Better together

Derbyshire Healthcare NHS
NHS Foundation Trust

Annual Report and Accounts
Incorporating the Quality Report

2012/13

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Chairman's Foreword

It will come as no surprise to everyone who reads our Annual Report that the financial challenges that I referred to last year continue.

We are required to identify and achieve continuous financial savings and your Board have made a commitment that this must be done without any impairment to the quality of our services.

I believe that we have achieved this but I and my colleagues harbour no false illusions. This does get harder each year but we shall continue with our policy. No efficiency project gets adopted by this organisation if it fails our quality impact assessment.

I am delighted to report to you that this has again been an extremely busy year. You can read a full report on events and developments in every part of our Foundation Trust in the pages that follow.

At Board level too there have been significant changes in the team with new appointments at Director of Finance and Chief Executive level. I welcome these changes and wish both appointees success in their new roles. I believe these new appointments, together with a raft of innovative developments, herald a new chapter in the life of this organisation. We have a refreshed Board who will continue to work with the challenges we face and who are well equipped to overcome them.

I pay tribute each year to the valiant efforts of our fantastic workforce who work tirelessly each day to maintain a quality service and who succeed in this. This is not something I do lightly. I really am extremely grateful to every one of them for their hard work, often delivered in very trying conditions. Thank you.

The Board are currently finalising a new strategic assessment of our ambitions for the organisation from now until 2016, which will be reported on in future editions of this document. New ambitions, new ideas, new challenges. Same resolve to succeed though.

Alan Baines
Chairman
Derbyshire Healthcare NHS Foundation Trust

Chief Executive's Introduction

Despite the considerable challenges faced by the public sector during the last year; a period of significant economic downturn characterised by a drive for increasing productivity, our Trust has continued to positively respond to the health and wellbeing needs of our patients and local population by providing the highest quality services and promoting individual choice, recovery and independence.

Whilst there has been a significant change within the local health community, with competition from other providers becoming increasingly prevalent, our Trust has continued to develop and grow with support from both our commissioners and patients. During the past year we have received significant investment into our Health Visiting Service to enable us to recruit additional staff, and have recently agreed with our commissioners that this investment will continue over the next two years to ensure the local health community fulfils its requirements in terms of the national 'Health Visitor Implementation Plan 2011-15: A Call to Action'.

This is my first report as the new Chief Executive for our Trust. I would like to acknowledge and thank my predecessors, Mike Shewan and Kathryn Blackshaw for their leadership of the Trust. I have thus far been impressed by the good practice I have seen across the Trust and, whilst we have many challenges ahead, I feel confident that we have solid foundations on which to progress.

We have many successes to celebrate and be proud of. These range from organisation-wide schemes, such as the implementation of our Values, our approach to looking at leadership development, and our continued emphasis on quality during wide organisational change. Local initiatives include the Centre of Compassion being the first Centre to open in the new Research and Development Department.

Chief Executive's Introduction

Our Trust is in a good state of health at the end of 2012-13. We have maintained a rating of 'Green' for Quality and have a FRR (Financial Risk Rating) of '3'. These are important indicators that are endorsements of the collective efforts of everyone in our Trust, working together to provide better care.

We have also started to implement the Rapid Assessment, Intervention and Discharge (RAID) service. This is a significant investment into the Trust, which will provide a comprehensive range of mental health specialties within one multi-disciplinary team based within Royal Derby Hospital. The RAID team will ensure that all patients can be assessed, treated, signposted or referred appropriately regardless of age, address, presenting complaint, time of presentation or severity and complexity. The roll-out of the service will be complete during 2013/14.

We have also continued to work closely with our local commissioners to develop and implement innovative solutions to the redesign of care pathways. For example, during the past year we have developed and extended our Home Treatment service, allowing for greater flexibility in terms of how acute mental health services can be delivered, ensuring that we continue to put the needs of our patients first. We have also started to transform our older adult services, ensuring that all patients who require it have easy access to memory assessment services. This has involved working closely with our colleagues in primary care to ensure that local models of care are designed and implemented in line with the needs of specific local populations.

In addition we also continue to work closely with a number of other partner organisations. Notably during the past year we were commissioned by Turning Point to provide medical and phycology services to the Mastin Moor Rehabilitation Unit. Also our Drug Treatment Services in both Derby City and Derbyshire County, which are delivered in partnership with Phoenix Futures and SPODA, commenced delivery during the year. We have also benefitted from our work with First Steps in Derby.

In the future we will be looking to strengthen and further develop our relationship with the voluntary sector.

Our initial response to the Francis Inquiry

The final report of the findings of the public inquiry into the failings at Mid Staffordshire Hospitals, known as the Francis Report, was officially published on 6 February 2013. To encourage further dialogue with our staff on this, a discussion forum has been set up on Connect, the staff intranet, where staff can post comments and gain a response. The Trust has taken this report by Robert Francis QC very seriously. Rather than issuing an immediate response to the 290 recommendations aimed at improving healthcare standards in the NHS, which we fully embrace, our Trust has taken a 'Listening First' approach.

The leadership of our Trust has been taking this time to reflect on the points raised in the Francis report and how we can progress as an organisation by learning from the findings and recommendations. We recognise the importance of gaining an understanding of the views of people who are using or have used our services, the general public and our membership. This collaborative working will enable us to make a truly informed response and determine any steps we can take in our drive to continuously improve key elements of the services we provide. We are clear that this is an ongoing journey and not a one-off exercise.

Four high level themes arising from the report where we have been undertaking work are:

1 Putting patients first

We are committed to putting patients at the heart of everything we do and embrace the notion of 'no decision about me without me.' Our nationally awarded Core Care Standards set out our expectations of the highest standards of care for each and every patient and carer. These standards were co-produced with patients and provide a system which enables transparency, honesty and candour making clear to our communities what they can expect from our services.

Chief Executive's Introduction

2 Holding ourselves to account for our standards

We have in place a Trust-wide approach to quality governance where all teams take part in the quality visit programme, providing dynamic 'ward to board' assurance and quality improvement of care standards. The new quality framework sets out a person-centred approach to capturing quality around the patient story. The single most important thing for us and our staff is to deliver high quality care. We are also committed to developing our performance measures to benchmark our quality against other high performing Trusts.

3 A duty of openness, transparency & candour

All service users are encouraged to give us feedback on the quality of care they have received. Our culture of openness and candour begins with honest dialogue between the patient and their care teams. Across all our services are information systems that help staff think about the safety, effectiveness and patient experience of people in their care. This information forms part of a report that is presented at the public sessions of the Trust Board Meeting. We work proactively with our regulators, commissioners, partners and local stakeholders in our communities to make sure our services respond to local need.

4 Compassionately designed services

Our values make clear that compassion is fundamental to our care and is delivered through recovery focused relationships. We continue to invest in the leadership and development of teams where compassion and respect between staff is the foundation of strong team working. We have committed to a Centre for Research & Development in which compassion will be the first research programme.

And finally, we remain committed to high quality care and patient safety as our number one priority. We know that there are no grounds for complacency. We will continue to ensure that when a patient, carer or a colleague raises a concern about the standard of care received, they are listened to and the concern is acted upon immediately.

More work will be undertaken in the coming months and we actively encourage staff, service users and families to get involved in this work. By continuing to work side by side we know that we will get "better together". The Board will announce publicly how it plans to take forward the recommendations later in 2013.

Looking forward, we embark on our new strategic direction with the aim to improve people's lives by working in partnership to create stronger local communities in which the citizens of Derbyshire can flourish. We have high aspirations for all the people who work for us and who continue to deliver care within relationships experienced as compassionate, optimistic and recovery focussed. We believe that what will make our Trust different from all others is the quality of relationships we offer.

Steve Trenchard
Chief Executive
Derbyshire Healthcare NHS Foundation Trust
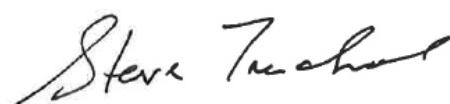
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An Introduction to our Trust
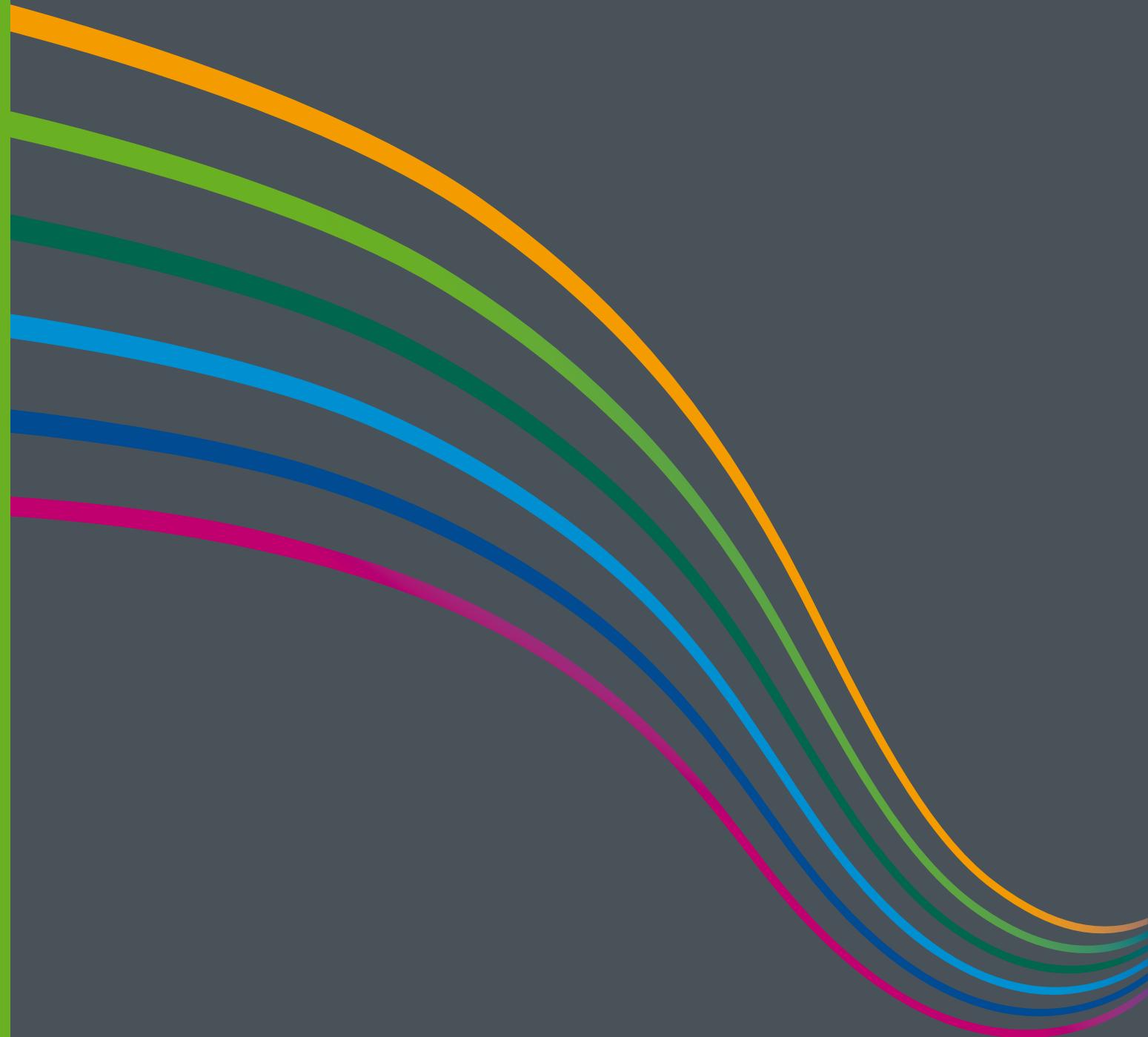
An Introduction to our Trust

Derbyshire Healthcare NHS Foundation Trust was authorised as a foundation trust on 1st February 2011 by Monitor, the Independent Regulator of NHS Foundation Trusts, under its powers under Section 35 of the National Health Service Act 2006. Derbyshire Mental Health Services NHS Trust, the former organisation, was formed as an NHS Trust in 2002, upon the merger of services by Southern Derbyshire Community and Mental Health Services NHS Trust (established 1993).

An introduction to the services we provide

Derbyshire Healthcare NHS Foundation Trust ('the trust') is the largest provider of mental health and substance misuse services in Derbyshire, primarily serving the people of Derbyshire which has a 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 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, community based learning disability services and community paediatric services (Derby City only).

A key to the successful delivery of our services is partnership working. The trust works in close collaboration with partnership organisations such as NHS Derby City and NHS Derbyshire County, Derby City Council and Derbyshire County Council, Phoenix Futures, Derby and Nottingham Universities, Derbyshire Voice, the mental health charity MIND and others supporting people with mental health, learning disability, substance misuse and children's health needs. These partnership arrangements enhance and improve services for Derbyshire and support the delivery of services along a continuous and integrated pathway.

Our services

Our frontline clinical services are delivered through a structure of two 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 specialised services.

We provide the following services for the whole of Derbyshire:
- Services for adults of working age (inpatient, community and emergency care/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 the population of 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

An Introduction to our Trust

The Acute and Community Care Division delivers clinical services through a range of adult and older people's clinical teams managed in Service lines on a geographical basis. The table below shows all 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 Inpatient Services	Older People's Community Services
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 London Road 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 London Road 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 tem	Killamarsh & North Chesterfield 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 & Home Treatment team	Outpatients Department London Road Community Hospital	Pathfinder Service South County & City	Early Intervention Services North team	Tissington House Kingsway	City Older Adult CMHT
Day Hospital London Road Community Hospital					Physiotherapy Services	Discharge Placement Team & South Derbyshire Older Adult CMHT
South/City Crisis Resolution & Home Treatment Team					Older People's Mental Health Confusion Liaison team	Midway Day Hospital
Occupational Therapy Radbourne Unit						Dovedale Day Hospital
Cherry Tree Close Kingsway						

An Introduction to our Trust

The Specialist Services Division delivers a wide range of clinical services which are managed according to the types of interventions that they deliver. The table below outlines these services:

| CAMHS, Learning Disability & Perinatal Service Line	Forensic & Rehabilitation Service Line	Substance Misuse & Eating Disorders Service Line	Psychology & Psychological Therapies Service Line
CAMHS (Child and Adolescent Mental Health Services) 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	Melbourne House Kingsway	Chesterfield Community Drug Team (Zone 2), Chesterfield	Cognitive Behaviour Therapy team Rykneld, Derby
Young Persons Specialist Service (City & County) London Road Community Hospital	Prison in-reach Service, HMP Foston	Derby City Drug & Alcohol team, Derby	IAPT (Improving Access to Psychological Therapies) 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 & community, The Beeches Radbourne Unit		Countywide Eating Disorders Service, Belper	
Erewash CLDT Long Eaton, Nottinghamshire		St Andrew's House, Derby	
South Derbyshire CLDT Dale Bank View, Swadlincote			
Derby City CLDT St Andrew's House, Derby			
Amber Valley CLDT Alfreton Primary Care Centre			
Derbyshire Dales (South) CLDT St Oswald's Hospital, Ashbourne			
Assessment & Treatment Service, Derby			

Child and Family Health Services

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

Specialist Children's Services

Locality 1 and 5	Locality 2	Locality 3 and 4
Community Paediatricians, Cardinal Square, Derby	ADHD & Behaviour Nurses, Revive Healthy Living Centre, Derby	Specialist Health Visitors (Disabilities), Royal Derby Hospital
Children's Physio and OT City, The Light House, Derby	The Light House, Derby	Specialist Burses for Children with Disabilities, Cardinal Square, Derby
Children's Physio and OT South Derbyshire, Cardinal Square, Derby	Revive Health Living Centre, Derby	Children in Care Nurses, Sinfin Health Centre
		Special School Nurses, Cardinal Square, Derby

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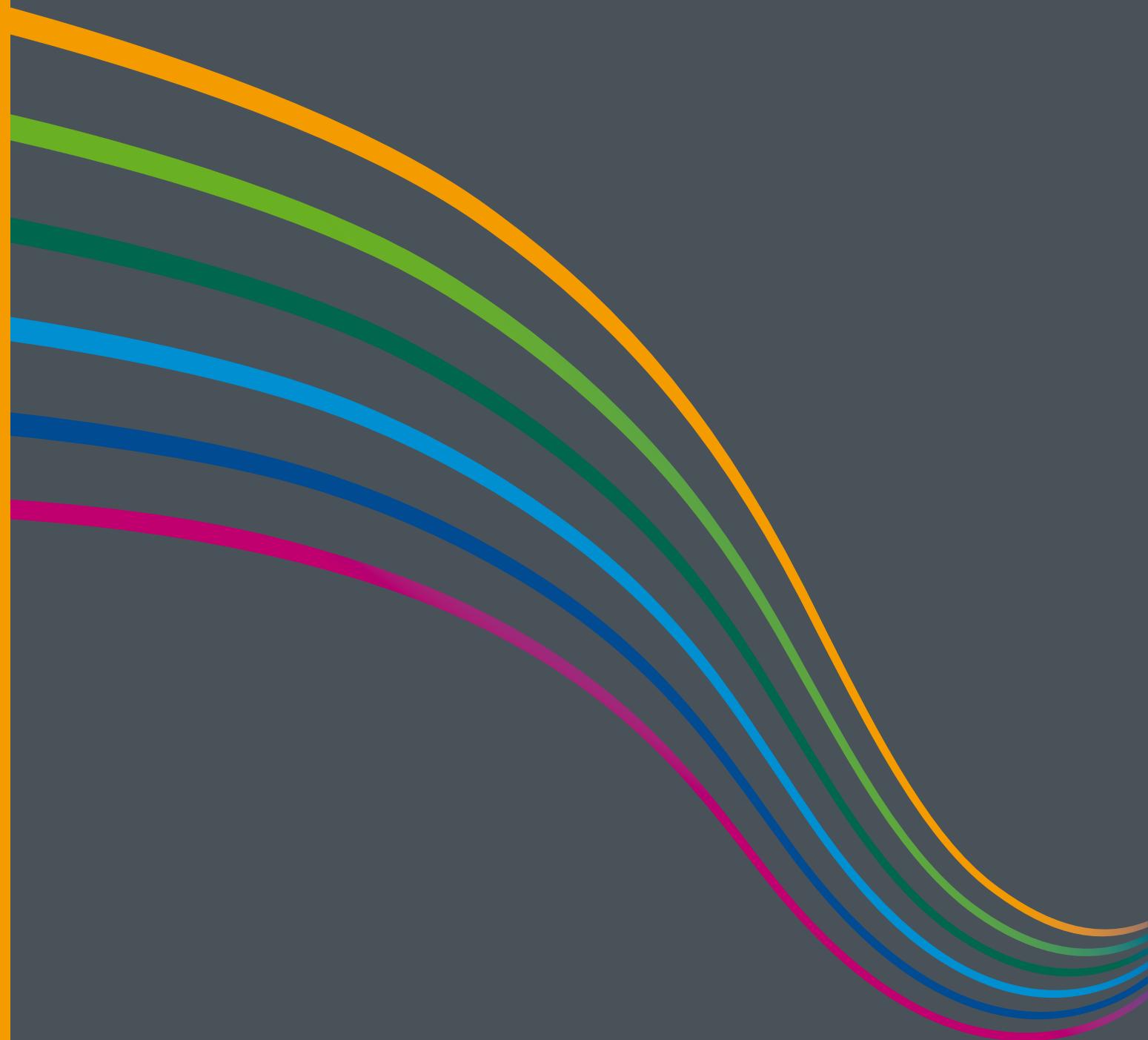
Our Services

Operations directorate - Our services

Introduction by Ifti Majid, Director of Operations and IM&T

This year has been one of continuous improvement in service delivery rather than one in which we have seen large scale change. The changes to services both environmental and linked to revised models of delivery have been driven by our desire to improve the quality of our services and to make sure they demonstrate best value.

During the year we have seen a strengthening of our partnership working with other local providers such as Derbyshire's two Acute Trusts as well as Derbyshire Community Health Services to deliver some exciting innovations that ensures people receiving care in those organisations with mental health, learning difficulties or a substance misuse problem receive appropriate support and treatment.

It is well reported that a strong relationship between providers of mental health and children's services, such as ourselves and local authorities is essential in promoting positive outcomes for those people who use our services. During this year we have worked with both local authorities in Derbyshire to support the implementation of the personalisation agenda whilst ensuring continuity of healthcare services for people who use them.

Our relationships with voluntary sector providers have gone from strength to strength with great examples in improving access to psychotherapy services, eating disorder services and substance misuse services.

In our drive to continuously improve the environments in which we deliver care and support I am delighted that we have been able to open new and refurbished premises in Swadlincote at Dale Bank View and Derby City Centre at St Andrews House. We have also been able to improve the environment in our acute setting with the development of single sex lounges in our wards and a refurbished gymnasium at the Radbourne Unit.

We received several visits from external assessors, notably Sustain, on behalf of the Midlands and East Strategic Health Authority, which attended the Trust in July to provide an appraisal of the progress made in delivering the Health Visitor Implementation Plan (HVIP). They gave us very positive feedback about our progress so far in implementing the HVIP and were particularly complimentary about our staff.

It has also been in a year in which our services received national recognition. The ECT Service based at the Radbourne Unit was nationally recognised for its quality of service through the ECT Accreditation Scheme (ECTAS) in which we were graded as 'excellent'.

Our "Weigh Ahead Group" was awarded a "Highly Commended" in the Learning Disability Team of the year section at the Nursing Times Awards. The event, at the London Hilton, was attended by team members and a service user. He summed up the evening by declaring that all the teams who had reached the shortlisting were winners, a sentiment shared by all.

And finally our initiative by which community staff use 'digi-pens' to enter data directly via a mobile phone signal, rather than having to return to the office, was a finalist in the Health Service Journal Efficiency Awards in London.

Acute and Community Services Division

The Division has been working closely with Derby City Council, in supporting the personalisation agenda in Mental Health Services. The Division has well established relationships with Derbyshire County Council and a senior management board structure has been established in order to ensure that the quality of our services is not affected by change within the local authority.

This year has also seen a collaborative approach to delivering the health community quality and innovation agenda with our commissioners and other providers such as Derbyshire's two acute foundation trusts. The projects we developed have focused on patients who are placed in services outside Derbyshire. The project has seen very real change for patients and their carers and has greatly reduced the average distance patients with more complex on-going needs are placed from their local communities. The project has also enabled resources to be reinvested in the Trust to continue to improve the care we can deliver to patients locally.

The Division has been working on a number of transformational projects, such as the development of Memory Assessment Services to ensure we provide support as early as possible to people diagnosed with dementia and In reach Worker services to acute Inpatient wards with the purpose of reducing the length of time people spend on our acute wards. The Rapid Assessment, Interface and Discharge initiative (RAID) has been another positive development and this year we have focussed on developing relationships with key partners in the Acute Hospitals, with GPs and other members of the primary care team to set the foundations for full implementation of the scheme in 2013/14.

The Division operates two well established engagement meetings that have seen user and carer representatives provide robust challenge and feedback on services and performance. The work with Derbyshire Voice and the Mental Health Action Group has included reviewing clinical practice such as seclusion and care planning.

The Older Peoples Community Service Line

The Older Peoples Community Service Line has seen a year of working closely with commissioners looking at memory assessment service development and piloting a number of models to understand how these can be implemented within a diverse county such as Derbyshire.

With the increased publicity around dementia services during the year demand for all our community services and medical out patients clinics has continued to rise and our staff have worked hard to ensure that patients and their carers do not suffer from excessive waits.

Changes of delivery
The South Derbyshire Older Adult CMHT has moved to a new location at Dale Bank View, Swadlincote. The facility has been fully refurbished to ensure that people are seen in the best possible environment. The team shares the facility with other services which supports inter team communication but also results in greater efficiency through sharing running costs.

New services
The Older Peoples Community Service Line has developed the pilot of the Memory Assessment Service during the past year. These clinics have been developed in a number of areas within Derby City and Derbyshire County to enable an earlier diagnosis and access to treatment for people experiencing memory problems. The Memory Assessment Service project currently underway seeks to develop a county wide model of service.

The Service Line continues to support 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.

The Older Adult service line has developed its own innovative approach to engagement through the use of Dementia Question Time sessions enabling patients, carers and family members to join an informal discussion with members of staff exploring individual and shared experiences.

Things changed after patient feedback
The older people's community service line has been involved in the development of a systematic approach to collect patient and carer feedback. We have reviewed the previous tool available (3 Steps to Improvement) and made a number of changes to the format to ensure that people with dementia are able to participate.

What improvements in patient information have we made in areas
We have reviewed the information provided to patients at the point of diagnosis to ensure more consistency and as a result we have developed guidelines for clinicians working within Memory Assessment Service clinics.

The Older Peoples Inpatient Service Line

As well as our wards at London Road Community Hospital and the Kingsway site, this Service Line includes ECT and Physiotherapy Services and the Older Peoples Mental Health Liaison service.

An area of focus has been the time people spend within the organic wards (length of stay). The overall position has reduced significantly through utilising the productive pathway initiative to ensure systems and processes are as efficient as possible and that planning for discharge commences within 24 hours after admission.

We are proud of several innovations as 'the Sleep Project' on Wards 1 and 2 that has had demonstrable positive results in ensuring people on those wards get a restful night's sleep, as well as the 'Meet & Greet' scheme on Cubley Court - a very simple programme that makes sure people are met at the entrance and supported as they enter the ward.

Changes of delivery
The layout of Wards 1, 2 and Tissington has been improved to offer more single sex accommodation in different areas of the ward.

New services
- Physiotherapy - The Otago Falls Prevention Exercise Programme was introduced which has resulted in better communication with The Falls Clinic
- Physiotherapy - Hand massage is being taught to support person-centred ward-based activity levels
- A Dementia Consultant Nurse was appointed in January and is making a real impact in supporting staff to improve the quality of care within the Cubley and Tissington wards.

Things changed after patient feedback
A doorbell installed in the ECT suite to reduce waiting for access, a new TV and relaxation DVD's introduced in the waiting room, all as a direct result of patient feedback.

Tissington and Cubley Male now have a system in place that allows carers to have key access to their relative's bedroom during their visit, allowing them access without needing a staff member to accompany them.

Ward 1 at the London Road site now hold a Community Meeting with patients every second week to improve patient engagement

What improvements in patient information have we made?
The older adult in-patient service line wards have made some significant improvements in information provided;
- ECT - has feedback questionnaires from other professionals and students about their visits
- Cubley Court have a notice board with a 6 month rolling programme of information looking at various aspects of Dementia
- Ward 1 has an on-going Patient Information Project
- Falls prevention leaflets available on all wards
- All Inpatient wards have patient information booklets.

Adult Inpatient Service Line (North)

The Hartington unit provides acute inpatient, crisis and Mental Health Liaison Services to residents of Chesterfield and North Derbyshire. The services are 24 hours, seven days a week and are provided by a multi-disciplinary team, including Consultant Psychiatrists, nurses, allied health professionals and psychology.

Our aim is to provide safe care of the highest quality. As a service we want the care patients and carers receive to be of the highest standard, and therefore we endeavour to work to a set of standards that always put the patients at the centre of what we do.

Our acute inpatient services have focussed on driving the quality agenda forward in every aspect of our service. This can be demonstrated through the Quality cycle outcomes, releasing time to care results, PEAT inspection results, Equality Impact Assessment feedback and subsequent actions, and the results of Care Quality Commission Inspection.
The Hartington unit has worked hard to develop training packages and has introduced compassionate care training for all staff, prioritised customer care training for administrative staff and the Schwartz round, providing opportunity for open discussion supervision and support.

New services
In the last year we have seen further expansion to mental health liaison services, and further investment in the development of the early discharge in reach workers in Chesterfield Crisis team. The crisis team have also implemented the Older Adult Crisis Services pilot project which has extended crisis services to older adults with functional needs.

Things that have changed after patient feedback
Inpatient services have also 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 of which can be seen below:
- Extended opening hours of the recreational hub – 30 people confirmed that they would like the Hub to open on Saturdays and Sundays
- Increased use of volunteers at the Hartington unit
- Extended opening hours of the gymnasium with extra staff trained – 29 people preferred the opening hours to be 10.am to 3.00pm to allow access in the morning and afternoon periods
- Improved focus on public health awareness and healthy living initiatives in reaching onto ward areas
- Enhancements to the reception area environment
- Introduction of the live patients' value exchange
- Installation of information monitors in all patient areas
- Creation of the male lounge on Pleasley Ward
- Creation of a de-escalation suite on Tansley Ward
- The creation of female lounges on Morton Ward and Tansley Ward, and male lounge on Pleasley Ward
- Refurbishments to the hub kitchen and Occupational therapy activity rooms
- Refurbishments to the Clinical Consulting rooms for outpatient and visiting partnership services.

What improvements have we made in patient information?
Introduction of new and improved patient information welcome packs and carer packs have made a real difference for patients and carers.

Adult Inpatient Service Line (South)

The Radbourne Unit provides 24 Hour inpatient care for people experiencing an acute mental health episode.

Within the Radbourne Unit are three acute wards, and one Enhanced Care Ward that provides a supportive environment for patients experiencing high need related to their mental health, (the service is pan Derbyshire). The Acute Service also has Crisis and Home treatment service, Day Hospital, OT department and Mental Health Liaison Team.

The service has focused on striving for quality with an overarching theme of improving the experience of patients in our care and the support offered to carers.

Changes in delivery
We have been working towards improving quality for patients and staff. We currently have several pilots running with regards to increasing the variety of interventions offered to patients by staff. Some examples include
- Compassionate focused training within the crisis team
- Introduction of the Meta - Cognitions group, assisting patients to understand their diagnosis of psychosis
- Schwartz rounds - currently for staff these provide a forum for open discussion, support and supervision
- Psychological Awareness training for Radbourne Unit staff.
- Our Mental Health Liaison Team are now based in the Emergency Department, improving access and responsiveness to patient need.

Investment in the unit has provided a new kitchen on the Radbourne site which has improved the choice and quality of food available to patients, also a call order service to staff. As part of these works a new gym for patients has been provided, which includes showering facilities for patients and staff.

Within the OT department the multi -functional room has been upgraded, making it a more useable space which is light and airy. The courtyards at Radbourne have been re landscaped providing a pleasant, green space for patients and visitors.

In ward areas lockers have been fitted for patients to store personal items safely.

The provision of male/female only sitting rooms in all wards areas has added to the therapeutic milieu of the wards and has been well received.

From November we have had access to a Crisis House in Derby in which the Crisis Team jointly care for people as an alternative to hospital admission, we have received very positive feedback from the 24 people who have used this service so far.

Things that have changed after patient feedback
The Radbourne Unit undertook a live Equality Impact Assessment (EIA) this year and found the experience challenging and motivating. A wide range of community representatives and organisations attended and we learnt a lot about the differing needs within our community. An action plan has been developed from this event relates very closely to the organisations work on REGARDS. Improvements linked to this event include:
- improved access to information on notice boards
- improvement in signage
- enhancing the front of the building giving a more welcoming feel on approach
- Furniture within reception has been upgraded and access to items such as prayer mats has been introduced
- The spirituality room has been redecorated in neutral colours and furniture rearranged to improve the environment.

Following a very positive GP survey our Mental Health Liaison Team has enhanced our care plan template to include a descriptive content to the care plans in order to help understand the rationale for the approaches being taken.

Adult Inpatient Service Line (South)

Other initiatives following direct patient feedback include:

- We have employed a fitness instructor which will increase access to the Gym and other fitness activities
- We have continued to develop links with the recovery coach for Derby County Football Club and they offer football sessions into the Radbourne Unit
- Last autumn we signed a service level agreement with Derby Adult Learning, looking and supporting the educational needs of patients within the unit
- The unit now has access to a family therapist who comes into the unit weekly offering 4 sessions per week; this has had positive feedback from patients and families.

In November the Radbourne unit introduced a process to reduce bed usage, this has had a positive impact on reducing the business and activity levels on the wards that patients tell us can be distressing.

What improvements have been made in patient information

Adult Acute South have a new information booklet, inspired by a project given to a student nurse on ward 36. The Day Hospital are working with service users developing an information booklet.

The introduction of the 'Golden Question' within a framework of "you said we did" which is displayed monthly on each of the inpatient wards. As a result we have seen an increasing pattern emerging in the improvement of patient's experience of the service.

Adult Community Service line (North)

Changes of delivery

In Community Care North Derbyshire County Council has developed the personalisation agenda and now operates under a separate management structure and from independent sites. We continue to work in close partnership.

Community Care North Adult has focussed upon the development of the Locality based service structure. We now have four Locality based Pathfinder and Recovery Services of equal size and resource. Services continue to be provided with a locally accessible focus and links with GPs remain localised and positive.

Many areas are developing Nurse/OT led recovery clinics to ensure a holistic review of mental and physical healthcare for patients who do not need an intense service. The Recovery teams continue to work in an integrated fashion with local community resources thereby enhancing the recovery options.

All the teams are engaged with the Releasing Time to Care project. This is reviewing and addressing areas of inefficiency in order to free up more time for staff to engage in patient activity. In addition to this the Bolsover/Clay Cross team have been commended on training the whole team in compassion.

Things changed after patient feedback

Patients and Carers expressed concerns about the entrance and reception areas at St Marys Gate Chesterfield Central Locality. We were able to access funding and improve the facility addressing the needs raised directly by moving the entrance speaker phone into a reception area and by making improvements to the waiting area. The changes have been well received by patients and carers.

What improvements in patient information have we made

Open days have been held at the Bolsover and Clay Cross Locality and the Chesterfield Central Locality base in order for patients and partner agencies to view behind the scenes.

Adult Community Service line (South & City)

A key change to the service delivery in Community Care South has been that Derbyshire County Council has developed the Personalisation Agenda and taken the decision to operate under a separate management structure and from independent sites. The Trust continues to work in close partnership and staff have worked hard to accommodate service users' needs appropriately within the organisational changes.

Changes of delivery
Community Care South Adult has also focussed upon the development of the locality based service structure. A more integrated approach to the delivery of assertive outreach services has been adopted this year with specially trained staff now working within local areas rather than in a central team.

New services
Pathfinder services have been developed and implemented. These new services provide rapid assessment for all routine and urgent referrals to the Trust. This has meant much improved interface with primary care and the reduction of waiting lists for assessment.

The Pathfinder Service works closely with Recovery, Improving Access to Psychological Therapies (IAPT) and Psychological services ensuring appropriate care pathways are followed and the number of assessments a service user encounters are reduced. Feedback from GPs indicates increased referrer satisfaction with response times, advice and outcomes.

Pathfinder workers are available to link with REGARDS groups following the success of a series of Chairman's visits. These include LGBT, The Bosnian and Eastern European community and the local Gypsy Liaison Group.

Funding has been secured for a further two years for the Employment worker post currently working in the City.

The City Recovery teams have successfully embedded the personalised approach to social care support through Self Directed support. The teams have achieved the Key Performance indicator of 60% of social care clients being in receipt of a personal budget.

The City Recovery service has been involved in achieving CQUIN L6 Physical health for people with mental health needs. The service has supported a secondment to the CQIN project which will help in improving patient's physical health and strengthening ties with local GPs.

The City Recovery teams have increased the capacity of the depot clinics so that more patients can attend for treatment. By increasing the staffing from 0.8 WTE Band 6 and 0.8WTE Band 5 staff to 1.3WTE Band 6 and retaining the 0.8WTE Band 5 the Trust has seen an increase from 110 to 213 service users accessing depot services.

Things changed after patient feedback
Dialectical Behaviour Therapy (DBT) services in County South Adult Community have been reviewed as a result of patient feedback. Commitment has been made to continue the service with support from Psychological Services.

A review of Day Care provision in Erewash is underway in response to Service Receiver feedback.

Early intervention CBT and Family Therapists are actively cascading their skills and knowledge across recovery and inpatient areas following requests for psychological therapy provision in these areas.

The Think Family Project at the Radbourne unit is an example of joint working across service lines.

What improvements in patient information have we made
In order to support easier access to our Pathfinder (entry) services a single 0300 telephone number now provides direct access to routine and urgent assessment services.

Information on early signs and symptoms of psychosis is now available for young people at college and universities.

Specialist Services Division
Learning Disability Services

This year has seen significant physical changes to services, in that 3 clinical teams have moved base: South Derbyshire Community Learning Disability team from Bank Gate, Swadlincote to our new service delivery building, Dale Bank, in Swadlincote; the Assessment, Treatment and Support service (AT&SS) Strategic Health Facilitation Team and Medical services from Temple House to the 3rd floor at St Andrews House, London Rd, Derby; and the City Community Learning Disability team from St Paul's House, Stores Rd, to the newly refurbished Derby City Council building. This continues our partnership with Derby City to deliver integrated services for adults with a learning disability who live in Derby.

Our services were particularly active in supporting other NHS Services across Derby City and Derbyshire to improve the way that they offer health care to people with learning disabilities. We supported the largest Big Health Events so far by gathering information, presenting and organising the events. We have helped to identify the priorities for the NHS in Derbyshire regarding the health of people with learning disabilities, and are leading other services to improve and make 'reasonable adjustments' for adults with learning disabilities. Our Strategic Health Facilitators and Community Learning Disability Teams are working with local GP services to help adults receive annual physical health checks. This year has shown an increase in the numbers of health checks given and we have persuaded more practices to provide the checks. Our Acute Liaison Nurse based at the Royal Derby Hospital has been nominated alongside colleagues within the Hospital for a Pride of Derby Award.

Things changed after patient feedback:
We received information from approximately 800 people about the local NHS. We have shared what patients said with the services and commissioners. We are helping services to improve what those services do for patients with learning disabilities. This includes:
- Working with the out of hours (GP) Doctors services and helping them to understand the needs of patients with learning disabilities
- Introducing the 'My Next Patient' toolkits to the local Hospitals, the acute Hospitals and Out of hours Doctors service
- Improving access to Psychological Therapy
- Helping children's services to identify a 'Named Health Lead' and planning for those patients moving into Adult services
- Our Community teams can now prompt referrals from GPs into the Healthy Lifestyle teams as we discovered that 74% of people with learning disabilities in our area have obesity
- Patients and carers said that they should be included in selecting our staff, this has happened often for our Nursing Staff but they wanted to be involved with other staff groups. Some people with learning disabilities helped us to interview for our Consultant Psychiatrist
- Helping residential homes for people with learning disabilities to improve their health action planning process.

Improvements in patient information:
We have introduced easy read information on our Core Care Standards website.

We have a booklet to help carers understand the health needs of adults with learning disabilities and how to access support in Derbyshire/ Derby City.

Adapted the Trust volunteer information so that it is easier for people with learning disabilities to apply.

Improving information about medication - we now have a range of leaflets using symbols. A similar format is being introduced by our Acute Liaison Nurse to improve medication leaflets given at the Royal Derby Hospital.

Our Acute Liaison Nurse at the Derby Royal has led the development of videos that show what happens at different points of the patient journey e.g. at Accident & Emergency. These can be seen on the Derby Royal Hospital website.

Specialist Services Division Substance Misuse

County Substance Misuse Service has had most significant changes as a new High and Low Intensity model is being provided countywide in conjunction with Phoenix Futures. We welcomed new staff to the Trust who had previously worked for Addaction.

A secondment for a Recovery Lead to help promote engagement and peer support was developed to build on the work of the 'Grass Roots In Derbyshire' project (GRID).

Derby City Substance Misuse service has moved from Bradshaw Clinic to St Andrews House and established multi-agency working arrangements with the three other non-statutory providers (ADS/Arch/Aquarius) for benefit of clients. In addition the City Alcohol Service has also moved to St Andrews resulting in a true 'hub' approach to City Substance Misuse services.

