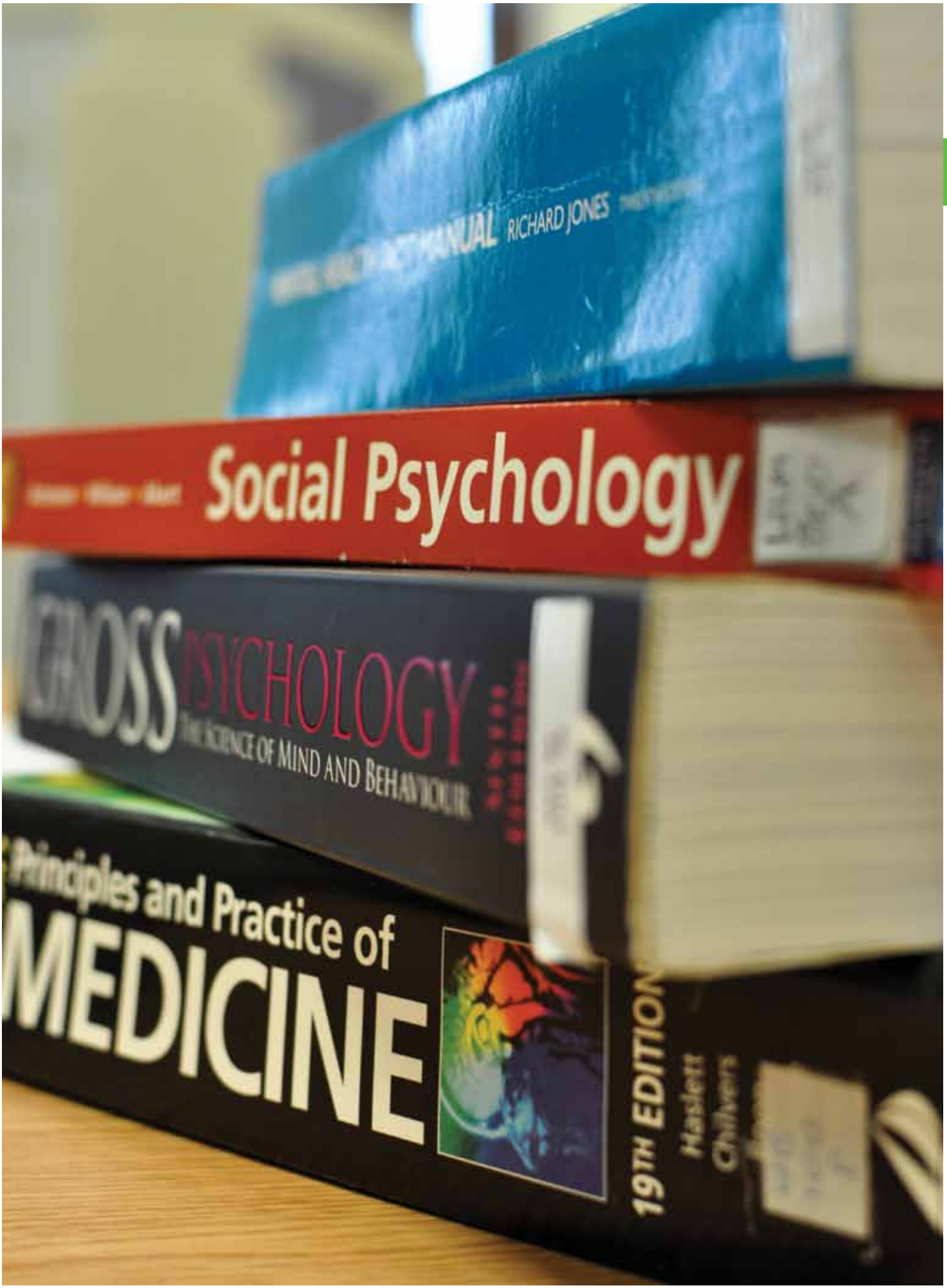
Staff provided information on a range of services and contact points including:

- Reclaiming bus fares
- The expert patient's programme
- Patient involvement groups
- Information on how to claim benefits
- Referrals into the services
- Other NHS organisations and Complaints/ PALS services
- Liaising with wards/teams and department on behalf of service users and carers
- General information provided in relation to services and appointments.

Outreach sessions

During the year 99 outreach sessions have been held across the Trust attended by Patient Experience officers alongside ward PALS link workers. Many of the issues raised were in relation to equipment and premises, food quality and choice and clinical treatment.

Issues were brought to the attention of Ward Managers, Estates and Facilities staff so that appropriate action could be taken such as replacement microwaves and toasters arranged and poor TV reception addressed. Issues were also raised in community meetings so that patients could agree as a group how to resolve issues. New hairdresser is being sought.


RICHARD JONES
Social Psychology
PSYCHOLOGY
THE SCIENCE OF MIND AND BEHAVIOUR
Principles and Practice of
MEDICINE
19TH EDITION

The Equality Delivery System

Derbyshire Healthcare NHS Foundation Trust (DHCFT) is committed to fairness, personalization and most importantly improving patients' experiences of care and putting patients at the centre of decision making.

We recognise how important it is to respect people's dignity and basic rights and are committed to fulfilling our obligations and pledges set out in the NHS Constitution. The Equality Act 2010 brings together and replaces all the previous anti-discrimination legislation, in the process making the law both simpler and stronger. We have adopted this simple framework in the support of our provision of high quality care supported by a high quality and engaged workforce.

Promoting equality refers to the inclusion and equitable treatment of protected groups and a need to eliminated discrimination, advance equality of opportunity and foster good relations within communities. In January 2012 we published our Complying with the Public Sector Equality Duty in order to demonstrate our compliance with the general duty of the Act. This document set out our responsibilities as a provider of services and as an employer. It has been developed to deliver positive outcomes, reflect the diversity of our population and staff; take account of feedback from our stakeholders, local people and our staff and to meet our legal requirements. It covers the nine characteristics under the Equality Act 2010, age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion or belief; gender/sex and sexual orientation.

The Trust is committed to implementing the national equality framework called the Equality Delivery System (EDS), which has been developed by the NHS Equality and Diversity Council for the NHS.

We recognise that a quality service is one that recognises the needs and circumstances of each patient, carer, community and staff member and ensures that services are accessible, appropriate, safe and effective for all and that workplaces are free from discrimination where staff can thrive and deliver. A service cannot be described as a quality service if only some patients achieve good outcomes while others do not. As a result, we have aligned our work on quality but also focused on health inequalities in general, with a focus on improving performance across the board and at the same time reducing health gaps between groups and communities.

We have strengthened the governance and mainstreaming of equality and engagement within the organisation. The main focus over the year has been to embed the EDS as a 'quality audit tool' and framework to mainstream equalities, within our core functions. We have ensured that each directorate takes on a more active role in steering and delivering the EDS goals within their department or area.

- The Board has been updated on its new legal responsibilities under the Equality Act 2010 and received equality briefings
- The Board has adopted the NHS Equality Delivery System (EDS) framework to benchmark its equality performance
- An Executive lead for Equality & Engagement has been identified, the Deputy Chief Executive & Director Business Strategy
- All Directors are responsible for performance against equality objectives and assigned EDS Goals in accordance with their portfolios
- Non-Executive Equality and Diversity Champions have been appointed to support equality and patient experience
- The Board has been involved in promoting good relations between protected groups and wider communities, through a programme of engagement to assist with this eg. Multi-faith tour and introduction to diverse communities
- Leadership and Governance is delivered through the - Equalities, Engagement, Experience and Enablement Committee (E4) which was established in 2011/12 and oversees the implementation of the Equality Act, EDS and publication of equalities information in line with Specific Duty and the management of equality objectives/annual improvement plan. This includes overseeing the analysis of the information gathered through engagement and using this to monitor progress and set objectives. The structure also provides a clear framework so that operational services and patient experience is integrated, whilst maintaining the momentum of EDS work
- An Assistant Director Engagement has been appointed to oversee implementation and mainstreaming of Equality Delivery System and community engagement
- The Workforce Strategy & Organisational Development Group now oversees the workforce aspects of the Equality Act and staff engagement and well-being
- The Council of Governors have received an update on the Equality Act and EDS briefings
- An EDS implementation plan has been developed across the three levels of the organisational structure: corporate, operational and direct care. During October 2011 each Director was assigned responsibility for one of the 4 goals in accordance with their portfolio and supporting the AD Engagement in working up the 4 RAG (red/amber/green) ratings against the EDS goals and outcomes
- In October 2011 and January 2012 we held EDS Engagement Events with over 250 attendees from a variety of group. Both events were extremely successful and had good representation from senior staff and local diverse communities
- Our Chairman and Deputy Chief Executive have signed up to the Derbyshire Equalities Charter to promote equalities, fairness and tackling inequalities across the local healthcare system within 2011/12
- The Board have undertaken baseline equality assessment and EDS self-assessment – action plan developed to address gaps
- The Equality Impact Analysis (EIA) tool was reviewed to include the specific 9 "protected characteristics" groups
- We undertook a Live Equality Impact Assessment in our acute inpatient unit on the 19.10. 2011- which was led by Service lead and time limited task group
- Equality and diversity training compliance rate stands 76% as at 31st January 2012
- Monthly Induction sessions include information around the Equality Act 2010 EDS and voluntary sector organisations. This is delivered in partnership with the SD Voluntary Sector Mental Health Forum
- Annual Multi-faith Calendars has been distributed across the Trust sites, and integrated into the staff intranet system. Procurement Lead has built in equality consideration into contracts
- Quality visits in clinical settings/sites are in their third season, each season has a focus, season 1 was dignity, and season 2 was safety. The focus for the season 3 quality visits is engagement: Teams are being asked to showcase evidence of engagement with service users/ carers/ support groups and how they have improved their services as a result of this. Visiting teams are using the opportunity to introduce the protected characteristics to each team to raise awareness. This is further enhanced with the formulation of equality questions that the visiting teams can ask across the Trust
- We have published data on our workforce in relation to the equality and diversity profile.

Some of the groups we have actively engaged with throughout the course of the year including the membership of our 4 E's Committee are as follows:

Organisation/Community Network Link	Communication (responsible for feeding back and into the following networks or groups)
Deputy Chief Executive Chair	Board of Directors Health & Wellbeing Shadow Board
AD Engagement and EDS Lead. E4 Meeting Co-ordinator	East Midlands Inclusion Leads Network Derbyshire Inclusion Leads Network (chair) Workforce Strategy & Organisational Development Group Strategic Intelligence Group Derby Health & Wellbeing Co-ordination Group
Recovery Strategy Lead	
Workforce & OD Manager (link to Workforce & Organisational Development Committee)	Derbyshire Healthcare NHS Foundation Trust
Chair Derbyshire Link	LINK
Derbyshire Friend (LGB)	LGB
Chair Trust Medical Committee	Derbyshire Healthcare NHS Foundation Trust
Derbyshire Centre Integrated Living/Derbyshire Disability Action Network	DCIL
Disability Employment Project Office (Derbyshire County Council)	Equality Practitioners Group and Human Resources Department
Chair North Derbyshire Carers Forum	North Derbyshire Forum for Mental Health Carers
Multi-Faith Centre at the University of Derby	The Mental Health Spirituality Steering Group Multi Faith Centre
Library & knowledge Manager	Learning & Development Department
Chaplaincy & Spirituality Services	Derbyshire Healthcare NHS Foundation Trust
Derbyshire Voice	Derbyshire Voice Service Receivers
Chair South Derbyshire Carers Forum	South Derbyshire Carers Forum
SD Voluntary Sector MH Forum Feeds into ND Voluntary Sector Forum	Southern Derbyshire Voluntary Sector Mental Health Forum and NDVA Mental Health Forum
Adult & Community Division	Derbyshire Healthcare NHS Foundation Trust
Making Space	Making Space Carers Forum
Head of Patient Experience	Derbyshire Healthcare NHS Foundation Trust
Derby & Derbyshire Race Equality County & Equality & Human Rights Partnership Derbyshire Community Health Equality Panel (Joint Chair with Derbyshire LINks/Health Watch) BME Network	All
Disability Syndicate/Equality & Human Rights Partnership Member	
YMCA Member	YMCA
Transgender Network Member	TN
Care Programme Approach Lead	Core Care Standards Group CPA Audit Group
Non-Executive Director & Board Champion (Board Equality & Diversity)	

Gypsy & Travellers Association	GTA
Specialist Services Division	Derbyshire Healthcare NHS Foundation Trust
Chair Derby City LINK	LINK
NED and Board Champion (patient experience)	Derbyshire Healthcare NHS Foundation Trust
NED	
Physical Health & Wellbeing Lead for Mental Health,	
Public Governor	Council of Governors
Information Manager	Derbyshire Healthcare NHS Foundation Trust
Mental Health Action Group	Mental Health Action Group
British Deaf Association	
Associate members will be invited as required Wider BME groups eg. refugee Domestic Violence Wider disability groups	

In addition the Trust has ensured that an emphasis has been placed upon this work and that there is clarity regarding where teams can access further information. Further work undertaken and achievements throughout the course of 2011/12 include;

- East Midlands EDS Training Workshop delivered on the 23.9.2011 on behalf of the SHA – model and training material adopted nationally
- We continue to work with service users and carers and their representatives, in ensuring we are inclusive in our approach to improving services. Through involvement in key groups and committees, engagement, dignity and involvement are developed promoted and monitored on a continuous improvement cycle
- Providing inclusive and equitable services and employment: Equality Impact Analysis (EIA) tool reviewed to include the specific 9 "protected characteristics" groups. Radbourne Unit Live EIA took place of our in-patient unit on the 19.10.2011 – Lead by Service lead and time limited task group. It is envisaged that this work will be used as a case study and standard for future EIAs
- Currently reviewing workforce policies using revised EIA to ensure processes are robust and meet requirements of equality legislation. Results and any mitigating actions will be monitored via the Workforce Strategy & Organisational Development Group and published on website
- Evidence based working – desk top literature review completed by Library & Knowledge Management Service to help managers understand our local community and to ensure the planning and delivery of services meets the needs of our local communities. This information has been used compare local and internal patient data so that we have intelligence on the variations in prevalence rates and barriers between different groups, changing needs and most importantly can evidence that we address adverse outcomes and experiences for protected/vulnerable groups in our EDS self-assessment, CQC evidence, quality account and business planning
- Equality and diversity training compliance rate stands 76% as at 31st January 2012
- Monthly Induction sessions include information around the Equality Act 2010 EDS and voluntary sector organisations. This is delivered in partnership with the SD Voluntary Sector Mental Health Forum
- Annual Multi-faith Calendars has been distributed across the Trust sites to remind staff of the key cultural and religious dates
- Procurement Lead has built in equality consideration into contracts
- Amendment to our Care notes system (patient data) is underway to ensure that we can address the gaps in data collection to drive forward monitoring and analysis of all the protected characteristics
- Work is underway to align the current reporting of workforce equality and diversity data in line with the nine protected characteristics. This work includes validation of existing data, collection of unknown/not stated data and additional monitoring and reporting.

Derbyshire Healthcare NHS
NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust Board

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Better Together – Derbyshire Healthcare NHS Foundation Trust Board

A Foundation 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.

The role of the Board of Directors is to manage the Trust by:

- Setting the overall strategic direction of the Trust within the context of NHS priorities
- Regularly monitoring our performance against objectives
- Providing effective financial stewardship through value for money, financial control and financial planning
- Ensuring that the Trust provides high quality, effective and patient-focused services through clinical governance
- Ensuring high standards of corporate governance and personal conduct
- Promoting effective dialogue between the Trust and the local communities we serve.

Our Trust Board meets 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 2011/2012 our Trust Board comprised the following members:

Alan Baines
Chairman

Mike Shewan
Chief Executive

Kathryn Blackshaw
Deputy Chief Executive/Acting Chief Executive (April 2012 – present)

Ifti Majid
Executive Director of Operations, Performance and IM&T

Tim Woods
Executive Director of Finance

Paul Lumsdon
Executive Director of Nursing and Quality

Graham Gillham
Director of Corporate and Legal Affairs

Helen Marks
Director of Workforce and Organisational Development

John Sykes
Executive Medical Director

Graham Foster
Non-Executive Director

Lesley Thompson
Non-Executive Director

Maura Teager
Non-Executive Director

Anthony Smith
Non-Executive Director

Mick Martin
Non-Executive Director

The Trust Board should ensure that good business practice is followed and that 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 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.

Our Non Non-Executive Directors

Alan Baines, Chairman
Appointed 1 Oct 2008 to 30 Sept 2012

Mick Martin, Non-Executive Director
Appointed 1 Feb 2009 to 31 Jan 2013
Also Deputy Chairman and Senior Independent Director

Graham Foster, Non-Executive Director
Appointed 1 Feb 2009 to 31 Jan 2013

Lesley Thompson, Non-Executive Director
Re-appointed 1 Nov 2010 to 31 Oct 2014

Maura Teager, Non-Executive Director
Appointed 1 Apr 2010 to 31 Mar 2014

Anthony Smith, Non-Executive Director
Appointed 1 Apr 2010 to 31 Mar 2014

All appointees are considered by the Board to be independent (as defined in the Code of Governance).

Meetings of Council of Governors and Board of Directors

The Council of Governors met formally after authorisation in February 2011. Following this inaugural meeting plans are for there to be four meetings with Governors each year.

Council of Governors

Constituency – PUBLIC	Title	First name	Surname	Attended
Public Amber Valley North	Miss	Victoria	Yates	2/5
Public Amber Valley South	Dr	Dermot	Murray	1/5
Public Bolsover	Mr	Roger	Dubois (resigned)	3/4
Public Chesterfield North	Mr	Alan Eber	Smith	2/5
Public Chesterfield South	Mr	John	Stevenson	3/5
Public Derby City East	Miss	Joanne	James (resigned)	1/5
Public Derby City East	Mr	David	Randle	1/5
Public Derby City West	Rev	Moira	Kerr	4/5
Public Derby City West	Mrs	Christine	Williamson	5/5
Public Derbyshire Dales	Mr	Simon	Meredith	3/5
Public Erewash North	Mr	Lew	Hall	4/5
Public Erewash South	Mr	Christopher	Williams	5/5
Public North East Derbyshire	Mr	Kenneth	Stevenson	3/5
Public South Derbyshire	Mr	Barry	Appleby	3/5
High Peak	Ms	Louise	Glasscoe	5/5
Public Surrounding Areas	Mr	Mark	Crossley	5/5
Constituency - STAFF				
Staff Medical and Dental	Dr	Edward	Komocki	3/5
Staff Nursing and Allied Professions	Mrs	Katrina	De Burca	2/5
Staff Nursing and Allied Professions	Ms	Anne	Shead	0/5
Staff Administration and Allied Support Staff	Mrs	Sue	Flynn	4/5
APPOINTED				
Derby City Council	Cllr	Ruth	Skelton	2/5
Derby City Primary Care Trust	Mr	Angus	Maitland (resigned)	1/2
Derby City Primary Care Trust	Dr	John	Orchard	0/1
Derbyshire Constabulary	Assistant Chief Constable	Dee	Collins	1/5
Derbyshire County Council	Cllr	Peter	Makin	1/4
Derbyshire County Primary Care Trust	Dr (Assistant Director, Public Health)	Judith	Bell	5/5
North Derbyshire Voluntary Action	Mrs	Kathy	Kozlowski	3/5
Southern Derbyshire Voluntary Sector Mental Health Forum	Ms	Wendy	Beer	4/5
University of Derby	Ms	Patricia	Owen	3/5
University of Nottingham	Prof	Paul	Crawford	0/5

The Board of Directors held 8 regular meetings during 2011/12.	Possible attendances	Actual
Alan Baines – Chairman	10	10
Mike Shewan – Chief Executive	10	10
Graham Foster – Non-Executive Director	10	9
Kathryn Blackshaw – Deputy Chief Executive/Executive Director of Business Strategy	10	10
Mick Martin – Non-Executive Director	10	8
Paul Lumsdon – Executive Director of Nursing and Quality	10	8

Anthony Smith – Non-Executive Director	10	7
Ifti Majid – Executive Director of Operations, Performance and IM&T	10	9
Maura Teager – Non-Executive Director	10	7
John Sykes – Executive Medical Director	10	9
Lesley Thompson – Non-Executive Director	10	8
Tim Woods – Executive Director of Finance	10	9

Also in regular attendance:	Possible attendances	Actual
Graham Gillham – Director of Corporate and Legal Affairs	10	9
Helen Marks – Director of Workforce and Organisational Development	10	8

Better Together – Board Balance and Completeness

The Trust Board is unchanged since its authorisation of 1st February 2011.

The process for all Non-Executive appointments was purposely tailored to meet the skills requirement of the Board.

In its forward plan submission the Board states it is satisfied that all Directors are appropriately qualified to discharge their functions effectively, including ensuring management capacity and capability.

Our Audit Committee Membership
The Audit Committee is responsible for ensuring the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities in support of the organisation's objectives. It achieves this by:

- Ensuring that there is an effective internal audit function providing appropriate independent assurance to the Audit Committee, Chief Executive and Board
- Reviewing the work and findings of the External Auditor
- Reviewing the findings of other significant assurance functions, both internal and external to the organisation
- Reviewing the work of other committees within the organisation, whose work can provide relevant assurance to the Audit Committee's own scope of work
- Requesting and reviewing reports and positive assurances from directors and managers on the overall arrangements for governance, risk management and internal control
- Reviewing the Annual Report and Financial Statements before submission to the Board and ensuring that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to completeness and accuracy of the information provided.

The Audit Committee reports to the Trust Board on an annual basis on its work in support of the Annual Governance Statement, specifically commenting on the fitness for purpose of the Assurance Framework, the completeness and embeddedness of risk management in the organisation, the integration of governance arrangements and the appropriateness of the self- assessment against the Care Quality Commission Standards.

Our Audit Committee comprises:
Graham Foster – Non Executive Director – Chairman of Committee
Lesley Thompson – Non Executive Director
Anthony Smith – Non Executive Director

Audit Committee attendance during the year was as follows:

	Possible	Actual
Graham Foster	8	8
Lesley Thompson	8	5
Anthony Smith	8	7

Our Remuneration and Terms of Service Committee

The Remuneration Committee advises the Board on, and makes recommendations on the remuneration and terms of service of the Chief Executive, and other officer members and senior employees to ensure they are fairly rewarded having proper regard to the Trust's circumstances and any national agreements.

The Remuneration Committee monitors and evaluates the performance of individual senior employees.

A further role is to provide advice on and oversee appropriate contractual arrangements for such staff, including proper calculation and scrutiny of termination payments.

The Committee met on two occasions during 2011/12, to consider the remuneration of Executive Directors where changes in director portfolio had taken place. Prior to 2011/12 the Remuneration committee had already determined that the contracts and terms and conditions of Executive Directors would mirror Agenda for Change pay awards for staff. Consequently there was no pay uplift during 2011/12. Please also see the Remuneration Report in the Finance Section.

