NHS
Derbyshire Healthcare
NHS Foundation Trust

Annual Report & Accounts 2020/21

Making a positive difference

Derbyshire Healthcare NHS Foundation Trust
Annual Report and Accounts 2020/21

Presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Contents

Chair's foreword

Welcome to the Trust's 2020/21 Annual Report. This year has been a year like no other and I would like to take the opportunity to open this report with my heartfelt thanks to everyone who has supported the Trust's COVID response over the last year.

Throughout the year I have been impressed by our unwavering commitment to look after both our staff and our patients, protecting people as much as we can from COVID and its devastating effects. I know this has had a major impact on people's lives – how they work and how they receive care – and that it will take some time for our services to recover from the significant challenges we have faced over the last year.

The response from our staff has been truly remarkable. I have been impressed to see people adapt to numerous changes and work at speed to bring in new guidance to support our patients and colleagues; and how well staff have adapted to working from home, embracing the use of Microsoft Teams Our Incident Management Team has provided clear oversight throughout the last year as we have embraced new challenges such as how our staff have adapted to working from home and the use of Microsoft Teams, virtual clinical appointments, health risk assessments and more recently delivering our own COVID-19 vaccines.

Our colleagues have worked relentlessly, through staffing shortages as people tested positive or needed to self-isolate, with many people being redeployed to roles, teams and services they have never worked in before. We have tragically lost colleagues and patients, and I know this has been a very difficult experience for us all. Despite this focus, we have continued our work as a system partner, through Joined Up Care Derbyshire, and there are many examples of how these positive relationships across the county have helped us work together to ensure consistent and joined up support to local people over the last year.

Progress has also continued with important developments that seek to improve patient experiences of our services. Over the next two or three years we look forward to transforming our dormitory style acute mental health accommodation, to provide purpose built single bedrooms to improve privacy and dignity, and aid people in their recovery.

We also look forward to welcoming new members to our Council of Governors, through a series of elections due to take place this spring. Our governors have embraced virtual technologies over the last year and have continued to meet via Microsoft Teams – thank you to all our governors for all you do in representing our communities and holding the Trust Board to account. Your support and contribution this year has been invaluable.

In August 2020 we were pleased to welcome Jaki Lowe as Director of People and Inclusion, a role which has been key to the focus on all our people this year. As the year ends we prepare to say a fond farewell to our Chief Operating Officer, Mark Powell, and we look forward to welcoming a new member of the Trust Board in this role shortly.

2020/21 was my last full year as Chair of the Trust, as my term of office comes to an end in September. It has been an honour and a privilege to lead the Trust over recent years and I look forward to seeing our Trust continue to develop and recover from the impact of the pandemic over the coming months based on a clear strategy and strong values with our people at the centre of what we do.

Caroline Maley
Chair

Chief Executive's introduction

Welcome to the Trust's Annual Report and Accounts for 2020/21.

Looking back at the last year fills me with a variety of different emotions. It is, without a doubt, the most challenging year I have experienced in my NHS career, and I know the COVID-19 pandemic has had a significant impact on each and every one of us.

The last year has been difficult for us all. We have had to work in different ways, tackling challenges we have never experienced before. We have all faced different pressures – at work and at home – and we have all experienced the pandemic in very different ways.

Those who use our services have also been significantly impacted. Throughout the year we have seen restricted visiting arrangements, reduced face to face sessions and pausing of group sessions. I know that these changes, whilst necessary, have been difficult for our patients, families, carers and colleagues alike.

We have introduced new ways of communicating to ensure support continues during these difficult times. This has included the introduction of virtual appointments through Attend Anywhere and in April 2020 we introduced a new 24/7 mental health helpline and support service for all residents of Derbyshire experiencing anxiety, depression or a deterioration of their mental health. We also introduced virtual visiting on our wards to ensure contact could still be maintained with family friends and loved ones.

Despite these positive innovations I know there have been extended waiting times for accessing our services, and that the demand for the services we provide has grown in every respect. The pandemic has been a difficult time for everyone, particularly those we support. Our children have been away from school for many months and those experiencing substance misuse, eating disorders and mental health difficulties have struggled with the isolation and restrictions put in place in our daily lives.

I would like to thank everyone for the support and understanding they have shown over this difficult year and share a commitment that we will do everything we can, to put the needs of our patients and communities at the forefront of our recovery and restoration work.

Despite the difficulties we have experienced, I could not be more proud of the response of our Team Derbyshire Healthcare colleagues. Throughout the year I have seen and heard of countless examples of how colleagues have looked after themselves and others, prioritising the care of our patients, who have been vulnerable to the virus in many different ways.

The pandemic, despite its many challenges, has allowed our values to shine and I would like to take this opportunity to thank all of our colleagues for their ongoing support, commitment and dedication to each other and to patient care.

We entered this financial year, at the start of the pandemic, on a high – having just received our 'good' rating from the Care Quality Commission (CQC) in March 2020. Similarly, in March 2021, we also end the financial year on a high.

Despite the challenges of the year, our national staff survey results were overwhelmingly positive and saw a vast increase in the number of colleagues recommending the Trust both as a place to work and receive care. To receive this in any year would be a fabulous achievement. To achieve this feedback this year, is truly astounding, and testament to the team approach we have adopted across the Trust to work together, talk to each other and make changes and improvements that matter, together.

We will continue this approach as we move forwards, supporting our patients, colleagues and communities, as we head into our new future together.

Ifti Majid
Chief Executive

Performance report

This overview of performance provides a short summary of the organisation, its purpose, the key risks to achievement of our objectives and performance throughout the year. It is supported by further detail outlined in the2020/21 performance section that follows on pages 20-47.

Overview of performance

The impact of the pandemic on staffing levels, in terms both of sickness absence and of vulnerable staff needing to shield at home, meant that critical work areas needed to be prioritised, with staff temporarily redeployed from community services to ensure wards could operate safely and to provide a new 24/7 mental health helpline support service.

Bed numbers on wards have been reduced in order to enable social distancing and minimise the transmission of COVID-19. We experienced outbreaks of infection at two of our units earlier on in the pandemic, however these were very effectively managed and there have been no further inpatient cases of COVID-19 to date.

In line with national guidance, all staff who could work from home were instructed to work from home and provided with all the equipment they needed to do so. Meetings have been held virtually throughout the pandemic using Microsoft Teams, which has proven very effective and efficient.

Pressures of demand – impact on waiting times, out of area
We have continued to experience a high level of demand for adult acute inpatient beds and for inpatient psychiatric intensive care both before and throughout the pandemic. This has resulted in patients being placed out of area.

In the community the pandemic has impacted on waiting lists, most notably for the autistic spectrum disorder service, a service for which demand outstripped capacity even prior to the pandemic. However, agreement has now been reached with commissioners for the establishment of a Specialist Autism Team, which should have a positive impact.

Successes
A 24/7 mental health telephone helpline was set up at the start of the pandemic, initially staffed by clinicians redeployed from our psychology and talking therapy teams. The helpline has proved extremely popular and effective in providing timely access to mental health support and has subsequently become a permanent service, run in partnership with a voluntary provider P3.

Community paediatrics have continued to make fantastic progress in reducing the waiting list significantly and the waiting times to be seen, which for the last 5 months of the year was just 6 weeks, significantly lower than the national standard of 18 weeks.

A staff test and trace service has been set up and is operated very effectively by staff redeployed from the Trust Strategy & Transformation Team.

A hospital hub was created for the administering of COVID-19 vaccinations to patients and staff.

Plans for eradication of dormitories
Work is progressing on a bid for funding to modernise our adult acute inpatient wards by replacing the existing dormitory provision with single en-suite bedrooms, which will have a positive impact on the patient experience.

Work is also progressing on the creation of a psychiatric intensive care unit for Derbyshire. This would enable patients to be cared for closer to their families and support networks.

Staff feedback – survey results
60 percent of staff took part in this year's staff survey. The results were overwhelmingly positive when benchmarked against other similar organisations.

Plans for recovery
As we continue to come out of the other side of the pandemic it is planned to step down the COVID-19 Incident Management Team and replace it with a Recovery Coordination Group. The Group will consider the short, medium and long term recovery actions that are required to take the Trust out of the incident and into the next stage.

A trust roadmap out of lockdown has been developed which outlines the steps we will take each quarter of the financial year towards the new normal, with a focus on people first and team resilience.

Ifti Majid
Chief Executive

9 June 2021

Memorial garden launched to honour lost colleagues
In memory of Trust colleagues sadly lost during the COVID-19 pandemic, to COVID and for other reasons, the Trust has developed a memorial garden at Kingsway Hospital.

The site, in front of Albany House, features magnolia trees in memory of Gladys Mujajati and Ann Shepherd, who both died from COVID-19 in 2020.

The garden provides seats for people to pause for a while and enjoy the space. It is hoped it will be a lasting memorial to those we have lost, and a peaceful place for colleagues to reflect.

A time capsule will also be planted in the garden, filled with memories to reflect the ups and downs of 2020 and the journey that all of our colleagues have been on, as well as details from the book of condolences that were collated for Gladys and Ann's families.

It is planned that the garden will be formally launched during summer 2021.

About us

Purpose and activities of Derbyshire Healthcare NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust (DHCFT) is a provider of mental health, learning disability and children's services across the city of Derby and wider county of Derbyshire. We run a variety of inpatient and community based services throughout the county. We also provide specialist services across the county including substance misuse and eating disorders services.

The Trust provides services to a diverse population, including areas of wealth alongside significant deprivation. The Trust's catchment area includes both city and rural populations, with over 70 different languages being spoken.

Successful partnership working is essential to the delivery of many of our services. The Trust works in close collaboration with our commissioners and fellow providers of local healthcare services, together with local authority colleagues at Derby City Council and Derbyshire County Council, and voluntary and community sector organisations. Derbyshire Healthcare is an active partner in Joined Up Care Derbyshire (JUCD), a partnership of health and care organisations working collectively to address challenges and improve the level of joined up working within the local health and care economy. JUCD was confirmed as Integrated Care System (ICS) in December 2020.

Our strapline, **'Making a Positive Difference'** reflects feedback from Trust staff about the reasons they chose to work for the NHS and Derbyshire Healthcare in particular. It brings together a common aim of all services, and summarises the overall intention of the organisation **to make a positive difference to people's lives by improving health and wellbeing**, which is the Trust's vision '

History of Derbyshire Healthcare NHS Foundation Trust

Previously Derbyshire Mental Health Services NHS Trust, the Trust was granted Foundation Trust status on 1 February 2011. Universal children and family services for Derby transferred to the Trust in 2011, following the dissolution of Derby City Primary Care Trust.

Our services

Derbyshire Healthcare has a broad range of services that are structured within the following clinical divisions:

- **Adult Mental Health Services for Adults of a Working Age:** manages our adult inpatient services at both the Radbourne Unit and the Hartington Unit and also provides urgent assessment and home treatment services, including our crisis and liaison teams, alongside mental health triage.
- **Community Mental Health Services for Adults of a Working Age**: provides community mental health services, locally based across Derbyshire, for people experiencing significant mental health difficulties requiring specialist interventions, including Consultant Psychiatric outpatients services and Early Intervention Services.
- **Forensic and Mental Health Rehabilitation Services**: following commissioner investment this division has been developed for the Trust's emerging forensic service line. It includes a Community Forensic Team, a Criminal Justice and Liaison Team and a Placement Review Team. Low Secure Inpatient services are provided at the Kedleston Unit and rehabilitation inpatient services at Audrey House and Cherry Tree Close.
- **Mental Health Services for Older People**: provides an inpatient service for people suffering with dementia on the Cubley Court wards and an inpatient service for older people experiencing functional illness, such as severe depression or psychosis on Ward 1, London Road. This division also delivers services locally across Derbyshire within the Community Mental Health Teams (CMHT) and provides an intensive alternative to

hospital admission through the Dementia Rapid Response Teams (DRRT) and the In-reach and Home Treatment Team.

- **Specialist Care Services:** includes a number of specialist teams including Perinatal Services (inpatient and community), Autistic Spectrum Disorder (ASD) assessment, Eating Disorders Services for Adults, Learning Disabilities Services including an intense support team preventing hospital admission, Substance Misuse Service, Physiotherapy and Dietetics and Talking Mental Health Services (Improving Access to Psychological Therapies - IAPT).
- **Children's Care Services:** provides Child and Adolescent Mental Health Services (CAMHS) including RISE a team supporting Accident and Emergency (A&E) liaison and acute inpatient services. It also includes services for 0 to 19 Universal Children's Services, public health teams including health visitors and school nurses and specialist children's services providing therapy and complex needs services, and a service for looked after children in care.

Further details on the above services can be found on the Derbyshire Healthcare Foundation NHS website: https://www.derbyshirehealthcareft.nhs.uk/.

New text messaging service helps young people access health advice

A new text messaging service was launched in Derby in June 2020 to help young people and parents and carers living in the city to access confidential health advice and support in a quick and easy way.

Young people in Derby aged 11-19 who send text messages to 07507 327104 can get advice from a health professional about subjects including physical or emotional health, sexual health, relationships, bullying or drug or alcohol use. Parents or carers looking after children in Derby city aged between 0 and 19 can text 07507 327754 to seek advice about subjects ranging from breastfeeding and bedwetting to emotional wellbeing and behaviour.

The service was launched and run by the Derby Family Health Service, a partnership led by Derbyshire Healthcare NHS Foundation Trust, using the ChatHealth text messaging system which is used by several NHS providers across the country.

Trust Chief Executive Ifti Majid said: "We hope this service will encourage young people and parents in the city to seek advice, gain the reassurance they need and ensure that any issues or problems are dealt with before they become more serious."

Vision and values

The Trust vision is:

‘To make a positive difference in people’s lives by improving health and wellbeing’.

Our values

The Trust’s vision is underpinned by four key values, which have been developed in partnership with our patients, carers, staff and wider partners. The ‘people first’ value was refreshed during 2019, in line with the update to the Trust Strategy.

The Trust values are:

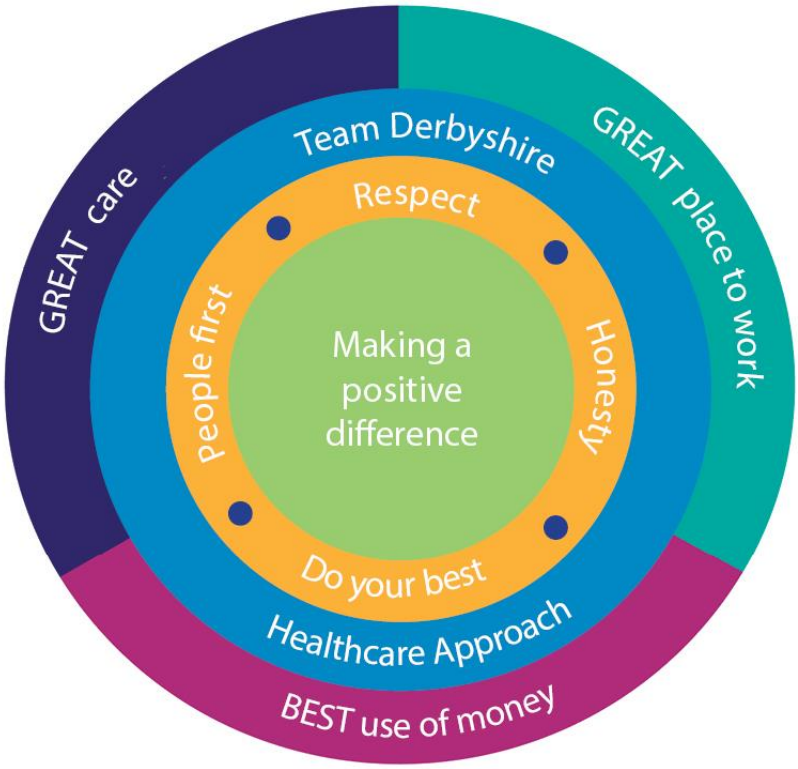
People first – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care

Respect – We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment

Honesty – We are open and transparent in all we do

Do your best – We work closely with our partners to achieve the best possible outcomes for people.

These values (in orange on the diagram below) enable us to achieve our central vision – of making a positive difference in people's lives by improving health and wellbeing.



Trust Strategy 2018 – 2022

The refresh of the Trust Strategy in 2019 made it simpler and more accessible to staff and also reflective of the latest priorities.

Following significant engagement, the refreshed strategy outlines the three Trust priorities:

- To provide GREAT care
- To be a GREAT place to work
- To make BEST use of our money.

GREAT care

Delivering compassionate, person-centred, innovative and safe care.

Choice, empowerment and shared decision making is the norm.

GREAT place to work

Attracting colleagues to work with us who we develop, retain and support by excellent management and leadership

An empowered, compassionate and inclusive culture that actively embraces diversity.

BEST use of money

Making financially-wise decisions every day and avoid wasting resources

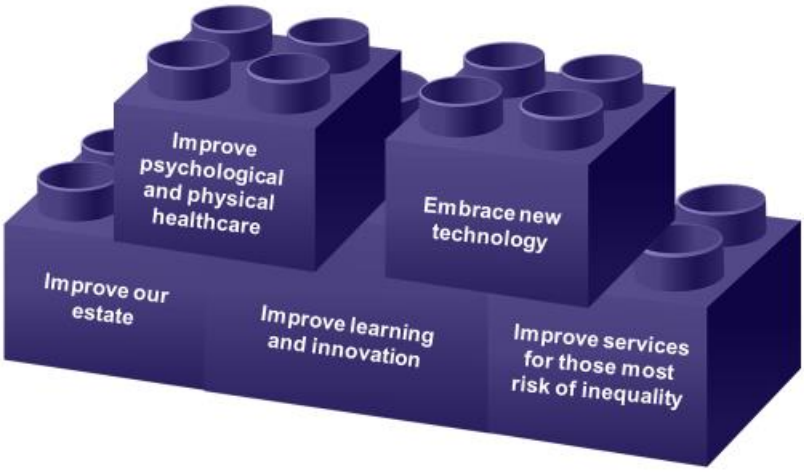
Always striving for best value by finding ways to make our money go further.

These strategic objectives represent the direction of travel, and the things we must do to achieve our vision. They will help the Trust with its ambition to become better across all service areas and to stand out from other providers. Under each strategic objective there are a series of 'Building Blocks', detailing the actions and timescales for the Trust to deliver the strategic objectives and how progress can be measured.

The new strategic objectives of the Trust feed directly into the Trust Board Assurance Framework.

Strategic priorities

GREAT care



GREAT place to work

BEST use of money

Clinical ambition
In support of the Trust Strategy, colleagues have developed a clinical ambition that establishes clinical aspirations and priorities.

Our clinical priorities are that our services will be:

- Designed in consultation with our colleagues and people who use our services
- Based on best clinical evidence.

Our clinical ambitions are that our services will:

- Be person-centred, seek to prevent ill health and support our patients beyond periods of acute illness
- Provide care at home or in the community where possible, through a partnership approach to promote individual and community resilience
- Ensure any admission to hospital is within Derbyshire where possible and kept to the shortest effective period of time
- Be compassionate and take account of trauma-informed practice
- Involve people who use our services in designing their care and treatment, to meet personal goals throughout their lives.

Strategic plan on a page – the Strategic Stepping Stones
Our strategy plan on a page takes a 1, 2, 3, 4, 5 approach which we call our strategic stepping stones. This comprises:

- One vision
- Two clinical priorities
- Three strategic objectives
- Four values
- Five clinical ambitions.

Clinical improvement strategies
The COVID-19 Pandemic meant that our planned work to implement the service-level improvement strategies that were produced in 2019/20 had to be postponed. However, many of the initiatives included in the strategies were implemented at pace as part of our services' response to the pandemic. These included the rapid adoption of digital technologies and video contacts for patient care and operational meetings, much closer working and liaison between community services and inpatient teams, significantly reducing the average length of stay on our acute inpatient wards and the regular risk stratification of caseloads.

As we move out of the most recent wave of the pandemic, teams and services will be reviewing and developing their plans for 2021/22 and how they will embed the benefits, new ways of working and new models of service provision into their regular operating models from September onwards.

Significant governance and regulatory events during the year

Since the NHS declaration of a Level 4 National Incident due to the COVID-19 pandemic in March 2020 the Board of Directors has received regular assurance on the Trust's compliance with national guidance issued by NHS England and NHS Improvement (NHSE/I). In line with the national guidance; "Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic" the Trust took a number of steps to adapt its Corporate Governance processes, responding to emerging best practice from various sources, including NHSE/I, NHS Providers, the Good Governance Institute and the Healthcare Financial Management Association (HMFA).

The need to flex our governance structures to maintain a well-led organisation with robust governance in the context of wholly unprecedented challenges presented by COVID-19 was clear. Examples of these steps taken included:

Trust Board and Board Committees – emergency Terms of Reference were adopted to give flexibility on quorum and membership and agendas were re-focused to the Trust's response to COVID-19, including the safety of patients and the wellbeing of staff. Meetings were held virtually, and the public were able to view Board meetings via a live stream.

Governors and Membership – there have been no face to face meetings with governors in 2020/21. Meetings and briefings have continued virtually. The Trust has had some really good feedback from governors on how we are continuing to keep them updated on what is going on at the Trust during pandemic. Key communications with Governors have included regular briefs from the Chief Executive, virtual meetings with the Trust Chair, newsletters and emails. Governors have been able to transact ordinary business and the Trust sees continued engagement with Governors as an integral element of the Trust's oversight and governance. Information is being sent electronically to Trust members via 'Members News'. The 2020 Annual Members Meeting (AMM) was held as a virtual meeting. The 2020 Governor Elections were carried forward to spring 2021.

Financial Governance – the Board approved changes to the Standing Financial Instruction (SFI) to enable the Incident Management Team (IMT) emergency powers of decision making both for revenue and capital accounting. The Audit and Risk Committee continues to receive an oversight of IMT's financial decisions.

Board Assurance Framework (BAF) – the first and second editions of the BAF was COVID-19 specific. Later editions of the 2020/21 BAF were revised to include additional business as usual risks as well as the impact of COVID.

Changes to the Board of Directors

Executive Directors
Jaki Lowe, Director of People and Inclusion commenced in post on 17 August 2020. Celestine Stafford, Assistant Director People and Culture Transformation, took on additional duties until Jaki was in post including attending Board meetings. Mark Powell, Chief Operating Officer left the Trust on 13 April 2021. He will be replaced by Ade Odunlade in Summer 2021. Lee Doyle, Acting Director of Operations will take on additional duties until Ade is in post, including attending Board meetings.

Non-Executive Directors (NEDs)
The Council of Governors re-appointed Geoff Lewins for a second three-year term of office starting 1 December 2020. The Council of Governor also re-appointed Trust Chair, Caroline Maley for a further 12-month term starting 14 September 2020. Caroline announced her retirement from the role in March 2021 and will be leaving when her term ends on 13 September 2021. The Governors Nominations and Appointments Committee is leading the recruitment process with a view to the Council of Governors approving the appointment of a new Chair in July 2021.

Going concern disclosure
The Trust accounts, starting at page 139, have been prepared on a going concern basis. This assessment is based solely on the anticipated future provision of our services in the public sector in line with current guidance. This decision will be reviewed each year in order to ensure that accounts are prepared on an appropriate basis given prevailing circumstances at the time. The Audit and Risk Committee considered the basis for adopting going concern approach for 2020/21 accounts and were able to make the following statement:

"*After making enquiries, the directors have a reasonable expectation that the services provided by the NHS foundation trust will continue to be provided by the public sector for the foreseeable future. For this reason, the directors have adopted the going concern basis in preparing the accounts, following the definition of going concern in the public sector adopted by HM Treasury's Financial Reporting Manual*."

Performance in 2020/21

Measuring performance
The Trust measures its performance using a suite of online dashboards and reports on the Trust's intranet that are updated daily overnight. At each of its public Board meetings the Trust Board is provided with an integrated performance report which enables a holistic understanding of performance and highlights issues impacting on performance concerning financial performance, operational delivery, workforce and quality. The report provides assurance of actions being taken to mitigate these issues. Data contained within the report is presented in statistical process control format which enables measurement for improvement, not just assurance.

The Trust accesses and analyses national data for benchmarking purposes. The Trust is also a member of the NHS Benchmarking Network and participates in national benchmarking projects. This enables comparisons to be made in key areas with other similar organisations.

Performance monitoring
The Trust monitors operational, quality and people performance in a variety of ways, which are summarised below. Further information on people performance is contained in the Staff Report on pages 94-115 of this Annual Report.

The Trust monitors its performance against a wide variety of local and national standards and targets. These measures include:

- Quality priorities
- NHS Improvement Oversight Framework standards
- NHS England Specialised Services contractual targets
- Locally agreed performance measures
- Local commissioning contractual targets
- Financial plans.

Performance management structures are in place in Operational Services which allow performance monitoring at all levels of the organisation. The structures are overseen by the Trust Management Team and the Finance and Performance Committee.

Operation Services consists of six Divisions. Each Division holds regular Clinical and Operational Assurance Team meetings. The meeting attendees include senior representatives of clinical services, operations and management. The meetings are in place to oversee and ensure delivery of high quality care and provide direction in terms of quality improvement and performance improvement. The COAT meetings were stood down in March 2020 as part of the national guidance for reducing the burden to release capacity to manage the pandemic.

The Board of Directors is presented with an integrated performance report at its Public Board meetings. The report highlights performance against a suite of key financial, operational delivery and quality measures. Data is presented in statistical process control format to enable measurement for improvement. The report includes actions being taken to maintain or improve performance.

The Trust Board also receives direct feedback of patient experience of services in the form of patient stories, which enables Board members to identify any areas for improvement or areas of outstanding practice.

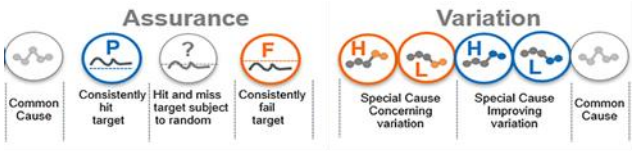
In order to free up capacity to respond effectively to the pandemic, this financial year a number of other performance monitoring areas have been put on hold. These include: contract management meetings with NHS Derby and Derbyshire Clinical Commissioning Group; performance review meetings with Public Health; and specialised services contract review meetings with NHS England.

The Care Quality Commission (CQC) and NHS Improvement (NHSI) continue to monitor performance.

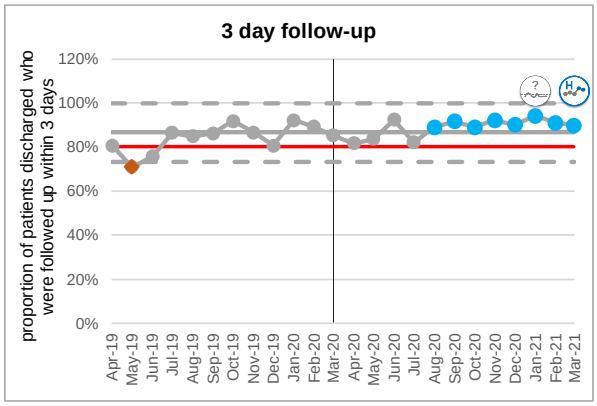
The Annual Governance Statement, on 127 of this Annual Report outlines how the Trust manages its key risks.

Performance Overview:

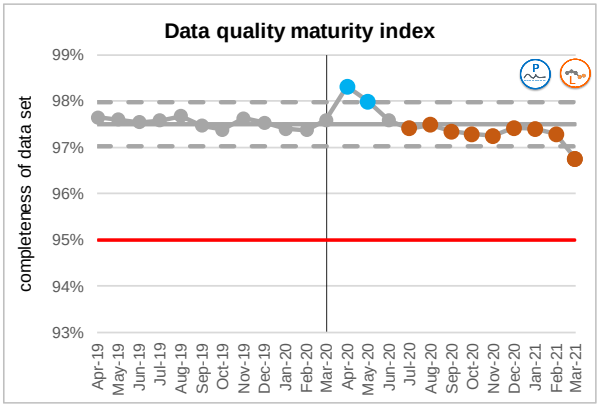
Key:



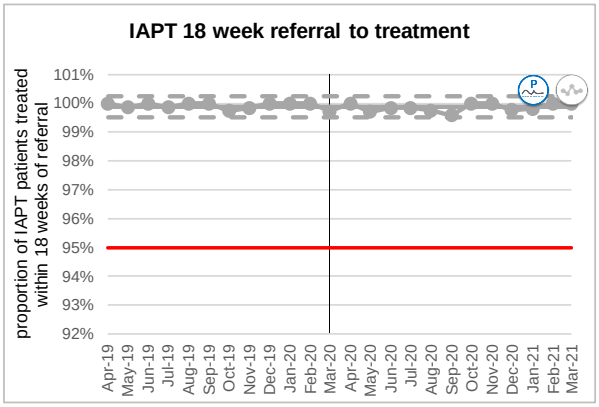
Three-day follow-up of all patients
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are at their most vulnerable. To date we have consistently achieved the national standard for follow-up which came into effect from 1 April 2020 and the high level of performance seen over the last eight months is statistically significant.



Data quality maturity index
Increasing waiting lists resulting from the pandemic continue to have a negative impact on data quality, however we have consistently exceeded the national target. When compared with other trusts our data quality is very good

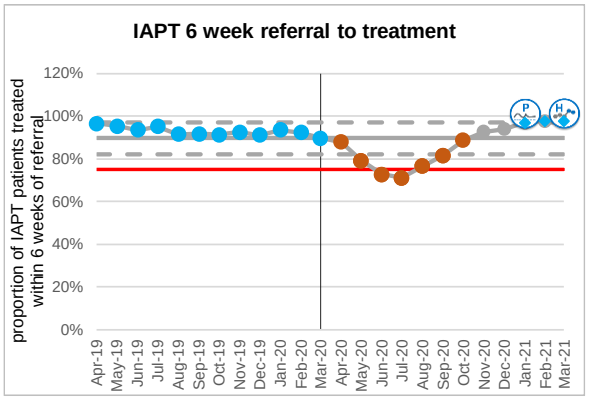


Improving Access to Psychological Therapies (IAPT) 18-week referral to treatment
The national target has been exceeded throughout the 24-month reporting period.



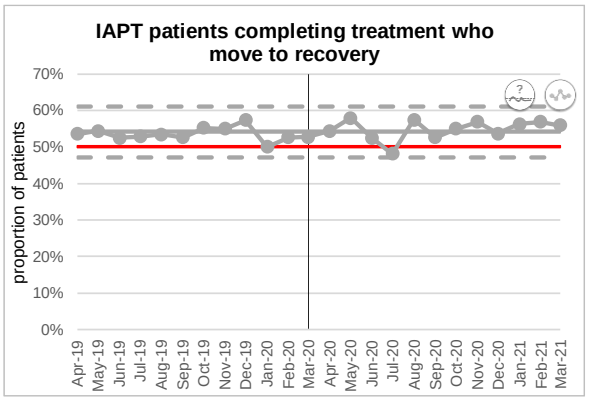
IAPT six-week referral to treatment

Following a period of seven months of special cause variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to IAPT in November 2020 and for the last three months performance has returned to normal, achieving standard.



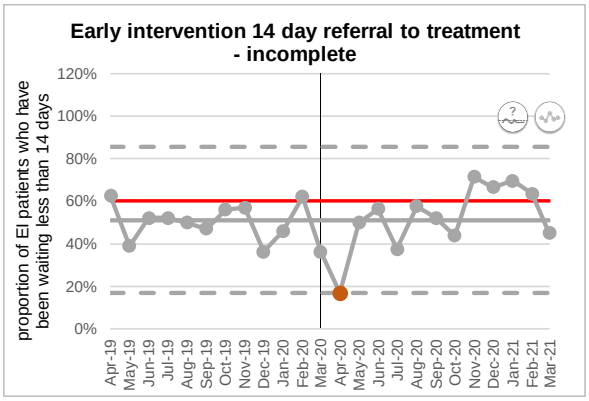
IAPT patients completing treatment who move to recovery

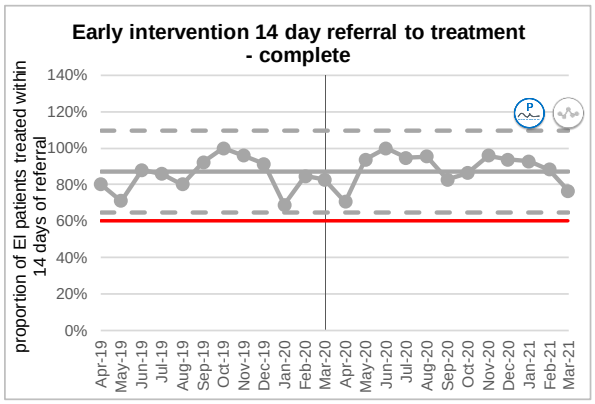
For the last seven months the national standard has been achieved, with normal levels of performance seen throughout the data period.