The City Breakout service for young people with a substance misuse moved to new premises at Connexions and developed a new service model.

Things changed after patient feedback:
This year St Andrews had a live Equality Impact Assessment and this has raised a number of actions for services, estates and communications. The feedback was largely positive and we will be having an EIA re-visit in June.

A detox clinic is to be trialled at Bayheath House in Chesterfield following feedback from clients regarding a lack of a provision.

Peer support approaches have been utilised with peers helping gather treatment feedback information.

Improvements in patient information:
City Alcohol, HALT and Breakout have all developed new patient information leaflets.
HALT have translated several of their alcohol risk leaflets into East European languages to meet demand for services.

Breakout have developed a new website
www.derbyshcft.nhs.uk/breakout

Derby City Substance Misuse service has worked with commissioners to develop a website for all services available at St Andrews House
www.derbysubstancemisuseservices.org.uk

Forensics Services, Locked Door Rehab Services and Psychological Services

Melbourne House

Melbourne House is a 10 bedded, women's only, locked door inpatient rehabilitation service for women who present with complex behaviour and mental ill health, many having a diagnosis of personality disorder.

This year we undertook a review of this service and were able to extend the service to include women presenting with complex behaviours and a forensic history. The occupancy increased from 30% to 90% by the end of the year.

The service introduced Compassion Focused Therapy provision and training for staff through a programme with Professor Paul Gilbert OBE. This complements the existing range of psychological therapies such as Dialectical Behaviour Therapy and Cognitive Behaviour Therapy.

Patient feedback has led to:
- A Patient Charter
- The Introduction of meaningful activity programmes including running, cycling, yoga and art workshops
- Enhanced reputation for the service with local commissioners and regionally with enquiries for beds coming from neighbouring trusts.

Improvements in Patient Information:
- An improved presentation format of assessments
- Patient held files and the identification of meaningful activity
- Patient involvement in team meetings.

Kedleston Low Secure Unit

The Kedleston Unit is a 20 bedded, men only, low secure unit, providing care for men with mental ill-health and a requirement to be detained under the Mental Health Act.

The occupancy of this unit has fluctuated over the last 12 months, but is currently fully occupied.

The service has been implementing 'My Shared Pathway' with the patients, which is a way of partnership working between the patient and the multi-disciplinary team, sharing responsibility and working together to identify, set out and achieve the outcomes that enable a journey towards recovery. The pathway enables the patient to take more responsibility in achieving their desired outcomes.

The service user keeps his Patient Portfolio, and other documentation which goes with him, if he transfers to another service.

Patient Feedback has led to:
- A programme of activities coinciding with the Jubilee and Olympics, including themed meals
- A programme of 'come dine with me' style events on the unit, using vegetables patients had grown themselves, either in the garden or the greenhouse.

Improvements in patient information:
- Patient files and identification of meaningful activity, through the My Shared Pathway
- Patient involvement in team meetings.

Prison In-Reach and Criminal Justice Liaison Team

A new team manager started with the team at the beginning of 12/13 and this team has continued to deliver its objectives for activity in Prison in Reach.

The team has been exploring opportunities to undertake remand referrals as routine and improve the provision of psychological therapies to service users.

Psychological Therapies

This service has undergone a commissioner led consultation this year to define and agree the best model of services for residents of both Derby City and Derbyshire County.

The Psychodynamic Psychotherapy team are now using new technology i.e. digi-pens to record their activity, speeding up the recording of data and allowing more time for face to face contact.

Patient feedback has led to:
- Wide stakeholder consultation on service provision
- Patient group involvement in discussions around the content and model of a future service
- Working flexibly to reduce treatment lengths
- Working to improve recording of outcome measures and efficacy of treatment.

Improvement in patient information:
- Patient records much improved in year
- Detailed analysis of activity and outcome data now available.

Psychology

The recruitment to posts as part of the mapping and skill mix exercise was completed early in the year and part of this enabled resources to be provided for the support and development of the Compassion Focused Therapy programme.

A staff support team for support of people involved in a serious untoward incident was also developed.

The service developed a cohesive structure around the provision of psychological services i.e. bringing together psychological therapies and psychology to drive the service model.

Contracts around the GUM (genito- urinary medicine) and Psychosexual services were successfully renegotiated and contracts for SENAD (schools for children and young people who have special educational and/or care needs) and Mastin Moor (a locked rehabilitation until provided by Turning Point) were developed

Improving Access to Psychological Therapy (IAPT)

The team relocated from Unity Mill to shared accommodation at Ilkeston Resource Centre.

The service has been engaged with stakeholders during the year to fully understand the best model for future delivery.

Patient feedback has led to:
- Better GP liaison and communication
- Introduction of self-referral to increase the ease of access to services
- Extended use of therapies and techniques such as dynamic interpersonal therapy, counselling for depression, EMDR (Eye movement desensitization and reprocessing) and anger management
- Flexible appointment setting and innovative use of estate and days / times of service delivery outside of traditional Monday-Friday / 9am-5pm
- Reduced waiting times
- Better access to alternative care pathways.

Improvement in patient information:
- Greater use of patient experience questionnaire
- Service (Marketing) information development and distribution.

Children's Universal Services

Child and Family 0-19 Health Services

The service works with the local community and all families from ante natal up to 19 years of age to promote a healthy start in life, work in partnership with families promoting a safe and healthy environment for their children and complete full health assessments at key stages in a child's life. This is underpinned by the delivery of the national Healthy Child Programme (DH 2011).

The service supports students to undertake their specialist community public health nursing degree through a comprehensive training programme in conjunction with Derby University.

The national drive to increase health visitor numbers has meant an increase in the number of students that we train and a very significant increase in recruitment of qualified Health Visitors.

Sustain, on behalf of the SHA, attended the Trust in July to provide an appraisal of the progress made in delivering the Health Visitor Implementation Plan (HVIP) and identify what if any support should be considered by the organisation to ensure delivery by 2015. Their report was complimentary and reported "The Child & Family service has implemented some of the core processes necessary to deliver the Health Visiting Implementation Plan which we believe is to the credit of the Head of Service and the three Clinical Managers who lead the Health Visiting Service. It is our view that all are highly motivated and respected within the services and with stakeholders".

Infant Feeding Team

This service provides mothers/families with information, support and advice, antenatally and postnatally, to facilitate informed feeding choices. The aim is for those women who choose to breastfeed, to do so for as long as they wish and therefore improve health outcomes. The service also provides training and support to the Health Visiting Teams, Children's Centres staff and GP's.

Vaccination Team

The service, based in the community, delivers the HPV and BCG vaccination programmes to eligible school age children. The HPV vaccination helps to protect girls against cervical cancer and the BCG vaccination helps to protect children against tuberculosis (TB). The staff in the service achieved the targeted number of vaccinations this year.

Community Paediatricians

This service is involved in assessing children who have a range of problems including general medical problems, delayed development, learning difficulties, behaviour problems or complex disabilities. As part of the assessment they may: give specialist advice on specific problems; arrange medical tests if needed; give advice and work closely with partner agencies. Additionally they help manage the medical needs of children who are being adopted or are in foster care.

Patient feedback has led to:

The One Health Worker One Family project is a child centred service where the aim is to reduce the number of health professionals working with a family, following feedback that families felt overwhelmed by the number of professionals involved with a family. The overall aim of introducing a single worker process is to address the following:

- ➔ Reduce feelings of being overwhelmed by large numbers of health professionals involved – not having to repeat themselves to different professionals in one agency
- ➔ Reduce pressure on staff resources, potentially reducing the risk of burnout and staff sickness
- ➔ Individual worker to provide concise, coherent, contemporaneous accounts in order to prevent different interpretations of a family's needs, maintain safe accurate record keeping
- ➔ Promote intra and inter agency working and safe information sharing to improve the care, safeguard and promote the welfare of children and young people.

Children's Universal Services

- Effective analysis, decision making and shared action planning
- Reduce duplication in safeguarding supervision
- Reduce workers practising in isolation
- Improve communication, reduce opportunities to overlook or miss vital information. 'Think Family' approach
- Increase opportunity for early intervention to identify concerns and offer necessary support
- Standardisation of Child Protection report to include all children and family members with a clear identified lead health professional for the family.

The delivery of Compassionate Mind Skills training for all HV and school nursing teams has led to staff feeling it has improved their working practice and enabled them to use their learning to support the clients they work with.

Improvement in patient information:

- The ongoing development of the Vulnerable Children's meeting (VCM) within each of the localities in Children's services has been a service improvement. This is an integrated project led by local authority but health play an important and integral part within this team. Assessments are much better informed and quicker to undertake, with families increasingly getting the right services at the right time and in the right place
- Cases that come to VCM receive well planned, co-ordinated services which are delivered in an innovative, proactive and effective way

- The VCM meetings were put forward for the MJ Awards in London, the clinical managers from health attended the awards with staff from the Local Authority. The VCM was 'highly commended' at the award ceremony
- The Health Visitor Implementation Plan (HVIP) has seen an increase in the Health Visitor workforce and seen an increased health visitor resource in priority areas. This has led to an improved quality of the service delivered therefore achieving better outcomes for children and their families and has served to improve delivery of the Healthy Child Programme
- The Signing Families Work has established
- A city wide group for deaf parents and their children city which provides a unique Universal Partnership Plus Service to this often excluded community. Providing such a service is in line with the Trust Policies regarding equality and diversity and is an excellent example of how to engage with different communities
- The deaf community is able to access, communicate and take part in the shaping of Child and Family Services, ensuring these services are relevant and supportive to their needs
- The group has enabled Parents to effectively meet the health needs of their children ensuring that their children are given the opportunity to be healthy and reach their potential.

Children's Specialist Services

Specialist Nurses - Continence Service

The Children's Continence service comprises 1.3WTE nursing staff working alongside Health Visitors and School Nurses to plan the continence needs of identified children through telephone support or face-to-face visits. The service provides training to staff in assessing children's continence needs; management of constipation and soiling; management of enuresis and delayed toilet training.

Specialist Nurses – Mainstream Schools

The Specialist Nurses team work within mainstream schools to provide healthcare to children who have a health need that could otherwise influence their educational day. The team work closely with education staff to ensure that the impact on the child's learning opportunities are kept to a minimum therefore supporting the child do reach their full development potential. The team has experienced an increasing amount of referrals over the last three years and it has become obvious that there were elements of support and practice that were required and which were not able to be developed as would like.

Specialist Health Visitor Team

The service aims to support the child and family through home visiting and contribute to local group sessions for children under five years with delayed or impaired physical, learning or sensory development requiring one or more specialist health visitor core services. A support and advisory service is available to multidisciplinary services and others who have involvement with a child who has a disability.

Therapy Teams (Occupational Therapy & Physiotherapy)

The Paediatric Therapy Service provides a specialist health service to children with physical, sensory and perceptual difficulties. The team consists of Senior Physiotherapists and Occupational Therapists with specialist knowledge, skills and experience in paediatric care. They assess and work with the child in their own home, school or short break service; provide guidelines and programmes to encourage development and help overcome difficulties, to enable the child to participate as fully as possible in their daily activities and to achieve their maximum potential.

Attention Deficit Hyperactivity Disorder (ADHD) Service

This a team of three nurses who work with the Community Paediatric Service providing a complementary service to children and young people who are already diagnosed with ADHD or pending diagnosis and their families. They provide ADHD specific parent training courses, which are run in each locality periodically, supporting the parents and carers to feel confident in managing the child's behaviours associated with ADHD. The team have recently recruited a Band 4 support worker to deliver the 123 magic programme.

The Light House Nursing Service

The Light House is an integrated service for children with disabilities. The staff form part of a team that supports children with complex disabilities within the short break service. The role of the nursing team involves working directly with children who have complex disabilities, autism and or challenging behaviours; and, closely with Social Care to provide holistic care to the children.

Special Schools

There are 4 Special Schools that have staff on site, Ivy House, Alfreton Park, St Andrews and St Giles. A high percentage of children at the Light House will also attend one of these special schools. The roles of the staff differ in each of the schools in response to the needs of the children. This can include: working directly to provide clinical care to individual children who would otherwise be unable to access the national curriculum and supporting children and their families in health promotion.

Children's Specialist Services

Patient feedback has led to:

- Individual care plans for Children being reviewed and amended
- Engagement and health promotion with disabled children, young people and their families were highlighted and the team have decided to develop a health, engagement and advocacy champion for disabled children, young people and their families
- A designated bilingual Specialist Health Visitor who works with South Asian families
- The team are currently developing an App with the support of students from St Andrew's school, which will support parents/carers with toilet training
- Increased flexibility to service delivery where capacity allows, e.g. location of some statutory Children in Care reviews, Specialist HV clinics, seeking to improve waiting times, and the continued development of partnership working with schools and social care.

Improvement in patient information:

The teams have successfully migrated to a new module on System One with the intention of becoming a paperless system.

The creation of a Health Champion for Disabled Children will see this person:

- Engage in a variety of forums including youth, sports groups, school councils, parent meetings, health events, local charity organisations and feedback to the team / service with support as required
- Assist in health promotion activities within special need schools, and enhanced resource areas within mainstream schools
- Exploration and development of new technology resources with assistance
- Assist and present with support in training events in a variety of settings
- Assist with co-ordination of young disabled volunteers for more effective training/ engagement in regards to disability awareness and health.

Child & Adolescent Mental Health Services (CAMHs)

CAMHS is part of the National Children and Young People's Improving access to Psychological therapies (IAPT) Project. This is a significant Service Transformation Project for Child and Adolescent Mental Health Services (CAMHS). The focus of the development of CYP IAPT is on extending training to staff and service managers in CAMHS and embedding evidence based practice and session by session outcome monitoring across every part of the service.

The CYP IAPT phase 1 (of 4) currently supports training in two modalities: The CBT (Cognitive behavioural therapy) and Parenting Therapy for 3-10 year olds based on best evidence (NICE – National Institute for Health and Care Excellence). These two approaches combined will help target approximately 50% of the population accessing CAMHS based on the evidenced prevalence of emotional disorders such as anxiety, depression and behavioural problems in children and young people from the Chi Mat CAMHS mapping data.

CYP IAPT phase 2 will support the training of CAMHS staff in both Systemic Family Therapy training and IPT to address a further 20% of the CAMHS population in relation to eating disorders depression, self-harm and complex families.

CYP IAPT will greatly improve information systems within CAMHs which will be focused on outcome measures and the patient experience. This combined with service user involvement, improved access, evidence based treatment pathways with a skilled workforce will truly provide a quality service that will have the infrastructure to provide quality care keeping children, families and young people at the heart of everything we do.

Children's Specialist Services

Patient feedback has led to:

Through the service user participation groups we have been able to hear about the patient's journey and this was clearly articulated by the young people when they presented to the Trust Board in August. We have been able to respond to some of the issues which have led to improved communication, more collaborative care planning, flexible arrangements about transfer to adult services.

Through feedback we have received we are also improving the service by:
- Developing virtual drop-in sites to improve access into CAMHS
- The implementation of a digital text based tool to support clinical intervention
- We commenced work to develop a CAMHS Charity to support service areas / development / groups. Parents and young people will be key members of the Charity and provide support / ideas for further fund raising events
- CAMHS has a young person/parent present at all interviews and for them to be an intrinsic part of the recruitment process.

Improvement in patient information:

We have developed a Parenting Therapy information pack that supports clinicians and patients to have the right information about the service and therefore can make informed choices about their care pathway.

The session by session Routine Outcome Measures enable the CAMHS clinicians to respond directly and promptly to feedback from the child, family or young person. This is evidenced to improve on patient experience and outcomes.

CAMHS are one of the pilot areas implementing the use of a clinical digital tool (which was suggested by the participation group). This will improved communication between appointments and provide the opportunity for patients to report back on their daily activities and feelings to enhance the information provided at appointments to improve on treatment outcomes.

Inpatient & Community Perinatal services

The Perinatal service has embraced Multidisciplinary Team new ways of working and as result has increased access to the service for women with serious mental health problem during pregnancy and the first postnatal year.

The Royal College of Psychiatrist 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.

This is a significant achievement for the Team and involved a comprehensive Team evaluation of their performance across a range of quality standards.

Patient feedback has led to:

We are now ensuring greater involvement in the care planning process. There has also been an introduction of a structured timetable of therapeutic activities including staff trained in infant massage.

Improvement in patient information

Weekly community meetings has provided a forum for patients to feedback any issues not directly related to their personal care and for staff to keep patients informed of any service developments which may affect their stay.

Eating Disorders

This is a county wide service, offering a psychological therapeutic approach to clients with severe anorexia nervosa. The team frequently liaise with GP's, Consultant Psychiatrists and Medical Consultants to offer consultative advice on how to manage clients with severe anorexia and the service is the gateway for inpatient admissions to specialist eating disorder units and continues to work with clients whilst they are inpatients and on their return to the community ensuring a seamless service.

Children's Specialist Services

New investment this year created an Intensive Service incorporating First Steps Derbyshire, a non-statutory provider of eating disorders support services which supplements Trust interventions. The Intensive Service is offered as an alternative to an inpatient admission. This combined (NHS and user led voluntary sector organisation) service has focused on supporting clients who would otherwise be admitted to a specialist inpatient service.

Through the development of the eating disorders team and the intensive support team has resulted in significant reduction of inpatient spells for patients. These significant reductions have been achieved in a number of ways: through the appointment of a Consultant Psychiatrist to the team; through careful goal setting and proactive management of inpatient admissions; through the introduction of DBT and through the establishment of a Combined Intensive Community Service.

Patient feedback has led to:
Patients were actively involved in influencing the expansion of the service working providing feedback and working collaboratively with service providers & commissioners in the development. Service users were also involved in the recruitment & selection of the Consultant Psychiatrist.

Information Management and Technology supporting high quality care

This year the Information Management and Technology Team have been focused on delivering solutions that enhance service users' experience of our service, support the efficient provision of our service, or reduce the administrative overhead required by staff. Examples of initiatives are

- Selection of "PARIS" as the Trust's Electronic Patient Record system and the start of the project to implement it across the Trust
- The implementation of a new module of System 1 to support the recording of clinical information in children's universal and specialist services
- Redevelopment of the Board Performance Reports providing very detailed public facing information about the performance of our service lines ensuring transparency and accountability for the work the Trust undertakes
- Implemented a new "Self Service Reporting" model where clinicians and managers can access the reports they require when they want to and obtain up-to-date information

- Delivered multiple dashboards to allow the Trust to keep a real-time view of the performance of the Trust and initiate any action required
- Continue to modernise the equipment our staff use both in terms of computers and software always keeping the Trust at the forefront of healthcare technology
- Increased our compliance to the Information Governance Toolkit from 84% to in excess of 93% 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. This year we have had no reportable information governance (security) incidents.

Use of Our Services by age band (2012-2013)

Legend: ■ 0 to 14 ■ 15 to 19 □ 20 to 45 ■ 46 to 64 ■ 65 to 84 □ 85+

Categories (top to bottom):
- Adult Acute Inpatients
- Adult Community
- Adult Day Hospital
- Adult MH Liaison
- Adult Outpatients
- ASD Service Community
- Assertive Outreach
- CAMHS Community
- CAMHS LD Community
- Criminal Justice Assessments
- Crisis In-Reach Service
- Crisis Resolution
- Early Intervention
- Eating Disorders
- Enhanced Care Inpatients
- Learning Disability Community
- Learning Disability Outpatients
- Low Secure Inpatients
- Melbourne House Inpatient
- Older Adult Community
- Older Adult Day Hospital
- Older Adult Inpatients
- Older Adult MH Liaison
- Older Adult Outpatients
- Perinatal Community
- Perinatal Inpatients
- Perinatal Outpatients
- Physiotherapy
- Prison Inreach
- Psychotherapy
- Rehabilitation Inpatients
- Total (All Services)

X-axis: 0%, 10%, 20%, 30%, 40%, 50%, 60%, 70%, 80%, 90%, 100%

Derbyshire Healthcare **NHS**
NHS Foundation Trust

Governor and Membership Review of the Year 2012-13
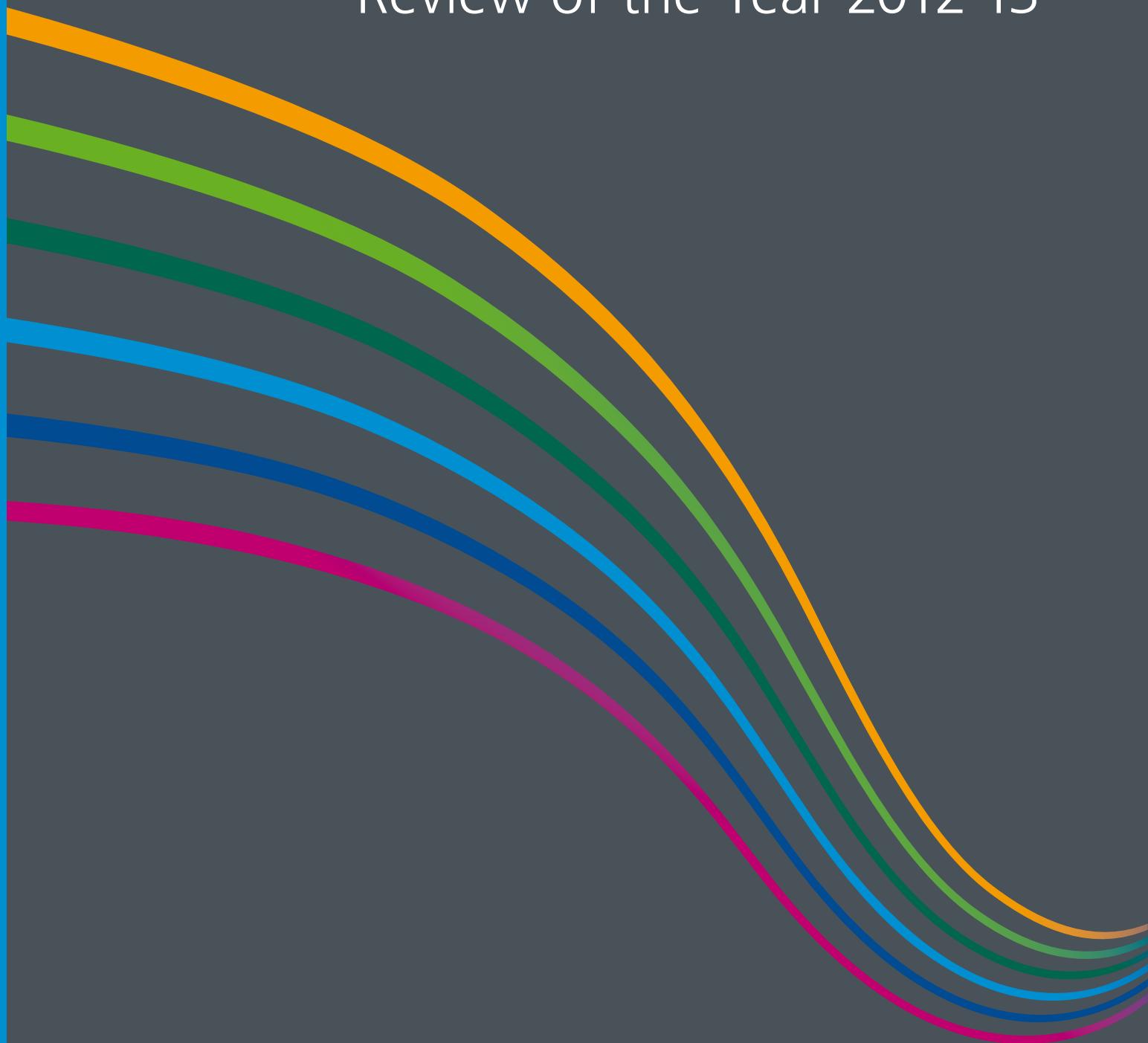
A Governor's Review of the Working Groups that Support the Council of Governor

Membership Development Group
Christine Williamson - Public Governor Derby West and Convenor for Group

❝ Our work started in March when we created an events calendar for the coming year. We try to make the events interesting and useful to the members and public, and usually have a clinician to accompany us to help answer general health questions.

Our first successful event was in June - a Refugee Week where all the communities came together at Derby Market Place to show us their culture, music and food. The atmosphere was amazing and the weather did not dampen people's enthusiasm. During the following week I engaged with the people of the refugee communities at several events and listened to their stories which was one of the most humbling things I have ever heard. Their stories were heart-breaking but showed their courage and determination to make a new life for themselves.

Another successful event for the Trust was in September at the Freshers' Week at Broomfield Agricultural College, Derby. The young people who came up to the stall, to enquire about mental health and how to look out for any symptoms were so refreshing. Since last year and after so many enquiries especially from young people and students we have introduced a new Volunteers' programme and at Corporate Induction every month we are now starting to see the first volunteers attending. The day was a huge success both in meeting people and promoting the trust and we managed to procure 122 new members.

Another success was the World Mental Health Day held at Derby University last year. This event was very popular. We signed up 72 members, heard stories from people who have had a bad time with their mental health, now find themselves in a better state and are telling people how they overcome their illness. ❞

Governors Development Group
Sue Flynn - Staff Governor (Administrative and Allied Support Staff)

❝ The role of the Governor Development Working group is to ensure that appropriate opportunities are in place to enable public, staff and appointed Governors to fulfil their respective roles, both as individuals and a body. The group has a very active membership with regular support from the Chairman, and Director of Corporate and Legal Affairs.

The work plan for the last twelve months has included a wide range of development initiatives including:

➲ Involvement in the planning and delivery of 'open events' for Foundation Trust members who are interested in standing for election as Public Governors. These events have taken place in the constituencies in which vacancies have arisen

➲ Coordination of an induction programme for newly appointed Governors

➲ Active participation in the monthly Trust Corporate Induction Events for all new starters, by hosting a stand in the 'market place'

➲ Coordination of a twelve month programme of Governor Development Sessions

➲ Attendance at national Governor Development events, facilitated by the Foundation Trust Network

➲ Coordination of visits to local businesses and places of interest, in order to raise general awareness of the local community e.g. Bombardier, magistrates' court etc

➲ Carrying out a survey of Governors, to facilitate optimum attendance at Council of Governor Meetings and other planned events

➲ Coordinating a Governor Skills Audit

➲ Promotion of the role and identity of Staff Governors by coordinating a schedule of visits to some of the larger staff bases

➲ Review of the Code of Conduct for Governors. ❞

A Governor's Review of the Working Groups that Support the Council of Governor

Working Groups for Quality, and Strategy and Finance
Louise Glasscoe, Public Governor, High Peak, Convenor,

▌▌ I was elected Convenor of the Governors' Working Group for Quality in March 2012 and I, and other Governors, have been involved in Quality Visits to many of the Teams across the Trust. These Visits with senior managers, underpin the Quality Strategy/Framework, and are a wonderful opportunity for Governors to learn about the nature of the Team's work through their presentations. The Teams strive to achieve gold awards for their work by demonstrating improvements in the three strands to quality: patient safety; patient experience; and clinical effectiveness, as well as demonstrating innovation in their work. Many teams have achieved a platinum award for three gold awards in three consecutive seasons, and they, and gold award-winning Teams, were deservedly publicly recognised and rewarded for their work at the annual members' meeting.

As well as visits to sites, I have also been involved in evaluating the Trust's Core Care Standards' website, which was launched in April 2012. The Trust also won an award for the site, when it was launched in April 2012, and it has become a benchmark for other similar Trusts to measure themselves against. The Governors' Quality Working Group has also given feedback on Customer Care Training for Reception and Administrative staff and has had input into the Trust's volunteering policy and developing the Trust's website.

Through the Strategy & Finance Working Group, the Governors have learned about the Trust's Leadership Strategy, which involves engaging with staff at listening events: if a team has a good leader, the team will work well and have job satisfaction, which will in turn improve the patient experience. It was welcome to hear that the Trust was recently shortlisted for a national leadership award, with Sue Flynn, Convenor of the Governors' Development Working Group, attending the presentation in London. This Group has had many presentations on different aspects of the Trust's financial management. Through the Quality and Business Strategy and Finance Working Groups, the Governors have also had input into the Quality Account and the Annual Plan, the former a requirement of Monitor, the regulator for Foundation Trusts.

I feel that the staff who work for the wide range of services within the Trust are often unsung heroines and heroes, as members of the public are not even aware of their existence, let alone the kind of support that they give, and, very often, the staff are modest, unassuming people, passionate about their work, and who are, in my experience, 'very special'. It has been a great pleasure meeting with so many dedicated staff: clinicians, administrators and senior managers through the working groups and on site and quality visits, and I am very grateful for them spending so much time with me, giving me such an invaluable insight into their work. ▌▌

Council of Governors

NHS Foundation Trusts are required to have a Council of Governors, the majority of whom are elected to represent the foundation trust members who live in the communities the foundation trust serves and members of staff. Other governors are appointed by our key partner organisations. Therefore NHS Foundation Trust Governors are the direct representatives of local interests. Their role is to challenge the Board of Directors and hold them to account for the Trust's performance. It is also the Governors' duty to represent the interest of members and the general public, particularly in relation to the forward plans of the Trust.

The Council of Governors has certain statutory duties, including:
- Appointment and reappointment of Chairman
- Agree the remuneration of the Chairman and Non - Executive Directors
- Appointment, removal and agreement of terms and conditions of service for non-executive directors
- Formally approve the appointment of the Chief Executive
- Appointment of the foundation trust auditor.

A Governor's Review of the Working Groups that Support the Council of Governor

➲ Other duties include:
➲ Receiving the Trust's Annual Accounts
➲ Contributing views to the Trust's forward plan.

Steps Taken by the Board to Understand the Views of Governors and Members

Governors add value by contributing to a variety of committees and working groups. The relationship with Governors has developed in terms of engagement in the planning and strategic direction of the Trust. A series of training events, meetings and Working Groups involving Governors has been established to ensure that Governors are able to fulfil their roles within the Trust. The specific areas of work are Quality, Finance and Strategy, Governor and Membership development.

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

During the year Governors have:
➲ Been involved at looking at strategies to improve membership and engagement
➲ Engagement in Quality and improving the Patient experience
➲ Contributing to the strategic direction and annual plan.

The Trust Board looks forward to on-going collaboration between the board and the Governors, and through them with the membership and general public.

Register of Governors (as at 31st March 2013)

	Title	First name	Surname
Constituency – STAFF (4 seats)			
Public Amber Valley North	Mrs	Victoria	Yates
Public Amber Valley South	Vacant		
Public Bolsover *	Ms	Susan	Statter
Public Chesterfield North	Mr	Alan Eber	Smith
Public Chesterfield South	Vacant		
Public Derby City East	Vacant		
Public Derby City East*	Mr	Igor	Zupnik
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	Vacant		
Constituency – STAFF (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 & Allied Support Staff	Mrs	Sue	Flynn

A Governor's Review of the Working Groups that Support the Council of Governor

	Title	First name	Surname
APPOINTED (9 seats)			
Derby City Council	Cllr	Fareed	Hussain
Derby City Primary Care Trust - to 31st March 2013	Vacant		
Derbyshire Constabulary	Asst Chief Constable	Dee	Collins
Derbyshire County Council	Cllr	Peter	Makin
Derbyshire County Primary Care Trust			
- to 31st March 2013	Dr	Judith	Bell
North Derbyshire Voluntary Action	Mrs	Kathy	Kozlowski
Southern Derbyshire Voluntary Sector Mental Health Forum	Ms	Wendy	Beer
University of Derby	Dr	Paula	Crick
University of Nottingham	Prof	Paul	Crawford

* elected unopposed on 17 October 2012

Membership of Our Trust

The Trust Annual 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 in the future and ensure that what we plan to do is inclusive of our members.

We are continuing 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.

How to Become a Member and Help Shape Our Future Plans

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 (2012-13)
At year start (April 1)	6205
New Members	683
Members leaving	747
At year end (March 31)	6141
Staff constituency	
At year start (April 1)	2379
New Members	337
Members leaving	7
At year end (March 31)	2432
Total Membership	**8573**
Analysis of current staff membership	
Medical and Dental	
Nursing and Allied professionals	146
Administration and support staff	1622
Analysis of current public membership	664

A Governor's Review of the Working Groups that Support the Council of Governor

Public constituency	Last year (2012-13)
Public constituency Number of members Eligible membership Age (years)	
0-16	27
17-21	308
22+	4644
Unknown	0
Ethnicity:	
White	4965
Mixed	39
Asian or Asian British	154
Black or Black British	88
Other	9
Unknown	0
Socio-economic groupings:	
ABC1	3611
C2	1379
D	378
E	723
Unknown	0
Gender analysis	
Male	2433
Female	3622
Unknown	0

Initiatives in place to increase membership

A key factor in the aim to further increase the number of members was the appointment of a Trust Membership Manager.

The Membership Manager has been appointed to specifically concentrate on developing events in an attempt to increase membership of the Trust and to target constituencies that are under-represented in terms of membership.

Plans are in place to offer strategically chosen 'surgeries' accompanied by one of the Governors to be held in Health Centres and Medical practices. These will lead to focus groups to identify health concerns and opportunities to nurture new Governors.

The aim is to establish substantive links with our key stakeholders in the voluntary and self-help community focussing on those constituencies that continue to be under-represented.

During 2012-13 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 were held in order to meet the above objectives:
- Big Lunch Event – Arboretum Park
- Refugee Week Celebration – Derby market place event
- Carers Hearty Health Day – Chesterfield
- Derbyshire Pride Event
- College Fresher's Fair – Joseph Wright Centre
- College Fresher's Fair – Roundhouse
- College Fresher's Fair – Broomfield Hall
- Human Library Event – World Mental Health Day.

A Governor's Review of the Working Groups that Support the Council of Governor

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How members can help us:
- 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.
- Become a volunteer.

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**
Free phone: **0800 345 7351**

Derbyshire Healthcare

NHS

NHS Foundation Trust

Our Workforce and Organisational Development Review

Our Workforce and Organisational Development Review

Introduction by Helen Marks - Director of Workforce and Organisational Development

In 2012-13 Derbyshire Healthcare NHS Foundation Trust employed approximately 2454 members of staff (2135.62 whole time equivalents). 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. Over the next 12 months the team will continue its good work in relation to staff engagement and health and wellbeing,

Values to Leadership Programme

Following a positive evaluation of the programmes run in the first year of the Values to Leadership initiative we have expanded the portfolio of programmes to include the widest possible range of Trust staff. Now in our third year of Values to Leadership, Trust Board remain committed to supporting investment in the development of our senior leaders and the fostering of leadership skills in all of the people who work in our Trust.

In the past year we have provided development opportunities for new and aspiring leaders such as the ILM Level 2 programme in Team Leading and the Colleague to Team Leader programme as well as continuing to provide leadership development opportunities for Estates and Facilities staff. We have delivered three more cohorts of the Hay Personal Impact programme for our more senior staff and have developed and delivered a leadership programme for new consultants.

The Values to Leadership programme was shortlisted as one of six finalists out of over two hundred entries for the 2012 Training Journal Awards. The Trust is committed to ensuring the continuation of this success in the development of leadership skills across the organisation with approval given to continue with investment in the programme.

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

Tier 1 – Personal Impact

A further 49 Leaders and Managers have undertaken the Personal Impact programme run for us by Hay Management, incorporating 360 degree assessments, political and strategic thinking and horizon scanning. Feedback from the participants continues to be positive and the impact of the learning is being captured in the end of programme presentations that he participants are required to do. The Trust will be looking to run a further cohort in 2013/14. We have developed a 'New and Developing Consultant Leadership Programme', designed internally but involving both internal facilitators and high profile external speakers. The intention is to run this programme for new consultants every two years.

The primary method of evaluation for these programmes is to use of the NHS 360 feedback tool at the beginning of each course, with the intention to undertake a second 360 12 months later to assess development of leadership skills. Using the group report facility enables us to assess development of each cohort. Evaluation methodology continues to be developed so we can be assured of a return on our investment.

We have continued to provide personal impact programmes for staff at all levels in the Trust, for example, LEO, BTEC and ILM programmes.

We have initiated development for women as leaders with the re-introduction of Springboard Programmes. The intention is to develop this strand with Springforward Programmes and other initiatives aimed at encouraging and helping women take up the leadership challenge.

We are working on a major leadership development initiative for 2013/14, collaborating with training consultants BackleyBlack, to provide 'Olympic Experience' events to further embed Trust values and support staff with the management of change.

Our Workforce and Organisational Development Review

Tier 2 – Corporate Behaviour

Throughout 2012 we have opened up these themed events to a wider range of staff. Consultants have been invited to join the senior group and every second event has been for Bands 5 and 6. Our final two events of the year were successfully opened up to the whole leadership community (Band 5 upwards). In 2012-13 the Tier 2 events will be refocused as Leadership Community Engagement Events. The sessions will still be used to communicate important, Trust-wide messages. However, the intention is that the main content will be owned and delivered by staff. Staff at Band 5 and above have been asked to identify initiatives and service improvements that they would like to showcase and share with colleagues.

Tier 3 – Management Development

A range of management development sessions has been available for managers to attend to develop a range of technical skills, including Recruitment and Selection, Dealing with Change, Managing Employee investigations and Appraiser. The intention is to refocus how we deliver these sessions to make them more team-based and less classroom-based in order to make the learning as accessible as possible to busy staff.

Coaching

The fourth strand of our Values to Leadership strategy is coaching. We have continued to develop coaching in the Trust - both as a development tool and as our preferred leadership style - to reflect our values and underpin a culture that promotes compassion and excellent patient care. During 2012-13 we developed our coaching capacity and capability by delivering a series of dedicated workshops and training programmes internally and by accessing programmes delivered on behalf of the wider Health Community. We have established a Coaching Network, promoted on an intranet site which was launched in February 2013. The site enables all staff to find out more about coaching and access a list of trained coaches in the Trust. A support network has also been developed for coaches – where they can share experiences and case studies to develop their own potential.

Through Education and Development

Developments include:

1. Educational Vision

The Education team are located in the Centre for Research and Development and have responsibility for implementation of the 'Education Strategy - Creating the Future of Learning Together 2013 -2016' publication which has been agreed with the aim of strengthening the patient care culture through four strategic aims:

➡ Professional leadership
➡ First rate and responsive education
➡ Technically competent, confident and capable people
➡ Patients first: developing a culture for customising education

These aims support the approach of four layers of education that wholly support patient and carer experience. They are:

Compulsory Education	Statutory requirement for all our people to carry out their work safely
Role Specific Compulsory Education	For our people to have role specific education to carry out their work safely
Patient Care Specific Education	To ensure our people have technical skills and competency to deliver high standards of fundamental care for every patient receiving care
Enhanced Patient Experience Education	For our people to build a level of advanced skills and competency to further enhance patient experience

We know that if we get this right, this will translate into the patient receiving care from our people who will consistently give value-based compassionate care, staff who personalise their care, and who have high-level technical competence and confidence to prevent harm.

2. Nursing Career Framework Handbook

Publication of the Nursing Career Framework Handbook to make explicit nursing values and the expectations that patients and carers have about Nursing roles. This handbook supports all our nurses to determine their career pathway aspirations with the patient at the centre of their professional work.

Our Workforce and Organisational Development Review

3 Partnership Working

The Education Team work collaboratively with the East Midlands Local Education and Training Board and the Local Education and Training Council, 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 education team work specifically in partnership with patient involvement the University of Derby and the University of Nottingham to support undergraduate and post graduate curriculum development to align content with patient needs and evidence based practice. The education team participate actively in periodic reviews of programmes, Nursing and Midwifery Council validation and monitoring of programmes and influencing the quality of patient centred learning opportunities. Specifically this year has seen the transition to the implementation of the Bsc Nursing programmes.