Detailed below are the Committee membership and meeting attendances

Membership	Possible	Actual
Alan Baines Chairman	2	2
Mick Martin Non-Executive Director	2	2
Maura Teager Non-Executive Director	2	2
Anthony Smith Non-Executive Director	2	1
Lesley Thompson Non-Executive Director	2	1

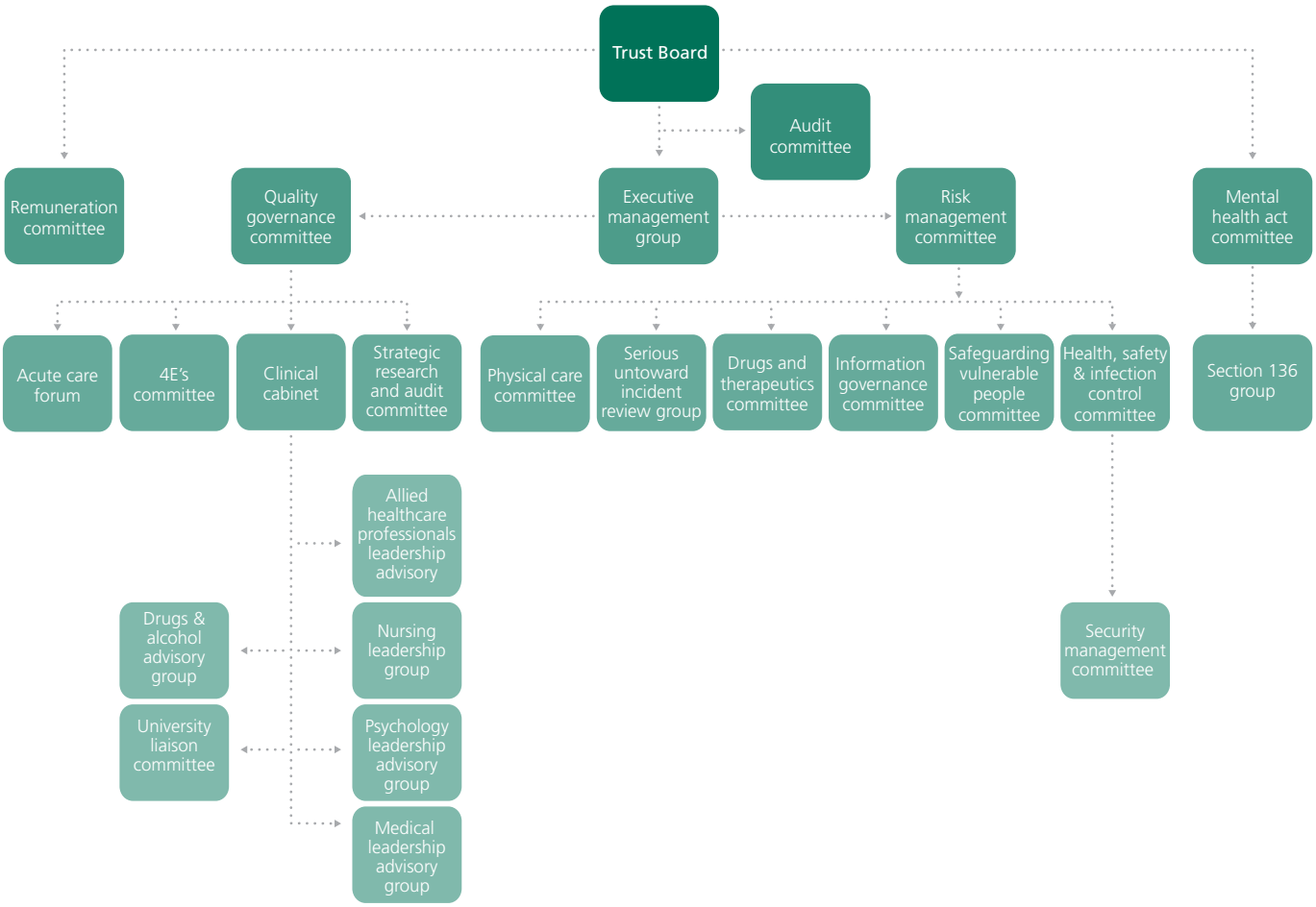
This committee has received advice from Graham Gillham, Director of Corporate and Legal Affairs and Helen Marks, Director of Workforce and Organisational Development.

Our 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).

Maura Teager – Chairman

Better Together – The Trust Integrated Governance Structure



Our Chairman's Commitments
No significant additions to the Chairman's commitments outside the Trust were made during the year.

Our Remuneration Committee of the Council of Governors
The Remuneration Committee was formed in March 2011 to make recommendations to the Council of Governors concerning the remuneration of the Chairman and Non-Executive Directors.Members of this Committee are:

Lew Hall, Wendy Beer, Dr Edward Komocki, Victoria Yates and Barry Appleby

Our Nominations Committee
The Council of Governors established the Nominations Committee (for Chairman and Non-Executive Director appointments). The purpose of this Committee is to assist the Board of Directors with its oversight role by:

- Periodic review of the numbers structure and composition (including the person specifications) of Non-Executive Directors, to reflect the expertise and experience required, and to make recommendations to the Council of Governors
- Development of succession plans for Non-Executive Directors, taking into account the challenges and opportunities facing the Trust
- Identifying and nominating candidates to fill Non-Executive Director posts

Members of this Committee are: Mark Crossley, Joanne James, Moira Kerr, Roger Dubois (Public Governors) and Judith Bell and Kathy Kozlowski (Appointed Governors).

There are currently no Board vacancies. This committee has not met in 2011/12.

An Introduction to our Board of Directors

Alan Baines
Chairman

On 1st October 2008, after being interviewed by the Chairman of NHS East Midlands, Alan was appointed Chairman of Derbyshire Mental Health Services NHS Trust by the Appointments Commission. On 1 February 2011, the Trust changed its name to Derbyshire Healthcare NHS Foundation Trust.

Alan is a Chartered Accountant and has spent his career advising business owners and management teams in many market sectors on how to develop and grow valuable businesses and create shareholder value. He has many years experience in mentoring businesses on strategy, marketing, good management principles, leadership, financial growth and creating value. Alan is a Trustee of a National Charity dealing with issues of disfigurement. Since 1976 he has acted as a Senior Partner in a number of global advisory firms and now works with a number of companies as an Independent Adviser. He is Chairman of a large business services group, Director of the British Veterinary Association and Finance Director of a Pharmaceutical Company. He also holds a number of equity interests in early stage technology companies.

Mike Shewan
Chief Executive

Mike qualified as RMN in 1979 with development to Director of Nursing in 1992. Following the formation of NHS Trusts, Mike moved into General Management, occupying Executive Board positions from 1993 – 2000 when he became Chief Executive of Southern Derbyshire Mental Health Services NHS Trust. Two subsequent mergers led to the current Derbyshire wide configuration.

Mike is accountable for the delivery of all of the Trust's statutory duties and responsibilities, the development of the organisation and its people.

Kathryn Blackshaw
Acting Chief Executive

Kathryn has worked within the NHS for 21 years with significant experience in strategic planning, primary and secondary care commissioning and working with the independent and third sectors. She has also spent 2 years working at the Department of Health on developing national policy for children services and has a financial background.

Kathryn has a strong track record of performance and delivery and prior to joining the Trust has successfully led the World Class Commissioning programme for Derby City PCT. She has also recently completed the EM SHA aspiring Chief Executive programme. Kathryn is the Trust's lead director for: achieving Foundation Trust status; workforce planning; new business development; customer and relationship management and internal and external communications.

Tim Woods
Medical Executive Director of Finance

Tim was appointed as the Director of Finance in 2009 and successfully led the financial aspects of the FT application which was gained in February 2011. This repeated what he had achieved at his former Trust, Birmingham Women's Hospital in 2008. Prior to that, his work included the merger of the two teaching Hospitals to form Nottingham University Hospitals. He has been a Director of Finance in the NHS since 1993 and is a qualified accountant with extensive management experience gained through over 30 years in the NHS. Tim is a graduate of Nottingham University having read Geography in the Human Sciences faculty.

John Sykes
Medical Director / Consultant Psychiatrist

John Sykes was born in Manchester in 1958 and qualified at Sheffield University Medical School in 1981.He became a Member of the Royal College of Psychiatrists in 1985 and a Fellow in 2008. Prior to his appointment as a Consultant in Old Age Psychiatry in 1989 he was a Lecturer in Psychiatry at Sheffield University. He currently chairs the Trust's Research Committee.He became medical Director of North Derbyshire Community Healthcare Services NHS Trust in 1999 and then was Joint Medical Director of Derbyshire Mental Health Services Trust from 2002 until becoming Executive Medical Director in June 2006. He was part of the successful team that achieved Foundation Trust status in 2011 and was previously a Fellow of the British Association of Medical Managers before the demise of that august body!

As a member of the unitary Board and chair of the Clinical Quality Governance Committee, John ensures that quality improvement is at the heart of the Trust's business. Safety is the paramount consideration and John chairs the weekly Serious Untoward Incident Group. He believes in an integrated medical workforce and doctors are now part of a single operational line of accountability The plans are now to establish a system of lead consultants which will pave the way towards service line management. He has successfully overseen the development of a medical workforce plan which has culminated in the appointment of several new consultants recently.

As Responsible Officer he oversees the appraisal of all the doctors the Trust employs and informs the GMC's decision regarding their revalidation. He sees this as an opportunity to further embed doctors in the process of quality improvement and thinks it is essential that they take a leadership role in this regard. He is working with other senior clinical leaders in primary and secondary care throughout Derbyshire to champion the agenda for an integrated clinical pathway with the aim of treating more patients at home whether they have medical, psychiatric or social needs or a combination of all three. He believes that this will ultimately be the way to address the overbearing financial challenges that face the health community in Derbyshire.

As Caldicott Guardian, John chairs the Information Governance Committee.

Ifti Majid
Executive Director of Operations, Performance and IM&T

Ifti qualified as an RMN in 1988 having trained as St Georges Hospital in London. He has held a range of clinical posts in Adult Mental Health Services, both in Acute Inpatient and Community settings. Ifti moved into Operation management posts in 1998 in Nottinghamshire and moved to Derbyshire premerger in 1999. Ifti undertook Post Graduate management study at Sheffield Hallam University with a particular interest in business process redesign.

In his current role Ifti is responsible for the operational delivery of frontline clinical services within the Trust and is the Lead Director for Information Technology, Information Management, Patient Records and Contracting. Ifti is also the Board level Senior Information Risk officer(SIRO) and as such is responsible for ensuring the Trust complies with all information governance requirements.

Paul Lumsdon
Executive Director of Nursing & Quality

Paul has worked for the NHS for over 30 years, gaining clinical and managerial experience in a broad range of mental health services, including child and adolescent services and adults of working age. In addition to this, Paul has worked within the primary care community setting and district general hospital environments, in areas such; as Cheshire, South Wales and Dorset.

With over 13 years' experience as a Board Director, he has matched operationally experience and responsibilities with that of quality and governance. Paul prides himself in putting patients and their families at the centre of all his work, emphasising a personalised individual approach to the systems of care we put in place.

Helen Marks
Director of Workforce & OD

Helen started in the Trust in March 2010 and has experience of HR at a senior level for the last 12 years in a variety of NHS settings, including Health Authority and PCT's. CIPD qualified with responsibility for Workforce which incorporates HR, Education and Learning.

Graham Gillham
Director of Corporate & Legal Affairs

Graham joined the NHS in 1973 and held a variety of managerial posts in Nottingham and Bassetlaw before coming to Derby in 1987. Having overseen the reprovision of services from Pastures Hospital he was involved in the establishment of Southern Derbyshire Mental Health as an NHS Trust in 1992/3, and his responsibilities have incorporated those of Trust Secretary since then. He is the principal source of corporate governance advice to the Board and has also acted in that capacity for a PCT. He has handled the technicalities of two Trust mergers and is responsible for ensuring compliance with all relevant legislation and the constitutional aspects of Foundation.

Mick Martin
Non-Executive Director

Mick was Customer Services Directorat Royal Mail for eight years leading a team of 3500 employees and transformed service experience, profile and costs. Accountable for service policy, strategy and delivery to a customer base of £7Bn that included every UK citizen and business. He significantly improved service provision, service based sales doubled to £300M and service channels moved to embrace digital. Mick held a number of other director level positions in Royal Mail and was a member of both the Commercial and Operational executive teams. He now holds a small number of Non-Executive Director positions and is a Partner at Data Advance, a specialist consulting services business which works with organisations such as Royal Mail Group, Ordnance Survey, Sky Group, Experian Plc, the Cabinet Office, Local Government and the World Bank.

Graham Foster
Non-Executive Director

Graham has been a Non-Executive Director at Derbyshire Healthcare NHS Foundation Trust and Chair of Audit Committee since February 2009, gaining extensive governance and board development exposure via a successful 18 month Foundation Trust application.

Graham is a Chartered Tax Adviser and South Derbyshire Magistrate. Having trained as an Inspector with the Inland Revenue in London, he worked in tax consultancy and audit for Price Waterhouse in Nottingham and Leicester before moving into industry in 1991. After working at Boots and Vision Express, he helped to form the tax and accounting functions of Capital One in Europe, before retiring after heading the US Corporation's worldwide tax affairs, advising in a wide range of mergers and acquisitions and on many complex public and private funding structures in the UK, Europe and the US.

Graham is the Chairman of the Audit Committee.

Anthony Smith
Non-Executive Director

Tony has been a Non-Executive Director at Derbyshire Healthcare NHS Foundation Trust since April 2010, focussing initially on developing a new People Strategy and contributing towards a successful Foundation Trust application.

Tony is a Fellow Member of the Chartered Institute of Personnel and Development and holds a Masters Degree in Law and Employment Relations. He is also a Panel member for the Judicial Appointments Commission. He has over 20 years experience in senior people management roles within the public sector and he was Head of Human Resources (HR) with Derbyshire Police from its inception as a new unitary authority in 1995, through to 2005. During that time, his responsibilities included strategic HR planning, developing and leading a new Occupational Health, Corporate Risk Management and Health and Safety function and the integration of HR. Prior to his retirement he was also employed for over 4 years as a member of the Chief Officer Team and Director of HR for Nottinghamshire Police and led on the development of a new People Strategy and integration of Learning and Development, Occupational Health and Personnel. Tony has also undertaken senior HR roles with Nottingham City NHS Trust and British Coal during periods of significant organisational and cultural change.

Main Board Responsibilities: Member of Audit, Quality Governance, Risk Management and Remuneration Committees.

Lesley Thompson
Non-Executive Director

Lesley is a Chartered Marketer, Managing Director of her own business and Visiting Fellow at Sheffield Hallam University. She is a qualified executive and corporate coach and facilitator and has worked with Chairs, CEOs, Directors and their teams in the private, public and voluntary sectors to achieve their goals and improve their performance.

Lesley has held Director positions for Mencap, ICRF now Cancer Research UK and Weston Park Hospital leading teams to reduce costs, build partnerships and increase revenue. She has also held a number of non executive positions including; ICan, Skillforce and for Childline where she played a key role in the decision, management and execution of the successful merger with the NSPCC in 2006.

Lesley's key skills are in developing strategy and supporting organisations and people through change to enable successful delivery.
Lesley was appointed as Non-Executive Director for DHCFT in November 2006. Lesley's Board commitments include being a member of Audit Committee and Champion for Leadership within the Trust.

Maura Teager
Non-Executive Director, Chair of the MHA Committee

Maura has worked in the NHS for 38 years up to her retirement in July 2009. She trained as a qualified nurse and midwife. Maura has extensive experience working in the areas of quality, patient safety, patient experience and safeguarding in both community and hospital settings. She currently works as an Independent Consultant undertaking project work across the health and social care networks.

How Do We Undertake Performance Evaluation of the Board?

With regard to the strategic objectives of the Trust, the Chairman undertakes periodic appraisal of each Non-Executive Director, whilst the performance review of individual members of the executive is carried out by the Chief Executive.

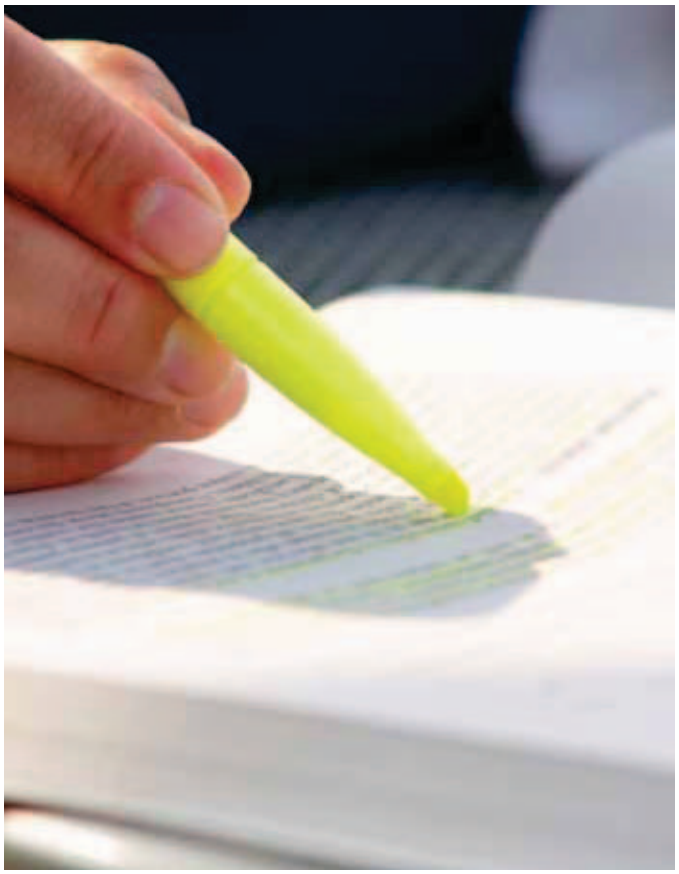
The Trust will be developing its appraisal systems, in conjunction with the Nominations Committee.

The Chairman has commenced a series of appraisal interviews with Governors to ensure that they are aware of their responsibilities and are supported in carrying out their role.

The Audit Committee undertakes an annual effectiveness and impact review, in accordance with the Audit Committee handbook. The Committee submits to the Board an annual report on its activities.

Declaration of Interests

It is a requirement that the Chairman, board members and board-level directors who have regularly attended the board during 2011/2012, and current members, should declare any conflict of interest that 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 can be seen below.

A register of interests is maintained in relation to all Governor Members on the Council of Governors. This is available for viewing on the Trust website or by application to the Director of Corporate and Legal Affairs.

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.

Interests are hereby disclosed as follows:

Name	Interest disclosed	Type
Alan Baines	Director – Sir Alex Ferguson Testimonial Year Ltd	(a)
	Non-Executive Director – Critical Pharmaceuticals Ltd	(a)
	Non-Executive Director – Treadcheck Ltd	(a)
	Chairman of CIPFA Business Ltd	(a)
	Non Executive Director – British Veterinary Association	(a)
	Trustee of Changing Faces Charity	(d)
	Chairman of Audit Committee, Changing Faces Charity (from Jan 2011)	(d)
Kathryn Blackshaw	Partner is CEO of NHS Derby City	(e)
Paul Lumsdon	Member – Mental Health and Learning Disability Nurse Directors and Leads Forum and Steering Group	(e)
	Visiting Fellow of University of Derby	(e)
Anthony Smith	Panel Member for the Judicial Appointments Commission (from 26th March 2012 to 31st March 2015)	
Mick Martin	Director of Sophist Ltd (private company)	(a)
	Director of SCSCC Ltd (private company)	(a)
	Data Advance Ltd	(a)
Maura Teager	Director – Limited Company "Maura Teager Consultancy Services Ltd".	(a)
	Derbys, Rutland and Leicestershire Air Ambulance (DRLAA) - volunteer capacity only.	(d)
	Non-Executive Director on the board of RIPPLEZ, Social Enterprise for the Family Partnership	(a)
Lesley Thompson	Director – Beyond Coaching and Consulting Ltd	(a)
	Director – Beyond Coaching and Consulting Ltd	(b)
	Director – Beyond Coaching and Consulting Ltd	(c)
	Associate Consultant – Penna PLC	(e)
	Associate Consultant – RSM Tenon Consulting	(e)
Tim Woods	Non-Executive Board member of NHS Elect.	(a)

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
(b) Ownership of 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.

Statement as to disclosure to Auditors

Each Director has stated as far as he/she is aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware; and I have taken all the steps that I ought to have taken as a director in order to make myself aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

Each Director has made such enquiries of fellow Directors and of the company's auditors for that purpose; and taken such other steps (if any) for that purpose, as are required by his/her duty as a Director of the company to exercise reasonable care, skill and diligence.

Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – Finance Director's Report

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Better Together – Finance Director's Report / Financial Review

As Finance director as far as I am aware, there is no relevant audit information of which the NHS foundation trust's auditor is unaware; and I have taken all the steps that I ought to have taken as a director in order to make myself aware of any relevant audit information and to establish that the NHS foundation trust's auditor is aware of that information.

I have made such enquiries of my fellow directors and of the company's auditors for that purpose; and taken such other steps (if any) for that purpose, as are required by my duty as a director of the company to exercise reasonable care, skill and diligence.

Analysis of Financial Key Performance indicators:
During the year ending 31 March 2012, the Trust generated income of £118.0 million from the provision of services, principally to the people of Derbyshire. Of that total, £109.5 million (93%) was NHS Healthcare clinical income.

In addition to clinical income, the Trust generated other operating income of £8.6m. This income related to research and development, education and training and non-healthcare provided services.

2011/12 was a successful first year as a Foundation Trust. After technical adjustments, we made a surplus of approximately £1.2m, which was above plan for the year. This was due to increased efficiency and activity across the Trust.

The enclosed annual accounts accompanying this annual report detail the financial performance for the Trust, some of the financial key performance indicators are shown in the table below:

Full Year	**£m**
Income	118.0
Expenditure	115.7
Operating Surplus / (Deficit)	2.4
Net finance costs	(2.9)
Reported Surplus / (Deficit)	**(0.5)**
Technical adjustments added back (impairments)	1.7
Underlying surplus after technical adjustments	**1.2**

Better Together – Value for money and improved efficiency

The Trust has reported an underlying surplus of £1.2 million after delivering a £4.6 million cost improvement programme. This was done after carefully assessing the impact on service delivery and as a result, the Trust is confident that there has not been a negative impact on quality; this would not have been achieved without the hard work and commitment of all the Trust's staff who contributed.

The Trust has taken many actions in the financial year to encourage the involvement of employees in the trust's performance. These have included the Board to ward visits as well as various leadership and engagement events where staff are encouraged to get involved and make suggestions for changes. The Trust feels strongly that the involvement of employees is crucial.

The Trust has also taken actions in the financial year to achieve a common awareness on the part of all employees of the financial and economic factors affecting the performance of the Trust. Primarily this aim has been delivered through briefings and the CIP/QIPP Road show programmes, in line with the Trust's overall approach of engaging staff.

Liquidity and capital plans

Cash was well managed throughout the year. The Trust's liquidity position has allowed it to fund its entire £3m planned capital programme for 2011/12 through internally generated resources, without recourse to external borrowing.
The key expenditure schemes in information management and technology were:

- New IT functionality to support new clinical services introduced during the year
- Development of the Trusts Information Dashboard to deliver people information and service line reporting
- Replacement of all PCs across the Trust which are over 5 years old and delivery of new equipment to support the introduction of Agile working
- Trial of the use of our main clinical system as a fully electronic patient record and the creation of a strategic project to deliver a new electronic patient record system
- Delivery of patient information screens into wards across the Trust plus further roll out of patient free Wi-Fi access and internet kiosks.

The key estate expenditure schemes were:

- The upgrade of the kitchens at the Radbourne Unit
- The refurbishment of Temple House
- Backlog maintenance to improve the patient environment and increase energy efficiency.

In addition we have also recently completed our first Photovoltaic (PV), electricity generation scheme, and are now generating our own electricity, albeit a small amount. The results so far are very encouraging.