Early intervention

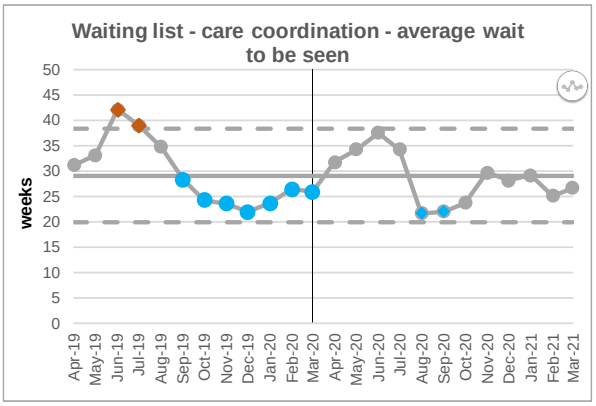
The service continues to perform consistently well against the national 14-day referral to treatment standard and there is no evidence of the pandemic having any impact on performance.

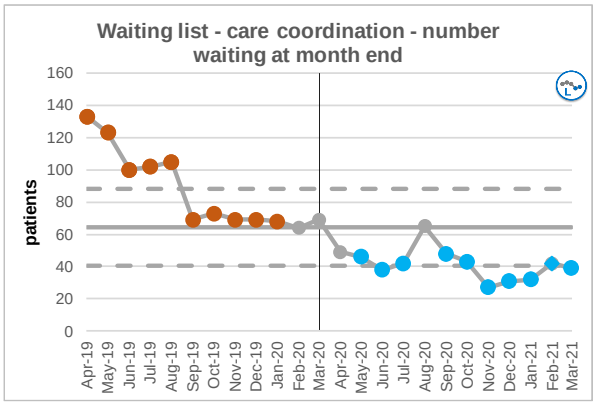




Waiting list for care coordination

Significant improvement was made over the course of the financial year and the number of patients waiting for care coordination has been significantly lower than normal for quite some time. The average wait to be seen remains at normal levels despite the pandemic.



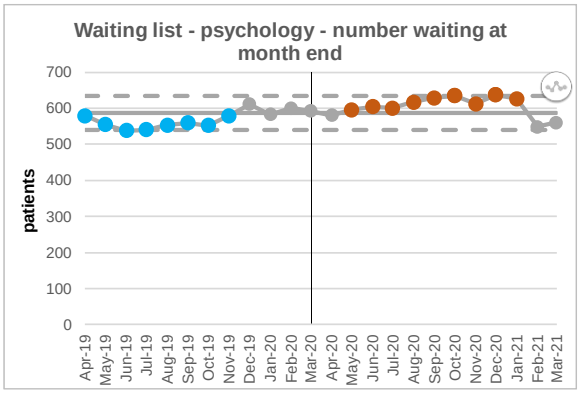


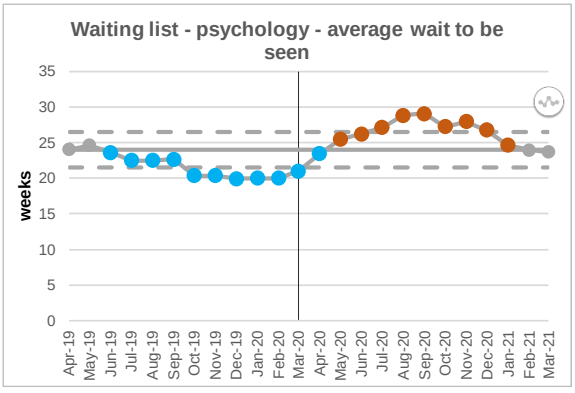
Waiting list for psychology

The average wait to be seen was significantly higher than normal for most of the financial year, returning to normal levels in the last two months. The waiting list covers a large number of services and therefore in context the number waiting is quite small. Factors that impacted on the waiting lists include:

- Patients requesting only face to face therapy and would rather wait – approximately 10-15%
- Vacancies, maternity leave and secondment reducing capacity
- Impact of provision of offer of psychological support – wellbeing plus staff support service reducing psychologist time
- Impact of school closures and limited places for childcare on families
- Some data quality issues.

Our response to the waiting list challenges includes a focus on recruitment and a review and improvement of data quality. More staff time will become available once we move through the current COVID-19 crisis.

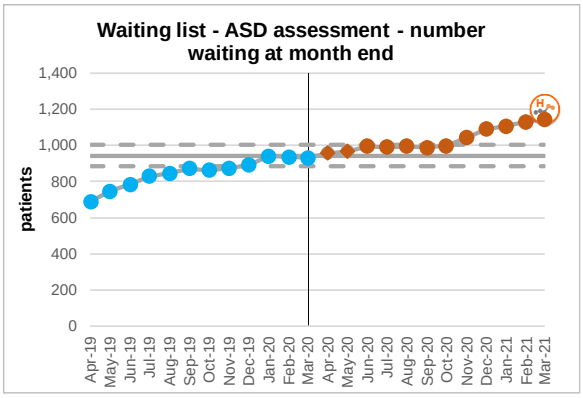


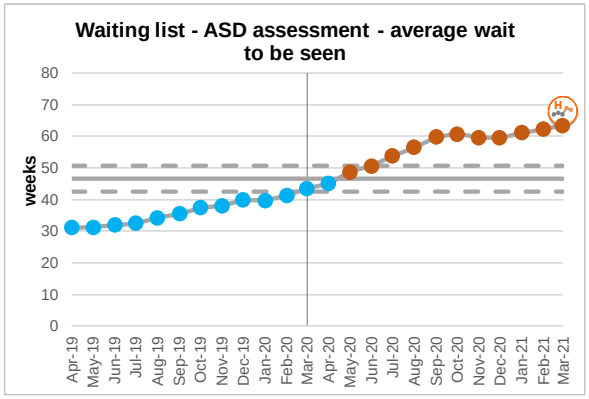


Waiting list for Autistic Spectrum Disorder (ASD) assessment

ASD assessments were suspended in mid-March 2020 whilst the staff were redeployed to other posts as part of the Trust's approach to managing the challenges faced as a result of the pandemic. Referrals however continued to be processed remotely by the team administrator. From July 2020 the partial team undertook a successful limited pilot on the feasibility of using Attend Anywhere for ASD assessments by video call, alongside a new Trust assessment tool. The ASD staff returned to their posts in September 2020 and since then have been undertaking ASD assessments either remotely or where required via home visit. The size of the waiting list has been steadily growing throughout the pandemic and the longest wait stands at almost three years. The length of face to face time required for ASD assessments (four hours) has meant remote assessments are preferred at present whilst limited face to face assessments are being undertaken at Rivermead or via home visit where risk appropriate. There is however an increased likelihood that this may lead to a two-tier assessment waiting list, with more rapid

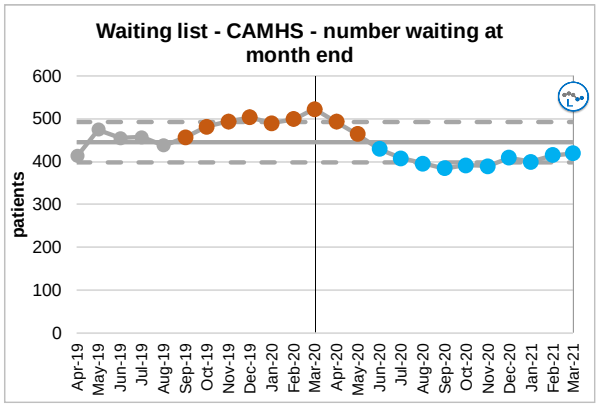
access for those who can access remote technology, but further delays for those requiring face to face assessment.

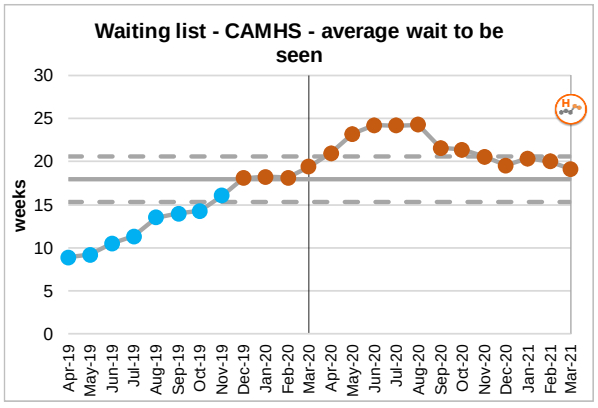




Waiting list for Child and Adolescent Mental Health Services (CAMHS)

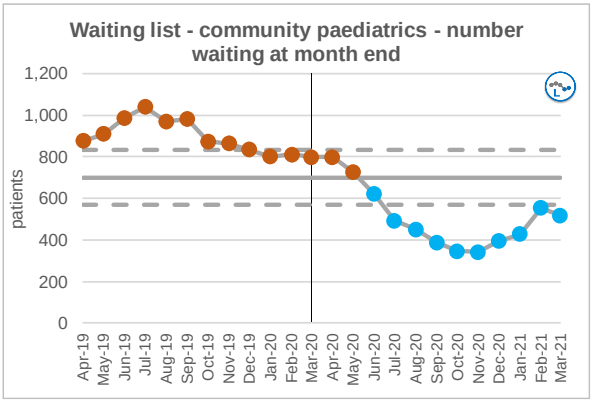
CAMHS made good use of telephone and the Attend Anywhere video appointment application as vehicles to support clinical contacts during the pandemic; face to face appointments were offered only when clinically indicated. This had a positive impact on the size of the waiting list and for the last 10 months the waiting list was significantly reduced. The average wait to be seen continues to be significantly longer than normal.

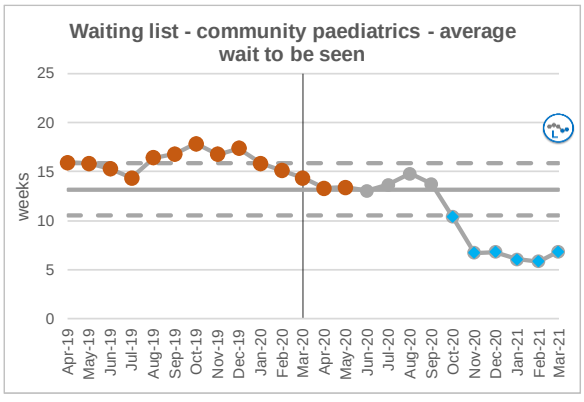




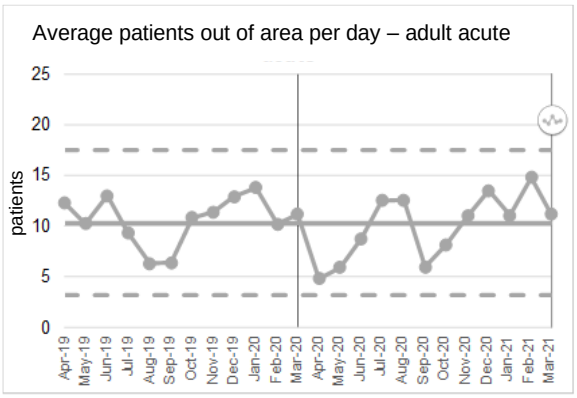
Waiting list for community paediatrics

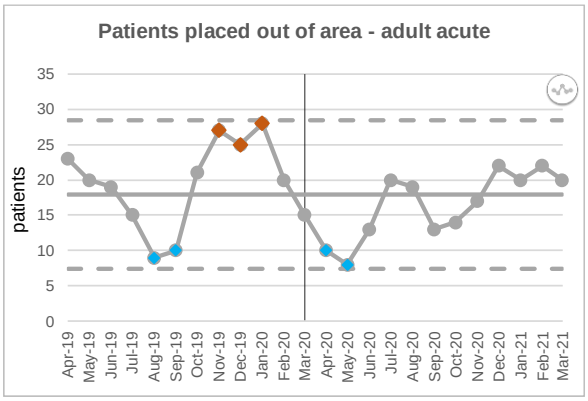
The number of children on the waiting list has been significantly lower than normal for the past 10 months and for the last six months the average wait to be seen has also been significantly lower than normal, however the expected increase in referrals is starting to impact on the waiting list. Referrals to the neurodevelopmental assessment pathway are now being received since the pathway re-opened, becoming fully open by January 2021. We are in negotiation with the Clinical Commissioning Group (CCG) around this aspect of care to ensure that future commissioning and capacity reflect the demands and also the expected prevalence.



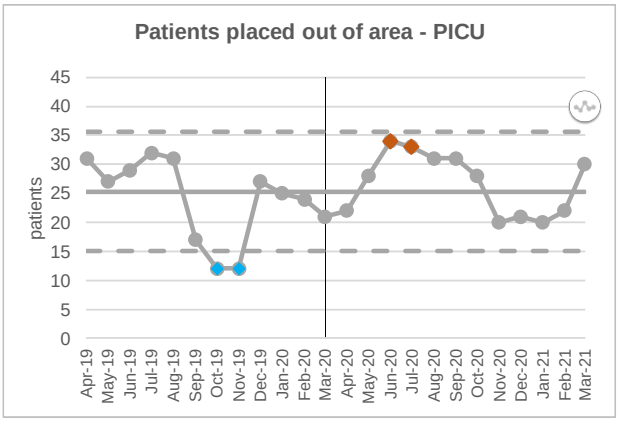


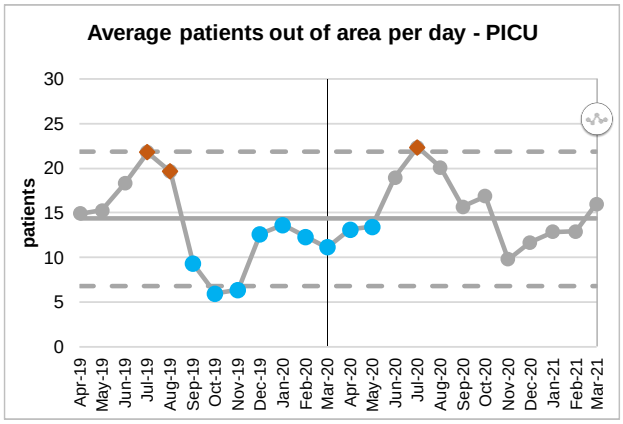
Patients placed out of area – adult acute patients
Bed capacity has been reduced throughout the pandemic owing to a need to create more space in order to minimise the risk of infection. Demand for beds has outstripped available bed capacity throughout the financial year which has meant that patients have been placed out of area. The majority of these placements have been made at a hospital in Kegworth, which is only around 20 minutes from central Derby.





Patients placed out of area – Psychiatric Intensive Care Units (PICU)
There is currently no PICU provision in Derbyshire and so unfortunately anyone requiring PICU treatment needs to be placed out of area. PICU usage has been closely monitored with colleagues from the CCG and NHSE/I and all attempts are made to repatriate patients to an acute bed once deemed appropriate to do so.

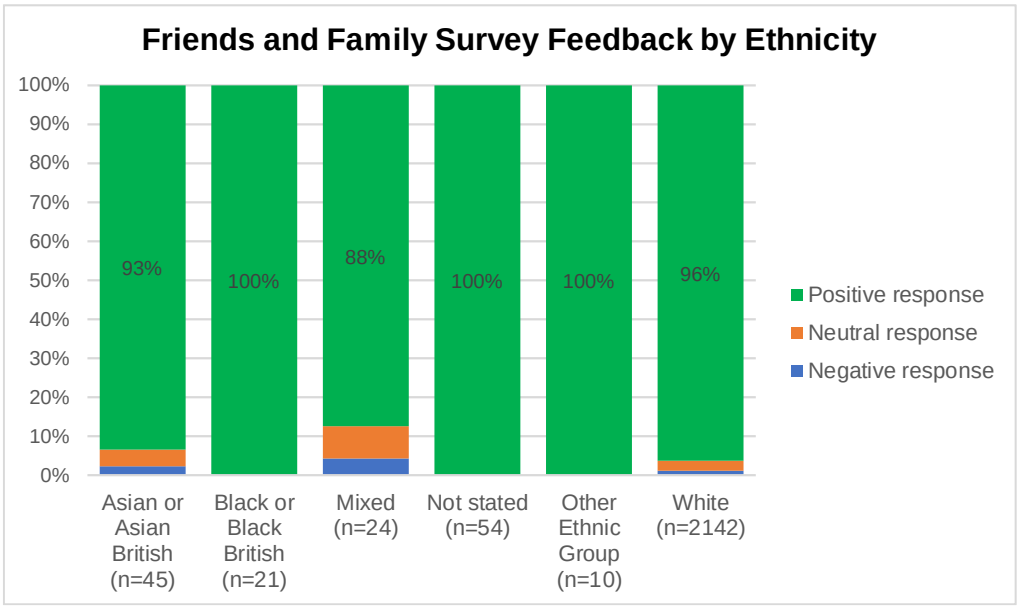


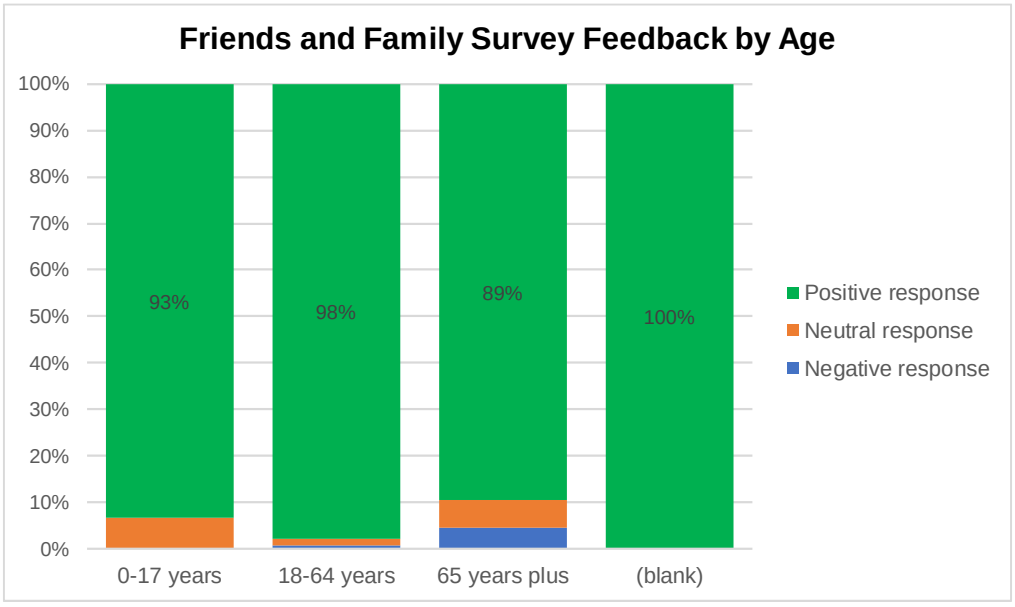


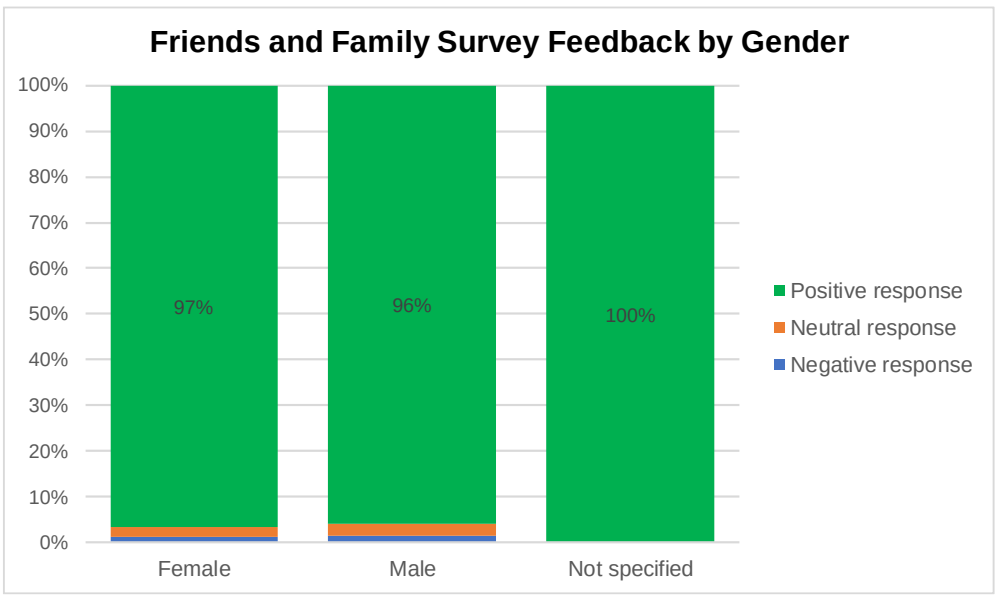
Promotion of equality of service delivery:

Due regard to the aims of the public sector equality duty
To meet our requirements under the Public Sector Equality Duties (PSED) Equality Act 2010, we have shared with our commissioners and published data on the 'Equality and Diversity' page on our website.

Customer satisfaction scores broken down by protected characteristics
To measure customer satisfaction the Trust promotes the Friends and Family Test and respondents are asked to provide their ethnicity, age and gender. Results for the financial year follow overleaf:


Friends and Family Survey Feedback by Ethnicity
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
93%
100%
88%
100%
100%
96%
Positive response
Neutral response
Negative response
Asian or Asian British (n=45)
Black or Black British (n=21)
Mixed (n=24)
Not stated (n=54)
Other Ethnic Group (n=10)
White (n=2142)


Friends and Family Survey Feedback by Age
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
93%
98%
89%
100%
Positive response
Neutral response
Negative response
0-17 years
18-64 years
65 years plus
(blank)


Friends and Family Survey Feedback by Gender
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
97%
96%
100%
Positive response
Neutral response
Negative response
Female
Male
Not specified

Performance against equality of service delivery KPIs and metrics
This has been an unusual year. This would normally be a straightforward section on equality of access, adapted service offers and reasonable adjustments. This year a wider summary has been included to give an insight into the adaptations of service we have made to continue to provide a service. As the Trust entered the pandemic we made rapid assessments of the clinical need of our in-patients. It was very evident from the emerging evidence that those individuals who were BME and had underlying health conditions or were shielding would require additional support. The Trust acted quickly and clinical assessment was made of all in-patients. Immediate bed management was made to move all Category A (shielded patients) and Category B (our patients with vulnerabilities including Asthma) into protected areas and away from direct admissions. This proactive action had positive outcomes to the safety of those patients in early 2020 and through the whole pandemic period. In addition, we reviewed all shielded patients in community caseloads and offered them additional support. The full clinical community caseload was reviewed in early 2020 before national directive to ensure that any person or family who was shielding had the local Derbyshire offers of support and was given additional support from our community health and mental health teams.

All people with this additional need had additional support offers and were given information on the new Mental Health Helpline when it launched. In all of our community services we offered an additional support service as well as offering Attend Anywhere appointments, telephone support and/or maintaining face to face visits. This early adaptation of services, rapid responsible and flexible approach has had a positive impact on the outcomes of our services in NHS Benchmarking with maintenance of contact and level of interventions. Current levels of morbidity and mortality require further assessment but the loss of life to individuals with underlying health conditions and BME appears lower than national levels for our bedded care service. We will undertake further analysis against other organisations and learning of the full impact on our wider community.

The Quality and Safeguarding Committee has reviewed the learning from the community patients impacted by COVID-19 on their health conditions, both in terms of age, environment/ council ward, gender and age. There has been greater impact by geographical ward for Derby City and Erewash for Older Adults, which we will take into account in our learning in 2021. Overall, clinically we have protected our patients who have a Learning Disability and our wider patient groups, this is a key outcome of the strength of our clinical services. As we enter into 2021, we will continue to look for patterns and impact in our practice where we can continually improve and look to impact any inequality.

Clinically our mental health and Learning Disability services have remained busy but operational. Our Substance Misuse services have continued to be have full service and have experienced an increase in referrals and access related to Alcohol and Substance usage.

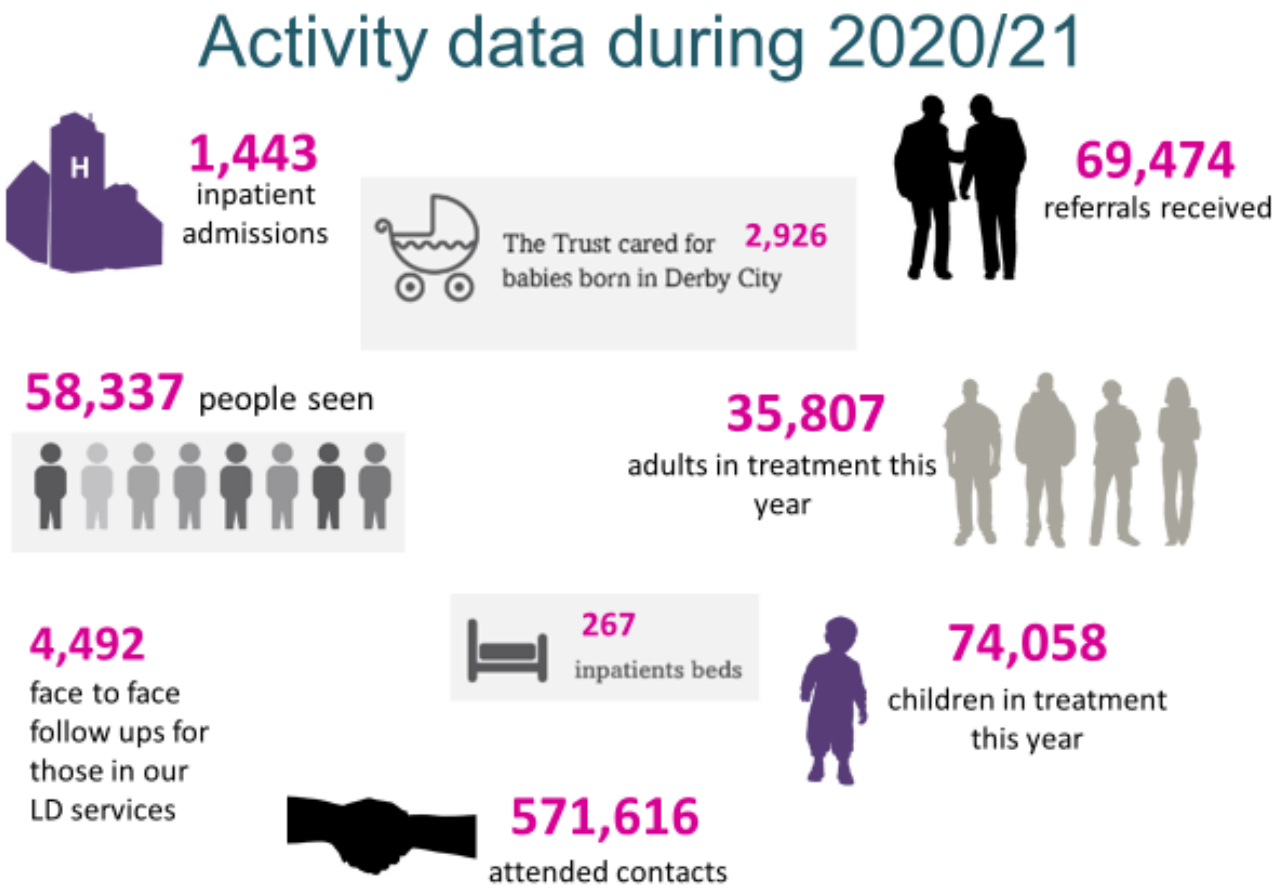
Our Children Health services were consolidated to emergency functions, however our Health visiting, Safeguarding and Child protection medical services maintained their services.

All of our services have seen sustained activity relating to Domestic Abuse and noteworthy is in an increase for older people particularly women but with male cases present too, this factor has resulted in an interagency response to consider specific needs of older people and this risk by the Trust's Safeguarding team

Explanations of activities the Trust is undertaking to promote equality of service delivery
Person-centred care planning: If you take a patient-centred approach, which takes into account all of an individual person's needs, that approach encapsulates equality of service delivery. The Trust ensures that all patients are informed and supported to be as involved as they wish to be in decisions about their care through the use of person-centred care planning. A care plan will be devised jointly with the patient (unless they are unwilling or unable to be involved). There are a number of variations of the care plan depending on what service is being provided however the principle of devising the care plan in conjunction with the patient, where possible, is

consistently applied. In addition, for patients with a learning disability an accessible care plan has been devised which uses symbols to aid understanding and enable participation in the production of the care plan.

Snapshot of activity



Operational performance summary

Trust performance is measured against a number of national and local indicators and standards. The key performance measures are as follows:

a) NHS Improvement (NHSI) Oversight Framework Targets

The NHSI Oversight Framework (OF) is applicable to NHS trusts, foundation trusts and Clinical Commissioning Groups (CCGs). This financial year the vast majority of NHSI targets have been achieved:

NHS Improvement Oversight Framework Targets	Target	Apr-20		May-20		Jun-20		Jul-20	
3 Day Follow Up – All Inpatients	80%	120	82%	86	84%	118	92%	123	82%
Data Quality Maturity Index (DQMI)	95%	1,208,191	96%	1,179,012	96%	1,204,782	96%	1,209,967	96%
IAPT Referral to Treatment within 18 weeks	95%	674	100%	660	100%	678	100%	635	100%
IAPT Referral to Treatment within 6 weeks	75%	674	88%	660	79%	678	73%	635	71%
EIP RTT Within 14 Days - Complete	60%	17	71%	16	94%	19	100%	19	95%
EIP RTT Within 14 Days - Incomplete	60%	12	17%	20	50%	23	57%	16	38%
Patients Open to Trust In Employment	N/A	22,645	12%	22,261	12%	22,671	11%	22,857	11%
Patients Open to Trust In Settled Accommodation	N/A	22,645	66%	22,261	66%	22,671	65%	22,857	64%
Under 16 Admissions To Adult Inpatient Facilities	0	0	N/A	0	N/A	0	N/A	0	N/A
IAPT People Completing Treatment Who Move To Recovery	50%	643	54%	613	58%	646	52%	619	48%
Out of Area - Number of Patients Non PICU	N/A	10	N/A	8	N/A	13	N/A	20	N/A
Out of Area - Number of Patients PICU	N/A	22	N/A	28	N/A	34	N/A	33	N/A
Out of Area - Average Per Day Non PICU	N/A	5	N/A	6	N/A	9	N/A	13	N/A
Out of Area - Average Per Day PICU	N/A	13	N/A	13	N/A	19	N/A	22	N/A

NHS Improvement Oversight Framework Targets	Target	Aug-20		Sep-20		Oct-20		Nov-20	
3 Day Follow Up – All Inpatients	80%	101	89%	120	92%	101	89%	115	92%
Data Quality Maturity Index (DQMI)	95%	1,183,761	96%	1,214,224	96%	1,225,314	96%	1,264,621	96%
IAPT Referral to Treatment within 18 weeks	95%	400	100%	486	100%	467	100%	499	100%
IAPT Referral to Treatment within 6 weeks	75%	400	77%	486	82%	467	89%	499	93%
EIP RTT Within 14 Days - Complete	60%	22	95%	23	83%	22	86%	24	96%
EIP RTT Within 14 Days - Incomplete	60%	26	58%	23	52%	16	44%	21	71%
Patients Open to Trust In Employment	N/A	22,822	11%	23,077	11%	23,250	11%	23,238	11%
Patients Open to Trust In Settled Accommodation	N/A	22,822	64%	23,077	63%	23,250	62%	23,238	62%
Under 16 Admissions To Adult Inpatient Facilities	0	0	N/A	0	N/A	0	N/A	0	N/A
IAPT People Completing Treatment Who Move To Recovery	50%	376	57%	466	53%	449	55%	478	57%
Out of Area - Number of Patients Non PICU	N/A	19	N/A	13	N/A	14	N/A	17	N/A
Out of Area - Number of Patients PICU	N/A	31	N/A	31	N/A	28	N/A	20	N/A
Out of Area - Average Per Day Non PICU	N/A	13	N/A	6	N/A	8	N/A	11	N/A
Out of Area - Average Per Day PICU	N/A	20	N/A	16	N/A	17	N/A	10	N/A

NHS Improvement Oversight Framework Targets	Target	Dec-20		Jan-21		Feb-21		Mar-21	
3 Day Follow Up – All Inpatients	80%	101	90%	87	94%	89	91%	98	90%
Data Quality Maturity Index (DQMI)	95%	1,275,635	97%	1,310,296	97%	1,351,370	97%	1,453,608	97%
IAPT Referral to Treatment within 18 weeks	95%	439	100%	534	100%	440	100%	476	100%
IAPT Referral to Treatment within 6 weeks	75%	439	94%	534	97%	440	98%	476	97%
EIP RTT Within 14 Days - Complete	60%	16	94%	14	93%	17	88%	17	76%
EIP RTT Within 14 Days - Incomplete	60%	15	67%	23	70%	22	64%	20	45%
Patients Open to Trust In Employment	N/A	22,995	11%	22,949	11%	22,957	11%	23,206	11%
Patients Open to Trust In Settled Accommodation	N/A	22,995	61%	22,949	61%	22,957	60%	23,206	60%
Under 16 Admissions To Adult Inpatient Facilities	0	0	N/A	0	N/A	0	N/A	0	N/A
IAPT People Completing Treatment Who Move To Recovery	50%	417	54%	503	56%	426	57%	452	55%
Out of Area - Number of Patients Non PICU	N/A	22	N/A	20	N/A	22	N/A	20	N/A
Out of Area - Number of Patients PICU	N/A	21	N/A	20	N/A	22	N/A	30	N/A
Out of Area - Average Per Day Non PICU	N/A	14	N/A	11	N/A	15	N/A	11	N/A
Out of Area - Average Per Day PICU	N/A	12	N/A	13	N/A	13	N/A	16	N/A

Points of note:

This financial year we have consistently achieved the new national standard for follow-up within three days of discharge from inpatient wards and the high level of performance seen over the last eight months was statistically significant.