4. Practice Learning

The Education team were commended by the Nursing and Midwifery Council for the high quality and comprehensive standard of our Mentor database and partnership working. The practice learning that takes place in the clinical teams has been supported through the Student Pathway Partnership which brings together representation from Student Nurses, Mentors, Service users, University partners and the private and voluntary sector to improve the systems and processes that support learning and directly impact upon patient experience.

5. Preceptorship

The preceptorship programme continues to be positively evaluated and is aimed at Nursing and Allied Health Professionals who are newly registered to support their transition into new health professional roles in a patient oriented way.

6. Strengthening the Care Culture

Over the past twelve months there has been a significant amount of collaborative work undertaken with service users and Nursing Assistants and Assistant Practitioners joining together to facilitate a programme of learning directly aimed at a compassionate care culture. We recognised that the role and performance of our nursing assistants and assistant practitioners can have influence over the culture within teams, and the compassionate attitudes that impact upon patient experience. This work has been shaped by the direct involvement of service users and our staff in a peer relationship, utilising their lived experiences to improve care. Their collective work has informed the development of the Nursing Career Handbook and Education Strategy and is evident in both documents.

7. Learning Needs Analysis and Learning Beyond Registration

Electronic submission has enabled the trust to have an accurate representation of both internal and external training requests based upon both service and individual needs.

Our clinically registered people are utilising learning beyond registration funded programmes from a wide range of regional Universities to ensure both professional and personal development needs are met to support evidence based practice and excellence in patient care.

The NHS National Staff Survey

The NHS National Staff Survey is conducted every year. 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 797 staff.

379 staff took part in the survey which equated to 48%; this response rate is considered below average compared to other Mental Health/Learning Disability Trusts in England.

Our Workforce and Organisational Development Review

There were 28 key findings included in the survey, measuring views on subjects ranging from job satisfaction to training opportunities to health and wellbeing.

The Staff Survey Results and our plans

The results demonstrated that in the main staff are generally satisfied at work; however, we recognise that we need to build on the work that has been done to ensure that staff feel totally involved and engaged.

Communications across the Trust continue to improve, according to those who took part in the latest National NHS Staff Survey. The number who said there was good communications between senior management and staff was 4 per cent above the national average.

Three key findings highlighted within the report where staff experience has improved the most include:
- Staff feeling satisfied with the quality of work and patient care they were able to deliver showed an increase of 12 per cent
- Staff job satisfaction showed an increase from 3.55 to 3.71 on the scale of 1 to 5 where 5 is most satisfied

Staff motivation at work showed an increase from 3.75 to 3.90 now above the national average on the scale of 1 to 5 where 5 is most motivated.

There was only one area where the Trust was below average and within the worst 20% of similar Trusts included in the survey:
- staff experiencing harassment, bullying or abuse from staff.

Areas where we are in the highest 20% of similar Trusts surveyed:
- the number of staff receiving health and safety training within the last 12 months
- the number of staff suffering work-related stress (we were lower than other trusts)
- the number of staff experiencing harassment, bullying or abuse form patients relatives or the public
- the number of staff reporting good communication between senior management and staff
- the number of staff receiving equality and diversity training within the last 12 months
- the fairness and effectiveness of incident reporting procedures.

Our Staff Survey Summary Comparisons

	2011/12		2012/13		Trust improvement/ deterioration
	Trust	National average	Trust	National average	
Response rate	53%	54%	48%	51%	-5%
Top 4 ranking scores					
% of staff receiving health and safety training in the last 12 months	91%	83%	90%	73%	-1%
% of staff suffering work related stress (the lower number the better)	35%	41%	37%	41%	+2%
% of staff having equality and diversity training in the last 12 months	72%	53%	77%	59%	+5%
% of staff experiencing harassment, bullying or abuse form patients, relatives or the public in the last 12 months (the lower the number the better)	*		26%	30%	

* Because of changes to the format of the survey, comparisons with the 2011 score are not possible

Our Workforce and Organisational Development Review

| | 2011/12 | | 2012/13 | | Trust improvement/ deterioration |
	Trust	National average	Trust	National average	
Bottom 4 ranking scores					
% of staff experiencing harassment , bulling or abuse from staff in last 12 months (the lower the score the better)	*		22%	21%	
% of staff believing the trust provides equal opportunities for career progression or promotion	90%	90%	89%	90%	-1%
% of staff agreeing that their role makes a difference to patients	89%	90%	89%	90%	=%
Work pressure felt by staff	*		3.03	3.02	
% of staff experiencing harassment, bullying or abuse form patients, relatives or the public in the last 12 months (the lower the number the better)	*		26%	30%	

* Because of changes to the format of the survey, comparisons with the 2011 score are not possible

What are our Priorities from Staff Survey for 2013/14?

The organisation will continue to work on the two main themes which were agreed last year; Staff Engagement and Health and Wellbeing. 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 include:
➥ 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 2013 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.

Our Commitment to Staff Engagement

The NHS Constitution pledges that organisations will commit 'to engage staff in decisions that affect them and the services they provide'. As such, managers and employees have both the right and the responsibility to engage with each other when making decisions that will ultimately affect patient care. The Trust's commitment to this is highlighted by the positive results in the staff survey.

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

In these continued times of challenge we know there will be pockets of low morale and resistance to change, however the staff survey results indicate that the work around engagement is beginning to show positive signs.

Our Workforce and Organisational Development Review

Overall Staff Engagement

The overall staff engagement score of 3.76 for 2012 in the National Staff Survey also showed an increase from the previous year. Possible scores range from 1 to 5 with 5 indicating that staff are highly engaged. It is based on three questions:

- Staff ability to contribute towards improvements at work
- Staff recommendation of the trust as a place to work or receive treatment
- Staff motivation at work.

The score achieved was above (better than) average when compared with trusts of a similar type.

Our Listening Events

In the current climate staff engagement is critical in enabling the future success and sustainability of the organisation. Many high quality suggestions come from the experts on the frontline and therefore it is extremely important that there are not only robust mechanisms to capture these but that there is employee trust in the organisation that the suggestions are acted upon where appropriate. The organisation has witnessed a significant increase around the engagement agenda over the past 12 months. 30 listening events were held throughout the Spring and Summer 2012 with almost 400 staff attending. The real time staff on line questionnaires gained the views of a further 100 staff. These interventions together with the regular Chief Executive and Directors 'open door' sessions ensure continued engagement with staff.

The Listening Events during 2012 sought the views of staff throughout the Trust. The feedback has resulted in amendments being made to the Trust Health & Attendance Policy and Lease Car Scheme. During the events a clear message from staff was that loyalty of current staff should be better rewarded. As a result an in-service Long Service Award was introduced from 1 September 2012 that replaced the existing scheme that was only triggered when a member of staff retired. The new scheme provides for staff to be recognised for 10, 20, 30 and 40 years' service.

The Trust has already made progress in engaging staff through initiatives such as the 'Listening to You Survey', 'Walking in your Shoes' and 'Open Door Sessions'. The success of these has contributed to the significant improvements in the results from the 2011 National Staff Survey.

Walking In Your Shoes

A major new initiative for Directors and Non-Executive Directors, 'Walking in Your Shoes' was launched following a successful pilot undertaken by Helen Marks, of shadowing staff members across the Trust. Each Director undertook to shadow a number of staff over the year. This has been extremely successful in increasing the visibility of senior staff throughout the Trust and will continue in the forthcoming year.

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 a further Listening to You Survey focusing on Health & Wellbeing. In total, 191 employees (81% female) completed the health and wellbeing survey. The majority were between the ages of 41 and 50 and 91% considered themselves to be in fair or good health. Most employees also indicated good levels of mental wellbeing in the workplace through energy levels, mood and concentration. However, 28% of all participants rated their workplace stress levels as being poor (Figure 1). This is particularly noteworthy given that not all participants were aware of the various health and wellbeing initiative already being offered by the Trust (Figure 2).

# Our Workforce and Organisational Development Review
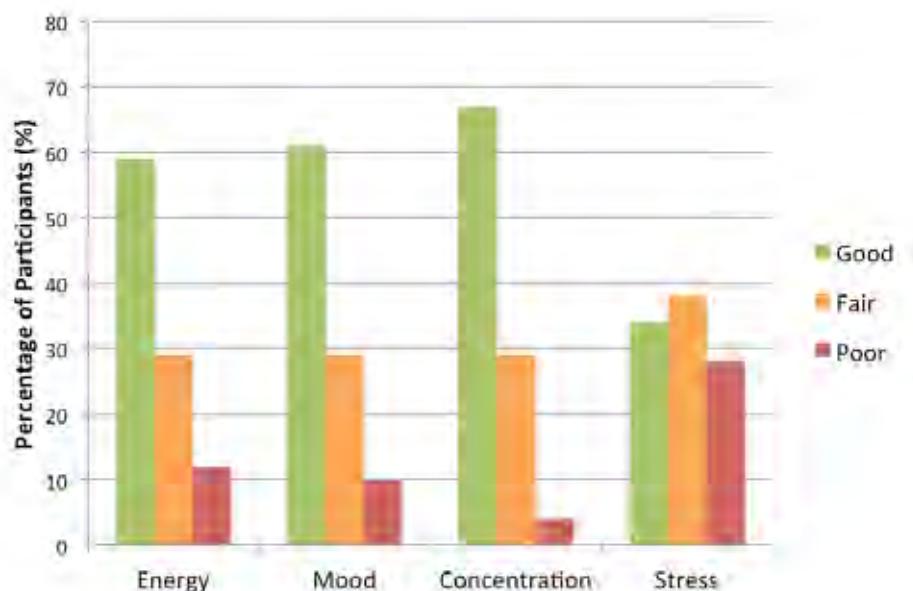
Figure 1: Psychological indicators of wellbeing in the workplace
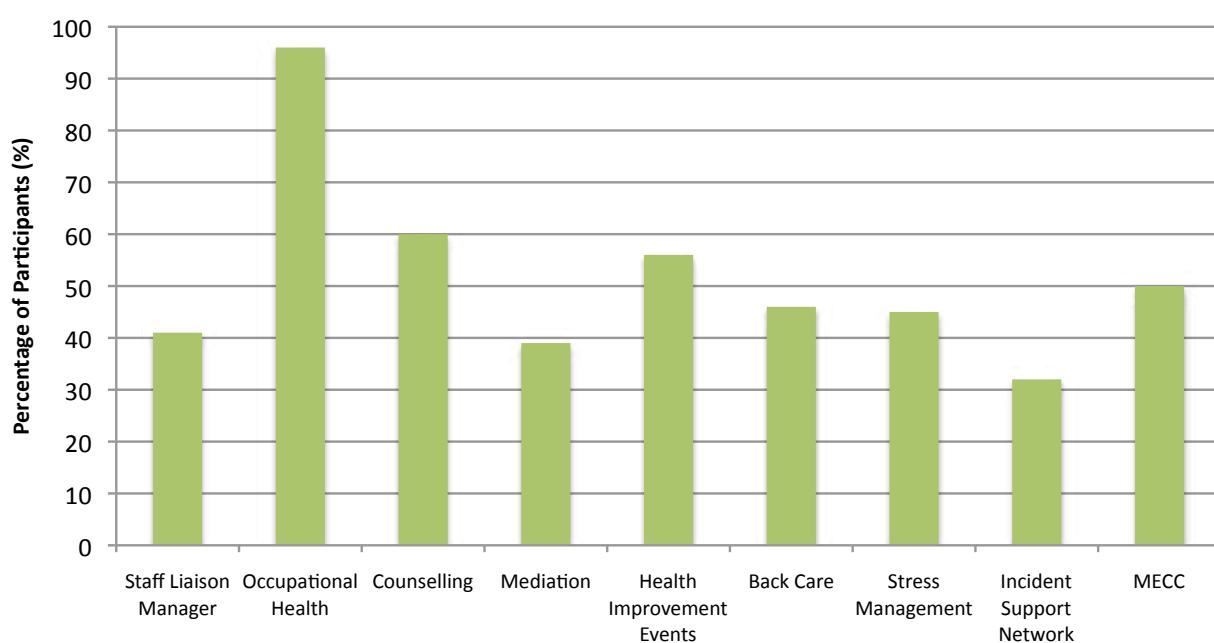
Figure 2: Awareness of existing health and wellbeing initiatives

Our Workforce and Organisational Development Review

Figure 3: Emerging themes taken from an analysis of responses to questionnaire data

Employees were asked an open-ended question to describe what they felt the Trust should be doing to improve health and wellbeing in the workplace. A 'word cloud' was created from the emerging themes, where greater prominence is given to the ideas that appeared more frequently (Figure 3).

An analysis of the themes revealed that employees believed the Trust could assist them in managing their health and wellbeing by first looking at work-related stressors, such as workload pressure, the physical workplace environment and psychological support after distressing events. Secondly, it emerged that the Trust should seek to improve engagement with staff both through consistency in management and policy application, and also by embedding existing initiatives. This is particularly important due to the Organisation's far-reaching geography. The final area highlighted from the survey results was the potential implementation of various initiatives such as local health-related concessions in gyms or swimming pools for example, or the provision of on-site facilities and activities (Figure 4). As such, it was identified that a comprehensive approach to addressing health and wellbeing should be taken.

What are we doing to address this?
- A health and wellbeing group had been established where the concerns raised will each be discussed so that actions can be put in place to address them
- Work will be undertaken to seek concessions and offers at local facilities
- Positive feedback has been received from the Incident Support Network and Schwarz Rounds that have recently been introduced in some areas to offer psychological support. Work will be undertaken to implement these across the Trust so that other areas can also experience the benefits
- A new flexible working policy has been launched.

Our Workforce and Organisational Development Review
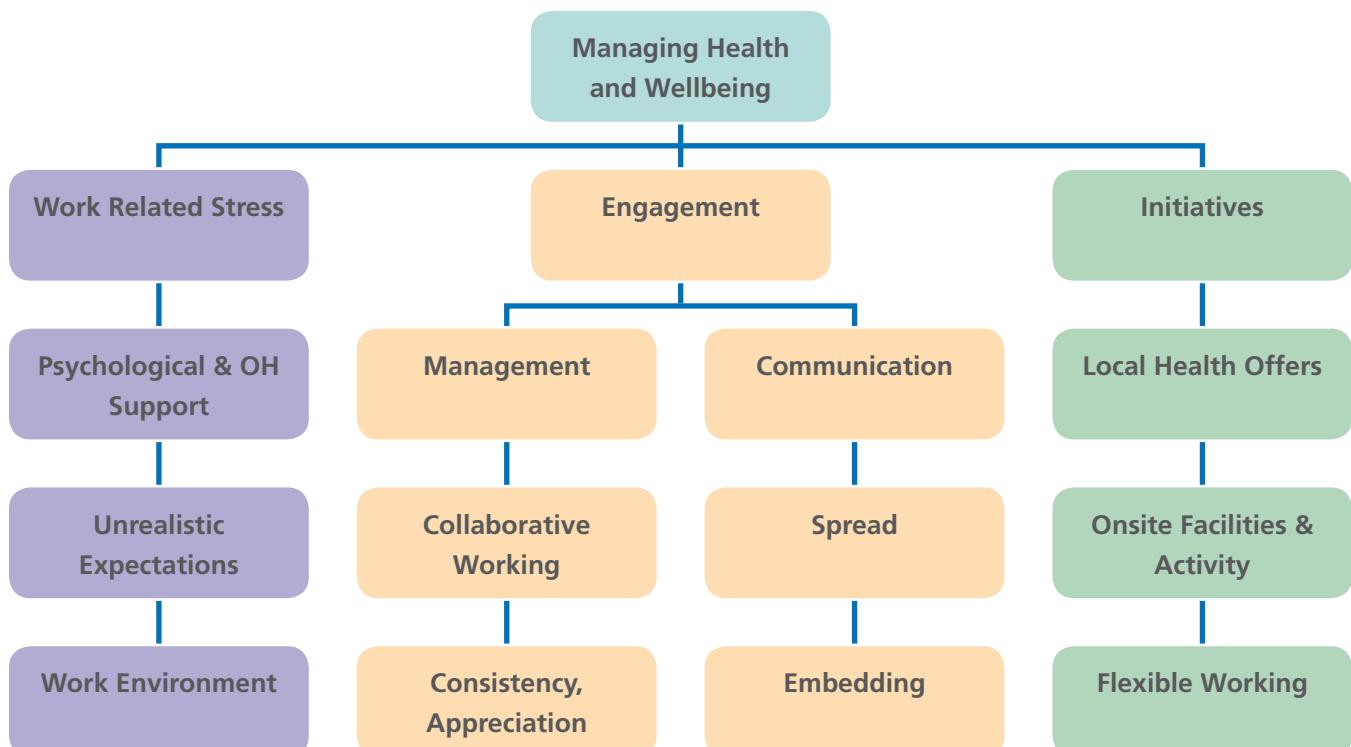
Figure 4: Model of staff opinions on improving health and wellbeing in the workplace

Our Commitment to Health and Wellbeing

During 2012 staff health and wellbeing continued. It is recognised that staff who are fit, healthy and well, and who are supported by their employer to maintain this, give more of themselves to the organisation. "There's an equally strong business case for prioritising staff health and wellbeing," says NHS Employers Director, Dean Royles. "Investing time now in embedding a culture that supports the health and wellbeing of staff will have long term benefits to the NHS organisations."

The Schwartz Rounds, which have been running within the Radbourne Unit, supporting staff with emotional resilience, have also been implemented within the Hartington Unit.

There were also a range of Looking After Yourself workshops including such topics as Getting a Good Night's Sleep and Techniques for Relaxation and Managing Stress.

There are times when staff experience stressful and traumatic situations in the work environment, trauma experts acknowledge that an organisation needs to provide appropriate support for distressed employees. There is evidence that safe and effective support can be delivered in organisations and that this centres around a sound incident management approach. In recognition of this the Trust has trained a number of staff volunteers to provide Post Incident Peer Support (PIPS), which is lead and supported by the Trust's Psychology Department.

The London 2012 Olympics provided a great springboard for the Trust to work in partnership with our local Acute Hospital, and a Fun Day was held, this offered fun physical health opportunities for both adults and children, and we hope to be able to continue with these days as an annual event, as our part of the Olympic legacy.

Our Workforce and Organisational Development Review

Moving Forward – Our Key Priorities for 2013/14:

- 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.

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.

Corporate Induction

The monthly Trust Corporate Induction for newly appointed staff has continued to incorporate a market-place style event, which has further developed over the last twelve months. This typically comprises about twenty five stalls/displays, hosted by key personnel, who are available to speak to new starters on an individual face-to-face basis. It now incorporates a large number of internal departmental representatives, together with a wide range of external partner agencies. Feedback has continued to be very positive, with this approach being strongly preferred over the former classroom-style presentation model.

The annual sickness absence rate has reduced during 2012-13 compared with 2011/12 and remains lower than in 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 continues to work towards.

Our Annual Sickness Absence Rates

- **Annual Sickness Absence %**
- Trust Target 3.90% (previously 4.70%)
- National MH & LD Trust Average (Source: NHS iView Information Centre)
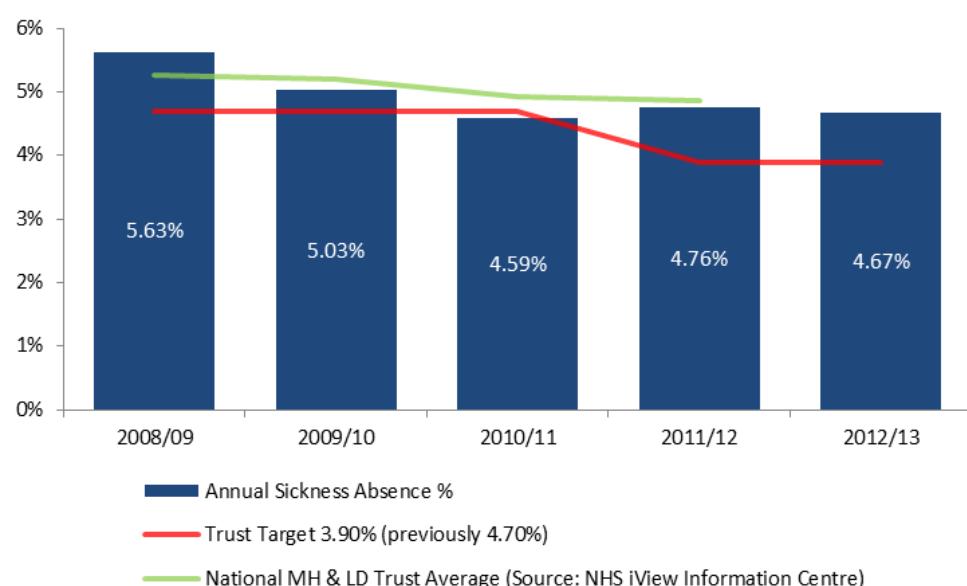
Annual Sickness Absence % - Previous 5 Years

Our Workforce and Organisational Development Review
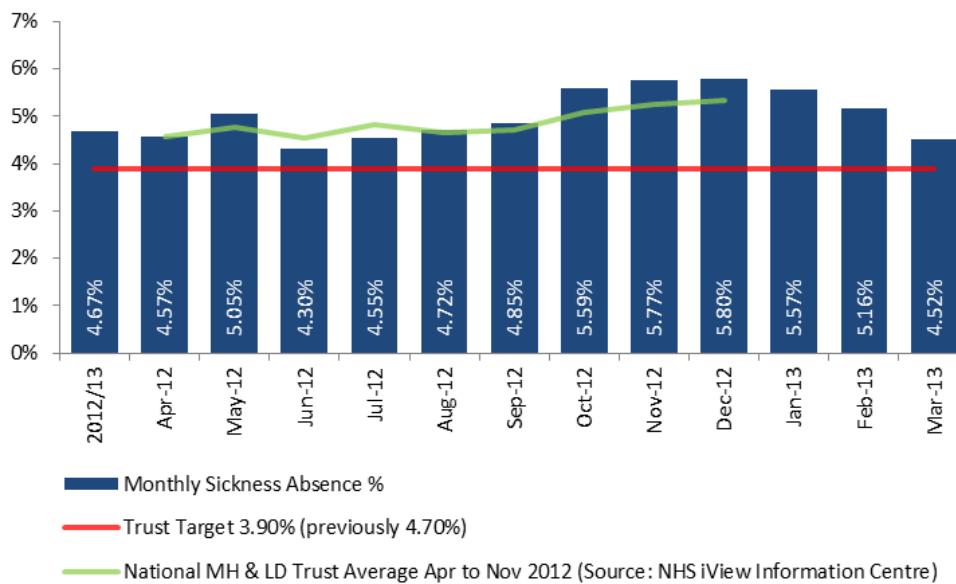
Monthly Sickness Absence % - April 2012 to March 2013

Our Workforce and Recruitment Information
Workforce Profile (Full Time Equivalent)

Staff Group	Headcount	FTE	Workforce % FTE
Add Prof Scientific & Technic	162	144.46	6.76%
Additional Clinical Services	444	385.17	18.04%
Administrative & Clerical	512	444.61	20.82%
Allied Health Professionals	133	106.53	4.99%
Estates & Ancillary	157	120.80	5.66%
Medical & Dental	150	126.22	5.91%
Nursing & Midwifery Registered	871	782.83	36.66%
Students	25	25.00	1.17%
Total	**2454**	**2135.62**	**100%**
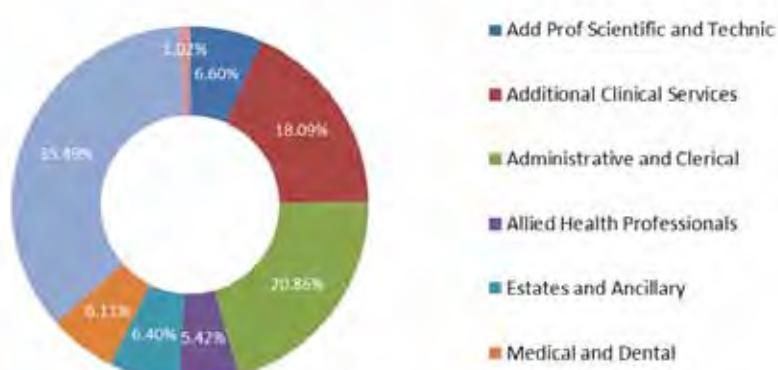
Our Workforce and Organisational Development Review

Gender Profile

Staff Group	Male	Male %	Female	Female %
Add Prof Scientific & Technic	46	28.40%	116	71.60%
Additional Clinical Services	110	24.77%	334	75.23%
Administrative & Clerical	78	15.23%	434	84.77%
Allied Health Professionals	10	7.52%	123	92.48%
Estates & Ancillary	53	33.76%	104	66.24%
Medical & Dental	65	43.33%	85	56.67%
Nursing & Midwifery Registered	172	19.75%	699	80.25%
Students	1	4.00%	24	96.00%
Trust Total	**535**	**21.80%**	**1919**	**78.20%**
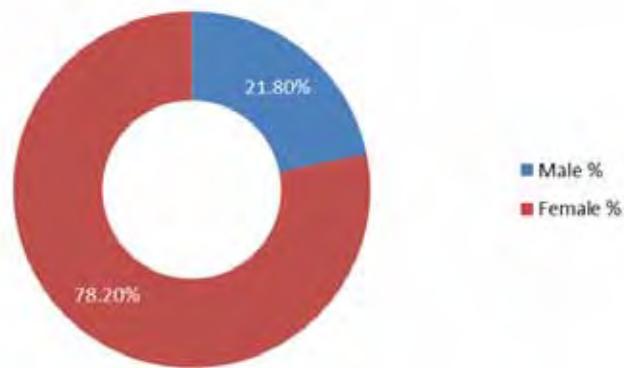
Part Time / Full Time by Gender

Employee Category	Male	Male %	Female	Female %
Part Time	82	15.33%	877	45.70%
Full Time	453	84.67%	1042	54.30%
Trust Total	**535**	**21.80%**	**1919**	**78.20%**
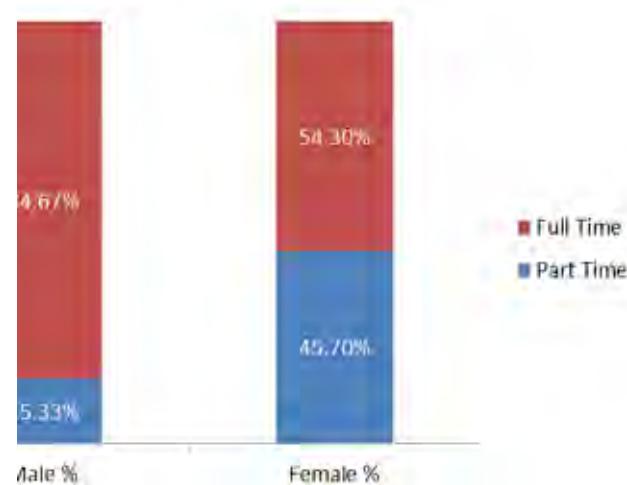
Our Workforce and Organisational Development Review

Age Profile

Age	Male	Male %	Female	Female %	Total
16-20	5	71.43%	2	28.57%	7
21-25	11	18.03%	50	81.97%	61
26-30	31	16.76%	154	83.24%	185
31-35	55	20.00%	220	80.00%	275
36-40	73	23.10%	243	76.90%	316
41-45	71	21.01%	267	78.99%	338
46-50	107	21.93%	381	78.07%	488
51-55	102	25.44%	299	74.56%	401
56-60	41	16.33%	210	83.67%	251
61-65	30	30.00%	70	70.00%	100
66-70	7	26.92%	19	73.08%	26
71 & Above	2	33.33%	4	66.67%	6
Trust Total	**535**	**21.80%**	**1919**	**78.20%**	**2454**
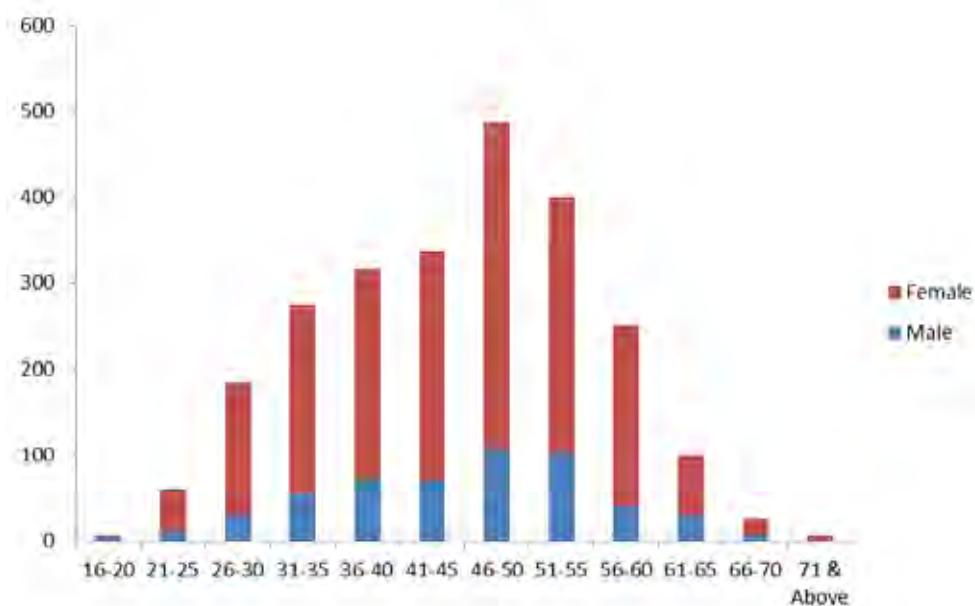
Our Workforce and Organisational Development Review

Age Profile - by Staff Group

Age	Add Prof Scientific & Technic	Additional Clinical Services	Administrative & Clerical	Allied Health Professionals	Estates & Ancillary	Medical & Dental	Nursing & Midwifery Registered	Students
16-20	0	2	4	0	1	0	0	0
21-25	0	23	12	1	5	0	18	2
26-30	15	48	38	13	5	11	52	3
31-35	27	45	45	21	10	22	100	5
36-40	18	54	55	19	6	26	132	6
41-45	24	45	69	20	17	21	137	5
46-50	32	80	88	30	22	25	209	2
51-55	24	64	89	20	36	21	145	2
56-60	14	53	75	6	26	13	64	0
61-65	6	26	32	2	16	5	13	0
66-70	2	3	5	1	9	5	1	0
71 & Above	0	1	0	0	4	1	0	0
Total	**162**	**444**	**512**	**133**	**157**	**150**	**871**	**25**
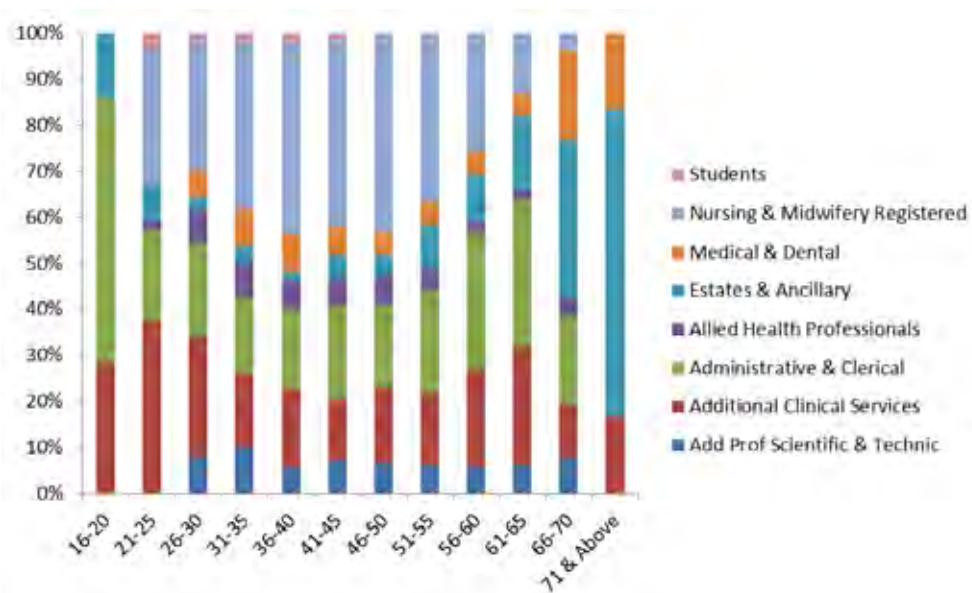
Our Workforce and Organisational Development Review

Disability

Staff Group	Declared Disability	Declared Disability %	No Declared Disability	No Declared Disability%
Add Prof Scientific & Technic	6	3.70%	156	96.30%
Additional Clinical Services	13	2.93%	431	97.07%
Administrative & Clerical	29	5.66%	483	94.34%
Allied Health Professionals	5	3.76%	128	96.24%
Estates & Ancillary	5	3.18%	152	96.82%
Medical & Dental	3	2.00%	147	98.00%
Nursing & Midwifery Registered	27	3.10%	844	96.90%
Students	1	4.00%	24	96.00%
Trust Total	**89**	**3.63%**	**2365**	**96.37%**
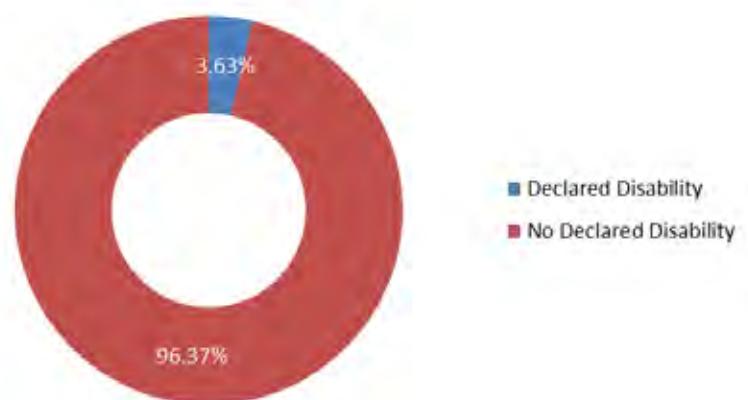
Our Workforce and Organisational Development Review

Race and Ethnicity

Staff Group	BME Headcount	BME %	White Headcount	White %	Not Stated Headcount	Not Stated %	Total
Add Prof Scientific & Technic	13	8.02%	144	88.89%	5	3.09%	162
Additional Clinical Services	60	13.51%	338	76.13%	46	10.36%	444
Administrative & Clerical	30	5.86%	469	91.60%	13	2.54%	512
Allied Health Professionals	6	4.51%	117	87.97%	10	7.52%	133
Estates & Ancillary	25	15.92%	114	72.61%	18	11.46%	157
Medical & Dental	58	38.67%	57	38.00%	35	23.33%	150
Nursing & Midwifery Registered	82	9.41%	717	82.32%	72	8.27%	871
Students	3	12.00%	22	88.00%	0	0.00%	25

BME % 11.29%
White % 80.60%
Not Stated % 8.11%
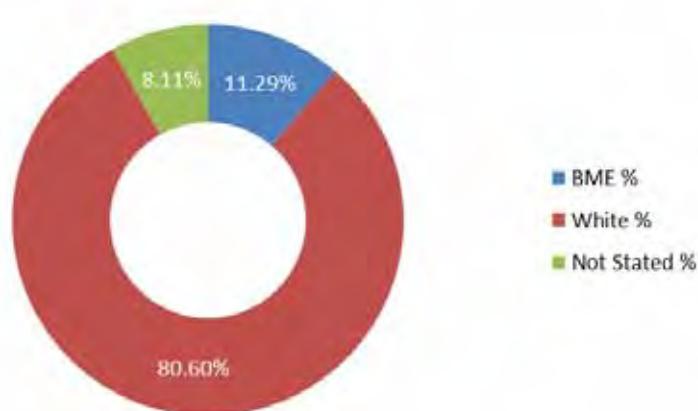
Our Workforce and Organisational Development Review

BME Breakdown	BME Headcount	BME %
Mixed - White & Black Caribbean	12	4.33%
Mixed - White & Black African	5	1.81%
Mixed - White & Asian	5	1.81%
Mixed - Any other mixed background	6	2.17%
Asian or Asian British - Indian	98	35.38%
Asian or Asian British - Pakistani	28	10.11%
Asian or Asian British - Bangladeshi	2	0.72%
Asian or Asian British - Any other Asian background	12	4.33%
Black or Black British - Caribbean	49	17.69%
Black or Black British - African	31	11.19%
Black or Black British - Any other Black background	12	4.33%
Chinese	1	0.36%
Any Other Ethnic Group	16	5.78%
Total	**277**	**100%**
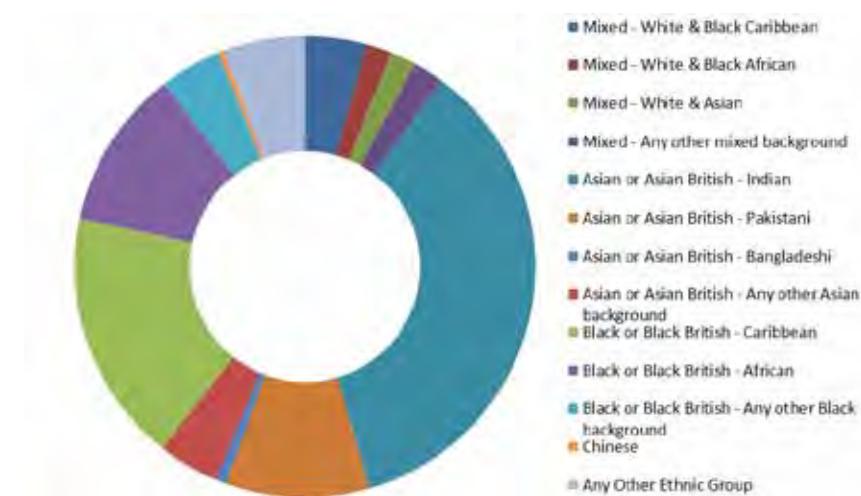
Our Workforce and Organisational Development Review

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	129	301	446	110	102	46	657	21
White – Irish	0	2	3	0	3	2	11	0
White - Any other White background	15	35	20	7	9	9	49	1
Mixed - White & Black Caribbean	0	6	3	0	1	0	2	0
Mixed - White & Black African	2	1	0	1	1	0	0	0
Mixed - White & Asian	2	2	0	0	0	1	0	0
Mixed - Any other mixed background	0	2	1	0	0	0	3	0
Asian or Asian British - Indian	4	13	9	3	12	40	17	0
Asian or Asian British - Pakistani	1	3	6	0	1	10	7	0
Asian or Asian British - Bangladeshi	0	0	2	0	0	0	0	0
Asian or Asian British - Any other Asian background	0	1	0	0	5	2	4	0
Black or Black British - Caribbean	4	17	7	2	2	0	17	0
Black or Black British - African	0	5	0	0	1	3	20	2
Black or Black British - Any other Black background	0	6	0	0	2	0	3	1
Chinese	0	0	0	0	0	0	1	0
Any Other Ethnic Group	0	4	2	0	0	2	8	0
Not Stated	5	46	13	10	18	35	72	0
Trust Total	**162**	**444**	**512**	**133**	**157**	**150**	**871**	**25**