A technical adjustment, as in previous years, has been the incorporation of an exceptional item into the accounts associated with the writing down of assets (called impairment). The impairment value for the year was £1.7m. As this is a non-cash transaction, it has no bearing on the Trust's financial viability. Monitor excludes such exceptional items from consideration of the Trust's performance.

Regulatory Ratings

Monitor was established in January 2004 to authorise and regulate NHS foundation trusts. They are independent of central government and directly accountable to Parliament. We are required to submit quarterly returns to Monitor. Monitor then reviews our returns and issues risk ratings for governance and finance.

Governance risk ratings range from "Red" where Monitor deems the Trust is likely to or actually has triggered a significant breach of their terms of authorisation to "Green" where there are no material governance concerns.

Financial risk ratings range from 1 to 5; where 1 is the highest risk and Monitor deems that there is high probability of significant breach of terms of authorisation in the short-term, and 5 is the lowest risk with no financial regulatory concerns. Monitor updates Foundation trusts' risk ratings each quarter.

They also update risk ratings in 'real time' to reflect, for example, a decision to find a trust in significant breach of its terms of authorisation or the Care Quality Commission's regulatory activities. Below is a table, in the model format suggested by the FT ARM, summarising the Regulatory Ratings achieved by Derbyshire Healthcare NHS Foundation Trust.

Note that Derbyshire Healthcare NHS Foundation Trust was authorised from 1 February 2011. The risk ratings for Q1 – 3 of 2010/11 are those from the assessment stage. Monitor issued the Trust with its formal post-authorisation risk rating notification for Quarter 4 of 2010/11.

	Annual Plan 2010/11	Q1 2010/11	Q2 2010/11	Q3 2010/11	Q4 2010/11
Financial Risk Rating	4	2	3	3	3
Governance Risk Rating	Green	Green	Green	Green	Green

	Annual Plan 2011/12	Q1 2011/12	Q2 2011/12	Q3 2011/12	Q4 2011/12
Financial Risk Rating	3	3	3	3	4
Governance Risk Rating	Green	Green	Green	Green	Green

For 2011/12 the actual risk rating performance for the first three quarters of 2011/12 met the planned risk ratings and in quarter 4 actually exceeded plan (due to better performance in the financial efficiency metrics).

There has been no formal intervention from Monitor.

Trading environment and financial risks

The main influence on the level of trading during the year has been maintaining delivery of activity levels and 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.

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

For 2012/13 the Board plans to achieve a surplus in the region of 1%. Due to reductions in the level of national funding available via commissioners and the requirement to fund pay and other cost pressures, this will require a cost improvement programme of £4.6m.

The Trust has concluded contract discussions with commissioners for the forthcoming financial year.

Principal Financial Risks for 2012/13 are:

- Insufficient planning for the next 5 years, risks losing business competitive advantage, decreasing recruitment and retention of staff, reducing quality of care to patients and a reduction in the reputation of the Trust as the provider of choice.

- Current and future income streams could be at risk if the Trust fails to comprehensively engage with partners and stakeholders leading to a loss of existing income and a failure to gain new.

The Trust has developed robust plans and strategies to manage these risks but the year ahead, along with the NHS in general, continues to be the most challenging it has faced in recent times.

Forward look

Looking forward; 2012/13 and beyond, will provide continued economic challenge for the Trust as well as the wider NHS. Provider organisations will continue to have to meet their cost pressures by saving money from within existing resources. In addition the reduction in the income uplift from commissioners will mean that significant cost improvements are required. The robust project assurance infrastructure that we have means that the Trust is well placed to plan and deliver the required efficiencies and transformational change.

2012/13 also sees the introduction of a new funding structure called Payment by Results in Mental Health which will run, in shadow format, for Mental Health providers for the first time. It is therefore a crucial year of development as Department of Health policies are further developed and the Trust works closely with Commissioners to understand the local ramifications of the new structure and emerging policy.

The Trust will continue to develop medium-term financial strategies and the Board is determined to maintain the quality of services and continue to look for new opportunities for service development.

Annual accounts production and accounting policies

Monitor has directed that the financial statements of NHS foundation trusts shall meet the accounting requirements of the NHS Foundation Trust Annual Reporting Manual (FT ARM) which shall be agreed with HM Treasury. Consequently the Trust's financial statements have been prepared in accordance with the 2011/12 NHS Foundation Trust Annual Reporting Manual issued by Monitor on February 20th 2012. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's Financial Reporting Manual. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

These accounts reflect the entirety of Derbyshire Healthcare NHS Foundation Trust's operating activities; no other entities should be included.

Note 1 of the annual accounts provides commentary on the accounting policies adopted by Derbyshire Healthcare NHS Foundation Trust.

The Trust did not make any significant changes to its accounting policies during the year and compiled accounts using IFRS standards. There is no significant difference between the value of land in the Statement of Financial Position and the market value of land.

During the year the Trust has complied with the cost allocation and charging requirements set out in the HM Treasury and Office of Public Sector Information guidance.

The accounting policies for pensions and other retirement benefits are set out in notes 1.7 and 10 to the accounts and the details of senior employees' remuneration can be found in the remuneration report.

The Trust's accounts have been prepared on the basis that the Trust is a 'going concern'. This means that the Trust's assets and liabilities reflect the on-going nature of the Trust's activities.

After making enquiries, the Board of Directors has a reasonable expectation that Derbyshire Healthcare NHS foundation 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.

Disclosures in the public interest

Countering Fraud

The Trust's counter fraud service is provided by an external organisation named East Midlands Internal Audit Service (EMIAS). By using the services of The Local Counter Fraud Specialist (LCFS) provision provided by EMIAS to Derbyshire Healthcare NHS Foundation Trust has agreed to take all necessary steps to counter fraud affecting NHS funded services and will maintain appropriate and adequate arrangements to detect and prevent fraud.

During 2011/12 the trust planned 105 days of counter fraud services work with EMIAS.

The work planned was within the following generic areas of countering fraud:

- Creating an anti-fraud culture – 20 planned days – used 20.5
- Deterrence – 3 planned days – used 3
- Prevention – 20 planned days – used 15.5
- Detection – 20 planned days – used 13
- Investigation – 26 planned days – used 31.5
- Sanctions and redress – 1 planned day – used 3
- Qualitative assessment of counter fraud arrangements – 0 planned days – used 18.5

Of the total of 105 planned days all days were used, as shown above.

External audit services

The Trust incurred £57k in audit services fees in relation to the statutory audit for the year to 31 March 2012.

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 for 95% of all invoices received by the Trust. The Trust has a policy of paying suppliers within 30 days of receipt of a valid invoice and has paid (by number) 96% of non-NHS invoices and 86 % of NHS invoices within this target.

The Trust did not pay any interest under the Late Payment of Commercial Debts (Interest) Act 1998

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 commit also to ensuring there is a proper process for dealing with any invoices that are in dispute.

Management costs

Management costs for the Trust have been calculated in accordance with the Department of Health's definitions and can be found in note 9.3 of the accounts.

Ill health retirements

The number of and average additional pension liabilities for individuals who retired early on ill-health grounds during the year can be found in note 9.1 to the accounts. This figure has been supplied by NHS Pensions.

Remuneration Report 2011/12

Salaries and Allowances (Subject to audit)

		2011/12			2010/11		
		Salary (based on bands of £5,000)	Other Remuneration (bands of £5,000)	** Benefits in kind (rounded to the nearest £00)	Salary (based on bands of £5,000)	Other Remuneration (bands of £5,000)	** Benefits in kind (rounded to the nearest £00)
Title	**Name**	**£000**	**£000**	**£00**	**£000**	**£000**	**£00**
Chief Executive	Mike Shewan	150-155		41	25-30		7
Executive Director of Finance	Tim Woods	110-115			15-20		
Executive Medical Director	John Sykes	100-105	85-90	41	15-20	10-15	7
Executive Director of Nursing and Quality	Paul Lumsdon	95-100		41	15-20		7
Executive Director of Business Strategy	Kathryn Blackshaw	95-100		41	15-20		7
Executive Director of Operations	Ifti Majid	100-105		41	15-20		7
Director of Workforce & OD	Helen Marks *	90-95		41	15-20		7
Director of Corporate and Legal Affairs	Graham Gillham	65-70		41	10-15		7
Chair	Alan Baines	45-50			0-5		
Non-Executive Director	Lesley Thompson	10-15			0-5		
Non-Executive Director	Graham Foster	15-20			0-5		
Non-Executive Director	Michael Martin	15-20			0-5		
Non-Executive Director	Anthony Smith	10-15			0-5		
Non-Executive Director	Maura Teager	10-15			0-5		
Band of Highest Paid Director's Total Remuneration (£000)			185-190			30-35	
Median Total Remuneration			26,556			4,414	
Ratio			7.1			7.4	

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the median remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in Derbyshire Healthcare NHS Foundation Trust in the financial year 2011-12 was £185,000-190,000 (2010-11, £30,000-35,000***).

This was 7.1 times (2010-11, 7.4) the median remuneration of the workforce, which was £26,556 (2010-11, £4,414***).

In 2011-12, 0 (2010-11, 0***) employees received remuneration in excess of the highest-paid director.

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind as well as severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

In accordance with Monitor's Annual Reporting Manual the calculation for this disclosure is based on full-time equivalent staff of the Trust at the reporting period end date on an annualized basis.

It is therefore derived from staff costs of Derbyshire Healthcare NHS Foundation Trust as at 31st March 2012. It is calculated using costs for employed staff in post at that date (with any part time salaries grossed up to full time equivalent) and also using appropriate values for staff engaged via agency or other invoicing.

The resulting combined list of salary figures was sorted into ascending order of value to identify the middle (median) value in the range.

Pound for pound there has been no material movement in the comparators. The director figure has tipped over into a different banding by a small amount which has driven the change in ratio.

(This disclosure is subject to audit)

* Name change for Helen Issitt to Helen Marks
** Benefits in kind relate to lease cars provided for Senior Managers
*** Representing two month comparator as a Foundation Trust

The Executive Director of Finance is released to serve as a non-executive director of NHS Elect, as listed in the declaration of interests. They retain their earnings whilst doing so.

NHS Pensions has used Government Actuary Department (GAD) actuarial factors of the 8th December 2011, and therefore the 31st March 2012 GAD factors differ to those used at 31 March 2011. As such the real increase in the CETV is inconsistent with requirements of the NHS Manual of Accounts.

Pension Benefits – 1st April 2011 to 31st March 2012

(subject to audit)

Title	Name	Real increase in pension at normal retirement age (bands of £2,500)	Real increase in pension lump sum at normal retirement age (bands of £2,500)	Total accrued pension at normal retirement age at 31 March 2012 (bands of £5,000)	Lump sum at normal retirement age related to accrued pension at 31 March 2012 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2012	Cash Equivalent Transfer Value at 31 March 2011	Real Increase in Cash Equivalent Transfer Value	Employer's Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£'000	£000	£000	£00
Chief Executive	Mike Shewan	0	0	75-80	225-230	1,533	1,438	95	0
Executive Director of Finance	Tim Woods	0-2.5	2.5-5	40-45	130-135	825	737	88	0
Executive Medical Director	John Sykes	2.5-5	12.5-15	65-70	205-210	1,356	1,180	176	0
Executive Director of Nursing and Quality	Paul Lumsdon	12.5-15	35-40	45-50	145-150	942	649	293	0
Executive Director of Business Strategy	Kathryn Blackshaw	0-2.5	2.5-5	30-35	90-95	449	361	88	0
Executive Director of Operations	Ifti Majid	2.5-5	12.5-15	30-35	100-105	549	412	137	0
Director of Workforce and OD	Helen Marks	2.5-5	7.5-10	5-10	25-30	158	98	60	0
Director of Corporate and Legal Affairs	Graham Gillham	2.5-5	2.5-5	30-35	95-100	0	718	N/A	0

Acting Chief Executive signature:  Date: 28th May 2012


Your

Derbyshire Healthcare NHS
NHS Foundation Trust

Better Together – Quality Report

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Statement by the Acting Chief Executive

I am delighted to be presenting this Quality Account the first in my new role as Acting Chief Executive for Derbyshire Healthcare NHS Foundation Trust.

Our Trust is proud of its record of continuous quality improvement and again this has been another 12 months of outstanding achievement for us, our first as a Foundation Trust. Derbyshire Healthcare NHS Foundation Trust was successfully established following our authorisation in February 2011. Integral to the achievement of this new status was quality being every body's business at all levels of the organisation. Key to this has been the commitment of our staff who continuously work to improve outcomes for our patients and those who care for them.

We have consulted with our patients, their carers, members of the public, our Governors and staff in putting together this quality report, their contributions have been invaluable, our thanks to everyone. Our Trust was pleased to attend the County Overview and Scrutiny Committee in March 2012 to present our plans for our quality report and to invite comments from both city and county committees.

In this first year as a Foundation Trust we have achieved the highest of ratings. Monitor as the regulator of all Foundation Trusts examines a combination of information on quality and performance and awards a risk rating each quarter based on how well a Trust has complied with these standards. Our Trust has achieved all 'Green' ratings since authorisation which is the best and highest position to be in as a newly authorised trust in its first year of operation.

Our Trust has achieved all the commissioning for quality and innovation agreements for the last three years (including agreements prior to becoming a Foundation Trust), resulting in securing monies as part of our contract, assigned for quality improvements.

The regulatory framework set out by the Care Quality Commission as part of all trusts registration with them, measures compliance with 16 essential standards of safety and quality. At the end of 2010/11 financial year, the Care Quality Commission undertook a planned visit to the Hartington unit, Chesterfield. The report concluded that the standards were all met and there were no major concerns about the standards of services provided at that location. The report was very positive and highlighted numerous examples of high quality of care. Access to recreational activities has been extended particularly at weekends and evenings as a result of improvement recommendations.

We have in 2011/12 involved our newly appointed Governors in shaping and developing the Quality Agenda. We have established a Governors' Working Group for Quality as a sub-group to the full Governors' Council. This small group of Governors have been involved in the formulation of this framework and their ideas and views have been invaluable to this process.

During 2011/12 the Quality Visit Programme has entered the third season with over 80 teams being visited as part of the programme. Governors have joined the Quality visits teams for the first time, and are a valuable addition to the quality team.

The Quality Agenda and timetable is reviewed annually by the Quality Governance Committee and the outcome in March 2012 was that the Trust is in a very stable and strong position as we enter the 2012/13 financial year. The challenge is to maintain the high standards we have worked so hard to achieve and to strive to exceed the regulatory and locally agreed quality standards.

Our Trust is proud of its committed and highly skilled workforce. The satisfaction of our staff is important to us and the Trust was pleased to see higher staff satisfaction in many areas in the results of our staff survey which took place at the end of 2011. Communications across the Trust are getting better and communication between senior management and staff improved in 2011/12. The other area of significant improvement was safety with the percentage of staff witnessing potentially harmful errors, near misses or incident decreasing. The survey provides important information about what our staff views are about working in the trust and helps us to understand how we can best support and develop staff to ensure they can provide the best care for our patients.

Keeping our focus on quality in 2012/13 requires full engagement with our staff, utilising the talents of our workforce. The key priorities for improvement have been agreed based on national directives and locally in consultation with our commissioners. The Commissioning for Quality and Innovation agreements were settled as part of our annual contract following a wide consultation exercise. Our Trust recognises the areas where more improvements were required.

Patients wanted access to someone from our services if they became unwell out of the normal working hours. The agreements include a pilot project to look at how a phone number can be made available for patients to call out of hours. The physical health of patients experiencing mental health problems is another area identified for further quality improvement. The Trust will be working closely with GP practices to ensure patients have a check up on their physical health annually. Our Trust is also involved in collecting the views of patients when they are discharged from hospital using the nationally agreed question, this asks whether people would recommend our inpatient services to family and friends should they become ill.

The Board of Directors recognises the need to navigate through the challenging economic climate whilst maintaining the quality of our services. Our solid financial position continues to provide a firm base. The focus on outcomes is maintained or improved and cannot be relaxed. This will be achieved through external learning, taking guidance from Darzi 'High Quality for all', NICE recommendations, learning the lessons from investigations into other organisations failures such as Mid-Staffordshire, and the national dementia strategy.

Thank you to everyone who has been involved in the consultation process, in particular our Governors whose input has been appreciated and to our patients and their carers whose views and comments continue to help us to improve the quality of the services we provide.

"I hope you enjoy reading this quality report in more detail what we achieved this year and about our plans for 2012/13."

Statement of accuracy
I confirm that to the best of my knowledge the information contained in this document is accurate.

Kathryn Blackshaw
Acting Chief Executive
April, 2012

Section 1: Quality Improvement Priorities 2012/13

Progress with achieving the priorities that were identified in the quality account in 2010/11 is provided in section three of this report.

"The priorities have been agreed by listening and engaging with the public, patients, staff, our Governors and Commissioners"

In 2010/11 we identified four priority areas for quality improvement. Feedback from our partners across the Health community indicated that that they would like to see some locally specific indicators included in these priorities. As a result of this feedback we have agreed ten priorities for 2012/13.

PRIORITY ONE: This reflects all three strands of quality, patient experience, patient safety and effectiveness

Our Quality Visit Programme

"We are proud and committed to our approach to Board to Ward demonstrated through our Quality Visit Programme"

> "Opportunity for team membeers to ask questions directly to Board members"
> "Nice for teams to receive positive feedback on their achievements"
> "The quality team recognises and rewards good practice and support action to improve service delivery, where necessary."
>
> *Review July 2011*

Why have we chosen this as a priority?

We have chosen this priority as it reflects all three strands of quality demonstrating the commitment of Derbyshire Healthcare NHS Foundation Trust to place quality at the heart of all the services. We are very proud of our Quality visit programme which commenced in April 2010. From this time planned quality visits have taken place to every clinical ward and department in our Trust. The visits have concentrated on:

- What each team is doing well
- Where the team is underperforming and where improvements in the quality of services provided are required
- What the priorities are for improvement
- How the clinical team are involving patients, carers and staff in shaping the quality of services it provides
- What support each team may require to achieve its quality improvement aims
- On many quality visits there is input from patients and carers sharing their experiences of our services and giving an invaluable insight into the quality of care they have received directly to members of the Trust Board.

The Quality Team is made up of two to four representatives from the Board of Directors, Executive and Non-Executive members, Governors (season two onwards), Commissioners of mental health services, clinicians and lead professionals.

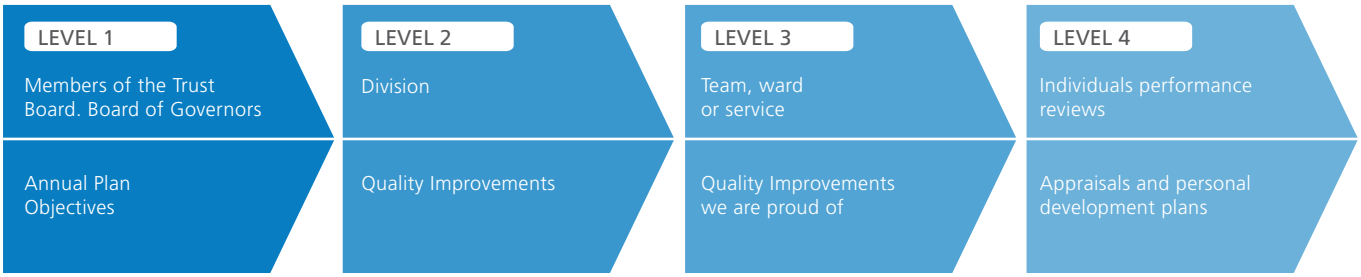
In July 2011 we reviewed how we undertook the visits with a selection of staff from across our Trust. The result was overwhelming support for the visits to continue. The positive feedback from this review is why we have chosen this as a priority for 2012/13. Secondly this priority has been our choice to include demonstrating our continuous Board to Ward commitment, joining up the four levels of the organisation within one programme of work.

Governor involvement

In 2012 the Governor working group for Quality have taken on the role of joining the quality visit team. This small, enthusiastic and committed group of Governors have embraced this opportunity and their contribution is proving to be invaluable. The Governors offer an external 'eye and ear' and an objective view point that comes with that.

"I enjoyed the experience immensely and was so proud to hear of the work that goes on and how much the people that work there, are passionate about what they do. The main thing that hit me over the visit was the amount of time the word TEAM was mentioned, to me this is how it should be and I hope all my visits are as exhilarating as this one" (Governor – Quality Working Group)

Board to Ward Commitment
Levels of monitoring and measuring quality



Specialist Children's Services

This is the first year that the Quality Visits have included Specialist Children's Services since they joined the Trust. The visits have been positive for the teams involved and very informative for the members who have made up the visiting teams.

Our Baseline and Goal for 2012/13

This is an ambitious programme for the quality team with the baseline during the first year of visiting the main clinical areas, approximately 65 teams. Our goal for the 2011/12 programme of visits is to include all new services such as the children's teams resulting in over 90 locations to visit in an eight month period. In 2012/13 the outcomes from the Quality Visit Programme will be measured against eight criteria which have been agreed by the Board of Directors. They are as follows:

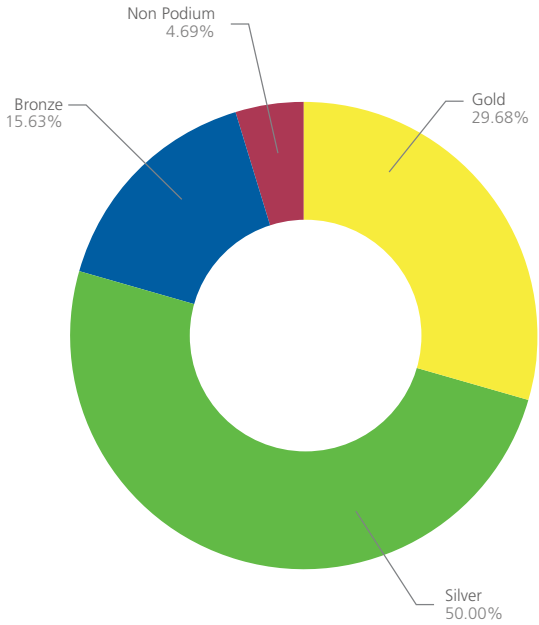
> "Children's Specialist Services have been delighted to welcome the quality visit teams. We have enjoyed the opportunity to showcase examples of our work with children with additional needs, and have found the visitors genuinely interested in our achievements, and how we have found the integration into Derbyshire healthcare in the last year. A very positive experience".

Monitoring and Reporting

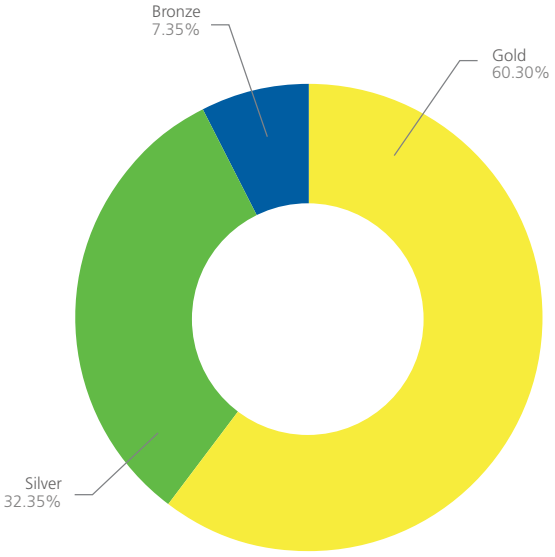
Reports are provided to the Quality Governance Committee and the Board of Directors. The Governors Working Group for Quality discusses the visits at each quarterly meeting, and the Board of Governors receives a report from this

Expected benefits of the quality visit programme	
1.	Improved outcomes for patients
2.	Increased staff morale and staff satisfaction
3.	Increase in use of innovation
4.	Increased sharing of best practice and learning
5.	Increased patient and carer engagement
6.	Increased visibility of senior management
7.	Increased Board awareness of service delivery to inform decision making
8.	Increased embedding of Quality as the Trust's organising principle

Overall Percentage Breakdown for Season 1:64 visits



Overall Percentage Breakdown for Season 2:68 visits



group each quarter. Board of Directors members are part of each visit. There is immediate feedback verbally to each team at the end of the visit and the team receive a summarised written report which goes onto the Trust intranet.