Regarding the data quality maturity index, increasing waiting lists resulting from the pandemic have continued to have a negative impact on data quality as much of the data is collected when the patient is first seen, however we have consistently exceeded the national target.

b) Contractual targets

The Trust usually has a number of targets which form part of our contract with commissioners. No contract was agreed in 2020/21 owing to the pandemic however we have continued to monitor performance against the targets agreed in the previous year:

Locally Agreed	Target	Apr-20		May-20		Jun-20		Jul-20	
CPA Settled Accommodation	90%	2,238	95%	2,219	94%	2,208	94%	2,175	94%
CPA Employment Status	90%	1,820	95%	1,818	95%	1,814	94%	1,798	94%
Patients Clustered not Breaching Today	80%	13,640	68%	13,326	66%	13,334	65%	13,239	63%
Patients Clustered Regardless of Review Dates	96%	14,981	91%	14,709	91%	14,761	90%	14,707	90%
Ethnicity Coding	90%	22,645	96%	22,261	95%	22,671	95%	22,856	94%
NHS Number	99%	5,267	100%	9,965	100%	16,009	100%	21,177	100%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	2,238	95%	2,219	94%	2,208	93%	2,175	94%
Clostridium Difficile Incidents	7	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	4	N/A	5	N/A	5	N/A	5	N/A

Locally Agreed	Target	Aug-20		Sep-20		Oct-20		Nov-20	
CPA Settled Accommodation	90%	2,165	94%	2,156	94%	2,144	93%	2,144	93%
CPA Employment Status	90%	1,793	94%	1,779	94%	1,776	94%	1,780	93%
Patients Clustered not Breaching Today	80%	13,111	61%	13,246	60%	13,289	59%	13,437	59%
Patients Clustered Regardless of Review Dates	96%	14,677	89%	14,830	89%	14,958	89%	15,118	89%
Ethnicity Coding	90%	22,822	95%	23,077	94%	23,250	94%	23,238	94%
NHS Number	99%	25,352	100%	31,145	100%	36,868	100%	42,964	100%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	2,165	94%	2,156	93%	2,144	92%	2,144	92%
Clostridium Difficile Incidents	7	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	5	N/A	5	N/A	6	N/A	4	N/A

Locally Agreed	Target	Dec-20		Jan-21		Feb-21		Mar-21	
CPA Settled Accommodation	90%	2,114	93%	2,076	92%	2,030	92%	2,016	92%
CPA Employment Status	90%	1,762	93%	1,738	93%	1,703	92%	1,697	92%
Patients Clustered not Breaching Today	80%	13,373	59%	13,378	58%	13,249	56%	13,168	56%
Patients Clustered Regardless of Review Dates	96%	15,085	89%	15,166	88%	15,089	88%	15,096	87%
Ethnicity Coding	90%	22,995	93%	22,949	93%	22,957	93%	23,205	92%
NHS Number	99%	48,275	100%	54,067	100%	59,386	100%	64,821	100%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	2,114	93%	2,076	92%	2,030	91%	2,016	89%
Clostridium Difficile Incidents	7	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	4	N/A	2	N/A	1	N/A	1	N/A

Schedule 6 Contract	Target	Apr-20		May-20		Jun-20		Jul-20	
Consultant Outpatient Appointments Trust Cancellations	5%	4,135	30%	3,698	22%	4,619	20%	3,919	16%
Consultant Outpatient Appointments DNAs	15%	2,518	8%	2,600	10%	3,389	12%	2,978	13%
Under 18 Admissions To Adult Inpatient Facilities	0	0	N/A	0	N/A	0	N/A	0	N/A
Outpatient Letters Sent in 7 Days	90%	1,045	82%	1,317	82%	1,866	77%	1,636	66%
Inpatient 28 Day Readmissions	10%	135	4%	106	8%	135	13%	139	5%
MRSA - Blood Stream Infection	0	0	N/A	0	N/A	0	N/A	0	N/A
Mixed Sex Accommodation Breaches	0	0	N/A	0	N/A	0	N/A	0	N/A
Discharge Email Sent in 24 Hours	90%	135	90%	106	79%	135	92%	139	94%
Delayed Transfers of Care	3.5%	367	0%	345	0%	396	1%	382	1%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	793	66%	691	63%	568	54%	521	50%

Schedule 6 Contract	Target	Aug-20		Sep-20		Oct-20		Nov-20	
Consultant Outpatient Appointments Trust Cancellations	5%	3,121	9%	4,257	7%	4,045	4%	4,231	5%
Consultant Outpatient Appointments DNAs	15%	2,593	14%	3,573	12%	3,511	14%	3,658	14%
Under 18 Admissions To Adult Inpatient Facilities	0	0	N/A	0	N/A	0	N/A	1	N/A
Outpatient Letters Sent in 7 Days	90%	1,469	64%	2,024	54%	2,057	63%	2,106	76%
Inpatient 28 Day Readmissions	10%	114	11%	136	8%	117	10%	130	8%
MRSA - Blood Stream Infection	0	0	N/A	0	N/A	0	N/A	0	N/A
Mixed Sex Accommodation Breaches	0	0	N/A	0	N/A	0	N/A	1	N/A
Discharge Email Sent in 24 Hours	90%	114	86%	136	93%	117	89%	130	95%
Delayed Transfers of Care	3.5%	415	1%	439	1%	425	0%	425	1%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	474	53%	425	66%	421	84%	430	96%

Schedule 6 Contract	Target	Dec-20		Jan-21		Feb-21		Mar-21	
Consultant Outpatient Appointments Trust Cancellations	5%	3,423	8%	3,915	9%	3,622	8%	4,248	7%
Consultant Outpatient Appointments DNAs	15%	2,914	12%	3,217	13%	3,013	13%	3,221	11%
Under 18 Admissions To Adult Inpatient Facilities	0	0	N/A	0	N/A	0	N/A	0	N/A
Outpatient Letters Sent in 7 Days	90%	1,467	74%	1,640	73%	1,602	65%	1,692	73%
Inpatient 28 Day Readmissions	10%	114	7%	102	5%	107	9%	113	4%
MRSA - Blood Stream Infection	0	0	N/A	0	N/A	0	N/A	0	N/A
Mixed Sex Accommodation Breaches	0	0	N/A	0	N/A	0	N/A	0	N/A
Discharge Email Sent in 24 Hours	90%	114	78%	102	91%	107	87%	113	86%
Delayed Transfers of Care	3.5%	405	0%	377	0%	383	1%	427	0%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	466	97%	513	96%	652	98%	718	96%

In order to manage the multiple challenges faced by the impact of COVID-19 it was necessary to prioritise critical tasks. The impact of this can be seen in the tables above, on areas such as clustering, CPA reviews, speed of correspondence and outpatient appointment cancellations.

Trust Chief Executive one of most influential Black, Asian and Ethnic Minority (BAME) people in health

Derbyshire Healthcare Chief Executive Ifti Majid (pictured) was named one of the 50 most influential **BAME** people in health in the UK, alongside the Chief Executive of Health Education England Dr Navina Evans – and Manchester United footballer Marcus Rashford.

Ifti was recognised for the work he does to champion equality and inclusion both inside and outside the Trust. The HSJ BAME50 lists the black, Asian and minority ethnic figures who will exercise the most power and influence in the English NHS and health policy over the next 12 months.

Ifti said of his appearance on the list: “I am delighted that there is an increasing focus on BAME representation at a senior level in the NHS, and flattered to be included on this list. I and my colleagues will continue to stand against discrimination of any type, both within and outside of the organisation.”

In his role as Co-Chair of NHS Confederation’s black and minority ethnic (BME) Leadership Network, Ifti has been a strong advocate for the need to end the discrimination BAME communities face.

With his network co-chair Danielle Oum, Incoming Chair of Birmingham and Solihull MHFT, who also appears on the HSJ BAME50 list, Ifti has stated: "Not being racist is not enough. We must be wholeheartedly anti-racist, applying evidence-based approaches, and hold ourselves to account for delivery."

Quality performance

This quality performance overview is the Trust's review of its quality priorities for the past 12 months and the agreed priorities for the coming year.

Throughout the year, the divisional Heads of Nursing work with clinical and operational staff and service users. Forums such as the Patients Experience Committee (PEC), Healthwatch, and the Patient and Carers EQUAL Forum review progress on our key quality priorities. Progress on the quality priorities is reported to the Quality and Safeguarding Committee on a quarterly basis.

The Quality priorities for 2020/21 were as follows:

- Physical healthcare
- Deliver all named specific CQUINs or contractual targets
- Relapse reduction and harm reduction
- Being effective
- Quality improvement (QI) – using your ideas

At the end of March 2020, the country went into national lockdown due to COVID-19 and the NHS experienced the initial surge of COVID-19 patients. Key guidance was disseminated by the national team that had to be implemented regionally and locally through command and control structures. The guidance related to the re-organisation and pausing of services and gave high level instruction as to ensuring the NHS had enough capacity to meet the expected health needs of those infected by COVID-19.

The Trust responded by scaling back all non-essential activities and some clinicians in the clinical audits, research and quality, and transformation teams were redeployed to facilitate frontline services and the Incident Management Team. This meant that the Trust had to re-focus its priorities in order to meet the emerging demands.

Quality performance reporting analysis against core indicators

Participation in National Benchmarking Activities
The Trust is a member of the NHS Benchmarking Network and participated in several national benchmarking activities. Last year, for example, the learning disabilities providers bespoke report (2021) highlights include:

- Average wait from referral to assessment is below the mean
- Average wait from assessment to treatment is well below mean
- Percentage of patients whose return to treatment (RTT) was within four weeks is well above the national average
- Referrals received are in line with national average
- Patients on caseload slightly below national average
- Proportion of contacts delivered non-face to face slightly above average
- Number of Autism Spectrum Disorder (ASD) assessments above average per 100K population
- Percentage of positive ASD diagnosis above average.

Quality performance against the indicators which are being reported as part of NHS Improvement's oversight for the year

Quality Descriptors of the Well Led Framework – 2020/21

Quality Descriptors	Improvement Activities	Updates
Care Quality Commission (CQC) Requirement Notices	Five actions were received in 2020. Improvements in ligature risk assessments, physical health monitoring/recording, mandatory training compliance, fridge temperature monitoring and communication with staff regarding COVID-19 were undertaken	Significant progress has been made The majority of actions have been completed or have residual sub-actions which will be completed by mid-year 2021
Trust Priorities	2020/21 priorities were refocused due to the pandemic. The 2019/20 quality priorities continued to be worked on	2021/22 quality priorities are agreed as: Sexual Safety and Violence Violence Reduction and Restrictive Practices Learning from COVID-19
Key Performance Indicators (KPI)	KPI: In abeyance due to the pandemic Operational, quality and people performance continued to be reviewed by Board using the Integrated Performance Reports	The Trust monitors its performance against a wide variety of local and national standards and targets, such as: Quality priorities NHS Improvement Oversight Framework standards NHS England Specialised Services contractual targets Local commissioning contractual targets
Commissioning for Quality and Innovation (CQUIN)	CQUIN programme: In abeyance due to the pandemic	One CQUIN was undertaken – Flu Vaccinations for Staff. This achieved a Trust record-breaking result
National Clinical Audits	The Trust participated in a total of 40 clinical audits and confidential enquiries in 2020/21	Seven major research projects were also undertaken in 2020/21
Local Audits against NICE Guidelines	Some local audit cycles were affected by the pandemic	The NICE steering group is being re-launched in 2021/22

Overall quality performance of the Trust in 2020/21

Category	Indicator	Performance
NHS England (NHSE) and NHS Improvement (NHSI)	NHS Oversight Framework 2020/21 (Segments 1-4) Segment 1 indicating maximum autonomy	Segment 2
Care Quality Commission (CQC)	Overall ratings (Inadequate, Requires Improvement, Good or Outstanding)	Good
National Targets	National targets relevant to mental health and community services	Fully compliant

Our re-focused priorities for 2020/21

Strategic Objectives	Quality Priorities 2020/21
A. Improving staff health, wellbeing and safety	Established staff wellbeing teams Scheduled live staff wellbeing and engagement events Provided vitamin D supplements to Black, Asian and Minority Ethnic Group (BAME) staff Improve vacancy rates via recruitment and retention plans (Trust-wide 6%, March 2021) Facilitate individual health and wellbeing conversations Services carried out individual risk assessment and offered redeployment and flexible working options Services ensured compliance with infection prevention and control national guidance
B. Our response to COVID-19 and delivering the NHS COVID-19 vaccination programme	The safe provision and prioritisation of our people using our services Maintaining capacity for the hospital hub at Kingsway hospital Provision of the roving clinics model Expanding the availability of specialist adapted sensory vaccination clinic days for our people with a learning disability who require additional support Developing the internal test and trace service to ensure safety of our people Provision of lateral flow tests and developing a monitoring service to ensure safety Workforce engagement events to address vaccine uptake hesitancy
C. Review and adopt learning from the pandemic in service restoration workstreams	Establish a 'learning the lessons' group and conduct staff feedback survey to ascertain learning from the first wave of the pandemic Further developments in digital enablement and addressing digital exclusion for people with mental health and learning disability
D. Expanding primary care capacity to improve access local health outcomes and address inequalities	In 2019, Joined Up Care Derbyshire (JUCD) committed to create two Living Well prototype sites in High Peak and North Dales, and Derby to develop an improved offer for mental health in both localities. As a result of COVID-19, the project was delayed, but in Summer 2020 was able to commence in High Peak and North Dales. The prototyping work is facilitated in partnership with the Innovation Unit and is a key programme of work in implementing the NHS Long Term Plan and the community mental health framework

E. Preventing inappropriate Emergency Department (ED) attendance, improving timely admissions by ED patients and reducing the length of stay	The Trust has continued to maintain its adult mental health liaison teams with significant activity maintained The Child and Adolescent Mental Health Services (CAMHS) RISE service responds rapidly to children and young people and has a safe and effective impact and outcomes Our public health integrated substance misuse drug and alcohol consortium continues to make significant impact on our EDs in both the North and South and we will re-examine in 2021 how we can continue to be impactful in this area with increased alcohol consumption across our county Our crisis helpline offering services 24/7 has substantially impacted upon activity in both of our EDs We have continued to lobby for national assistance to enable our Estates re-development of a large-scale capital programme to enable the eradication of dormitories and design a new Psychiatric Intensive Care Unit (PICU) for Derbyshire
F. System-wide collaborative working	We have collectively used our talents to: Support a safe hospital discharge programme Support staff to work across the system in emergency situations Share clinical practice in infection control Successfully launch the roving clinics model and collaboratively work with the Commissioners to vaccinate patients under the care of Cygnet Hospital Offer a hospital hub provision to staff and patients across the system for those in services of NHS provision, independent and third sector partners Offer an emergency psychological support service with fast track referrals to Improving Access to Psychological Therapies (IAPT) and Trust psychological services for acute Trust staff struggling with the impact of the pandemic

As we look forward to 2021/22 we will be:

1. Learning lessons from our COVID-19 experiences and planning for the future
2. Focusing upon and improving sexual safety and reducing sexual violence programme
3. Focusing upon the reducing violence and restrictive practice workstream.

Our Quality Improvement Strategy

Our Quality Improvement Strategy is focused on creating the right conditions for frontline teams to feel empowered to develop and improve the quality of services that we provide, in partnership with those in receipt of those services and their carers and families using our ‘Bright Ideas’ programme for service improvement.

- The Trust is committed to the principles of continuous quality improvement and move towards a model of decision-making responsibilities devolved to front line staff who are trusted and supported to participate in quality improvement programmes and initiatives in practice by our dedicated transformation team
- Devolved leadership to initiate quality improvement in frontline services brings both opportunities and expectations as part of the service restoration programme. The Trust will engage staff and service users in areas where the changes adopted during the pandemic can be embedded in practice and service delivery
- The Trust participated in several national clinical audits and research programmes in the past 12 months and also several local audits. Audit cycles have been sustained in clinical areas such as physical health monitoring and prevention of restrictive practice.

Our quality achievements, challenges and learning from the last year

The past year presented both unprecedented challenges and opportunities for innovative ways of working and this included large-scale service transformation programmes for the Trust. Our way of service delivery changed at pace over the past 12 months and the adverse effects of the pandemic continually challenged the resilience of our staff in frontline services. We have all learnt to work differently and our Incident Management Team, the senior leaders and all staff have stood up to the challenge.

As a Trust, we have adopted a trauma informed, compassionate leadership approach. We ensured that staff have access to high quality psychological and wellbeing support services and also organised opportunities for staff teams to catch up and reflect. This has greatly paid off as evidenced in our staff survey results and there is continuing work by our psychology services to facilitate staff and service users' recovery from the COVID-19 trauma.

Quality Governance and Assurance Overview

The Trust has developed a suite of dashboard quality governance systems that enables monthly reports to be analysed at divisional level by the operational and clinical leads. Due to the pandemic, some of the monthly Clinical and Operational Quality Team meetings were scaled down to enable services to focus on frontline service delivery in line with the national directives. The Board receives assurance from the Quality and Safeguarding Committee that provides oversight to the Trust Quality Strategy and the priority workstreams.

The Trust is under segment 2 of the NHS England/Improvement Oversight Framework. This mechanism is designed to support NHS providers to attain and maintain the care Quality rating of 'Good' or 'Outstanding'.

The Trust made notable improvements in the following areas:

- Community Health Services for Children and Young People – the rating has increased from 'Requires Improvement' to 'Outstanding'. Both Children and Young People service lines are now rated 'Outstanding'
- Acute Wards for Adults of Working Age and Psychiatric Intensive Care Units – the rating has increased from 'Inadequate' to 'Requires Improvement'. Whilst there are still improvements to be made, significant progress has been made and quality and safety improvements have been embedded across the Radbourne Unit and the Hartington Unit
- Mental Health Crisis Services and Health-Based Places of Safety – the rating has increased from 'Requires Improvement' to 'Good'.

In total, there are three service lines that have improved ratings from 'Requires Improvement' to 'Good'. There are no services currently rated 'Inadequate' and there are two service lines rated 'Outstanding'.

Commissioning priorities

The Trust worked collaboratively with Derby and Derbyshire Clinical Commissioning Group (DDCCG) during the pandemic, although the formal Clinical Quality Review Group (CQRG) meetings were stepped down and the contract Key Performance Indicators and CQUINs monitoring suspended, the Trust maintained monthly informal meetings with the Commissioners to discuss quality assurance and any concerns in service delivery. The Trust has worked in partnership with other partners to deliver the COVID-19 vaccination programme as part of the JUCD integrated care system. The Trust developed a concerns log where all commissioning concerns were formally documented, and mitigation plans discussed with the Commissioners on a monthly basis.

Despite the challenges, there are several achievements that Team Derbyshire celebrate this year, and these include:

Derbyshire Mental Health Helpline and Support Service
Whilst there have been many positive developments during the pandemic, the launch of the mental health support line to support the people of Derbyshire stands out as a fantastic achievement for the Trust among other innovative new ways of working.

Suicide prevention – review of pathway and service
There are adverse wellbeing effects of the pandemic on the populations we serve, especially people with mental health needs. In partnership with Derbyshire County Council, we have successfully secured funding to undertake a comprehensive review of the self-harm pathway and services for adults and young people. The project will form part of a wider programme of suicide prevention work within Derbyshire, funded under NHS England's Suicide Prevention Wave 3 Funding stream. It will lead to appropriate system level recommendations to develop and implement an effective model of support, care and training.

Digital enablement
'Attend Anywhere' appointment system is contributing to reducing waiting list times. All individual consultations are risk assessed and the capability to hold face to face consultations by frontline services was retained by services if the virtual assessment is felt not to be appropriate. The training of clinicians in the past has been associated with face to face assessments as opposed to virtual assessment. Our clinicians are now learning from best practice research and incorporating this into virtual working. We have observed an increase in demand from service users that this is their preferred method of consultation and consultants and other clinicians have impressively embraced this new technology. We have also received feedback from our carers forums that there have been patient experience concerns and that in some key groups a return to face to face delivery is a preferred method of delivery. As an organisation, we will explore both sets of feedback and work in partnership. This will include, when safe to undertake in 2021, clinical negotiation on patient preferences.

Participation in COVID-19 research
At the start of the year, our clinical research team members were redeployed to support clinical services and in line with the Department for Health and Social Care (DHSC) guidance. We paused new and ongoing research studies that were not nationally prioritised COVID-19 studies. We maintained only essential non-COVID-19 research studies, which, if stopped, would have a detrimental impact on patients. By June 2020 as our team returned following redeployment, they were able to catch up rapidly and we were able to contribute to over seven nationally prioritised Urgent Public Health Research projects. During the COVID-19 pandemic, for the past 12 months, significant efforts of the research community and the generosity of research participants has led to the discovery of important evidence needed for overcoming the pandemic and we hope that 2020/21 is the year that enables everyone to appreciate research as an essential NHS service. Research is only possible because of our participants and the success of research in 2020/21 is down to everyone who participates.

Workforce engagement
Our staff participated in the UK Reach – the United Kingdom Research study into Ethnicity and COVID-19 outcomes in healthcare workers. This study will provide evidence on COVID-19 outcomes among ethnic minority healthcare workers to inform the development of risk reduction and support programmes through increased understanding of risk as well as physical and mental health outcomes. The Trust has ensured that staff wellbeing was a key priority in 2020/21. Our staff flu vaccination uptake was 85% – the highest compared to previous years. The Trust remains compliant with the Healthcare Worker Influenza Vaccination Best Practice Management checklist. The Trust has fully complied with national guidance to support staff wellbeing and the senior leadership team held several virtual engagement events throughout the year to provide emotional well-being support to colleagues and facilitate self-reflection forums. Throughout the pandemic, staff had access to Occupational Health, lateral flow testing, risk assessments and redeployment options.

COVID-19 vaccination programme engagements

The Trust was commissioned to deliver a hospital COVID-19 vaccination hub at our Kingsway hospital site. We have worked innovatively with our JUCD partners and service users to provide learning disability specific vaccination days for people with specialist sensory needs, mental health and targeted supported for any who is needle phobic. In response to the COVID-19 pandemic, the Trust decided to implement a 'people first' policy and we were one of the first Trusts in the country to design an individualised BAME risk assessment. In regard to the COVID-19 vaccination uptake awareness, we created live engagement sessions for staff to address the key hesitancy themes. We introduced a vaccination 'buddy' system. In collaboration with the BME Network and as part of the Trust's commitment to promoting wellbeing during the pandemic, we offered all colleagues a supply of daily vitamin D supplements. At 31 March 90% of staff had a 1st vaccination and 32.29% a 2nd vaccination.

Infection, prevention and control

The Trust, via the Incident Management Team, have successfully engaged staff and service users in infection control activity that has mitigated the spread of the COVID-19 virus in frontline services. The Trust ensured that services are compliant with National Infection Prevention and Control guidance standards and fully compliant with the audit programme against National Infection Control guidance. Also, the Trust is working with GPs and leading on the vaccination of people under our care. The vaccination programme is taking place in line with Joint Committee on Vaccination and Immunisation (JCVI) guidance to ensure those with the highest mortality risk receive the vaccine first. The Trust is grateful to all staff who have worked tirelessly during these challenging times adhering to stringent Infection Prevention and Control guidance to keep both service users and staff. The Trust's main priority during the pandemic was to ensure that the staff are supported and provided with the necessary safeguards to ensure their safety during the pandemic.

Service user engagement

We extend our heartfelt thanks to service users and carers. This year has been challenging for our carers. The Trust continued to engage with the carers throughout the year. After an interruption, the monthly carers engagement meetings resumed allowing us to listen to carers' concerns and act on them as appropriate. We developed posters, information leaflets and guides regarding COVID-19 to keep our carers and families informed and safe. We have continued to publish and distribute our carers newsletter. We maintained and improved our links with Voluntary, Community and Social Enterprise (VCSE) organisations to ensure that our carers and colleagues were fully informed on available support. We worked in a coordinated way across the Health and Social Care system to support and promote Carers Rights Day using social media and posters to promote local events.

We have resumed Triangle of Care Carer Awareness Training after it was suspended in the early days of the pandemic and we continue to be committed to our Triangle of Care membership. We are a two-star organisation and have worked to maintain our standards throughout the pandemic.

We have recently written to all our carers encouraging them to access a COVID-19 vaccine and providing this where appropriate in our own vaccine hub. Our plans for 2021/22 include completing our Carers Policy review in conjunction with our carers representatives by launching a new carer group at the Hartington Unit. We continue with our organisational commitment to Triangle of Care and supporting our local Carer Peer Support forum.

The EQUAL Forum
Our EQUAL Forum was paused in the height of the pandemic but was re-started with a focus upon the experience of the pandemic, the helpline, the lived experience of autism during the pandemic period, the experience of community mental health services. In addition, our EQUAL colleagues have supported how we have designed information on the pandemic, the Incident Management Team, and our campaign to have a COVID-19 vaccine was headed by some of our EQUAL members.

Waiting well 2020/21
With regard to patients' communication, the Trust has systems and processes in place to ensure that:

- A standard letter is sent to all patients on prolonged pathways reiterating advice related to engagement with healthcare services, symptom changes and support needs and providing a single point of contact to both secondary and primary care teams
- Where communication issues are known, this standard letter is available in an easy read format and in any applicable language.

Patient care activities and service user engagement
This year the Trust has continued to provide its core services and also supported community public health initiatives which include:

- Working as partners with JUCD to create two prototype sites for an improved community mental health offer
- Our older adult services have used digital technology in an innovative way to provide 24-hour care providers with support online without increasing their risk by visiting them during the pandemic
- The inpatient rehabilitation services have developed and are piloting an outreach model of care to support people in the community post discharge from rehabilitation in patient services
- Our 'emotion regulation' pathway of care has been launched and developed across our adult services
- Our individual placement support service has been developed further across our adult and older adult services
- We have strengthened our community-based partnership working with the voluntary, community and social enterprise sector.

The Trust engages service users in projects such as the dormitory eradication programme and the 'living library', which is a lived experience recording project, and service users and carers are frequently invited to attend Board and share their experiences. The 'patient stories' allow the Board to receive first-hand experiences of service provisions and help to highlight any areas for quality improvement.

The EQUAL Forum, which brings together patients, carers and nominated staff from across the Trust reconvened in November 2020 following a break due to the pandemic. The EQUAL Forum works in partnership with leaders, including Executive Directors and is in place to ensure that patients and carers feel able to raise issues, and can work together to plan ways to deliver improved services. This year has seen investment in this model, with a new EQUAL Network Advisor coming into post in 2021.

Descriptions of how the Trust is using its foundation trust status to develop its services and improve patient care

Community Mental Health Survey

To ensure that we understand the experiences and satisfaction of people who receive care and treatment in our community mental health services, we take part in the annual national Mental Health Community Service User Survey. The survey is compulsory for all mental health trusts and is conducted by external providers on behalf of the CQC. The Trust commissions an organisation called Quality Health, who undertake surveys on behalf of the majority of trusts in England. Data was collected between February and June 2020.

These national surveys are used to find out about the experience of service users receiving care and treatment from all healthcare organisations and mental healthcare providers. Our results were published on 24 November 2020.

Responses were received from 394 people who received community mental health services from our Trust. There was an increase in sample size in comparison to last year. Questions are grouped under headings with a score and comparison given for the overall heading and then individually for sub-headings. All of the headings (blue sections) can be found in the table below, together with some of the sub-section scores (white sections); the complete table can be found on the CQC website.

Key:

- Better: The Trust is better for that particular question compared to most other Trusts that took part in the survey
- About the same: The Trust is performing about the same for that particular question as most other Trusts that took part in the survey
- Worse: The Trust did not perform as well for that particular question compared to most other Trusts that took part in the survey.

2020 Community Mental Health Patient survey	Patient Response	Compared with Other Trusts	Comparator Trust Nottinghamshire Healthcare	Comparison to Last Year
Health and Social Care Workers	7.5/10	About the same	7.2/10	
Organising Care	8.7/10	About the same	8.3/10	
Planning Care	7.0/10	About the same	6.5/10	
Agreeing care – for having agreed with someone from NHS Mental Health services what care and services they will receive	6.4/10	About the same	5.7/10	
Involvement in planning care – for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this	7.7/10	About the same	7.2/10	

2020 Community Mental Health Patient survey	Patient Response	Compared with Other Trusts	Comparator Trust Nottinghamshire Healthcare	Comparison to Last Year
Personal circumstances – for those who have agreed what care and services they will receive, that this agreement takes into account their personal circumstances	7.1/10	About the same	6.6/10	
Reviewing Care	7.8/10	About the same	7.4/10	
Care review – for having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months	7.8/10	About the same	7.2/10	
Shared decisions – for those who had had a formal meeting to discuss how their care is working, feeling that decisions were made together by them and the person seen	7.9/10	About the same	7.6/10	
Crisis Care Pre pandemic	6.7/10	About the same	6.7/10	
Contact – for knowing who to contact within the NHS out of office hours if they have a crisis	5.6/10	Worse	7.0/10	
Support during a crisis – for those who had contacted this person or team in the last 12 months, receiving the help they needed	7.8/10	Better	7.3/10	
Medicines	7.4/10	About the same	7.1/10	
NHS Therapies	7.4/10	About the same	7.5/10	
Support and Wellbeing	5.0/10	About the same	4.9/10	
Help finding support for physical health needs	4.9/10	About the same	4.7/10	
Help finding support for finding or keeping work	4.0/10	About the same	4.3/10	
Feedback – being Asked to Give Their View on the Quality of Their Care	1.8/10	About the same	1.5/10	

2020 Community Mental Health Patient survey	Patient Response	Compared with Other Trusts	Comparator Trust Nottinghamshire Healthcare	Comparison to Last Year
Overall Views of Care and Services	7.4/10	About the same	7.3/10	
Overall Experience	7.3/10	About the same	7.1/10	

For all sections, the Trust is performing about the same as most other Trusts that took part in the survey. For one individual score, the Trust is scoring worse than most other Trusts and for another, the Trust is scoring better than most other Trusts.

Your Health and Social Care Workers
The score for this section has increased since last year. Questions in this section ask about having enough time with the person leading their care, that person having enough of an understanding of their needs and their treatment history**.**

Organising Your Care
The score for this section has increased since last year. This section explores if a person knows who oversees organising their care, how well they do that and do they know how to contact them.

Planning Your Care
Overall, this section has improved since last year. However, the question whether the care took into account their personal circumstances has reduced slightly.

Reviewing Your Care
This section has had an increase overall, and also in both questions asked in this section.

Crisis Care
This section has reduced in score since last year on both questions. This section also includes the individual score that is worse than most Trusts and the individual score that is better than most Trusts**.**

Medicines
This section has improved since last year. It explores if people have been involved in decision making regarding their medicines, have they had side effects explained and have they had their medicines reviewed**.**

NHS therapies
This section has reduced slightly but remains ‘About the Same’ as other Trusts; this section asks questions about being involved in decisions about which therapy to access and explanations of the therapy**.**

Support and wellbeing
This section has improved from last year and explores people’s feelings regarding how well supported they are with their physical health and employment**.**

Feedback
This section has reduced since last year and remains ‘About the Same’ as other Trusts. There have been particular challenges this year, due to restricted face to face contacts led to reduced opportunities to gain feedback**.**

Overall views of care and services
This section has increased since last year. This includes a question on being treated with respect and dignity and people feeling they are being seen often enough**.**

Overall experience
This section only contains one question around overall satisfaction and has improved since last year**.**

Care planning
As part of the move to a new Electronic Patient Record, it was an opportunity to review the template of care plans following on the work completed last year. Service users were actively involved as part of the development of the care plan, providing ideas of what they would want in a care plan and the language used. There was also service user consultation through teams and the EQUAL Forum on the finished template.

A shared governance approach was used with the intention of engaging frontline colleagues to develop a template that is user friendly and meets quality, legal and clinical standards.

Templates were developed to meet the needs in different areas for example:

- Older adults
- Learning disabilities
- CAMHS
- Working age adults

The template will be used for care under both Care Programme Approach (CPA) and non-CPA. This supports the ethos of Core Care Standards and aligns with The Community Mental Health Framework for Adults and Older Adults (NHSEI 2019) plans to remove this demarcation in levels of care. It will also streamline the number of care plan templates within the electronic care record system. It is anticipated that the template will be used as the person's overarching care plan and that interventions will be updated as needs change, for example when people are admitted into hospital or in need of services at times of crisis.

The language used in the adult and older adult care plan template supports ownership of the plan by the service user, strengthens the need for service users to be involved in the development of their care plan, and reinforces that the focus of the plan is on it being a helpful resource for the person accessing our services.

Great care and attention were taken in the learning disability template to ensure that accessible language was used and that all professions working with a person would be able to use the one template. With such a wide group of professions within the learning disability services this has previously been a challenge**.**

Our Quality Priorities and Annual Workplan for 2021/22
Our Trust executive have met and reviewed our performance through the year and reviewed the external context and we have selected key aspects of focus in this year's strategy. We have taken into account feedback from stakeholders and our staff and the EQUAL forum in this decision.