Our Workforce and Organisational Development Review
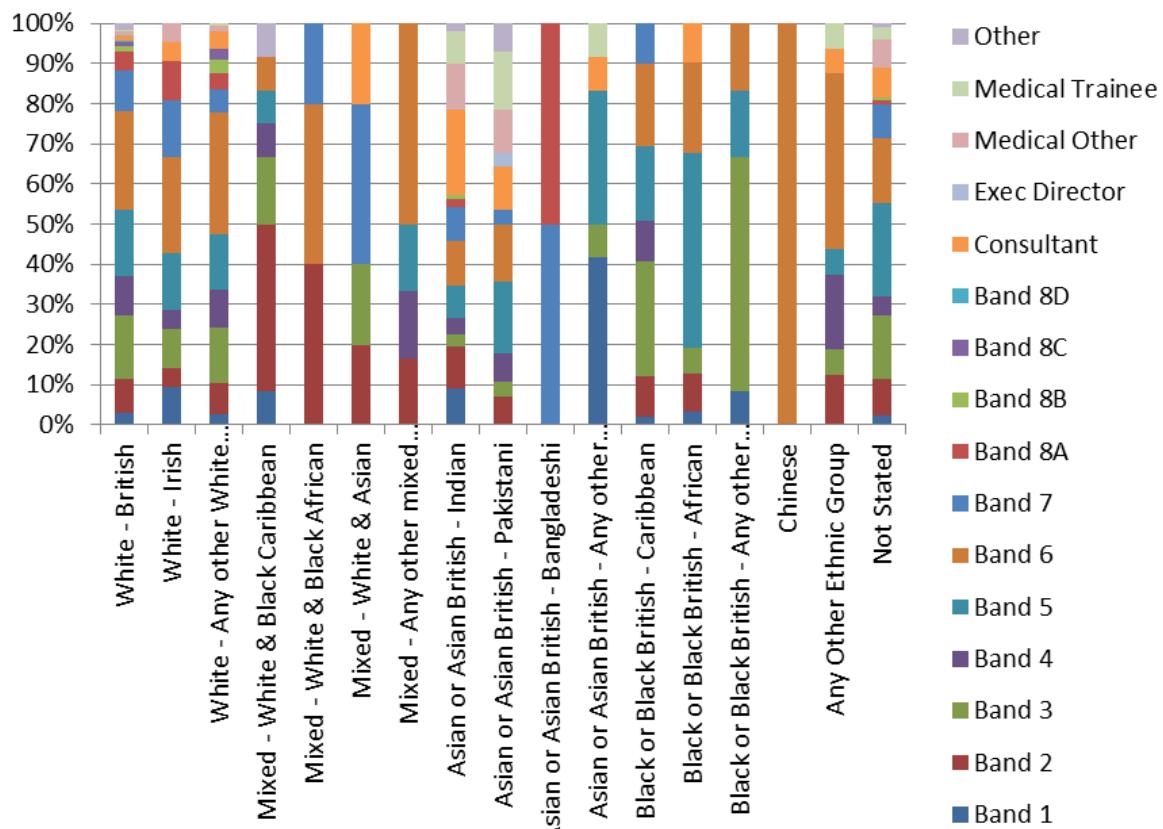
Our Workforce and Organisational Development Review

EtRace / 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	53	153	286	178	303	443	184	83	25	18	6	26	4	15	5	30
White – Irish	2	1	2	1	3	5	3	2	0	0	0	1	0	1	0	0
White - Any other White background	4	11	20	14	20	44	8	6	5	4	0	6	0	2	1	0
Mixed - White & Black Caribbean	1	5	2	1	1	1	0	0	0	0	0	0	0	0	0	1
Mixed - White & Black African	0	2	0	0	0	2	1	0	0	0	0	0	0	0	0	0
Mixed - White & Asian	0	1	1	0	0	0	2	0	0	0	0	1	0	0	0	0
Mixed - Any other mixed background	0	1	0	1	1	3	0	0	0	0	0	0	0	0	0	0
Asian or Asian British - Indian	9	10	3	4	8	11	8	2	1	0	0	21	0	11	8	2
Asian or Asian British - Pakistani	0	2	1	2	5	4	1	0	0	0	0	3	1	3	4	2
Asian or Asian British - Bangladeshi	0	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0
Asian or Asian British - Any other Asian background	5	0	1	0	4	0	0	0	0	0	0	1	0	0	1	0
Black or Black British - Caribbean	1	5	14	5	9	10	5	0	0	0	00	0	0	0	0	0
Black or Black British - African	1	3	2	0	15	7	0	0	0	0	0	3	0	0	0	0
Black or Black British - Any other Black background	1	0	7	0	2	2	0	0	0	0	0	0	0	0	0	0
Chinese	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0
Any Other Ethnic Group	0	2	1	3	1	7	0	0	0	0	0	1	0	0	1	0
Not Stated	5	18	31	10	46	32	17	2	1	0	0	15	0	14	6	2
Trust Total	**82**	**214**	**371**	**219**	**418**	**572**	**230**	**96**	**32**	**22**	**6**	**78**	**5**	**46**	**26**	**37**

Our Workforce and Organisational Development Review
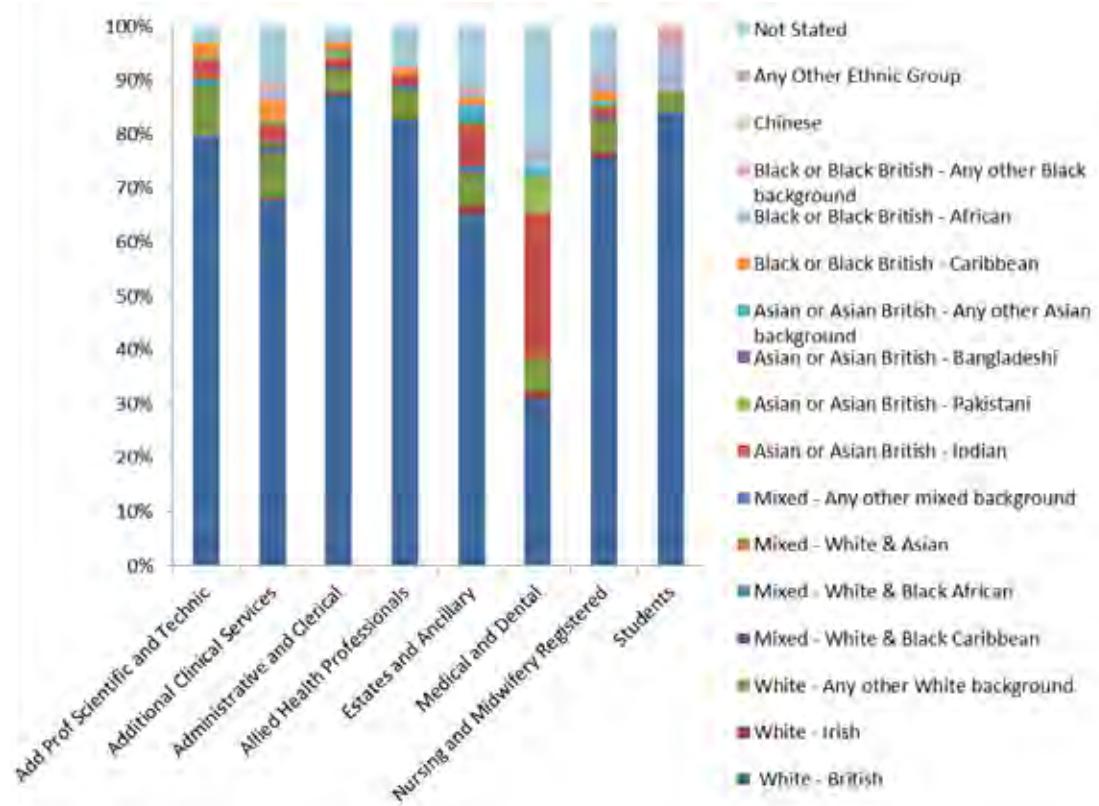
Our Workforce and Organisational Development Review

Religious belief

Religious Belief	Headcount	Headcount %
Atheism	170	6.93%
Buddhism	4	0.16%
Christianity	743	30.28%
Hinduism	22	0.90%
Islam	25	1.02%
Judaism	1	0.04%
Other	146	5.95%
Sikhism	36	1.47%
Not Stated	1307	53.26%
Trust Total	**2454**	**100%**
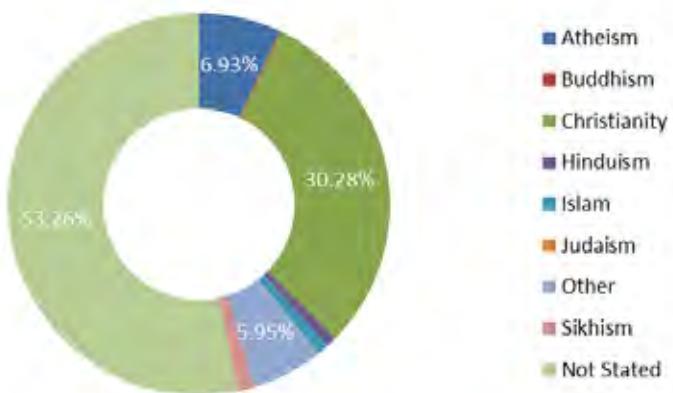
Our Workforce and Organisational Development Review

Sexual Orientation

Sexual Orientation	Headcount	Headcount %
Bisexual	5	0.20%
Gay	9	0.37%
Heterosexual	1164	47.43%
Lesbian	9	0.37%
Not Stated	1267	51.63%
Trust Total	**2454**	**100%**
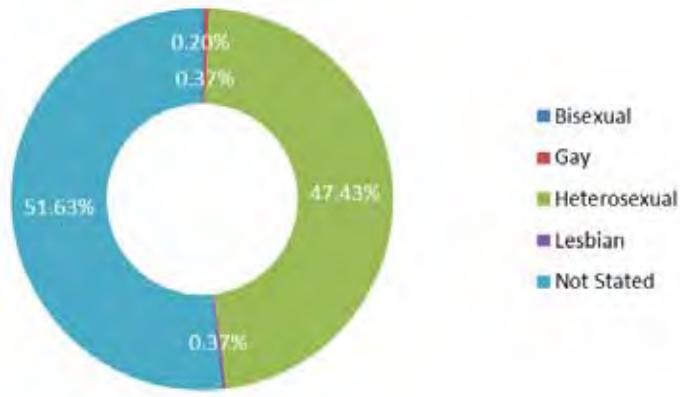
Our Workforce and Organisational Development Review

Recruitment Stats (Apr-12 to Mar-13)

Recruitment by Ethnicity	Applied (A) No.	%	Shortlisted (S) No.	%	Appointed (Ap) No.	%
White - British	4743	63.27%	1650	73.76%	263	79.94%
White - Irish	59	0.79%	20	0.89%	5	1.52%
White - Any other White background	296	3.95%	48	2.15%	5	1.52%
Asian or Asian British - Indian	787	10.50%	128	5.72%	16	4.86%
Asian or Asian British - Pakistani	312	4.16%	58	2.59%	12	3.65%
Asian or Asian British - Bangladeshi	20	0.27%	1	0.04%	0	0.00%
Asian or Asian British - Any other Asian background	102	1.36%	15	0.67%	1	0.30%
Mixed - White & Black Caribbean	56	0.75%	12	0.54%	3	0.91%
Mixed - White & Black African	21	0.28%	2	0.09%	0	0.00%
Mixed - White & Asian	24	0.32%	7	0.31%	1	0.30%
Mixed - Any other mixed background	14	0.19%	8	0.36%	0	0.00%
Black or Black British - Caribbean	120	1.60%	38	1.70%	4	1.22%
Black or Black British - African	668	8.91%	174	7.78%	13	3.95%
Black or Black British - Any other Black background	67	0.89%	19	0.85%	0	0.00%
Other Ethnic Group - Chinese	23	0.31%	9	0.40%	1	0.30%
Other Ethnic Group - Any other ethnic group	96	1.28%	22	0.98%	1	0.30%
Undisclosed	88	1.17%	26	1.16%	4	1.22%
Total	**7496**	**-**	**2237**	**-**	**329**	**-**

Recruitment Summary by Ethnicity	Applied No.	Shortlisted %	Appointed No.
White	343	4.58%	106
Ethnic Minority Background	7095	94.65%	2104
Not Disclosed	58	0.77%	27
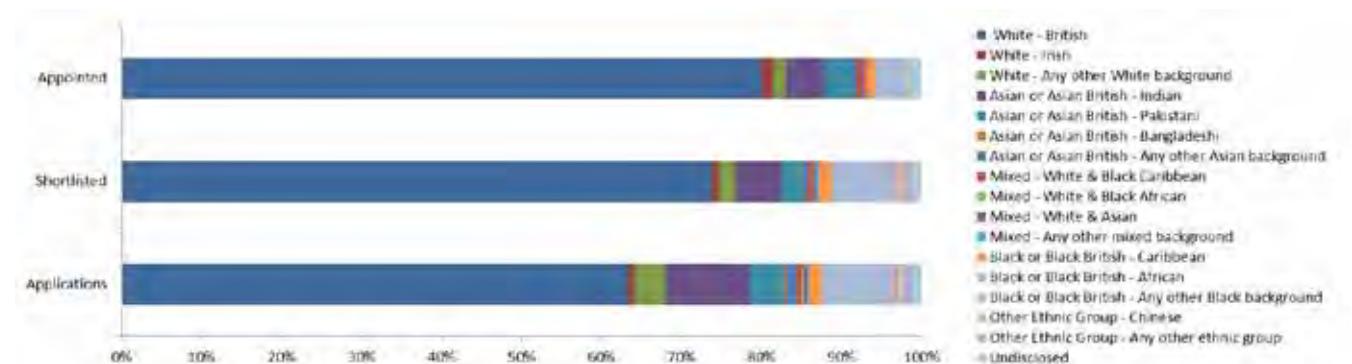
Our Workforce and Organisational Development Review

Applicants by Disability	Applied		Shortlisted		Appointed	
	No.	%	No.	%	No.	%
Disabled	343	4.58%	106	4.74%	12	3.65%
Not Disabled	7095	94.65%	2104	94.05%	311	94.53%
Not Disclosed	58	0.77%	27	1.21%	6	1.82%
Total	**7496**	**-**	**2237**	**-**	**329**	**-**

Applicants by Gender	Applied		Shortlisted		Appointed	
	No.	%	No.	%	No.	%
Male	1939	25.87%	507	22.66%	95	28.88%
Female	5547	74.00%	1728	77.25%	234	71.12%
Undisclosed	10	0.13%	2	0.09%	0	0.00%
Total	**7496**	**-**	**2237**	**-**	**329**	**-**

Applicants by Age Group	Applied		Shortlisted		Appointed	
	No.	%	No.	%	No.	%
Age Under 20	192	2.56%	23	1.03%	3	0.91%
Age 20-24	1269	16.93%	275	12.29%	27	8.21%
Age 25-29	1460	19.48%	388	17.34%	59	17.93%
Age 30-34	1138	15.18%	360	16.09%	53	16.11%
Age 35-39	1047	13.97%	324	14.48%	52	15.815
Age 40-44	808	10.78%	281	12.56%	50	15.20%
Age 45-49	766	10.22%	279	12.47%	34	10.33%
Age 50-54	513	6.84%	190	8.49%	29	8.81%
Age 55-59	240	3.20%	98	4.38%	18	5.47%
Age 60-64	54	0.72%	18	0.80%	4	1.22%
Age 65-69	5	0.07%	0	0.00%	0	0.00%
Age 70+	4	0.05%	1	0.04%	0	0.00%
Undisclosed	0	0.00%	0	0.00%	0	0.00%
Total	**7496**	**-**	**2237**	**-**	**329**	**-**
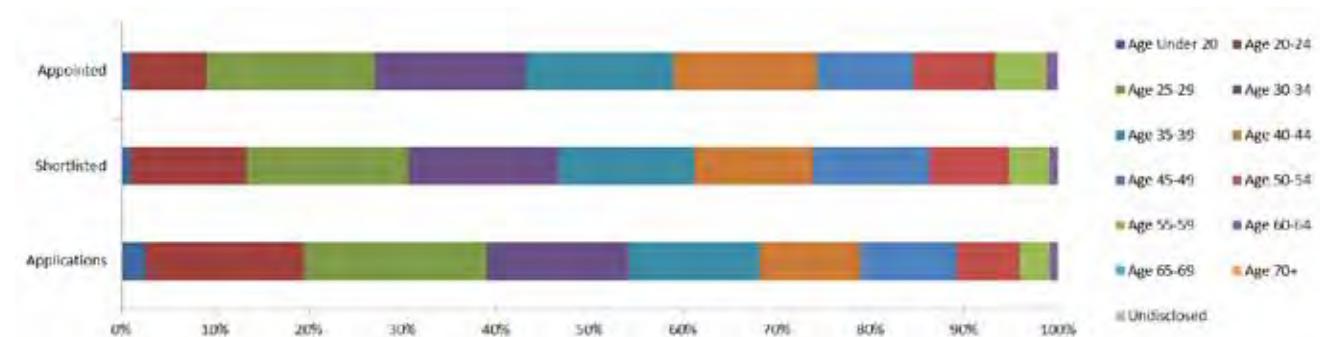
Our Workforce and Organisational Development Review

Applicants by Sexual Orientation	Applied		Shortlisted		Appointed	
	No.	%	No.	%	No.	%
Lesbian	56	0.75%	27	1.21%	6	1.82%
Gay	78	1.04%	35	1.56%	6	1.82%
Bisexual	62	0.83%	12	0.54%	2	0.61%
Heterosexual	6793	90.62%	2038	91.10%	294	89.36%
Undisclosed	507	6.76%	125	5.59%	21	6.38%
Total	**7496**	**-**	**2237**	**-**	**329**	
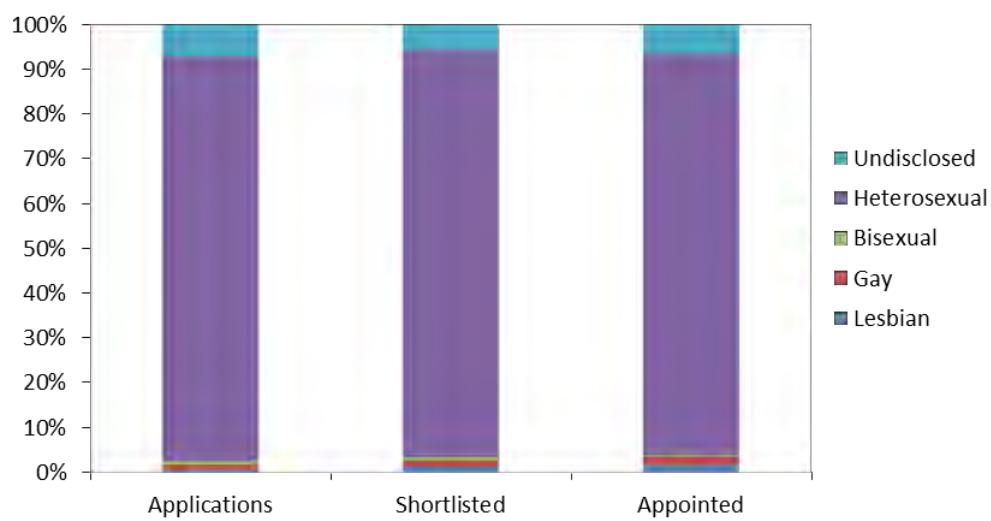
Our Workforce and Organisational Development Review

Applicants by Religious Belief	Applied		Shortlisted		Appointed	
	No.	%	No.	%	No.	%
Atheism	840	11.21%	292	13.05%	49	14.89%
Buddhism	45	0.60%	14	0.63%	2	0.61%
Christianity	4191	55.91%	1308	58.47%	171	51.98%
Hinduism	306	4.08%	47	2.10%	6	1.82%
Islam	438	5.84%	70	3.13%	12	3.65%
Jainism	7	0.09%	1	0.04%	0	0.00%
Judaism	5	0.07%	2	0.09%	0	0.00%
Sikhism	249	3.32%	51	2.28%	6	1.82%
Other	701	9.35%	224	10.01%	45	13.68%
Undisclosed	714	9.53%	228	10.19%	38	11.55%
Total	**7496**	**-**	**2237**	**-**	**329**	**-**

Derbyshire Healthcare NHS

NHS Foundation Trust
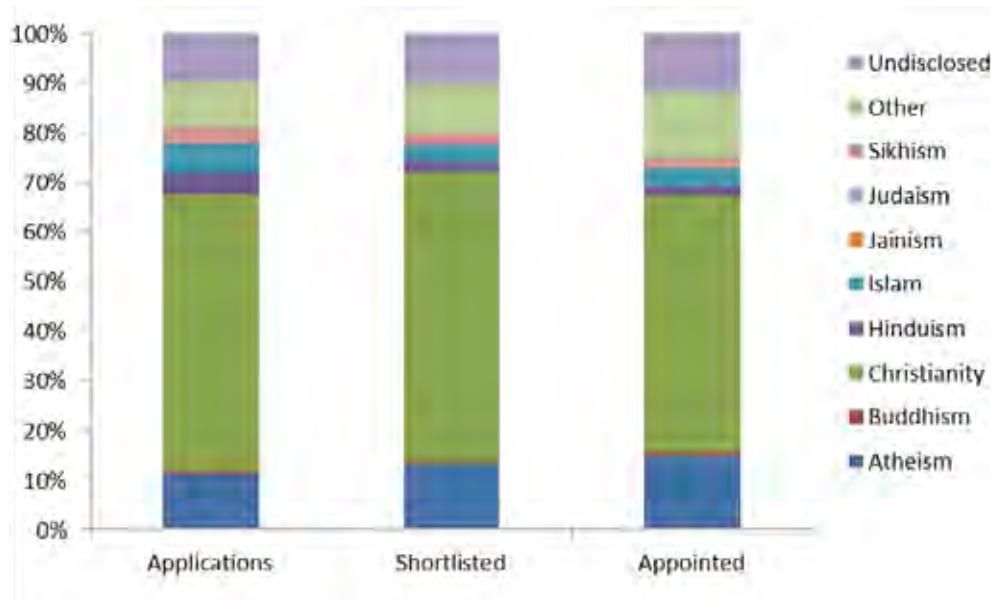
Quality Governance
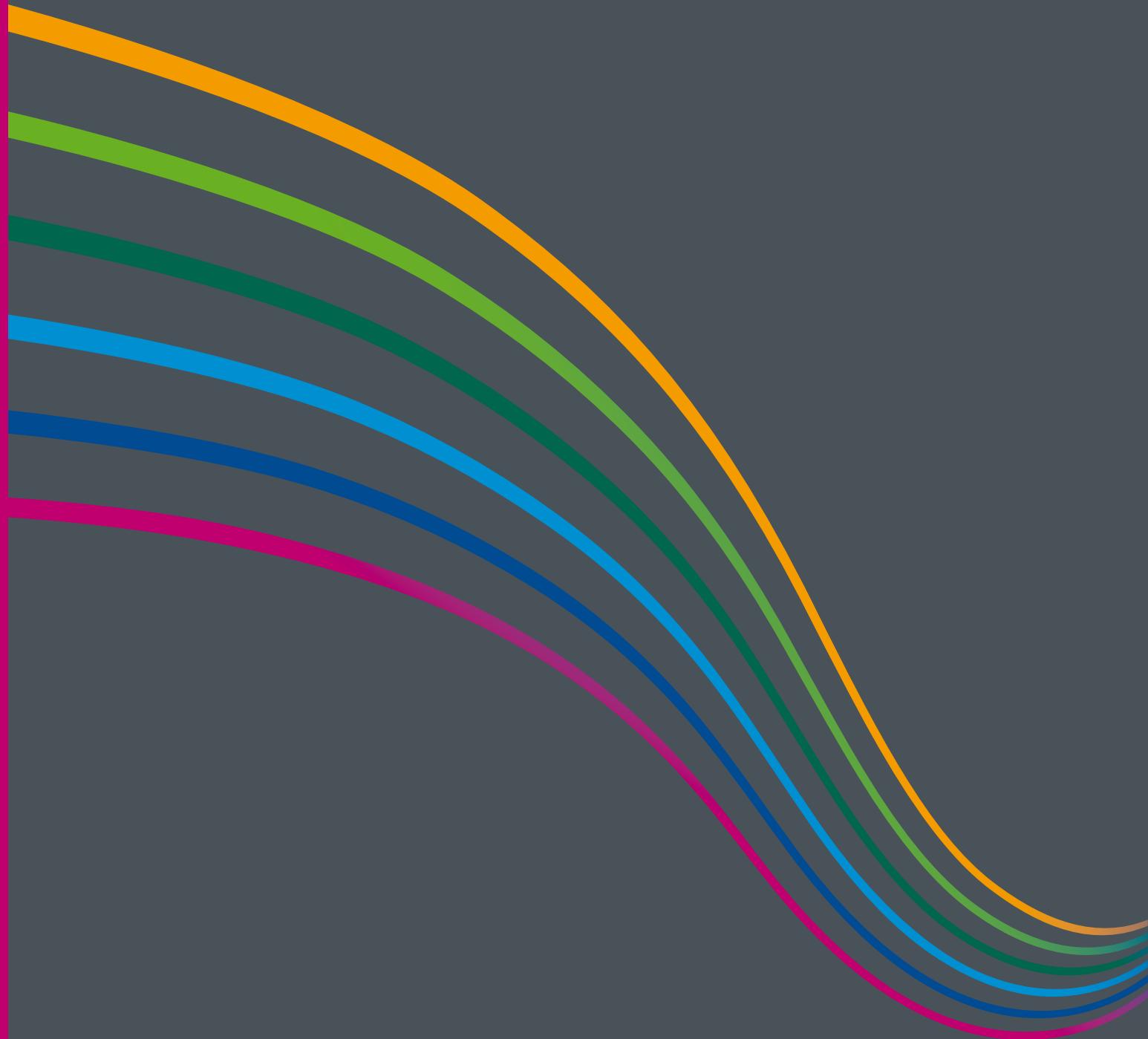
Our Quality Governance Framework

As a newly approved Foundation Trust during 2012-13, 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 2012-13 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 2012-13. 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 2012-13. 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.

Our Quality Governance Framework

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, e.g. HONOS).

How Have We Supported Effectiveness in 2012-13?

- 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 Account and cascaded this to teams
- We have used our Personal Development Plans to enhance effectiveness.

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

Our Quality Governance Framework

- 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.

Health, Safety Fire & Security

There has been significant progress with regard to Health, Safety, Fire & Security management across the Trust over the last 12 months. Specific areas of achievement have included:

- The Trust demonstrated compliance with all relevant Health & Safety Statutes, the Regulatory Reform (Fire Safety) Order 2005 together with the NHS Litigation Authorities Risk Management Standards, and the Health and Social Care Act 2010 during the year. This demonstrates that health & safety management systems are embedded across the organisation in accordance with HSG65, 'Successful Health & Safety Management'
- The Trusts Health & Safety Training Framework (detailing training compliance to the achievement of the corporate objectives) continue to be delivered to a high standard, ensuring that training as a control measure is effective and adequately reduces risk. Compliance is reported to the Trust Health & Safety Committee on a 6 monthly basis
- The Trust has robust health & safety monitoring arrangements in place to ensure compliance and improvement where required with health and safety requirements. During 2012-13 there has been an improvement overall in across all health & safety related standards, aided by the introduction of DATIX – Web for Risks which has improved the monitoring of risk assessments and enabled a trust wide

overview of risk assessment for the first time. This has enabled more timely advice and support from the Health & Safety Specialist Advisors to ensure risks are reduced to their lowest practicable levels. During 2013/14 changes will be made to further enhance the monitoring arrangements and further test control measures to ensure that the trust continues to strive for high standards of compliance in all aspects of health and safety, paying particular focus to key areas

- During 2013/14 the Health & Safety Specialist Advisors will develop their portfolio to include security management, construction, design & maintenance, and expand 'Train the Trainer' programmes to ensure that the team continue to meet the demands of changes expected to legislation
- The Trust Health & Safety Committee has continued to meet quarterly throughout the year and includes robust representation from recognised union bodies. The Committee demonstrates effectively the requirement to consult and communicate on all health & safety related matters. During 2012-13 security management and resilience have been bought under the Committee's overarching health and safety umbrella. The Trust Health & Safety Committee has a detailed documented work plan to ensure effective business is undertaken and completed.

Corporate Risk & Assurance

Significant progress with regard to corporate risk & risk management across the Trust over the last 12 months. Specific areas of achievement have been:

- The roll out of electronic reporting and management of risk assessments using DATIX Web – Risks, has been fully implemented during 2012-13. This revolutionary electronic system is used for recording and managing all team, service and organisational risk assessments. Teams complete at least a minimum number of risk assessments, dependent upon their location. Benefits include:
  - All staff risk access to report a risk via an open link on the intranet

Our Quality Governance Framework

- Automatic alerts to senior managers and specialist advisors, on creation of a new risk enabling speedy response and resolution
- Pop out' good practice guides and example risk assessments
- Fingertip fast tailored report function for all levels of management
- Easy organisational overview and benchmarking.

The initiative has been shortlisted for a HSJ Patient Safety Award 2013 for the Data/Information Management. Finalists will find out if they have won an award at a ceremony taking place in London in July 2013.

- The Trusts Board Assurance Framework (detailing risks to the achievement of the corporate objectives) continue 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 2012-13. This is evidenced by few gaps in controls or assurance that have been identified and a large number of completed actions
  - The Board Assurance Framework details all sources of external assurance which mitigate the risks - including findings from internal audits, clinical audits and research projects
  - Further 'horizon scanning' for areas of developing risk are being identified. This is being aided by the implementation of DATIX Web online reporting of Risk Assessments which is now fully operational across the Trust and enables a 'real time' view of the highest graded operational risks.

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 2012-13 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.

Our Quality Governance Framework

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.

Concerns, Complaints Compliments and Enquiries

1,508 concerns, complaints, compliments and enquiries have been reported within the Department so far this year.

218 concerns and complaints have been reported. Of those 104 were resolved without the need for a formal investigation and 114 required a formal investigation.

Of the 114 complaints formally investigated 100% have been acknowledged within 3 working days. 93% have been responded to within an agreed target, and 6% investigations are still on-going but within target and 1% was responded to outside of target.

Well founded complaints

Of the 114 complaints formally investigated 53% are felt be 'well founded' either in full or in part, 7 are still to be completed. Cases felt to be well founded are those were a recommendation relates specifically to an aspect of the complaint.

Action plans

196 actions have been identified from formally investigated complaints, 125 for Acute and Community Care Division, 63 for Specialist Services and 8 for Corporate services.

Learning from complaints has been cascaded across the Trust using the Practice Matters publication. Issues raised include:

- Medication issues
- Ligature risks
- Breach of confidentiality
- Lack of consultation
- Timeliness of the process
- Personal Management
- Communication
- Accuracy of information.

Action to be taken by staff

1. Investigating Officers should communicate better and more regularly with complainants throughout the process
2. Investigating Officers should ensure that investigations are concluded as swiftly as possible. Extensions should only be requested in exceptional circumstances.
3. Information should be evidenced using a number of sources, do not rely on word of mouth only
4. All teams are reminded of the need for devices to be risk assessed and care planned for use on the ward for that individual and risks that it may pose to others
5. Managers will ensure that their staff follow the correct procedures for scrutiny of records as part of a Subject Access Request under the Data Protection Act 1998.

Top 5 concerns and complaints reported

The top 5 concerns and complaints received during the year reported by the main subject of the complaint were: all aspects of clinical treatment 93, attitude of staff 44, communication/information to patients 23, appointment delays/cancellations out patients 21 and hotel/food services 6.

The top 5 main subjects recorded for formally investigated complaints were: all aspects of clinical treatment 58, attitude of staff 29, communication/information 9, admission, discharge and transfer arrangements 5, appointments delays outpatients 4 and personal records 3.

Our Quality Governance Framework

The top five concerns are: all aspects of clinical treatment 35, appointment cancellation/delays outpatient 17, attitude of staff 15 and communication 14 and hotel services 6.

Given the consistent issues in relation to staff attitude and communication a Customer Care Training programme for administrative was rolled out across the Trust. Training for clinical staff is planned for the coming year.

REGARDS

52% of concerns and complaints were in relation to female patients and 48% male patients. 77% of concerns and complaints related to patients whose ethnicity was recorded as White British. 5% of patients were not on carenotes, 4% Pakistani, 3% not known.

72% of concerns and complaints related to patients between the age of 20 and 59, 17% were below the age of 19 and 11% over the age of 60.

Ombudsman interventions

During this year the Ombudsman's Office has assessed 12 complaints, 8 required no further action, 3 have been referred back to the Trust for a further explanation or new investigation, 1 assessment is still ongoing.

A final report was received following an Ombudsman investigation for complaint Q2/10-11/4154. The Ombudsman upheld one aspect of the complaint in relation to consent to treatment. An action plan was put in place and completed. Learning was shared in the Trust Practice Matters publication.

Compliments

The recording of compliments has increased from 600 in 2011-12 to 1,189 in 2012-13. The Trust is now recording positive feedback from a range of sources including the Golden Question.

Top Divisions/Wards/Teams reporting compliments
During the year 402 compliments have been logged

for Acute Care South, 301 Acute Care North and 161 for Older Adult Inpatient services. Community Services for Older People have logged 81 with Forensic and Rehabilitation reporting 57 compliments.

Ward 36 reported 132 compliments, Morton Ward 136, ward 35 75, Resource Centre Day Hospital 68 and Ward 33 62.

Examples of compliments received

- Thank you for looking after my son, you did well.
- My nurse has shown true professionalism during my whole admission and is a huge credit to the team. She has made me able to see things differently and has truly helped me turn myself around so that I am able to move forward and never look back, thank you.
- Thank you for all your support over the past 6 months. It has meant a lot and there are some truly amazing members of staff. Thank you.
- I just wanted to say a big thank you to all the staff for all your help and encouragement.
- To come on to the ward has restored my faith in the NHS. The staff are caring and show interest in their patients.
- Thank you all for making such a big difference to my mother. She's so much happier now, compared with the dreadful condition she was in when she arrived here, good bye all, thanks again.
- Thanks for all you've done for me.
- Just wanted to drop a line to say thank you for the work your staff have carried out for us. As usual it was done with great efficiency, no mess and they have made a great job of it.
- I would really like to add my thanks to everyone involved in this project. Yet again you pulled together as one big team to get this sorted.
- please pass on my thanks to all of the facilities and estates teams for their hard work.

Our Quality Governance Framework

Outreach Meetings

A number of issues have been raised during outreach meetings in inpatient areas.

Opening hours at the Patient Recreation areas: this was highlighted with the Service Line Managers and evening and weekend opening is now being trialled using volunteers.

Packs of toiletries are now available on the wards.

Patient on Pleasley Ward commented that medication took too long to dispense on discharge - up to 4 hours. Head of pharmacy contacted highlighting the problem.

Enquiries

During the year the department has dealt with 113 enquiries.

Information requests and signposting people to other organisations have been dealt with.

Derbyshire Healthcare **NHS**

NHS Foundation Trust

Our Approach to Equality and Diversity

Our Approach to Equality and Diversity

The year has been a particularly active and successful year for equality and engagement work at the Trust.

We have demonstrated leadership in advancing the equality agenda internally and with community/voluntary sector partners and providers to ensure inequalities are addressed within a collaborative approach to ensure equity of access, experience and outcomes for patients, carers, families and staff.

During 2012, the Trust Board of Directors and senior managers have engaged in equality leadership and briefings sessions, and the outcome of these sessions has formed the basis of our Equality Delivery System Self-assessment and action plans.

▌▌ *We will ensure that e-quality remains at the heart of the care that we provide. To achieve this commitment, our aim is to continue to work proactively with all sections of our community as well as our partners to help reduce or remove barriers that can prevent access to health and wellbeing services, make access more difficult or affect the quality of people's experiences. We want to continue to promote a culture of inclusion for everyone who accesses our services and our staff. This means taking actions to ensure our service users, carers, their families and our staff are treated with dignity, fairness and respect.* ▌▌
Alan Baines, Chairman

▌▌ We want to develop and deliver fully inclusive and compassionate services that we can be proud of, knowing that we have the confidence and endorsement of the whole community in all its diversity ▌▌ .
Steve Trenchard, Chief Executive and
Chair of Equalities, Experience
Engagement & Enablement
4Es Stakeholder Committee

We are keen to show that we are going beyond legislation and recognise that equality, human rights, engagement and inclusion is at the core of providing relevant and high-quality care to our community and the culturally rich diverse groups who use our services. We will continue to strive to ensure that everyone, regardless of their background or protected characteristics, is able to achieve equal outcomes that demonstrate that, as a health service provider, we are a fair and equitable employer and meet the health needs of all groups.

In order for this to happen in all aspects of our work, we recognised the need to develop an organisational ethos that places equality, human rights, engagement, experience at the heart of decision making and sets clear lines of accountability. Our decision to develop and invest in a stronger engagement structure through our Equalities, Engagement, Experience and Enablement Stakeholder Committee (4Es) has resulted in real progress. It has enabled us to work in a more strategic way and improved stakeholder and community relationships. It has provided opportunities to work together with our 'critical friends' to make a real difference to the quality of peoples' lives by tackling stigma, improving access, social inclusion, fairness, hope, recovery and independence.

Our Chairman signed up as a Personal, Fair Diverse Ambassador and encouraged all staff to join the campaign launched by NHS Employers Equality Unit. Alan Baines said:
▌▌ *This is a fantastic opportunity to raise awareness and to show how everyone can contribute to the equality and diversity agenda. We are doing some real innovative work around equalities, engagement and bringing the values of the NHS Constitution to life. Our 'working with REGARDS and respect' approach and the strategies we are putting in place to support patients, relatives, colleagues and members of the public who come from traditionally disadvantaged and excluded groups invariably benefit everyone* ▌▌.

We were delighted to receive the 'Derbyshire Friend organisation of year award' for our work to improve our services for Lesbian, Gay, Bisexual and Transgender people on the 1 March 2013.

Our Approach to Equality and Diversity

" *Derbyshire Healthcare Foundation Trust has shown a true commitment to improve service for the Lesbian, Gay, Bisexual and Trans community in Derby and Derbyshire. As an organisation, Derbyshire Friend is, particularly impressed with their innovative way of working and engaging with community groups and their honesty and openness to make improvements. Their passion and enthusiasm for improving people's lives is evident and we look forward to working together further in the future* **"**

Andrew Cave, Chief Executive Officer Derbyshire Friend - Lesbian, Gay, Bisexual and Transgender (LGB&T) Specialist Support and Advocacy Services

Our EDS assessment took place on the 16 April 2012 and we were graded as 'Developing' by Derbyshire Community Health Equality Panel, an independent local interests group. Our grading is in line with all of the Derbyshire NHS organisations. We presented our grades to the Derby City Health and Wellbeing Board on the 7th September 2012 in line with the recommended implementation guidance.

EDS Goal 4: Inclusive leadership at all levels. Outcome 4.3 Competency Framework for Equality and Diversity Leadership – we were graded as 'undeveloped' and have made considerable progress since our assessment and launched "Making a difference as a leader" a summary of the national framework at our managers' forum on the 31 May 2012.

Equality Impact Assessment

We pioneered the NHS's very first "live" Equality Impact Assessment (EIA) on diversity last year at our Radbourne Unit and have extended this approach to Hartington Unit and Substance Misuse service. The events were well attended and supported by voluntary and community representatives across the protected characteristics. It has helped to change people's perceptions of mental health from "scary" and "isolated" to "caring", "compassionate" and "recovery". It has enhanced our Equality Delivery System, by creating a unique way for us

to conduct a real time, real life, and real people impact analysis of our care environments to ensure we are inclusive and accessible to all groups. Disability Syndicate have undertaken independent access audits to ensure these premises are accessible to disabled people.