Responsible officer: The Executive Director of Nursing and Quality is the Board of Directors Lead for the Quality Visit Programme.

PATIENT EXPERIENCE PRIORITY TWO: Collecting and listening to the views of our patients

"Listening and Learning from what our patients tell us"

Why have we chosen this as a priority?

We have chosen this as a priority to ensure we fully utilise the potential for surveying patient views. Over the coming year we will look to support teams to find out what people think of our services and also make improvements based on these views. We will be using all of the systems available to us to feed back what was said and what we have done. Learning from what our patients tell us is central to improving the quality of our services; this is why we have chosen this as a priority for 2012/13.

Our Baseline and Goal for 2012/13

In 2012/13 we will introduce the 'Golden Question'. This work is based on the national work called the Patient Revolution: This asks whether people would recommend our inpatient services to family and friends should they become ill. We will introduce it on all adult inpatient wards. We also plan to look at new methods of gathering patient feedback in order to capture patient opinion in areas where there are a high number of Out Patient Clinics. Work is also on going to develop new ways of gathering real time feedback from inpatients with dementia & their carers by ways of focused discussion groups or forums.

In addition to gathering the views of patients, carers, staff and stakeholders we will be looking to learn how we can change services to better serve our customers and feedback what improvements we have made

Monitoring and Reporting

The results of the Golden Question will be reported to the Board of Directors monthly and to our commissioners as part of our local agreements with them.

10 service areas that have been identified as having a high footfall of patients & carers will be provided with an iPad kiosk to enable patients & carers using the facility to provide Real Time feedback in waiting areas & Out Patient Clinic Receptions.

PRIORITY THREE: Releasing Time to Care

"Patients have told us in discussions that they wish to have more protected time with nurses - we continue to roll out Releasing Time to Care which by developing more efficient ways of working realises time for nurses to spend in direct patient care"

Why have we chosen this as a priority?

Derbyshire Healthcare NHS Foundation Trust is the first organisation to deliver the productive series across a care pathway. This programme helps to free up the multi-disciplinary team so they can release time to care through increased interactions, therapeutic interventions and direct patient centred care. The programme has been developed by the Institute of Innovation and helps clinical staff understand, and be able to apply improvements techniques to their own work in teams. We have chosen this as a priority based on our listening to what our patients have told us how it has made a difference to them and from listening to staff and what they told us. Again this priority has overwhelming support for continually improving outcomes.

Our Baseline and Goal for 2012/13

The Releasing Time to Care programme has resulted in improved outcomes for patients such as the direct care provided to patients has increased, improvements in the working environment (reducing time, waste/ storage, systems and increase in patient engagement time with staff. The goals for 2012/13 are to continue to implement releasing time to care across both clinical and non-clinical teams releasing more time to spend in direct patient care. Cohort 3/5/6 older people's services will be working on admission and discharge and Patient wellbeing and Cohort 7 compliments/ complaints team having completed foundation modules will implement the outcomes from these modules. The Records and Mental Health Act teams will commence in April 2012.

Monitoring and Reporting

Reports are provided to the Quality Governance Committee and the Board of Directors.

Responsible officer: The Executive Director of Nursing and Quality is the Board of Directors Lead for the Releasing Time to Care Programme.

PRIORITY FOUR: Ensuring the quality of care plans for children in our care

"Improving outcomes for Children"

Why have we chosen this as a priority?

We were very pleased to become the provider of Children's Services from April 2011. Health visiting is an important part of this new provision for us. Having a Care plan in place for each individual child in our care is an important part of our involvement with families and their children. The information in care plans should be up to date, relevant to the needs of that child and should set out the plan in place for on-going care. We have chosen this as a priority to ensure our care plans are of good quality to support the high standards of care we provide.

Our Baseline and Goal for 2012/13

In 2011/12 we undertook an audit of care plans. This looked at whether all children did have a care plan. The results of this were encouraging with some room for improvement; the audit resulted in 90% of children had a care plan in place. To build on this our Trust agreed with commissioners that we would measure the quality of those plans, auditing the information contained in them against a set of core standards. Our goal is that an audit of the plans will be completed in Q1 and based on this information targets for improvement in quality agreed with commissioners through the quality assurance group. In quarter three a re-audit will take place to provide a check that the improvements agreed have been made.

Service user comments:

- "Given me confidence and self-esteem… highly recommend all staff"
- "Beig listened to and understood. Felt things were put into place quite quickly without waiting."

Staff comments:

- "Having been initially reticent to start the programme the team are proud of the developments and the results which we have achieved and how this has improved patient care."
- "We think about streamlining what we do all the time now, it's a habit."
- "It's shown us we can work so well as a team. Now we are driven by where we want to be."

Monitoring and Reporting

Reports are provided to the Quality Governance Committee, the Board of Directors, and to commissioners through the Quality Assurance Group.

Responsible officer: The Executive Director of Nursing and Quality is the Board lead for the Quality of care plans in Health Visiting Services.

PATIENT SAFETY PRIORITY FIVE: Continuing to improve our environment

"Meeting our Targets - Raising our Standards"

Why have we chosen this as a priority?

We know just how important the environment and services are to our patients and we continue to make improvements to the environment that make the premises and sites we use a pleasant and welcoming place, where patients feel at ease, safe and secure, and aid their rate of recovery. We have chosen this as a priority as we know the positive effect that a clean environment has on Staff and Patients and the confidence it gives visitors and commissioners underlines the importance of maintaining high standards of cleanliness.

The Trust's Cleaning Standard Scores have again never fallen below the nationally set standard for "Excellent", and this provides the assurance that our patients are in clean buildings, with the added knowledge that this is a significant factor in the reduction of cross infection. The PEAT (Patient Environmental Action Team) scores and results were truly exceptional, and reflect the high level of importance and commitment the Trust, and particularly the Facilities and Estates department, has to ensuring the high quality in these patient areas.

There have been no confirmed cases to date of Trust-acquired MRSA Bacteraemia against a target set of a maximum of five cases per year. There has been three confirmed case of trust-acquired *Clostridium Difficile* to date against a target of a maximum of 10 cases per year. The continued work to embed policies and procedures produces strong clinical response to infections as they arise.

Our Baseline and Goal for 2012/13

The overall scores for food and the environment show upwards trajectories from 2004-2011. The concentration on these areas enhance the patient experience and reflect

the continued commitment within the Trust to provide environments for patients where cleanliness, food and infection control are monitored and maintained at high levels. Our goal for 2012/13 is to maintain and strive to exceed these standards set.

Monitoring and Reporting
Reports are provided to the Quality Governance Committee and the Board of Directors.

Responsible officer: The Executive Director of Nursing and Quality is the Board of Directors Lead.

PRIORITY SIX: The Safety Thermometer

"Our focus on safety continues as the number one commitment of our Board of Directors"

Why have we chosen this as a priority?
The Safety Thermometer provides a quick and simple method for surveying patient harms (four harms which includes the number of falls, pressure ulcers, urinary tract infections and other criteria) and analysing results so that we can measure and monitor local improvement over time. This initiative relates to older peoples in-patient wards. This tool is new, being used across the East Midlands so we will be able to measure our results against those of other mental health trust. As one of the key ambitions for 2012/13 of our Strategic Health Authority the Trust will participate in regionally forums to learn from other trusts how we can make further quality improvements in these areas to reduce the incidents of these four harms to patients.

Our Baseline and Goal for 2012/13
This is a new priority, however we have been able to introduce this work from January to provide a baseline of how we collect, submit the data and work with individual wards to introduce changes in practice. Our goal in 2012/13 is to collect the data, evidence changes in practice, and demonstrate how we are learning from this work.

Monitoring and Reporting
Reports are provided to the Quality Governance Committee, the Board of Directors, and to commissioners through the Quality Assurance Group.

Responsible officer: The Executive Director of Nursing and Quality is the Board of Directors Lead.

PRIORITY SEVEN: Feeling safe on our wards

"Learning from the views of patients about what makes them feel safe"

Why have we chosen this as a priority?
The Trust utilises an online survey system called Values Exchange which is facilitating a range of patient feedback surveys. Surveys can be input by the staff and the public directly onto the internet or information gathered on hard copy and inputted from paper copies.

A spot survey of five service users in each inpatient ward was commissioned by the Executive Director of Nursing and Quality in February 2012 to gauge how safe people felt on the Radbourne and Hartington Units wards. Two questions were asked; firstly how safe people felt on a scale of 1-10 where 1 was very unsafe and 10 was extremely safe. The second part of the survey asked for comments on what would have made people feel safer.

Our Baseline and Goal for 2012/13
The results of this survey provide the baseline with nearly half of all respondents said that they felt extremely safe, 94% of respondents rated their safety as five or above on the scale. Further to this narrative answers have given a valuable insight into how the feeling of safety could be improved to benefit all patients in both units. The goal will be in 2012 to repeat this survey and evidence changes in practice as a result of this feedback.

Monitoring and Reporting
Reports are provided to the Quality Governance Committee and the Board of Directors.

Responsible officer: The Executive Director of Nursing and Quality is the Board of Directors Lead.

EFFECTIVENESS PRIORITY EIGHT: Training for all staff groups

"Ensuring Staff have the rights skills and knowledge"

Why have we chosen this as a priority?
We have chosen this as a priority to deliver the highest quality of services we need to ensure our staff have appropriate training and specialist skills. Our overall compliance has improved in 2011/12 with the use of the staff passports where staff and managers can look at a glance which training they need to update in order to be compliant. The staff survey of 2011 we are performing well in some areas but need to improve in others:

- Our Equality and Diversity training figures are 19% above the national average. (Trust 72% compared to an average of 53%)
- Our Health and Safety training figures are 8% above the national average (Trust 91% compared to an average of 83%)
- There was a 4% increase in the staff receiving job relevant training, learning and development in the previous 12 months but this was still 2% below the national average (Trust 78% compared to an average of 80%).

Our Baseline and Goal for 2012/13
The staff survey results provide the baseline for this priority with the goal being for us to improve on these results together with improvements in overall compliance by the end of 2012/13.

Monitoring and Reporting
Reports are provided to the Workforce Development Group and the Board of Directors.

Responsible officer: The Director of Workforce and Organisational Development is the Board of Directors Lead for the Training programme.

PRIORITY NINE: The Equalities Delivery system (EDS)

"Equalities Charter for Derbyshire Health Services, we have made a public pledge to demonstrate our commitment to fairness, respect and tackling inequalities"

Why have we chosen this as a priority?
We have chosen this as the EDS supports NHS staff and organisations to work closely with the communities they serve to deliver services that are personal, fair and diverse; to champion continuous improvement in the quality of patient services; promote good practice; and support the NHS to implement the Equality Act 2010.

The EDS is a tool to help organisations deliver better outcomes for patients and communities and better working environments for staff, which are personal, fair and diverse. Central to the EDS are its four goals and 18 outcomes grouped. It is against these outcomes that performance is analysed, graded and action determined.

Our Baseline and Goal for 2012/13
The Trust has embraced the EDS through the active involvement of staff, public and community organisations in setting objectives and monitoring of performance for equality. The Trust's approach is to spread ownership of the EDS throughout the organisation from the start and thus embedding equalities into the cultures and behaviours of our organisation. Specific goals and outcomes have been assigned to the appropriate Director in line with their portfolios and to different parts of the organisation. We have undertaken a self-assessment and measured our performance by assembling available evidence and good practice to support our rating for each goal. We have taken an innovative approach by working with our partners to set up an independent voluntary/ community sector moderation group called the Derbyshire Community Health Equality Panel to work with us to review our performance and equality objectives. Annual action plans have been developed to address the gaps and will be

monitored through our corporate equalities committee (4E's Equalities, Experience, Engagement and Enablement) which includes representation from protected groups. This work provides our baseline for this priority. Our goal is to achieve the seven high level equalities objectives when they are agreed by the end of 2012/13.

Monitoring and Reporting
Reports are provided to the Quality Governance Committee and the Board of Directors. Reports are also provided to the Midlands and East SHA and information shared with Health and Wellbeing Boards and equality leads.

Responsible officer: The Executive Director of Nursing and Quality is the Board of Directors Lead.

PRIORITY TEN: Physical Healthcare of our Patients

"Supporting the physical health needs of people with severe mental illness"

Why have we chosen this as a priority?
This aims to improve the physical health of people with mental illness. It is to ensure that people who are entitled get a good quality physical health check and support to make healthier lifestyle choices. There is a focus on the interaction between the Trust and GP's to improve the health outcomes for patients.

Our Baseline and Goal for 2012/13
There will be an audit undertaken in Q1 of 2012-2013 which will provide the baseline for this priority. An action plan will be formulated based on these results and a re-audit undertaken to provide evidence that improvements have been achieved.

Monitoring and Reporting
Reports are provided to the Quality Governance Committee, the Board of Directors and to commissioners through the Quality Assurance Group.

Responsible officer: The Executive Director of Nursing and Quality is the Board of Directors Lead for Physical Healthcare.

Improved physical health & well being for people with SMI

Section 2: Statements Relating to Quality of NHS Services Provided

Review of service – During 2011/12 Derbyshire Healthcare NHS Foundation Trust provided three NHS services from four locations as registered with the Care Quality Commission. These are mental health, learning disabilities and substance misuse.

- ✓ Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to us on the quality of care in 100% of our NHS services.
- ✓ The income generated by the NHS services reviewed in 2011/12 represents 93% of the total income generated from the provision of NHS services by Derbyshire Healthcare NHS Foundation Trust for 2011/12.

Nationally – 8 Clinical Audits & 1 Confidential Enquiry relevant to our services

Participation in clinical audits

During 2011/12, eight national clinical audits and one national confidential enquiry covered NHS services that Derbyshire Healthcare NHS Foundation Trust provides.

Nationally – 6 (75%) Clinical Audits & 100% Confidential Enquiries undertaken

During that period, Derbyshire Healthcare NHS Foundation Trust participated in six (75%) national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust was eligible to participate in during 2011-12 are as follows:

National Clinical Audits

1. POMH-UK: Topic 1f Prescribing high dose and combination antipsychotics on adult acute and psychiatric intensive care wards (PICUs)
2. POMH-UK: Topic 3f Prescribing high dose and combined antipsychotics on forensic wards
3. POMH-UK: Topic 6c Assessment of side-effects of depot antipsychotics
4. POMH-UK: Topic 7c Monitoring of patients prescribed lithium
5. POMH-UK: Topic 9b Antipsychotic prescribing in people with learning disabilities
6. POMH-UK: Topic 10b Use of antipsychotics in Child and Adolescent Mental Health Services (CAMHS)
7. POMH-UK: Topic 11a Prescribing of antipsychotics for people with dementia
8. National Audit of Schizophrenia (NAS)

National Confidential Enquiries:

1. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in during 2011-12 are as follows:

National Clinical Audits

1. POMH-UK: Topic 6c Assessment of side-effects of depot antipsychotics
2. POMH-UK: Topic 7c Monitoring of patients prescribed lithium
3. POMH-UK: Topic 9b Antipsychotic prescribing in people with learning disabilities
4. POMH-UK: Topic 10b Use of antipsychotics in Child and Adolescent Mental Health Services (CAMHS)
5. POMH-UK: Topic 11a Prescribing of antipsychotics for people with dementia
6. National Audit of Schizophrenia (NAS)

	Title	Cases required	Cases submitted	%
1.	POMH-UK: Topic 6c Assessment of side-effects of depot antipsychotics (re-audit)	6	6	100%
2.	POMH-UK: Topic 7c Monitoring of patients prescribed lithium supplementary audit (re-audit)	9	9	100%
3.	POMH-UK: Topic 9b Use of antipsychotic medicine in people with a learning disability (re-audit).	145	145	100%
4.	POMH-UK: Topic 10b Use of antipsychotics in Child and Adolescent Mental Health Services (CAMHS) (re-audit)	67	67	100%
5.	POMH-UK: Topic 11a Prescribing of antipsychotics for people with dementia	134	134	100%
6.	National Audit of Schizophrenia (NAS) Casenotes Audit	100	85	85%
7.	6a. National Audit of Schizophrenia (NAS) Service User Questionnaire	16	16	100%
8.	6b National Audit of Schizophrenia (NAS) Carers Questionnaire	6	6	100%

National Confidential Enquiries

1. National Confidential Inquiry into Suicide and Homicide by People with Mental Illness.

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2011-12, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry.

Review of 3 national reports resulted in the following improvements

✓ The reports of three national clinical audits were reviewed by the provider in 2011/12 and Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided including the following:

- *POMH-UK: Topic 9b Anti-psychotic prescribing in people with learning disabilities*

As a result of this audit and the actions taken, our service users now receive a more seamless service between primary and secondary care services. Responsibilities of Psychiatrists and General Practitioners (GPs) for undertaking blood monitoring and physical examinations have been re-confirmed; and processes implemented are resulting in timely communications between primary and secondary services with sharing of pertinent information about investigations and current medications from GPs prior to service users attending for out-patient appointments with psychiatrists.

- *POMH-UK: Topic 10b Use of anti-psychotics in Child and Adolescent Mental Health Services (CAMHS)*

The actions being taken following this audit will ensure that parents are appropriately informed about their child's treatment and will receive relevant information on antipsychotic medications. Staff will be expected to ensure that information has been provided to the parent by documenting this in the clinical record.

- *POMH-UK Topic 11 audit: Prescribing antipsychotics for people with dementia*

The implementation of a pro-forma to record the process of initiation and review of antipsychotics prescribed for people with dementia has been welcomed by clinicians who are committed to demonstrating that we meet the expected standards in the this area. In addition we intend to capture data in a larger sample size in the September 2012 re-audit and to stratify our sample by residence so that it approximates to the national profile and a more meaningful comparison of prescribing prevalence can be made against the national data.

Review of 22 local audits resulted in the following improvements

✓ The reports of 22 local clinical audits were reviewed by the provider in 2011/12 and Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided including the following:

• *Physical Health audit*
As a result of this audit our service users receiving treatment and care for mental health problems can expect their physical health care needs to be considered and therefore to improvements in their mental and physical health. Actions taken include awareness raising and ensuring that physical healthcare training is available to medical staff as well as implementing practical processes to facilitate physical healthcare examinations to be undertaken routinely in the mental health service setting through access to specific folders containing all relevant documentation for physical healthcare assessments and investigations. These changes have resulted in improvements in practice with more physical examinations being undertaken by staff and hence improving the provision and outcome of physical care for our service users.

• *Seclusion audit*
This audit ensures that the use of seclusion is monitored in the Trust for continued compliance with required standards of practice, safeguarding service users and staff through review of appropriate use and quality of care provided. Service users can expect to be kept informed of how the process of seclusion is implemented through the leaflet that has been produced as one of the improvement actions from this audit. Updates to the seclusion care pathway documentation ensures staff are clear and up to date about how seclusion should be implemented, recorded and reviewed in routine practice and the adoption of a standard format for staff debriefing following seclusion instils continuous scrutiny and learning.

• *CAMHS (Child and Adolescent Mental Health Services) DNA – 'Did Not Attend' audit*
To improve engagement with young people and their families' action has been taken following this audit to introduce evening clinics in CAMHS for service users who might find it difficult to attend during the day. This provides our service users the choice to attend clinic appointments in the evening. This responsive approach to the delivery of CAMHS services ensures that access to services fit in with our service users' busy lives and improves attendance at clinics enabling timely initiation and continuity to their treatment and care.

• *Transfer Protocol between CAMHS & Adult Services audit*
This audit has enabled the examination of the transition arrangements between CAMHS and Adult Services to improve the design of services around the needs of adolescents and young adults at this time of change as they move to adult oriented services. As a result of actions taken changes have been made to improve supporting electronic information systems and the use of these to ensure forward planning and integration between both CAMHS and Adult Mental Health services so that young adults and families are not lost during the transition and can expect to experience service continuity. Mechanisms are in place which ensures up to date core care standards are being met as part of the revised transfer policy and facility of transfer across age groups.

• *Model CPA Medicines Review System for Community Based Users*
This audit has resulted in actions that mean safer care for community based service users in the management of their medication. Care co-ordinators will ensure that medicines are regularly reconciled on the Trust clinical information system so that up to date information is available to support care where paper records may not be immediately available during urgent and emergency situations. Service users and their General Practitioners (GPs) will receive more informative patient letters which have been amended to include specific sections for medicines. Improvements in information sharing and engagement with Service Users (through Service user and carer groups) will lead to service users and carers being more involved in their care by being encouraged to bring their copies of prescriptions and medication information to appointments. The service user's GPs are also engaged in this process as a result of the adoption of new 'review reminder' letters to GPs.

• *Medicines Audit – safer use of insulin*
A new 'insulin passport' has been produced and is due to be issued to all relevant adult patients on insulin therapy by August 2012. This is in response to the Patient Safety Alert issued by the National Patient Safety Agency (NPSA) and is aimed at empowering patients with diabetes to take a more active role in their treatment to avoid being given the wrong insulin. Essential information will

be available across healthcare sectors which will act as a safety check for the correct prescribing, dispensing and administration of insulin. Staff are being supported to improve their practice and learn how to use the insulin passport in our service setting. Revised guidelines have been developed in collaboration with a Diabetes Specialist Nurse from Derby City PCT and the national e-learning training tool for those involved in managing patients on insulin therapy has also been introduced. As a result of best practice being implemented by our staff there is improved care planning and assurance for our service users about safer use of insulin while they are under our care.

- *Audit of availability of test results in Learning Disability Services*

Service users who access our Learning Disability Services can now experience a more seamless service when being seen at these settings. As a result of this audit Learning Disability staff can now access computerised results of investigations ensuring that all relevant information is readily available to them and enabling staff to provide improved treatment and care services to their patients without delay or disruption due to unavailability of test results.

- *Audit of Copying Letters to Service Users in Crisis Teams*

Our service users, and where appropriate parents or legal guardians, can choose to receive copies of letters written about them by our health professionals to another health professional where this is appropriate. This best practice standard was audited in our Crisis Resolution Services. Following the audit and activities to raise awareness about this there is now an improvement in the number of service users receiving and requesting copies of letters. This means that patients are better informed and involved in their care leading to better shared understanding of their health and the care they are receiving.

- *Nutrition Audit*

Nutrition risk screening of patients on admission to NHS hospitals is recommended by the National Institute for Health and Clinical Excellence (NICE). This audit was conducted in 24 hour care settings in the Trust to review compliance to three standards - that all hospital inpatients are screened on admission, screening be repeated weekly for inpatients and that nutrition support is offered to patients at risk of malnutrition. The audit results showed some variations in practice. As a result of this baseline audit actions are underway to plan and deliver training to enable inpatient staff to implement the routine use of a validated nutrition risk screening tool in all 24 hour care settings. A review has already been completed to ensure that equipment is available that complies with current guidance so that accurate records can be made to measure the height and weight of inpatients and equipment is available to accommodate the needs of inpatients whose weight is above 95kg. This audit ensures evidence based improvements are being made to ensure patients admitted to our in-patient services receive appropriate screening and support while they are under our care. Further work is being considered to assess application in other service settings and improvements to address management of obesity and metabolic syndrome.