Strategic Quality and Performance Priorities Setting for 2021/22
The Trust will align its strategic quality priorities with the national priorities set out in March 25 guidance from NHS England/Improvement and we are pleased to say that as a Trust, as part of our services restoration workplan, we had already implemented most of the key adjustments suggested in the guidance.

Our agreed Quality Performance Priorities for 2021/22 are:

Strategic Quality Priorities	Priorities: 2021/22
A. Improving staff health wellbeing and safety	Facilitate annual leave planning flexibility Improve vacancy rates via recruitment and retention plans Facilitate individual health and wellbeing conversations Risk assessment Flexible working Compliance with Infection Prevention and Control guidance
B. Delivering NHS COVID Vaccination programme	Impact on the risk of inequality in severe mental illness and our people with a learning disability with an additional support service through our hospital hub at Kingsway hospital Provide a Roving Clinics teams model Expand the availability of specialist adapted sensory vaccination clinic days
C. Review and adopt learning from the pandemic in service restoration workstreams	Further developments in digital enablement and addressing digital exclusion Work directly on our feedback from the EQUAL forum and the carers forum in re-introducing choice to clinical appointments
D. Sexual safety	Undertake a longitudinal analysis of sexual safety in our inpatient and community settings. Use this information to improve the quality of our service and wider improvements Developing a sexual safety dashboard Design an improvement plan Develop an instruction guide for the development of our new estate Maintain the preceptorship training in sexual safety Develop plans for a trauma informed service model to become the new 2022 quality priority

Workforce performance

In support of our People First value and Best Place to Work strategic objective we have maintained a strong focus on reducing sickness absence and improving staff wellbeing. We have also delivered an enhanced development programme for our leaders and managers.

At year end the Trust employed 2,795 contracted staff and 502 bank staff.

Recruitment and Retention

- **Turnover** – our annual staff turnover rate for 2020/2021 was 10.86%. This is slightly higher than last year but remains within the target of 10%, bearing in mind the tolerance of 2%. This compares well with national and regional averages
- **Vacancies** – reflecting the picture nationally, we have had some challenges in recruitment of Band 5 and 6 mental health nurses and some consultant posts. During 2020/21 we recruited 332 new starters and by the year end we had an overall increase of 122 staff. Our vacancy rate at the end of March was 6.66%.

Staff attendance and wellbeing

Our annual sickness rate for 2020/21 was 5.27% which is 1.06% lower than the previous year. In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust's highest reason for sickness absence and accounted for 40.87% of all sickness absence during March 2021, followed by confirmed COVID-19 at 8.48% and back problems at 5.36%.

Our enhanced wellbeing offers had good take up during the year; however, we have not yet seen an associated downturn in sickness absence rates. We expect a timing difference between the receipt of the wellbeing support and the return to work or the avoidance of absence; however, this expectation will be explored at the People and Culture Committee.

Appraisals

The Trust appraisal target rate is 90% and at March 2021 the completion rate was 70.91%. Appraisals rates have dipped during the year and beyond COVID-19 we will pick them back up as a priority.

Compulsory training

The Trust has a compliance target rate of 90% and at March 2021 the compliance rate was at 82.70%. We will continue to support areas with increased resources and review our training offers.

Staff development

Following delivery of leadership sessions to over 700 colleagues by the Chief and Deputy Chief Executives we have developed a broad staff development offer for leaders and managers as shown in the next diagram:

For more details about the Trust's focus on its employee, see the Staff Report starting on page 94 of this Annual Report.

Trust turns purple to mark International Women's Day

The Trust marked International Women's Day in March as an opportunity to celebrate the achievements of women in health and social care.

The theme was #ChoosetoChallenge, in tribute to the courage being demonstrated by women in health and care during the extraordinary times of the COVID-19 pandemic. Colleagues were invited to share a picture of themselves wearing purple, the chosen colour for the day.

Throughout the day the Trust shared pledges on social media from members of the Board of Directors on what they #ChoosetoChallenge to help forge a gender equal world.

There was also a virtual bake-off competition on a purple theme, with the Lara Hardy chosen as winner for her marvellous display of purple biscuits.

Financial performance

Summarised Financial Performance
The Trust (and the whole NHS) ended the financial year in continuing unusual circumstances. There were two different sets of financial arrangements in operation during the year.

For the first half of the year, the Trust incurred costs and got all those costs reimbursed, through block payments and monthly top up claims. Therefore, for the first six months the Trust effectively broke even because total costs matched total income. For the second half of the year the Trust got a share of an overall fixed budget that included some specific estimated top up funding for COVID-19 costs and other estimated costs for delivering services during the decline of the pandemic. This financial envelope was allocated to the whole Derbyshire system and divided between partners. For the second half of the year the Trust incurred more costs than the envelope had estimated, in large part because the pandemic continued.

The Trust and its system partners in Joined Up Care Derbyshire (JUCD) provided regular updates to their financial forecasts as the year progressed.

Ahead of the final few weeks of the year, the Trust (along with all other trusts) was notified of some additional centrally provided income, based on estimates of costs of annual leave carried forward and for a change to holiday pay costs.

Financial performance is reported regularly to the Trust Board as part of an integrated performance report (IPR) and describes both the current and forecast financial position and key matters of interest as the year progressed.

At the end of month 12 the outturn was £2.1m deficit. This was an adverse variance from our original plan, due to additional revenue costs such as those in relation to electronic record changes and some impairment to asset values. These were partly offset by the release of some deferred income and some additional income later in the year as shown in the accounts.

With regard to future financial risks the Trust is part of Joined Up Care Derbyshire and Provider Alliance in East Midlands. Part of these partnership arrangements is to look at joint planning and analysis of key risks and assumptions across partners to inform delivery plans and forecasts. The changing arrangements expected, but not finalised, for Integrated Care Systems (ICS) will also factor into understanding associated risks and risk management for future years.

Late in the financial year, the Trust was notified of an allocation of national capital funding for dormitory eradication. This is a key objective and source of financial risk for the upcoming years until the delivery deadline for the anticipated programme of works with a March 2024 deadline.

The capital expenditure for the year was less than originally planned, due to the pandemic. Our capital programme was funded through a mixture of self funded and centrally funded. We received external funding for COVID-specific costs for example for laptops and some central funding for remote working and electronic patient record changes. In addition, we accessed some of our own cash reserves on technology and building requirements.

There was one important event since the end of the financial year affecting the Trust. On 8 April the Chief Executive received notification from NHS England/NHS Improvement (NHSIE) that the Trust has been successful in securing a place on the Mental Health Dormitories Eradication Programme. This outlines that funding totalling £80m has been allocated for Derbyshire for that purpose. It has specific requirements to be met in order to secure the funding and deliver the capital programme before March 2024. The Trust is developing an Outline Business Case as a prelude to Full Business case in order to secure this funding. This outcome of the business case process will be known during the financial year 2021/22. We have received early access to draw down some of the funding in order to support the business case development. The Trust has not undertaken any work overseas during 2020/21.

Data security and protection

During COVID-19 conditions, the Data Security and Protection (DS&P) team continues to maintain high standards and provide underlying support for the Trust COVID emergency response as well as business as usual.

To date the Trust can still proudly claim to be the best performing Trust for data security and protection in the UK when compared to other Trusts providing similar services and one of the very best in the UK overall.

Under the COVID-19 emergency situation our Trust did complete 2019/20 DS&P Toolkit and submitted ahead of schedule. However, many other organisations struggled to do this. There was a national extension of the submission deadline from 31 March 2020 to 30 September 2020; and as such the availability of the new DS&P Toolkit 2020/21 was pushed back to October 2020.

Due to the delay, the baseline submission was also pushed back into February 2021 and NHSX confirmed a deadline extension for the final submission from 31 March 2021 to 30 June 2021.

The Trust had made excellent progress and maintained a high level of DS&P mandatory training competency prior to the COVID-19 emergency situation. However, during the emergency the Trust agreed to relax the mandatory training programme including DS&P. This mirrors the national guidance document around 'reducing the burden'.

Recently in March 2021 the Trust stood back up the DS&P training including the automated monitoring and alert process for staff and line managers. Since then the Trust has improved from 76% (2,055 staff out of 2,702 as of 16 March 2021) to 85% (2,281 of 2,687 as of 14 April 2021).

All other DS&P Toolkit requirements are completed or on track for completion. The data security and protection training compliance figures have been the determining factor to postpone the submission and make use of the deadline extension. The Trust is on track to improve by the required further 10% (270 staff) before 30 June 2021 and submit with standards met.

To reinforce this message the Trust has been through an independent audit assessment of the current DS&P Toolkit submission from 360 Assurance, the Trust's Internal Auditor, with 'substantial assurance' and 'high confidence' in relation to our organisation's self-assessment against the toolkit not differing/deviates only minimally from the Independent Assessment.

Assessment Outputs

	Overall risk assessment across all 10 Standards	Confidence level in the veracity of the self-assessment *
Independent auditor assessment	**Substantial**	**High** The organisation's self-assessment against the Toolkit does not differ / deviates only minimally from the Independent Assessment.

Data Security Breaches

Since April 2020 to date, one incident required reporting to the Information Commissioner's Office (ICO). This was reported via the DS&P Toolkit. The incident involved a member of staff not receiving pension information correctly on three separate occasions. Information was

repeatedly delivered to an incorrect address. Investigation showed incorrect address details for staff member held on the Electronic Staff Record (ESR).

- A further four incidents have been reported via the DS&P Toolkit but not escalated further to the ICO:
  - As part of the COVID-19 response the Trust received staff testing results meant for another local Trust. As a Trusted Partner we were able to make sure information was kept secure and able to get to correct recipient and feedback to sender
  - A member of staff was incorrectly added to a sensitive query via email. Further training and support given to offending team
  - Following a high profile catastrophic incident within the Trust, the audit trail of electronic patient records highlighted potential inappropriate access. An investigation is ongoing. Pending feedback and outcome from the investigation, this incident may be further escalated to the ICO
  - Near miss in relation to Trust COVID-19 email process thanking staff for taking part in lateral flow testing. Additional validation and testing steps were missed, and a cohort of staff received an email listing other staff names. Although incident review confirmed a near miss this incident highlights the importance of additional checks and data protection by design.

The Trust operates in a transparent manner with regards data protection, for example we have updated our Privacy Policy and separate privacy statements in relation to COVID-19, and our publication scheme and availability of Trust approved policies are published on our website. Current work is in progress to expand transparency further in relation to Information Sharing Agreements where appropriate.

The DS&P team continues to monitor incidents and ensures any relevant actions for the Trust are identified and implemented. The DS&P team also continue to liaise with Patient Experience and People Services when required if patients or staff are affected respectively.

Cyber Security
During Q3-Q4 2020/21, under COVID-19 emergency conditions, our Trust engaged with Templar Executives, commissioned by NHS Digital for Cyber Organisational Readiness Support (CORS).

The scope of the audit complemented the CQC Well Led review, looking at Trust governance, policies, communication and gap analysis in relation to cyber security. The report findings were very positive for the Trust highlighting an unprecedented level of engagement.

Recommendations in the report include the following key points:

- Increasing cyber security visibility and awareness. Integrating cyber security at Trust Board Level and recognise cyber security risk within Board Assurance Framework
- Introducing Key Performance Indicators in relation to cyber security
- Expand on the DSP function in the Trust and further promote the role of the Senior Information Risk Owner (SIRO). This includes emphasis for communication from ‘The Office of the SIRO’
- Improved accountability and letters of delegation from the SIRO to Information Asset Owners in the Trust. This will be supported by a review and further support for senior colleagues and supporting staff with roles as Information Asset Owner and Administrators
- Implementation of NHS digital suite of 18 exemplar data security and protection relevant policies. Agreement for policies to be implemented in line with existing policy review process
- Dedicated data security and protection – Cyber Security Policy Tree to help staff with sign posting and searching for relevant policies.

Freedom of Information
The Trust's DS&P is responsible for awareness and overseeing the Trust's compliance with the Freedom of Information Act 2000 and the implementation of an open culture to improve transparency.

During the 2020/21 financial year, the Trust received 297 requests for information and responded to 266 within the 20 working day time limit. The Trust received no requests for an internal review of the way it handled requests for information. The Trust has not been referred to the ICO for the way it handles or processes requests.

Trust staff mark LGBT+ History Month
February 2021 saw the Trust mark LGBT+ History Month, a month-long annual celebration and remembrance of LGBT+ history.

Information on online events, as well as information and stories about ground breakers and leaders at the forefront of the LGBT+ journey were shared with colleagues.

This included a focus on the Trust's LBGT+ Staff Network group, which is aimed at all staff, students and allies wishing to support the needs of LGBT+ staff within the Trust.

The month aims to put LGBT+ people back into the history books by showing how they have always been present in society and have been vital contributors to human progress.

LGBT+ History Month is a time to celebrate and learn about members of the LGBT+ community and the impact that they've made both for LGBT+ people and the world as a whole.

Trust marks Black History Month

The Trust marked Black History Month in October 2020 with a celebration of the culture, history and achievements of black communities.

Within the Trust we celebrated the vibrancy and diversity of our Black and Minority Ethnic (BME) colleagues as well as learning about the amazing achievements and contributions that black people have made to the United Kingdom throughout history.

During the month, there were activities such as quizzes, a cooking demonstration and book readings and discussions by colleagues. Bank colleague Judy Hill (pictured) shared her memories of her father Charles, who played an important role in the West Indian community since he came to England in the 1950s.

Accountability report

The Trust's directors take responsibility for preparing the Annual Report and Accounts. We consider this information is fair, balanced and understandable and provides the information necessary for patients, regulators and other stakeholders to assess the Trust's performance, business model and strategy.

This accountability report is signed in my capacity as accounting officer.

Ifti Majid
Chief Executive
9 June 2021

Trust launches vaccination hub
The Trust was delighted to get the go-ahead to launch its own vaccination hub, delivering the Oxford/AstraZeneca COVID-19 vaccine to Trust colleagues, service users and carers. The hub vaccinated its first clients in February.

Among the first colleagues to receive the vaccination was Salinder Kaur, from the Learning Disability Nursing team, who praised the "easy" booking system and said: "I really need to protect myself and my patients, especially as I work with service users with a learning disability."

Andy Holling works for the Community Mental Health team at Bayheath House and was keen to have the vaccine as soon as he could. Andy said: "We are in and out of people's houses in our roles so it's much safer for me if I have the vaccine."

Directors' report

During 2020/21 the Trust Board comprised the following members:

Caroline Maley, Chair
Term of office: 14 September 2020 – 13 September 2021
A qualified chartered accountant by background, Caroline brings to her role over 30 years of experience across the NHS, private sector and education. Her most recent executive role was as Chief Operating Officer for the National College for School Leadership, where she oversaw all corporate services and was a member of the strategic leadership team. Caroline was previously Chief Executive of Derbyshire Health United, the out-of-hours medical services provider in Derbyshire and has held non-executive roles within higher education and the private sector. Upon her initial commencement as a Trust Non-Executive Director in January 2014, Caroline was the Senior Independent Director (SID) and chaired the Audit and Risk Committee. In January 2017, she was appointed Acting Chair and chaired the Remuneration and Appointments Committee. Caroline was appointed as the substantive Chair on 14 September 2017 and served a full three year term. This was then renewed for 12 months. In March 2021 Caroline announced her intention to retire from the Trust at the expiry of her current term. The recruitment process for Caroline's replacement is underway.

Richard Wright MBE, Deputy Chair
Term of office: 18 November 2019 – 17 November 2022
Richard was appointed Non-Executive Director on 18 November 2016 and was re-appointed to his second three year term in 2019. He was appointed to the Deputy Chair role in August 2019, taking over the role from Julia Tabreham. Richard brings significant business experience to his role as Non-Executive Director. He is chair of the Sheffield UTC Multi Academy Trust and has chaired the Joined Up Care Derbyshire (JUCD) Finance Oversight Group. Richard is committed to working with organisations that can have a significant impact on the local population and he is particularly interested in exploring the opportunities and challenges the Trust has to tackle. Richard is chair of the Trust's Finance and Performance Committee.

Ifti Majid, Chief Executive
Ifti qualified as a Registered Mental Health Nurse in 1988, training at St George's Hospital in London. He has held a range of clinical posts in adult mental health services, both in acute inpatient and community settings, and has held operational management posts in Nottinghamshire and Derbyshire. Ifti joined the Trust in 1997 and was appointed the Trust's Chief Operating Officer/Deputy Chief Executive in January 2013. He became the Trust's Acting Chief Executive on 26 June 2015 and was formally appointed to the position of Chief Executive on 6 October 2017. Ifti is also the Board's BME champion. In 2019/20 Ifti was also appointed as co-chair of the National NHS BME Leaders Network, hosted by NHS Confederation. In October 2020, Ifti was named one of the 50 most influential BAME people in health in the UK. He is also a member NHS Confederation Mental Health Network Board.

Other Non-Executive Directors

Margaret Gildea
Term of office: 7 September 2019 - 6 September 2022
Margaret was appointed Non-Executive Director on 7 September 2016 and was re-appointed to her second three year term in 2019. Margaret is a practised HR professional with 30 years' experience in increasingly senior roles at Rolls-Royce plc, culminating in being the company director of learning and development and divisional executive vice-president of HR. For the last 10 years Margaret has run a company specialising in Change Management, Organisation Development and improvement across a range of public and private sector clients. Margaret is the Trust's Senior Independent Director (SID), serving as an alternative point of contact for governors and directors when they have concerns or when it would be inappropriate to contact the Chair or Chief Executive. Margaret has chaired the Trust's People and Culture Committee and is now the chair of the Trust's Quality and Safeguarding Committee. She is also a member of the JUCD People Committee.

Ashiedu Joel
Term of office: 23 January 2020 - 22 January 2023
Ashiedu Joel is an engineering graduate who runs her own business consultancy and training firm across the East Midlands. She is a Justice of the Peace and an elected member of Leicester City Council. Ashiedu has extensive experience of supporting organisations, groups and individuals to engage constructively across racial, cultural and socio-environmental boundaries, while promoting opportunities for shared learning and collaboration.

Ashiedu has also held a number of Non-Executive posts and continues to be an Executive of Clarion Voice, a charity working with young disadvantaged African heritage children through education, and a Trustee of The Bridge, which provides sustainable housing support, advice and solutions for homeless and vulnerable people in Loughborough and Leicester. Ashiedu is the Non-Executive Director lead for equality, diversity and inclusion.

Geoff Lewins
Term of office: 1 December 2020 - 30 November 2023
Geoff was appointed Non-Executive Director on 1 December 2017 and was re-appointed to his second three-year term in 2020. A qualified accountant by background, Geoff has more than 30 years' experience in finance, IT and governance, having formerly worked as Director of Financial Strategy for Rolls-Royce plc. He is also a Trustee of The Arkwright Society, an educational charity devoted to the rescue of industrial heritage buildings in Derbyshire. Geoff is the chair of the Trust's Audit and Risk Committee. In 2020/21 he joined the JUCD group overseeing implementation of a Shared Care Record. He is also a member of the JUCD Transition Committee

Dr Sheila Newport
Term of office: 11 January2020 - 10 January 2023
Sheila is a former chair and clinical lead of NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) and has the role of clinical lead of the Trust's Non-Executive Directors. She has 18 years' commissioning experience, including her work with Southern Derbyshire CCG from 2011 – 2016, as well as work with organisations that led to the formation of SDCCG. Sheila was an experienced GP for 29 years, serving as principal of her practice, and is also experienced as a Board member. She has chaired multi-agency boards through Derby City Health and Wellbeing Board and Southern Derbyshire Integrated Care Board as well as gaining further board experience as Associate Non-Executive Director on the board of Nottingham University Hospitals Trust from 2017 - 2019. Sheila is chair of the Trust's Mental Health Act Committee. She is the Non-Executive Director lead for mortality and learning from deaths and also Non-Executive Lead for Health and Wellbeing. Sheila also sits

on the JUCD Mental Health, Learning Disability and Autism System Delivery Board and the JUCD system Quality Committee.

Dr Julia Tabreham
Term of office: 7 September 2019 - 6 September 2022
Julia was appointed Non-Executive Director on 7 September 2016 and was re-appointed to her second three-year term in 2019. Julia began her career in banking and then moved into the voluntary sector in 1992 to establish the Carers Federation, where she was Chief Executive until her retirement in 2016. As part of this role Julia delivered NHS advocacy services in the patient and public involvement agenda. In addition to her role with the Carers Federation, Julia has been a Non-Executive Director in the NHS since 2000 and has a PhD in offender health. Julia was Deputy Chair from 1 November 2016 but stood down from this role in July 2019. Julia has previously chaired the Trust's Quality Committee and now chairs the Trust's People and Culture Committee. In September 2019 she took over the Non-Executive Director 'Freedom to Speak Up' lead from Margaret Gildea.

Other Executive Directors:

Carolyn Green, Executive Director of Nursing and Patient Experience
Carolyn has worked as a qualified mental health nurse since 1995. Working in the west and south of London, she spent the majority of her nursing career working in inpatient care. Throughout her career, Carolyn has taken a family orientated approach to service design in her early intervention in psychosis, adult mental health and CAMHS roles. She has a Masters in Health Service Management and has been a Senior Lecturer and a Visiting Fellow. Carolyn is committed to personalised care recovery principles and seeks to involve people with lived experiences of mental health services in service evaluation, education and quality improvement programmes. Carolyn has always embraced technology and innovation and has designed many technical solutions to clinical practice challenges over her NHS career. Carolyn relocated to Derbyshire to become the Trust's Director of Nursing and Patient Experience in 2014.

Mark Powell, Chief Operating Officer
Mark has a breadth of NHS experience, developed across a number of senior roles. He joined the Trust after serving as Executive Director of Operations at Burton Hospitals NHS Foundation Trust. Upon his appointment at Derbyshire Healthcare in March 2015, Mark led the Trust's business and transformation functions and wider partnership work across the city and county and was responsible for procurement and contracting. On 1 October 2016, Mark was appointed as Acting Chief Operating Officer and on 20 November 2017, Mark was appointed as substantive Chief Operating Officer. He was responsible for leading the delivery of Trust services and operational performance alongside wider services including estates and facilities and Information Management and Technology (IM&T) and records. Mark left the role on 13 April 2021 to become Deputy Chief Executive at Leicestershire Partnership NHS Trust.

Dr John Sykes, Executive Medical Director
Dr John Sykes qualified at Sheffield University Medical School in 1981 and became a Member of the Royal College of Psychiatrists in 1985. He was previously a Lecturer in Psychiatry at Sheffield University and was appointed as consultant in old age psychiatry in 1989. John was Chair of the Medical Staff Committee of North Derbyshire's Community Health Care Services NHS Trust before being appointed to his first Medical Director post in 1999. He became the Trust's Executive Medical Director in June 2006 and is the executive lead for safety.

Claire Wright, Executive Director of Finance and Deputy Chief Executive
Claire has been a fully qualified management accountant since 1999 and worked in the private sector before joining the NHS Graduate Training Scheme in 1995. During her time in the NHS, Claire has performed roles in both acute and mental health provider organisations, in finance and wider management roles. Claire was appointed as the Trust's Executive Director of Finance in October 2012 and became Deputy Chief Executive from 6 March 2017. Claire is also the Board's LGBT+ champion. At the beginning of 2021 Claire took temporary responsibility over estates and facilities and as the Executive lead of the capital project on dormitory eradication. Up until February 2021 she was also the Trust's Senior Information Risk Owner (SIRO). Claire is also a member of several JUCD Committees including Finance and Estates, the Mental Health Learning Disability and Autism Delivery Board, the Children's Board and attend the JUCD Directors of Finance meetings. She also attends the IMPACT East Midlands Provider Collaborative meetings.

Other Directors who attend the Trust Board:

Gareth Harry, Director of Business Improvement and Transformation
Gareth joined the Trust on 1 June 2018 from his role as Interim Director of Contracting and Performance for the Derbyshire Clinical Commissioning Groups (CCGs) and Executive Lead for Hardwick CCG. A resident of Derbyshire, Gareth has also previously held posts within NHS England and NHS East Midlands. At the beginning of 2021 Gareth took temporary responsibility over Information Management and Technology (IM&T) and records. Gareth is responsible for the delivery of the Mental Health Long- Term Plan across the Derbyshire Health and Care system

Jaki Lowe, Jaki joined the Trust as Director of People and Inclusion on 17 August 2020. Jaki came to the Trust from a role as People Director for Shropshire Community Health NHS Trust. Jaki was seconded through the NHS Executive Talent Scheme to Shropshire from her role as Deputy Director of OD in Sheffield Teaching Hospitals NHS Foundation Trust, and has prior experience inside and outside the NHS at Director level including at United Lincolnshire Hospitals NHS Trust.

Jaki has a keen and active interest in inclusion both within and outside the professional role, and aims to build on the work the Trust has already achieved in this area, supporting the Board's goal of making the Trust a great place for people to work, thrive and give great care.

Justine Fitzjohn, Trust Secretary
Justine Fitzjohn joined as Trust Secretary on 3 June 2019. from University Hospitals of Derby and Burton (UHDB) NHS Foundation Trust, where she was the Deputy Director of Governance. She brings a broad range of experience in regulation, statutory and legal compliance. Justine's responsibilities include arrangements for the Trust Board, Board Committees and Council of Governors, alongside membership, legal affairs and Freedom of Information. From February 2021 she was the Trust's Senior Information Risk Officer (SIRO).

Supporting Board diversity

Perminder Heer finished her 12-month term under the NExT Directors scheme in July 2020 and went on to secure a substantive NED post at East Midlands Ambulance Service**.** The NExT Directors' Scheme aims to increase the diversity of Board members across the NHS. Although NExT Directors are not members of the Board, they participate fully in Board and Committee meetings and other activities such as quality visits. Perminder is a dynamic and commercially focused HR professional with a proven track record of providing strategic input and executing high-quality HR services in fast-paced demanding and cross-cultural environments.

She possesses a wealth of international experience, managing change and delivering engagement initiatives to drive the desired organisational culture. Perminder is also a Non-Executive Director with The Futures Trust, a Multi-Academy Trust located in Coventry which has six schools.

Perminder was the Trust's third placement under the scheme, which the Trust has been participating in since 2018.

Appointments by the Council of Governors

The Council of Governors re-appointed the Chair and one Non-Executive Director during 2020/21 confirming that these individuals continue to make significant contributions to the Board.

The balance of skills and expertise required by the Board is reviewed for each vacancy and this is then reflected in the recruitment and selection criteria. Non-Executive Directors are members of the Board and Board Committees and therefore retain significant independence from the operational management of the Trust. There are no links or directorships that could materially interfere with the exercise of independent judgement. No individual or group of individuals dominates the Board's decision-making. Taking into account the criteria set out in the Foundation Trust Code of Governance, the Trust Board has determined that all of the Trust's Non-Executive Directors are considered to be independent and provide an independent view on strategic issues, performance, key appointments and hold the Executive Directors to account. The Trust's Senior Independent Director is Margaret Gildea, who was appointed to the Trust and the role in line with the Trust's Constitution.

Details of the skills, expertise and experience of the individual Executive Directors can be found in the biography section above. Throughout the year the Remuneration and Appointments Committee has sought to ensure the Board has a wide range of skills in order to fulfil its duties effectively.

Register of interests

It is a requirement that the Chair, Board members and Board level directors who have regularly attended the Board during 2020/21, and current members, should declare any conflict of interest that arises in the course of conducting NHS business.

The Chair and Board members declare any business interests, positions of authority in a charity or voluntary bodies in the field of health and social care, and any connections with a voluntary or other body contracting for NHS services. These are 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 are declared on appointment, kept up-to-date and included in the Annual Report.

A register of interests is also maintained in relation to all governor members on the Council of Governors. This is available by application to the Trust's Membership office by emailing dhcft.membership@nhs.net.

The disclosure and statements referenced within this report are subject to the NHS Codes of Conduct and Accountability which is binding upon Board Directors. Interests are disclosed as set out overleaf.

Declarations of interests register 2020/21 (as at 31 March 2021)

Name	Interest disclosed	Type
Margaret Gildea Non-Executive Director	• Director, Organisation Change Solutions Limited • Coaching and organisation development with First Steps Eating Disorders • Director, Melbourne Assembly Rooms	(a) (e)
Gareth Harry Director of Business Improvement and Transformation	• Chair, Marehay Cricket Club • Member of the Labour Party	(e) (e)
Ashiedu Joel Non-Executive Director	• Director, Ashioma Consults Ltd • Director, Peter Joel & Associates Ltd • Director, Leicester Council of Faiths • Director, The Bridge East Midlands • Director, Together Leicester	(a) (a) (a) (a) (a)
Geoff Lewins Non-Executive Director	• Director, Arkwright Society Ltd • Director, Cromford Mill Limited (wholly owned trading subsidiary of Arkwright Society)	(a) (a)
Jaki Lowe Director of People and Inclusion	• General Medical Council Associate	(e)
Ifti Majid Chief Executive	• Board Member of NHS Confederation Mental Health Network • Co-Chair, NHS Confederation BME Leaders Network • Spouse is Operations Director (North) at Priory Healthcare	(d) (d) (e)
Dr Julia Tabreham Non-Executive Director	• Research and Ambassador Carers Federation • Daughter's partner is Amit Pore – Team Lead for the NHS Passport. Amit is employed by Netcompany, working in collaboration with NHS Digital and NHSX (NHS joint organisation for digital, data and technology) • Daughter-in-Law is Dr Jacqueline Tsang – Consultant Obstetrician, Newham Hospital, London	(d) (e) (e)
Dr John Sykes Medical Director	• Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients	(e)
Richard Wright Deputy Trust Chair and Non-Executive Director	• Non-Executive Director (Chair) of Sheffield UTC Multi Academy Educational Trust	(a)

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

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
(b) Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
(c) Majority or controlling shareholdings 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 National Health Services, or hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or any other body which could be seen to influence decisions you take in your NHS role (see conflict of interest policy -loyalty interests).

Details of any political donations
Derbyshire Healthcare NHS Foundation Trust has made no political donations during 2020/21.

Better Payment Practice Code:
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.

	31 March 2021		31 March 2020	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**14,280**	**38,904**	14,519	35,265
Total Non-NHS trade invoices paid within target	**13,828**	**38,410**	13,919	34,746
Percentage of Non-NHS trade invoices paid within target	**97%**	**99%**	96%	99%
Total NHS trade invoices paid in the year	**723**	**14,302**	689	12,734
Total NHS trade invoices paid within target	**690**	**13,041**	610	10,960
Percentage of NHS trade invoices paid within target	**95%**	**91%**	89%	86%

Income disclosures
As an organisation we are required by the NHS Act 2006 (as amended by the Health and Social Care Act 2012) to state whether our income from the provision of goods and services for the purposes of healthcare in England is greater than our income from the provision of goods and services for any other purpose. We can confirm that this was the case, as evidenced by our accounts.

In addition, we are required by the same Act to provide information on the impact that other income has had on our provision of healthcare. We can confirm that our other operating income has had no adverse impact on our provision of goods and services for the purposes of the health service in England.

Disclosures relating to NHS Improvement's well led framework
See the Annual Governance Statement for further disclosures relating to NHS Improvement's well led framework.

Disclosure to auditors
On the 9 June 2021 the Directors of Derbyshire Healthcare NHS Foundation Trust declare that, to their knowledge, there is no relevant information of which the Trust's auditor is unaware and the Directors have taken all the steps that they ought to have taken as a Director to make themselves aware of any relevant audit information and to establish that the Trust's auditor is aware of that information.

How we are organised

Derbyshire Healthcare NHS Foundation Trust Board
The Trust Board of Directors has a responsibility to make the best use of financial resources and deliver the services people need, to standards of safety and quality which are agreed nationally.

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

- Setting the overall strategic direction of the Trust within the context of NHS priorities
- Regularly monitoring 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.

In 2020/21 the Board of Directors met six times to discuss the business of the organisation. These meetings are held in public and anyone is welcome to attend and hear about our latest developments and performance.

Responsibilities of the Board of Directors
The Board of Directors ensures that good business practice is followed, and that the organisation is stable and able to respond to unexpected events, without jeopardising services, and confident enough to introduce changes where services need to be improved. Therefore, 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. In order to discharge its responsibilities for the governance of the Trust, the Board has established a number of Committees of the Board as described on page 62-64.

The Board of Directors ensures compliance with the principles, systems and standards of good corporate governance and has regard to guidance issued by NHS England and NHS Improvement (NHSE/I) and appropriate codes of conduct, accountability and openness applicable to foundation trusts. It is responsible for maintaining committees of the Trust Board with delegated powers as prescribed by the Trust's standing orders, scheme of delegation and/or by the Trust Board from time to time.

Performance of the Board of Directors
The Trust recognises that the evaluation of the performance of the Board, Committees and individual Directors in the discharge of their responsibilities is essential to ensuring the Trust is effectively governed.

The individual Directors undertake a process of objective setting, personal support and development, and annual appraisals; for Executive Directors, this is overseen by the Remuneration and Appointments Committee, and the Nominations and Remuneration Committee of the Council of Governors for the Non-Executive Directors. Objectives are set within the context of the Trust's strategic plans and objectives and include measurable indicators to evaluate progress.