LIVE Equality Impact Assessment Feedback sessions at Radbourne Unit took place on 13 September 2012, engaging twelve community organisations in a "You said, we did" tour of the Unit. Outcomes and actions arising from the events included:

- Development of a picture-based, and 'easy read' description of: "What a day looks like at Hartington Unit" to help demystify its work
- Refurbishment of Occupational Therapy kitchen so it is more accessible, especially for wheelchair users and those people with sensory needs
- Improved patient and carer information about medication options, so that they are informed and empowered
- Reassurance that service users enjoy a clean and safe environment
- Evidence that we provide culturally diverse choice of high quality meals e.g. Halal and kosher
- New signage to where the pay-and-display parking is
- Multilingual welcome signs displayed near entrance
- Enhanced our sacred space/multi-faith rooms
- Inclusive images displayed on documents and wards.

The independent interviewing by Southern Derbyshire Voluntary Sector Mental Health Forum's Equalities Officer of Black & Minority Ethnic patients (and a comparison group) within our services to gather qualitative information about individual experience took place over the year. This included the family test or golden question. The findings are fed back into our quality monitoring processes and performance management systems. Final Report produced and shared with Commissioners as part of CQUIN.

Our Approach to Equality and Diversity

Equality Key Performance Indicators (KPI)

The 4Es Stakeholder Committee agreed upon KPIs to monitor and set a baseline to measure change and improvement in areas where there is under representation or differences between different equality groups e.g. care planning, equality data completion rates and engagement. We will build on this work by comparing census and patient data to monitor for equal quality and access.

Chairman Visits

Chairman's schedule of community visits for the purposes of service improvement and banishing stigma continue to take place. We have provided a named Pathfinder link to each organisation so there is a first point of contact for any issues related to health and wellbeing and access to 'drop in' sessions.

- Derby Black & Minority Engagement Network - 2/10/2012
- Derby Bosnia Herzegovina Community Association and New Communities in Social Enterprise – 26/4/2012
- Hadhari Centre – 27/4/2012
- Derbyshire Gypsy Liaison Group – 1/5/2012
- Derbyshire Friend (LGB&T) – 24/7/2012
- EMAC (Eastern European Migrants Advice Committee) - 16/8/2012
- JET (Jobs Education Training), Normanton 21/08/2012 & 22/11/2012
- Derby BME Network in partnership with Community Action Derby and Hadhari - question and answer panel session on the 20/09/2012
- Derby West Indian Community Association –13/11/2012 and Listening first (Francis Report) and Equality Delivery System engagement session – 15/3/2013
- Derbyshire Deaf Forum -1/3/2013
- Association of Indian Women – mental health awareness session delivered 9/3/2013
- Derby West Indian & Caribbean Association – EDS engagement and listening event - 16/3/2013 (over 60 people attended)

- Multi-faith Tour Programme –attended by our senior team and staff throughout the year e.g. Muslim Mosque, Hindu Mandir and Sikh Temple during October 2012 - March 2013
- Chinese Welfare Association – 4/3/2013. 'Keeping physically fit and emotionally well' event' to be delivered 28/5/2013
- British Deaf Association – 28/3/2013.

Chaplaincy and spirituality service

Chaplaincy and spirituality service arrangements have been reviewed in partnership with our local voluntary and community/faith partners to ensure that when people access our services if they have specific religious requirements we can meet their needs. We have enhanced the team and have made arrangements for Sikh, Hindu and Muslim Chaplaincy provision. Multi-faith resource guide, briefings and annual calendar produced to support staff and patients.

We have ensured that in all our acute inpatient units there is an appropriate sacred space/faith facility. We are in the process of developing Spirituality & Wellbeing Framework in partnership with faith groups and will launch in October 2013.

Achievements

- Equality Monitoring guide and resource pack co-produced in partnership with community and voluntary sector colleagues and launched October 2012
- Equality monitoring training – 80% staff trained in partnership with the Southern Derbyshire Mental Health Forum
- We have updated our Care notes system to capture information on patients protected characteristics to enable us to highlight differences in access and potential barriers. Work is underway to ensure that our new patient information system called PARIS reflects all the protected characteristics are defined in the Equality Act 2010

Our Approach to Equality and Diversity

- We will continue to build on this work and further enhance data recording and the training around religion and sexual orientation
- The REGARDS and Respect wheel is our framework for embedding diversity and inclusive practice and behaviours– launched on the 31/5/2012 at our Managers Forum and team briefings. It places the person and compassionate care at the centre and ensures everyone receives the same level of respect, dignity and sensitivity, in a way that meets their individual needs. This tool is designed as a practical aid to assess if we are meeting individual and differing needs and being fair in all that we do. It supports our managers with carrying out equality impact analysis and is embedded within quality visits, Core Care Standards and training to ensure that all staff show due regard to all groups
- Accessible Information Checklist produced by Sighted Charity
- Workforce analysis report segmented by protected characteristics– available via our website and annual report
- Electronic Staff Record – fields and data refreshed to include protected characteristics
- Positive Action Group set up to identify under-represented groups and positive action to address gaps
- Harassment and bullying workshops and "having difficult conversations" sessions have been delivered to staff to support our dignity at work policy
- Staff listening events held throughout the year– long service awards, flexible working have been introduced in light of staff feedback.

National Staff survey showed:
- The biggest year-on-year improvement in the way the Trust engaged with staff. The number of staff who said there was good communications between senior management and staff increased by 25 per cent

- Other top-ranking scores included the number of staff taking advantage of flexible working options (10 per cent higher than the national average), and the amount of training provided in the areas of health and safety, and equality and diversity
- It also performed well in helping staff achieve a work-life balance
- What we achieved this year
- Please see staff survey results above. We achieved 80+% target for equality training and for equality monitoring training
- We have developed Spirituality and Wellbeing E-learning module in partnership with local community and voluntary sector and will be encouraging staff to undertake over the year
- Training developed, delivered and evaluated from July 2012. We will continue to build on this work over the coming year.

Engagement 4 Improvement Framework 2012-15
Engagement 4 Improvement Framework 2012-15 published May 2012. It outlines our plans for engagement and equality for the next three years and the priorities for action that will help us to embed engagement and inclusion in our organisation. It sets out our commitment to engagement, equality and patient experience so that our pledge and approach to 'sincere and deep' engagement with our stakeholders is clearly understood. The document includes delivery of key performance indicators and measuring improvement in stakeholder confidence and perception through the 4Es Stakeholder Committee and annual Equality Delivery System. This will ensure consistency, openness and assurance that views are actively sought and acted upon within care delivery and inclusive practice throughout our Trust.

Derbyshire Healthcare NHS Foundation Trust Board

Derbyshire Healthcare NHS Foundation Trust Board

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 monthly to discuss the business of our organisation. This meeting is held in public and anyone is welcome to attend and hear about our latest developments and performance. During 2012/2013 our Trust Board comprised the following members:

Name	Role
Alan Baines	Chairman
Graham Foster	Non-Executive Director
Mick Martin	Non-Executive Director
Lesley Thompson	Non-Executive Director
Maura Teager	Non-Executive Director
Anthony Smith	Non-Executive Director
Mike Shewan	Chief Executive (on secondment from April 2012 to 4 February 2013)
Kathryn Blackshaw	Executive Director of Business Strategy/ Deputy Chief Executive Acting Chief Executive from April - 31 December 2012
Paul Lumsdon	Executive Director of Nursing and Quality
Ifti Majid	Executive Director of Operations, Performance and IM&T Acting Chief Executive during January 2013
John Sykes	Executive Medical Director
Tim Woods	Executive Director of Finance (Until 30.9.12)
Claire Wright	Executive Director of Finance (From 1.10.12)
Steve Trenchard	Chief Executive (from 1.2.13)

Also in regular attendance	
Graham Gillham	Director of Corporate and Legal Affairs
Helen Marks	Director of Workforce and Organisational Development

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 on the following pages.

Derbyshire Healthcare NHS Foundation Trust Board

Our Non-Executive Directors

Name	Appointment
Alan Baines, Chairman	Appointed 1 Oct 2008 Reappointed to Sep 2015
Mick Martin, Non-Executive Director	Appointed 1 Feb 2013 reappointed to March 2016 Deputy Chairman & Senior Independent Director
Graham Foster, Non-Executive Director	Appointed 1 Feb 2013 reappointed to March 2016
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 quarterly during the year. In addition to the Council of Governors meetings, selected Governors attend the statutory committees of the council, and all governors may attend the working groups.

The remuneration committee of Governors sets the remuneration of the Chairman and Non-Executive Directors.

The Governors are responsible at a general meeting of the Council for the appointment and re-appointment of Non-Executive Directors, after receiving recommendations from the Nominations Committee.

	Title	First name	Surname	Attended
Constituency - PUBLIC				
Public Amber Valley North	Ms	Victoria	Yates	4/5
Public Amber Valley South	Dr	Dermot	Murray (to May 2012)	-
Public Bolsover	Ms	Susan	Statter	1/1
Public Chesterfield North	Mr	Alan Eber	Smith	3/5
Public Chesterfield South	Mr	John	Stevenson (to April 2012)	-
Public Derby City East	Mr	Igor	Zupnik	1/1
Public Derby City East	Mr	David	Randle (to November 2012)	0/3
Public Derby City West	Rev	Moira	Kerr	4/5
Public Derby City West	Mrs	Christine	Williamson	5/5
Public Derbyshire Dales	Mr	Simon	Meredith	2/5
Public Erewash North	Mr	Lew	Hall	4/5
Public Erewash South	Mr	Christopher	Williams	4/5
Public North East Derbyshire	Mr	Kenneth	Stevenson	3/5
Public South Derbyshire	Mr	Barry	Appleby	2/5
High Peak	Ms	Louise	Glasscoe	5/5
Public Surrounding Areas	Mr	Mark	Crossley (to March 2013)	4/5
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	3/5
Staff Administration & Allied Support Staff	Mrs	Sue	Flynn	3/5

Derbyshire Healthcare NHS Foundation Trust Board

	Title	First name	Surname	Attended
APPOINTED				
Derby City Council	Cllr	Ruth	Skelton (to September 2012)	0/1
	Cllr	Fareed	Hussain (from September 2012	0/4
Derby City Primary Care Trust	Dr	John	Orchard (to September 2013)	0/2
Derbyshire County Primary Care Trust	Dr	Judith	Bell	4/4
Derbyshire Constabulary	Asst Chief Constable	Dee	Collins	4/4
Derbyshire County Council	Cllr	Peter	Makin	3/5
North Derbyshire Voluntary Action	Mrs	Kathy	Kozlowski	4/5
Southern Derbyshire Voluntary Sector Mental Health Forum	Ms	Wendy	Beer	4/5
University of Derby	Dr	Pat	Owen (to December 2012)	0/4
	Dr	Paula	Crick (from December 2012)	1/1
University of Nottingham	Prof	Paul	Crawford	1/5

The Board of Directors held 12 regular meetings.

Name	Possible attendances	Actual
Alan Baines Chairman	12	12
Mike Shewan Chief Executive	0	0
Graham Foster Non-Executive Director	12	12
Kathryn Blackshaw Deputy Chief Executive/Executive Director of Business Strategy	8	8
Mick Martin Non-Executive Director, Senior Independent Director	12	11
Paul Lumsdon Executive Director of Nursing and Quality	12	10
Anthony Smith Non-Executive Director	12	11
Ifti Majid Executive Director of Operations, Performance and IM&T	12	11
Maura Teager Non-Executive Director	12	12
John Sykes Executive Medical Director	12	10
Lesley Thompson Non-Executive Director	12	10
Tim Woods Executive Director of Finance up to 30.9.12	5	5
Claire Wright Acting Executive Director of Finance (from 01.10.12 to 16.12.12) Executive Director of Finance from 17.12.12	7	7
Steve Trenchard Chief Executive from 01.02.13	2	2
Also in regular attendance		
Graham Gillham Director of Corporate and Legal Affairs	12	12
Helen Marks Director of Workforce and Organisational Development	12	11

Derbyshire Healthcare NHS Foundation Trust Board

Board Balance and Completeness

The most recent Non-Executive appointments and re- appointments have taken account of 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.

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 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:

Name	Possible	Actual
Graham Foster	6	6
Lesley Thompson	6	5
Anthony Smith	6	5

Remuneration and Terms of Service Committee

The Committee met on six occasions during 2012-13, to consider the appointment and remuneration of Executive Directors, also where changes in director portfolio had taken place. The Remuneration Committee previously 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 2012-13.

The work undertaken by the Committee during 2012-13 was to determine:

- ➲ Acting-up arrangements and remuneration upon the secondment of the Chief Executive
- ➲ Recruitment and selection process for appointment of Chief Executive
- ➲ Acting-up arrangements and subsequently recruitment and selection process for the Executive Director of Finance

Derbyshire Healthcare NHS Foundation Trust Board

- Remuneration of Chief Executive and Executive Director of Finance
- Remuneration of executive director to reflect change in portfolio.

The Remuneration Committee was charged by the Trust Board to manage the executive recruitment process in lieu of a separate Nominations Committee. In determining levels of remuneration account was taken of benchmarking data in comparator trust. An External expert recruitment consultancy was engaged to advise upon the recruitment and section process for Chief Executive Office and Executive Director of Finance appointments.

In accordance with the constitution the appointments of the Chief Executive was approved by the governors.

Detailed below is the Committee membership and meeting attendance.

Name	Possible	Actual
Alan Baines Chairman	6	6
Mick Martin Non- Executive Director	6	4
Maura Teager Non-Executive Director	6	6
Anthony Smith Non- Executive Director	6	4
Lesley Thompson Non- Executive Director	6	5
Helen Marks & Graham Gillham are also in regular attendance		

Mental Health Act Committee

The Mental Health Act Committee regularly receives information on, and reviews if necessary, the number of patients detained under sections of the Mental Health Act. 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). The Committee meets quarterly, is chaired by Maura Teager and is generally attended by one or two other non-executive directors.

Derbyshire Healthcare NHS Foundation Trust Board

Trust Governance Structure

Trust Board

Audit committee

Remuneration committee

Governance committee

Executive management group

Risk management committee

Mental health act committee

Improving Patient Experience Committee

Equalities Committee

Multi Professional Committee

Clinical Research Committee

Serious untoward incident review group

Drugs and therapeutics committee

Trust Infection Control Committee

Information governance committee

Safeguarding vulnerable people committee

Health & safety committee

Section 136 group

ECT Advisory Group

Allied healthcare professionals advisory group

Drugs & alcohol advisory group

Nursing advisory group

Medical Advisory Group

Psychology advisory group

Nutritional Advisory Group

Social Care Advisory Group

Healthcare Support Staff Advisory Group

Security management committee

Physical Care Committee

Derbyshire Healthcare NHS Foundation Trust Board

Chairman's Commitments

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

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.

The committee did not meet during 2012-13 and no changes to the remuneration of Chairman and non-Executive Directors have taken place.

Nominations Committee

The Council of Governors established the Nominations Committee (for Chairman and Non-Executive Director appointments and reappointments). 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 were: Mark Crossley, Lew Hall, Moira Kerr, Victoria Yates, Judith Bell and Kathy Kozlowski.

Detailed below is the Committee membership and meeting attendances.

Membership	Possible	Actual
Mark Crossley	2	2
Lew Hall	2	2
Moira Kerr	2	2
Kathy Kozlowski	2	2
Judith Bell	2	1
Victoria Yates	2	1

The Nominations Committee met on two occasions to consider the reappointment of the Chairman and two non-executive directors respectively – Graham Foster and Mick Martin.

Guided by the Deputy Chairman, the committee was invited to consider the reappointment of the Chairman. Having taken full account of the foundation trust's performance and the views of the board, the committee unanimously recommended to the council the reappointment of the Chairman.

The Council were pleased to accept this recommendation and the Chairman was duly appointed to September 2015.

An Introduction to our Board of Directors

Alan Baines - Chairman

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.

Steve Trenchard – Chief Executive

Steve has been a mental health nurse for twenty three years and has long been connected to a values and recovery orientated approach to mental health and leadership practice. Steve became Chief Executive of Derbyshire Healthcare NHS Foundation Trust in February 2013 and prior to this worked for three years as the Director of Nursing and Patient Experience at West London Mental Health NHS Trust. He has experience of working in the not for profit sector, spending five years as the Director of Nursing and Clinical Services at The Retreat, York. He has retained a strong academic interest in healthcare delivery, evidence based practice and leadership developments.

Steve has always been committed to the involvement of people receiving mental health services, both in their individual experiences of receiving therapeutic care, through to involvement in service delivery, design and evaluation. In his spare time he is Chair of ISPS UK (International Society for the Psychological and Social Approaches to Psychosis) which is a small charity dedicated to talking therapies and humane approaches to the recovery of people experiencing psychosis. He is married with two children and enjoys cycling, hill walking and fresh air.

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.

As 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 recent appointment of several consultants.

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. As Caldicott Guardian, John chairs the Information Governance Committee.

An Introduction to our Board of Directors

Claire Wright – Executive Director of Finance

Claire has a BA (joint hons) from Keele University and worked in the private sector before joining the NHS Graduate Training Scheme in 1995. She has been a fully qualified member of the Chartered Institute of Management Accountants since 1999.

During the last 18 years in the NHS Claire has relished working in both Acute and Mental Health provider organisations mainly in finance but also in wider management roles.

Claire joined the Trust in 2003 as Deputy Director of Finance and was appointed as Executive Director of Finance in December 2012.

As Executive Director of Finance, Claire is responsible for the Trust's strategic financial planning, establishing the financial framework within which the Trust operates, the financial control and the financial performance of the Trust, and ensuring that the Trust meets its statutory and regulatory financial requirements Claire is also the Trust's lead director for Procurement as well as Estates and Facilities.

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 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.

From 2013 Ifti has been appointed as Deputy Chief Executive / Chief Operating Officer.

Paul Lumsdon – Chief Nurse/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 operational 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.

Mick Martin – Non-Executive Director

Mick was Customer Services Director at 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.

An Introduction to our Board of Directors

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.

Tony 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 year's 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.

An Introduction to our Board of Directors

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.

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 constitution, including the arrangements for members and governors. Graham's responsibilities include all aspects of legal affairs, and the handling of serious and complex issues.

Graham is a Bachelor of Arts (Sheffield University), holds the diploma and is an associate of the Institute of Health Management, and an Affiliate of the Institute of Chartered Secretaries and Administrators.

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 Chairman conducts annual 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 2012/2013, 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.

An Introduction to our Board of Directors

The Register of Interests is subject to annual review, and will be published with the Annual Accounts 2012-2013.

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:

All other members of the Trust Board have nil interests to declare.

Name	Interest Disclosed	Type
Alan Baines	Non-Executive Director - Critical Pharmaceuticals Ltd	(a) (e)
	Chairman of CIPFA Business Ltd	(a)
	Non-Executive Director – British Veterinary Association	(d)
	Trustee of Changing Faces Charity	(a)
	Chairman of Audit Committee, Changing Faces Charity (from Jan 2011)	(d) (a)
	Chairman – Empath (from 13.8.12)	(a)
Paul Lumsdon	Member - Mental Health and Learning Disability Nurse Directors and Leads Forum and Steering Group	(e) (e)
	Visiting Fellow of University of Derby	
Anthony Smith	Panel Member for the Judicial Appointments Commission (from 26th March 2012 to 31st March 2015)	(d)
Mick Martin	Director of Sophist Ltd (private company)	(a)
	Data Advance Ltd	(b)
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	(e)
Lesley Thompson	Director – Beyond Coaching and Consulting Ltd	(a)
	Associate Consultant – Penna PLC	(e)
	Associate Consultant – Penna PLC	(e)
	Associate Consultant – CMC²	(e)
Tim Woods	Non-Executive Board member of NHS Elect.	(a)
Kathryn Blackshaw	Nil	
Graham Foster	Nil	
Graham Gillham	Nil	
Helen Marks	Nil	
Ifti Majid	Nil	
Mike Shewan	Nil	
John Sykes	Nil	
Steve Trenchard	Chair of ISPS (UK) – The International Society for Psychological & Social Approaches to Psychosis	(d)
Claire Wright	Nil	

(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.

Derbyshire Healthcare NHS

NHS Foundation Trust

Finance Director's Report
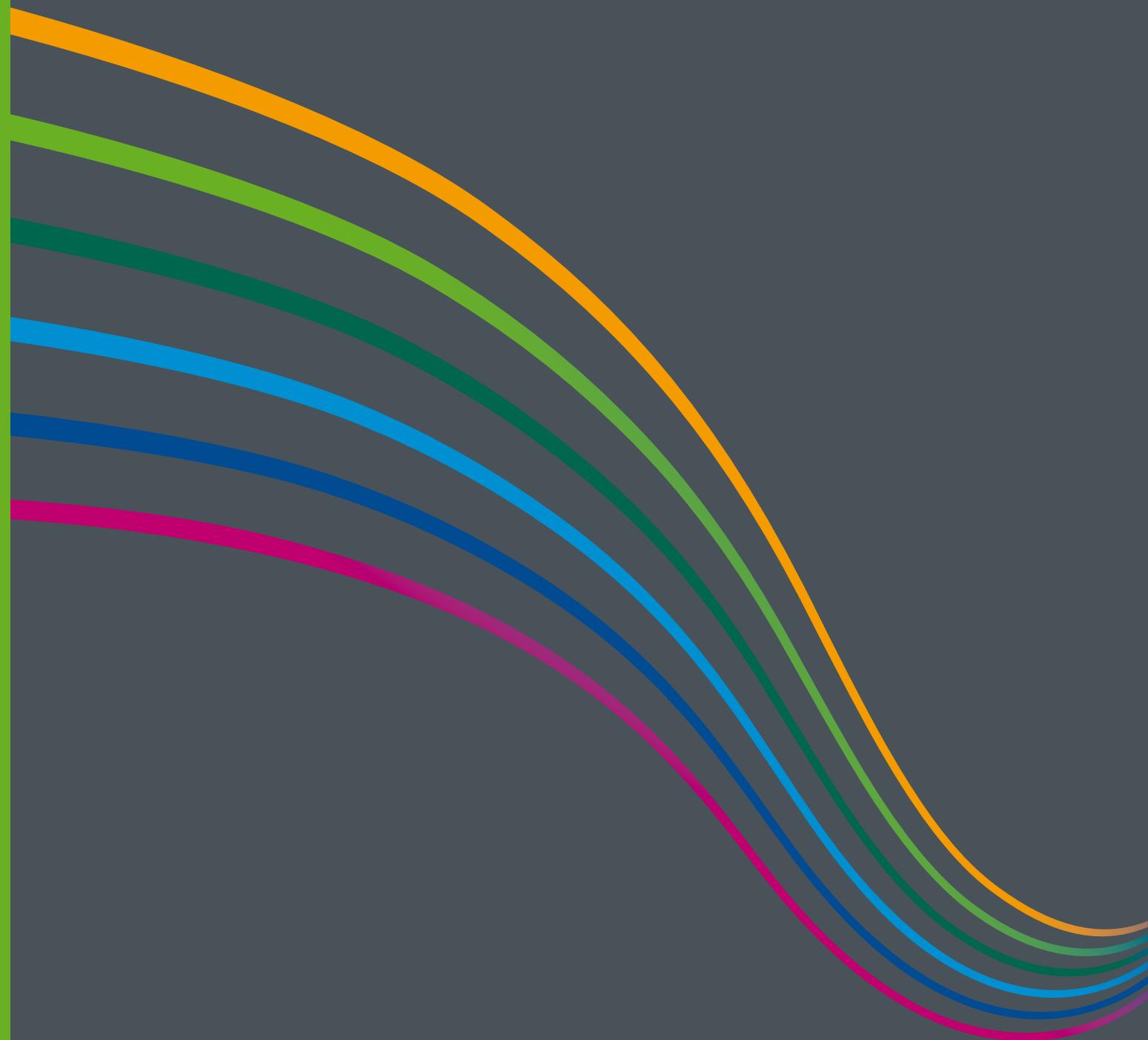
Finance Director's Report / Financial Review

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 2013, the Trust generated income of £125 million from the provision of services, principally to the people of Derbyshire. Of that total, £113 million income was from patient care activities, as shown in note 4 of the accounts.

With regard to our income, as an organisation we fully complied with our requirement to ensure that the income from the provision of goods and services for the purposes of the health service in England was greater than our income from the provision of goods and services for any other purposes.

In addition to clinical income, the Trust generated other operating income of £11m as shown in note 5 of the accounts. This income related to research and development, education and training and many other various services that supported healthcare services being provided in England. As such the other income received has had no adverse impact on our provision of goods and services for the purposes of the health service in England.

Overall, 2012-13 was another very successful year for our Trust. After technical adjustments, we made a surplus of £1.5m, which was above plan for the year. This was due to a combination of factors including increased efficiency and activity across the Trust and costs that were less than originally planned.

Our full annual accounts accompanying this annual report detail the financial performance for the Trust, the headline figures from the Statement of Comprehensive Income on page 2 of our accounts show

Full Year	£m
Operating Income from continuing operations	124.5
Operating Expenditure from continuing operations	(121.3)
Operating Surplus / (Deficit)	3.3
Net finance costs	(2.9)
Surplus / (Deficit) for the year	0.4

Our financial performance as assessed by our regulator, Monitor, excludes the impact of impairments (as a technical adjustment) and when that adjustment is added back to the surplus for the year of £0.4m, the surplus becomes £1.5m.

A common Key Performance Indicator often used as one measure of financial performance is EBITDA. This stands for Earnings Before Interest Tax Depreciation and Amortisation and in simple terms is another way of representing how much an organisation's operating income exceeds their operating costs. Our EBITDA for 12/13 was £7m which equates to 5.8%. (This figure is not shown on the face of the accounts in the format prescribed by Monitor.) This represents good financial health and the efficient use of our resources.

Value for money and improved efficiency

The underlying surplus of £1.5 million was achieved after delivering a £4.3 million cost improvement programme. Our cost improvement and efficiency programme continues to carefully assess the quality impact of schemes 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 continued innovation, hard work and commitment of all our Trust's staff.

The Trust has taken many actions in the financial year to encourage the involvement of employees in our trust's performance as described elsewhere in our annual report. The Board to ward and ward to Board visits continue. We have held many varied listening events visits and we continue our programme of various leadership and engagement events where staff are

Finance Director's Report / Financial Review

encouraged to get involved and make suggestions for changes.

We have continued to take 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 public board papers, project teams, team briefings and the listening and leadership events, in line with the Trust's overall approach of engaging staff in decision-making, in line with our Trust values.

Liquidity and capital plans

Cash was well managed throughout the year and the cash balance achieved at year end was £7m. The Trust's healthy liquidity position enabled us to fund our entire capital programme of £4m for 2012-13 through internally generated resources, without recourse to external borrowing.

The capital schemes included estates expenditure on two large schemes for Swadlincote Resource Centre and St Andrews House as well as on backlog maintenance and other refurbishments and improvements
We also invested significant funds into information technology equipment and systems including the electronic patient record project.
The balance of our capital programme was invested in various clinical equipment.

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 publishes 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.
In 13/14 Monitor will be publishing a new risk assessment framework, the consultation for which closed on 4th April 2013.
Below is a table, in the model format suggested by the FT ARM 12/13, summarising the Regulatory Ratings achieved by Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust was authorised from 1st February 2011.

	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

	Annual Plan 2012-13	Q1 2012-13	Q2 2012-13	Q3 2012-13	Q4 2012-13
Financial Risk Rating	3	4	4	4	3
Governance Risk Rating	Amber/ Green	Green	Green	Green	Green

Finance Director's Report / Financial Review

For 2012-13 both the governance and financial risk ratings have been better than plan for the first three quarters. The reasons underpinning the healthy financial performance are covered above. The amber green rating at plan time was related to uncertainty of reporting certain indicators which subsequently was resolved and that is why the green rating was able to be achieved each quarter.

Our Q4 submission financial risk rating was 3 which meets our planned rating.

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 without adversely impacting on the quality of care.

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.

Forward look

Looking forward, for 2013/14 we plan 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, we anticipate that this will require us to deliver a cost improvement programme of £4.4m.

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

We have developed robust plans, systems and strategies to manage these risks but the financial environment continues to be the most challenging the NHS has ever faced. Our organisational strategy puts our patients at the centre and accordingly we will continue to reinvest where possible in improving our patient services rather than seeking excessive profits.

2013/14 and beyond will provide continuing 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 income from commissioners will mean that significant cost improvements continue to be required. The robust project assurance infrastructure that we have in place, means that we should be well-placed to plan and deliver the required efficiencies and transformational change.

During 2013/14 the new funding structure called Payment by Results in Mental Health will continue to operate in its transitional phase. It is another crucial year of development as Department of Health policies are further developed and the Trust works closely with Commissioners and other healthcare providers to understand the local impact of the new structure and emerging policy and to progress lead provider arrangements.

We recently refreshed our Trust strategy and we will continue to develop the enabling frameworks and strategies, including medium-term financial strategies to deliver the overarching Trust vision to improve the health and wellbeing of all the communities we serve. Our Board is determined to maintain the quality of services and to ensure that our patients remain at the centre of everything we do.

Finance Director's Report / Financial Review

The principal financial risks for 2013/14 can be summarised as

- Being able to deliver our efficiency programme, including meeting pay and other cost pressures, without adversely impacting on quality.
- Managing the financial risks associated with the change in commissioning arrangements for Improving Access to Psychological Therapies services. (As it moves into scope of greater competition from "Any Qualified Provider")
- Achieving optimal performance-related income, and
- In the years after 13/14, Payment by Results in Mental Health may introduce risks related to our income levels.

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 2012-13 NHS Foundation Trust Annual Reporting Manual issued by Monitor on March 5th 2013. 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.

We did not make any significant changes to our accounting policies during the year and compiled our 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.

Operating as a "Going Concern"

The Trust's accounts have been prepared on the basis that the Trust is a 'going concern'. Simply-speaking this means that we expect to continue to operate for the foreseeable future. Because risks and uncertainties change over time as an organisation develops and as its operating environment changes, it is best practice to revisit going concern disclosures every time that annual report and accounts are prepared.

Therefore, each year the management of our Trust consider a detailed assessment of the evidence supporting our assertion that we are a going concern. This evidence provides assurance that it is correct to compile our accounts on such a basis. Accordingly after such consideration, we are confident that we are able to make the following formal statement here in our Annual Report:

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.

Finance Director's Report / Financial Review

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 us, 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 2012-13 the trust planned 65 days of counter fraud services work with EMIAS and the work covered the following areas:

Area	Planned days	Actual days
Creating an anti-fraud culture	10	15
Deterrence	3	3
Prevention	15	7
Detection	25	12
Investigation	2	18
Sanctions and redress	0	0
Counter fraud arrangements	10	13
Total	**65**	**68**

Against the plan of 65 days, 68 days were actually used, as shown above. The activity was adjusted during the year to reflect a joint agreement to increase reactive work and adjust the proactive work.

The Trust's Audit Committee receives regular updates from the Local Counter Fraud Specialist in order to gain appropriate assurance around our counter fraud work programme.

External audit services

The Trust incurred £48k in statutory audit services fees for the year to 31 March 2013. Audit Fees are found at note 39 of the accounts

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) 95% of non-NHS invoices and 86 % of NHS invoices within this target. This is in line with our performance last year and is detailed in note 11 to the accounts.

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.

Sustainability Report 2012-13

We acknowledge that our activities have an impact on the environment, but we ensure that the impact is managed in as sustainable and environmentally-friendly manner as possible.

We consider that there are a number of areas that impact on sustainability, namely: Carbon Management, Travel, Transport, Utilities, Waste and Procurement.

Finance Director's Report / Financial Review

Carbon Management:

The NHS was set a target to reduce, by 20%, its carbon emissions by 2015, and as can be seen from the "Trust Emissions" line on the following graph, we are ahead of the trajectory set for the NHS reduction target.

NHS England CO2 Climate Change Targets
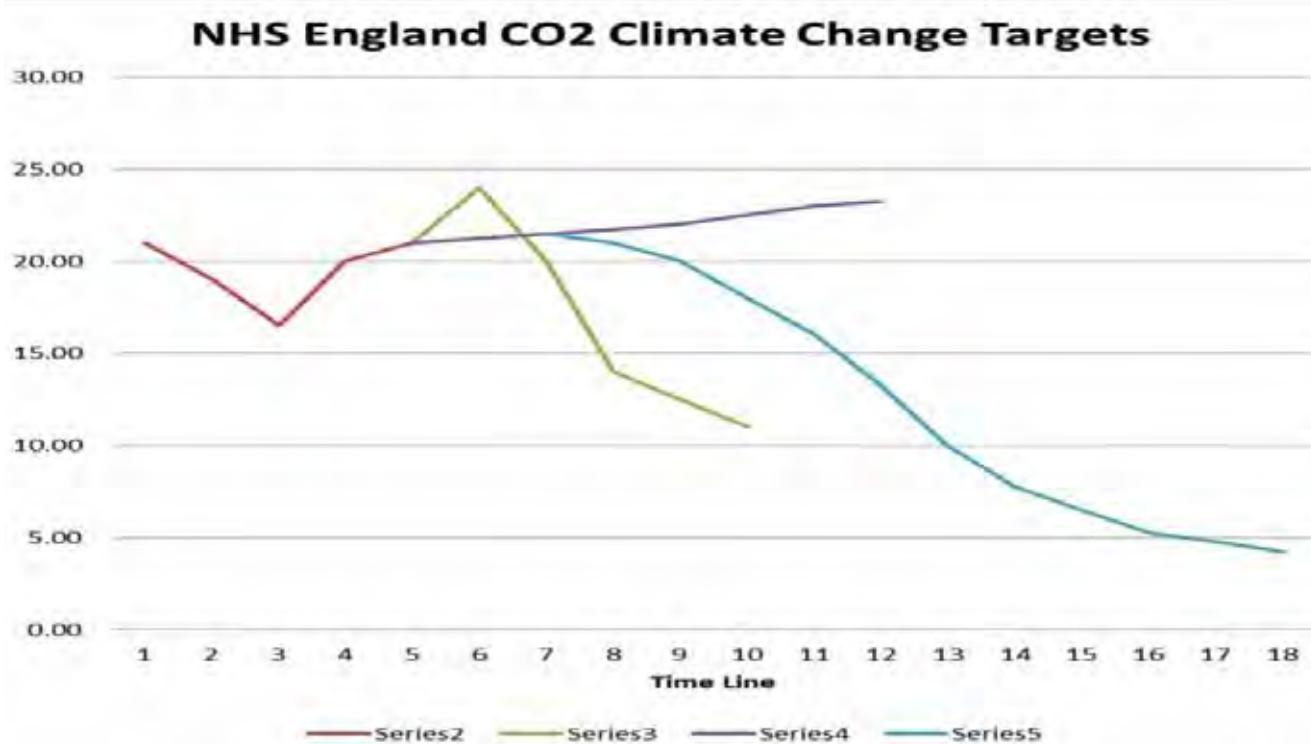
Travel and Transport:

We believe that travel by car needs to be reduced where possible because of its contribution to carbon emissions. For our Trust this poses a large challenge because we operate over many sites county-wide. We are considering new and innovative ways of working such as more mobile working, phone and video conference calls, encouraging low-emission vehicles and route planning. These measures will hopefully reduce carbon emissions and costs. We also encourage cycling to work and we have installed a considerable number of secure bike boxes which are well used, especially during the summer.

Utilities:

We are constantly looking at ways to reduce the volume and amount spent on utilities, (Gas/Electricity/Water) for example by replacing lights with the new LED low voltage lights, the replacement of old boilers with more efficient ones, and the monitoring and control of systems to optimise utility usage. One new area is the self-generation of electricity by the installation of Photovoltaic panels on our Kingsway Site. These are successfully generating electricity all year round, and we have on many days exceeded our predicted average energy generation levels. We have saved in excess of 4 tonnes of carbon this year.

Finance Director's Report / Financial Review

Monitoring, control and Training:

To be able to understand and address the areas of highest usage, the Estates Department monitor using a detailed energy-usage system. Smart metering provides the information to be able to spot and deal with any variations from the set norms, very quickly.

To involve our staff as much as possible and keep them informed, we update them about usage in their buildings. We have a programme of Green Champions, meet new staff at their induction, and attend mandatory training sessions, as well as publishing articles in a range of Trust publications. This all raises awareness and understanding which helps to save energy and carbon.

Environmental sustainability:

This is an integral part of the overall strategy of achieving a better environment by maintaining our natural resources without causing ecological damage. We consider the impact of our activities today, and how they affect the future. The use of materials in projects that come from a sustainable source, the re-use of materials, the planting of new trees when old ones are lost, all are part of this process.

Waste:

Wastage of food has significantly reduced since our trust's catering department moved to a homemade style of locally sourced food, which has meant that we have greater control and flexibility over the menus and they can be tailored to the needs of the wide range of patients groups including age ranges and cultural requirements.

Recycling bins have been introduced, as well as bag-less bins in all inpatients areas throughout the Trust, and all our waste now goes through a further off-site recycling process so that over 70% of our waste is now re-cycled. The mandatory training that all our staff receive has resulted in a considerable reduction in the amount of domestic and hazardous waste entering in the wrong waste stream. The Estates Grounds team re-cycle our green waste, by turning it into bark chippings and mulch which is put back onto the planted areas of our sites.

Procurement:

The procurement process has due regard for both environmental issues and value for money when purchasing goods and services, and promotes the use of products and services of suppliers whose environmental and sustainable policies are in accord with our own. The sourcing of local products and services is an area to be encouraged and developed, and this is a key area in the delivery of sustainability.

Claire Wright
Executive Director of Finance

Derbyshire Healthcare
NHS Foundation Trust

NHS

Quality Report 2012-13
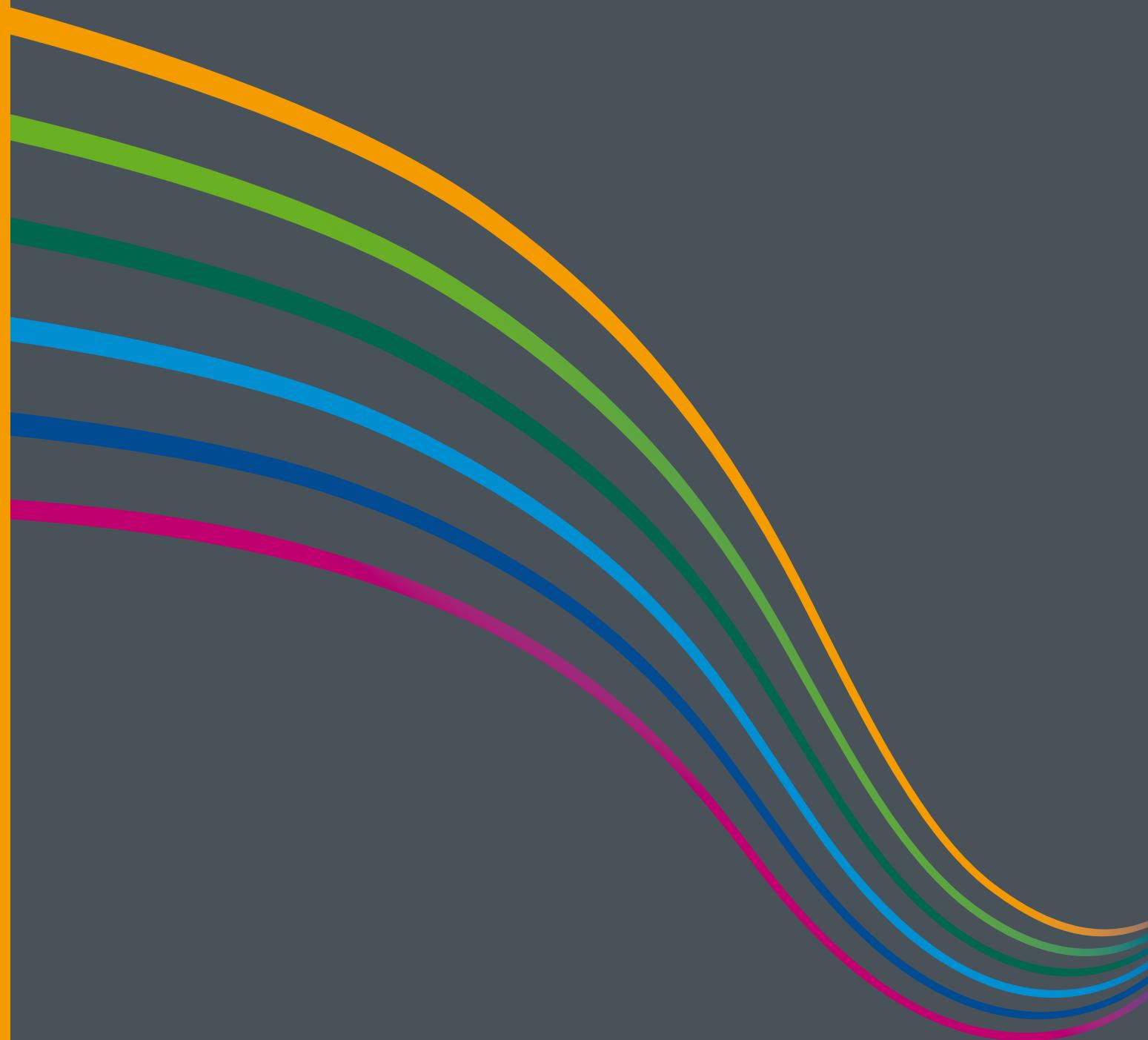
Quality Report 2012-13 - Contents

Section	Title
0	Statement by Chief Executive Officer
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1.2	Baselines and Goals for Priorities 2013/14
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1.4	Effectiveness Priorities
1.5	Patient Safety Priorities
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2.4	Goals agreed with commissioners
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2.7	Information Governance Toolkit Attainment Levels
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Statement by the Chief Executive

Statement by the Chief Executive

I am delighted to present this Quality Report for Derbyshire Healthcare NHS Foundation Trust. The Trust is proud of its record of continuous quality improvement Integral to this is our belief that quality is everyone's business and requires action at all levels of the organisation.