- *School Nursing Activity Audit – Children's Services*

This audit reviewed the different activities undertaken by school nurses providing an overview of both how time was being spent and the number of contacts being made by nurses. As a result of this audit improvements are being planned to increase the amount of time available for nurses to spend on face to face contact and health promotion activities whilst managing requirements for safeguarding. The actions will also reduce variations in practice so all children and families receiving our services can expect to receive improved face to face contact time with nurses.

Other local Clinical Audit reports reviewed in 2011-12 which have either resulted in improvement actions being taken or planned to be taken to ensure that our service users benefit from continuous quality improvement of care and services provided include:

- *Nicotine Replacement Therapy (NRT) audit*
- *Vulnerable Adults policy audit*
- *Observation (re-)audit*
- *Multi-disciplinary meetings (MDMs) audit*
- *Management of Acutely Disturbed Patients (Rapid Tranquillisation) audit*
- *NICE Guidelines – Bipolar Disorders*
- *Care Planning: NICE (arising from independent inquiry)*
- *Care Coordinators Allocation audit (cultural needs)*
- *Audit of Section 5(2) of Mental Health Act – Doctors' Holding Powers*
- *Antibiotic Audit*
- *Significant Events Sheet Audit – Children's Services*
- *Care Programme Approach, Records and Risk Audit*

Patient & Public Involvement continues to be supported actively

Participation in Clinical Research

- Involvement of Patients and the Public in research has continued to be a priority in 2011-12. A new collaborative research study is being explored, 'Investigating the effects of being brought up by someone with mental health issues' which was generated from the 'ideas' board used to obtain feedback from service users.

241 patients from the Trust participated in the Viewpoint survey which is part of an anti=stigma campaign

- The 'Viewpoint' survey is funded by Shift, the Department of Health's anti-stigma campaign, to find out how much discrimination and stigmatisation is experienced by mental health service users across England. The survey has run since 2008 and this year Derbyshire Healthcare NHS Foundation Trust took part. Service users were invited to participate in a telephone interview examining their experience of stigma and discrimination.

2374 patients were recruited to participate in research

- The number of patients receiving NHS services provided by the Derbyshire Healthcare NHS Foundation Trust in 2011/12, who were recruited during that period to participate in research approved by a research ethics committee was 2,374.

84 research studies undertaken (19% more than last year)

- Derbyshire Healthcare NHS Foundation Trust was involved in conducting 84 research studies (an increase of 19% from 2010/11). Participation in clinical research demonstrates Derbyshire Healthcare NHS Foundation Trust commitment to improving the quality of care we offer and to making our contribution to wider health improvement. Our clinical staff stays abreast of the latest possible treatment possibilities and active participation in research leads to successful patient outcomes.

Goals agreed with commissioners

A proportion of Derbyshire Healthcare NHS Foundation Trust NHS Trust's income in 2011/12 was conditional on achieving quality improvement and innovation goals agreed between Derbyshire Healthcare NHS Foundation Trust and Derbyshire County Primary Care Trust, through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Further details of the agreed goals for 2011/12 and for the following 12 month period are available electronically at: http://www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275

Derbyshire Healthcare NHS Foundation Trust has a monetary total for the amount of **£1.524m**. income in 2011/12 conditional upon achieving quality improvement and innovation goals, and a monetary total of **£1.429m** for the associated payment in 2010/11.

Statements from the Care Quality Commission

Derbyshire Healthcare NHS Foundation Trust required to register with the Care Quality Commission (CQC) and its current registration status is "registered without conditions".

- The Care Quality Commission has not taken enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2011/12. Derbyshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

Regulatory Statement on the Quality of Data

NHS Number and General Medical Practice Code Validity

Derbyshire Healthcare NHS Foundation Trust submitted records during 2011/12 to the Secondary Uses service for inclusion in the Hospital Episode Statistics, which are included in the latest published data.

The percentage of records in the published data which included the patient's valid NHS number was:
99.7% for admitted patient care
100% for outpatient care

The percentage of records in the published data which included the patients' valid General Medical Practice was:
100% for admitted patient care
100% for outpatient care

Information Governance Toolkit Attainment Levels

Derbyshire Healthcare NHS Foundation Trust Information Governance Assessment Report overall score for 2011/12 Version 9 NHS IG Toolkit was **82%** and was graded **'Green – Satisfactory'**

Clinical Information Assurance was **80%** and graded **'Green – Satisfactory'**

Secondary Uses Assurance was **91%** and graded **'Green – Satisfactory'**

Derbyshire Healthcare NHS Foundation Trust will be taking the following actions to improve data quality:

Implementation of a Data Quality Policy

The Trust's Data Quality Policy will continue to be implemented:

- To ensure that there is a shared understanding of the value of high quality data on improving service delivery and quality and outcomes of care;
- To ensure that the focus of improving data quality is on preventing errors being made wherever possible;
- To ensure that regular validation, feedback and monitoring processes are in place to identify, investigate and correct data errors when they occur.

Clinical coding error rate

Derbyshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2011-12 by the Audit Commission.

Section 3: Review of Quality Performance in 2011/12

3.1 Performance against priorities for 2011/12 identified in 2010/11 Quality Report /Account

At the commencement of 2011 four priorities were set out in our Quality Account following consultation with our stakeholders. At this point the Trust had made its application for Foundation Trust status. Good progress was made overall against these four priorities and a summary of this progress is set out below. Where historical data is available this was used as the baseline, see table 2:

Priority	Progress	
Priority 1: Patient Experience, Improvements in Outpatient Care	Derbyshire Healthcare NHS Trust conducted real time surveying of outpatient services. The results were very encouraging with a majority 46.5% of respondents saying that they felt that they felt the service were getting better. 43% of respondents thought that the service had stayed the same, however no-one thought that the service was getting worse (43 people replied to the survey).	There are plans to repeat this survey quarterly and to widen the scope to how satisfied people are with the involvement in their care.
Priority 2: Patient Safety, Suicide Prevention	The 'Preventing Suicide Toolkit' examines the trusts implementation of the 'Twelve points to a safer services' (Appleby et al 2001).Data collection for the 'Preventing Suicide Toolkit' 2011 was undertaken between September and December 2011 the audit consisted of retrospective examination of case notes. **The results of this audit are set out in a separate table right.**	Suicide prevention is a national priority for all mental health services. Derbyshire Healthcare NHS Foundation Trust will continue to focus on improving clinical practice to prevent suicides within its high risk group of service users. To support this work this indicator is now part of our quality schedule agreed with our commissioners for 2012/13. The Trust continues to work closely with commissioners who monitor progress against this priority through the Quality Assurance Group and related sub group.
Priority 3: Effectiveness, CPA (Care Programme Approach)	This locally agreed indicator aimed to achieve improvements in the programme approach ensuring 90% of patients have had a review of their care plan in the last 12 months and ensure that patients are assigned/reassigned a care coordinator within minimum delay	The Trust has consistently achieved over 90% of patients to have had a review in the last 12 months during 2011/12 financial year. Performance ranging from 98% to 99% throughout the year. Patients are assigned/reassigned a care coordinator with minimum delay through a data alert system which defaults to the deputy co-ordinator which is most cases is the team manager.
Priority 4: Patient Experience, Reducing Disengagement of Service Users from Black and Minority Ethnic Communities	After consultation with clinicians within the Trust and partners in the voluntary sector Derbyshire Healthcare NHS Foundation Trust agreed a definition of "Disengagement" and applied this to a pilot area. After several audit exercises based on data collection and case notes this work did not confirm whether there was more disengagement with services from patients from BME backgrounds. The work did result of identifying good practice by clinicians working in the community to maximise engagement with patients and ensuring they receive all the care offered to them.	The best practice identified will be shared across the services and the Trust will continue in 2012/13 to work with partners in the voluntary sector to look at access for all groups of patients.

Audit Questions	Percentage of notes where this standard was met audit 11/12	Baseline data taken from 2010/11 audit
Risk of suicide, when present should be recorded in 100% of care plans	100%	80%
If there is a severe mental illness and risk of self-harm it should be recorded in 100% of care plans	100%	80%
Inpatient care plans should refer to increased observation required during periods of increased risk	100%	60%
Does the care plan refer to increased observation required in periods of increased risk	100%	60%
Do all recorded periods of leave or time away from the ward while the patient is under increased observation have a recently recorded risk	100%	100%
Does the joint care review include a risk assessment of the patient and evidence that the patient was involved	100%	82% (included a risk assessment) 91% (evidence the patient was involved)
Does the care plan include actions related to heightened risk in the first three months after discharge, with the patients and carers involvement where appropriate	80%	33%

As the last question was only present in 80% of care plans, an action plan was put in place to raise awareness at ward meetings and across the relevant parts of the organisation.

3.2 Progress against selected quality indicators in 2011/12

These indicators have been changed in 2011/12 to reflect our new status as a Foundation Trust and local agreements. There are no compulsory indicators of Mental Health Trust's that measure the quality of services provided that can be compared to other trusts. The key ones are set out by Monitor as the regulator of NHS foundation Trusts and they are set out in section 3.3. The Trust in its Ward to Board approach agreed a number of indicators at the beginning of the year as common to all services. Performance against these indicators is monitored and reported monthly to the Board of Directors. A summary dashboard of the year end is set out below with our actions for 2012/13 to improve performance where required.

NHS OUTCOMES FRAMEWORK/LOCALLY AGREED	Indicator	Baseline March 2011	End of year achievement March 2012
CPA employment	5%	11.36%	11.67%
CPA HoNOS	90%	71.96%	94.69%
% of patients clustered using clustering tool(the national definition for calculating this changed in year ending March 2012)	90%	95.62%	85.05%
Consultant outpatient appointment cancellations	<4%	2.4%	2.25%
Consultant outpatient appointment DNAs	12.50%	15.55%	15.65%
Admissions to adult facilities of patients under 18	1	3	1
MHMDS completeness	>99%	99.79%	99.52%
C. Difficile New cases (In-Patient) (figures represent the full 12 month period Apr-March)	<10	1	3
MRSA New Cases (in-patient) (figures represent the full 12 month period Apr-March)	<5	2	0

CQUIN PAYMENT FRAMEWORK			
Delayed transfers of care	<=3%	0.78%	0.95%
CPA review in last 12 months	90%	96.71%	94.95%
Length of stay (reduction in median LoS)	55	38	26
CPA settled accommodation	93.0%	96.88%	97.34%

CORE KEY PERFORMANCE INDICATORS			
Compulsory (statutory) training(70% figure represents April 2011 figure, 79.7% is March 2012 figure)	>90%	70.0%	79.7%
Use of agency staff(year end March figures used as different measure in 2010/11)	<5%	3.6%	2.7%
Return to work (RTW)interviews(average percentage score, previous 12 months)	90%	91%	91%
Individual Performance Review (IPR) completion (year end figures used as rolling 12 month calculation)	80%	81%	86%
Use of bank staff(year end March figures used as different measure in 2010/11)	<5.5%	4.93%	4.47%
Sickness/ absence(annual sickness absence rates used to reflect complete year)	<5.2%	4.59%	4.76%

All data is taken from the Trusts data collection systems and is based on standard definitions

Key: In line with the requirement by Monitor at least three indicators are measured for each strand of quality

Patient or Staff Experience	White
Patient Safety	Purple
Effectiveness	Light grey

Comments:

- Training remains a priority for 2012/13. Compliance will continue to be monitored at monthly performance meetings within each division and attendance at mandatory training will be monitored and reported monthly to the Board of Directors and Trust operational meetings.
- The group looking at did not attends continues to explore reasons why patients do not attend their appointment. Telephone consultations take place when the patient is unable to attend the clinic.
- Progress to achieve high standards of quality of the data provided has been consistent over the year with targets now being exceeded in some cases.
- Progress over the year to ensure the minimum number of appointments are cancelled by consultants remains good. This indicator is important as it impacts directly on the patient's experience of outpatient care.

3.3 Performance against key national indicators set by our regulators

As a Foundation trust we are required to comply with our terms of authorisation as a as set out in Monitors Compliance Framework annually. Below is our progress against the indicators set out in the compliance framework for 2011/12 appendix b and the Department of Health's Operating Framework. The Care Quality Commission do not set any quality indicators, however the trust is required to comply with the standards of safety and quality under the Health and social Care Act and regulations act. This information supports the Trust's on going status of being fully registered as a provider without any conditions.

Progress in this first year has been strong with many indicators exceeding the target set. This is an excellent start to our status as a Foundation Trust. The targets are challenging and the staff in operational services are to be commended on their commitment and hard work to ensure these targets have been met throughout the year.

New indicators for 2012/13
A number of new indicators will be mandatory from 2012/13. We have included the following one year ahead of this requirement in order to provide baselines for the next quality report.

KEY FINDING 34 (Staff Survey 2011).
Staff recommendation of the trust as a place to work or receive treatment. The question on staff survey 2011 asked respondents to rate this on a scale of 1-5 where 1 is "unlikely" and 5 is "likely". We scored an average of 3.33 against a national average of 3.42. Our aim will be to close this gap and exceed it if possible. Whilst this is not a compulsory requirement until 2012-2013 we have chosen it a year early.

KEY FINDING 34 (Staff Survey 2011).
Staff recommendation of the trust as a place to work or receive treatment. The question on staff survey 2011 asked respondents to rate this on a scale of 1-5 where 1 is "unlikely" and 5 is "likely". We scored an average of 3.33 against a national average of 3.42. Our aim will be to close this gap and exceed it if possible. Whilst this is not a compulsory requirement until 2012-2013 we have chosen it a year early.

Quarterly Submission Dashboard

	Monitor Quarterly Submission							
Indicator	**Q1 11-12**	**Met / Not Met**	**Q2 11-12**	**Met / Not Met**	**Q3 11-12**	**Met / Not Met**	**Q4 11-12**	**Met/ Not Met**
Referral to treatment time, 95th percentile, non-admitted patients (Target 18.3 weeks)	100%	Achieved	100%	Achieved	100%	Achieved	100%	Achieved
Care Programme Approach (CPA) follow up within seven days of discharge (Target 95%)	99.38%	Achieved	99.17%	Achieved	98.46%	Achieved	98.28%	Achieved
Care Programme Approach (CPA) formal review within 12 months (Target 95%)	99.07%	Achieved	99.03%	Achieved	98.45%	Achieved	96.80%	Achieved
Minimising delayed transfers of care (Target 7.5%)	1.09%	Achieved	1.57%	Achieved	1.40%	Achieved	1.40%	Achieved
Admissions had access to crisis resolution home treatment teams (Target 90%)	100%	Achieved	99.55%	Achieved	97.44%	Achieved	96.02%	Achieved
Meeting commitment to serve new psychosis cases by early intervention teams (Target year-end total)	102.94%	Achieved	104.65%	Achieved	106.57%	Achieved	110.00%	Achieved
Data completeness: identifiers (Target 99%)	99.78%	Achieved	99.79%	Achieved	99.75%	Achieved	99.72%	Achieved
Data completeness: outcomes (Target 90%)	97.12%	Achieved	98.35%	Achieved	98.67%	Achieved	98.51%	Achieved
Access to Healthcare for people with a learning disability (Target 6 criteria to be met to achieve compliance)	Compliant	Achieved	Compliant	Achieved	Compliant	Achieved	Compliant	Achieved

What some of our patients and carers have said about us over the last year

"You provided a wonderful service and my son is feeling the best he has ever been."

"The allotment and gardening classes keep me busy and stop negative thoughts from entering my mind. Being out in the fresh air and knowing you are doing something worthwhile is very rewarding. The book club is very good at helping you concentrate on what you are reading and encourages you to see more into what another is trying to say to you."

Quote from a patient on ward 33 at Radbourne Unit regarding the PAT (Pet as Therapy) dog Rita who visits the wards at the Radbourne Unit every Thursday"
"It makes me feel so much better when I see the husky dog on the ward because it is so friendly and feels a bit more like home to have a pet. If we saw it more often I am sure it would cheer us up. It brightens the day."

"Thank you to the staff who ran the informative staff meeting at the school."

"You have certainly gone that extra mile and is very much appreciated."

"I enjoy coming back to run the group, to give my time. It gives me a responsibility, a sense of belonging. I like the way the staff enabled the book club to establish itself and people felt on a par with one another. It's a marvellous resource. It doesn't require a great deal of finance or technical input and everyone can contribute."

"Please accept my deepest thanks and gratitude for all your help and kindness."

"Physiotherapist's interaction with patients is outstanding and the detailed written notes and verbal feedback deserve recognition."

Statements from third parties

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

Below are the comments we received:

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

General Comments
Hardwick Health CCG is the lead commissioner for Derbyshire Healthcare NHS Foundation Trust (the Trust) on behalf of NHS Derbyshire County and NHS Derby City (PCT) as delegated by the PCT Board. The Quality Account 2011/12 broadly reflects the information received by Hardwick Health Clinical Commissioning Group (the CCG), the co-ordinating commissioner, through its contract monitoring arrangements. However, the CCG will continue to work with the Trust to ensure there is good progress reporting against the agreed quality measures.

Measuring & Improving Performance
The CCG continues to monitor the performance of the Quality Schedules contained in the Contract with the Trust.

The CCG agreed with the Trust a number of quality indicators that received a financial incentive and the Trust performed well against these measures. Of note the average length of stay or time in hospital has reduced from 55 days to 26 days during the year. Performance against some of these indicators is included in section 3.2 "Progress against selected quality indicators in 2011/12". Included in this section represented in the table are some measures that highlight improvements in clinical outcomes. Whilst it is very useful for the public to see this performance the CCG feel the table could be more user friendly.

The Trust continues to perform well in maintaining low numbers of infections associated with a hospital stay. The Trust was well within its targets for both MRSAb (a blood borne infection) and Clostridium Difficile (diarrhoea).

The priorities outlined in the account for 2012/13 reflect the broader portfolio of services provided by the Trust. Services for children are now commissioned by the CCG for Derby City residents.

The priorities are spread across the three main areas of quality – patient experience, patient safety and effectiveness with the 'Quality Visit Programme' a key part in ensuring these priorities are met.

The CCG has been involved in the Quality Visit Programme and are impressed with the board to ward interface and the improvement made over the 2 'seasons' as illustrated in the Quality Account.

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

The Trust has made improvements in the format and language of this Quality Account. There are some sections with technical language particularly the clinical audit section but overall the format and language is improved from the 2010/11 account.

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

Comment on Derbyshire Healthcare NHS Foundation Trust Quality Account 2011/12
"The Improvement and Scrutiny Committee welcomes the opportunity to comment on Derbyshire Healthcare NHS Foundations Trust's (the Trust) Quality Account for 2011/12. Whilst the Committee has not undertaken any specific work with the Trust during the reporting period it has been kept informed of the Trust's work to improve Quality of services.

The Committee have been made aware of a number of initiatives undertaken by the Trust to improve quality of service for both patients and staff. The 'Quality Visit' and 'Time to Care' programmes were of particular interest. The Committee were also pleased to see the commitment made to 'Quality Governance' through the restructure of this division and the introduction of a planned annual review of the structures.

The Committee look forward to seeing further improvements to the quality of service provided by the Trust in 2012/13."

Cllr Gill Farrington
Chair Improvement & Scrutiny Committee-People

Derbyshire LINk (Local Involvement Network) offered the following statement about the initial draft of our Quality Account:

"Derbyshire LINk would firstly like to comment that Derbyshire Healthcare NHS Foundation Trust (the Trust) has produced a very comprehensive, current and relevant quality account that is clear and well organised for the reader.

Derbyshire LINk is particularly pleased to observe how much attention to detail has been put into consultation and engagement with service receivers, improving patient experience and listening to, and acting on, the views of the patients. All these factors are particularly important to LINk as patient experience and public opinion forms the basis of our work. It is clear that all of these factors are very prevalent through all of the target priority areas.

We are particularly pleased to read about the Quality Visit Programme. LINk believes that current service receivers, relatives, carers or people who have used the Trust's services in the past would feel very assured to know that these Quality Visits were taking place. It gives the Board of Directors, Governors and Commissioners the opportunity to detect any issues and concerns before they develop, either with care or physical standards. It also gives them the opportunity to praise staff on good working practice.

One concern LINk has with regards to the visits is that there is no representation from an independent body. It would be encouraging to see either a service receiver or carer being a part of this group. This would go a long way towards reassuring the general public that the visits were conducted fairly without bias.

We are also interested to read about Priority 2: Collecting and listening to the views of our patients. It is encouraging to see that the Trust is using a variety of methods to measure quality and patient satisfaction. Furthermore, it is also particularly reassuring to read that the Trust is intending to make improvements, where possible, based on the feedback received from the service receivers. It will also be interesting to hear the findings of the Patient Revolution: The Golden Question. It is good to see how the Trust plans to use the national initiative to make a local difference.

It is clear that collecting patient feedback is a priority for the Trust. It is also very interesting to read about Priority 7: Feeling safe on our wards. This is obviously something that is important to every inpatient and this allows all patients to provide constructive comments based on their experiences. It is particularly constructive that the Trust is not only asking the question, *'Do you feel safe?'* But also asks, *'What could have made you feel safer?'* This option to truly influence future service delivery will surely be welcomed by all service receivers. LINk members and the general public have commented on numerous occasions that they are only willing to provide feedback where they can see that it will contribute towards service improvement.

Overall, the content of the Quality Account is very clear and concise. All of the information provided is interesting and informative for the reader. It is encouraging to see verbatim quotations from service receivers and Trust members - this gives the Quality Account a real personal touch.

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

Statement of directors' responsibilities in respect of the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 as amended to prepare Quality Accounts for each financial year.

Monitor has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the quality report, directors are required to take steps to satisfy themselves that:

- the content of the quality report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2011-12;
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2011 to June 2012
  - Papers relating to Quality reported to the Board over the period April 2011 to June 2012
  - Feedback from the commissioners dated 30/05/2012
  - Feedback from governors dated 09/01/2012
  - Feedback from LINks dated 28/05/2012 The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 25/05/2012; The [latest] national patient survey August 2011
  - The [latest] national staff survey 20/03/2012
  - The Head of Internal Audit's annual opinion over the trust's control environment dated 28/06/2012
  - CQC quality and risk profiles dated 10/04/2012
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered;
- the performance information reported in the Quality Report is reliable and accurate;
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice;
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and the Quality Report has been prepared in accordance with Monitor's annual reporting guidance (which incorporates the Quality Accounts regulations) (published at www.monitor-nhsft.gov.uk/annualreportingmanual) as well as the standards to support data quality for the preparation of the Quality Report (available at www.monitor-nhsft.gov.uk/annualreportingmanual).

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

By order of the Board
NB: sign and date in any colour ink except black

19th June 2012 Date
Chairman

19th June 2012 Date
Acting Chief Executive

Accounts for Derbyshire Healthcare NHS Foundation Trust

1 April 2011 to 31 March 2012

These accounts for the above period have been prepared by Derbyshire Healthcare NHS Foundation Trust in accordance with paragraph 25 of Schedule 25 of Schedule 7 to the NHA Act 2006, in the form which Monitor (the Independent Regulator of NHS Foundation Trusts) has directed.

Statement of the chief executive's responsibilities as the accounting officer of Derbyshire Healthcare NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by the Independent Regulator of NHS Foundation Trusts ("Monitor").