The Senior Independent Director leads the performance evaluation of the Chair using a process which is agreed by the Nominations and Remuneration Committee and in which the full Council of Governors are encouraged to participate. This feedback is discussed with the Lead Governor, shared with the Chair and was taken to the governors' Nominations and Remuneration Committee in March 2021 and will be reported on to the Council of Governors in May 2021.

Progress against the Chair's objectives for 2020/21 was reviewed and the objectives for the remainder of the Chair's term of office in 2021/22 were set and agreed. The Council of Governors

will re-set the objectives in negotiation with the new Trust Chair later in 2021. This year's appraisal was carried out in line with the NHS Improvement Provider Chair competency framework.

The Board is held to account, and its performance is evaluated on an on-going basis, by the Council of Governors discharging its statutory responsibilities, and regularly feeds back to the Board through the Chair. The Board regularly reviews the performance of Committees, and is assisted by the Audit and Risk Committee which reviews the work of the other Board Committees to ensure that they have appropriate control systems for supporting the Board's work and have appropriate mechanisms for managing and mitigating risks within their areas of responsibility. Members of the Board of Directors are outlined in the Directors' report on pages 52-64.

Adjustment to the Board's governance processes in response to the pandemic
In April 2020, the Board adopted emergency Terms of Reference (ToR) for the Board and its Committees. This allowed a lower quorum at Board Committees of one Executive Director and two Non-Executive Directors (for Non–Executive Director only Committees the quorum will be two Non-Executives). Agendas and forward plans were refocused, and any deferred items were re-programmed later in the year, where appropriate.

Meetings of the Board of Directors
The Board of Directors held six public meetings during 2020/21:

	Actual attendance	Possible attendance
Non-Executive Directors:		
Caroline Maley	6	6
Dr Julia Tabreham	5	6
Margaret Gildea	6	6
Geoff Lewins	6	6
Richard Wright	6	6
Dr Sheila Newport	6	6
Ashiedu Joel	6	6
Perminder Heer *	2	2
Executive Directors:		
Ifti Majid	6	6
Claire Wright	6	6
Dr John Sykes	4	6
Carolyn Green	6	6
Mark Powell	6	6
Jaki Lowe	4	4
Gareth Harry	6	6
Justine Fitzjohn	6	6

*placement until July 2020

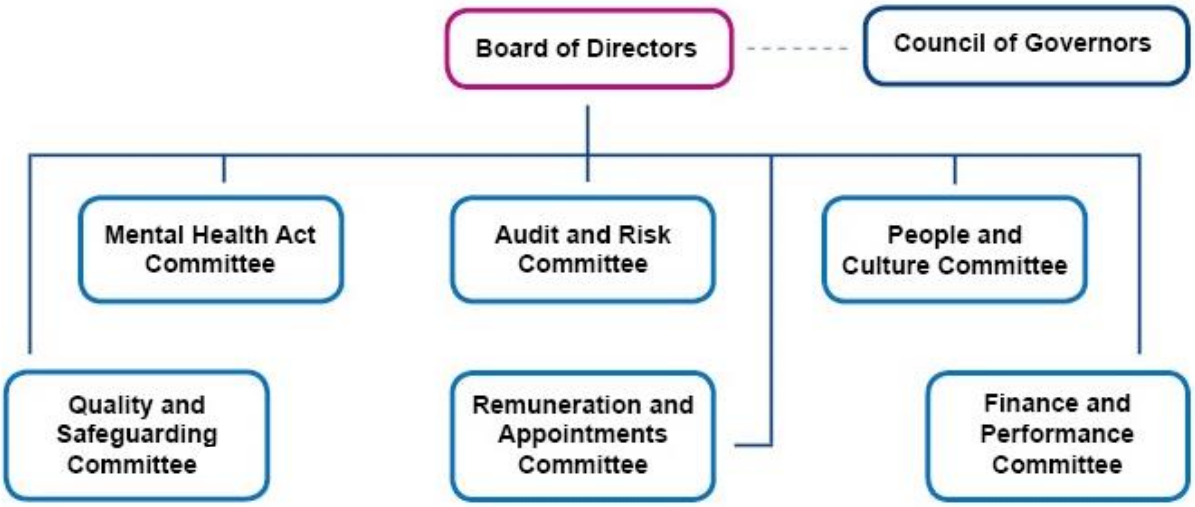
Directors' expenses

	2020/21	2019/20
Number of Directors	14	17
Number of Directors receiving expenses for the year	4	10
Aggregate sum of expenses paid to Directors in the year (£00)	£15	£128

Values shown in £00 – actual amount paid £1,465 (2019/20: £12,792).

Committees of the Board of Directors

Board governance structure



Non-Executive Directors are represented on all Board Committees.

Audit and Risk Committee
This is the principal Committee for seeking independent assurance on the general effectiveness of the Trust's internal control and risk management systems and for reviewing the structures and processes for identifying and managing key risks.

The Audit and Risk 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 and Risk 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 and Risk 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 and approving the Annual Report and financial statements (as a delegated responsibility of the Board) and ensuring that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The Audit and Risk Committee reports to the Board of Directors on an annual basis on its work in support of the Annual Governance Statement, specifically commenting on whether the Board Assurance Framework (BAF) is fit for purpose and governance arrangements are fully integrated. The Audit and Risk Committee throughout the year considers external audit reports, internal audit reports and counter fraud progress reports. All audit outcomes are overseen by monitoring the delivery of internal and external audit report recommendations. The Trust has an internal audit function which is referenced in the terms of reference of the Audit and Risk Committee. A review of the effectiveness of internal and external audit took place during the year, alongside assurance on counter fraud.

The Committee considers the BAF, Annual Report and Accounts, Quality Report, Annual Governance Statement and progress with internal and external audit plans. It also receives reports on data security and protection, data quality, implementation of Speaking Up processes, impact of clinical audit and updates on losses and compensation payments, exit payments, conflicts of interest, tenders and waivers, debtors and clinical audit.

The Audit and Risk Committee reports to the public Trust Board after each meeting and covers significant issues, including assurance received and any gaps in assurance.

The Committee assesses the effectiveness of the external audit process as part of the self-assessment undertaken each year and by meeting with auditors in private. Auditors attend every meeting of the Audit and Risk Committee, and the Trust's compliance with the audit plan approved by the Committee is monitored.

The Committee discussed but did not consider there to be any significant issues in relation to the financial statements that needed to be addressed.

In 2020/21 the Audit and Risk Committee comprised the following Non-Executive Director members:

- Geoff Lewins (Chair)
- Dr Julia Tabreham
- Dr Sheila Newport***
- Ashiedu Joel
- Margaret Gildea *
- Perminder Heer **

*from January 2021, **placement until July 2020, *** up to December 2020

Non-Executive Directors' attendance at the Audit and Risk Committee during the year was as follows:

	Actual attendance	Possible attendance
Geoff Lewins	8	8
Dr Julia Tabreham	8	8
Margaret Gildea *	2	2
Dr Sheila Newport ***	7	7
Ashiedu Joel	7	8
Perminder Heer **	3	5

Finance and Performance Committee
This Committee oversees and gains assurance on all aspects of financial management and operational performance, including contract compliance, commercial decisions and cost improvement reporting. The Committee also oversees the Trust's business development, commercial strategies, estate strategy and workforce resource planning (prior to review by the People and Culture Committee). The Committee oversees emergency planning and health and safety. It is responsible for agreeing terms of reference and annual work programmes for its supporting sub-committees. It also receives agreed assurance and escalation reports as defined in the forward plan for the Committee.

Mental Health Act Committee
This Committee monitors and obtains assurance on behalf of the hospital managers and the Trust, as the detaining authority, that the safeguards of the Mental Health Act and Mental Capacity Act are upheld. This specifically includes the proactive and active management of the prevention of deprivation of liberty and ensuring Deprivation of Liberty Safeguards (DoLS) applications as a

managing authority are appropriately applied. It also monitors related statute and guidance and reviews the reports following Mental Health Act inspections by the CQC.

Quality and Safeguarding Committee
This Committee seeks assurance that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place to promote safety and quality in patient care. The Committee monitors risks arising from clinical care and ensures the effective and efficient use of resources through evidence-based clinical practice. The Quality Committee is responsible for agreeing terms of reference and annual work programmes for its supporting sub-committees. It also receives agreed assurance and escalation reports as defined in the forward plan for the Committee.

In terms of its safeguarding portfolio this Committee sets the Safeguarding Quality Strategy providing quality governance to all aspects of the safeguarding agenda. It provides assurance to the Board that the organisation is effectively discharging and fulfilling its statutory responsibility for safeguarding to ensure better outcomes for children and vulnerable adults. The Committee leads the assurance process on behalf of the Trust for the following areas: Children Act, Care Act (2014), counter-terrorism legislation; it provides a formal link to the Local Authority Safeguarding Children and Safeguarding Adults Boards and promotes a proactive and preventative approach to safeguarding.

People and Culture Committee
This Committee supports the organisation to achieve a well led, values driven positive culture. The Committee provides assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective, capable workforce to meet the Trust's current and future needs. This is achieved through ensuring the development and implementation of an effective People Plan; implementing a systematic approach to change management; ensuring workforce plans are fit for purpose and driving a positive culture with a high degree of staff engagement.

Remuneration and Appointments Committee
The role of the Committee is to ensure there is a formal and transparent procedure for developing policy on Executive Director remuneration and for agreeing the remuneration packages of individual Directors. It is also responsible for the appointment of the Chief Executive, with ratification from the Council of Governors. The Committee is responsible for identifying and appointing candidates to fill all the Executive Director positions on the Board. The Committee is also responsible for identifying and appointing candidates to fill all the Executive Director positions on the Trust Board. The Committee has met six times throughout the year. Further details on the Remuneration and Appointments Committee can be found in the Annual Report on Remuneration on page 85.

The attendance at the Remuneration and Appointments Committee is listed in the Remuneration Report on page 88.

Executive Leadership Team (ELT)
As the most senior executive decision-making body in the Trust, ELT is responsible for ensuring that strategies and performance targets, approved by the Board of Directors, are implemented effectively to timescale. The group shares a responsibility to provide strategic leadership to the organisation, consistent with its values and principles. It also ensures that a culture of empowerment, inclusivity and devolution of responsibility with accountability is strongly promoted.

Council of Governors

The Council of Governors performs an important role and is responsible for representing the interests of Trust members, the public and partner organisations of the Trust.

The governors, the majority of whom must be elected from the Trust's membership, have a number of statutory responsibilities including Non-Executive Director (NED) appointments. They are consulted on the Trust's forward planning and ensure that the Trust operates in a way that fits with its purpose and authorisation; this is done through the full Council of Governors meetings where they hold the NEDs to account for the performance of the Board and receive Directors reports on Trust performance.

Governors are invited to attend Public Trust Board meetings in an observer capacity in order to witness the work of the NEDs and enable governors to hold them effectively to account.

Governors participate in the Trust's quality visits where they join a group of wider professionals to visit the Trust's services and provide vital feedback about services whilst learning about our services and engaging with staff. Quality visits were put on pause during 2020/21 in response to the pandemic.

Derbyshire Healthcare's Council of Governors is made up of governors across three constituencies:

- Public governors, elected by members of the public constituency
- Staff governors, elected from the staff body
- Appointed governors representing our partner organisations.

Members of the Council of Governors during 2020/21 are outlined on pages 68-69 of this report, alongside their attendance at the Council of Governors meetings. During this year face to face meetings were paused due to the national requirement for social distancing; and meetings were convened digitally and continue to be so. Despite this the Council of Governors meetings continue to be well attended by governors.

Throughout the year the Chief Executive gave regular updates to governors on the COVID-19 pandemic and the impact on Trust services.

Key developments during 2020/21
During 2020/21 governors contributed to and approved the following:

- Received the report from the External Auditors on the Annual Report and Accounts
- Approved the appointment of the Trust's external auditors
- Approved the re-appointment of the Trust Chair for a further year
- Approved the re-appointment of a Non-Executive Director for a further three years
- Approved pausing the September 2020 governor elections
- Revised the Governor Code of Conduct
- Reviewed the Trust's Membership Strategy 2018-21 and agreed to renew it for a further three years
- Established Governor Task and Finish Groups focusing on plans for the Annual Members Meeting; and engagement
- Reviewed the structure of the Governor Engagement Log
- Participated in a focus group for the recruitment of a Chief Operating Officer
- Continued to establish links with Joined Up Care Derbyshire
- Participated in the appraisal process for the Trust Chair and NEDs.

Building on effective relationships with the Board has continued to be a priority for the year. The Council of Governors has met jointly with the full Board of Directors during the year. The first joint development session between the Council of Governors and Trust Board took place in July 2020

and included a COVID-19 briefing from the Trust's Chief Executive, Ifti Majid. A second session took place on 13 January 2021 which focused on: role of the Trust Board and Council of Governors; the impact of the COVID-19 pandemic on Trust services; forward planning; and the role of the Council of Governors in the Integrated Care System. Further joint sessions have been planned for 2021/22.

The Chief Executive attends Council meetings with the Trust Chair (who is also the Chair of the Council of Governors) and NEDs to share the Board's current agenda and performance and challenges. Executive Directors attend as required. The Lead Governor also receives the agenda for the Trust's confidential Board meetings.

Governors participated in an annual effectiveness survey and overall the results were very positive with 100% of respondents agreeing that the Trust values, mission and priorities have been adequately explained to the Council; the Council of Governors carries out its work in an open, transparent manner; the relationship between the Governors and Trust Chair works well; the role of the Council of Governors is clearly defined; and the Council of Governors meets at appropriate and regular intervals and receives adequate support to function well. In line with best practice the survey was will be undertaken again in August 2021.

The Trust produces a regular e-bulletin, 'Governor Connect' that provides governors with regular information about the Trust; opportunities for governors to engage with members and the public; training and development opportunities to help them in their governor role; and governor actions.

The interests of patients and the local community are represented by the Council of Governors. Governors are encouraged to interface with local consultative forums, voluntary organisations, Patient Participation Groups and their members and the public to achieve this, and to feedback to the Board of Directors. Membership and public engagement continues to be a priority for governors and will continue to be so in 2021/22. Due to the COVID-19 pandemic all face to face meetings and events were cancelled due to the need for social distancing and keeping people safe. Governors attended virtual meetings, particularly those organisations in the voluntary sector; and were encouraged to attend Joint Countywide Mental Health Forum.

There is an established Governor Engagement Log which lists various events and meetings attended by governors throughout the County. The Engagement Log enables governors to log issues and feedback from Trust members and the public about issues relating to the Trust. The information helps governors to identify common themes/issues relating to the Trust to raise with Non-Executive Directors and on which to hold them to account.

In 2020/21 governors were encouraged to engage with the activities of Joined up Care Derbyshire (for example Derbyshire Dialogue), so they could explore their role within the context of system working.

Lead and Deputy Lead Governor arrangements
Lynda Langley is the Trust's Lead Governor. She is supported by Carole Riley, Deputy Lead Governor.

Electing new governors to the Council
Governors agreed to defer the elections which were to take place in September 2020 as suggested in NHSE/I's guidance on reducing the burden on the NHS capacity during COVID-19. The three seats which are vacant will be included in the elections next year; the process of which began at the end of March 2021.

Training and development
An induction for newly appointed governors is held on appointment giving governors an opportunity to understand their role. They also receive information about the Trust, the services it provides, wider developments within the local health and care economy and the wider NHS. Newly appointed governors are also given the opportunity to 'buddy up' with a more experienced governor to help them to familiarise themselves with the role.

Governors have been supported by a comprehensive programme of training and development with sessions taking place on a regular basis. Governors have been actively involved in the development of training and development programmes, taking into account the statutory roles of governors and with the aim of ensuring governors are supported in effectively delivering their duties. Despite the COVID-19 pandemic, sessions were held digitally during the year and were well attended. All governors are encouraged to attend the training and development sessions, areas for development have included finance; and mental health conditions which focused on anxiety and depression. Governors were also encouraged to attend virtual GovernWell sessions organised by NHS Providers and the NHS Providers conference which gave governors the opportunity to network with governors from other Trusts and to share good practice.

Due to the COVID-19 pandemic there was no requirement to submit an individual Annual Plan for 2020/21. The Trust is working to the five-year system plan.

Meetings of the Council of Governors 2020/21
The Council of Governors met four times during 2020/21 which included an extraordinary meeting. One meeting scheduled for May 2020 was cancelled due to the COVID-19 pandemic. Individual attendance by governors is shown in the table on pages 68-69. The Council of Governors has the right (under the NHS Act 2006) to request Directors to attend a Council meeting to discuss specific concerns regarding the Trust's performance. This power has not been exercised during 2020/21.

The Council of Governors and the Board of Directors are committed to maintaining their constructive and positive relationship. The aim at all times is to resolve any potential or actual differences of opinion quickly, through discussion and negotiation. If the Chair cannot achieve resolution of a disagreement through informal efforts the Chair will follow the dispute resolution as laid out in the Trust's Constitution and as outlined in the policy regarding engagement between the Council of Governors and the Board of Directors.

Register of interests
The Register of Interests of the Council of Governors is available through the Membership Team. Please telephone: 01332 623723 or email: dhcft.membership@nhs.net.

The Trust would like to thank all individuals who have volunteered their time as members of the Council of Governors during 2020/21.




Summary attendance by governors at meetings of the Council of Governors 2020/21

	Title	First name	Surname	Number of CoG meetings attended (out of possible number of meetings) *	Term of office
Constituency – Public (elected)					
Amber Valley	Mrs	Susan	Ryan	4/4	1/2/20 – 31/1/23
Amber Valley	Ms	Valerie	Broom	4/4	1/2/20 – 20/3/22
Bolsover and North East Derbyshire		VACANT**			
Bolsover and North East Derbyshire	Mr	Rob	Poole	3/4	1/11/18 – 1/6/21
Chesterfield	Mrs	Lynda	Langley	4/4	21/3/16 – 20/3/19 21/3/19 – 20/3/22
Chesterfield	Mr	Adrian VACANT***	Rimington	0/2	3/4/18 – 25/9/20
Derby City East	Mrs	Julie	Lowe	3/4	21/3/19 – 20/3/22
Derby City East	Mrs	Carole	Riley	4/4	1/10/19 – 20/03/22
Derby City West	Dr	Stuart	Mourton	2/4	1/10/19 – 20/3/22
Derby City West	Mrs	Orla	Smith	4/4	1/2/20 – 31/01/23
Erewash	Mr	Christopher	Williams	2/4	3/5/19 – 20/3/22
Erewash	Mr	Andrew	Beaumont	3/4	1/10/19 – 20/3/22
South Derbyshire	Mr	Kevin	Richards	3/4	1/2/17 – 31/1/20 1/2/20 – 31/1/23
High Peak and Derbyshire Dales	Ms	Carol	Sherriff	3/4	5/3/19 – 1/6/21
High Peak and Derbyshire Dales	Mrs	Julie	Boardman	3/4	1/2/20 – 31/1/23
Surrounding Areas	Mrs	Rosemary	Farkas	4/4	21/3/16 – 20/3/19 21/3/19 – 20/3/22
Constituency – Staff (elected)					
Administration and Allied Support Staff	Miss	Kelly	Sims	4/4	15/3/16 – 1/6/18 2/6/18 – 1/6/21

Administration and Allied Support Staff	Mrs	Marie	Hickman	4/4	1/2/20 – 31/1/23
Allied Professions	Mrs 	April VACANT***	Saunders	2/2	26/9/14 – 25/9/17 26/9/17 – 25/9/20
Medical and Dental	Dr	Farina	Tahira	2/4	21/3/19 – 20/3/22
Nursing	Mrs	Joanne	Foster	2/4	2/6/18 – 1/6/21
Nursing	Mr	Al	Munnien	2/4	2/6/18 – 1/6/21
Constituency – Appointed					
Derby City Council	Cllr	Roy	Webb	4/4	19/6/18 – 18/6/21
Derbyshire County Council	Cllr	Jim	Perkins	3/4	12/9/17 – 11/9/20 12/9/20 – 11/9/23
Derbyshire Voluntary Action	Mr Ms	Roger Rachel	Kerry Bounds	0/0 2/4	28/11/17 – 12/6/20 13/6/20 – 12/6/23
Derbyshire Mental Health Forum	Mrs Mrs	Angela Jodie	Kerry Cook	2/2 2/2	28/11/17 – 30/9/20 1/10/20 – 30/9/23
University of Derby	Dr Dr	Wendy Stephen	Wesson Wordsworth	0/0 0/3	1/8/18 – 1/7/20 1/8/20 – 31/8/23
University of Nottingham	Dr	David	Charnock	4/4	14/11/19 – 13/11/22

* Includes one extra-ordinary meeting. (Note four CoG meetings were scheduled – the May 2020 meeting was cancelled due to the COVID-19 pandemic and replaced with a brief from the Chief Executive)
**Unsuccessful in filling the seat in January 2020 elections. The vacancy will be included in the spring 2021 elections. (Note elections in September 2020 were deferred to Spring 2021 due to the COVID-19 pandemic.)
*** Due to the COVID-19 pandemic elections for September 2020 were deferred to Spring 2021.
Note staff governors may not have been able to attend CoG meetings due to the pressures of the COVID-19 pandemic.

Governor expenses

	2019/20	2020/21
Number of governors	37	29
Number of governors receiving expenses for the year	19	1
Aggregate sum of expenses paid to governors in the year (£00)	£47	£0.05

Values shown in £00 – actual amount paid £59 (2019/20: £4,708).

Membership review

Foundation Trusts have freedom to develop services that meet the needs of local communities. Local people are invited to become a member of Derbyshire Healthcare NHS Foundation Trust, to work with the Trust to provide the most suitable services for the local population.

Membership strengthens the links between healthcare services and the local community. It is voluntary and free of charge and obligation. Members are able to give their views on relevant issues for governors to act upon, as well as helping to reduce stigma and discrimination regarding the services offered by the Trust.

Members' views are represented at the Council of Governors, by governors who are elected for specific groups of members known as constituencies. Constituencies cover service users, carers, staff, partner organisations and public members.

Public governors are elected to represent their particular geographical area and have a duty to engage with local members. Appointed governors sit on the Council of Governors to represent the views of their particular organisation and staff governors represent the different staff groups that work for the Trust.

Governors canvass the opinion of the Trust's members and the public and communicate their views to the Board of Directors. Appointed governors also canvass the opinion of the body they represent. The Trust takes steps to ensure that members of the Board of Directors develop an understanding of the views of members and governors though regular attendance at the Council of Governors and wider face to face contact.

Anyone over 16 years of age who is resident in Derbyshire or surrounding areas is eligible to become a public member of the Trust (subject to certain exclusions, which are contained in the Trust's Constitution).

Members can contact governors by email: dhcft.governors@nhs.net or by calling 01332 623723.

Member engagement
This year governors have prioritised membership engagement. Governors continue to review the Governor Engagement Action Plan which is aligned to the aims and objectives of the Trust's Membership Strategy (2018-2021). The Membership Strategy outlines an intention to know more about the membership of the Trust and target communication and engagement appropriately.

This is supported by the use of a membership database. During the year the Trust has updated information on the database, encouraging members to share their email addresses in order for more members to receive the Members' News e-bulletin providing news about the Trust and wider developments.

The data we have available indicates that our membership is broadly representative; however, we intend to further target our activities over the forthcoming year to increase the diversity of our membership. Governors have been equipped with details about their own constituency's membership in order to directly shape these activities within their local area.

The Trust engages with its members on a regular basis through a monthly e-bulletin called 'Members' News' and through a magazine, 'Connections', which is distributed twice a year (due to the COVID-19 pandemic the magazine has been paused; and a newsletter has been circulated in its place). Members are invited to attend Council of Governors meetings and have the opportunity to submit questions in advance of each Council of Governors meeting. They are also invited to the Annual Members' Meeting. For 2020/21 the meetings were arranged virtually due to the national restrictions on social distancing and keeping people safe. This will continue into 2021/22.

Membership recruitment
Governors are encouraged to be very active in their local community acting as ambassadors and signposting people to contact the right person about Trust services. The new insight into our members, achieved through the use of demographic data outlined above, will focus our membership recruitment over the forthcoming year, in order to attract a greater diversity of members. The demographics for each public constituency have been shared with governors, in particular with public governors. Membership recruitment has been difficult during 2020/21 due to the pandemic and the cancellation of face to face events that governors usually attend (e.g. in-house and external events including the Trust's Summer Fayre; Derby's Caribbean Carnival, Pride events across the county).

Membership figures at 31 March 2021

Constituency	Number of members as at 31 March 2021	Number of members as at 31 March 2020
Public	6,038	6,094
Staff	2,795	2,673
Total	8,833	8,767

Members can contact governors via the Derbyshire Healthcare website, www.derbyshirehealthcareft.nhs.uk or email dhcft.governors@nhs.net

Membership highlights from our volunteers

"Every suicide is a failure of our entire species. My primary reason for becoming a governor was my personal, poignant, experiences of using our Mental Health service. I recovered…the work done by Kingsway Hospital matters…" **Andrew Beaumont, Public Governor, Erewash**

"Having now got my feet under the table as a Public Governor I now appreciate much better the excellent work that Derbyshire Healthcare NHS Foundation Trust does. I look forward to developing further ways to engage better with members in my area, Amber Valley, to share information about the Trust's work and get feedback and ideas from members on what they would like to see the Trust doing and the ways in which they do them." **Valerie Broom, Public Governors, Amber Valley**

"As a newly elected appointed governor for the voluntary sector, I am delighted to see the collaborative working between the Trust and the voluntary sector. In the six months that I have been in this role I can see the commitment and reflective time and discussion taking place to ensure that the sector and the Trust work best for people experiencing mental health challenges. I feel privileged to be able to support public governors to engage with the voluntary sector and support operational staff in working alongside the mental health voluntary sector." **Jodie Cook, Appointed Governor, Derbyshire Mental Health Forum**

"As a governor, I have utilised my skills, knowledge and interest in health services to engage with members of the public. From this engagement I have been able to feedback to the Trust Board what is happening and how the Trust is doing. I hope that from my activities I have made a difference, however small, to our service users. I have always been very proud to be part of the Trust but never more than now, as I have seen first-hand their amazing response to the COVID-19 pandemic." **Lynda Langley, Public Governor, Chesterfield and Lead Governor**

"We are all aware of what a difficult and demanding year this has been for all those involved in the work of the NHS and I would like to take this opportunity to thank everyone for the hard work that has been required of them. I have found the sheer strength of character and determination shown by staff in the face of this unprecedented situation amazing and I am very proud to be associated as a Governor of this exceptional service." **Jim Perkins, Appointed Governor, Derbyshire County Council**

"It's been just over a year since I started in my role as a public governor for Amber Valley. In early 2020 I saw first-hand how the Trust worked tirelessly to maintain critical service continuity and public confidence during the emergence of the Covid-19 pandemic. I heard from service users, families and staff about their personal journey and lived experiences, many tinged with sadness, but also inspiring stories about staff working differently to maintain services and support the most vulnerable in our communities. The Trusts new digital ways of working have also ensured that staff, communities and governors across Derbyshire have remained connected and their views and experiences represented at the highest level of the organisation." **Susan Ryan, Public Governor, Amber Valley**

Well Led requirements on quality

Overview of arrangements in place to govern service quality
The Quality and Safeguarding Committee has continued to be the principal committee for quality for the Trust. Throughout each meeting level of assurance received is recorded and at the end of each meeting issues to be escalated to Board continue to be summarised and recorded by the Chair.

Quality Visits programme
The comprehensive quality visit programme was placed on hold for 2020 while the Trust focused on managing the pandemic. The programme has still been reviewed as planned and a new process has been agreed which will be introduced during 2021. This will involve regular visits to areas at a divisional level with operational and clinical leaders, executive members of the board will have engagement events either routinely or based on intelligence. The Non-Executive Directors (NEDs) will each have an area of special interest and will meet with the Clinical Director for the area to gain a deeper understanding of the clinical outcomes and clinical strategy of those services.

As an alternative to a comprehensive quality visit programme during the pandemic there have been a variety of ways to gain information and triangulate.

The Heads of the Nursing team have maintained engagement and increased service visits to provide support for staff and ascertain any quality or safety gaps.

Complex case panels have continued to provide multi-disciplinary senior review of people that require extra support. These panels allow senior colleagues to gain a deeper understanding of the level of care required and provided for people who come into contact with our services and offer clinical advice. These panels are chaired by the Assistant Director of Clinical and Professional Practice and attended by the Assistant Director of Safeguarding, Clinical Director, Senior Psychology, Occupational Therapy and Nursing colleagues.

Live Engagement events have been held regularly with colleagues across the Trust led by the Chief Executive and supported by other executive and non-executive board members. These have allowed colleagues to meet with members of the board and senior divisional leaders to talk about how care is being delivered, provide feedback to the leadership team and raise any concerns they may have.

Quality compliance and governance
Throughout 2020/21 the Trust has continued to focus on quality compliance and quality governance, whilst managing the challenges of the pandemic.

One of the most significant patient safety improvements a Trust can make is to have a full electronic patient record system. This has been a significant focus of the Trust this year as we move to a new Electronic Patient Record (EPR). Our Learning Disability Services and our Child and Adolescent Mental Health Services (CAMHS) have both successfully moved on to the new system with Older Adult Services and Working Age Adult Services to follow in 2021. The new EPR we are adopting is also the same system that the majority of our local partners use which will allow for the improved sharing of information between agencies. The development of the EPR has been clinically led which has supported the reduction of unwarranted variation in clinical processes and allowed full review of associated documentation.

When the pandemic became apparent an Incident Management Team was established and continues to provide a supportive and oversight structure to the Trust which includes governance oversight via various work cells.

To support the functioning of the Trust during the pandemic all services developed Standard Operation Procedures around key areas including: iPads for digital visiting for inpatient areas; prioritising people for home visits in our community services; how we manage working with people who are COVID positive; and how we support people to stay safe during the pandemic. These

procedures have been regularly reviewed and updated in line with changes in guidance. These had governance sign off and oversight from the Ethics Cell of the Incident Management Team.

Inpatient services for working age adults have continued to work to Accreditation in Inpatient Mental Health Standards (AIMS) standards, the standards for the acute services are unlikely to be fully met due to the limitations of the current estate however they still work towards the remaining standards. The AIMS standards for rehabilitation services have been refreshed in December 2020 therefore our inpatient rehabilitation services will be working towards those as appropriate.

Our inpatient perinatal service remains accredited with the Royal College of Psychiatrists College Centre for Quality Improvements.

We have applied for central funding for the eradication of our dormitory provision. We have successfully gained support from NHS England/NHS Improvement (NHSI) to develop a comprehensive business case, this is an exciting opportunity to develop a state-of-the-art hospital that supports high quality inpatient care.

We have also begun to develop our new psychiatric intensive care unit (PICU) which is being financed from the Trust capital plan with support from Derby and Derbyshire Clinical Commissioning Group (DDCCG). This will allow us to provide local PICU care whereas currently anyone requiring PICU based care is transferred out of area. This supports our commitment to the Long Term Plan and bringing care closer to home.

The Trust has participated in a number of national benchmarking activities including Learning Disability Services, CAMHS, and Working Age and Older Adult Mental Health Services. During the pandemic we have also participated in a new monthly process for mental health and learning disability services.

The commissioning gaps that impact upon patient safety and effectiveness

The impact of our county having no CAMHS Tier 4 inpatient provision continues to impact upon us, with Derbyshire children being admitted to CAMHS units across the country. CAMHS has a number of primary care initiatives which are excellent approaches to ensuring our children and young people have early help, and this is increasing the number of children and young people who need to access our secondary care provision. This is leading to increased waiting times for CAMHS. There has also been an increase in children and young people requiring an urgent response with referrals increasing from Children's Emergency Department.

Our Adult Eating Disorders Service is the smallest in the region per head of population. This is a significant risk against the Management of Really Sick Patients (MARSIPAN) guidance requirements and the demand on the commissioned service. Therefore, there remains a gap in the needs of the population and the commissioned service. Both local reviews of the service and the Long Term Plan have clear recommendations for wider investment. This is now awaiting funding release in line with the national plan. Until this investment is allocated the county retains this risk.

Our autism assessment service is generally meeting all required standards. However, there is a significant volume of referrals of individuals seeking an assessment of a potential autism diagnosis as an adult. Some autistic people grow up without their condition being recognised. Although the reality is that our services adapt psychological support needs to individuals with autism, some of the primary need is an autism specialist service. This remains a well-established gap in the DDCCGs service provision. National policy recommendations and the NICE guidelines are clear on assessment and specialist treatment services with focused interventions. This remains a programme of investment without specific national investment plans until 2021/22.

Derby city and Derbyshire have an increasing level of violent crime, there is a very high rate of registered sex offenders; the Trust has extensive contact with cases at all Multi Agency Public Protection Arrangement levels with increasing complexity noted. Whilst we have a developing Community Forensic service it currently does not have the capacity to fully meet demand due to lack

of funding. This in turn impacts on Community Mental Health Teams (CMHTs) who maintain clinical responsibility.

Disclosures relating to quality governance
There is clear consistency between the Annual Governance Statement, the Board Statement, the outcomes of our regulatory inspections and the Trust's current overall rating of 'good'. The Trust continues to have a number of services with significant capacity and demand pressures as a result of our population and community needs. This is particularly evident in children's and mental health services. These pressures are additionally influenced by the Trust continuing to have some extensive historical key commissioning gaps.