In the 2012-2013 financial year we have achieved a range of quality improvements across all our services. This year has seen 'real time' feedback expanded considerably both online, face to face, and via postal surveys. The experience the Trust has gained will be invaluable as we expand experience gathering further into 2013-2014.

We are continuously working to improve our care planning across the Trust. One of our main quality improvement priorities for 2013-2014 is to increase the number of patients and carers who feel that they have been fully involved in their care and treatment. Agreeing a care plan enables a patient to talk about their treatment and what support they need from our services to help them to recover. Involving carers and families in the planning of care is essential and we intend to strengthen our commitment to those who take the important role of caring for someone who needs our services. In 2013/14 we will launch the triangle of care to formally declare our intent in the near future and to which we hope our carers will be a partner with us.

An area where we feel we could have done better in 2012-2013 is our timeframes for sending out discharge and outpatient letters. We are looking in 2013-2014 to improve our performance in this area and work has commenced on rolling out digital dictation systems to speed up the process.

NICE quality standards set out aspirational, but achievable, markers of high quality care. They cover the treatment and prevention of different diseases and conditions. Throughout the year NICE have increased the number of quality standards to 31 of which 13 have been assessed as relevant to the Trust. This is an area that we have not done as well as we would have liked in 2012-2013. Plans are in place working with the Clinical Reference Groups to streamline the process and our compliance across all the guidelines.

On April 17th 2013 our new Centre for Research and Development was officially opened by Jane Cummings, Chief Nursing Officer for England. Housed within the Centre will be Centres for excellence which will focus on programmes of research on compassion, suicide and self-harm, and in the future recovery and dementia.

Over the last 12 months we have continued to achieve the highest ratings for quality from Monitor. Monitor is the healthcare regulator for all Foundation Trusts and they examine a combination of information on quality and performance and award a risk rating based on how well a Trust has complied with these standards. We have achieved all Green ratings in the last year which is the best and highest position to be.

We are proud of our committed and highly skilled workforce. The Trust Values were launched in February 2012. These values provide the foundation from which we continue to build on our strong track record of delivering high quality services. As part of the recruitment process, anyone who would like to work within the organisation will not only be asked to demonstrate that they have the required education, skills and experience to do the job but they will be asked to demonstrate that they share the values of the Trust.

Statement by the Chief Executive

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 2012. Communications across the Trust are getting better and communication between senior management and staff improved in 2012-13. The other areas of significant improvement staff feeling satisfied with the quality of work and patient care they are able to deliver, staff job satisfaction and motivation. We were delighted in the improvement in the number of staff recommending the Trust as a place to work or receive treatment.

The Board of Directors is aware that the continued focus on maintaining quality through the challenging economic climate will become more challenging in coming years. Our solid financial position continues to provide a firm base. We will put the patient voice at the centre of all we do. In response to the final publication of the report into Mid Staffordshire NHS Foundation Trust we have set up a continuous cycle of listening. A number of events have already been held over the city and county and these will be repeated throughout the year. Feedback from these events will be used to help us in those areas identified by patients, families, carers, staff and members of the public as requiring further improvement.

Our most valuable partnership in achieving the highest quality of care is our patients, their families and carers. We cannot do this without listening to what they tell us about out services, learning from it and making positive changes in practice as a result of their feedback. We continue to work with Derbyshire Voice which is a charity that provides an important service to people with lived experience of mental health problems. On Thursday 18th April 2013 I was pleased to embark on a Coast to Coast cycle ride raising funds for Derbyshire Voice. I was glad of this opportunity to highlight both the importance of physical health and fun activity as well as recognise the work of Derbyshire Voice. We continue to work alongside our carers, in particular I would like to thank Derby City and South Derbyshire Mental Health Carer's Forum, and North Derbyshire Forum for Mental Health Carers for their comments.

We are pleased to be working with Hardwick Clinical Commissioning Group as our lead commissioner and other newly established clinical commissioning groups across Derbyshire. We will continue to build on our work with our two local authorities, two Overview and Scrutiny Committees and the very early formed Healthwatch.

Thank you to everyone who has be 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.

CEO Statement of accuracy
I confirm that to the best of my knowledge the information contained in this document is accurate.
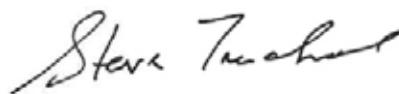
Steve Trenchard
Chief Executive
1 April 2013

Section One - Quality Improvement Priorities 2013/14

1.1   Introduction

We provide hospital and community based mental health and wellbeing services. We deliver multi-disciplinary community learning disability services and assessment and treatment services. We provide substance misuse services in Derby City and Derbyshire County. From April 2011 we have been pleased to provide Children's Universal Services providing care to children, young people and their families living in Derby City. We actively promote an approach that supports early detection and early intervention across all health conditions and all age groups.

1.1.1. What is Quality Care?

Quality within health and social care can be defined as: High quality care should be as safe and effective as possible, with patients treated with compassion, dignity and respect. As well as clinical quality and safety, quality means care that is personal to each individual; Quality is described in High Quality Care for All (DH June 2008): as three strands:

➔ Safety
➔ Patient Experience
➔ Clinical Effectiveness

1.1.2

Quality Governance underpins all our regulatory requirements as part of our registration with the Care Quality Commission. We have a strong track record of external recognition from Monitor and the Care Quality Commission for our quality systems and processes. We continue to make improvements using recommendations from external reports (such as the Francis report published on 6th February 2013) to learn from and enhance the quality of the services we provide.

1.1.3

Progress with achieving the priorities that were identified in the quality account in 2012-13 is provided in section three of this report. We have agreed five priorities for 2013/14. The priorities reflect all three strands of quality, patient experience, patient safety and effectiveness. The five priorities are:

➔ Patient involvement in care planning
➔ The Friends and Family test
➔ To establish the Centre for Research and Development
➔ The physical healthcare of patients
➔ The inpatient environment.

1.2.   Baselines and Goals for Priorities 2013/14

Set out below are our baselines and goals for the next 3 years for each of the indicators:

Section One - Quality Improvement Priorities 2013/14

Goals	Baseline 2012-13	Goal 2013/14	Goal 2014/15	Goal 2015/16
1 **Patient Experience** Patients will report that they are involved in their Care Plan and that it reflects their needs, strengths and aspirations. (Community Survey and CQC benchmarking provides the baseline for this indicator)	7.20	7.53	7.86	8.20
2 **Patient Experience** Friends and Family test (The Golden Question)	37.71%	65%	80%	85%
3 **Effectiveness** Establish a Research and Development Centre with a national reputation for driving research into practice to enhance quality, improve patient outcomes and improve the experience of those who use our services	Develop and launch R&D Centre	Develop our areas of expertise in Compassion and Dementia as centres of excellence	Develop other areas of expertise and excellence to improve patient outcomes and experience	Develop further areas of expertise and excellence to improve patient outcomes and experience
4 **Effectiveness** Did we take enough care of patient's physical health?	47%	64%	82%	100%
5 **Patient Safety** 'Very clean' hospital ward or room (inpatient survey)	59%	79%	90%	90%

Improving Quality of Services

1.3   Patient Experience

Patients will report that they are involved in their Care Plan and that it reflects their needs, strengths and aspirations.

1.3.1   Why have we chosen this as a priority?

We have chosen this as a priority to improve the number of patients who report they have been involved in their care. It is important to us what our patients think about their care and treatment. We plan to use the result of the national survey of community mental health patients who have used our services as one way in which we can measure the improvements in this area. For patients the care plan is a way of talking through with a health and social care professional what they can do for themselves and what they need support with. This is all written down in the plan which is reviewed regularly as the individual patient progresses through to recovery. In the 12/13 national community survey we score 7.2 points out of 10.This was about the same as other mental health trusts. The Care Quality Commission concluded that in 3 out of the 11 service they inspected in January 2013.

❚❚ Although we saw that people's support, treatment and care were delivered in line with their individual care plans, assessments and risk assessments in most of the services we inspected, this was not always the case. ❚❚ **(Care Quality Commission report February 2012)**

Families and Cares have an important supportive role and they need support to do this. We will continue to involve patients, their families and carers in the planning of care and offer carers an assessment of their needs. This is particularly important for carers in the community caring for a patient who is receiving treatment from our services. As a partner in care we want to support carers in this role and in the next 12 months we plan to launch our commitment to the care triangle.

'The Triangle of care' - carers included is a great publication which looks at how carers can be involved and supported when the person they care for is an inpatient.

Section One - Quality Improvement Priorities 2013/14

The six key elements state that:

1   Carers and the essential role they play are identified at first contact or as soon as possible thereafter.
2   Staff are 'carer aware' and trained in carer engagement strategies.
3   Policy and practice protocols re confidentiality and sharing information are in place.
4   Defined post(s) responsible for carers are in place.
5   A carer introduction to the service and staff is available, with a relevant range of information across the acute care pathway.
6   A range of carer support services is available.

The '**Who Cares?**' Trust newsletter was sent out again in January 2013 to nearly 2,000 mental health carers. We will ensure carers issues are identified and continue to work with carers to improve their involvement in care planning.

In June 2013 we are launching a Festival of Carers – a celebration of Carers in Derbyshire.

The next section reports on the friends and family test which highlights in patient feedback comments about care planning.

1.3.2 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 Chief Nurse is the Board of Directors Lead for Quality.

1.4   Patient Experience
Friends and Family test (The Golden Question)

1.4.1 Why have we chosen these as a priority?
On the 6th January 2012 the Prime Minister visited 2 hospitals and announced he would be introducing this one single performance indicator called the 'friends and family test'. This does not replace existing methods of measuring patient experience. It is one simple question:

❚❚ How likely is it that you would recommend this service to friends and family? ❚❚

It is based on '**no decision about me, without me**' and comes from the White Paper produced by the Government in 2010. The White paper was produced as a result of national reports produced by Care Quality Commission and Health Service Ombudsmen, highlighting poor patient experience and patient engagement.

We have chosen this as a priority in line with the recently published Governments response to the inquiry into Mid Staffordshire NHS Foundation Trust. 'Patients first and foremost' (DH March 2013) sets out the expectation that this measure will be the one most single evaluation of the standard of care being provided. In April 2012, we introduced this measure as part of our locally agreed quality improvements with commissioners. This was not an essential requirement for us as a mental health trust but we wanted to take the opportunity to hear feedback from patients. Since its introduction we have made many changes at a local level on our inpatient areas using the "you said; we did" approach. As part of our quality improvements schedule for 2013/14 we are pleased that Hardwick Clinical Commissioning Group are once again supporting this measure, recognising its importance to drive improvements at a local level. The plan for the next 12 months is to extend this measure to community services and older people's wards.

Section One - Quality Improvement Priorities 2013/14

Examples of comments from Golden Question
We are pleased to receive improvements in patient's views in 2012-13 in particular their positive comments about our staff:

❚❚ Provided safe place to be - like a home ❚❚

❚❚ Staff are lovely, well looked after ❚❚

❚❚ The doctors and nurses were sympathetic and listened to me. ❚❚

Our patients were not always positive, however, about every part of the care they received. There is much work to be done as set out in priority one to make sure patients feel they are fully involved in putting together their care plan and making sure they are kept informed.

Comments also have been received about care planning: You said

Better communication between staff, relatives and community support team so all parties are aware of care plans and changes.

We did
Regular audit of care records are completed and All Senior Nurses will continue to remind staff through team brief and supervision of the importance of consistent and effective communication at every level This feedback has been used in our determination of priorities for this coming year.

1.4.2   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 Chief Nurse is the Board of Directors Lead for Quality.

1.5   Effectiveness
Establish a Research and Development Centre with a national reputation for driving research into practice to enhance quality improve patient outcomes and improve the experience of those who use our services.

1.5.1. Why have we chosen these as a priority?
We have chosen this as a priority for 2013/14.
The benefits of research and development to the organisation and its staff and service users are well recognised. The overwhelming benefit is better patient experience and outcomes.

Compassion focused therapy is a key piece of our work and was developed by, with, and for, people with chronic problems associated with shame and self-criticism. Under the leadership of Professor Paul Gilbert, researchers within the team work on various studies examining compassion, entrapment and depression.

1.5.2   Monitoring and Reporting
Reports are provided to the Quality Governance Committee, the Board of Directors and to commissioners through the Quality Assurance Group. All research studies carried out in the Trust must be approved by the Clinical Research Committee in order to meet the requirements of the Research Governance Framework. Responsible officer: The Chief Nurse is the Board of Directors Lead for Quality.

Section One - Quality Improvement Priorities 2013/14

1.6   Effectiveness
Did we take enough care of patient's physical health? "Healthy Body, Healthy Mind" health improvement programme

1.6.1. Why have we chosen this as a priority?
We have chosen this as a priority as it clearly brings out the important link between physical and mental health. As part of our local quality improvement areas with commissioners we have worked with partners in primary care in 2012-13 to ensure patients receive a physical health check each year. We are pleased that as part of our local quality improvements in 2013/14 we will be continuing to build on the success of this work with the Hardwick Clinical Commissioning Group.

This aim is 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 are supported to make healthier lifestyle choices. This programme is steered by Public Health; there is a focus on the interaction between the Trust, GPs and community health initiatives working together with the patient to improve health outcomes. This approach supports the patient's recovery towards enjoying better health and quality of life; it is also one of the objectives in "No Health Without Mental Health (DoH 2012). We have chosen this priority to tackle the health inequalities of our patients and encourage an integrated care approach, so patients receive a better quality service and have opportunities to improve their health lifestyles.

In 2012-13 we worked with our Recovery Mental Health Teams to improve their assessment and care planning of physical health and skills in health promotion. An audit was undertaken in Quarter 1 and repeated in Quarter 3 with three of these teams. This work will continue across all the Recovery teams in 2013/14.

Also, during 2012-13 a pilot programme took place working in partnership with primary care to support patients to access their annual health check at their GPs. This work will roll out across all Clinical Commissioning groups (CCGs) and Recovery teams during 2013/14, with an added focus on ensuring patients have equitable access to healthcare and are supported to cancer screening. This work will be re-audited to provide evidence that improvements have been achieved.

A further goal for 2013/14 will be working in partnership with the wider health community to reduce obesity in people with severe mental illness and learning disability. A strategy and action plan will be produced to address the differing needs of our patients.

In the Community Mental Health Patient Survey 2012 patient feedback resulted in an overall score of 4.6 out of 10. The scope of scoring for this measure was between 3.5 (the lowest) to 6.1 (the highest) for Mental Health Trusts.

In the inpatient survey of 2012, 47% of patients said that "yes, definitely" during their most recent stay, they felt that enough care was taken of any physical health problems.

1.6.2. Monitoring and Reporting
Reports are provided to the Quality Governance Committee, the Board of Directors and to commissioners through the Quality Assurance Group. This programme also reports through Public Health to the Joint Commissioning Board for Derby City and Derbyshire County.

Responsible officer: The Chief Nurse is the Board of Directors Lead for Quality.

1.7   Patient Safety
'Very clean' hospital ward or room (inpatient survey)

Section One - Quality Improvement Priorities 2013/14

1.7.1.   Why have we chosen these as a priority?
We are doing well in our work to prevent infections. Safety of our patients and staff is our top priority. Patients in our care need to feel cared for in a clean environment which is free from the risk of infection and harm. Preventing the spread of infection is an integral aspect of both patient safety and patient experience. We are proud of the high standards we continue to achieve and the comparatively low rates of infection we see.

Continued investment in the capital programme has seen sustained improvement in the care environment in a number of locations, through a dedicated capital expenditure allocation for Infection Control in 2012-13.
- Replacement flooring at Audrey House
- Replacement furniture across a number of inpatient wards – Radbourne and Hartington units
- Upgraded clinical facilities at Erewash recovery team base
- Upgraded clinical facilities (including hand wash basins) at the ECT suite
- Upgraded clinical facilities (including hand wash basins) in clinical rooms on selected Radbourne Unit wards.

Cleaning scores, measured against the national standards of cleanliness, have continued to meet the nationally defined 'excellent' standard in clinical areas across year.

PEAT scores for 2012 demonstrate

Peat Scores By Site 2012	Environment score	Overall food score	Overall privacy & dignity score
Kingsway Hospital	5 Excellent	5 Excellent	5 Excellent
London Road Community Hospital	5 Excellent	4 Good	5 Excellent
The Hartington Unit	4 Good	5 Excellent	5 Excellent
The Radbourne Unit	5 Excellent	5 Excellent	5 Excellent

The inpatient survey of 2012 patient was asked how clean was the hospital room or ward that you were in. 59% said 'very clean'.

1.7.2   Monitoring and Reporting
Reports are provided to the Quality Governance Committee, the Board of Directors and to commissioners through the Quality Assurance Group. This programme also reports through Public Health to the Joint Commissioning Board for Derby City AND Derbyshire County.

Responsible officer: The Chief Executive holds the responsibility for overall standards; however the Trust is required to designate a Director lead for Infection Prevention & Control (DIPC), held by Paul Lumsdon, Chief Nurse.

Section Two - Statements of Assurance from the Board

2.1   Review of services

During 2012-13 Derbyshire Healthcare NHS Foundation Trust provided four NHS services from four locations as registered with the Care Quality Commission. These are:

➲ Hospital and Community based mental health and well-being services.

➲ Community Learning Disability Services

➲ Substance Misuse Services

➲ Children and Young Peoples Services.

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 2012-13 represents 92% of the total income generated from the provision of NHS services by Derbyshire Healthcare NHS Foundation Trust for 2012-13. The data reviewed covered the three dimensions of quality (see section 3 of the report)

2.2   Participation in clinical audits and national confidential enquiries

During 2012-13, five national clinical audits and one national confidential enquiry covered NHS services that Derbyshire Healthcare NHS Foundation Trust provides.

Nationally - 5 Clinical Audits & 1 Confidential Enquiry relevant to our services

Nationally - 4 (80%) Clinical Audits & 100% Confidential Enquiries undertaken

During 2012-13, Derbyshire Healthcare NHS Foundation Trust participated in four (80%) 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 one national audit which we did not participate nationally was completed locally to provide a locally benchmarked report against the national report)

The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust was eligible to participate in during 2012-13 are as follows:

Title	Cases required	Cases submitted	%
POMH-UK: Topic 11b - Reduction in inappropriate anti-psychotic medication prescribing in dementia patients	296	296	100%
POMH-UK: Topic 2f: Screening for metabolic side-effects of antipsychotic drugs	50	50	100%
POMH-UK: Topic 12a Local audit of Prescribing for people with Personality Disorder (audit completed locally after the national deadline)	0 (58)	0 (58)	0% (100%)
POMH-UK: Topic 13a: Prescribing for ADHD in Children, Young People, Adults	122	122	100%
National Audit of Psychological Therapies (NAPT) Therapist questionnaire	62	62	100%
National Audit of Psychological Therapies (NAPT) Retrospective case note audit	1443	1443	100%
National Audit of Psychological Therapies (NAPT) Service user questionnaires	0	0	%

National Clinical Audits

1. POMH-UK: Topic 11b - Reduction in inappropriate anti-psychotic medication prescribing in dementia patients
2. POMH-UK: Topic 2f: Screening for metabolic side-effects of antipsychotic drugs
3. POMH-UK: Topic 12a Local audit of Prescribing for people with Personality Disorder
4. POMH-UK: Topic 13a: Prescribing for ADHD in Children, Young People, Adults
5. National Audit of Psychological Therapies (NAPT).

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 2012-13 are as follows:

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National Clinical Audits

1. POMH-UK: Topic 11b - Reduction in inappropriate anti-psychotic medication prescribing in dementia patients
2. POMH-UK: Topic 2f: Screening for metabolic side-effects of antipsychotic drugs
3. POMH-UK: Topic 13a: Prescribing for ADHD in Children, Young People, Adults
4. National Audit of Psychological Therapies (NAPT).

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 2012-13, 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.

Title	Cases required	Cases submitted	%
POMH-UK: Topic 11b - Reduction in inappropriate anti-psychotic medication prescribing in dementia patients	296	296	100%
POMH-UK: Topic 2f: Screening for metabolic side-effects of antipsychotic drugs	50	50	100%
POMH-UK: Topic 12a Local audit of Prescribing for people with Personality Disorder. (audit completed locally after the national deadline)	0 (58)	0 (58)	0% (100%)
POMH-UK: Topic 13a: Prescribing for ADHD in Children, Young People, Adults	122	122	100%
National Audit of Psychological Therapies (NAPT) Therapist questionnaire	62	62	100%
National Audit of Psychological Therapies (NAPT) Retrospective case note audit	1443	1443	100%
National Audit of Psychological Therapies (NAPT) Service user questionnaires	0	0	%

Review of 3 national reports resulted in the following

The reports of three national clinical audits were reviewed by the provider in 2012-13 and Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided including the following:

National Audit of Schizophrenia

Actions being undertaken as a result of this audit will ensure the dissemination of relevant information and educational presentations to increase awareness externally with relevant partners of health and social care providers (including GPs) and internally to our own staff. To inform targeted action further data analysis has been undertaken at divisional level and additional Pharmacy report outlining current Clozapine use has been implemented to gain further information, understanding and action. This information is being used for a continuing professional development staff; this session is intended to provide an evidence base to ensure that Clozapine is being prescribed only for those patients for whom it is indicated (according to their diagnosis). As a result of the actions implemented our patients can expect improvements in physical health monitoring when prescribed anti-psychotics and generally.

POMH-UK: Topic 2f: Screening for metabolic side-effects of antipsychotic drugs

As a result of this audit, action will be taken to raise awareness within the Trust about the importance of screening patients treated with antipsychotics for the four aspects of the metabolic syndrome. Information will be provided to signpost staff, patients and carers to information about medicines and side effects and as such staff and patients will be more aware of the association between antipsychotic drugs, weight gain, diabetes and cardiovascular disease and the role they play in managing these.

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POMH-UK: Topic 11b: Prescribing anti-psychotic medication for people with dementia – re-audit

The introduction of an Antipsychotic Care Plan locally following the first baseline audit has helped to prompt appropriate decision making and recording in the Trust. The national re-audit report reviewed by the Trust demonstrates that the actions that were taken locally have resulted in significant improvements in local performance against the POMH-UK standards compared to no change overall nationally. Patients who are prescribed anti-psychotics for dementia and their carers can be assured that relevant quality standards are being met when they receive care at the Trust.

Review of (19) local reports resulted in the following improvements

The reports of 19 local clinical audits were reviewed by the provider in 2012-13 and Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided including (description of actions).

Improving annual physical health assessments through partnership working with primary care (Care Programme Approach (CPA) patients) – re-audit

This was a Commissioner Contract Commissioning for Quality and Innovation (CQUIN) re-audit. Actions taken following the baseline audit has resulted in implementation of processes to systematically request physical health information from GPs prior to CPA reviews; re-inforce physical health care standards with all clinicians; closer working between teams and local GP practices; and improved knowledge of local resources and referral pathways. The re-audit results demonstrate that high levels of compliance are being achieved in all quality standards measured and patients are receiving improved physical health assessments and care through partnership working with primary care.

Involving service users in care planning

This was a commissioner contract quality schedule audit. As a result of the action plan being implemented patients can be assured that their views are taken into account when deciding their care plans and where they lack capacity, that their carers or advocates are involved on their behalf. Patients and if relevant their carers/advocates are similarly encouraged to be involved by attending multi-disciplinary team meetings where care plans are reviewed and they are offered the opportunity to sign their care plans. Further work is being undertaken to understand barriers to patients signing care plans and identifying benchmarking information through our commissioners and published literature.

Improving services for newly diagnosed dementia patients – re-audit

This was a Commissioner Contract Quality Schedule re-audit. This work provided assurance that the teams were already complying well to the specified quality standards and the re-audit showed that these standards were being maintained. Action was taken to implement standardised written information (for diagnosis & Treatment) for use with all dementia patients; development of 'Info link' for people with dementia for local support options; and feedback of results of the audit to teams and advice on data recording & collection enabled the improved compliance observed in reporting patients had a care plan agreed with social care and prescribed dementia specific medication as a result of improved data quality. Patients who are newly diagnosed with dementia continue to receive a high quality service as demonstrated by the re-audit.

Infection Control Audits

Regular infection control audits are carried out in the Trust reviewing compliance to a range of different standards. The Care of Invasive Devices audit showed the Trust is fully compliant with all standards measured relating to invasive devices. Staff awareness of the implications relating to invasive devices, regular provision of education to inpatient areas and routine monitoring ensures that patients who receive care at our Trust

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receive the highest level of standards in this area of infection control.

Reasons for non-attendance at out-patient clinical appointments

The action plan being implemented following this audit is contributing to a wider programme of review to improve attendance at out-patient clinics. The audit identified many recommendations some of which are based on published work reviewed. The main vehicle for improvement is through the revision of the current Trust guidance to ensure that patients are appropriately followed up at out-patient clinics and therefore improving their attendance.

Consent to treatment: Section 58 of Mental Health Act (MHA)

As a result of the actions being undertaken, following this audit there will be improved compliance to Section 58 of the Mental Health Act which applies after the initial 3 months of treatment and sets out the requirements for consent to treatment under the act. A new easy reference flowchart document has been designed and disseminated through the Medical Staffing Committee. This will aid medical staff in the application of the requirement and compliance to it. In addition it will raise awareness of the new way of requesting a second opinion appointed doctor (SOAD) visit introduced by the Care Quality Commission (CQC) on 1 July 2012 via the CQC online system. A re-audit is planned for 2013-14 and will provide assurance on the impact of the change actions on improving practice. Through review of our practice, the Trust will ensure that patients can expect to be treated appropriately within the requirements of the consent to treat section of the Act whenever this applies to their treatment and care.

Assessment and Management of Mental Health and Drug and Alcohol Misuse Problems (Dual Diagnosis)

An audit of dual diagnosis was undertaken based on documentation review of casenotes to assess compliance to relevant NHS Litigation Authority standards. The

action plan being implemented following the audit will result in improvements in record keeping addressing any lack of evidence in the notes that alcohol/ illicit drug use had been discussed at the Multi-Disciplinary Team (MDT). Further review and implementation of actions will be undertaken to improve record keeping around amount of alcohol used daily and illicit drug details such as amount, type and route of administration, and also onward referral for harm reduction advice/ support for intravenous illicit drug use. In 2013-14 a re-audit is intended including additional review of practice to ensure people with a primary substance misuse who develop a significant mental health problem are referred to mental health services for assessment. This continuous review and change in practice will ensure that service users are receiving the best quality of care.

Management of the Acutely Disturbed Patient (previously known as Rapid Tranquilisation)

The actions being undertaken from this audit will lead to further improvements in practice in the management of acutely disturbed behaviour. Standards for physical monitoring of the management of acutely disturbed patients will be included within the Trust Guidelines. Current national standards and guidelines will be reviewed and safe and achievable standards will be developed with action to be taken where physical monitoring is not possible. The launch of the new e-learning programme for inpatient staff and new doctors on induction will improve training and education including a focus on the importance of physical monitoring for doctors and nurses. A culture of physical monitoring after use of IM medication will be set as a standard and monitored by ward managers on a regular ongoing basis. Patients' opportunity to discuss their experiences after the event is to be encouraged by Nurses and Consultants and documented in the patient notes. A re-audit is planned for 2013-14 to assess compliance in other inpatient areas Trust wide and check that practice is being improved and maintained.

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Prescribing of Benzodiazepines to Psychiatric Patients on Discharge from Hospital

The aim of the audit was to improve patient care by providing a clear management plan when discharging patients on benzodiazepines. As a result of the actions to be undertaken medical staff will be reminded that patients should be well informed when starting them on any benzodiazepines and where possible, the exact duration of the course needs to be agreed with the patient. The existing discharge summary template will be used to facilitate the documentation of a structured and clear plan regarding benzodiazepines in the discharge summary. As a result of the action plan implementation benzodiazepines will be prescribed to our patients according to Derbyshire Healthcare NHS Trust and NICE guidelines ensuring improvements in the care of our patients.

Eating Disorders in CAMHS

Following this audit, the actions taken will improve practice leading to better compliance to NICE guidelines. Staff in CAMHS will be better aware of the diagnosis of atypical eating disorders as a result of the use of the induction and on-going Competency Framework in EDNOS (Eating disorder not otherwise specified). Staff are being further provided with specialist back-up training from a specialist Consultant Psychiatrist and also being supported to access the e-learning module to improve diagnosis of eating disorders. Patients can therefore expect that they will receive care which is compliant with best practice.

Audit of the usage and effectiveness of the Significant Events Sheet

The Significant Events Sheet (SES) which allows staff to make a rapid analysis of significant events that could impact on a child's welfare was revised based on staff feedback. The audit assessed the satisfaction of the staff in the use and continued effectiveness of the SES. Actions taken will ensure that staff are reminded to continue to use the electronic Significant Events Sheet as a result of a reminder added on the electronic system and change in practice for staff to take immediate

action to record any missing events when identified. This audit and resulting change in practice will ensure that complete information is available to and used by staff to ensure children's' welfare.

Other local Clinical Audit reports reviewed in 2013-13 which have either resulted in improvement actions being taken or planned to be taken to ensure that our patients benefit from continuous quality improvement of care and services provided include:

- Audit of Physical Health Examination standards
- Audit of the Procedure for managing Absence Without Leave (AWOL)
- Resuscitation Audit
- Use of PRN medication in dementia
- Audit of the diagnosis of hearing loss in children
- Audit of aetiological investigations offered to families of children with significant permanent hearing loss
- Audit of waiting times for medical appointments for children diagnosed with significant permanent hearing loss
- Audit of Section 17 on Melbourne House.

2.3 Participation in Clinical Research

The number of patients receiving NHS health services provided by Derbyshire Healthcare NHS Foundation Trust in 2012-13 that were recruited during that period to participate in research approved by a research ethics committee was 1,264.

The National Institute of Health Research portfolio studies we have hosted in 2012-13 include:

Connecting people – Kings College London

This study started in 2012 as a pilot of the 'Connecting People Intervention' which is a user led social inclusion model. It was designed to evaluate the effectiveness and cost effectiveness of this intervention in comparison with other interventions aimed at promoting well-being and social inclusion. Just over 30 of our service users have participated in this study and contributed to the study aim of finding the best social care interventions to

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improve patient experience and quality of care. Feedback from service users who have participated has been positive and many have expressed relief and gratitude at being able to have the time with professionals in which to air their views.

Oxford Community Treatment Evaluation Trial (OCTET) – University of Oxford
The results of this study which the Trust hosted, has now been published. The findings of the study suggest that in well co-ordinated mental health services the imposition of compulsory supervision does not reduce the rate of readmission of psychotic patients. The study found no support in terms of any reduction in overall hospital admission to justify the significant curtailment of patients' personal liberty. The Trust will consider these findings in 2013-14 to reflect and change practice where relevant.

DNA variation in Adults with Learning Disability – University College London
For about half of adults with learning disability the cause of their learning disability is not known. Changes in genes (genetic variation) can sometimes lead to medical problems, including learning disability. This study aims to identify genetic changes that may cause learning disability; find out whether these changes are associated with particular medical and/or mental health problems; Find out what people think about genetic testing (people with learning disability, their carers and professionals). The study has been well received and the father of a participant told us that he felt valued, listened to and emotionally engaged by the process of participating in the research and he hoped that the research would benefit the future care and treatment of his son, himself and others.

Prevalence of Pathogenic Antibodies in Psychosis – University of Oxford
We are pleased to host this study which may benefit patients with first episode psychosis by improving the course of their illness. This study opened towards the end of 2012-13 and invites patients aged 14-35 with first episode psychosis to take part in a research study investigating the prevalence of pathogenic antibodies. The study originates from a pilot which found the first systematic evidence that some cases of schizophrenia may have an immune mediated disorder. Following the identification of pathogenic antibodies patients were treated using immunotherapy which resulted in a significant improvement in psychosis and cognition and in some cases discharge from inpatient wards.

Multicentre Study of Self-harm in England
This is a programme of research involving collaboration between three centres: University of Oxford, University of Manchester and Derbyshire Healthcare NHS Trust. High Volume Repeaters of Self-harm

The findings from this study which will be published highlights the relative small population of individuals frequently presenting with self-harm to general hospital and the gap in current service provision in relation to this group of patients. As a result, the mental health liaison team are in the process of setting up an outpatient clinic specifically for such service users who will be offered up to 8 clinic sessions, consisting of one on one time with the same clinician, following a compassion focused approach.

The multicentre study of self-harm continues to produce numerous works that provide up to date, highly comprehensive prevalence rates and statistics to inform such policies as the Suicide Prevention Strategy (2012) and NICE guidelines to self-harm (2013). The following are some papers from 2012:

Bergen H, Hawton K, Waters K et al. (2012) Premature death after self-harm: a multicentre cohort study. Lancet 380: 1568–74
Cooper, J., Steeg, S., Webb, R., Stewart, S.L.K., Applegate, E. Hawton, K., Bergen, H., Waters, K., Kapur, N. (2012) Risk factors associated with repetition of self-harm in Black and Minority Ethnic (BME) groups: a multi-centre cohort study. Journal of Affective Disorders, In press.
Murphy, E., Kapur, N., Webb, R., Purandare, N.,

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Hawton, K., Bergen, H., Waters, K. & Cooper, J. (2012) Multicentre cohort study of older adults who have harmed themselves: risk factors for repetition and suicide. British Journal of Psychiatry, 200:399-404

2.4   Information on the use of the CQUIN (Commissioning for Quality and Innovation) framework

A proportion of Derbyshire Healthcare NHS Foundation Trusts income in 2012-13 was conditional upon achieving quality improvement and innovation goals agreed between Derbyshire Healthcare NHS Foundation Trust and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework. Further details of the agreed goals for 2012-13 and for the following 12 month period are available online at: **www.monitor-nhsft.gov.uk/sites/all/modules/fckeditor/plugins/ktbrowser/_openTKFile.php?id=3275**

Derbyshire Healthcare NHS Foundation Trust's income in 2012-13 conditional upon achieving quality improvement and innovation goals was £2,473,422 and a monetary total for the associated payment in 2011/12 was £1,485,489.

2.5.   Information relating to registration with the Care Quality Commission and periodic/special reviews

Derbyshire Healthcare NHS Foundation Trust is 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 2012-13. Derbyshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the Care Quality Commission during the reporting period.

On Tuesday 29 January 2013, the Care Quality Commission inspection team commenced their unannounced scheduled visit for the financial year 12/13 of those services which are registered under the location of Trust HQ.

In line with regulations the 5 standards inspected were:
Outcome 2 (Regulation 18): Consent to care and treatment
Outcome 4 (Regulation 9): Care and welfare of people who use services
Outcome 7 (Regulation 11): Safeguarding people who use services from abuse
Outcome 14 (Regulation 23): Supporting workers
Outcome 21 (Regulation 20): Records

In addition, due to a high level of compliance with one outcome this was included as part of the CQC visit. This was Outcome 6: Cooperating with other providers. Overall, out of the 6 standards inspected, the Care Quality Commission concluded that across all 11 teams inspected we were fully compliant with 4 out of 6 of the outcomes. For 3 out of the 11 teams inspected they concluded we were not compliant with two of the outcomes. When the rules of proportionality were applied this resulted in non-compliance against 2 of the standards for the Trust.

Where the Care Quality Commission find non-compliance with a regulation (or part of a regulation), they state which part of the regulation has been breached. They make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact. The level of impact of both standards was judged by them as minor. The Care Quality Commission requested a formal response describing the action we were going to take to meet the regulation. An action plan was submitted to the Care Quality Commission and all the actions will be completed by 30 August 2013. We will ensure on-going compliance through the following steps:

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- To monitor the implementation of the action plan submitted to the Care Quality Commission on 21 March 2013
- To complete Care Standards visits to the 3 teams which were non-compliant?
- To continue to receive reports on the work lead by the teams to ensure ongoing compliance with all the standards
- To receive the audit report on the review of the Trust's readiness for Care Quality Commission inspections
- To ensure the audit programme for 13-14 includes reviews of the three areas of non-compliance
- To review our registered locations and regulated activities as recommended by the Care Quality Commission to reflect new guidance published.

2.6 Information on the Quality of Data.

Derbyshire Healthcare NHS Foundation Trust submitted records during 2012-13 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 (based on Apr-Dec published dashboard)
100% for outpatient care (based on Apr-Dec published dashboard)

-The percentage of records in the published data which included the patients' valid General Practitioner registration code was:

100% for admitted patient care (based on Apr-Dec published dashboard)
100% for outpatient care (based on Apr-Dec published dashboard)

2.7 Information Governance Toolkit Attainment Levels

Derbyshire Healthcare NHS Foundation Trust Information Governance Assessment Report overall score for 2012-13 Version 10 NHS IG Toolkit was 95% and was graded **'Green – Satisfactory'**

Derbyshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during the reporting period by the Audit Commission.

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.

2.8 Reports against a Core Set of Indicators

2.8.1 7 Day Follow Up

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons. We calculate the 7 day follow up indicator based on the national guidance / descriptors:
Numerator: Number of patients on CPA who were followed up within 7 days after discharge from psychiatric inpatient care (QA)
Denominator: Total number of patients on CPA discharged from psychiatric inpatient care (QA)

The Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this, and so the quality of its services, by ensuring the high performance is maintained and that all patients are followed up.

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Indicator	End of 11-12	End of 12-13	National average	Highest and lowest scores
7 day follow up	98.94%	98.75%	97.6%	100% 92.5%

2.8.2. Crisis Gatekeeping

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons. We calculate the Crisis Gatekeeping indicator based on the national guidance / descriptors:
Numerator: Number of admissions to acute wards that were gate kept by the CRHT teams (QA)
Denominator: Total number of admissions to acute wards (QA)

The Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continuous monitoring to maintain the high performance against this indicator.