Under the NHS Act 2006, Monitor has directed Derbyshire Healthcare NHS foundation trust to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Derbyshire Healthcare NHS foundation trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the NHS Foundation Trust Annual Reporting Manual and in particular to:

- observe the Accounts Direction issued by Monitor, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual have been followed, and disclose and explain any material departures in the financial statements; and
- prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS foundation trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS foundation trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in Monitor's NHS Foundation Trust Accounting Officer Memorandum.

Signed

Acting Chief Executive
Date: 28th May 2012

Annual Governance Statement

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS foundation trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me.

I am also responsible for ensuring that the NHS foundation trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the NHS Foundation Trust Accounting Officer Memorandum.

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 policies, aims and objectives of [insert name of provider] NHS Foundation Trust, to evaluate the likelihood of those risks being realized and the impact should they be realized, and to manage them efficiently, effectively and economically. The system of internal control has been in place in [insert name of provider] NHS Foundation Trust for the year ended 31 March 2012 and up to the date of approval of the annual report and accounts.

Capacity to Handle Risk

The Trust successfully integrates 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 Risk Assessment and Untoward Incident Procedures
- There is a Quality Governance Structure in place to ensure risk is managed effectively throughout the organisation and embedded in all Trust processes
- The Risk Management Committee and Quality Governance Committee's report to the Executive Management Group, which 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 as detailed in the Training Framework. This training is supported by procedural guidance and direction from specialist risk management staff.

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 supported by an annually reviewed Quality Governance Structure and 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

- Incident reporting – openly encouraged and supported by an online incident reporting from introduced Trust wide during 2011/12
- Public stakeholders are involved in the management of risks which may impact on them via the Trust commitment to the Strategic Commissioning Group, Quality Assurance Group and consultation as required 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 2012

- Insufficient planning for the next 5 years, risks losing business competitive advantage, decreasing recruitment and retention of staff, reducing quality of care to patients and a reduction in the reputation of the Trust as the provider of choice
- Current and future income streams could be at risk if the Trust fails to comprehensively engage with partners and stakeholders leading to a loss of existing income and a failure to gain new.

All major risks are mitigated through the Board Assurance process. During 2012/13 an online risk reporting system will be introduced allowing operational and strategic risks to be identified and monitored systematically by all Wards/Teams, Divisions and Corporately, allowing more timely escalation of high level risks.

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) and associated sub groups
- 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:

- Lack of clear marketing strategy

The Trust operates a three year strategic audit plan, which addresses its key financial, control, and risk processes, to provide assurance under the Board Assurance Framework. The Audit Committee is directly involved in commissioning, designing, and reviewing audits carried out by Internal Audit under this program. During 2011/12, the Trust has received a split opinion on 4 audits undertaken by Internal Audit. All the points covered below are included in the recommendations stemming from the reports and implementation progress is reported to the Audit Committee.

- Clinical Audit -significant/limited: There is significant assurance in relation to the Trust's control frameworks for the dissemination of findings but limited assurance in the application of expected controls in relation to the Clinical Reference Group
- The Review of CIPs and QIPP- significant/limited: There is significant assurance for the design and delivery of the CIP and its impact on quality ; the limited assurance relates to the need to embed of measures to identify innovation, productivity and prevention
- Data Quality- full/significant/limited: There is full and significant assurance with respect to the quality of data reported in the monthly dashboard. The areas of limited assurance refer to Outpatient DNA's and compulsory training records
- The Leadership Review – significant/limited: There is significant assurance for the design of the programme and it underpinning values. The limited assurance is with respect to the Trust's ability to objectively measure its impact over time.

No reports in total classified as limited assurance have been received by the Trust between 1 April 2011 and 31 March 2012

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
- Information governance incidents reviewed monthly by the Information Governance Group and quarterly 'Learning the Lessons' Bulletins issued to staff
- A record of no Serious Untoward Incidents in respect of data security.

Control measures are in place to ensure that all the organisation's obligations under equality, diversity and human rights legislation are complied with. Equality Impact Assessments (EIA's) are integrated into Trust core business and have been completed for all corporate policies & procedures.

From April 2012 the Trust was required to register as a provider of health services with the Care Quality Commission. From this date onwards the Trust has been fully compliant with the registration requirements and maintains this registration without any conditions.

The Care Quality Commission requirements are underpinned and delivered through a robust Quality Governance Structure and associated processes. The reports on performance of quality governance are routinely presented as part of the Integrated Quality Governance Report (quarterly) and the Quality Report to the Board. The Trusts is an active member of the East Midlands Registration Benchmarking Forum. Executive members of the Trust Board carry out unannounced Care Standards visits to wards and team as a further method of assuring compliance with the CGC requirements.

The Equality Impact Assessments are complete on all transformational change projects throughout the projects journey and scrutinised by Trust Board on a quarterly basis. A strong Project Management office supports this process.

The foundation trust is fully compliant with the registration requirements of the Care Quality Commission.

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.

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

The foundation 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.

Review of economy, efficiency and effectiveness of the use of resources

Trust Board carries the final overall corporate accountability for its strategies, policies and actions as set out in the Codes of Conduct and Accountability issued by the Secretary of State.

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.

In October 2009 (last time the Trust was officially assessed). The Trust received the assessment by the Care Quality Commission as excellent for the use of resources, and good for quality of service, in the annual performance ratings for 2008/09 In June 2010 the Trust achieved NHSLA Level 2 of the Risk Management Standards for 2010/11, and is continuing to improve its clinical and corporate governance arrangements in working toward achieving Level 3 in 2012.

Annual Quality Account

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. Monitor has issued guidance to NHS foundation trust boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the NHS Foundation Trust Annual Reporting Manual.

The Trust is publishing a Quality Report as part of the Trusts Annual Report. The Trust has in place a Governors Working Group for Quality. This Group, together with staff, the public and Overview and Scrutiny Committees have been actively involved in the development of the Quality Report.

Priorities detailed in the Account are monitored by the Trust Quality Governance Committee. These priorities include review of policies, systems and processes, and people and skills.

In order to ensure that the Quality Report represents a balanced view, feedback from the consultation exercise and partner agencies is welcomed and learnt from. Data used within the report is based on national definitions and the Trusts data collection systems.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the board, the audit committee [and risk/ clinical governance/ quality committee, if appropriate] and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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:

- MONITORS Risk Rating return and Quality declaration which has been graded green since the Trust has become a Foundation Trust
- Registration with the Care Quality Commission from 1 April 2010 – without conditions.
- Trust Performance Rating from the Health Care Commission
- NHS Litigation Authority Risk Management Standards compliance with Level 2 Standards, achieved in June 2010
- Compliance with Care Quality Commission Quality Framework
- Annual review of Quality Governance and associated Committees
- Internal Audit reports received during year following on from the Internal Audit and External Audit Plans agreed by the Trusts Audit Committee
- Clinical Audits
- Outcomes from planned and unannounced visits form the CQC.

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 provided the Trust with an independent and objective opinion on the effectiveness of the systems in place for risk management, control and governance until 31 November 2011. Following a competitive tendering process, PwC have provided the Trusts internal audit service from 1 Dec 2011.

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.

Conclusion

No significant internal control issues have been identified and my review confirms that Derbyshire Healthcare NHS Foundation Trust has a generally sound system of internal controls that supports the achievement of its policies, aims and objectives and that those control issues have been or are being addressed.

Signed

Acting Chief Executive
Date: 28th May 2012

Independent Auditor's Report to the Board of Governors of Derbyshire Healthcare NHS Foundation Trust

I have audited the financial statements of Derbyshire Healthcare NHS Foundation Trust for the year ended 31 March 2012 under the National Health Service Act 2006.

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 under the accounting policies set out in the Statement of Accounting Polices.

I have also audited the information in the Remuneration Reports that is described as having been audited.

This report is made solely to the Board of Governors of Derbyshire Healthcare NHS Foundation Trust in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. My audit work has been undertaken so that I might state to the Board of Governors those matters I am required to state to it in an auditor's report and for no other purpose. To the fullest extent permitted by law, I do not accept or assume responsibility to anyone other than the Foundation Trust as a body, for my audit work, for this report or for the opinions I have formed.

Respective responsibilities of the Accounting Officer and auditor

As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

My responsibility is to audit the financial statements in accordance with applicable law, the Auditor Code for the NHS Foundation Trust and International Standards on Auditing (UK and Ireland). Those standards require me to comply with the Auditing Practice's Board's Ethical Standards for Auditors.

Scope of the audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of: whether the accounting policies are appropriate to the Trust's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trust; and the overall presentation of the financial statements. In addition, I read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements of inconsistencies I consider the implications for my report.

Opinion on financial statements

In my opinion the financial statements:

- give a true and fair view of the state of affairs of Derbyshire Healthcare NHS Foundation Trust's affairs as at 31 March 2012 and of its income and expenditure for the year then ended; and
- have been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts.

Opinion on matters

In my opinion:

- the part of the Remuneration Report to be audited has been properly prepared in accordance with the accounting policies directed by Monitor as being relevant to NHS Foundation Trusts; and
- the information given in the Annual Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which I report by exception

I report to you if, in my opinion the Annual Governance Statement does not reflect compliance with Monitor's requirements. I have nothing to report in this respect.

Delay in certification of completion of audit

I cannot formally conclude the audit and issue and audit certificate until I have completed the work necessary to provide external assurance over the Trust's annual quality report. I am satisfied that this work does not have a material effect on the financial statements.


04.08
05.08
06.08
07.08

Derbyshire Healthcare NHS
NHS Foundation Trust

Annual Accounts for the year ending 31 March 2012

Foreword
Presented to Parliament pursuant to Schedule 1, paragraph 25(4) of the National Health Service Act 2006 by Derbyshire Healthcare NHS Foundation Trust

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Statement of Comprehensive Income for the Period Ended 31 March 2012

March 2012 (NB all 2010-11 figures are for period 1 February 2011 to 31 March 2011)

	NOTE	2011-12 £000	2010-11 £000
Operating Income from continuing operations	4 & 5	**118,083**	18,253
Operating Expenses of continuing operations	7	**(115,664)**	(17,762)
OPERATING SURPLUS / (DEFICIT)		**2,419**	491
FINANCE COSTS			
Finance income	13	**23**	4
Finance expense – financial liabilities	15	**(1,744)**	(299)
Finance expense – unwinding of discount on provisions		**(66)**	0
PDC Dividends payable		**(1,128)**	(109)
NET FINANCE COSTS		**(2,915)**	(404)
SURPLUS/(DEFICIT) FOR THE YEAR		**(496)**	87
Surplus/(deficit) of discontinued operations and then gain/(loss) on disposal of discontinued operations		**0**	0
SURPLUS/(DEFICIT) FOR THE YEAR		**(496)**	87
Other comprehensive income*		**1,898**	0
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD		**1,402**	87
Note: Allocation of Profits/(Losses) for the period:			
(a) Surplus/(Deficit) for the period attributable to:			
(i) minority interest, and		**0**	0
(ii) owners of the parent.		**1,402**	87
TOTAL		**1,402**	87
(b) total comprehensive income/ (expense) for the period attributable to:			
(i) minority interest, and		**0**	0
(ii) owners of the parent.		**1,402**	87
TOTAL		**1,402**	87

All Operations are continuing

*Other Comprehensive income is indexation on non-current assets and has been charged to the revaluation reserve

The notes on pages 8 to 54 form part of these accounts.

Statement of Financial Position as at 31 March 2012

		31 March 2012	31 March 2011
Non-current assets	**NOTE**	**£000**	**£000**
Intangible assets	17	**991**	702
Property, plant and equipment	16	**68,938**	69,006
Investment Property		**0**	0
Investments in associates (and joined controlled operations)			
Other Investments		**0**	0
Trade and other receivables	21	**867**	570
Other financial assets	22	**0**	0
Tax receivable		**0**	0
Other assets	23	**0**	0
Total non-current assets		**70,796**	70,278
Current assets			
Inventories	20	**174**	176
Trade and other receivables	21	**2,383**	2,861
Other financial assets	22	**0**	0
Tax receivable		**0**	0
Non-current assets for sale and assets in disposal groups	25	**350**	1,245
Cash and cash equivalents	24	**7,192**	4,944
Total current assets		**10,099**	9,226
Current liabilities			
Trade and other payables	26	**(7,258)**	(7,431)
Borrowings	27	**(640)**	(645)
Other financial liabilities	34	**0**	0
Provisions	35	**(1,714)**	(651)
Tax payable	26	**(906)**	(1,503)
Other liabilities	28	**(1,120)**	(935)
Liabilities in disposal groups		**0**	0
Total current liabilities		**(11,638)**	(11,165)

Total assets less current liabilities		**69,257**	68,339
Non-current liabilities			
Trade and other payables	26	**0**	0
Borrowings	27	**(30,448)**	(31,088)
Other financial liabilities	34	**0**	0
Provisions	35	**(2,261)**	(2,105)
Tax payable		**0**	0
Other liabilities	28	**0**	0
Total non-current liabilities		**(32,709)**	(33,193)
Total assets employed		**36,548**	35,146

	31 March 2012	31 March 2011
	£000	£000
Financed by (taxpayers' equity)		
Minority Interest	**0**	0
Public Dividend Capital	**15,953**	15,953
Revaluation reserve	**15,698**	14,944
Available for sale investments reserve	**0**	0
Other reserves	**8,680**	8,680
Merger reserve	**0**	0
Income and expenditure reserve	**(3,783)**	(4,431)
Total taxpayers' equity	**36,548**	35,146

The notes on pages 8 - 54 form part of these accounts.

The financial statements on pages 1 to 7 were approved by the Board on 28 May 2012 and signed on its behalf by:

Signed:

(Acting Chief Executive)

Statement of Changes in Taxpayers Equity for the Period Ended 31 March 2012

	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2011	**35,146**	**15,953**	**14,944**	**8,680**	**(4,431)**
Surplus/(deficit) for the year	(496)	0	0	0	(496)
Transfer between reserves	0	0	(221)	0	221
Impairments	0	0	0	0	0
Revaluations	1,898	0	1,898	0	0
Asset Disposals	0	0	(846)	0	846
Share of Comprehensive income from associates and joint ventures	0	0	0	0	0
Movements arising from classifying non current assets as Assets Held for Sale	0	0	0	0	0
Fair value gains/(losses) on Available for Sale financial investments	0	0	0	0	0
Recycling gains/(losses) on Available for Sale financial investments	0	0	0	0	0
Other recognised gains and losses	0	0	(77)	0	77
Actuarial gains/(losses) on defined benefit pension Schemes	0	0	0	0	0
Public Dividend Capital Received	0	0	0	0	0
Public Capital Dividend Repaid	0	0	0	0	0
Public Dividend Capital written off	0	0	0	0	0
Other Reserve Movements	0	0	0	0	0
Taxpayers Equity at 31 March 2012	**36,548**	**15,953**	**15,698**	**8,680**	**(3,783)**

	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 February 2011	**35,554**	**16,448**	**15,073**	**8,680**	**(4,647)**
Surplus/(deficit) for the year	87	0	0	0	87
Transfer between reserves	0	0	0	0	0
Impairments	0	0	0	0	0
Revaluations	0	0	0	0	0
Asset Disposals	0	0	(129)	0	129
Share of Comprehensive income from associates and joint ventures	0	0	0	0	0
Movements arising from classifying non current assets as Assets Held for Sale	0	0	0	0	0
Fair value gains/(losses) on Available for Sale financial investments	0	0	0	0	0
Recycling gains/(losses) on Available for Sale financial investments	0	0	0	0	0
Other recognised gains and losses	0	0	0	0	0
Actuarial gains/(losses) on defined benefit pension Schemes	0	0	0	0	0
Public Dividend Capital Received	0	0	0	0	0
Public Capital Dividend Repaid	(495)	(495)	0	0	0
Public Dividend Capital written off	0	0	0	0	0
Other Reserve Movements	0	0	0	0	0
Taxpayers Equity at 31 March 2011	**35,146**	**15,953**	**14,944**	**8,680**	**(4,431)**

The donated asset reserve has been transferred into the revaluation reserve as part of the Department of Health restatement exercise.

Statement of Cash Flows for the Period Ended 31 March 2012

		2011-12	2010-11
Cash flows from operating activities	**NOTE**	**£000**	**£000**
Operating surplus/(deficit) from continuing operations		**2,419**	491
Operating surplus/(deficit) of discontinued operations		**0**	0
Operating surplus / (deficit)		**2,419**	491
Non cash income and expense			
Depreciation and amortisation		**2,637**	461
Impairments		**1,692**	35
Reversals of Impairments		**0**	0
Transfer from donated asset reserve		**0**	0
Amortisation of government grants		**0**	0
Amortisation of PFI credit		**0**	0
(Increase)/decrease in trade and other receivables		**181**	(856)
(Increase)/decrease in other current assets		**0**	0
(Increase)/decrease in inventories		**2**	(2)
Increase/(decrease) in trade and other payables		**(770)**	762
Increase/(decrease) in other current liabilities		**185**	0
Increase/(decrease) in provisions		**1,153**	(106)
Tax (paid)/received		**0**	0
Movements in operating cash flow of discontinued operations		**0**	0
Other movements in operating cash flows		**0**	0
NET CASH GENERATED (USED IN) OPERATIONS		**7,499**	785
Cash flows from investing activities			
Interest received		**23**	4
Purchase of financial assets		**0**	0
Sales of financial assets		**0**	0
Purchase of intangible assets		**(886)**	(232)
Sales of intangible assets		**0**	0
Purchase of Property, Plant and Equipment		**(2,127)**	(762)
Sales of Property, Plant and Equipment		**1,250**	247
Cash flows attributable to investing activities of discontinued operations		**0**	0
Cash from acquisitions of business units and subsidiaries		**0**	0
Cash from disposals of business units and subsidiaries		**0**	0
Net cash generated(used in) investing activities		**(1,740)**	**(743)**

Cash flows from financing activities			
Public dividend capital received		**0**	0
Public dividend capital repaid		**0**	(495)
Loans received		0	0
Loans repaid		0	0
Capital element of finance lease rental payments		0	0
Capital element of Private Finance Initiative Obligations		(639)	(100)
Interest paid		0	(37)
Interest element of finance lease		0	0
Interest element of Private Finance Initiative Obligations		(1,744)	(262)
PDC Dividend paid		(1,128)	(494)
Cash flows attributable to financings activities of discontinued operations		0	0
Cash flows from (used in) other financing activities		0	0
Net Cash generated from (used in) financing activities		**(3,511)**	**(1,388)**
Net increase/(decrease) in cash and cash equivalents		**2,248**	**(1,346)**
Cash and Cash equivalents at 1 April		**4,944**	**0**
Cash and Cash equivalents at start of period for new FTs		**0**	**6,290**
Cash and Cash equivalents at 31 March	**24**	**7,192**	**4,944**

Notes to the Accounts

1. Accounting policies and other information
Monitor has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the FT ARM, which shall be agreed with HM Treasury.

Consequently, the following financial statements have been prepared in accordance with the FT ARM 2011/12 issued by Monitor. The accounting policies contained in that manual follow International Financial Reporting Standards (IFRS) and HM Treasury's FReM to the extent that they are meaningful and appropriate to NHS Foundation Trusts. The accounting policies have been applied consistently in dealing with items considered material in relation to the accounts.

1.1 Accounting convention
These accounts have been prepared under the historical cost convention, modified to account for the revaluation of property, plant and equipment, intangible assets, inventories and certain financial assets and financial liabilities.

These accounts have been prepared using the going concern convention.

1.2 Consolidation

Subsidiaries
Regarding Charitable Funds under the order of Statutory Instrument 2011 No. 1552, (the NHS Foundation Trusts and Primary Care Trusts (Transfer of Trust Property) Order 2011); all funds held on Trust by Derbyshire Healthcare NHS Foundation Trust were transferred on 20 July 2011 to Derbyshire Community Health Services NHS Trust. The Corporate Trusteeship of this Trust therefore ceased at that date. Therefore the NHS Foundation Trust does not have any subsidiary arrangements.

Associates
The Trust is not involved in any associate company arrangements.

Joint ventures
The Trust is not involved in any joint venture arrangements.

Joint operations
The Trust is not involved in any joint operation arrangements.

1.3 Pooled budgets
The Trust does not have any pooled budget arrangements.

1.4 Critical judgments in applying accounting policies
The following are the critical judgments, apart from those involving estimations (see below) that management has made in the process of applying the Trust's accounting policies and that have the most significant effect on the amounts recognised in the financial statements.

Asset lives
The Trust has to make assumptions and judgments when determining the length of an asset's estimated useful life. This will take into account the view provided during the professional valuation and also the Trust's assessment of the period over which it will obtain service potential from the asset.

In determining the estimated useful lives of assets the Trust has taken into consideration any future lifecycle replacement that will enhance and prolong the life of the asset; specifically in relation to assets capitalised under PFI contract arrangements.

1.5 Key sources of estimation uncertainty
The following are the key assumptions concerning the future, and other key sources of estimation uncertainty at the end of the reporting period, which have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Property Valuation
Assets relating to land and buildings were subject to both a formal and interim valuation during the financial year ending 31st March 2010. This resulted in significant downward movement of asset values during the period reflecting the general trend in market prices. The most recent full interim valuation performed was based on prospective market values as at 31st March 2010 and provides the most up to date professional valuation data, which has been localised for the Trust's estate. The Trust has also had formal valuations for assets transferred from "assets under the course of construction", however the Trust has had a formal valuation for assets classified as "available for sale" during the period, note 25.

Provisions relating to pensions
The Trust holds a provision for pensions and by its nature this includes a degree of uncertainty in respect of timings and amount, due to the uncertainty over life expectancy. Future liability is calculated using actuarial values, note 35.

1.6 Income

Income in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration received. The main source of income for the trust is from contracts with commissioners for healthcare services.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.7 Employee Benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees, the cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

Past and present employees are covered by the provisions of the NHS Pensions Scheme. 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.

Employers pension cost contributions are charged to operating expenses as and when they become due.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

1.8 Expenditure on other goods and services

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable for those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property plant and equipment.

1.9 Property, plant and equipment

Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and
- The item has an individual cost of at least £5,000 or collectively, a number of items have a cost of at least £5,000 and individually have cost more than £250, where the assets are
- functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items from part of the initial equipping and setting-up cost of a new building, ward or unit. Irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. All assets are measured subsequently at fair value.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their re-valued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period, in years where a revaluation does not take place, an indexation factor is applied. Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

Until 31 March 2008, the depreciated replacement cost of specialised buildings has been estimated for an exact

replacement of the asset in its present location. HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

Until 31 March 2008, fixtures and equipment were carried at replacement cost, as assessed by indexation and depreciation of historic cost. From 1 April 2008 indexation has ceased. The carrying value of existing assets at that date will be written off over their remaining useful lives and new fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. This is a change in accounting policy from previous years where all impairments were taken to the revaluation reserve to the extent that a balance was held for that asset and thereafter to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

Subsequent expenditure
Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

Depreciation, amortisation and impairments
Freehold land, properties under construction, and assets held for sale are not depreciated.

Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. This is a change in accounting policy from previous years where all impairments were taken to the revaluation reserve to the extent that a balance was held for that asset and thereafter to expenditure. Where an impairment loss subsequently reverses, the carrying amount of the asset is increased to the revised estimate of the recoverable amount but capped at the amount that would have been determined had there been no initial impairment loss. The reversal of the impairment loss is credited to expenditure to the extent of the decrease previously charged there and thereafter to the revaluation reserve.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the Statement of Comprehensive Income as an item of "other comprehensive income".