Arrangements for monitoring improvements in quality
Improvements in quality are monitored in several ways, through regulatory inspection, partnership working and oversight with the Clinical Commissioning Group (CCG), continued audit and sustained work from previous CQUINs.

The Trust has participated in national audits as well as its own internal audit plan. Some of the internal audit activity was impacted by the pandemic but is currently being restored.

Clinical Quality Review Group meetings with the CCG were formally stood down for a lot of 2020/21 however key individuals from both organisations still met monthly to review progress on quality improvements and provide assurance.

Our CQUINs for 2020/21 were as follows:
We received Commissioning for Quality and Innovation (CQUIN) targets for 2020/21 however it was agreed nationally to stand them down. The full list is shown in the table below. The Trust resolved to continue with the staff flu vaccination campaign and achieved its highest ever compliance with this.

Staff flu vaccinations
Outcome measurement across specified Mental Health services
Biopsychosocial assessments by Mental Health Liaison services
IAPT – use of anxiety disorder specific measures
Cirrhosis tests for alcohol dependent patients
Managing a Healthy Weight in Adult Medium and Low Secure Services

Trust registration and engagement with the Care Quality Commission

The Trust registered with the Care Quality Commission (CQC) in 2010 to provide the following regulated activities:

- The treatment of disease, disorder or injury
- Assessment or medical treatment for persons detained under the Mental Health Act
- Diagnostic and screening procedures.

The Trust provides services from four registered locations; Kingsway Hospital, the Radbourne Unit and London Road Hospital in Derby, and the Hartington Unit in Chesterfield.

Patient care activities

The Quality Account (to be published later in 2021) details specific patient care activities. This year the Trust has continued to provide its core services and also supported community public health initiatives which include:

- Working as partners with Joined Up Care Derbyshire (JUCD) to create two prototype sites for an improved community mental health offer

- Our older adult services have used digital technology in an innovative way to provide 24-hour care providers with support online without increasing their risk by visiting them during the pandemic
- The inpatient rehabilitation services have developed and are piloting an outreach model of care to support people in the community post discharge from rehabilitation in patient services
- Our Emotion Regulation pathway of care has been launched and developed across our adult services
- Our Individual Placement Support service has been developed further across our adult and older adult services.
- We have strengthened our community based partnership working with the Voluntary, Community and Social Enterprise sector.

Inspected and rated

Good

Care Quality Commission

New and/or revised services

There have been some changes to the services provided by the Trust during 2020/21 despite the NHS operating in a very different way through the COVID-19 pandemic.

The Trust has received funding to develop the following new services:

- NHS England transformation funding was awarded to the Trust for the second year in succession to extend and develop our Liaison and Crisis and Home Treatment services across the City and County. This investment, topped up from local investment from Clinical Commissioning Group (CCG) hypothecated funding for mental health, has now meant that our Liaison services in both acute hospital sites are operating to the 'Core-24' national service requirement. The second year of investment in our Crisis and Home Treatment Services has enabled the service to operate in fidelity to the national model. This has enabled direct access to the service for anyone in crisis. A more intensive home treatment service is also on track to be delivered early in 2021/22 and links to the first Crisis 'Safe Haven' in Derby, provided by the Richmond Fellowship is offering a supported alternative to A&E attendance for those in mental health crisis.
- The Community Forensic team was expanded significantly during 2020/21 with investment from the CCG as the second phase in a three-phase investment and service plan.
- The early response to the pandemic saw the rapid establishment of the Derbyshire Mental Health Helpline and Support Service in April 2020. This service is available to people of all ages and for the whole population of Derby and Derbyshire. This service has been consolidated by the inclusion of P3 as partners in the delivery of the service and the inclusion of the previous Mental Health Triage Hub into a single service. P3 employ Peer Advisors to take calls and provide expert advice and support, bringing in clinicians employed by the Trust if they are required. This partnership model has been fully supported by the wider health and care system and will continue to be provided as part of the NHS Long Term Plan for Mental Health. Additional support and funding for the service has come from Derbyshire Police and the Crime Commissioner.

These initiatives have been fully supported by the local system and local CCG allocations have been committed to continue the services beyond the NHS England funding as part of the NHS Long Term Plan for Mental Health.

Derbyshire Healthcare colleagues complete 10,000 video consultations
By October 2020, colleagues within Derbyshire Healthcare had carried out an amazing 10,000 video consultations with patients during the first six months of the pandemic.

Clinicians in the Trust responded to the challenge of often not being able to meet patients face-to-face by using a specially designed platform, called Attend Anywhere, which enables them to speak to and see service users in a COVID-safe way via a secure video channel.

Since the Trust started using Attend Anywhere, more than 10,000 video calls have been made to service users, who have reported a satisfaction rate with the service of more than 85%. The 10,000 milestone was reached in October, after the Trust began using the platform in April.

Compliments, complaints and concerns 2020/21

The Trust's Patient Experience team is the central point of contact for people to provide feedback and raise concerns about the services provided by the Trust. The team sits within the Nursing and Patient Experience directorate. The team's aim is to provide a swift response to concerns or queries raised and to ensure a thorough investigation takes place when required, with complainants receiving comprehensive written responses including being informed of any actions taken.

2020/21 has been a challenging year due to the COVID-19 pandemic with pressure experienced by all teams across the Trust. Nationally complaints were paused for three months. The Patient Experience Team worked with operational teams and people contacting their service to ensure that the best outcomes have been achieved in a timely manner. Our progress throughout the year is monitored, and reported on, in quarterly reports to the Patient Experience Committee and Quality Committee.

Comparison of contacts through the year:

	2019/20	2020/21*
Compliments	1,654	1,196
Concerns	581	480
Complaints	140	165
Total	2,375	1,841

*There may be further adjustment due to categorisation during the year

Complaints are issues that need investigating and require a formal written response from the Trust. Investigations are coordinated through the Patient Experience team. Concerns can be resolved locally and require a less formal response; this can be through the Patient Experience team or directly by staff at ward, or team level within our services. At the time of writing, of the 165 formally investigated complaints six were upheld in full, 45 upheld in part, 47 not upheld, nine complaints closed without investigations and 58 complaints are still being investigated.

Parliamentary and Health Service Ombudsman
During the year, the Trust discussed three cases with the Parliamentary and Health Service Ombudsman. In all three cases no further action was required. The Trust also received one report from 2019/20. The case was upheld in part and an action plan has been developed.

Comparison of concerns, complaints and compliments by top issues raised
The most common form of concern raised in 2020/21 was in relation to the availability of services/activities/therapies, which was the same issue highlighted in 2019/20. During 2020/21, this reflected the closure/changes to services during the pandemic.

Concerns 2020/21
Availability of services/activities/therapies
Care planning
Appointments (e.g. delays and cancellations)
Concerns 2019/20
Availability of services/activities/therapies
Care planning
Appointments (e.g. delays and cancellations)

The most common reason for making a complaint in 2020/21; and in 2019/20 was in relation to care planning.

Complaints 2020/21
Care planning
Staff attitude
Availability of services/activities/therapies
Complaints 2019/20
Care planning
Information provided
Staff attitude

Compliments
Themes from the 1,196 compliments received reflect people's gratitude for the care provided and appreciation of the support and help given. A high number comment on the care and kindness shown by Trust staff. This is similar to the issues commented upon during 2019/20.

Ifti Majid meets the Duke of Cambridge on Chief Executive Officers call

Derbyshire Healthcare NHS Foundation Trust Chief Executive Ifti Majid was surprised by a special guest visitor when on a call with other Trust Chief Executive Officers in the region in February.

HRH the Duke of Cambridge – better known as Prince William – dialled in to express his heartfelt thanks for NHS colleagues' efforts over the last year.

Ifti said: "It was a real surprise when he joined the call. He was very genuine and his care and concern for the welfare of NHS staff really impressed me."

Stakeholder relations

The Trust has a strong history of working well with partners across the health and social care economy and provides a number of clinical services in partnership with other providers across the NHS and voluntary sector. We believe that being creative and collaborative in our approach to providing services brings benefits to patients. Wider learning, the sharing of information and expertise helps us to provide the best possible care. During 2020/21 these relationships were tested in the biggest single healthcare challenge the country has seen and came through stronger than before.

The Derbyshire health and care system came together to coordinate and combine in its response to the COVID-19 pandemic at a strategic, operational and team level. New ways of working and collaboration and integration of responses to meet the peaks in demand and staffing shortages through all three waves of the pandemic in 2020/21 were implemented, often at pace. This work has continued through the cross-system collaboration that has delivered the vaccination programme across Trusts, Primary Care Networks, the local authorities and the voluntary sector.

During the course of 2020/21, Joined Up Care Derbyshire continued its progression towards Integrated Care System (ICS) status. With the publication of the 'Integrating care: next steps to building strong and effective integrated care systems across England' White Paper by the Department of Health and Social Care (DHSC) in March 2021, the ICS, subject to legislation will become an NHS Body from April 2022. The Trust will continue to work with partners across the health and care system to support this development over the course of the year ahead and will be active in the development of provider collaboratives in Derbyshire.

In addition, the Trust was involved in a number of partnerships with colleagues across the health and care system to deliver improved services to our communities:

- The Trust continues to be the lead provider for the Integrated Children's Public Health service for children and young people aged 0-19, called Derby Integrated Family Health Service. The service, which commenced on 1 April 2016 brings the Trust together with partners at University Hospitals of Derby and Burton NHS Foundation Trust, has been extended into 2021
- We continue to provide drug and alcohol services in partnership with the charities Phoenix Futures and Aquarius across the city of Derby. A new recovery-focused service model for substance misuse care in the city commenced on 1 April 2018.
- For the wider county the Trust is the lead provider of drug and alcohol services with partners at Phoenix Futures, Derbyshire Alcohol Advice Service and Intuitive Thinking Skills
- The Trust leads a partnership of Improving Access to Psychological Therapies (IAPT) providers working alongside the Trust's Talking Mental Health Derbyshire service as part of the Any Qualified Provider market within Derbyshire. The partnership responded to the re-procurement of the IAPT service by Derby and Derbyshire Clinical Commissioning Group (CCG) during 2019/20 and was successful in being approved as a provider for the next three years
- Following the decommissioning of Children's Continence services across Derbyshire in 2018/19, the Trust came together with the other NHS providers across the county to create a new partnership for delivery of the service in response to the procurement exercise carried out by the CCG. This service, under the lead provision of the Chesterfield Royal Hospital (CRH), became operational from May 2019
- The Trust entered into a new partnership with P3 in the delivery of the new Derbyshire Mental Health Helpline and Support Service.

In 2019/20, the Trust entered a regional partnership agreement for the delivery of inpatient forensic services, with eight other NHS, private and voluntary sector providers across the East Midlands. This partnership aims to improve inpatient forensic services through a collaborative approach and includes the delegation of planning and contracting functions from NHS England to a lead provider,

working within the collaborative framework (Nottinghamshire Healthcare NHS Foundation Trust). From 1 April 2021, the Trust entered into similar arrangements for the delivery of Child and Adolescent Mental Health Services (CAMHS) Tier 4 services and Adult Inpatient Eating Disorder Services with Northamptonshire Healthcare NHS Foundation Trust and Leicestershire Partnership NHS Trust as the lead providers for each respectively.

The Trust, continues to be a member of the East Midlands Mental Health, Learning Disabilities and Autism Alliance, a partnership arrangement with the aim of providing strategic oversight to the creation of the regional lead provider arrangements (see above), to provide a vehicle to work together across the region to improve services, coordinate approaches to challenges and seek out opportunities to deliver the objectives of the NHS Long Term Plan.

The Trust has a close working relationship with our neighbouring trust Derbyshire Community Health Services NHS Foundation Trust (DCHS) through the provision of People Services (human resources) through a Joint Venture Arrangement, which commenced on 1 April 2018 and continued successfully throughout 2020/21.

Mental health helpline launched and becomes permanent service in county

People in Derby or Derbyshire experiencing a mental health crisis are benefitting from a broad range of support and advice, by calling the county's mental health helpline, thanks to an innovative collaboration involving the Trust, third sector organisations and the emergency services.

The helpline, which was launched in April 2020 as a response to the COVID-19 pandemic, moved to a freephone number and became a permanent service as part of improvements through the Joined Up Care Derbyshire programme. The helpline team now consists of staff from the charity P3, as well as clinical staff from Derbyshire Healthcare.

As a result of its new, wider role, the helpline has broadened its name to the Derbyshire Mental Health Helpline and Support Service. This name was chosen by local Derbyshire residents with lived experience of mental ill health. The helpline number is 0800 028 0077 and it remains a 24/7 service for Derby and Derbyshire residents of all ages.

Since its launch in April 2020, the helpline has received around 1,500 calls each month from local residents.

Joined Up Care Derbyshire (JUCD)

In order to deliver the aims of the NHS Long Term Plan, the JUCD Sustainability and Transformation Partnership (STP) has continued to work together to deliver the things we want to achieve as a system to improve the three gaps as set out in the NHS Five Year Forward View and refreshed in the NHS Long Term Plan:

- Health and wellbeing gap
- Care quality gap
- Finance and efficiency gap.

The Trust continued to host the employment of the STP Programme Director, Vikki Taylor and her team. These staff numbers are reflected within the workforce figures included in this report. In December 2020, JUCD was successful in being approved as an Integrated Care System (ICS). This is part of an agreed development programme with NHS England/NHS Improvement (NHSEI). The future development of the ICS as an NHS body is part of the proposals contained in the White Paper on Integrated Care referred to elsewhere in this report.

The ongoing development of the 15 Primary Care Networks (PCNs) of GP practices in Derbyshire continued through the year. These groups of practices will be the basis for integrated multi-disciplinary working and bringing professionals together from across health and care services. The Trust has supported their development and has been engaging with the PCNs about how our transformed community mental health services can align to their emerging services and over jointly funded Mental Health Practitioner posts, to be based in PCN Multi-disciplinary teams. This work will continue in the year ahead.

Ifti Majid, the Trust's Chief Executive, continues to lead the Mental Health, Learning Disability and Autism Programme within JUCD. Despite the COVID-19 pandemic, the programme has delivered most of the transformational requirements of the NHS Long Term Plan for Mental Health, although a small number of the access targets were not achieved due to the impact of the pandemic response. Other Board members attend JUCD meetings and events.

Across the Mental Health, Learning Disability and Autism and Children and Young People programmes within JUCD, the highlights of planning and progress in 2020/21 included:

- Expansion of the Working Age Adults and Older Adults Crisis and Home Treatment services to deliver a service for Derbyshire in fidelity to the national model
- Expansion of mental health liaison services in line with the 'Core-24' model at Chesterfield Royal and Royal Derby Hospital sites
- Establishment of Derbyshire Mental Health Helpline and Support service for all the people in Derbyshire in April 2020.
- Launch of a 'Safe Haven' in Derby for people to attend in mental health crisis as an alternative to attending A&E with links between the Helpline service, East Midlands Ambulance Service (EMAS) and our Crisis and Home Treatment teams to support this setting as an alternative to A&E. A second facility in the north of the county is to follow in 2021/22
- Development of a plan and secured transformation monies from NHSEI to deliver the Community Mental Health Framework in Derbyshire. Following early prototyping of the new model of delivery in High Peak with co-production from service users and the local community, 2021/22 will see services in High Peak and Derby city undergo a significant transformation of service provision in partnership with Adult Care services, the local voluntary sector and other agencies and community organisations
- Development of a plan and secure transformation monies from NHSEI to deliver a new Crisis and Home Treatment service for Children and Young People. This new service will be provided by the Trust and Chesterfield Royal Hospital NHS Foundation Trust and will be delivered over two years starting in 2021/22.

Thank-you …

The Trust would like to thank partners for their support and involvement during the year:

- The experts by experience from the Trust's Psychiatry Teaching Unit who kindly give their time to train our future workforce who were redeployed in the pandemic and for their commitment to raise the voice of service user experience and support in Derbyshire.
- All EQUAL Forum members for their amazing contributions to our Trust and to our community. Without their work our developments would not be as informed or considered. We welcome your challenges and our very healthy debates; we look forward to another year as we develop and grow our services together.
- For Trevor Wright and Maxx Hawkins for their personal contributions in co-chairing the EQUAL Autism group and championing the voice of individuals with autism
- North Derbyshire Carers Community and South Derbyshire Carers' Forums, which have continued to make a long term and outstanding contribution to the Trust's groups and committees, for example the Patient Experience Committee, where they have made a significant contribution to the work of the Trust including the development of strategy, feedback on ward improvements including dormitories. We would like to offer thanks to Sandra Austin and José Rodgers for supporting our Trust.
- Healthwatch Derby and Healthwatch Derbyshire for their 'enter and view' and service reviews during the year, their extended reviews and for their direct feedback on the voice of our community on how our care is experienced and their ideas on how we can continually improve.
- The League of Friends have an exceptionally long term commitment to our organisation and their compassionate contributions and support their charitable endeavours which enable every person in hospital to receive a present each year. We are grateful for your support.
- To Derbyshire partners University Hospitals of Derby and Burton NHS Foundation Trust, Derbyshire Community Services and Chesterfield Royal Hospital. We are very grateful to all of your colleagues who have travelled through the pandemic with our teams. We would not have been able to vaccinate our colleagues without your help, thank you.
- Our partners in Public Health for their guidance and support through the pandemic.
- Derbyshire Health United for their great support and partnership working in helping to keep our colleagues and our patients safe.
- P3 for joining our partnership to set up and design our Mental Health Helpline and Support Service, without you we would not have been so successful in our endeavour – thank you for your contribution.
- To NHS England/NHS Improvement for releasing some of their staff members to our Trust during the pandemic. We are very grateful to Sarah Brennan for her service and significant contribution to the set up and design to the Mental Health Helpline and Support Service.
- To Toyota Derby for working in partnership with us during the pandemic to design face shields for our colleagues to keep them safe. We are so grateful for their help and service.
- To Derbyshire clothing manufacturer David Nieper who made scrubs for our teams. We are very grateful for their support and service.
- We received many donated gifts and services for our colleagues including: Easter eggs from Mars, confectionary from Chubby Lollies, produce from Chatsworth House and local delivery companies, ice cream vans (during the summer) and food service vans. All the gifts and generous donations given to keep our teams going through times of sadness, stress and upset really made a difference. These small touches helped our very busy support and clinical teams succeed.

Please accept our great thanks to you all.

Engaging with our communities

The Trust has different mechanisms in place to engage with members of the public and stakeholders regarding our services and to promote appropriate messages and information – for example reducing the stigma associated with mental health.

During the year, while we have been unable to meet people face to face through our usual community networks, we have maintained newsletters shared with our Trust members and wider stakeholders, providing an update on our response to the pandemic. We have also maintained our online content, to provide as much information to patients and members of the public as possible.

Particular engagement has taken place on the following:

Mental health support line
The Trust's mental support health line, introduced during the COVID-19 pandemic offers support and guidance to residents of all ages. It is available 24 hours a day, seven days a week, providing support to people of all ages who live in Derbyshire and are experiencing increased mental health needs. This includes people who are currently supported by the Trust with their ongoing mental health needs, the carers of those currently being supported by our services and any other Derbyshire residents who are experiencing increased distress or anxiety.

ChatHealth
A new text messaging service for 0-19-year-olds and their parents/carers was launched in Derby City in June 2020. ChatHealth, introduced by the Trust's Children's Services team, is a way for young people to confidentially ask for help about a range of issues.

World Mental Health Day
World Mental Health Day took place on 10 October 2020 with the theme of 'mental health for all – greater access for everyone – everywhere'. The Trust reminded the community of the importance of knowing how we can support one another, particularly during the pandemic when an increasing number of people are experiencing mental health difficulties.

Wider Patient and Public Involvement (PPI) activities

The Trust participated in several anti-stigma virtual events throughout the year. This included Time to Talk Day, Stress Awareness Month, Equality and Human Rights Week, International Nurses Day, Carers Week, Children's Mental Health Week, Mental Health Awareness Week and World Suicide Prevention Day, sharing ways to stay connected with our own mental health through self-care and ideas on how to connect with others to create a supportive community to help prevent suicide.

In line with the Trust's commitment to LGBT+ communities, ethnic minority and disability networks, the Trust participated in awareness weeks and months including Black History Month, LGBT+ History Month, Show Racism the Red Card Day, International Day of Persons with Disabilities, Hate Crime Awareness Week and Pride Month.

Formal engagement and consultation
The Trust has not undertaken any formal engagement or consultation during the year. However, we have started a number of pre-engagement conversations with people with lived experience about future plans to eradicate dormitories from our acute mental health services. This has largely involved EQUAL, our service user reference group, and engagement on these important developments will continue over the next year as our plans progress.

Remuneration report

This remuneration report is signed in my capacity as accounting officer.

Ifti Majid, Chief Executive, 9 June 2021

Annual statement on remuneration

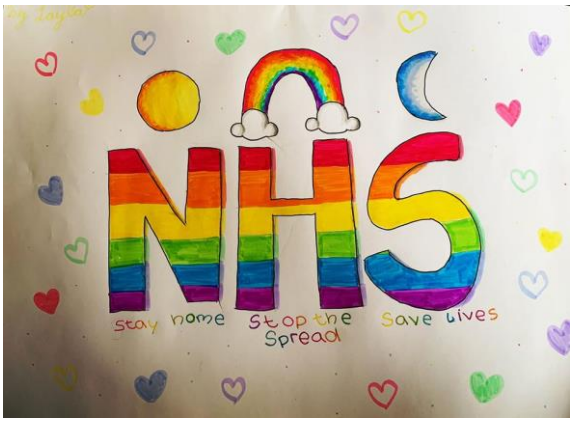
Major decisions/substantial changes to senior managers' remuneration
On 7 January 2021 the Remuneration and Appointments Committee approved the NHS Improvement (NHSI) recommended 2020/21 pay award for Very Senior Managers – Executive Directors. This provided for a consolidated increase of 1.03%. There was one application for a salary increase in year which was approved.

In line with the NHS People Plan, which identifies the need to sustainably attract, recruit and retain exceptional talent into Very Senior Managers (VSM) positions across the NHS, the Committee noted that work was underway by NHS England (NHSE) and NHSI on pay guidance which will take the form of a revised VSM pay framework. This framework is expected to provide a more consistent and aligned approach to VSM remuneration across different parts of the NHS, while at the same time not seeking to limit the various freedoms that NHS organisations have in this regard.

The Committee is following the guidance provided by NHSI for managing executive director remuneration.

For the Chair and Non-Executive Director re-appointments in 2020/21. The Governors' Nominations and Remuneration Committee reviewed the remuneration rates against the NHSE/I framework but agreed to keep the rates at existing levels. The Committee agreed to consider rates against the framework for any new appointments.

Caroline Maley, Trust Chair and Chair of Remuneration and Appointments Committee and Chair of Nominations and Remuneration Committee



Senior managers' remuneration policy future policy table:

Executive Directors

Component	The Remuneration and Appointments Committee oversees the remuneration and terms and conditions of Executive Directors and Senior Managers. The Committee's approach to remuneration is guided by the Executive Director Remuneration Policy which outlines the approach the Trust takes to oversee the salaries and the provisions for other benefits as outlined in remuneration tables on pages 90-93.
How this operates	The Terms of Reference of the Remuneration and Appointments Committee outline their responsibility to decide on the level of remuneration for each appointment.
How this supports the short and long term strategic objectives of the Trust	The policy is against a key set of principles, including Board portfolios and composition, which together contribute to the short term and long term delivery of the Trust strategy.
Maximum that can be paid	Pay is outlined in the remuneration tables outlined on pages 90-93. This remains constant unless there is specific reason for review, as agreed with the Remuneration and Appointments Committee, for example to reflect wider benchmarking, a change of portfolio or acting-up arrangements.
Framework used to assess performance measures that apply	Performance is measured using appraisal processes. Remuneration is not normally linked to the appraisal process.
Provisions for recovery or withholding of payments	Not applicable as we do not operate performance related pay so do not provide for the recovery of sums paid to a Director or for withholding the payments of sums to senior managers.

Non-Executive Directors

Component	The Governors' Nominations and Remuneration Committee oversees the remuneration and expenses for Non-Executive Directors, recommending any amendments to the Council of Governors. There is an annual flat rate non-pensionable fee, with a higher rate payable for the Chair of the Trust, the Senior Independent Director, Audit and Risk Committee Chair and Deputy Chair. The Committee's approach to remuneration in 2020/21 was considered against the NHSE/I remuneration structure for NHS provider Chairs and Non-Executive Directors. The revised structure acknowledges that within Foundation Trusts it is for the Council of Governors to determine the remuneration of the Chair and Non-Executive Directors and they retain the prerogative to operate outside of the framework on a 'comply or explain' basis. This was exercised in 2020/21 when the Committee retained current rates on re-appointment of the Chair and a Non-Executive Director.
Additional fees	Not applicable
Other remuneration	Not applicable

In terms of diversity and inclusion, the Remuneration and Appointments Committee regularly reviews the structure, size and composition (including the skills, knowledge, experience and diversity) of the Board, making use of the output of the board evaluation process as appropriate, and make recommendations to the board, and nomination committee of the Council of Governors, as applicable, with regard to any changes.

In line with all Board Committees, the Remuneration and Appointments Committee actively considers the equality impact and evidence relating to all items of Committee business as part of the Committee's contribution to equality, diversity and inclusion.

Service contract obligations
Executive Directors are employed on contracts of service and are substantive employees of the Trust. Executive Directors may participate in the Trust lease car scheme for which there is a Trust contribution. If appropriate, Directors may receive relocation payments or other such recompense in line with Trust policy.

The Remuneration and Appointments Committee's approach to setting periods of notice is to ensure that the Trust has sufficient flexibility to make changes required to promote the interests of the Trust, whilst giving both the Director and the Trust sufficient stability to promote their work. The Committee also has regard to recognised good practice across the NHS, and the demands of the market.

Payments for loss of office are determined by reference to the contractual arrangements in place with the relevant Executive Director, as discussed above. The various components would be calculated as follows:

Salary for period of notice
The Committee will usually require Executive Directors to serve their contractual notice period, in which case they will be paid base salary in the usual way. In the event that the Committee agreed to pay in lieu of notice, this would be calculated on the relevant base salary. If exercised, this would mean that the Executive Director received payment without providing service in return. All Executive Directors are contracted to serve six months' notice, with the exception of the Deputy Chief Executive and Director of Finance, who is contracted to serve three months' notice, as a result of arrangements in place at the time of appointment.

The Trust's Constitution sets out the grounds on which a Non-Executive Director appointment may be terminated by the Council of Governors. A Non-Executive Director may resign before completion of their term, by giving written notice to the Trust Secretary.

Policy on payment for loss of office
Any redundancy payment would be calculated in accordance with the relevant parts of Agenda for Change, which apply through the relevant contracts and would be subject to any statutory limits that may be imposed by the government or regulator.

Statement on consideration of employment conditions elsewhere in the Trust
The pay and consideration of employees was not taken into account when setting the remuneration policy for senior managers and the Trust did not consult with its employees on this issue.

NHS Improvement have a Very Senior Managers Pay Framework with salary ranges dependent on an NHS trust's size and sector which are the guiding principles, although this is currently being reviewed. The Remuneration and Appointments Committee takes this framework and benchmarking information to determine Senior Managers Pay. The Trust participates annually in the NHS Providers Board remuneration survey and the Remuneration and Appointments Committee reviews the findings. The Remuneration and Appointments Committee will use the results of the NHS Providers board remuneration survey for 2020/21 and any updates in the national framework to review Executive remuneration levels later in 2021/22.

Annual Report on Remuneration

Directors' appointments and contracts

Executive Directors of the Trust Board have permanent contracts of employment, and are not subject to fixed term arrangements, except where indicated in the Directors' Report.

Non-Executive Directors including the Trust Chair are subject to fixed term appointments. Details of Non-Executive terms of office are outlined in the Directors' Report on pages 52-54.

Remuneration and Appointments Committee

The role of the Committee is to ensure there is a formal and transparent procedure for developing policy on Executive Director remuneration and for agreeing the remuneration packages of individual Directors. The Committee is also responsible for identifying and appointing candidates to fill all the Executive Director positions on the Trust Board. The Committee has met six times throughout the year.

Attendance at the Remuneration and Appointments Committee by Non-Executive Directors is outlined below:

	Actual attendance	Possible attendance
Caroline Maley (Chair)	6	6
Dr Julia Tabreham	6	6
Margaret Gildea	6	6
Geoff Lewins	6	6
Richard Wright	5	6
Dr Sheila Newport	6	6
Ashiedu Joel	4	6
Perminder Heer *	1	1

*placement until July 2020

Nominations and Remuneration Committee

The role of the Committee is to recommend to the Council of Governors remuneration and terms of service policy for Non-Executive Directors, taking into account the views of the Chair (except in respect of their own remuneration and terms of service) and the Chief Executive and any external advisers. The Committee has met three times throughout the year.

Attendance at the Nominations and Remuneration Committee is outlined below:

	Actual attendance	Possible attendance
Caroline Maley, Trust Chair	3	3
Margaret Gildea, Senior Independent Director	3*	3
Lynda Langley, Lead Governor and Public Governor, Chesterfield	3	3
Andrew Beaumont, Public Governor, Erewash	2	3
Kevin Richards, Public Governor, South Derbyshire	3	3

Carole Riley, Public Governor, Derby City East	3	3
Susan Ryan, Public Governor, Amber Valley	3	3
David Charnock, Appointed Governor, University of Nottingham	3	3
April Saunders, Staff Governor, Allied Professions	1	1**
Kel Sims, Staff Governor, Admin and Allied Support	2	2***

* elements of the meeting chaired Margaret Gildea when Trust Chair had declared an interest.
** up to September 2020
*** from September 2020

Note: the Chair or any Non-Executive Director declares an interest and withdraws from any discussions at the committee in relation to their own pay and conditions.

The details included in the Remuneration report (salary and allowances of Executive and Non-Executive Directors for the year 2020/21 and pension benefits) plus the fair pay multiple, payment for loss of office and payments to past senior managers are subject to audit.

Derbyshire healthcare staff sport stylish new scrubs

Derbyshire clothing manufacturer David Nieper supplied much-needed stylish new scrubs to clinical staff at Derbyshire Healthcare NHS Foundation Trust in May 2020.

Skilled sewing staff at the Alfreton firm, who had been furloughed at the start of the COVID-19 crisis, were brought back to work making PPE for the NHS, making the scrubs in socially distanced working conditions.

And Derbyshire Healthcare took delivery of an order for 400 sets of scrubs, worn by our clinical colleagues – and modelled here by Trust Medical Director John Sykes.

Shortages of the usual PPE fabric meant that the scrubs made by David Nieper were produced using a higher quality material, meaning the scrubs would be longer-lasting and more comfortable. The design was adapted with an elasticated waist and more useful pockets.

Dr John Sykes, Medical Director at Derbyshire Healthcare, said: "We are delighted to have taken delivery of these new scrubs for our colleagues and appreciate the support from David Nieper. It's really great that we, as a healthcare trust that covers all of Derbyshire, are able to support a Derbyshire firm with this order."

Salary and allowances of Executive and Non-Executive Directors for the year 2020/21

		2020-21						2019-20					
Title	Name	Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)	Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
Chief Executive	Ifti Majid *[1]	150-155				47.5-50	200-205	155-160				22.5-25	180-185
Deputy Chief Executive and Executive Director of Finance	Claire Wright	125-130				25-27.5	150-155	125-130				25-27.5	150-155
Executive Medical Director	John Sykes *[2]	205-210	2,000				205-210	200-205	2,000				205-210
Executive Director of Nursing and Patient Experience	Carolyn Green	120-125				30-32.5	150-155	115-120				25-27.5	140-145
Chief Operating Officer	Mark Powell *[3]	110-115				25-27.5	135-140	110-115				15-17.5	130-135
Director of People and Inclusion	Jacqueline (Jaki) Lowe *[4]	60-65				12.5-15	75-80						
Director of People and Organisational Effectiveness	Amanda Rawlings *[5]							55-60	1,000				55-60
Director of Business Improvement and Transformation	David (Gareth) Harry	100-105				30-32.5	135-140	100-105				35-37.5	135-140
Trust Secretary	Justine Fitzjohn *[6]	75-80				25-27.5	100-105	60-65				25-27.5	85-90
Chair	Caroline Maley	50-55					50-55	50-55					50-55
Non-Executive Director	Julia Tabreham *[7]	10-15					10-15	10-15					10-15
Non-Executive Director	Richard Wright *[8]	10-15					10-15	10-15					10-15

Non-Executive Director	Margaret (Barbara) Gildea	10-15					10-15	10-15					10-15
Non-Executive Director	Geoff Lewins	15-20					15-20	15-20					15-20
Non-Executive Director	Anne Wright *9							5-10					5-10
Non-Executive Director	Ashiedu Joel *10	10-15					10-15	0-5					0-5
Non-Executive Director	Sheila Newport *11	10-15					10-15	0-5					0-5
Non-Executive Director	Suzanne Overton-Edwards *12							0-5					0-5
Band of Highest Paid Director's Total Remuneration (£000)		205-210						205-210					
Median Total Remuneration		31,365						30,615					
Ratio		6.6						6.8					

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 2020/21 was £205,000 - £210,000 (2019/20: £205,000 - £210,000). This was 6.6 times (2019/20: 6.8) the median remuneration of the workforce, which was £31,365 (2019/20: £30,615).