Indicator	End of 11-12	End of 12-13	National average	Highest and lowest scores
Crisis Gatekeeping	98.97%	98.88%	98.4%	100% 90.7%

2.8.3. 28 day re-admission rates (aged 15 and over)

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons. We calculate the re-admission rates based on the national guidance / descriptors:
Numerator: Number of re-admissions within 28 days from the last, previous discharge from hospital
Denominator: Total number of finished continuous inpatient spells within the period.

The Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by service modernisation of pathways of care.

Indicator	End of 11-12	End of 12-13	National average	Highest and lowest scores
28 day re-admission rates for patients 15 and over	5.15%	4.99%	12.29%	14.77% 4.99%

2.8.4. Staff recommending the Trust as a place to work or receive treatment

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons it is based on the national staff survey results of 2012.
The Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve this score and so the quality of its services, by:
The organisation will continue to work on the 2 main themes which were agreed last year; Staff Engagement and Health and Wellbeing. 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 2013/14 include:
➡ 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.

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We will continue to encourage as many staff as possible to take part in the 2013 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.

Indicator	Trust Score 2012	Trust Score 2011	All MH Trusts average	All MH Trusts best score
Staff recommending the Trust as a place to work or receive treatment	3.62	3.39	3.54	4.06

2.8.5. Patient safety incidents and the percentage that resulted in severe harm or death

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reason it is taken directly from the National Reporting and Learning System between April 2012 and 30 September 2012 and October 2011 and 31 March 2012. The Derbyshire Healthcare NHS Foundation Trust intends has taken the following actions to improve this score, and so the quality of its services, by ensuring it has an effective safety culture.

Patient Safety Incidents reported by Derbyshire Healthcare NHS Foundation Trust to the National Reporting and Learning System (NRLS) between 1 April 2012 and 30th September 2012.		Median rate
Patient Safety Incidents per 1,000 bed days	1,442 incident reported during this period = reporting rate of 25.5 incidents per 1,000 bed days	The median reporting rate for the 56 mental health organisations was 23.8 incidents per 1,000 bed days indicating the trust is in the top half of the 56 trusts and has a better and more effective safety culture.

Degree of harm of the patient safety incidents reported to the NRLS between 1 April 2012 and 30th September 2012:				
Degree of harm indicated as a percentage of the total number of incidents reported				
None	Low	Moderate	Severe	Death
65.0% (937)	25.6% (369)	8.1%(117)	0.6%(8)	0.8% (11)

Patient Safety Incidents reported by Derbyshire Healthcare NHS Foundation Trust to the National Reporting and Learning System (NRLS) between 1 October 2011 and 31 March 2012		Median rate
Patient Safety Incidents per 1,000 bed days	1,313 incidents were reported during this period = reporting rate of 17.9 incidents per 1,000 bed	The median reporting rate for the 56 mental health organisations was 19.9 incidents per 1,000 bed days indicating the trust was in the middle 50% of reporters.

Degree of harm of the patient safety incidents reported to the NRLS between 1 October 2011 and 31 March 2012				
Degree of harm indicated as a percentage of the total number of incidents reported				
None	Low	Moderate	Severe	Death
65.3%(858)	26.5%(248)	6.5(86)	0.8%(10)	0.8%(11)

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Effective Clinical Risk

Throughout the year the Trust has commenced a review of its approach to the assessment and management of clinical risk. A project team of clinicians and senior managers has reviewed the information and research available on alternative tools. The team consulted with all clinical staff in the Trust to gain their views on the current approach. Over 160 staff contributed to the survey and the results have informed a pilot of an alternative approach. This work will be progressed in a second phase of the project throughout early 2013/14 and will result in a revised approach, assessment tool, policy, clinical risk management standards and training package.

2.8.6. Community Patient Survey Results 2012-13

The Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reason it is taken directly from the National Community Mental Health Patient Survey of 2012.

The Derbyshire Healthcare NHS Foundation Trust intends has taken the following actions to improve this score, and so the quality of its services, by ensuring it continues to listen to patient feedback and puts actions in place to improve those areas where the trust has not received positive scores.

Indicator	Trust Score 2012(out of 10)	Highest Trust score	Lowest Trust Score
Patient experience of contact with a Health or Social Care Worker during the reporting period	8.4	9.1	8.2

INo comparative 2011 score is available for this indicator.

Section Three - Report On Progress On The Indicators Set Out In 2011-2012 Quality Report

3.1   This section provides information on achievements on the priorities agreed and set out in the quality report 11-12.

3.1.1. Overall Quality Indicator Objective 2012-2013

Target from the 2011-2012 Quality Report	Priority One: The Quality Visit Programme
What we achieved this year	The Quality Visit programme for season 3 (up to June 2012) was completed to time. As some teams were visited for the third time those which have consistently been rated as "Gold" across all three seasons were awarded "Platinum" status. We have extended the visiting team in 2012-13 with a wider range of Commissioners and GP's. Members of the Governors working group for quality continue to form part of the visiting team. Our thanks to this small number of dedicated staff and public Governors who are a great asset to the quality visit programme.
What we did not achieve this year	We achieved all our objectives for the Quality Visit programme in season 3.
How we will go the extra mile in 13/14	Season 4 commenced in October 2012 and will continue until July 2013. The programme is on track as at the end of February 2013. The focus of the Quality Visits in season 4 is demonstration of the Trust values which were launched in 2012.
How we have and will continue to monitor and report	Each team visited receives a draft report from the visiting team detailing the visit, how the teams demonstrated the Trust Values, and any areas for improvement over the coming year. The scores of Gold, Silver or Bronze are awarded.

3.1.2 Patient Experience Objectives 2012-2013

Target from the 2011-2012 Quality Report	Priority Two: Collecting and listening to the views of our patients
What we achieved this year	Our last Quality Report stated that we would introduce the "Golden Question". This asks whether people would recommend our inpatient services to family and friends should they become ill. We have introduced this onto the wards in the Hartington Unit in Chesterfield (3 wards) and the Radbourne Unit in Derby (4 wards). In addition the question is now being asked on two of our older adult inpatient wards (ward 1 and 2) and our perinatal inpatient ward in Derby.
What we did not achieve this year	We did not manage to get our survey kiosks up in our outpatient areas as we had hoped, however we have purchased further equipment in order to enable us to do this and this will be rolled out in 2013-2014.
How we will go the extra mile in 13/14	The Golden Question will be rolled out to community teams using innovative technology to achieve this and expanded in the long term as a standard question on as many appropriate surveys as possible, including targeting staff, carers and service users.
How we have and will continue to monitor and report	The Golden Question has been reported back to the wards taking part on a weekly, monthly and quarterly basis with their individual satisfaction scores and including narrative answers which allow teams to discuss where they could improve and showing where they have made changes on their "You Said, We Did" posters.

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Target from the 2011-2012 Quality Report	Priority three: Releasing Time to Care
What we achieved this year	The Releasing Time to Care programme continues to provide improved outcomes for patients through increasing the direct care provided to patients, improvements in the working environment (reducing time, waste/ storage, systems and increase in patient engagement time with staff). In 2012-13 the team has continued to implement releasing time to care across both clinical and non-clinical teams releasing more time to spend in direct patient care. Through the Cohort 7 the compliments/ complaints team having completed foundation modules and have implemented the outcomes from these modules. Through Cohort 8 work the team have worked with the Records team to re-organise the way teams store, archive and destroy clinical records. The team are now working with 12 wards (plus 2 Occupational Therapy and Recreational Teams), 2 Day services, 3 support teams and 18 community Teams and the ECT department.
What we did not achieve this year	All objectives have been realised.
How we will go the extra mile in 13/14	New project commenced March 2013 reviewing the procurement process, storage and costing's of medical devices and equipment. This work is linked with Pharmacy. Service review has been commissioned to evaluate the Releasing Time to Care initiative. The review intends to make recommendations as to the effectiveness of the initiative and how it can be delivered most efficiently and will provide assurance that the initiative is running as efficiently as possible, and is contributing to improvements in quality and patient experience. To support succession planning with the Trust we have developed an opportunity for a clinician to work with the team 2 days per week for 9 months. This supports our delivery of the programme but also supports the new member to develop professionally and ensures learning is shared more at all levels within the organisation.
How we have and will continue to monitor and report	Reports are provided to the Quality Governance Committee and the Board of Directors.

Target from the 2011-2012 Quality Report	Priority Four: Ensuring the quality of care plans for children in our care
What we achieved this year	An initial qualitative review of 3 care plans demonstrated some deficits in care planning, particularly in relation to clear actions, outcomes and review dates. It was agreed at Q1 that the CQUIN would be revised and its duration extended to 2 years in order to complete actions that would lead to a more sustainable improvement in the quality of care plans. A more substantial audit of 50 sets of healthcare records was completed. Results supported earlier findings; the current practice of formulation and recording of care plans in healthcare records did not facilitate a SMART approach to care planning. A new care plan template was devised for implementation; it was agreed that this would be implemented across both universal and specialist children's services to promote and embed consistently high quality care planning practice across the organisation, supported by senior nursing and operational leadership.
What we did not achieve this year	Full implementation of the new care plan format; this was delayed owing to the implementation of a paperless record-keeping system in Children's Services; the new care plan will be uploaded to the new electronic healthcare records system.
How we will go the extra mile in 13/14	Nurses' use of the new care plans will be monitored by the senior nursing and operational team. The quality of care plans will be reviewed through caseload management and safeguarding supervision, in accordance with Core Care Standards and the 'writing good care plans' guidance. Some quantitative evidence of improvements to the quality of care plans is projected by quarter 2 of year 2 of the CQUIN once the new processes are firmly embedded in practice, with more significant improvements anticipated at the end of quarter 4, year 2.
How we have and will continue to monitor and report	Caseload management and safeguarding supervision. Re-audit in year 2 of the CQUIN with all domains of the audit showing as green.

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3.1.3. Patient Safety Objectives 2012-2013

Target from the 2011-2012 Quality Report	Priority Five: Continuing To Improve Our Environment
What we achieved this year	Cleaning scores, measured against the national standards of cleanliness, have continued to meet the nationally defined 'excellent' standard in clinical areas across year. Our PEAT (Patient Environment Action Team) scores continue to be very good, scoring 19 out of 20 for environment, 19 out of 20 for food and 20 out of 20 for overall privacy and dignity. 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 have been two confirmed cases of trust acquired Clostridium Difficile to date against a target of a maximum of 10 cases per year.
What we did not achieve this year	We delivered all the objectives set in 2012-13.
How we will go the extra mile in 13/14	Development of an assurance tool, supported by IM&T processes, to aid community teams to provide assurance on key standards in a timely manner.
How we have and will continue to monitor and report	The twice yearly Divisional Nurse rounds will continue to provide assurance of the key standards in inpatient areas and they are joined by representatives from Infection Control, Estates and Hotel Services. This provides a proactive way of looking at the environment, anticipating maintenance and quality issues at an early stage (and ensuring action is taken) and also the opportunity to seek informal feedback from patients on the wards as to the comfort and cleanliness of the wards.

Target from the 2011-2012 Quality Report	Priority Six: The Safety Thermometer
What we achieved this year	In last year's Quality Report we stated that "Our focus on safety continues as the number one commitment of our Board of Directors". The safety thermometer is conducted once a month on our older adult inpatient settings. It provides a framework to work with clinical staff to build up a picture over time of a more positive experience of measuring outcomes. In each month upwards of 80 patients were assessed for harm free care (data to February 2013), in 9 out of 13 months we have exceeded the national target of 95%. In two of the months (August and December) we achieved 100% harm free.
What we did not achieve this year	In 4 months out of the 13 we have not achieved the 95% national target. Of those only one month fell below 94%.
How we will go the extra mile in 13/14	Although this is a tool for measuring outcomes for patients, the information gathering allows reflection where harms have occurred and this has been invaluable from a learning point of view. In 2013/14 we will work to improve harm free care.
How we have and will continue to monitor and report	We will continue to use this tool and submit the data to the Strategic Health Authority and as appropriate, the new health Boards. This information is reported to the Quality Governance Committee and the Trust Board.

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Target from the 2011-2012 Quality Report	Priority Seven: Feeling safe on our wards. "Learning from the views of patients about what makes them feel safe"
What we achieved this year	The previous Quality Report stated that we would repeat a safety survey that was conducted in February 2012.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. The survey was repeated in July 2012 with 87% of respondents scoring 6 or above.
What we did not achieve this year	We expanded the safety question to Audrey House with very positive responses; however we would like to widen this to the adult rehabilitation wards and older people wards.
How we will go the extra mile in 13/14	The responses have been shared with the ward teams and the Divisional Nurses and the narrative responses have given a valuable insight into what would make people feel safer on our wards. The survey will be extended to include Kedleston Low Secure Unit & Melbourne House as well as the adult rehabilitation wards and older people wards.
How we have and will continue to monitor and report	This survey is to be repeated again in March 2013 and survey results will be shared with the wards who participate and wider with the Trust. All survey results are presented to Quality Governance and Board Report twice yearly.

3.1.4. Effectiveness Objectives 2012-2013

Target from the 2011-2012 Quality Report	Priority Eight: Training for all staff groups
What we achieved this year	We chose this as a priority to ensure our staff have appropriate training and specialist skills to provide the highest quality services. We have continued to use the training passport which provides each member of staff and their manager with a simple visual view of their training compliance. We used the staff survey as a baseline for this priority and our figures compare very favourably with national averages from the staff survey 2012. ➡ Our Equality and Diversity training figures are 18% above the national average. (Trust 77% compared to an average 59%) ➡ Our Health and Safety training figures are 17% above the national average (Trust 90% compared to an average of 73%) ➡ There has been a 5% increase in the staff receiving job relevant training, learning and development in the previous 12 months which is 1% above the national average (Trust 83% compared to an average of 82%).
What we did not achieve this year	Whilst we have improved our compulsory training figures by 5% this year, we did not achieve the target of 90% compliance.
How we will go the extra mile in 13/14	We will rigorously monitor training in 2013/14 through staff supervision and Individual performance reviews.
How we have and will continue to monitor and report	Reports are provided to the Workforce Development Group and the Board of Directors.

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Target from the 2011-2012 Quality Report	Priority Nine: The Equalities Delivery system (EDS)
What we achieved this year	Listed below is much of the work that the Trust has been doing. It is by no means an exhaustive list but gives a flavour of how we are working hard to improve our equalities delivery to the local population. We have published our Engagement 4 Improvement Framework 2012-15. It sets out our engagement plans for the next three years. We have created a REGARDS (Race, Economic Disadvantage, Gender, Age, Religion, Disability, Sexual Orientation) and Respect wheel which act as our framework for embedding the principles of equality, human rights and inclusion. We have concentrated on training very hard this last year exceeding our 80% target for Cultural Capabilities and competence training. This has been in addition to our Trust Equalities and Diversity training which puts the Trust at 18% above the national average according to our annual staff survey. Our Chairman continues his schedule of community visits for the purposes of service improvement and banishing stigma. We have held drop in sessions across a wide variety of minority groups across Derbyshire and provided named pathfinder links for these organisations. The Trust has reviewed the chaplaincy service. We have enhanced the team and have made arrangements for Sikh, Hindu and Muslim Chaplaincy provision and produced a Multi- faith resource guide to support staff. We continue to work closely with third sector organisations and we were delighted to receive the 'Derbyshire Friend organisation of year award' for our work to improve our services for Lesbian, Gay, Bisexual and Transgender people on the 1st March 2013.
What we did not achieve this year	Cubley/Tissington wards Equality Impact Assessment 'have your say event' has been postponed – It is planned to now take place in July 2013.
How we will go the extra mile in 13/14	Chairman's visits - a programme of on-going engagement with specified REGARDs group community organizations to address issues of access and stigma associated with mental health and developing plans to overcome resistance to accept mental health services.
How we have and will continue to monitor and report	Report to the Quality Governance Committee and 4Es stakeholder committee who hold us to account on results, including significant gaps, with recommendations for improvement.

Target from the 2011-2012 Quality Report	Priority Ten: Physical Healthcare of our Patients
What we achieved this year	Working with our Recovery Mental Health teams to improve assessment and care planning of physical health problems and improve their skills around health promotion CQUIN target achievements in improving assessing and care planning of physical health Improving our joint working with GPs around supporting our patients to access their annual physical health check in primary care Raising our patients awareness of health issues and offering support to help them have healthier lifestyles Working with our community health partners raising mental health awareness and encouraging partnership working so people can more easily access lifestyle services "Making Every contact count" embedding promotion of health within our services.
What we did not achieve this year	Integrating care planning between mental health services and GPs around physical health of our patients Share the learning across other mental health services e.g. older adults, substance misuse Shared our knowledge widely enough with our patients so that they can make better informed choices about their health.
How we will go the extra mile in 13/14	Empower our patients to take a lead on this agenda and identify patient champions to help promote health Improve partnership working with the wider health community to tackle health inequalities enabling a "recovery approach" Engage further with primary care across Derby City and Derbyshire county in a joined up approach to health improvement.
How we have and will continue to monitor and report	Trust target working with Recovery teams and GP practices Audit Recovery teams regarding assessing and care planning Report to Public Health and Trust committees (joint commissioning boards and quality governance committee) Consult and share good practice through physical healthcare committee.

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3.1.5   The following sections have been added in response to comments received on the report for 11/12.

Target from the 2011-2012 Quality Report	In Response To Comments From External Stakeholders: Compliments and Complaints
What we achieved this year	The Trust values the feedback it receives from service users, carers and relatives, both positive and negative. We encourage staff to actively engage with people who use our service in order that they feel comfortable to share information with us. By listening to what people are saying about their experiences of using Trust services we can make improvements, sometimes very small changes, that really make a difference. We have systems in place (Log books) which staff use locally to report any compliments and concerns that they receive. This information is then collected centrally and reported through to Trust Senior Managers, Directors and Non Executives Directors on a monthly basis. More detailed reports are produced quarterly which go to Quality Governance Committee and Trust Board. If anyone wishes to make a formal complaint or does not wish to speak to staff providing their care they can contact the Patient Experience Team who can either get a speedy resolution to particular issues or they can facilitate a formal investigation into matters where this is required. Contact can be in person, by telephone, e-mail or by letter. Each contact is logged into the central database so that we can use the information to look for any themes or trends arising out of the feedback we receive. Contact details of organisations that provide independent support and advice for people using the NHS Complaints Procedure is also given to people who contact the Department. Telephone contact is made at the start of any formal investigation and also face to face meetings regularly take place both at the start and end of the process. If we are unable to resolve complaints satisfactorily people are advised of their right to contact the Health Service Ombudsman who can investigate complaints on their behalf. We will continue to learn from complaints by publishing Practice Matters (a staff communication briefing) on a monthly basis. This is circulated across the Trust. In 2012-13 we have included pieces on Record Keeping standards, processes for copying clinical files, how to report serious allegations. Customer Care training has also been provided for administrative staff throughout 2012-13. The key elements of the training are for staff to understand what it feels like for people who use our services and, if needed, to change their approach. 99% of complainants (for completed complaints) have been kept informed of any delays in the investigation timeframes. This is an improvement on the 92% achieved during 2011-12.
What we did not achieve this year	All set objectives have been met.
How we will go the extra mile in 13/14	We will roll out Customer Care training for clinical staff and managers during 2013-14. We will improve the average timescales of complaints handling by reducing the amount of time taken during each investigation. We will launch Pocket Compliment books for clinical staff to encourage on-going recording of areas of positive practice.
How we have and will continue to monitor and report	All responses to complaints are from the Chief Executive Officer Monthly reporting will continue through the Quality Governance Committee and also Quarterly through the Integrated Governance report.

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National Institute of Clinical Excellence (NICE)

Target from the 2011-2012 Quality Report	In Response To Comments From External Stakeholders: Compliments and Complaints
What we achieved this year	The Trust has reviewed all NICE Guidelines that have been published by the National Institute of Health and Clinical Excellence (NICE). We have increased the number of guidelines that we are fully compliant with and are working with commissioners to identify requirements within NICE Guidelines where we are not currently commissioned to provide a service. We have incorporated new services (Universal Children's Services) into the process of review and monitoring.
What we did not achieve this year	We are not fully compliant with all the requirements of all NICE guidelines that are relevant to the Trust.
How we will go the extra mile in 13/14	We will increase the number of NICE Guidelines we are fully compliant with. We will also review compliance with those guidelines we have previous assessed as being fully compliant with.
How we have and will continue to monitor and report	There is an established process, through the Trust Quality Governance Committee, whereby the new and revised NICE guidelines and Quality Standards are screened for relevance and are allocated to appropriate services and individuals to complete a gap analysis. This identifies what actions we need to take to comply with the guidelines or quality standards. There are regular updates to the Quality Governance Committee on progress towards full compliance with the NICE Guidelines.

Never Events
What we achieved this year
There have been no Never Events in the Trust during 2012-13.

3.1.6   The following tables detail the community and inpatient surveys conducted each year by the Trust designated survey provider. These have been benchmarked against the national results where available.

Scores out of 10 for particular sections (using scores from several questions) in the 2012 National Community Survey for Derbyshire Healthcare NHS Foundation Trust.

Section	Trust Score	Lowest Score from all Trusts	Highest Score from all Trusts
Health and Social Care Workers	8.4	8.2	9.1
Medications	6.9	6.3	7.8
Talking Therapies	6.4	6.1	8.0
Care Co-ordinator	8.4	7.9	8.8
Care Plan	7.2	6.3	7.5
Care Review	7.5	6.8	7.9

Section	Trust Score	Lowest Score from all Trusts	Highest Score from all Trusts
Crisis Care	Insufficient responses	5.5	7.2
Day to Day Living	5.5	4.9	6.5
Overall	6.8	6.1	7.5
Three Questions where the Trust compares positively when benchmarked.			
Can you contact your Care Co-ordinator (or lead professional) if you have a problem?	8.8	8.0	8.9
Do you think your views were taken into account when deciding what was in your NHS care plan?	7.7	6.3	7.9
Has anyone in NHS mental health services ever asked you about your alcohol intake?	7.5	5.5	7.9
Three Questions where the Trust compares negatively when benchmarked.			
Did you find the NHS talking therapy you received in the last 12 months helpful?	6.4	6.1	8.0
In the last 12 months, have you received support in getting help with your care responsibilities?	3.5	3.5	5.8
In the last 12 months, have you received support in getting help with finding or keeping work?	4.7	3.8	7.2

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It is disappointing that the overall results of our survey are not what we would expect if the patient experience were paramount to everything we do.

There are 8 sections to the survey. We have demonstrated an improved position in 5 areas – medication, care planning, elements of care co-ordination & reviews as well as some aspects of day to day living.

Our performance has not altered in 1(crisis care) & we have worsened in 5 areas; talking therapies, elements within care co-ordination & reviews, health & social care workers as well as some aspects of day to day living. The overall rating of care largely reflects national averages other than within providing help and support with accommodation, employment & financial needs where we are below average. We are also reporting a significantly higher than average score with regard to crisis care satisfaction.

In addition to this there is a 6% increase in patients rating the care they received from DHCFT as excellent and a 5% increase in patients stating that we involved family members as much as they would like which is a slightly above the national average rating.

Benchmarking for questions in the annual inpatient survey.

Section	Trust Score	Threshold for lowest 20% of Trust Scores	Threshold for highest 20% of Trust Scores
Three Questions where the Trust compares positively when benchmarked.			
Always given enough time to discuss condition and treatment with psychiatrist	57%	40%	51%
Always given enough privacy when discussing condition or treatment	66%	51%	65%
Have been contacted by MH team since discharge	90%	79%	89%
Three Questions where the Trust compares negatively when benchmarked.			
Always able to get specific dietary needs	25%	30%	50%
Received all the help needed from staff with home situation	20%	36%	56%
Told completely about the side effects of the medication	17%	22%	32%

There are 7 sections to the survey. We have demonstrated an improved position in some aspects of 5 areas. It is particularly pleasing to note the improved position in respect to discharge planning.

Our performance has not altered in some aspects of 6 areas & we have worsened in elements of 4 areas. Most noticeable is our poor performance in Care & Treatment (made up of several questions within the Inpatient Survey).

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3.2 Progress against selected quality indicators in 2012-13

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.

Trust Performance Dashboard	Target	March 2012 Baseline	End of Year Achievement March 2013
Monitor Targets			
CPA 7 Day Follow Up	95.0%	98.94%	99.03%
CPA Review in last 12 Months	95.0%	96.53%	98.46%
Delayed Transfers of Care	6.8%	1.33%	0.50%
Data Completeness: Identifiers	99.0%	99.63%	99.71%
Data Completeness: Outcomes	90.0%	98.09%	98.08%
Crisis Gate Keeping	95.0%	98.97%	99.04%
Early Interventions New Caseloads	95.0%	114.60%	108.00%
CQUIN Payment Framework			
Still Breastfeeding at 6-8 weeks	65.0%	77.90%	70.50%
NHS Outcomes Framework (Locally Agreed)			
CPA HoNOS Assessment in last 12 Months	90.0%	94.06%	93.82%
CPA In Paid Employment	8.0%	10.96%	11.49%
CPA Employment Status	90.0%	99.89%	100.00%
CPA Settled Accommodation	90.0%	99.95%	100.00%
Consultant Outpatient Appointments Trust Cancellations	4.0%	2.25%	3.19%
Consultant Outpatient Appointments DNAs	15.0%	15.70%	14.68%
Under 18 Admissions To Adult Inpatient Facilities	0.0	1.0	4.0
Data Completeness: Identifiers	99.0%	99.06%	99.43%
Median Length of stay (All Inpatients)	48.0	36.0	42.0
Mixed Sex Accommodation Breaches	0.0	0.0	0.0
Data Completeness: Outcomes	90.0%	97.52%	97.60%

Trust Performance Dashboard	Target	March 2012 Baseline	End of Year Achievement March 2013
Schedule 3 Contract (Locally Agreed)			
Early Interventions New Caseloads	126.0%	157.0%	148.0%
CPA 7 Day Follow Up	95.0%	98.94%	99.03%
Crisis Gatekeeping	95.0%	98.97%	99.04%
CPA Review in Last 12 months	90.0%	94.48%	94.09%
Patients Clustered not Breaching Today	100.0%	85.14%	86.67%
Discharge Letters sent in 5 working days	90.0%	N/A	57.80%
Discharge Letters sent in 10 working days	100.0%	N/A	82.54%
Outpatient Letters sent in 10 working days	90.0%	N/A	70.06%
Outpatient Letters sent in 15 working days	100.0%	N/A	86.41%
Complex Needs: Assertive Outreach Clinician Caseload	12.0	10.9	N/A
Delayed Transfers of Care	6.8%	0.95%	0.26%
Delayed Transfers of Care - Rehab	6.8%	0.00%	0.00%
Deputy Care Co-ordinator Assignment	90.0%	58.4%	*98.6%
18 Weeks RTT Median - Incomplete	tbc	4.4	4.7
18 Weeks RTT Median - Non-Admitted	tbc	6.6	6.3
18 Week RTT Less Than 18 weeks - Incomplete	92.0%	96.4%	96.33%
18 Week RTT Less Than 18 weeks - Non-Admitted	95.0%	96.81%	96.08%
C. Difficile New Cases (In-Patient)	<10	3	2
MRSA New Cases (In-Patient)	<5	0	0

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Comments on performance

General Performance of the Trust during 2012-13 has continued to be good with 32 of the 38 indicators exceeding the target level. A Data Quality Strategy based on active monitoring and exception reporting supports the Trust in maintaining these levels. There are however six areas (four of which concern letters) where the Trust are focused on improving our performance or where due to exceptional circumstances. These are specifically examined below;

Under 18 admissions: All 4 admissions were appropriately reported and investigated. All were found to have been necessary, appropriate interventions to maintain the safety of the service users.

PbR clustering: An increasing number of people seen only for memory assessment are negatively impacting on the overall clustering position by around 6%. IM&T and the Head of Payment by Results are working on a solution which will exclude these patients from the reports.

Letters: The Trust continues to experience significant process and staffing issues, pending modernisation of the process. The consultants have now approved the purchase of the preferred digital dictation system which will be purchased and rolled out imminently, starting with the most problematic areas.

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 2012-13 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.

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Target or Indicator	Target	Average 2012/2013	Achieved/Not Achieved
Monitor Targets			
Maximum time of 18 weeks from point of referral to treatment in aggregate, non admitted patients	95.00%	98.21%	Achieved
Maximum time of 18 weeks from point of referral to treatment in aggregate, patients on incomplete pathways	92.00%	97.79%	Achieved
Community care date completeness - referral to treatment information completeness	50.00%	60.07%	Achieved
Community care date completeness - referral information completeness	50.00%	67.33%	Achieved
Community care date completeness - activity information completeness	50.00%	66.12%	Achieved
Community care date completeness - patient identifier information completeness	TBC	75.64%	N/A
Care Programme Approach (CPA) patients receiving follow up contact within 7 days of discharge	95.00%	98.88%	Achieved
Care Programme Approach (CPA) patients having formal review within 12 months	95.00%	98.58%	Achieved
Minimising MH delayed transfers of care	≤7.5%	0.47%	Achieved
Admissions to inpatient services had access to crisis resolution/home treatment teams	95.00%	99.05%	Achieved
Meeting commitment to serve new psychosis cases by early intervention teams	95.00%	109.78%	Achieved
Data completeness, MH: identifiers	97.00%	99.82%	Achieved
Data completeness, MH: outcomes for patients on CPA	50.00%	98.47%	Achieved
Recovery following completion of psychological therapy	TBC	54.30%	N/A
30 day emergency readmissions	TBC	6.50	N/A
Newly acquired pressure ulcers	TBC	0.00	N/A
Medication errors causing serious harm	TBC	0	N/A
Introduced in Q3 - New non scoring shadow indicator			

Progress this year has been strong with many indicators exceeding the target set. 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.

Annex Statements from Commissioners, Local Healthwatch Organisations and Overview and Scrutiny Committees.

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:

Hardwick Clinical Commissioning Group offered the following statement about the initial draft of our Quality Account:

Hardwick Clinical Commissioning Group
Quality Account 2012-13
Derbyshire Healthcare NHS Foundation Trust
General Comments
The Derbyshire Healthcare NHS Foundation Trust (the Trust) Quality Account 2012-13 broadly reflects the information received by Hardwick Health Clinical Commissioning Group (the CCG), the co-ordinating commissioner, through its contract and quality monitoring arrangements.

Measuring & Improving Performance
The CCG continues to monitor the performance of the Quality Schedules contained in the Contract with the Trust.

The Trust has outlined a range of quality improvement targets for the forthcoming years that ensure the trust will stretch itself beyond 13/14.

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).

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The priorities outlined in the account for 2013/14 are spread across the three main areas of quality – patient experience, patient safety and effectiveness and reflect the broader portfolio of services provided by the Trust. Services for children are now commissioned by the CCG for Derby City residents

The CCG particularly welcomes the opening of the Centre for Research and Development and the focus that it will have, through the Centres for Excellence on compassion, suicide, dementia and recovery. We fully support this initiative and look forward to the improvements in service user care that it will bring in the future.

The CCG has been involved in the Quality Visit Programme and are impressed with the board to ward interface and the improvement made as illustrated in the Quality Account.

Additional Comments

We would ask the Trust to consider in the next quality account the following:-
- ➲ To provide where possible benchmarking data to show the public how performance compares with other providers of similar services.
- ➲ Ensuring that quality account is able to tell the quality story for the full portfolio of services and that future quality priorities reflect the range of services offered by the Trust.

Jim Connolly
Chief Nurse Hardwick CCG

Derbyshire County Council's Adult Health and Care Improvement and Scrutiny Committee wrote the following letter to Paul Lumsdon, Chief Nurse and Director of Nursing and Quality.

15 August 2013

Dear Paul,

RE: Derbyshire Healthcare NHS Foundation Trust Quality Accounts 2012-13

I am writing on behalf of Councillor Gill Farrington, Chairman of the Improvement and Scrutiny Committee-People.

Thank you for sending a copy of the Trust's draft Quality Account 2012-13 for the Committee to comment on. Unfortunately, the Committee will not be able to provide a comment to the Trust for inclusion in this year's Quality Account. This is due to the Council being in a pre-election period ahead of the 2nd May County Elections and as such there are no meetings of the Committee scheduled before Monitor's deadline of 30th April.

Yours sincerely,

Graham Spencer
Improvement and Scrutiny Officer

EC: Councillor Gill Farrington, Chairman, Improvement and Scrutiny Committee-People Derby City Councils Overview and Scrutiny Board

The Adults and Public Health Overview and Scrutiny Board has a wide remit which can affect amount of time it can devote some items and affect the depth of scrutiny. However, the APH Board has looked at options for tier 4 psychotherapy services and was also due to consider a presentation on substance misuse but due to unforeseen circumstance this item had to be withdrawn. The Board recently received a detailed presentation on the Trust's strategy 'Improving Lives, Strengthening

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Communities, Getting Better Together'. This was well received by the Board who felt the Trust is travelling in the right direction. The board advocated an integrated approach across agencies for the improvement in dementia care.

Healthwatch Derbyshire offered the following statement about the initial draft of our quality account

In their Quality Account for 2012-13 Derbyshire Healthcare NHS Foundation Trust set out their quality improvement priorities for 2013/14 as Patient Experience (patient involvement in Care Plans), Patient Experience (Friends and Family test), Effectiveness (establishing a Research and Development Centre), Effectiveness (care of patients' physical health) and Patient Safety. These are clearly of utmost importance and welcomed by Healthwatch Derbyshire (HWD), especially in light of the recently published final report by Robert Francis QC in to the systemic failings at Mid Staffordshire NHS Foundation Trust.

Having received a non-compliance from the CQC against care plans in terms of record keeping, Healthwatch Derbyshire welcomes this as a priority. Through our own engagement activities HWD have recorded verbatim comments from service receivers regarding their care plans. These comments include a lack of awareness that a care plan exists, that they weren't involved in their care plans, their care plans were not being adhered to or that they were even out of date.

Healthwatch Derbyshire is pleased to share such comments with the Trust through our formal reports and intelligence gathering mechanisms.

It is refreshing that the Trust is open about negative elements of their service delivery and report openly ……………

In terms of patient experience the Trust outlines plans to extend the Friends and Family test (Golden Question) and firmly embed the "you said; we did" model into patient experience. This illustrates that the Trust is truly 'listening' to comments, in a non-defensive way, and consequently embracing the opportunity to consistently improve services across the whole of the County.

Healthwatch Derbyshire thoroughly supports the Listening First events established to gain the views of staff, patients and the public alike. This approach was initially developed to ensure a fully informed response could be provided by the Trust to the Francis Report. Comments received also serve to help the Trust in the planning of future improvements in the quality of care. Healthwatch Derbyshire is pleased to learn that this approach is now being established as a 'listening cycle' throughout the year.

We strongly encourage the Trust to take full advantage of the whole range of patient feedback that is available. Not least, the soft intelligence gathered independently formally by Derbyshire LINk, and now Healthwatch Derbyshire.

Finally, Healthwatch Derbyshire fully commends the Trust on their visible leadership approach. This is obviously something that the Chief Executive is championing the cause of by leading by example!

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.

Annex: 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 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 2012-13;
- 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 2012 to June 2013
  - Papers relating to Quality reported to the Board over the period April 2012 to June 2013
  - Feedback from the commissioners dated 26/03/2013
  - Feedback from governors dated 23/04/2013
  - Feedback from Local Healthwatch organisations dated 18/04/2013 (Derbyshire County) and no response has been received from Derby City
  - The trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 27/03/2013
  - The [latest] national patient survey 13/09/2012
  - The [latest] national staff survey 28/02/2013
  - The Head of Internal Audit's annual opinion over the trust's control environment dated 29/05/2013
  - CQC quality and risk profiles dated April 2012-March 2013.

- 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

29.05.2013   Chairman
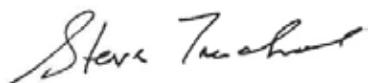
29.05.2013   Chief Executive

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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 trusts 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 on-going process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Derbyshire Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Derbyshire Healthcare NHS Foundation Trust for the year ended 31 March 2013 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 Board of Directors.

- There is a Board endorsed Integrated Governance Strategy which defines the organisational structures in place for the management and ownership of risk, including the responsibilities of Executive Directors for implementing the strategy. This is supported by a range of policies and procedures, including the 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 Leadership Team, 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 a range of compulsory and role specific training as detailed in the Training Framework. Training is supported by procedural guidance, direction from specialist staff and all include examples of learning from best practice.

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.

On an annual basis the Board conducts a review of the effectiveness of the trusts systems of internal control, covering all material controls, including financial, clinical, operational and compliance controls and risk management systems, as part of its review of the Quality Governance structure. This requirement is outlined in The Foundation Trust Code of Governance issued by MONITOR.

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

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- 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 – single electronic register incorporating all operational and strategic risks
- Board Assurance Framework – details key risks and mitigation to achieving Trusts strategic objectives. Includes the nature and extent of significant risks the Board is willing to take in achieving its strategic objectives (risk appetite).
- Incident reporting – openly encouraged and supported by an online incident reporting form, accessible to all staff
- Incident investigation – robust systems for reporting and investigating incidents to identify areas for organisational learning and good practice
- Public stakeholders are involved in the management of risks which may impact on them via the Trust commitment to the Strategic Commissioning Group, 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. 'Practice Matters' and 'Learning the Lessons from Information Governance Incidents' newsletters used to communicate good practice and actions that have been taken throughout the organisation
- Strategic approach to risk based audit planning, which addresses 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.

Identified major risks in year, as at 31 March 2013
- Risk of not delivering financial plan for 13/14, if insufficient planning during 12/13

Future risks will be identified through the development of the Board Assurance Framework for 2013/14. Individual risks to the achievement of the trust strategic objectives will be detailed together with controls and mitigations as part of the dynamic process of identification and review of risks. The Board Assurance Framework will continue to be reported through the Trusts governance committee structure on a regular basis.

During 2012-13 an online risk reporting system has been introduced allowing operational and strategic risks to be identified and monitored systematically by all Wards/Teams, Divisions and Corporately, allowing more timely escalation and mitigation 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 (joint Trust and commissioning groups) 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 Clinical Audit Programmes aligned to the Board Assurance Framework.

The Trust has in place the following arrangements to manage Information Governance risks:
- A Senior Information Risk Owner at Board Level
- Annually completed Information Governance Toolkit, with reported outcomes to the Audit Committee and Board of Directors
- Risks related to Information Governance reviewed by the Executive Director Lead and the Information Governance Committee

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- High uptake of information governance compulsory training
- Information governance incidents reviewed monthly by the Information Governance Group and quarterly 'Learning the Lessons' Bulletins issued to staff.

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 received an unannounced visit from the Care Quality Commission in Q4 12/13. 3 out of 11 teams visited were found to be non-compliant with 2 of the essential standards for quality and safety. The concerns had a minor impact on healthcare provision in those 3 areas. The Trust has completed an action plan to the CQC together with dates for each action to be completed. The actions continue to be implemented in line with the action plan with an overall completion date of Aug 2013. The Trust continues to be registered 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. Key quality indicators are reported monthly to the Board, with a focus on exceptions. Self-assessment against the essential standards of quality and safety is routinely completed. Executive members of the Board of Directors carry out unannounced Care Standards visits to wards and team as a further method of assuring compliance with the CGC requirements. The Trusts is an active member of the East Midlands Registration Benchmarking Forum.

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. Equality Impact Assessments (EIA's) are integrated into Trust core business and are complete on all transformational change projects throughout the projects journey and scrutinised by Board of Directors on a quarterly basis. A strong Project Assurance Office supports this process.