De-recognition
Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use. This condition is regarded as met when

- the sale is highly probable
- the asset is available for immediate sale in its present condition and
- management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to the income and expenditure reserve.

Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment that is to be scrapped or demolished does not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.10 Donated, government grant and other grant funded assets
This is an updated accounting policy due to a change in technical guidance therefore donations and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor imposes a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.11 Private Finance Initiative (PFI) transactions
PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the Trust. The underlying assets are recognised as property, plant and equipment at their fair value. An equivalent financial liability is recognised in accordance with IAS 17. The services received under the contract are recorded as operating expenses.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary:

a. Payment for the fair value of services received
b. Payment for the PFI asset, including finance costs; and
c. Payment for the replacement of components of the asset during the contract "lifecycle replacement".

Services received
The fair value of services received in the year is recorded under the relevant expenditure headings within "operating expenses".

PFI Asset
The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust's approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI liability
A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the fair value of the PFI assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to "Finance Costs" within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

An element of the annual unitary payment increase due to cumulative indexation is allocated to the finance lease. In accordance with IAS 17, this amount is not included in the minimum lease payments, but is instead treated as contingent rent and is expensed as incurred. In substance, this amount is a finance cost in respect of the liability and the expense is presented as a contingent finance cost in the Statement of Comprehensive Income.

Lifecycle replacement
Components of the asset replaced by the operator during the contract ("lifecycle replacement") are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at their fair value.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a 'free' asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme
Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator
Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. Subsequently, when the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.12 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when:

- it is probable that future economic benefits will flow to, or service potential be provided to, the trust
- where the cost of the asset can be measured reliably, and
- where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at fair value. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred.

Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential
- the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- the ability to measure reliably the expenditure attributable to the intangible asset during its development.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at fair value by reference to an active market, or, where no active market exists, at amortised replacement cost (modern equivalent assets basis), and indexed for relevant price increases, as a proxy for fair value. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations gains and losses and impairments are treated in the same manner as for Property, Plant and Equipment.

Intangible assets held for sale are measured at the lower of their carrying amount or "fair value less costs to sell".

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.13 Inventories
Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out cost formula. This is considered to be a reasonable approximation due to the high turnover of inventories.

1.14 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management.

Cash deposits held by the Trust are available without notice or penalty.

1.15 Financial instruments and financial liabilities

Recognition
Financial assets and financial liabilities which arise from contracts for the purchase or sale of non-financial items (such as goods or services), which are entered into in accordance with the Trust's normal purchase, sale or usage requirements, are recognised when, and to the extent which, performance occurs i.e. when receipt or delivery of the goods or services is made.

De-recognition
All financial assets are de-recognised when the rights to receive cash flows from the assets have expired or the Trust has transferred substantially all of the risks and rewards of ownership.

Financial liabilities are de-recognised when the obligation is discharged, cancelled or expires.

Classification and measurement
Financial assets are categorised as "loans and receivables". Financial liabilities are classified as "other financial liabilities".

Loans and receivables
Loans and receivables are non-derivative financial assets with fixed or determinable payments with are not quoted in an active market. They are included in current assets.

The trust's loans and receivables comprise: cash and cash equivalents, NHS debtors, accrued income and 'other debtors'.

Loans and receivables are recognised initially at fair value, net of transactions costs, and are measured subsequently at amortised cost, using the effective interest method. The effective interest rate is the rate that discounts exactly estimated future cash receipts through the expected life of the financial asset or, when appropriate, a shorter period, to the net carrying amount of the financial asset.

Interest on loans and receivables is calculated using the effective interest method and credited to the Statement of Comprehensive Income.

Other financial liabilities
All other financial liabilities are recognised initially at fair value, net of transaction costs incurred, and measured subsequently at amortised cost using the effective interest method.

The effective interest rate is the rate that discounts exactly estimated future cash payments through the expected life of the financial liability or, when appropriate, a shorter period, to the net carrying amount of the financial liability.

They are included in current liabilities except for amounts payable more than 12 months after the Statement of Financial Position date, which are classified as long-term liabilities.

Interest on financial liabilities carried at amortised cost is calculated using the effective interest method and charged to "Finance Costs". Interest on financial liabilities taken out to finance property, plant and equipment or intangible assets is not capitalised as part of the cost of those assets.

Impairment of financial assets
At the Statement of Financial Position date, the trust assesses whether any financial assets, other than those held at "fair value through income and expenditure" are impaired. Financial assets are impaired and impairment losses are recognised if, and only if, there is objective evidence of impairment as a result of one or more events which occurred after the initial recognition of the asset and which has an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in the Statement of Comprehensive Income and the carrying amount of the asset is reduced through the use of an allowance account/bad debt provision.

If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.16 Leases

Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee

Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/deficit.

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred.

Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The Trust as lessor

Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.17 Provisions

The NHS Foundation Trust recognises a provision where it has a present legal or constructive obligation of uncertain timing or amount; for which it is probable that there will be a future outflow of cash or other resources; and a reliable estimate can be made of the amount. The amount recognised in the Statement of Financial Position is the best estimate of the resources required to settle the obligation. Where the effect of the time value of money is significant, the estimated risk-adjusted cash flows are discounted using HM Treasury's discount rate of 2.2% in real terms, except for early retirement provisions and injury benefit provisions which both use the HM Treasury's pension discount rate of 2.8% (2010/11: 2.9%) in real terms.

When some or all of the economic benefits required to settle a provision are expected to be recovered from a third party, the receivable is recognised as an asset if it is virtually certain that reimbursements will be received and the amount of the receivable can be measured reliably.

Present obligations arising under onerous contracts are recognised and measured as a provision. An onerous contract is considered to exist where the Trust has a contract under which the unavoidable costs of meeting the obligations under the contract exceed the economic benefits expected to be received under it.

A restructuring provision is recognised when the Trust has developed a detailed formal plan for the restructuring and has raised a valid expectation in those affected that it will carry out the restructuring by starting to implement the plan or announcing its main features to those affected by it. The measurement of a restructuring provision includes only the direct expenditures arising from the restructuring, which are those amounts that are both necessarily entailed by the restructuring and not associated with on-going activities of the entity.

Clinical negligence costs

The NHS Litigation Authority (NHSLA) operates a risk pooling scheme under which the NHS Foundation Trust pays an annual contribution to the NHSLA, which, in return, settles all clinical negligence claims. Although the NHSLA is administratively responsible for all clinical negligence cases, the legal liability remains with the NHS Foundation Trust. The total value of clinical negligence provisions carried by the NHSLA on behalf of the NHS Foundation Trust is disclosed in the notes to the NHS Foundation Trust accounts, however is not recognised.

Non-clinical risk pooling

The NHS Foundation Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Litigation Authority and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.18 Contingencies
Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in note 36.2 where an inflow of economic benefits is probable.

Contingent liabilities are not recognised, but are disclosed in note 36.1, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Where the time value of money is material, contingencies are disclosed at their present value.

1.19 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS trust. HM Treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

An annual charge, reflecting the cost of capital utilised by the NHS Foundation Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the NHS Foundation Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities, except for (i) donated assets (including lottery funded assets), (ii) net cash balances held with the Government Banking Services (GBS), excluding cash balances held in GBS accounts that relate to a short-term working capital facility, and (iii) any PDC dividend balance receivable or payable. In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre-audit" version of the annual accounts.

The dividend thus calculated is not revised should any adjustment to net assets occur as a result the audit of the annual accounts.

1.20 Value Added Tax
Most of the activities of the NHS Foundation Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.21 Corporation Tax
The NHS Foundation Trust has determined that it has no corporation tax liability, based on the NHS Foundation Trust undertaking no business activities.

1.22 Foreign exchange
The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the trust's surplus/deficit in the period in which they arise. Foreign exchange transactions are negligible.

1.23 Third party assets
Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the NHS Foundation Trust has no beneficial interest in them. However, they are disclosed in note 41 to the accounts in accordance with the requirements of HM Treasury's FReM.

1.24 Losses and special payments
Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled. Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had NHS trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.25 Acquisitions and discontinued operations
Activities are considered to be "acquired" only if they are taken on from outside the public sector.

Activities are considered to be "discontinued" only if they cease entirely. They are not considered to be "discontinued" if they transfer from one public sector body to another.

1.26 Research and development
Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Statement of Comprehensive Income on a systematic basis over the period expected to benefit from the project. It should be re-valued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

2. Operating segments
The Trust has only one operating segment; that is the provision of healthcare services.

The total amount of income from the provision of healthcare services during the accounting period is £109,511k, including £108,816k from Primary Care Trusts.

3. Income generation activities
The Trust undertakes income generation activities with an aim of achieving profit, which is then used in patient care, although those activities do not provide material sources of income or have a full cost of over £1m.

As part of Transforming Community Services (TCS) and a tender process, various community services (predominantly children services) were transferred to Derbyshire Healthcare NHS Foundation trust from NHS Derby City:

- These services in aggregate contain more than 200 staff and their operating costs and income are material in value (c £10m) in audit terms.
- Because the services transferred from 1April 2011 they have an impact on 2011/12 values in the accounts, but are not found in the comparators for the prior year.
- No material non-current assets transferred as part of the TCS process.

4. Income

4.1 Income from patient care activities (by type)	2011-12 £000	2010-11 £000
Strategic health authorities	**0**	0
NHS trusts	**0**	0
Primary care trusts	**108,816**	16,734
Foundation trusts	**0**	0
Local authorities	**371**	86
Department of Health – grants	**0**	0
Department of Health – other	**0**	0
NHS other	**0**	0
Non-NHS:	**0**	0
Private patients	**0**	0
Overseas patients (non-reciprocal)	**0**	0
Injury costs recovery	**0**	0
Other	**324**	77
	109,511	**16,897**

4.2 Income from patient care activities (class)	2011-12 £000	2010-11 £000
Cost and Volume Contract income	**6,697**	9,429
Block Contract income	**96,915**	6,844
Clinical Partnerships providing mandatory services (including S31 agreements)	**0**	0
Clinical income for the Secondary Commissioning of mandatory services	**0**	0
Other clinical income from mandatory services	**5,899**	624
Private patient income	**0**	0
Other non-protected clinical income	**0**	0
	109,511	16,897

The terms of authorisation set out the mandatory goods and services that the Trust is required to provide. All of the income from activities shown above is derived from the provision of mandatory services.

4.3 Private Patient income

Section 44 of the National Health Service Act 2006 requires that the proportion of private patient income to the total patient-related income of NHSFTs should not exceed its proportion whilst an NHS Trust in 2002/03.

However, Derbyshire Healthcare NHS Foundation Trust is designated as a mental health Foundation Trust for the purposes of section 44 and pursuant to section 44 of the Act, and Condition 10 of authorisation, the private patient income cap can be the greater of the proportion of total income derived from private patient charges in 2002/03 or 1.5%.

Accordingly the Trust's PPI cap is set at 1.5% in the Trust's terms of authorisation. However, the Trust received £nil Private Patient Income (0%) in the reporting period.

5. Other Operating Income

5. Other operating income	2011-12 £000	2010-11 £000
Research and development	**173**	41
Education and training	**3,136**	474
Staff Costs	**2,032**	0
Other	**3,231**	841
	8,572	**1,356**

Other revenue includes:		
Income to support specific projects	**0**	345
Estates recharges	**387**	113
Income contributions towards nurse bank office	**0**	75
Employee lease car contributions	**393**	64
Catering	**161**	28
Property Rentals	**26**	17
Small Works income	**0**	7
Pharmacy Sales	**350**	0
Other various income elements	**1,914**	191
	3,231	**840**

The items included in the £1.9m "other various income elements" differ in nature and no items are bigger than £20k.

6. Income	2011-12 £000	2010-11 £000
From rendering of services	**118,083**	18,253
From sale of goods	**0**	0

Income is almost totally from the supply of services. Income from the sale of goods is immaterial.

7. Operating Expenses Comprise

7. Operating expenses comprise:	2011-12 £000	2010-11 £000
Services from NHS Foundation Trusts	**3,470**	605
Services from other NHS Bodies	**805**	339
Services from PCTs	**151**	0
Purchase of healthcare from non NHS bodies	**1,222**	8
Employee Expenses – Executive directors	**909**	146
Employee Expenses – Non-executive directors	**130**	14
Employee Expenses – Staff	**87,752**	13,654
Drug costs	**1,982**	307
Supplies and services – clinical (excluding drug costs)	**239**	45
Supplies and services – general	**757**	134
Establishment	**1,245**	243
Transport	**2,283**	416
Premises	**4,751**	1,003
Increase / (decrease) in bad debt provision	**18**	15
Depreciation on property, plant and equipment	**2,343**	423
Amortisation of intangible assets	**293**	38
Impairments of property, plant and equipment	**199**	35
Impairments of Intangibles	**314**	0
Impairments of Assets Held for Sale	**1,179**	0
Audit services- statutory audit	**57**	59
Other auditors remuneration – Internal Audit	**124**	23
Other auditors remuneration – Other	**67**	0
Clinical Negligence Costs	**243**	0
Legal fees	**291**	32
Loss on Sale of Assets	**30**	0
Consultancy costs	**371**	93
Training, courses and conferences	**474**	61
Patient travel	**17**	4
Car parking & Security	**25**	11
Redundancy	**2,196**	0
Early Retirements	**123**	0
Hospitality	**6**	1
Insurance	**0**	26
Other services, eg external payroll	**346**	0
Losses, ex gratia & special payments	**132**	0
Other	**1,120**	27
	115,664	**17,762**

Other includes:	**2011-12**
PFI Operating Costs	**834**
Changes in Provisions	**192**
Patient Expenses	**35**
Donations	**21**
Other	**38**
	1,120

The items included in the £38k are all small in nature and do not exceed £5k.

8. Operating Leases

8.1 As lessee

Operating lease commitments relate to properties rented by the Trust and also leased car arrangements.

	2011-12	2010-11
Payments recognised as an expense	**£000**	**£000**
Minimum lease payments	2,335	418
Contingent rents	0	0
Sub-lease payments	0	0
	2,335	**418**

The figures above include lease car payment and are reflected gross, however during the period the Trust has received employee contributions equating to £393k (2010-11 £64k).

	2011-12				2010-11
	Buildings	**Land**	**Other**	**Total**	**Total**
Total future minimum lease payments	**£000**	**£000**	**£000**	**£000**	**£000**
Payable:					
Not later than one year	**1,313**	**0**	**608**	**1,921**	1,950
Between one and five years	**4,586**	**0**	**513**	**5,099**	5,057
After 5 years	**18,196**	**0**	**0**	**18,196**	15,357
Total	**24,095**	**0**	**1,121**	**25,216**	**22,364**

Total future sublease payments expected to be received: £nil

8.2 As lessor

Operating lease arrangements relate to property that the Trust owns and leases to a third party.

	2011-12	2010-11
Rental revenue	**£000**	**£000**
Minimum lease payments	0	1
Contingent rent	0	0
Other	0	0
	0	**1**

9. Employee Costs and Numbers

	31 March 2012			31 March 2011		
	Total	**Permanently employed**	**Other**	Total	Permanently employed	Other
9.1 Employee costs	**£000**	**£000**	**£000**	£000	£000	£000
Salaries and wages	**68,346**	**68,396**	**0**	10,162	10,162	0
Social security costs	**5,122**	**4,836**	**286**	738	698	40
Employer contributions to NHS Pension scheme	**8,792**	**8,308**	**484**	1,288	1,219	69
Other pension costs	**0**	**0**	**0**	0	0	0
Other post-employment benefits	**0**	**0**	**0**	0	0	0
Other employment benefits	**0**	**0**	**0**	0	0	0
Agency/Contract staff	**7,080**	**0**	**7080**	1,593		1,593
Termination benefits	**2,445**	**2,445**	**0**	33	33	0
Employee benefits expense	**91,785**	**83,985**	**7,850**	13,814	12,112	1,702
Of the total above:						
Charged to capital	**682**			199		
Employee benefits charged to revenue	**91,103**			13,814		
	91,785			13,814		

There have been 4 cases of early retirements due to Ill health in year at a value of £420k (2010-11 – 3 cases at £93k)

9.2 Average number of people employed	31 March 2012 Total	Permanently employed	Other	31 March 2011 Total	Permanently employed	Other
	Number	**Number**	**Number**	Number	Number	Number
Medical and dental	**128**	**128**	**0**	101	101	0
Ambulance staff	**0**	**0**	**0**	0	0	0
Administration and estates	**479**	**479**	**0**	433	433	0
Healthcare assistants and other support staff	**347**	**347**	**0**	329	329	0
Nursing, midwifery and health visiting staff	**868**	**868**	**0**	738	738	0
Nursing, midwifery and health visiting learners	**0**	**0**	**0**	0	0	0
Scientific, therapeutic and technical staff	**222**	**222**	**0**	201	201	0
Social care staff	**1**	**1**	**0**	10	10	0
Other	**201**	**0**	**201**	191	0	191
Total	**2,246**	**2,045**	**201**	2,003	1,812	191
Of the above:						
Number of whole time equivalent staff engaged on capital projects	**14**			**18**		

9.3 Management Costs

	2011-12	2010-11
	£000	£000
Management costs	**7,637**	1,149
Income	**118,083**	18,253
Management costs as a percentage of total Trust income is	**6.47%**	6.3%

9.4 Directors' remuneration and other benefits

The aggregate of remuneration and other benefits receivable by directors from 1st April 2011 to 31st March 2012 is £1,039k (2010-11 £160k)

Included in the above costs are employer pension contributions of £120k (2010-11 £11k)

9.5 Exit Packages

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Guidance. Exit costs in this note are accounted for in full in the year the Trust has legally committed to the departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme and are not included in the table.

This disclosure reports the number and value of exit packages taken by staff legally agreed in the period.

During the period Derbyshire Healthcare NHS Foundation Trust incurred exit costs for a number of employees.

Reporting of Other Compensation Schemes – Exit Packages 2011-12

Reporting of other compensation schemes – exit packages 2011-12

Exit package cost band (including any special payment element)	Number of compulsory redundancies	Cost of compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
<£10,000	0	0	11	74	11	74	0	0
£10,001 - £25,000	10	166	16	298	26	464	0	0
£25,001 - £50,000	9	302	10	369	19	671	0	0
£50,001 - £100,000	5	376	5	321	10	697	2	50
£100,001 - £150,000	1	128	2	257	3	385	2	75
£150,001 - £200,000	1	154	0	0	1	154	0	0
>£200,001	0	0	0	0	0	0	0	0
Total	**26**	**1,126**	**44**	**1,319**	**70**	**2,445**	**4**	**125**

Reporting of other compensation schemes – exit packages 2010-11 (31st January 2011 - 31 March 2011)

Exit package cost band (including any special payment element)	Number of Compulsory redundancies	Cost of Compulsory redundancies	Number of other departures agreed	Cost of other departures agreed	Total number of exit packages	Total cost of exit packages	Number of departures where special payments have been made	Cost of special payment element included in exit packages
<£10,000	0	0	0	0	0	0	0	0
£10,001 - £25,000	0	0	2	58	2	58	0	0
£25,001 - £50,000	0	0	0	0	0	0	0	0
£50,001 - £100,000	0	0	0	0	0	0	0	0
£100,001 - £150,000	0	0	0	0	0	0	0	0
£150,001 - £200,000	0	0	0	0	0	0	0	0
>£200,001	0	0	0	0	0	0	0	0
	0	0	2	58	2	58	0	0

10. Pension Costs

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. The scheme is an unfunded, defined benefit scheme that covers NHS employers, GP 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.

The scheme is subject to a full actuarial valuation every four years (until 2004, every five years) and an accounting valuation every year. An outline of these follows:

a) Full actuarial (funding) valuation
The purpose of this valuation is to assess the level of liability in respect of the benefits due under the scheme (taking into account its recent demographic experience), and to recommend the contribution rates to be paid by employers and scheme members. The last such valuation, which determined current contribution rates was undertaken as at 31 March 2004 and covered the period from 1 April 1999 to that date. The conclusion from the 2004 valuation was that the scheme had accumulated a notional deficit of £3.3 billion against the notional assets as at 31 March 2004.

In order to defray the costs of benefits, employers pay contributions at 14% of pensionable pay and most employees had up to April 2008 paid 6%, with manual staff paying 5%.

Following the full actuarial review by the Government Actuary undertaken as at 31 March 2004, and after consideration of changes to the NHS Pension Scheme taking effect from 1 April 2008, his Valuation report recommended that employer contributions could continue at the existing rate of 14% of pensionable pay, from 1 April 2008, following the introduction of employee contributions on a tiered scale from 5% up to 8.5% of their pensionable pay depending on total earnings.

On advice from the scheme actuary, scheme contributions may be varied from time to time to reflect changes in the scheme's liabilities.

b) Accounting valuation
A valuation of the scheme liability is carried out annually by the scheme actuary as at the end of the reporting period by updating the results of the full actuarial valuation.

Between the full actuarial valuations at a two-year midpoint, a full and detailed member data-set is provided to the scheme actuary. At this point the assumptions regarding the composition of the scheme membership are updated to allow the scheme liability to be valued.

The valuation of the scheme liability as at 31 March 2011 is based on detailed membership data as at 31 March 2008 (the latest midpoint) updated to 31 March 2011 with summary global member and accounting data.

The latest assessment of the liabilities of the scheme is contained in the scheme actuary report, which forms part of the annual NHS Pension Scheme (England and Wales) Resource Account, published annually. These accounts can be viewed on the NHS Pensions website. Copies can also be obtained from The Stationery Office.

c) Scheme provisions
The NHS Pension Scheme provided defined benefits, which are summarised below. This list is an illustrative guide only, and is not intended to detail all the benefits provided by the Scheme or the specific conditions that must be met before these benefits can be obtained:

The Scheme is a "final salary" scheme. Annual pensions are normally based on 1/80th for the 1995 section and of the best of the last three years pensionable pay for each year of service, and 1/60th for the 2008 section of reckonable pay per year of membership. Members who are practitioners as defined by the Scheme Regulations have their annual pensions based upon total pensionable earnings over the relevant pensionable service.

With effect from 1 April 2008 members can choose to give up some of their annual pension for an additional tax free lump sum, up to a maximum amount permitted under HMRC rules. This new provision is known as "pension commutation".

Annual increases are applied to pension payments at rates defined by the Pensions (Increase) Act 1971, and are based on changes in retail prices in the twelve months ending 30 September in the previous calendar year.

Early payment of a pension, with enhancement, is available to members of the scheme who are permanently incapable of fulfilling their duties effectively through illness or infirmity. A death gratuity of twice final year's pensionable pay for death in service, and five times their annual pension for death after retirement is payable.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to the statement of comprehensive income at the time the trust commits itself to the retirement, regardless of the method of payment.

Members can purchase additional service in the NHS Scheme and contribute to money purchase AVC's run by the Scheme's approved providers or by other Free Standing Additional Voluntary Contributions (FSAVC) providers.

On 22 June 2010 the government announced in the Emergency Budget that in future the consumer Price Index (CPI) would be used to calculate the minimum pension increases for index-linked pensions rather than the Retail Price Index (RPI) that has been used to date. This change will result in a reduction of any defined benefit pension liability for FTs (or where a net pension is recognised, an increase in that asset). The UK's Urgent Issues Task Force has issued Abstract 48 on the treatment of this gain by entities. The FT ARM has adopted this abstract and these accounts have been prepared accordingly.