In 2020/21, no employees received remuneration in excess of the highest-paid director (2019/20: one). Remuneration ranged from £17,000 to £207,919 (2019/20: £17,253 to £203,761).

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

In accordance with NHSI's Annual Reporting Manual, the calculation for the Fair Pay Multiple 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 31 March 2021. It is calculated using costs for employed staff in post at that date (with any part time salaries grossed up to full time equivalent).

The resulting combined list of salary figures was sorted into ascending order of value to identify the middle (median) value in the range. The most highly paid director during 2020/21 was the Executive Medical Director (of which £132,412 related to their clinical role). This is consistent with 2019/20.

In 2020-21 there were two senior manager paid more than the £150,000 threshold used in the Civil Service for approval by the Chief Secretary to the Treasury, as set out in guidance issued by the Cabinet Office (2019/20: two). The Trust Remuneration and Appointments Committee have reviewed this and considers it reasonable as it relates to the Medical Director whose payments cover both clinical and Board duties, plus the Chief Executive.

(This disclosure is subject to audit.)

*[1] Ifti Majid - in 2019/20 pension benefit amended due to updated information received from NHS Pensions

*[2] John Sykes – pension frozen 31.05.2012

*[3] Mark Powell – left post 13.04.2021

*[4] Jacqueline (Jaki) Lowe – started in post 17.08.2021

*[5] Amanda Rawlings – left post 29.02.2020. During the reported year recharged from host employer (Derbyshire Community Health Services). Amount equates to 50% of total salary. Pension benefits disclosed by employing Trust

*[6] Justine Fitzjohn – started in post 03.06.2019

*[7] Julia Tabreham – Deputy Chair until 31.07.2019 but remains as a Non-Executive Director

*[8] Richard Wright – became Deputy Chair from 01.08.2019

*[9] Anne Wright – left post 10.01.2020

*[10] Ashiedu Joel – started in post 23.01.2020

*[11] Sheila Newport – started in post 11.01.2020

*[12] Suzanne Overton-Edwards – started in post 03.09.2019 and left 31.12.2019

The total taxable benefits reported in the table above of £2.0k all relate to lease car benefits.

Pension benefits 1 April 2020 – 31 March 2021

	Name	Real increase in pension at pension age (bands of £2,500)	Real increase in pension lump sum at pension age (bands of £2,500)	Total accrued pension at pension age at 31 March 2021 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2021 (bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2020	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2021	Employers Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£000	£000	£000	£000
Chief Executive	Ifti Majid	70-72.5	2.5-5	75-80	175-180	1442	85	1552	22
Deputy Chief Executive & Executive Director of Finance	Claire Wright	45-47.5	0-2.5	45-50	90-95	758	45	815	18
Executive Medical Director	John Sykes	0	0	65-70	205-210	0	0	0	0
Executive Director of Nursing & Patient Experience	Carolyn Green	47.5-50	0-2.5	30-35	60-65	493	41	542	17
Chief Operating Officer	Mark Powell	40-42.5	0-2.5	35-40	65-70	497	35	540	16
Director of People and Inclusion	Jacqueline Lowe	22.5-25	0-2.5	10-15	5-10	145	27	174	9
Director of Business Improvement and Transformation	David (Gareth) Harry	42.5-45	0-2.5	30-35	55-60	423	36	466	15
Trust Secretary	Justine Fitzjohn	35-37.5	0-2.5	10-15	20-25	211	29	244	11

Payments for loss of office

None in 2020/21.

Payments to past senior managers

None in 2020/21.

Staff report

Workforce profile: staff numbers*
The table below outlines the professional categories of staff employed by the Trust and the changes in WTE (whole time equivalent) from 2019/20 – 2020/21:

Average number of employees (WTE basis)	**2020/21 Total Number**	**2020/21 Permanent Number**	**2020/21 Other Number**	**2019/20 Total Number**	**2019/20 Permanent Number**	**2019/20 Other Number**
Medical and dental	**173**	161	12	**172**	161	11
Ambulance staff	**0**	0		**0**	0	
Administration and estates	**645**	627	18	**620**	617	3
Healthcare assistants and other support staff	**513**	509	4	**466**	465	1
Nursing, midwifery and health visiting staff	**971**	957	14	**899**	889	10
Nursing, midwifery and health visiting learners	**6**	6		**3**	3	
Scientific, therapeutic and technical staff	**304**	303	1	**291**	290	1
Healthcare science staff	**0**	0		**0**	0	
Social care staff	**5**	5		**5**	5	
Other	**0**			**0**		
Total average numbers	**2,617**	**2,568**	**49**	**2,456**	**2,430**	**26**
Of which:						
Number of employees (WTE) engaged on capital projects	**4**	4		**3**	3	

* subject to audit

The workforce numbers outlined above are based on headcount numbers recorded between the start and end of the financial years. The numbers included in the accounts are based on the average Whole Time Equivalents (WTE) across the financial year.

Workforce profile: Staff costs*

	31 March 2021			31 March 2020		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£0	£0	£0	£0	£0	£0
Salaries and wages	**96,710**	**95,390**	**1,320**	86,708	84,492	2,216
Social security costs	**8,747**	**8,747**	**-**	7,786	7,786	-
Apprenticeship levy	**451**	**451**	**-**	408	408	-
Employer contributions to NHS Pension Scheme	**11,645**	**11,645**	**-**	10,776	10,776	-
Employer contributions paid by NHSE on providers' behalf	**5,106**	**5,106**	**-**	4,706	4,706	-
Other pension costs	**-**	**-**	**-**	-	-	-
Other post-employment benefits	**-**	**-**	**-**	-	-	-
Temporary staffing (External Bank)	**-**	**-**	**-**	-	-	-
Temporary staffing (Agency/Contract)	**3,870**	**-**	**3,870**	2,819	-	2,819
Termination benefits	**-**	**-**	**-**	5	5	-
Total Gross Staff Costs	**126,529**	**121,339**	**5,190**	113,208	108,173	5,035
Of the total above:						
Charged to Capital	**198**			160		
Employee benefits charged to revenue	**126,331**			113,048		
	126,529			113,208		

* subject to audit

Breakdown of employees by age, disability, gender and other characteristics

	Headcount	WTE	Workforce %
Trust			
Employees	2,795	2,434.18	–
Staff Group			
Add Prof Scientific and Technic	220	188.83	7.87%
Additional Clinical Services	447	388.76	15.99%
Administrative and Clerical	553	480.78	19.79%
Allied Health Professionals	196	160.43	7.01%
Estates and Ancillary	155	120.62	5.55%
Medical and Dental	136	121.54	4.87%
Nursing and Midwifery Registered	1,056	941.23	37.78%
Students	32	32.00	1.14%
Age			
16-20	3	2.53	0.11%
21-30	384	362.44	13.74%
31-40	627	542.17	22.43%
41-50	788	695.10	28.19%
51-60	772	666.43	27.62%
61-70	212	159.47	7.58%
71 and above	9	6.04	0.32%
Disability			
Declared Disability	149	128.07	5.33%
No Declared Disability	2,646	2,306.10	94.67%
Ethnicity			
White – British	2,174	1,877.76	77.78%
White – Irish	25	19.19	0.89%
White - Any other White background	45	38.55	1.61%
White Northern Irish	2	1.67	0.07%
White Unspecified	24	21.79	0.86%
White English	4	4.00	0.14%
White Gypsy/Romany	1	1.00	0.04%
White Other European	2	2.00	0.07%
Mixed – White and Black Caribbean	23	20.53	0.82%
Mixed – White and Black African	4	3.60	0.14%
Mixed – White and Asian	17	14.27	0.61%
Mixed – Any other mixed background	12	11.40	0.43%
Asian or Asian British – Indian	142	128.80	5.08%
Asian or Asian British – Pakistani	51	46.53	1.82%
Asian or Asian British – Bangladeshi	5	4.60	0.18%
Asian or Asian British – Any other Asian background	10	9.65	0.36%
Asian Punjabi	3	2.24	0.11%
Asian Tami	1	1.00	0.04%
Black or Black British – Caribbean	47	42.31	1.68%
Black or Black British – African	85	80.55	3.04%
Black or Black British – Any other Black background	11	10.67	0.39%
Black Nigerian	2	1.8	0.07%
Black British	2	1.40	0.07%
Chinese	4	3.75	0.14%
Any Other Ethnic Group	12	10.39	0.43%
Vietnamese	1	1.00	0.04%
Filipino	1	1.00	0.04%

Not Stated	85	72.72	3.04%
Gender			
Female	2,216	1,897.91	79.28%
Male	579	536.27	20.72%
Gender breakdown			
Female Director/CEO	4	4.00	0.50%
Male Director/CEO	4	4.00	0.50%
Female Senior Manager Band 8c and above	21	19.44	61.76%
Male Senior Manager Band 8c and above	13	13.00	38.24%
Female Employee other	2,191	1,874.46	79.59%
Male Employee other	562	519.27	20.41%
Religious Belief			
Atheism	419	378.00	14.99%
Buddhism	20	18.56	0.72%
Christianity	1,110	964.45	39.71%
Hinduism	36	33.96	1.29%
Not stated	814	687.41	29.12%
Islam	52	46.75	1.86%
Jainism	2	2.00	0.07%
Judaism	7	6.80	0.25%
Other	277	245.67	9.91%
Sikhism	58	50.57	2.08%
Sexual Orientation			
Bisexual	28	26.00	1.0%
Gay or Lesbian	58	54.00	2.08%
Heterosexual or Straight	2,027	1,779.53	72.52%
Undecided	3	2.60	0.11%
Other not listed	1	1.00	0.04%
Not Stated	678	571.04	24.26%

Trust takes delivery of more than 4,000 Easter eggs

The eggs-cellent people at Mars donated more than 4400 Easter eggs for colleagues and patients at Derbyshire Healthcare to enjoy over the Easter weekend in April 2020.

The Trust Estates team took on a massive logistical effort to deliver the Easter eggs to teams and colleagues around the Trust.

The eggs were part of a donation by Mars of 1,000,000 Easter eggs to NHS colleagues around the country, as a token of gratitude and in recognition of the “spirit of resilience which was “an inspiration to all”.

Sickness absence data

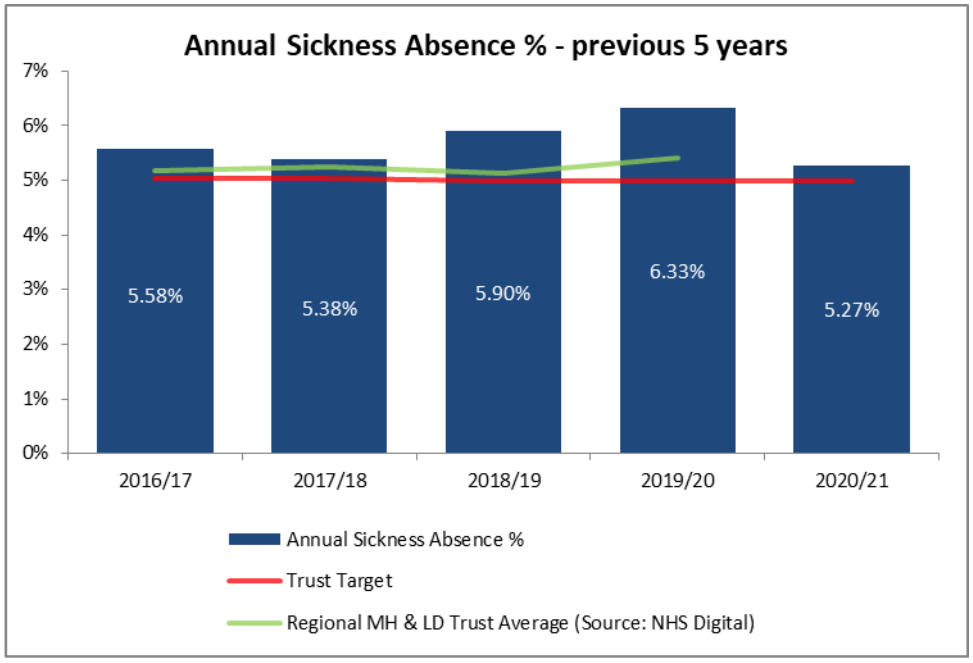
Sickness absence data for 2020/21 is published by NHS Digital at this location:

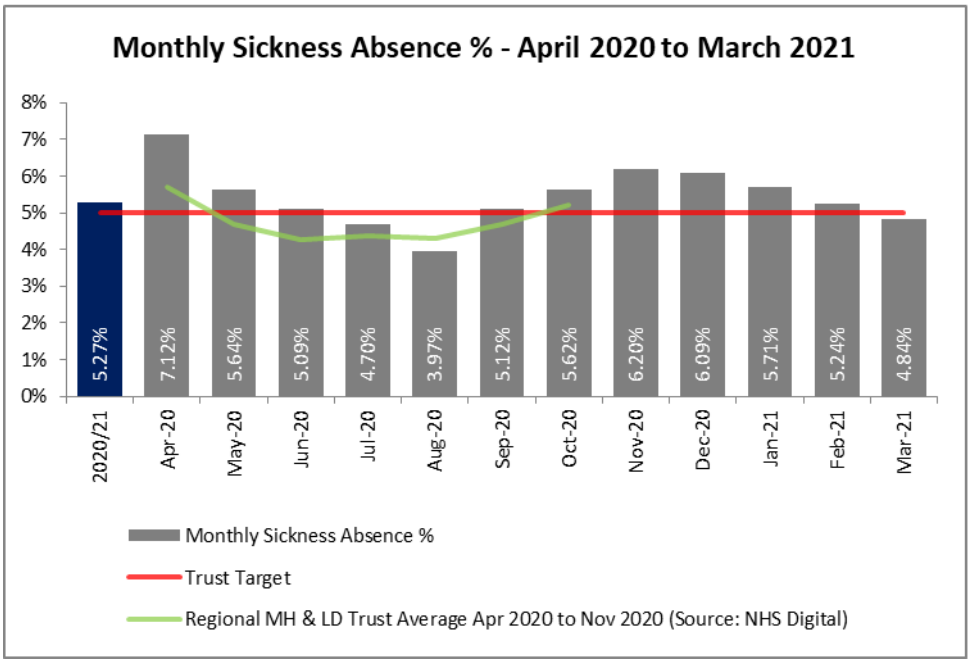
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Staff attendance continues to be a challenge, particularly across inpatient areas. The annual sickness rate for 2020/21 was 5.27% which is 1.06% lower than the previous year.

In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust's highest reason for sickness absence and accounted for 35.18% of all sickness absence during 2020/2021, followed by COVID19 Confirmed at 11.32% and Other Musculoskeletal problems at 7.22%.

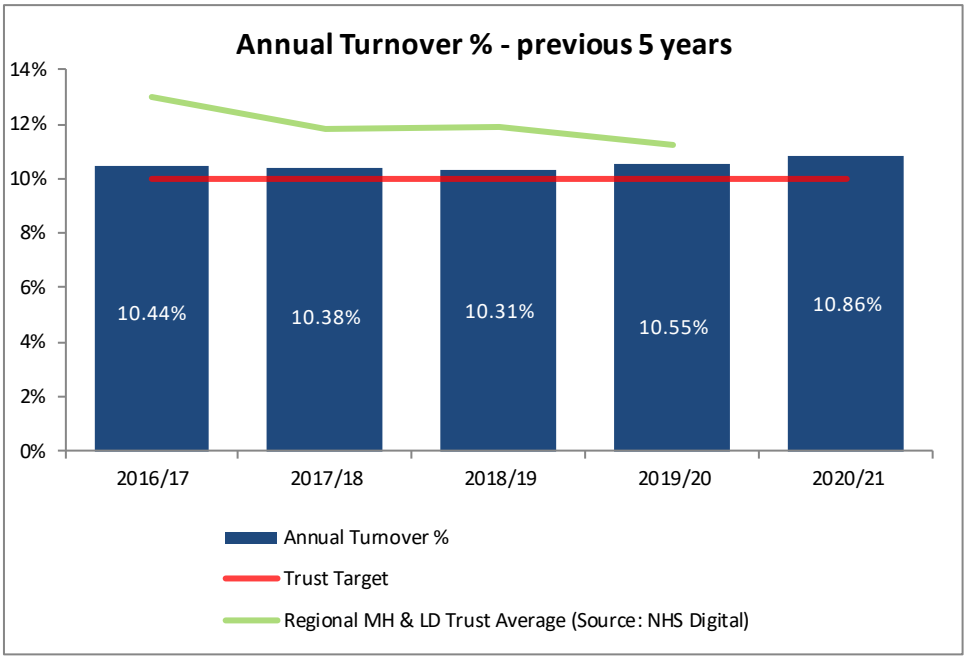
Whole time equivalent (WTE) days available	Average number of WTE staff 2020/21	WTE days lost to sickness absence	Average sick days per WTE
854,950.27	2387.72	45,035.84	18.86

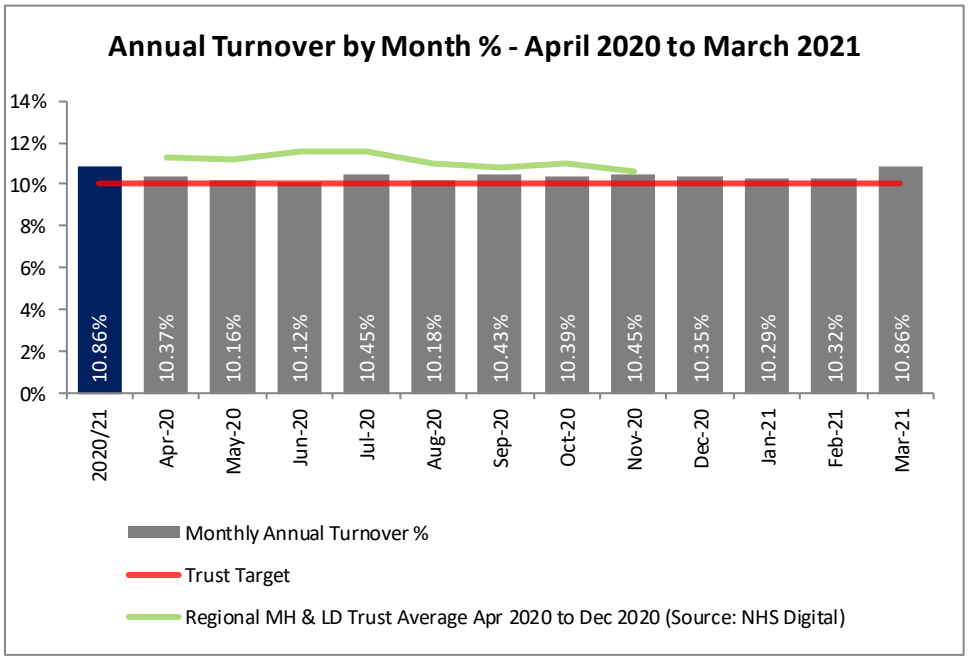




Turnover data

Turnover data for 2020/21 is published by NHS Digital at this location:
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics




Annual Turnover by Month % - April 2020 to March 2021
14%
12%
10%
8%
6%
4%
2%
0%
10.86%
10.37%
10.16%
10.12%
10.45%
10.18%
10.43%
10.39%
10.45%
10.35%
10.29%
10.32%
10.86%
2020/21
Apr-20
May-20
Jun-20
Jul-20
Aug-20
Sep-20
Oct-20
Nov-20
Dec-20
Jan-21
Feb-21
Mar-21
Monthly Annual Turnover %
Trust Target
Regional MH & LD Trust Average Apr 2020 to Dec 2020 (Source: NHS Digital)


Fire exit
SEND A HEART TO A COLLEAGUE

Staff policies and actions applied during the financial year

Staff Wellbeing Update

Building on the aims laid out in the Trust's 2019/20 Annual Report we were successful in achieving the best ever staff survey wellbeing score achieving 53% in 2020, compared to 25% in 2017, and ranking as best in class. In addition the Trust has also:

- Vaccinated 84% of frontline staff for flu, a record total for the Trust
- Completed 40.07% of staff COVID-19 risk assessments
- Maintained sickness absence levels below 7% despite COVID-19 pressures
- Supported 10% of staff to access in-house counselling services
- Won the Inside Out award for best use of technology in staff wellbeing for our use of the Thrive app
- Created wobble rooms for staff across all clinical sites and delivered 'calm kits' for all colleagues working remotely or in the community.

In order to deliver these results through the pandemic, the Wellbeing team have had to flex their approach which has seen a number of new initiatives including wellbeing coaching to peer support groups, and women's health talks to financial wellbeing sessions. A full list of the range of support available is listed below:

Policies and actions related to staff with disabilities and/or long term conditions:
Alongside a range of policies and processes, the Trust carries out additional reporting through the national Workforce Disability Equality Standard (WDES), which came into effect for the first time in 2019. The WDES is a set of ten specific measures that enable NHS organisations to compare the workplace experience of disabled and non-disabled staff, looking at themes such as rates of bullying and harassment, recruitment, career progression and promotion. Based on the data from these measures, an action plan is produced in partnership with the Trust's Disability and Wellness Staff Network to target the inequalities. We have completed and submitted our WDES submission to NHS England and shared our plans with our Clinical Commissioning Group. We also publish the data and action plan on our website, which can be found on the Trust's website www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity

We also have a Chronic Health Condition(s)/Disability Policy and Procedure, to which the Reasonable Adjustments Passport is appended. The Policy provides a framework for supporting employees who have a chronic condition or disability and the purpose of the Reasonable Adjustments passport is to:

- Ensure that the individual and the employer have an accurate record of what is agreed
- Minimise the need to re-negotiate reasonable adjustments every time the individual changes jobs, is re-located or assigned a new manager within the organisation
- Provide the individual and their line manager with the basis for discussions about reasonable adjustments at future meetings.

The Trust has a Dignity at Work Policy to support the provision of a working environment that is free from harassment and bullying. Harassment and bullying is contrary to the Trust's commitment to Equal Opportunities in Employment. This policy protects people with a protected characteristic under the Equality Act 2010, including age, disability, gender reassignment, marriage and civil partnership, pregnancy, race, religion or belief, sex and sexual orientation.

The Health and Attendance Policy provides support to staff where reasonable adjustments may be required when sickness absence is due to a disability as defined by the Equality Act 2010.

The Trust operates a Guaranteed Interview Scheme, which allows anyone with a disability to have a guaranteed invitation to interview if they meet the essential eligibility criteria as listed in the person specification. The Trust has achieved Disability Confident Employer Level 2 status as part of the Disability Confident Scheme which focuses on the key themes of getting the right people for our business, keeping and developing our people and is working towards achieving the Level 3 Disability Confident Leader to draw from the widest possible pool of talent, and ensuring we are securing, retaining and developing disabled staff. Our policies have also been updated to include references to neurodiversity conditions.

During the COVID-19 Pandemic period the Trust also introduced a Homeworking Policy, COVID-19 Interim Health Compliance Policy, COVID-19 Secure Workplace Policy and procedure to ensure that all employees who were following Government guidelines were protected in line with Health and Safety legislation and infection prevention and control best practice.

Policy Review
To ensure our people policies are accessible and promote an inclusive workplace whereby staff and managers have clear guidance for our people processes the Trust has initiated a policy review which will:

- Review and decode language and wording used in the policies to remove biases language
- Ensure language is focused and clear, making sure that colleagues are clear on what is expected of them
- Ensure best practices are included, fostering and maintaining a culture of inclusion in the Trust.

Union facility time

The Trust supports and values the work of its Trade Union (TU) and professional organisation representatives, promoting a climate of active co-operation between representatives, leadership teams and staff at all levels to achieve real service improvement, best patient care and our desire to be an employer of choice.

As an organisation we recognise that outstanding practice requires an engaged, diverse and valued workforce, and we continue to seek to enhance and maintain these excellent employee relations through early involvement, engagement and intelligence sharing with our TU partners. This has been particularly true during 2020 with our COVID-19 pandemic response work which involved the Chair of the Staff Side Committee being part of the Gold Command response. This was a great enabler for Trust-wide communication with all stakeholders during a very difficult period, including some staff side colleagues contracting COVID-19 or being redeployed into other work during this time, whilst supporting bereaved staff and others who experienced problems during this time.

In line with the Trade Union (Facility Time Publication Requirements) Regulations 2017 we have published details of facilities time carried out by our trade union representatives during the 2020/21 year on our website www.derbyshirehealthcareft.nhs.uk. This covers duties carried out for trade unions or as union learning representatives in relation to our Trust and staff.

Number of employees who were relevant union officials during 2020/21	Full-time equivalent employee number
12	**12**

Percentage of time spent (of their working hours) by relevant union officials on facility time during 2020/21	Number of employees
0%	**2**
1-50%	**8**
51%-99%	**-**
100%	**2**

Percentage of pay bill spent on facility time during 2020/21	Figures
Total cost of facility time	**£70,269**
Total pay bill	**£121,382,000**
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.06%**

Paid Trade Union activities

Time spent on paid Trade Union activities as a percentage of total paid facility time hours during 2020/21 calculated as:	
(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100	1%

We support and value the work of our trade union and professional organisation representatives, promoting a climate of active co-operation between representatives, leadership teams and staff at all levels to achieve real service improvement, best patient care and our desire to be an employer of choice.

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Local engineers and universities turn their talents to helping Derbyshire Healthcare NHS staff
Skilled engineers at Toyota in Burnaston worked with universities to turn their talents to the design and manufacture of Personal Protection Equipment (PPE) for Trust staff.

Derbyshire Healthcare NHS Foundation Trust took delivery of 1,000 prototype plastic face shields in April 2020. Reusable plastic visors or face shields are a key part of the PPE kit that healthcare staff are using when they are caring for service users with suspected or confirmed COVID-19.

Richard Morrow, the Trust's Assistant Director of Public and Physical Healthcare, said that after an initial conversation about making the prototype visors, the team at Toyota went from concept to manufacture in seven days.

He said: "A team of engineers at Toyota offered to help us, working with design data shared by colleagues at Liverpool University Hospitals NHS Foundation Trust and Liverpool University. The Toyota team also linked up with staff at Loughborough University."

Involving and engaging our staff

Derbyshire Healthcare is committed to creating an open and honest culture, encouraging staff involvement and engagement through a wide range of mechanisms and opportunities. Staff engagement and internal communications has continued to be a priority for the Trust throughout 2020/21 and has been key to the Trust's response to the COVID-19 pandemic.

Continuing our communications during COVID-19
Communications was an important part of the Trust's response at the start of the pandemic, early in 2020. With a communications cell forming part of the Trust's Incident Management Team (IMT), particular focus was given to how we could best keep colleagues informed with the latest information as it arrived, alongside identifying mechanisms for staff to ask questions, raise concerns, and support each other.

A regular communications approach emerged, where updates from the IMT were cascaded on a regular basis. To ensure these could reach all colleagues, a number of different approaches were utilised, including written messages, video updates, text message notifications and materials that were sent directly to colleagues to display in their areas of work.

Given we could no longer hold face to face engagement sessions with colleagues, we developed a series of live engagement hours for all staff to attend, in addition to service and subject specific sessions. The popularity of these sessions means they are continuing to take place on a regular basis and have formed a central part of how we hold important conversations with colleagues on issues such as the COVID-19 vaccinations.

The Trust has had a staff only Facebook page for a couple of years, and the importance of this forum increased significantly during the pandemic. The page allows colleagues to share their own stories, pictures and feedback, ask questions and keep up to date with the Trust news, as IMT and wider Trust-wide messages are also shared on the page. The group currently has more than 1,500 members and the numbers are growing each day.

The page has been a good source of information and has allowed the Trust's communications team to identify common themes that can be addressed in wider Trust-wide communication messages. The page has been particularly useful in reaching colleagues that may not regularly access other forms of electronic communication and has provided an easy, informal way of engaging with staff.

Regular Team Brief sessions have also taken place throughout the year to aid conversations about issues wider than COVID-19 – for example the refresh of the Trust Strategy and our OnEPR patient record programme.

Recognising and rewarding our staff
Our DEED staff recognition scheme has continued throughout the year and 2020 saw a record number of nominations from both colleagues and members of the public. Whilst we were unable to hold a formal awards ceremony during the year, plans are in place to celebrate the incredible achievements of our colleagues in a virtual awards ceremony scheduled to take place in Spring 2021.

Colleagues with long service of 20, 30, 40 and 50 years in the NHS continued to be recognised, with a gift boxed brownie being sent to colleagues to say thank you.

We have focused on the wellbeing of our colleagues as a priority throughout the year. You can read more about this on page 101 of this report. We have also shared small gifts with colleagues throughout the year to reflect our appreciation of the ongoing support and commitment of our staff throughout the year.

The Trust's Staff Forum has continued to meet virtually and celebrated its third birthday in November 2020. The forum provides staff with an opportunity to work with our Executive Leadership Team to discuss decisions affecting the Trust and put forward better ways of working and ideas to improve our services.

The Forum comprises nominated staff representatives, staff governors, employee network chairs, Staff Side representative and the Executive Leadership Team. In 2020, each team had a representative attending the Forum. Some of the issues discussed this year include the safety and wellbeing of our staff, digital technology, home working, leadership and management and redeployment.

Launch of new staff intranet: 'Focus'
In September 2020, a new intranet went live for Trust staff. Called 'Focus', a name that was chosen by colleagues, the new intranet went through a significant period of development before it was launched, to allow for a wide range of engagement with staff.

Through that engagement, colleagues made it clear that they wanted an intranet where they could quickly find accurate, up-to-date information, in a format that was as accessible as possible.

All the intranet content and information was therefore reviewed before it was uploaded to Focus. A set of buttons was created on the homepage to link to the most common tasks and most popular areas of the site. An improved site search made it easy to look for information and documents quickly. A 'feedback' feature was added to each page to allow staff to draw attention to any information that was out-of-date or incorrect.

In terms of accessibility, the site was made available to staff to view on any device, using a password and login. This meant that colleagues working in the community could view policies or find contact details whilst 'on the go'. In addition, an accessibility toolbar was added to the site to allow staff to adjust the language and visual settings of every page.

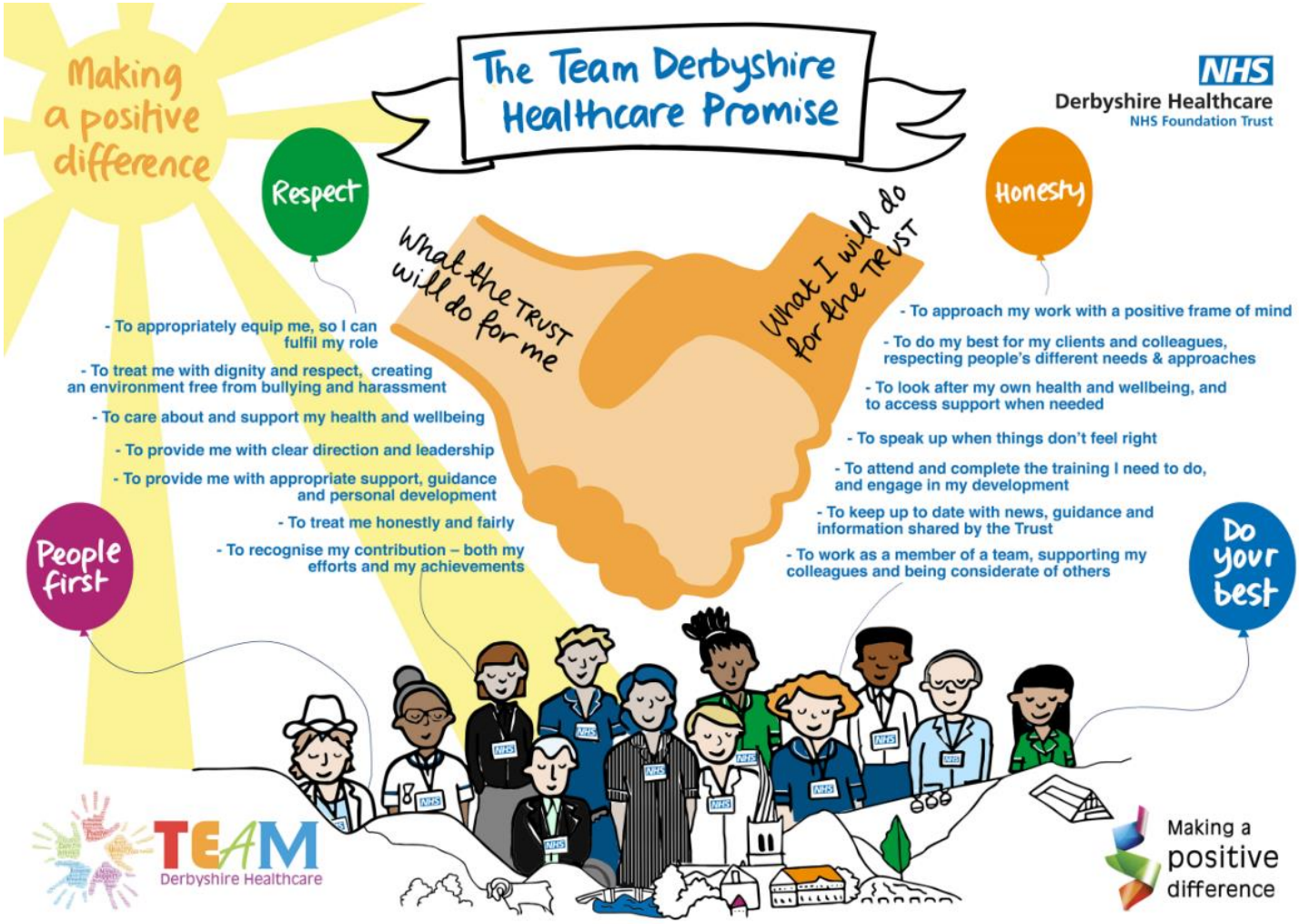
In a survey conducted with staff in February and March 2021, 74% of respondents said that Focus was 'very good' or 'good'.