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

The Board of Directors 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.

Under the chairmanship of the Medical Director the Quality Governance Committee has taken the lead on Trust wide quality performance, focussing at its monthly meetings on driving continuous improvement, achievement of clinical standards and dissemination of best practice.

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In parallel the Risk Management Committee has overseen the Trusts Risk Management systems and processes, ensuring they are dynamic and robust, with regard to both corporate and clinical risk. The Board Assurance Framework is the principal tool whereby the committee has provided assurance to the Trust board that risks are managed and mitigated in line with the board objectives.

Reporting through the Executive Leadership Team to the board, both Committees have comprised non-Executive Directors in their membership to provide independent challenge.

During 2012-13 the Trust undertook several specific assessments of value for money including a review of the PFI arrangements and an independent value for money review of our support services.

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 against the Risk Management Standards.

Annual 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 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.

The Trust are having due regard to a report provided by out external Auditors, Grant Thornton, regarding the benchmarking of our annual report against other Trusts.

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. The Annual Report is subject to review by our External Auditors.

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 and quality governance committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

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The Board 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 visits from the CQC.

The following gaps in control are shown in the 2012-13 Board Assurance Framework. These gaps relate to areas that the Trust identifies as having insufficient systems/processes in place to ensure objectives are being met. They are as follows: Gaps in the delivery of care in line with care plans; Insufficiently recorded clinical risk assessments; Insufficient maintenance of accurate and appropriate clinical records; A culture whereby a small proportion of staff do not follow policies; Lack of a fully implemented engagement strategy; Lack of a talent management framework linked to leadership programmes; Insufficient succession planning for senior clinicians and managers.

Where gaps in control were identified they were then managed by the risk and control framework described earlier

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

The Board of Directors:

- 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.

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Internal Audit:-

➲ **The Internal Audit Annual Report 12/13** provided by PwC includes the Head of Internal Audit's annual Opinion (HoIA). The overall opinion is that:
There is a generally sound system of internal control, designed to meet the organisation's objectives, and that controls are generally being applied consistently. However, some weaknesses in the design and / or inconsistent application of controls, puts the achievement of particular objectives at risk.
Using the terminology set out in the Department of Health guidance to Heads of Internal Audit, this opinion would equate to "Significant Assurance".

➲ In addition, one of the audits undertaken as part of the annual audit plan, the Risk Management and Governance Review (Feb 12) aimed to understand and evaluate the risk management and governance processes in place in the Trust. The review concluded that overall "the processes in place in the Trust are well designed and are working effectively". The overall report classification was Low Risk.

External Audit:-

➲ The Trusts External Auditors, Grant Thornton, 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 objectives and that control issues have been or are being addressed.

Signed

Steve Trenchard

Steve Trenchard
Chief Executive

Derbyshire Healthcare
NHS Foundation Trust
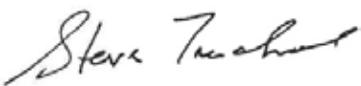
Annual Accounts for the year ending 31 March 2013

Statement of comprehensive income for the period ended 31 March 2013

	NOTE	2012-13 £000	2011-12 £000
Operating Income from continuing operations	4 & 5	**124,672**	118,083
Operating Expenses of continuing operations	7	**(121,259)**	(115,664)
OPERATING SURPLUS / (DEFICIT)		**3,413**	2,419
FINANCE COSTS			
Finance income	13	**25**	23
Finance expense - financial liabilities	15	**(1,938)**	(1,744)
Finance expense - unwinding of discount on provisions		**(68)**	(66)
PDC Dividends payable		**(1,036)**	(1,128)
NET FINANCE COSTS		**(3,017)**	(2,915)
SURPLUS/(DEFICIT) FOR THE YEAR		**396**	(496)
Surplus/(deficit) of discontinued operations and then gain/(loss) on disposal of discontinued operations		**0**	0
SURPLUS/(DEFICIT) FOR THE YEAR		**396**	(496)
Other comprehensive income*		**264**	1,898
TOTAL COMPREHENSIVE INCOME / (EXPENSE) FOR THE PERIOD		**660**	1,402
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.		**396**	496
TOTAL		**396**	496
(b) total comprehensive income/ (expense) for the period attributable to:			
(i) minority interest, and		**0**	0
(ii) owners of the parent.		**660**	1,402
TOTAL		**660**	1,402

All Operations are continuing.
*Other Comprehensive income is the revaluation on non-current assets and has been charged to the revaluation reserve.
The notes on pages 7 to 52 form part of these accounts

Statement of financial position as at 31 March 2013

	NOTE	31 March 2013 £000	31 March 2012 £000
Non-current assets			
Intangible assets	17	**2,216**	991
Property, plant and equipment	16	**69,109**	68,938
Trade and other receivables	21	**1,095**	867
Total non-current assets		**72,420**	70,796
Current assets			
Inventories	20	**187**	174
Trade and other receivables	21	**3,018**	2,383
Non-current assets for sale and assets in disposal groups	25	**261**	350
Cash and cash equivalents	24	**7,416**	7,192
Total current assets		**10,882**	10,099
Current liabilities			
Trade and other payables	26	**(8,632)**	(7,258)
Borrowings	27	**(735)**	(640)
Provisions	35	**(1,578)**	(1,714)
Tax payable	26	**(878)**	(906)
Other liabilities	28	**(747)**	(1,120)
Total current liabilities		**(12,570)**	(11,638)
Total assets less current liabilities		**70,732**	69,257
Non-current liabilities			
Borrowings	27	**(31,051)**	(30,448)
Provisions	35	**(2,473)**	(2,261)
Total non-current liabilities		**(33,524)**	(32,709)
Total assets employed		**37,208**	36,548
Financed by (taxpayers' equity)			
Public Dividend Capital		**16,085**	15,953
Revaluation reserve		**15,568**	15,698
Other reserves		**8,680**	8,680
Merger reserve		**0**	0
Income and expenditure reserve		**(3,125)**	(3,783)
Total taxpayers' equity		**37,208**	36,548

The notes on pages 7 - 52 form part of these accounts.
The financial statements on pages 1-6 were approved by the Board on 29th May 2013 and signed on its behalf by:
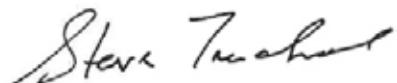
Signed: *[signature]* (Chief Executive)

Statement of changes in taxpayers equity for the period ended 31 March 2013

Period ended 31 March 2013	Total	Public Dividend Capital	Revaluation Reserve	Other Reserves	Income and Expenditure Reserve
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2012	36,548	15,953	15,698	8,680	(3,783)
Surplus/(deficit) for the year	396	0	0	0	396
Transfer between reserves	0	132	(340)	0	208
Impairments	(489)	0	(489)	0	0
Revaluations	755	0	755	0	0
Asset Disposals	0	0	(47)	0	47
Public Dividend Capital Received	0	0	0	0	0
Other Reserve Movements	(2)	0	(9)	0	7
Taxpayers Equity at 31 March 2013	37,208	16,085	15,568	8,680	(3,125)

Statement of changes in taxpayers equity for the period ended 31 March 2012

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
Revaluations	1,898	0	1,898	0	0
Asset Disposals	0	0	(846)	0	846
Other recognised gains and losses	0	0	(77)	0	77
Taxpayers Equity at 31 March 2012	36,548	15,953	15,698	8,680	(3,783)

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 2013

	NOTE	2012-13 £000	2011-12 £000
Cash flows from operating activities			
Operating surplus/(deficit) from continuing operations		**3,413**	2,419
Operating surplus / (deficit)		**3,413**	2,419
Non cash income and expense			
Depreciation and amortisation		**2,668**	2,637
Impairments		**2,551**	1,692
Reversals of Impairments		**(1,463)**	0
Losses on asset disposals		**54**	0
Interest and Dividend Accrued –not paid		**(381)**	0
(Increase)/decrease in trade and other receivables		**(863)**	181
(Increase)/decrease in inventories		**(13)**	2
Increase/(decrease) in trade and other payables		**749**	(770)
Increase/(decrease) in other current liabilities		**365**	185
Increase/(decrease) in provisions		**(7)**	1,153
NET CASH GENERATED (USED IN) OPERATIONS		**7,073**	7,499
Cash flows from investing activities			
Interest received		**25**	23
Purchase of intangible assets		**(764)**	(886)
Purchase of Property, Plant and Equipment		**(2,984)**	(2,127)
Sales of Property, Plant and Equipment		**429**	1,250
Net cash generated (used in) investing activities		**(3,294)**	(1,740)
Cash flows from financing activities			
Public dividend capital received		**0**	0
Capital element of Private Finance Initiative Obligations		**(797)**	(639)
Interest element of Private Finance Initiative Obligations		**(1,801)**	(1,744)
PDC Dividend paid		**(957)**	(1,128)
Net Cash generated from (used in) financing activities		**(3,555)**	(3,511)
Net increase/(decrease) in cash and cash equivalents		**224**	2,248
Cash and Cash equivalents at 1 April		**7,192**	4,944
Cash and Cash equivalents at start of period for new FTs		**0**	0
Cash and Cash equivalents at 31 March	24	**7,416**	7,192

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 2012-13 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.

Notes to the accounts

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" and where assets have been 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.

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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 form 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. In 2012-13 the district valuer was commissioned to undertake a desktop review of Properties, which is where they index the properties using local market factors.

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

Notes to the accounts

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".

Notes to the accounts

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

Donated 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".

Notes to the accounts

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.

Notes to the accounts

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.

Notes to the accounts

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 nonfinancial 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 which 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

Notes to the accounts

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 2.35% (2011/12: 2.8%) 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.

Notes to the accounts

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 ongoing 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.

Notes to the 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.

Notes to the accounts

1.27 Accounting Standards that have been issued and have not yet been adopted

The Treasury FReM does not require the following standards and interpretations to be applied in 2012-13. The application of the standards as revised would not have a material impact on the accounts for 2012-13, were they applied in that year:

IAS 27 Separate Financial Statements
IAS 28 Investments in Associates and Joint Ventures
IFRS 9 Financial Instruments
IFRS 10 Consolidated Financial Statements
IFRS 11 Joint Arrangements
IFRS 12 Disclosure of Interests in Other Entities
IFRS 13 Fair Value Measurement
IPSAS 32 Service Concession Arrangement

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 £113,275k, including £102,026k from Primary Care Trusts.

The Trust generated over 10% of income from the following organisations

	2012/13
	£000
Derbyshire County PCT	64,750
Derby City PCT	43,206
Leicester County and Rutland PCT	3,798

3. Income generation activities

Section 43(2A) of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) requires that the income from the provision of goods and services for the purposes of the health service in England must be greater than its income from the provision of goods and services for any other purposes.

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.

4.1 Income from patient care activities (by type)	2012-13	2011-12
	£000	£000
Strategic health authorities	0	0
NHS trusts	0	0
Primary care trusts	112,193	108,816
Foundation trusts	174	0
Local authorities	389	371
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	519	324
	113,275	109,511

4.2 Income from patient care activities (class)	2012-13	2011-12
	£000	£000
Cost and Volume Contract income	7,021	6,697
Block Contract income	102,026	96,915
Clinical Partnerships providing mandatory services (including S31 agreements)		
Clinical income for the Secondary Commissioning of mandatory services	0	0
Other clinical income from mandatory services	4,228	5,899
Private patient income	0	0
Other non-protected clinical income	0	0
	113,275	109,511

Notes to the accounts

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

The statutory limitation on private patient income in section 44 of the 2006 Act was repealed with effect from 1 October 2012 by the Health and Social Care Act 2012. The financial statements disclosures that were provided previously are no-longer required.

5. Other operating income	2012-13	2011-12
	£000	£000
Research and development	65	173
Education and training	3,339	3,136
Staff Costs	2,182	2,032
Reversal of Impairment	1,463	0
Other	4,348	3,231
	11,397	8,572
Other revenue includes:		
Income to support specific projects	0	0
Estates recharges	579	387
PFI Land Contract	242	0
PCT Facilities Contract	439	0
Employee lease car contributions	0	393
Catering	156	161
Property Rentals	43	26
Pharmacy Sales	993	350
Other various income elements	1,896	1,914
	4,348	3,231

The items included in the £1.9m "other various income elements" differ in nature.

6. Income	2012-13	2011-12
	£000	£000
From rendering of services	124,672	118,083
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:	2012-13	2011-12
	£000	£000
Services from NHS Foundation Trusts	3,112	3,470
Services from other NHS Bodies	1,247	805
Services from PCTs	2	151
Purchase of healthcare from non NHS bodies	2,827	1,222
Employee Expenses - Executive directors	909	909
Employee Expenses - Non-executive directors	123	130
Employee Expenses - Staff	89,250	87,752
Drug costs	2,482	1,982
Supplies and services - clinical (excluding drug costs)	343	239
Supplies and services - general	877	757
Establishment	2,242	1,245
Transport	721	424
Premises	5,737	3,275
Rentals from Operating Leases	2,038	2,335
Increase / (decrease) Provision	338	18
Depreciation on property, plant and equipment	2,372	2,343
Amortisation of intangible assets	296	293
Impairments of property, plant and equipment	2,310	199
Impairments of Intangibles	0	314
Impairments of Assets Held for Sale	241	1,179
Audit services- statutory audit	48	57
Other auditors remuneration - Internal Audit	74	124
Other auditors remuneration - Other	0	67
Clinical Negligence Costs	333	243
Legal fees	182	291
Loss on Sale of Assets	54	30
Consultancy costs	733	371
Training, courses and conferences	740	474
Patient travel	20	17
Car parking & Security	24	25
Redundancy	557	2,196
Early Retirements	0	123
Hospitality	7	6
Insurance	31	0
Other services, eg external payroll	371	346
Losses, ex gratia & special payments	4	132
Other	614	1,120
	121,259	115,664

Notes to the accounts

7. Operating expenses comprise:	2012-13	2011-12
	£000	£000
Other includes:		
PFI Operating Costs	0	834
Changes in Provisions	0	192
Patient Expenses	27	35
Donations	20	21
Research Expenditure	40	0
Secure Patients Transfer	37	0
Other	490	38
	614	1,120

8.   Operating leases

8.1   As lessee

Operating lease commitments relate to properties rented by the Trust and also leased car arrangements.

Payments recognised as an expense	2012-13	2011-12
	£000	£000
Minimum lease payments	2,038	2,335
Contingent rents	0	0
Sub-lease payments	0	0
	2,038	2,335

The figures above include lease car payment and are reflected gross, however during the period the Trust has received employee contributions equating to £387k (2011-12 £393k).

Total future minimum lease payments		2012-13				2011-12
	Buildings	Land	Other	Total		Total
	£000	£000	£000	£000		£000
Payable:						
Not later than one year	1,264	0	561	1,825		1,921
Between one and five years	4,356	0	432	4,788		5,099
After 5 years	17,245	0	0	17,245		18,196
Total	22,865	0	993	23,858		25,216

Total future sublease payments expected to be received: £nil

Notes to the accounts

8.2   As lessor

The Trust does not have any operating lease arrangements relating to property that the Trust owns and leases to a third party.

9.   Employee costs and numbers

9.1 Employee costs	2012-13			2011-12		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	69,376	67,576	1,800	68,396	68,396	0
Social security costs	5,106	4,788	318	5,122	4,836	286
Employer contributions to NHS Pension scheme	8,842	8,292	550	8,792	8,308	484
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	7,621	0	7,621	7,080	0	7080
Termination benefits	549	549	0	2,445	2,445	0
Employee benefits expense	**91,494**	**81,205**	**10,289**	91,785	83,985	7,850
Of the total above:						
Charged to capital	786			682		
Employee benefits charged to revenue	90,708			91,103		
	91,494			91,785		

There have been 4 cases of early retirements due to ill health in year at a value of £298k (2011-12 – 4 cases at £420k).

Notes to the accounts

9.2 Average number of people employed	2012-13			2011-12		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	Number	Number	Number	Number	Number	Number
Medical and dental	135	135	0	128	128	0
Ambulance staff	0	0	0	0	0	0
Administration and estates	477	477	0	479	479	0
Healthcare assistants and other support staff	436	436	0	347	347	0
Nursing, midwifery and health visiting staff	800	800	0	868	868	0
Nursing, midwifery and health visiting learners	0	0	0	0	0	0
Scientific, therapeutic and technical staff	219	219	0	222	222	0
Social care staff	2	2	0	1	1	0
Other	225	0	225	201	0	201
Total	**2,294**	**2,069**	**225**	2,246	2,045	201
Of the above:						
Number of whole time equivalent staff engaged on capital projects	**13**			14		

9.3   Management Costs

9.3 Management Costs	2012-13	2011-12
	£000	£000
Management costs	7,636	7,637
Income	124,540	118,083
Management costs as a percentage of total Trust income is	6.13%	6.47%

9.4   Directors' remuneration and other benefits

The aggregate of remuneration and other benefits receivable by directors from 1st April 2012 to 31st March 2013 is £1,033k (2011-12 £1,039k).

Included in the above costs are employer pension contributions of £105k (2011-12 £120k)

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 pensions scheme. Ill-health retirement costs are met by the NHS pensions 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.

Notes to the accounts

Reporting of other compensation schemes - exit packages 2012-13								
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	1	10	0	0	1	10	1	8
£10,001 - £25,000	0	0	0	0	0	0	0	0
£25,001 - £50,000	3	127	0	0	3	127	0	0
£50,001 - £100,000	4	345	1	67	5	412	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
Total	8	482	1	67	9	549	1	8

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
	26	1,126	44	1,319	70	2,445	4	125

Notes to the accounts

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 2012, the employee contributions are on a tiered scale from 5% up to 10.3% 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.

Notes to the accounts

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.

Notes to the accounts

11.   Better Payment Practice Code

	31 March 2012		31 March 2012	
	Number	**£000**	**Number**	**£000**
Total Non-NHS trade invoices paid in the year	**18,978**	**22,858**	19,445	23,458
Total Non NHS trade invoices paid within target	**17,947**	**22,006**	18,585	22,142
Percentage of Non-NHS trade invoices paid within target	**95%**	**96%**	96%	94%
Total NHS trade invoices paid in the year	**1,107**	**13,187**	1,360	13,365
Total NHS trade invoices paid within target	**952**	**11,042**	1,169	11,315
Percentage of NHS trade invoices paid within target	**86%**	**84%**	86%	85%

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 £25k (2011-12 £23k).

14.   Other gains and losses

The Trust made no other gains or losses during the period of account.

15.   Finance costs

	2012-13	2011-12
	£000	**£000**
Finance Lease Interest	**132**	0
Interest on obligations under PFI contracts:		
main finance cost	**1,101**	1,222
contingent finance cost	**705**	522
Total interest expense	**1,806**	1,744
Other finance costs	**0**	0
Total	**1,806**	1,744

Notes to the accounts

16.   Property, plant and equipment

2012-2013	Land	Building excluding dwellings	Assets under construction and payments on account	Plant & Machinery	Transport & Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 31 March 2012	12,630	59,361	1,006	2,029	251	9,775	2,002	87,054
Prior Year Adjustment[1]	0	(3,403)	0	0	0	0	0	(3,403)
Additions purchased	0	1,141	1,735	0	0	298	25	3,199
Additions Leased	0	1,375	0	0	0	0	0	1,375
Impairments	0	(489)	0	0	0	0	0	(489)
Reclassifications	0	69	(1,004)	27	0	65	86	(757)
Revaluations	0	755	0	0	0	0	0	755
Transferred to disposal group as asset held for sale	(240)	(453)	0	0	0	0	0	(693)
Disposals	0	(85)	0	(300)	0	(2,375)	(186)	(2,946)
Gross cost at 31 March 2013	12,390	58,271	1,737	1,756	251	7,763	1,927	84,095
Depreciation at 31 March 2012	0	6,722	35	1,220	183	8,916	1,040	18,116
Prior Year Adjustment	0	(3,403)	0	0	0	0	0	(3,403)
Provided during the year	0	1,679	0	152	15	338	188	2,372
Impairments	0	2,082	205	16	0	0	7	2,310
Reclassifications	0	0	0	0	0	0	0	0
Revaluation surpluses	0	0	0	0	0	0	0	0
Reversal of Impairments		(1,463)	0	0	0	0	0	(1,463)
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	0
Disposals	0	(85)	0	(300)	0	(2,375)	(186)	(2,946)
Depreciation at 31 March 2013	0	5,532	240	1,088	198	6,879	1,049	14,986
Net book value								
Owned	12,390	23,811	1,497	668	53	884	878	40,181
Finance lease	0	1,538	0	0	0	0	0	1,538
PFI	0	27,390	0	0	0	0	0	27,390
Total at 31 March 2013	12,390	52,739	1,497	668	53	884	878	69,109

Notes to the accounts

16.1   Revaluation reserve balance for property, plant & equipment

2012-2013	Land	Building excluding dwellings	Plant and machinery	Transport & Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000
At 31 March 2012	8,788	6,875	12	0	1	22	15,698
Movements[2]	(35)	(92)	(1)	0	0	(2)	(130)
At 31 March 2013	8,753	6,783	11	0	1	20	15,568

1   The prior year adjustment of £3,403k relates to the 2009/10 District Valuer's revaluation of land and buildings. The depreciation was not transferred to cost in the 2009/10 accounts which has led to the cost and depreciation figures in the note being overstated. The £3,403k adjustment corrects this error.
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. In addition to this there has been movement due to assets being de-recognised after an asset verification review. Buildings have been valued by the district valuer in year which has led to a decrease in the reserve.

Notes to the accounts

16.2   Property, plant and equipment

2011-2012	Land	Building excluding dwellings	Assets under construction and payments on account	Plant & Machinery	Transport & Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000	£000
Gross cost at 1 April 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
Depreciation at 1 April 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	2,343
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

Notes to the accounts

16.3   Revaluation reserve balance for property, plant & equipment

2012-2013	Land	Building excluding dwellings	Plant and machinery	Transport & Equipment	Information Technology	Furniture & Fittings	Total
	£000	£000	£000	£000	£000	£000	£000
At 1 April 2012	9,118	5,765	19	2	4	36	14,944
Movements[2]	(330)	1,110	(7)	(2)	(3)	(14)	754
At 31 March 2013	8,788	6,875	12	0	1	22	15,698

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.

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 31 March 2010 and provides the most up to date professional valuation data, localised for the Trust's estate.

All valuations have been carried out by the District Valuer. Valuations are based on modern equivalent asset approach.

Assets were indexed in 2011/12 which increased the value of buildings by £1,898k. These were based on BCIS indices supplied by the District Valuer for quarter 1 2012. During 2012-13 the District Valuer undertook a desktop review of assets which is where they apply an index to the properties based on their knowledge of the area, this led to an impairment of £1,998k, offset by a reversal of the 2009/10 impairment of £1,425k, some assets went up in value and this increased the revaluation reserve by £489k.

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	Max Life
	Years	Years
Buildings excluding dwellings	4	90
Dwellings	0	0
Assets under Construction & POA	5	90
Plant & Machinery	5	20
Transport Equipment	7	8
Information Technology	2	5
Furniture & Fittings	5	25

Notes to the accounts

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
Net book Value at 31/03/13	£000	£000	£000	£000	£000	£000	£000	£000
Protected assets	3,445	14,421	0	0	0	0	0	17,866
Non-protected assets	8,945	38,318	1,497	668	53	884	878	51,243
Total	12,390	52,739	1,497	668	53	884	878	69,109

17. Intangible assets

	Software Licences (Purchased)	Information Technology (internally generated)	Asset under Construction	Total
2012-13	£000	£000	£000	£000
Gross cost at 31 March 2012	134	2,276	0	2,410
Additions purchased	0	192	572	764
Additions donated	0	0	0	0
Impairments	0	0	0	0
Reclassifications	16	368	373	757
Revaluations	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0
Disposals	0	(109)	0	(109)
Gross cost at 31 March 2013	150	2,727	945	3,822
Amortisation at 31 March 2012	28	1,391	0	1,419
Provided during the year	27	269	0	296
Impairments	0	0	0	0
Reclassifications	0	0	0	0
Revaluation surpluses	0	0	0	0
Transferred to disposal group as asset held for sale	0	0	0	0
Disposals	0	(109)	0	(109)
Amortisation at 31 March 2013	55	1,551	0	1,606
Net book value				
Purchased	95	1,176	945	2,216
Finance lease	0	0	0	0
Donated	0	0	0	0
Total at 31 March 2013	95	1,176	945	2,216

Notes to the accounts

2011-12	Software Licences (Purchased)	Information Technology (Internally generated)	Total
	£000	£000	£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

All intangible assets both those internally developed and purchased have an economic life of five years.

Assets under construction (AUC) in the 2011-12 accounts were shown in the Property, Plant and Equipment AUC, any remainder of 2011-12 was reclassified in the 2012-13 note.

Notes to the accounts

18. Impairments

Impairments 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. In year there have been impairments of £1,577k, £1,088k have been charged to income and expenditure, the remaining £489k to the revaluation reverse.

	£000	£000
	2012-13	**2011-12**
Impairments for land & buildings classified as held for sale	**241**	1,179
Impairments for Property, Plant and Equipment	**2,799**	199
Reversal of Impairment on Property, Plant and Equipment	**(1,463)**	0
Impairments for Intangibles	**0**	314
	1,577	1,692

19. Commitments

19.1 Capital commitments

Contracted capital commitments at 31 March not otherwise included in these financial statements:

	31 March 2013	31 March 2012
	£000	**£000**
Property, plant and equipment	**276**	145
Intangible assets	**0**	6
Total	**276**	151

20. Inventories

20.1 Inventories

	31 March 2013	31 March 2012
	£000	**£000**
Finished goods	**187**	174
Total	**187**	174
Of which held at net realisable value:	**0**	0

20.2 Inventories recognised in expenses

	31 March 2013	31 March 2012
	£000	**£000**
Inventories recognised as an expense in the period	**2,490**	2,338
Write-down of inventories (including losses)	**0**	0
Reversal of write-downs that reduced the expense	**0**	0
Total	**2,490**	2,338

Notes to the accounts

21.   Trade and other receivables

21.1   Trade and other receivables

	Current	Non-current	Current	Non-current
	31 March 2013	31 March 2013	31 March 2012	31 March 2012
	£000	£000	£000	£000
NHS receivables-revenue	1,575	0	801	0
Related Party				
Receivables	143	0	216	0
Provision for the impairment of receivables	(122)	0	(89)	0
Prepayments and				
accrued income	368	1,095	920	867
VAT receivables	17	0	146	0
Other receivables	1,037	0	389	0
Total	**3,018**	**1,095**	2,383	867

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.

21.2   Receivables past their due date but not impaired

	31 March 2013	31 March 2012
	£000	£000
By up to three months	1,793	803
By three to six months	0	36
By more than six months	218	13
Total	**2,011**	852

Invoices are raised on a 30 day payment term basis.

21.3   Provision for impairment of receivables

	31 March 2013	31 March 2012
	£000	£000
Opening balance	(89)	(88)
Amount written off during the period	0	0
Amount recovered during the period	0	0
Amount Utilised	9	17
(Increase)/decrease in receivables impaired	(42)	(18)
Balance at 31 March	**(122)**	(89)

22.   Other financial assets
There are no other financial assets as at 31 March 2013.

23.   Other current assets
There are no other current assets as at 31 March 2013.

Notes to the accounts

24. Cash and cash equivalents

	31 March 2013	31 March 2012
	£000	£000
Balance at 31 March	7,192	4,944
Net change in period	224	2,248
Balance at period end	7,416	7,192
Made up of		
Cash with Government banking services	7,383	7,154
Commercial banks and cash in hand	33	38
Current investments	0	0
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	7,416	7,192

25. Non-current assets held for sale

2012-2013	Land	Buildings, excl dwelling	Dwellings	Other property, plant & equipment	Intangible assets	Total
	£000	£000	£000	£000	£000	£000
Balance at 31 March 2012	190	160	0	0	0	350
Plus assets classified as held for sale in the year	240	453	0	0	0	693
Less assets sold in the year	(305)	(236)	0	0	0	(541)
Less impairments of assets held for sale	0	(241)	0	0	0	(241)
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 2013	125	136	0	0	0	261

Notes to the accounts

25. Non-current assets held for sale (Cont.)

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 one of the two buildings held for sale in the 2011-12 has been sold and three further buildings have been declared surplus in year and one of these sold.

Impairments of £241k were accounted for on land and buildings made available for sale in year. No further impairments have been made on buildings made available prior to 2011-12.

The losses on sales were £54k related to one asset which was declared surplus in 2010-11.

26. Trade and other payables

	Current	Non-Current	Current	Non-Current
	31 March 2013	31 March 2013	31 March 2012	31 March 2012
	£000	£000	£000	£000
NHS payables	1,810	0	1,803	0
Trade payables - capital	338	0	126	0
Other Trade payables	1,272	0	512	0
Payables with Related Parties	0	0	131	0
Taxes payables	878	0	906	0
Other payables	2,216	0	1,923	0
Social Security costs	823	0	793	0
Accruals	2,173	0	1,970	0
Total	**9,510**	**0**	8,164	0

Other payables include: £1,119k outstanding pensions contributions at 31 March 2013 (31 March 2012 £1,081k). These were paid in April 2013.

Notes to the accounts

27.   Borrowings

	Current	Non-current	Current	Non-current
	31 March 2013	31 March 2013	31 March 2012	31 March 2012
	£000	£000	£000	£000
Finance Lease	17	1,490	0	0
PFI liabilities	718	29,561	640	30,448
Total	**735**	**31,051**	**640**	**30,448**

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. The finance leases relate to St Andrews House, the contract is due to expire during 2037, and Dale Bank View, this lease is due to expire during 2027.

28.   Other liabilities

	Current	Current
	31 March 2013	31 March 2012
	£000	£000
Deferred income	747	1,120
	747	1,120

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 2012-13 (2011-12: £46.5m)

- The Trust has a maximum cumulative long term borrowing limit of £37.2m (2011-12: £37.2m) as detailed in its terms of authorisation, the actual in 2012-13 is £30.4m (2011-12 £30.4m).

- The Trust has an approved working capital facility of £9.3m. (2011-12: £9.3m), this is in place but has not been used in the accounting period.

The financial ratios for 2012-13 as published in the Prudential Borrowing code are shown below with the actual level of achievement for the period.

Financial Ratio	Actual Ratio 2012-13	Approved PBL ratio 2012-13	Actual Ratio 2011-12	Approved PBL ratio 2011-12
Minimum Dividend cover	5.7	>1	4.4	>1
Minimum Interest cover	3.7	>3	3.9	>3
Minimum Debt service cover	2.7	>2	2.8	>2
Maximum debt service to revenue	2.13%	<2.5%	2.03%	<2.5%

Notes to the accounts

30. Finance lease obligations

The Trust has entered into two finance leases in year. The first was St Andrews House which is used to provide clinical and admin services. The second is Dale Bank View at Swadlincote which also provides clinical services.

Details of the lease charges are below:

	31 March 2013	31 March 2012
	£000	£000
Not later than one year	134	0
Later than one year, not later than five years	706	0
Later than five years	3,031	0
Sub total	3,871	0
Less: interest element	(2,364)	0
Total	1,507	0

The Trust negotiated a rent free period at the start of the lease, operating costs in 2012-13 are nil.

31. Finance lease receivables

The Trust does not have any finance lease arrangements as a lessor.

32. Finance lease commitments

The Trust entered into two finance leases in year and is committed to paying the following.

	31 March 2013	31 March 2012
	£000	£000
Not later than one year	134	0
Later than one year, not later than five years	706	0
Later than five years	3,031	0
Total	3,871	0

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 2013	31 March 2012
	£000	£000
Not later than one year	1,795	1,853
Later than one year, not later than five years	7,178	7,411
Later than five years	37,851	40,972
Sub total	46,824	50,236
Less: interest element	(16,545)	(19,148)
Total	30,279	31,088

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 £905k (prior year £866k). At present value the trust is committed to the following charges:

	31 March 2013	
	£000	
Not later than one year	872	
Later than one year, not later than five years	3,530	
Later than five years	19,672	
Total	24,074	

Notes to the accounts

Assuming a yearly RPI of 3.7%, the Trusts commitments are as follows:

	31 March 2013	31 March 2012
	£000	£000
Not later than one year	905	866
Later than one year, not later than five years	4,018	3,845
Later than five years	36,467	37,437
Total	**41,389**	42,148

34.   Other financial liabilities

The Trust has no other financial liabilities.

35.   Provisions

	Current	Non-Current	Current	Non-Current
	31 March 2013	31 March 2013	31 March 2012	31 March 2012
	£000	£000	£000	£000
Pensions relating to other staff	179	2,473	166	2,261
Legal claims	211	0	226	0
Redundancy	815	0	660	0
Other	373	0	662	0
Total	**1,578**	**2,473**	1,714	2,261

	Pensions relating to other staff	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 March 2012	2,427	226	660	662	3,975
Arising during the period	132	63	551	113	859
Change in Discount Rate	198	0	0	0	198
Used during the period	(173)	(26)	(396)	(402)	(997)
Reversed unused	0	(52)	0	0	(52)
Unwinding of discount	68	0	0	0	68
At 31 March 2013	2,584	279	815	373	4,051
Expected timing of cash flows:					
Within one year	179	211	815	373	1,578
Between one and five years	717	0	0	0	717
After five years	1,756	0	0	0	1,756
	2,652	211	815	373	4,051

Notes to the accounts

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.

£153k is included in the provisions of the NHS Litigation Authority at 31/3/2013 in respect of clinical negligence liabilities of the trust (31/03/2012 £207k).

36.   Contingencies

36.1   Contingent liabilities
The Trust has no contingent liabilities in either period.

36.2   Contingent assets
The Trust has no contingent assets in either period.

37.   Financial instruments

37.1   Financial assets

	2012-13	2011-12
	Loans and receivables	Loans and receivables
	£000	£000
Trade Receivables	**2,537**	1,406
Cash at bank and in hand	**7,416**	7,192
Total at 31 March	**9,953**	8,598

37.2   Financial liabilities

	2012-13	2011-12
	Loans and receivables	Loans and receivables
	£000	£000
Trade Payables	**5,219**	4,369
PFI and finance lease obligations	**31,786**	31,088
Total at 31 March	**37,005**	33,457

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 2013 are in receivables from customers, as disclosed in the trade and other receivables note.

Notes to the accounts

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 2013.

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).

	2012-13	2011-12
	£000	£000
External Audit Fees		
Statutory Audit Services	**48**	57
Non statutory audit fees		
Internal audit services	**74**	124
Taxation Services	**0**	40
Corporate Finance	**0**	27

The Internal audit services of the Trust were supplied by PWC in 2012-13. They have held the contract since the 1 December 2011, prior to this it was supplied by EMIAS.

Grant Thornton were awarded the contract for External Audit Services, which commenced on the 1st November 2012.

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
	£000	£000	£000	£000
2012-13				
Related Parties with other NHS Bodies	**119,688**	**9,003**	**1,575**	**2,352**
2011-12				
Related Parties with other NHS Bodies	115,863	13,291	801	3,175

During the financial period no Board Members of Derbyshire Healthcare NHS Foundation Trust have had related party relationships with organisation where we have material transactions and could have a controlling interest.

Notes to the accounts

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
Derbyshire Community Health Services 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

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 salary recharges.

The Trust has also received 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 2011 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 £124k cash and cash equivalents at 31 March 2013 (£103k 31 March 2012) 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 24 cases of losses and special payments worth £29k (2011-12- there were 8 cases totalling £132k).

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.

Notes to the accounts

Salaries and Allowances (subject to audit)

Title	Name	Salary (based on bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (rounded to the nearest £00) *7	Salary (based on bands of £5,000)	Other Remuneration (bands of £5,000)	Benefits in kind (rounded to the nearest £00) *7
		2011 - 2012			2012 - 2013		
		£000	£000	£00	£000	£000	£00
Chief Executive	Steve Trenchard *1	20-25					
Chief Executive	Mike Shewan *2	125-130		34	150-155		41
Acting Chief Executive	Kathryn Blackshaw *3	90-95		30	95-100		41
Executive Director of Finance	Claire Wright *4	55-60		5			
Executive Director of Finance	Tim Woods *5	50-55			110-115		
Executive Medical Director	John Sykes	115-120	65-70	41	100-105	85-90	41
Executive Director of Nursing and Quality	Paul Lumsdon	105-110		41	95-100		41
Executive Director of Operations	Ifti Majid	95-100	0.5	14	100-105		41
Director of Workforce & OD	Helen Marks *6	95-100		41	90-95		41
Director of Corporate and Legal Affairs	Graham Gillham	75-80		41	65-70		41
Chair	Alan Baines	45-50			45-50		
Non-Executive Director	Lesley Thompson	10-15			10-15		
Non-Executive Director	Graham Foster	15-20			15-20		
Non-Executive Director	Michael Martin	15-20			15-20		
Non-Executive Director	Anthony Smith	10-15			10-15		
Non-Executive Director	Maura Teager	10-15			10-15		
Band of Highest Paid Director's Total Remuneration (£000)				180-190			185-190
Median Total Remuneration				27,625			26,556
Ratio				6.7			7.1

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 2012-13 was £180,000-190,000 (2011-12, £185,000-190,000).

This was 6.7 times (2011-12, 7.1) the median remuneration of the workforce, which was £27,625 (2011-12, £26,556).

In 2012-13, 0 (2011-12, 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.

Notes to the accounts

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 annualised basis.

It is therefore derived from staff costs of Derbyshire Healthcare NHS Foundation Trust as at 31st March 2013. 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)

*1 Steve Trenchard started in post 01.02.13
*2 Mike Shewan retired/termination date following his external secondment 06.02.13
*3 Kathryn Blackshaw left 31.12.12. Kathryn Blackshaw was Executive Director of Business Strategy in 11/12.
*4 Claire Wright started in post 01.10.12
*5 Tim Woods left 30.09.12
*6 Name change for Helen Issitt to Helen Marks
*7 Benefits in kind relate to lease cars provided for Senior Managers

Notes to the accounts

Pension Benefits - 1st April 2012 to 31st March 2013 (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 2013 (bands of £5,000)	Lump sum at normal retirement age related to accrued pension at 31 March 2013 (bands of £5,000)	Cash Equivalent Transfer Value at 31 March 2013	Cash Equivalent Transfer Value at 31 March 2012	Real Increase in Cash Equivalent Transfer Value	Employers Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£000	£000	£000	£00
Chief Executive	Steve Trenchard	0-2.5	0-2.5	5-10	0-5	64	46	16	0
Chief Executive	Mike Shewan	0-2.5	2.5-5	75-80	230-235	0	1,533	-1,613	0
Executive Director of Business Strategy	Kathryn Blackshaw	5-7.5	15-17.5	35-40	105-110	546	449	74	0
Executive Director of Finance	Claire Wright	2.5-5	7.5-10	15-20	55-60	284	232	40	0
Executive Director of Finance	Tim Woods	0-2.5	5-7.5	45-50	135-140	897	825	29	0
Executive Medical Director	John Sykes	0-2.5	0-2.5	65-70	205-210	1,404	1,356	-23	0
Executive Director of Nursing and Quality	Paul Lumsdon	2.5-5	10-12.5	50-55	160-165	1,048	942	57	0
Executive Director of Operations	Ifti Majid	0-2.5	2.5-5	35-40	105-110	584	549	6	0
Director of Workforce and OD	Helen Marks	0-2.5	2.5-5	10-15	30-35	188	158	22	0
Director of Corporate and Legal Affairs	Graham Gillham	2.5-5	12.5-15	35-40	110-115	0	0	0	0

Chief Executive signature
29.05.2013

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