11. Better Payment Practice Code

	31 March 2012		31 March 2011	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**19,445**	**23,458**	5,322	4,331
Total Non NHS trade invoices paid within target	**18,585**	**22,142**	4,993	4,085
Percentage of Non-NHS trade invoices paid within target	**96%**	**94%**	94%	94%
Total NHS trade invoices paid in the year	**1,360**	**13,365**	162	1,737
Total NHS trade invoices paid within target	**1,169**	**11,315**	146	1,584
Percentage of NHS trade invoices paid within target	**86%**	**85%**	90%	91%

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.

12. The Late Payment of Commercial Debts (Interest) Act 1998
No payments were made in respect of the Late Payment of Commercial Debt (Interest) Act 1998.

13. Finance Income
Finance income was received in the form of bank interest receivables totalling £23k (2010-11 £4k).

14. Other gains and losses
The Trust made no other gains or losses during the period of account.

15. Finance Costs

	2011-12	2010-11
15. Finance costs	**£000**	£000
Interest on obligations under PFI contracts:		
– main finance cost	1,222	199
– contingent finance cost	522	63
Total interest expense	**1,744**	262
Other finance costs	0	37
Total	**1,744**	299

16. Property, Plant and Equipment

2011-12	**Land**	**Building excluding dwellings**	**Assets under construction and payments on account**	**Plant and machinery**	**Transport and equipment**	**Information Technology**	**Furniture and fittings**	**Total**
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Gross cost at 31 March 2011	13,210	55,595	2,271	2,026	251	9,485	1,809	84,647
Additions purchased	0	1,869	699	3	0	133	123	2,827
Additions donated	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	1,050	(1,964)	0	0	157	70	(687)
Revaluations	0	1,898	0	0	0	0	0	1,898
Transferred to disposal group as asset held for sale	(580)	(1,051)	0	0	0	0	0	(1,631)
Disposals	0	0	0	0	0	0	0	0
Gross cost at 31 March 2012	**12,630**	**59,361**	**1,006**	**2,029**	**251**	**9,775**	**2,002**	**87,054**

16. Property, plant and equipment Continued

Depreciation at 31 March 2011	0	5,136	35	1,059	159	8,441	811	15,641
Provided during the year	0	1,674	0	155	24	315	175	2343
Impairments	0	(21)	0	6	0	160	54	199
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	(67)	0	0	0	0	0	(67)
Disposals	0	0	0	0	0	0	0	0
Depreciation at 31 March 2012	**0**	**6,722**	**35**	**1,220**	**183**	**8,916**	**1,040**	**18,116**
Net book value								
Owned	12,630	24,847	971	809	68	859	962	41,146
Finance lease	0	0	0	0	0	0	0	0
PFI	0	27,792	0	0	0	0	0	27,792
Total at 31 March 2012	**12,630**	**52,639**	**971**	**809**	**68**	**859**	**962**	**68,938**

16.1 Revaluation reserve balance for property, plant & equipment

	Land	Buildings excluding dwellings	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
At 31 March 2011	9,118	5,765	19	2	4	36	14,944
Movements [1]	(330)	1,110	(7)	(2)	(3)	(14)	754
At 31 March 2012	**8,788**	**6,875**	**12**	**0**	**1**	**22**	**15,698**

[1] Movements due to impairments and the releasing of revaluation reserves of the disposal of properties, and upon declaring properties as available for sale assets. In addition to this there have been movement due to assets being de-recognised after an asset verification review. Buildings have been indexed in year which has led to an increase in the reserve.

16.2 Property, plant and equipment	Land	Building excluding dwellings	Assets under construction and on account	Plant and machinery	Transport and equipment	Information Technology	Furniture and fittings	Total
2010-11	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
Gross cost at 1 February 2011	13,280	54,919	2,250	2,026	251	9,478	1,747	83,951
Additions purchased	0		974	0	0	0	0	974
Additions donated	0	0	0	0	0	0	0	0
Impairments	0	0	0	0	0	0	0	0
Reclassifications	0	862	(953)	0	0	7	62	(22)
Revaluations	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	(70)	(186)	0	0	0	0	0	(256)
Gross cost at 31 March 2011	**13,210**	**55,595**	**2,271**	**2,026**	**251**	**9,485**	**1,809**	**84,647**
Depreciation at 1 February 2011	0	4,840	0	1,035	155	8,388	777	15,195
Provided during the year	0	308	0	24	4	53	34	423
Impairments	0	0	35	0	0	0	0	35
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	(12)	0	0	0	0	0	(12)
Depreciation at 31 March 2011	**0**	**5,136**	**35**	**1,059**	**159**	**8,441**	**811**	**15,641**
Net book value								
Owned	13,210	23,888	2,236	967	92	1,044	998	42,435
Finance lease	0	0	0	0	0	0	0	0
PFI	0	26,571	0	0	0	0	0	26,571
Total at 31 March 2011	**13,210**	**50,459**	**2,236**	**967**	**92**	**1,044**	**998**	**69,006**

16.3 Revaluation reserve balance for property, plant & equipment	Land	Buildings excluding dwellings	Plant and machinery	Transport equipment	Information technology	Furniture & fittings	Total
	£000	**£000**	**£000**	**£000**	**£000**	**£000**	**£000**
At 1 February 2011	9,118	5,894	19	2	4	36	15,073
Movements [2]	0	(129)					(129)
At 31 March 2011	**9,118**	**5,765**	**19**	**2**	**4**	**36**	**14,944**

[2] Movements due to impairments and the releasing of revaluation reserves of the disposal of properties, and upon declaring properties as available for sale assets.

The value of the buildings revaluation reserve has changed by £125k due to the Donated Asset reserve being incorporated, this has changed the total figure from £14,819k.

16.4 Valuation

Assets relating to land and buildings have been valued during the period as follows

The most recent full interim valuation performed was based on prospective market values as at 31st March 2010 and provides the most up to date professional valuation data, localised for the Trust's estate.

The Trust has also had formal valuations for assets transferred from "assets under the course of construction" and for assets classified as "available for sale" during the financial year 2011/12 to inform impairment assessment.

All valuations have been carried out by the District Valuer. Valuations are based on modern equivalent asset approach.

Assets have been indexed in year which has increased the value of building by £1,898k. These were based on BCIS indices supplied by the District Valuer for quarter 1 2012.

Assets have been valued at market value for land and non-specialised buildings or at depreciated replacement cost for specialised buildings.

16.5 Economic life of property, plant and equipment

The following table shows the range of estimated useful lives for property, plant and equipment assets

	Min Life Years	Max Life Years
Buildings excluding dwellings	22	89
Dwellings	0	0
Assets under Construction & POA	0	0
Plant & Machinery	1	10
Transport Equipment	7	8
Information Technology	1	7
Furniture & Fittings	1	25

16.6 Property Plant and Equipment: protected and non-protected assets analysis

	Land	Buildings	Assets under Construction & POA	Plant & Machinery	Transport Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Net book Value at 31/03/12								
Protected assets	3,445	14,516	0	0	0	0	0	17,961
Non-protected assets	9,185	38,123	971	809	68	859	962	50,977
Total	**12,630**	**52,639**	**971**	**809**	**68**	**859**	**962**	**68,938**

17. Intangible Assets

2011-12	Software Licences (Purchased) £000	Information Technology (internally generated) £000	Total £000
Gross cost at 31 March 2011	32	1,482	1,514
Additions purchased	84	125	209
Additions donated	0		0
Impairments	0	0	0
Reclassifications	18	669	687
Revaluations	0	0	0
Transferred to disposal group as asset held for sale	0	0	0
Disposals	0	0	0
Gross cost at 31 March 2012	**134**	**2,276**	**2,410**
Amortisation at 31 March 2011	16	796	812
Provided during the year	12	281	293
Impairments	0	314	314
Reclassifications	0	0	0
Revaluation surpluses	0	0	0
Transferred to disposal group as asset held for sale	0	0	0
Disposals	0	0	0
Amortisation at 31 March 2012	**28**	**1,391**	**1,419**
Net book value			
Purchased	106	885	991
Finance lease	0	0	0
Donated	0	0	0
Total at 31 March 2012	**106**	**885**	**991**

2010-11	Software Licences (Purchased) £000	Information Technology (internally generated) £000	Total £000
Gross cost at 1 February 2011	32	1,460	1,492
Additions purchased	0	0	0
Additions donated	0	0	0
Impairments	0	0	0
Reclassifications	0	22	22
Revaluations	0	0	0
Transferred to disposal group as asset held for sale	0	0	0
Disposals	0	0	0
Gross cost at 31 March 2011	**32**	**1,482**	**1,514**
Amortisation at 1 February 2011	15	759	774
Provided during the year	1	37	38
Impairments	0	0	0
Reclassifications	0	0	0
Revaluation surpluses	0	0	0
Transferred to disposal group as asset held for sale	0	0	0
Disposals	0	0	0
Amortisation at 31 March 2011	**16**	**796**	**812**
Net book value			
Purchased	16	686	702
Finance lease	0	0	0
Donated	0	0	0
Total at 31 March 2011	**16**	**686**	**702**

All intangible assets both those internally developed and purchased have an economic life of five years.

18. Impairments

Impairment have arisen in year due to several factors, these include land and buildings being made available for sale, de-recognition of replaced assets and writes offs through asset verification. All impairments have been charged to income and expenditure in year.

	£000
Impairments for land & buildings classified as held for sale	1,179
Impairments for Property, Plant and Equipment	199
Impairments for Intangibles	314
	1,692

19. Commitments

19.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2012	31 March 2011
	£000	£000
Property, plant and equipment	**145**	751
Intangible assets	**6**	0
Total	**151**	**751**

20. Inventories

20. Inventories

	31 March 2012	31 March 2011
20.1 Inventories	£000	£000
Finished goods	**174**	176
Total	**174**	**176**
Of which held at net realisable value:	**0**	0

	31 March 2012	31 March 2011
20.2 Inventories recognised in expenses	£000	£000
Inventories recognised as an expense in the period	**2,338**	369
Write-down of inventories (including losses)	**0**	0
Reversal of write-downs that reduced the expense	**0**	0
Total	**2,338**	**369**

21. Trade and Other Receivables

	Current	Non-current	Current	Non-current
	31 March 2012	31 March 2012	31 March 2011	31 March 2011
21.1 Trade and other receivables	**£000**	**£000**	**£000**	**£000**
NHS receivables-revenue	**801**	**0**	1,267	0
Related Party Receivables	**216**	**0**	0	0
Provision for the impairment of receivables	**(89)**	**0**	(88)	0
Prepayments and accrued income	**920**	**867**	1,187	570
VAT receivables	**146**	**0**		
Other receivables	**389**	**0**	495	0
Total	**2,383**	**867**	**2,861**	**570**

The great majority of trade is with Primary Care Trusts, as commissioners for NHS patient care services. As Primary Care Trusts are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

	31 March 2012	31 March 2011
21.2 Receivables past their due date but not impaired	**£000**	**£000**
By up to three months	**803**	1,368
By three to six months	**36**	31
By more than six months	**13**	1
Total	**852**	**1,400**

	31 March 2012	31 March 2011
21.3 Provision for impairment of receivables	**£000**	**£000**
Opening balance	**(88)**	(73)
Amount written off during the period	**0**	0
Amount recovered during the period	**0**	0
Amount Utilised	**17**	0
(Increase)/decrease in receivables impaired	**(18)**	(15)
Balance at 31 March	**(89)**	**(88)**

22. Other financial assets

There are no other financial assets as at 31st March 2012.

23. Other current assets

There are no other current assets as at 31st March 2012.

24. Cash and Cash Equivalents

	31 March 2012	31 March 2011
24. Cash and cash equivalents	**£000**	**£000**
Balance at 31 March		
Net change in period	**4,944**	6,290[3]
Balance at period end	**2,248**	(1,346)
	7,192	**4,944**

Made up of		
Cash with Government banking services		
Commercial banks and cash in hand	**7,154**	4,907
Current investments	**38**	37
Cash and cash equivalents as in statement of financial position	**0**	0
Bank overdraft – Government banking services	**0**	0
Bank overdraft – Commercial banks	**0**	0
Cash and cash equivalents as in statement of cash flows	**0**	0
[3] Balance at 31 January 2011	**7,192**	**4,944**

25. Non-Current Assets Held for Sale

25. Non-current assets held for sale	**Land** £000	**Buildings, excl dwelling** £000	**Dwellings** £000	**Other property, plant & equipment** £000	**Intangible assets** £000	**Total** £000
Balance at 31 March 2011	320	830	95	0	0	1,245
Plus assets classified as held for sale in the year	580	984	0	0	0	1,564
Less assets sold in the year	(710)	(475)	(95)	0	0	(1,280)
Less impairments of assets held for sale	0	(1,179)	0	0	0	(1,179)
Plus reversal of impairment of assets held for sale	0	0	0	0	0	0
Less assets no longer classified as held for sale, for reasons other than disposal by sale	0	0	0	0	0	0
Balance at 31 March 2012	**190**	**160**	**0**	**0**	**0**	**350**

Assets have been declared as available for sale because they have been considered as part of the Trusts overall review of its estate, the operating requirements have been deemed surplus to the Trust Board.

During the period 3 of the 5 buildings held for sale in the 2010-11 have been sold and two further buildings have been declared surplus in year and sold.

Impairments of £1,179k consisted of £1,164k for land and buildings made available for sale in year. There were reversal of impairments of £285k on assets sold and additional £300k impairment on the 2010-11 assets still available for sale.

The losses on sales were £30k which related to 2 assets declared surplus in 2010-11.

26. Trade and Other Payables

	Current	Non-Current	Current	Non-Current
	31 March 2012	31 March 2012	31 March 2011	31 March 2011
26. Trade and other payables	**£000**	**£000**	**£000**	**£000**
NHS payables	**1,803**	**0**	2,145	0
Trade payables – capital	**126**	**0**	105	0
Other Trade payables	**512**	**0**	3,480	0
Payables with Related Parties	**131**	**0**	0	0
Taxes payables	**906**	**0**	1,503	0
Other payables	**1,923**	**0**	1,199	0
Social Security costs	**793**	**0**	0	0
Accruals	**1,970**	**0**	502	0
Total	**8,164**	**0**	**8,934**	**0**

Other payables include:
£1,081k outstanding pensions contributions at 31 March 2011 (31 March 2010 £953k). These were paid in April 2012.

27. Borrowings

	Current	Non-current	Current	Non-current
	31 March 2012	31 March 2012	31 March 2011	31 March 2011
27. Borrowings	**£000**	**£000**	**£000**	**£000**
PFI liabilities	**640**	**30,448**	645	31,088
Total	**640**	**30,448**	**645**	**31,088**

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire during 2039.

28. Other liabilities

	Current	Current
	31 March 2012	31 March 2011
28. Other liabilities	**£000**	**£000**
Deferred income	**1,120**	935
	1,120	**935**

The Trust has no other liabilities.

29. Prudential Borrowing Limit

The NHS Foundation Trust is required to comply with, and remain within, a prudential borrowing limit. This is made up of two elements:

- the maximum cumulative amount of long-term borrowing. This is set by reference to the four ratio tests set out in the Prudential Borrowing Code for NHS Foundation Trusts. The financial risk rating set under Monitor's Compliance Framework determines one of the ratios and therefore can impact on the long term borrowing limit; and
- the amount of any working capital facility approved by Monitor

Further information on the Prudential Borrowing Code for NHS Foundation Trusts and Compliance Framework can be found on Monitor's website

The Trust has a total Prudential Borrowing Limit of £46.5m in 2011/12 (2010-11: £41m)

- The Trust has a maximum cumulative long term borrowing limit of £37.2m (2010-11: £33m) as detailed in its terms of authorisation, the actual in 2011-12 is £30.4m (2010-11 £31.0m).
- The Trust has an approved working capital facility of £9.3m. (2010-11: £8m), this is in place but has not been used in the accounting period.

The financial ratios for 2011-12 as published in the Prudential Borrowing code are shown below with the actual level of achievement for the period

Financial Ratio	Actual Ratio 2011-12	Approved PBL ratio 2011-12	Actual Ratio 2010-11	Approved PBL ratio 2010-11
Minimum Dividend cover	4.4	>1	4.8	>1
Minimum Interest cover	3.9	>3	4.0	>3
Minimum Debt service cover	2.8	>2	2.9	>2
Maximum debt service to revenue	2.03%	<2.5%	2.17	<2.5%

30. Finance lease obligations

The Trust does not have any finance lease obligations other than that disclosed as part of its PFI contract

31. Finance lease receivables

The Trust does not have any finance lease arrangements as a lessor

32. Finance lease commitments

The Trust has not entered into any new finance lease commitments

33. Private Finance Initiative Contracts

33.1 PFI schemes on-Statement of Financial Position
The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire in 2039

Under IFRIC 12, the asset is treated as an asset of the Trust; that the substance of the contract is that the Trust has a finance lease and payments comprise two elements - imputed finance lease charges and service charges.

Details of the imputed finance lease charges are shown in the table below:

Total obligations for on-statement of financial position PFI contracts due also below:

	31 March 2012	31 March 2011
	£000	£000
Not later than one year	**1,853**	1,853
Later than one year, not later than five years	**7,411**	7,411
Later than five years	**40,972**	42,823
Sub total	**50,236**	**52,087**
Less: interest element	**(19,148)**	(20,354)
Total	**31,088**	**31,733**

33.2 Charges to Expenditure

The total charged in the period to expenditure in respect of the service element of on-statement of financial position PFI contracts was £866k (prior year £130k).

The Trust is committed to the following charges

	31 March 2012	31 March 2011
	£000	£000
Not later than one year	**866**	836
Later than one year, not later than five years	**3845**	3,675
Later than five years	**37,437**	34,673
Total	**42,148**	**39,184**

34. Other financial liabilities
The Trust has no other financial liabilities.

35. Provisions

35. Provisions	Current 31 March 2012 £000	Non-current 31 March 2012 £000	Current 31 March 2011 £000	Non-current 31 March 2011 £000
Pensions relating to former directors	**0**	**0**	0	0
Pensions relating to other staff	**166**	**2,261**	163	2,105
Legal claims	**226**	**0**	135	0
Restructurings	**0**	**0**	0	0
Redundancy	**660**	**0**	0	0
Other	**662**	**0**	353	0
Total	**1,714**	**2,261**	**651**	**2,105**

	Pensions relating to former directors	Pensions relating to other staff	Legal claims	Restructurings	Redundancy	Other	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 March 2011	0	2,268	135	0	0	353	2,756
Arising during the period	0	255	206	0	660	662	1,783
Used during the period	0	(162)	(49)	0	0	(208)	(419)
Reversed unused	0	0	(66)	0	0	(145)	(211)
Unwinding of discount	0	66	0	0	0	0	66
At 31 March 2012	**0**	**2427**	**226**	**0**	**660**	**662**	**3,975**
Expected timing of cash flows:							
Within one year	0	166	226	0	660	662	1,714
Between one and five years	0	621	0	0	0	0	621
After five years	0	1,640	0	0	0	0	1,640
	0	**2,427**	**226**	**0**	**660**	**662**	**3,975**

The Trust holds a provision for pensions and by its nature this includes a degree of uncertainty in respect of timings and amount, due to the uncertainty of life expectancy. Future liability is calculated using actuarial values

Other provisions are employee related claims.

£207k is included in the provisions of the NHS Litigation Authority at 31/3/2012 in respect of clinical negligence liabilities of the trust (31/03/2011 £78k).

36. Contingencies

36.1 Contingent liabilities	2011-12 £000	2010-11 £000
NHSLA Legal Claims	**0**	(18)
Total	**0**	**(18)**

37. Financial Instruments

	2011-12	2010-11
	Loans and receivables	Loans and receivables
37.1 Financial assets	**£000**	**£000**
Trade Receivables	**1,406**	570
Cash at bank and in hand	**7,192**	4,944
Total at 31 March	**8,598**	**5,514**

	2011-12	2010-11
	Other	Other
37.2 Financial liabilities	**£000**	**£000**
Trade Payables	**4,369**	6,824
PFI and finance lease obligations	**31,088**	31,733
Total at 31 March	**35,457**	**38,557**

37.3 Financial risk management
Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with primary care Trusts and the way those primary care trusts are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the NHS Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Derbyshire Healthcare NHS FT is not, therefore, exposed to significant interest rate risk.

Credit risk
Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2011 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk
The Trust's cash flows are mainly stable and predictable. Operating costs are incurred under contracts with primary care Trusts, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated sources. The Trust has access to a working capital facility of £9.3m which is available as and when required, although it has not used this facility in the accounting period. The Trust is not, therefore, exposed to significant liquidity risks.

38. Events after the reporting period
There were no post balance sheet events for the period ending 31 March 2012.

39. Audit Fees

The analysis below shows the total fees paid or payable for the period in accordance with the Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008 (SI 2008/489)

	2011-12	2010-11
External Audit Fees	**£000**	**£000**
Statutory Audit Services	57	59
Non statutory audit fees		
Internal audit services	124	23
Taxation Services	40	0
Corporate Finance	27	0

The Internal audit services of the trust were supplied by EMIAS at the beginning of the year and the contract was awarded to PWC from the 1st December 2011.

The Taxation Services and Corporate Finance work was supplied by PWC.

40. Related Party Transactions

Derbyshire Healthcare NHS Foundation Trust is a public benefit corporation authorised by Monitor - the Independent Regulator for NHS Foundation Trusts. All NHS Foundation Trusts are independent bodies which are not controlled by the Secretary of State. The Trust has considered whether or not the working relationships it has with any NHS bodies and Government departments and agencies meet the definition of a related part under IAS 24.

The value of transactions with government bodies and other related parties with which the Trust has had material dealings and which therefore require disclosure are:

	Income	Expenditure	Receivables	Payables
2011-12	**£000**	**£000**	**£000**	**£000**
Related Parties with other NHS Bodies	115,863	13,291	801	3,175
2010-11				
Related Parties with other NHS Bodies	17,962	952	1,267	2,270

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

Trust Board Member Name and Title	Related Party	Relationship	Payments to Related Party	Receipts from Related Party	Amounts owed to Related Party	Amounts due from Related Party
Financial Year 2011/12 (to period end)			**£000**	**£000**	**£000**	**£000**
Kathryn Blackshaw, Executive Director of Business Strategy	NHS Derby City	Partner of Chief Executive*	960	45,054	478	97

*During the financial year the Chief Executive was on secondment to East Midlands SHA from April 2011 to November 2011, Derbyshire Foundation Trust received income from the SHA of £2,367k during 2011-12. From November to Present he is on secondment with the NHS Confederation, the Foundation Trust has no transactions with this organisation during the financial year.

The Department of Health is regarded as a related party. During the period Derbyshire Healthcare NHS Foundation 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
- NHS Shared Business Services
- Turning Point

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. From the 1st July the management of the charitable funds were transferred to Derbyshire Community Health Services NHS Trust.

The Register of Interests is available from the Legal Department.

41. Third party assets

The Trust held £103k cash and cash equivalents at 31 March 2012 (£222k 31 March 2011) which relates to monies held by the NHS Trust on behalf of patients. This has been excluded from the cash and cash equivalents figure reported in the accounts.

42. Losses and special payments

There were 8 cases of losses and special payments worth £132k, of which 4 exit costs totalling £125k would be regarded as special payments (1 February 2011 to 31 March 2011,there were 3 cases totalling £280)

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases where the net payment exceeded £100,000.

The above have been reported on an accruals basis and exclude provisions for future losses.

www.loveyourlocalnhs.co.uk

Derbyshire Healthcare
NHS Foundation Trust
Trust Headquarters
Bramble House
Kingsway Site
Derby
DE22 3LZ

Tel: 01332 623700
Email: communications@derbyshcft.nhs.uk
www.derbyshirehealthcareft.nhs.uk

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