Feedback from colleagues
We have sought feedback from colleagues on our communications approach throughout the year.

In the summer of 2020 a national People Pulse survey was undertaken – titled 'listening to colleagues during the coronavirus crisis'. The survey confirmed that 82% of our colleagues felt confident in the approach that our leaders were taking to manage the impact of COVID-19, compared to 66.6% of colleagues nationally. 96.1% of our colleagues also felt they were being kept informed about the impact of the pandemic on working life and safety compared to 84.4% in other trusts across the country.

This positive feedback about our internal communications and staff engagement was also reflected in a communications survey that took place at the start of 2021 where 96% of staff rated communications over the past year as 'good' or 'very good'. A wealth of information was gained from this survey and the feedback will be used to shape communications activities going forwards.

In March 2021 the national NHS staff survey results were published and we were pleased to see that the Trust's feedback for staff engagement also improved in this survey. For more information on the Trust's staff survey results, see page 113.



Showing Racism the Red Card

Trust Chief Executive (pictured with his dog Monty Mouse) led the way in showing racism the red card by wearing red on the sixth annual wear Red Day #WRD20 in October. The day, part of Black History Month, aimed to educate young people and adults about racism.

Colleagues were encouraged to come to work or work from home while wearing something red, and if they wanted, to take a selfie and share it on the Trust Facebook group. Many followed Ifti's lead and included pictures of their pets wearing red.

Wear Red Day is a national day of action which encourages schools, businesses and individuals to wear red and donate £1 to help fund anti-racism education for young people and adults across the UK.

Involving staff in the performance of the Trust
All Trust employees have access to information regarding the performance of the Trust. The public Trust Board papers are available on the Trust's website and staff are encouraged to engage in the live tweets that are posted during the meeting. Staff are also invited to attend Trust Board and Council of Governor meetings which are held in public. Due to the pandemic these meetings were live streamed during 2020/21.

The integrated performance report is discussed during meetings of the Trust Management Team. Discussions and decisions taken by the Trust Board are disseminated to all staff through the Team Brief process. This enables staff to understand the Trust's priorities and challenges and be better involved in shaping the Trust's performance.

Freedom to Speak Up 2020/21
The Trust employs a Freedom to Speak Up Guardian (FTSUG) who works as a confidential and impartial source of support to help staff to speak up safely and without fear of reprisal. In addition, the Guardian is supported by a cohort of champions who have received training relevant to the role.

Staff are initially encouraged to speak up about any work-related concerns with their line manager or with anyone else in their management line.

Staff can also speak up and raise concerns with the FTSUG. Staff may also contact the Chief Executive as lead for speaking up across the Trust, Executive Directors, or the lead Non-Executive Director (NED) for Speaking Up. Outside of the Trust, there are a range of external bodies staff can approach, and contact details are outlined in the Trust's Freedom to Speak Up Policy and on the staff intranet.

The role of the FTSUG was promoted widely through internal communication routes with regular communications bulletins including the promotion of speaking up month during October 2020, through the staff intranet, Microsoft teams staff engagement events, screensavers and posters across Trust sites.

The Trust's commitment to Speaking Up and the role is highlighted at Trust corporate induction which new staff attend. The FTSUG has a network of Speaking Up Champions who are positioned across the Trust and can support staff to speak up.

For those finding it difficult to speak up, or who may want to do so anonymously, staff can access the FTSU raising concerns button on the staff intranet or write to anonymously to a PO Box address.

The Trust's Freedom to Speak Up Policy was updated in January 2020 to reflect NHSI/E Speaking Up policy content with a simplified speaking up flowchart as well as details on absence arrangements for the FTSUG role.

How feedback is given to those who speak up
The Trust aims to deal with concerns promptly and without delay and keep those who speak up informed and supported through the process. The Trust recognises that in exceptional circumstances timescales may need to be extended and these are mutually agreed.

The FTSUG aims to:

- Respond to an individual who has spoken up within five working days
- Ensure those who speak up receive feedback on concerns raised.

How we ensure staff who do speak up do not suffer detriment
- The FTSU Policy is clear that staff who speak up must not suffer any form of detriment because they have spoken up

- If detriment is evident the Trust will ensure allegations are promptly and fairly investigated and acted on
- The Trust will not tolerate any attempt to coerce or bully an employee into not speaking up. Such behaviour would be a breach of Trust values and, if upheld following investigation, could result in disciplinary action.

The Trust works to ensure there is a positive culture in relation to speaking up and to ensure staff feel supported and comfortable to raise a concern openly. We can also keep staff identity confidential, if they choose to, unless required to disclose it by law. We also understand that there may be occasions where a staff member may wish to remain anonymous.

OnEPR – transforming the way we record patient information

During 2020/21 the Trust made significant strides with its transformation programme to improve the way we record patient information. This transformation programme is known as OnEPR ('One Electronic Patient Record') and involves moving the electronic patient record (EPR) used across our mental health and learning disability services from Paris over to SystmOne in a phased approach over a two-year period:

Despite the challenges of the pandemic, the Trust decided that patient safety would best be improved by committing to this transformation programme, which aims to reduce complexity, making recording information more straightforward, less time consuming and, most importantly, improve our ability to provide great, safe care. SystmOne is already in use within the Trust's Children's Services and Substance Misuse Services, and amongst many GP surgeries in Derbyshire, so the use of SystmOne in our mental health and learning disabilities services will mean that vital patient information can be shared more effectively.

Involving colleagues

As soon as the OnEPR programme was launched the Trust started work on getting colleagues involved in helping to identify how things work. Several workshops were held to help us recognise how the Trust currently does things with regards to discharging, care planning and clinical documentation. Three key questions were asked: how are we currently working; what would improve the current process; and how can we standardise, so that colleagues across all services will know how to record and share information in the same way.

Following these workshops, Local Implementation Groups (LIG) were formed, engaging both clinicians and administrators from each service who were able to be the voice of their colleagues, sharing their ideas, requests and concerns, ensuring the programme is always clinician led.

Using SystmOne means that the Trust's services can be a part of the Derbyshire Shared Care Record project, which is being introduced across the healthcare system as part of the Joined Up Care Derbyshire programme.

A colleague said: "Moving over to SystmOne has really helped improve the quality of documentation we are using. The rationalisation process has really helped us tailor documents so that they are fit for purpose and the best they can be. Having assessments organised makes them far easier to view and use."

Protecting staff

Health and safety performance

Work continues on providing evidence of key standards being met in accordance with the Health and Safety at Work Act 1974, the Regulatory Reform (Fire Safety) Order 2005, and Security Management Standards.

Four incidents occurred during 2020/21 which were reported to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013. Of the four incidents, one was a specified injury (fractured bone) and three resulted in over seven days' absence from work.

The Trust's Health and Safety Training Framework (detailing compliance with training that supports the achievement of the strategic objectives) continues 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's Health and Safety Committee on a quarterly basis. This Committee has continued to meet quarterly throughout the year and includes robust representation from recognised Trade Union bodies. The Committee demonstrates effectively the requirement to consult and communicate on all health and safety-related matters. The Committee has a detailed documented work plan to ensure effective business is undertaken and completed.

Our staff carried out a range of health and safety-related training during the year. Details of this, and compliance levels, can be found in the table below:

Competency	Does Not Meet Requirement	Meets Requirement	Grand Total	Compliance %
Fire Warden (three yearly)	30	142	172	82.56%
Fire Safety (two yearly)	345	2,315	2,660	87.03%
Health and Safety awareness (three yearly)	471	2,189	2,660	82.29%

The Trust will continue to promote this important training to ensure that as many staff as possible are compliant and can perform their role safely. The Trust has a robust monitoring process in place through health and safety audits, fire risk assessments and security crime reduction surveys, the results of which are shared with the Health and Safety Committee and the Trust's Finance and Performance Committee every six months. As part of the pandemic Trust staff were fully protected by PPE equipment where required. Health risk assessments were carried out for all staff. Further details on the vaccination programme for staff can be found in the Performance section of this report.

Occupational Health

The Trust provides occupational health support to staff through a wider health wellbeing offer, as outlined in the Staff Report.

Countering fraud and corruption

The Trust's counter fraud service is provided by 360 Assurance who work with us to devise an operational counter fraud work plan for the year, which is agreed by the Trust's Audit and Risk Committee. The plan is designed to provide counter fraud, bribery and corruption work across generic areas of activity in compliance with NHS Counter Fraud Authority standards and our Local Counter Fraud Specialist provided 46 days of service for us across the year. The number of days of activity across the year is summarised overleaf grouped by type of activity:

Area of activity in countering fraud	Days
Strategic governance	13
Inform and involve	8
Prevent and deter	18
Hold to account	7
Total days	**46**

Expenditure on consultancy

As shown in note seven to the accounts, consultancy fees incurred in 2020/21 were £3,425 (2019/20 £82,710).

Off-payroll arrangements

Derbyshire Healthcare NHS Foundation Trust's policy on the use of off-payroll is to use by exception. Having conducted an internal audit review of our high-cost off-payroll arrangements in 2015-16 and introduced additional oversight and reporting to Executive Directors and the Finance and Performance Committee on such engagements, the Trust did not have any off-payroll engagements until 2020-21.

Table 1: Highly-paid off-payroll worker engagements as at 31 March 2021 earning £245 per day or greater

Number of existing engagements as of 31 March 2021	3
Of which:	
Number that have existed for less than one year at the time of reporting	3
Number that have existed for between one and two years at the time of reporting	
Number that have existed for between two and three years at the time of reporting	
Number that have existed for between three and four years at the time of reporting	
Number that have existed for four or more years at the time of reporting	

Table 2: All highly-paid off-payroll workers engaged at any point during the year ended 31 March 2021 earning £245 per day or greater

Number of off-payroll workers engaged, during the year ended 31 March 2021	3
Of which:	
Not subject to off-payroll legislation	
Subject to off-payroll legislation and determined as in-scope of IR35	1
Subject to off-payroll legislation and determined as out-of-scope of IR35	2
Number of engagements reassessed for compliance or assurance purposes during the year	
Number of engagements that saw a change to IR35 status following review	

Table 3: For any off-payroll engagements of Board members, and/ or senior officials with significant financial responsibility between 1 April 2020 and 31 March 2021

Number of off-payroll engagements of board members and/or senior officials with significant financial responsibility, during the financial year.	0
Number of individuals that have been deemed 'board members and/or senior officials with significant financial responsibility' during the financial year. This figure includes both off-payroll and on-payroll engagements.	15

Exit packages*

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000		8	8
£10,001 - £25,000		1	1
£25,001 - £50,000	1		1
£50,001 - £100,000			
£100,001 - £150,000			
£150,001 - £200,000			
>£200,000			
Total number of exit packages by type	1	9	10
Total resource cost (£000)	30	41	71

* subject to audit

Hello yellow for Mental Health Awareness Day

World Mental Health Day in October 2020 had the theme Mental Health for All – Greater Access for Everyone, Everywhere. Colleagues were asked to support the Young Minds #HelloYellow campaign and wear yellow on the day.

Some wore a T-shirt, some a hair bow, some had a yellow jumper and others donned a hi-vis vest. Trust staff filled up the Facebook group with photos of colleagues wearing yellow with pride.

NHS Staff Survey

The 2020 NHS Staff Survey was conducted between 14 September 2020 and 27 November 2020. 1,604 Derbyshire Healthcare employees completed the survey giving a 60.1% response rate, compared to our response rate of 60% in 2019.

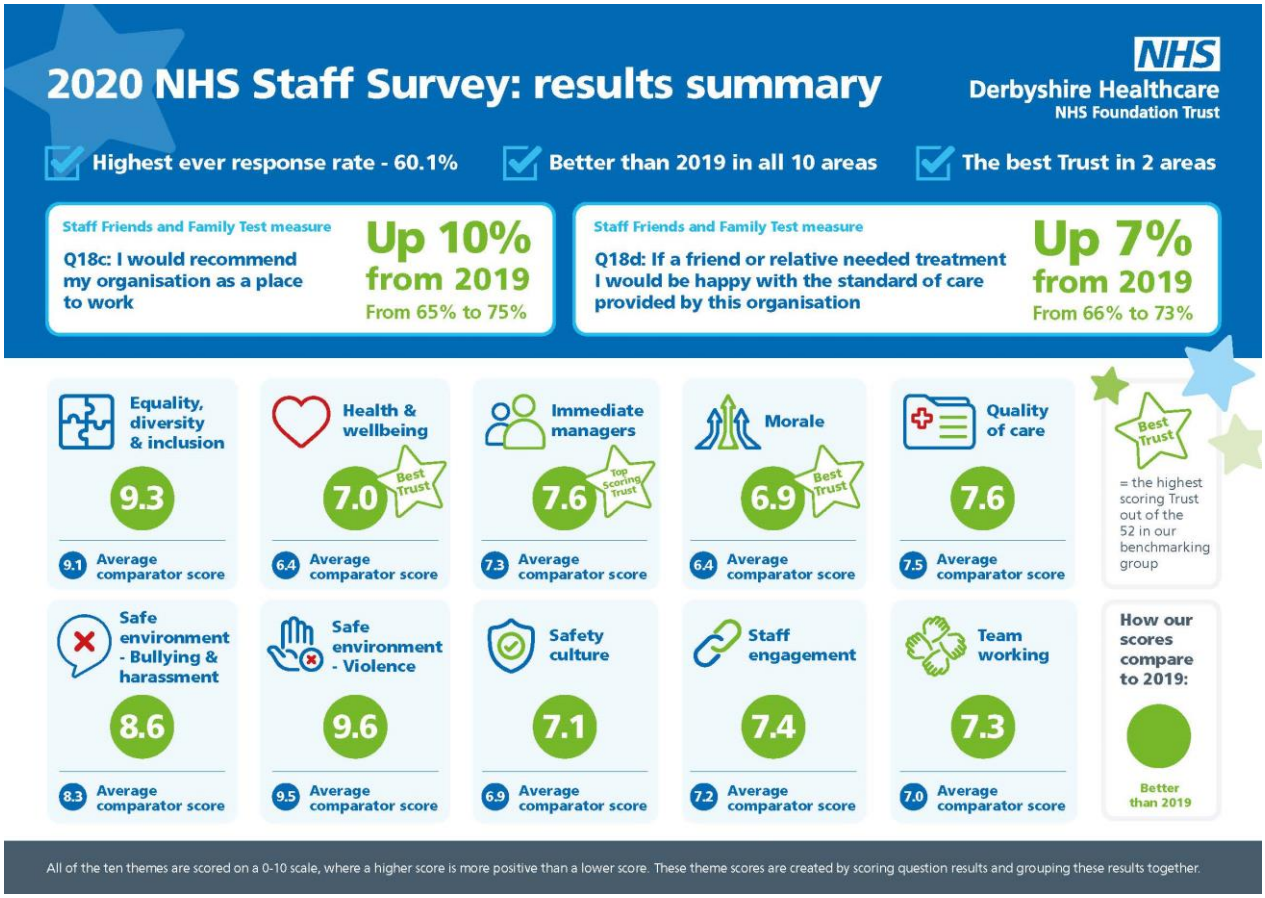
The annual NHS Staff Survey provides us with valuable feedback on how individuals feel about the NHS and our organisation in particular as a place to work. The results are widely shared and discussed through all our established staff engagement channels, including Weekly Connect, Team Brief, Leadership Forums and Staff Forum, to ensure staff at all levels have the opportunity to feed into the conversation about what the results tell us.

From 2020 the results from questions are grouped to give scores in 10 themes. The theme scores are based on a score out of 10 for certain questions with the theme score being the average of those.

Scores for each theme together with that of the survey benchmarking group 'Mental Health and Learning Disability, and Community Trusts are presented below:

	2020		2019		2018	
	Trust	Bench marking Group	Trust	Bench marking Group	Trust	Bench marking Group
Equality, diversity and inclusion	9.3	9.1	9.2	9.1	9.2	9.0
Health and wellbeing	7.0	6.4	6.3	6.1	6.2	6.1
Immediate managers	7.6	7.3	7.4	7.3	7.2	7.2
Morale	6.9	6.4	6.6	6.3	6.3	6.2
Quality of care	7.6	7.5	7.5	7.4	7.2	7.3
Safe environment – bullying and harassment	8.6	8.3	8.4	8.2	8.3	8.2
Safe environment – violence	9.6	9.5	9.5	9.4	9.5	9.4
Safety culture	7.1	6.9	6.7	6.8	6.6	6.8
Staff Engagement	7.4	7.2	7.2	7.1	7.0	7.0
Team Working	7.3	7.0	7.1	6.9	6.9	6.9

Full survey results are shared on our intranet site (Focus), and via our all staff weekly email, 'Weekly Connect'. All these channels and the ones referred to above the table, help to feed into the detailed action plan to address areas where the survey shows we need to improve.



We were unable to prioritise the focus areas identified for 2020 due to the COVID-19 pandemic. However, in spite of this the Trust has gone from strength to strength. We have made an improvement in the scores in all 10 themes. This is in addition to the fact three out of the 10 themes have come out as the best organisation when benchmarking against the 51 other Combined Mental Health/Learning Disability and Community Trusts for the 2020 NHS Staff Survey.

Based on the NHS England Staff Survey results we can see our Staff Friends and Family Test (FFT) measures have both improved significantly again this year:

- Q18c: 75% of staff would recommend my organisation as a place to work (up 10% from 2019)
- Q18d: 73% would be happy with the standard of care provided by this organisation for a friend or relative (up 7% from 2019).

There are extremely significant advances in a number of question and theme areas. The top improvements are around our organisation taking positive action on health and wellbeing, which is up by 20% from last year and is 14% higher than the average comparator score.

Based on the analysis of results the areas for improvement in 2021 are:

- **Equality, diversity and inclusion** – the WRES and WDES data indicate there are still gaps in some of these key indicators – we will be looking at how we can decrease these gaps and build the results from the protected characteristics breakdown into the wider strategy and action plan.
- **1000 missing voices** – there are still approximately a thousand colleagues who didn't complete the survey in 2020. We really want to hear from everyone in the trust so we can get a true picture of what working life is like for **all** colleagues, how we improve for everyone where we need to and how we keep building on the areas we are getting right.

We need to understand which sections of the workforce didn't complete the survey and look at what is preventing colleagues from doing so.

- **How we sustain the positive results** – we have had such a positive set of results – the best year ever! However, we need to ensure we're retaining the positives and enhancing our support and care to colleagues and patients throughout 2021 and beyond. This will be linked to the national NHS People Plan and Promise.

Progress on our future priorities and targets to improve staff satisfaction in each of these key areas will be reported to our People and Culture Committee. Pulse Checks will be carried out three times a year. These results give us added opportunities to monitor and improve staff feedback, details of which are included further on in this chapter.

Pulse Checks/NHS People Pulse

Pulse Checks, incorporating the Staff Friends and Family Test (FFT), were launched in 2015 to give quick anonymous feedback on how well staff feel they are being managed, engaged and supported. The positive impact high staff engagement can have on other key performance indicators – such as attendance, patient safety and productivity – is recognised and well researched. It also shows leaders how well they are engaging with their teams to deliver the results we need, primarily around quality care for our patients.

We usually carry out quarterly pulse check surveys, which are circulated to all staff. The Trust did not run a Pulse Check in 2020 due to the COVID-19 pandemic. National guidance allowed postponements, as no information was needed to be recorded for NHS England on Staff FFT. We were also very conscious of the additional COVID-19 pressures faced by our colleagues and teams.

As a Trust we value continued feedback from all our colleagues. As such we decided to run the NHS People Pulse surveys over the summer of 2020. This gave the Trust an opportunity to hear how colleagues were feeling during the pandemic and helped us to understand what we were doing well and what we could do better.

Ruby Wax leads seminar on mental health

Mental health campaigner, writer, broadcaster and comedian Ruby Wax led a live seminar and Q&A with colleagues in our Improving Access to Psychological Therapies (IAPT) services in February 2021.

Ruby spoke with humour and honesty about her own experiences and perceptions of mental health and praised Trust colleagues for, as she put it, "keeping the mental health boat floating".

Ruby also spoke in detail about mindfulness and how it has helped and supported her, and even led a short session of mindfulness during the meeting. She answered questions from colleagues, including how we should be teaching mindful habits to our children and how crucial connection is during a pandemic.

Equality Report

The Trust continues to work towards creating a compassionate and inclusive environment for receiving care and as a place to work. We have undertaken a broad range of activities to improve diversity and promote inclusion among our workforce over the last year.

During 2020/21, the Trust experienced the following highlights:

Equality activity throughout the COVID-19 pandemic:

COVID-19 risk assessments
In response to the COVID-19 pandemic, Derbyshire Healthcare made a decision to implement a 'people first' policy. We were one of the first Trusts in the country to design an individualised risk assessment for our Black, Asian and minority ethnic (BME) colleagues, which was implemented in collaboration with members of our BME Staff Network. The risk assessment process that we introduced takes account of environmental, health and social factors, which can be interlinked. It involves completing a form, which is available electronically, and also having a wider conversation with a manager about individual needs and circumstances. Where colleagues have household or family members who identify as BME, we have also identified these staff to undertake a BME risk assessment.

We also designed an individualised health risk assessment form for colleagues with underlying health conditions to complete before returning to the workplace. The assessment has been co-produced by our Nursing and Quality team and the University Hospitals of Derby and Burton NHS Foundation Trust Occupational Health team. The form allows colleagues to complete a self-assessment section, which is then reviewed by the Occupational Health team. Once the Occupational Health advice has been received, the individual colleague meets with their manager to update their form and agree next steps and a personalised plan for the future.

An individualised BME risk assessment and an individualised health risk assessment have been offered to all colleagues across the Trust.

Live vaccination engagement sessions
We implemented live engagement sessions with colleagues across the Trust in order to create an open environment for people to talk about the vaccination programme and ask questions. These weekly sessions provide face to face support including specific sessions aimed at BME colleagues throughout February and March 2021. These events act as a safe space to raise any concerns about the vaccines, to ensure that people have access to all the necessary information to make the personal choice to receive a COVID-19 vaccine.

Vitamin D
In collaboration with the BME Staff Network, and as part of the Trust’s commitment to promoting wellbeing during the COVID-19 pandemic, we offered all colleagues a supply of daily Vitamin D supplements.

Vaccination buddy system
The buddy system offers the opportunity for colleagues to have confidential conversations about any concerns they have with regard to the vaccination. We have had a very positive response to this initiative and there are now a number of colleagues who can be approached for these discussions. Buddies are available for conversations over the telephone or on Microsoft Teams, and will offer support and listen to worries in a non-judgemental and confidential way. They will help colleagues to challenge myths and misconceptions and also share their own experience of having the vaccine.

Representative decision-making:

Recruitment Inclusion Guardians
In February 2020, the Trust launched the Recruitment Inclusion Guardians (RIGs) initiative. Volunteers from our Staff Networks were trained by the People Resourcing team to take part in all recruitment processes of Band 7 and above. The training included gaining the confidence to challenge decision-making on the panel, in order to reduce bias from advertising to appointment. So far, 16 RIGs have been trained and routinely take part in recruitment processes. This initiative was established by the BME Staff Network at their BME Network Annual Conference in 2019.

Non-Executive Director lead for inclusion
Ashiedu Joel is the Non-Executive Director (NED) lead for inclusion. Ashiedu is actively involved in staff network groups including the BME Staff Network and has supported the Freedom to Speak Up Guardian (FTSUG). She has also presented a Deep Dive to the Council of Governors on her activities as lead for inclusion.

Incident Management team representatives
From November 2020 to February 2021, colleagues from a BME-background and with a disability or long-term condition were invited to sit on our Incident Management Team (IMT). This team manages the Trust's response to the COVID-19 pandemic, and this meant that the team had a more representative voice when making decisions that would impact our colleagues.

Cultural Intelligence:
On 31 October 2020, Jennifer Izekor, founder of Above Difference, held a virtual briefing session with Trust colleagues on the implementation of Cultural Intelligence (CQ) at Derbyshire Healthcare. CQ is a globally recognised way of assessing and improving effectiveness for culturally diverse situations. Leading organisations in business, education, government and healthcare across the world are adopting CQ as a key component for supporting leaders in addressing issues around diversity and inclusion as part of their personal development. The implementation of CQ will begin in 2021.

Equality, Diversity and Inclusion (EDI) Governance and regulatory updates
To meet our requirements under the Public Sector Equality Duties (PSED) Equality Act 2010, we have shared with our commissioners and published the following on the 'Equality and Diversity' page on our website:

- Annual Workforce Race Equality Standard (WRES) to NHS England
- Annual Workforce Disability Equality Standard (WDES) to NHS England
- Annual Gender Pay Gap (GPG) to the Government Equalities Office
- The full report fulfilling the Trust's PSED can be found on the 'Equality and Diversity' page on the Trust's website.

Developing our Staff Networks
The Trust has continued to support a number of Staff Networks to offer colleagues a safe place to receive support, advice and encouragement about work-related issues and provide an open forum to exchange views, experiences and raise concerns. The Networks aim to improve working lives and promote diversity within the Trust. All colleagues at Derbyshire Healthcare are welcome to join the Staff Networks, and both members and allies get protected time to attend Staff Network meetings.

Each Staff Network is supported by a lead sponsor. The lead sponsor is a member of the Executive team, who actively champions the protected characteristic, attends Staff Network meetings and supports the Staff Networks with their respective work programmes.

The Trust has seven Staff Networks:

Armed Forces Network
The Armed Forces Network was launched in July 2019 and achieved the Armed Forces Covenant bronze award in recognition of our commitment and support to the Armed Forces Community. The Network has delivered the following improvements:

- The Trust now offers three weeks' paid leave for reservists to attend military duties in addition to their usual annual leave entitlement
- Introduction of five key questions when assessing a patient or service user who has served in the Armed Forces
- Guaranteed interview scheme includes applicants from the Armed Forces community who meet the essential criteria for the role.

Black and Minority Ethnic (BME) Network
During the COVID-19 pandemic, the BME Network has continued to meet weekly for peer support using digital technology (Microsoft Teams); established the Workforce Race Equality Forum to collaborate with senior leaders on decisions affecting BME staff, and hosted a variety of events to support BME colleagues during the pandemic. Key highlights include:

- Through collaboration with senior leaders, introduction of the BME Risk Assessment during the COVID-19 pandemic to protect BME colleagues
- Established the Workforce Race Equality Forum to act as a conduit between the BME Network and senior leaders to participate fully in decisions that would affect BME staff
- Workforce Race Equality Standard (WRES) monitoring and action planning
- South Asian Heritage Month celebrations
- Black History Month celebrations.

Workforce Race Equality Forum
The Forum was established as a Steering Group for the BME Staff Network during the first wave of the COVID-19 pandemic, to act as a conduit between the BME Network and the Chief Executive and Deputy Chief Executive. The Forum supported the implementation of the BME Risk Assessments to protect BME staff across the Trust; escalated concerns and issues raised in the BME Network meetings with the senior leadership team on matters related to the COVID-19 pandemic; and introduced the suggestion to offer a daily Vitamin D supplement for all staff, which was successfully rolled out to colleagues in June 2020.

Involving Staff Network representatives, the Trust's WRES Expert, the Chief Executive, Deputy Chief Executive and Director of People and Inclusion, the Forum endeavours to advance opportunity and fairness for its members and colleagues from a BME background in the Trust. It meets weekly, engaging with the Executive team on proposals in the Trust and the BME Network.

Disability and Wellness Network
The Disability and Wellness Network has continued with peer support meetings throughout the pandemic, offering regular slots for colleagues to engage with each other and exchange advice.

Key highlights:

- Promoting importance of person-centred and compassionate leadership.
- Interviews of colleagues with disabilities and/or long term conditions to encourage staff to reach out for support from the Trust
- Workforce Disability Equality Standard (WDES) monitoring and action planning.

LGBT+ Network
The LGBT+ (Lesbian, Gay, Bisexual and Transgender+) Staff Network continues to have a prominent role in supporting members of the LGBT+ community. On National Coming Out Day in 2020, the Network shared their coming out stories on the Trust's Facebook page. The Network has also introduced an active and engaging WhatsApp group to support the Trust's LGBT+ community throughout the pandemic; developed a 'Trans FAQs' to support colleagues; and submitted a jointly-signed letter to the Health and Care LGBTQ+ Leaders Network to raise concerns about the use of the rainbow flag to represent the NHS over the COVID-19 pandemic.

Gender Staff Network
The Gender Staff Network was launched in January 2020. Network meetings were paused during the pandemic and resumed in March 2021 following International Women's Day. The Network has contributed to the Gender Pay Gap Action Plan 2019/20 and is planning a menopause event and Menopause Policy and toolkit.

Multi-Faith Forum
The Multi-Faith Forum is being led by the Trust's Chaplaincy team. The Forum's first meeting will be held in May 2021. The Forum's philosophy is that recognising individual beliefs, philosophy, values and practice, will help to protect the autonomy, identity, rights, dignity and uniqueness of each individual person. Each individual must be encouraged to explore and celebrate their own beliefs without external prejudice and judgement. This must also be in line with the Trust values, behaviours, DHCFT golden circle, building blocks and promises as well as professional codes.

Christian Staff Network
The Christian Staff Network is a sub-group of the Multi-Faith Forum and has continued to grow over the course of the year; it is also one of our most active Networks. The Network meets weekly supporting each other's wellbeing; and has increased its connections with each other from across the Trust and geographical areas

Patient Networks:

EQUAL Patient and Carers Forum
The EQUAL Patient and Carers Forum has been in operation for over a year and has been influencing the future direction of the Trust's services, to influence and support new services and to feedback and influence on the day to day experiences.

2021 sees a new EQUAL Network Advisor being recruited and investment in roles to design our new refurbishment and new building programme through the national eradicating dormitories in mental health care investments. Both roles require lived experience to be eligible. We know that co-production is key to creating the very best services of the future and is a key part of our Trust strategy.

Reverse Mentoring for Equality, Diversity and Inclusion
Reverse Mentoring is when an employee in a senior position is mentored by somebody in a more junior position than themselves. The programme at Derbyshire Healthcare involves the Reverse Mentor having a protected characteristic that the mentee does not. The purpose of the programme is to promote awareness of equality, influence meaningful understanding and lived experience of our staff from different groups and improve the workplace experience of our staff and the services provided to our Trust's patients.

Research shows that having an inclusive workforce improves outcomes for service users. In order to ensure patients receive high quality care, staff at every level in the organisation need to be cared for by creating an environment where everyone is treated with respect and the talents and contributions of each employee are valued. Inclusion is a fundamental part of the Trust's strategic objectives: to be a great place to work and to create an inclusive and vibrant culture for all. By implementing the Reverse Mentoring programme, the Trust is committing to improving the workplace experience for our staff, therefore allowing them to better care for the Trust's patients.

Following the success of the first cohort of the Reverse Mentoring programme, a second cohort was launched in November 2019 with sixteen pairs of mentors from a BME background and mentees in the senior leadership. The programme was paused at the beginning of the COVID-19 pandemic, and plans are afoot to relaunch the programme in 2021. The second cohort participants met for the first time in November 2019 (see photograph below), and during the pandemic have met virtually.

Improving Services for BME People through Reverse Commissioning
Reverse Commissioning is an initiative designed to better engage with our local BME communities. Through collaborative working with BME stakeholders and the local Clinical Commissioning Groups, the project endeavours to understand the experience of BME people in our services and influence the commissioning of services to make a difference to the lives and outcomes of BME people. It uses existing data and evidence to identify the needs of the community and empowers them to engage with the Trust.

Our Executive Director of Nursing and Patient Experience Co-Chairs the group with a volunteer from the community. The group met twice during 2020/21.

Staff Engagement through an EDI Lens
This year the staff survey measured the demographics of employees who completed the survey. A deep level review of this data will feed into the WRES and WDES action plans and inform our EDI Practice Development and Education.

The Modern Slavery and Human Trafficking Act 2015
The Trust's Modern Slavery statement is published on the Trust website:
https://www.derbyshirehealthcareft.nhs.uk/about-us/guide-information-publication-scheme/modern-slavery-and-human-trafficking

Disclosures set out in the NHS Foundation Trust Code of Governance

Derbyshire Healthcare NHS Foundation Trust has applied the principles of the NHS Foundation Trust Code of Governance on a 'comply or explain' basis. The NHS Foundation Trust Code of Governance, most recently revised in July 2014, is based on the principles of the UK Corporate Governance Code issued in 2012.

The information in this report about our compliance or explanations for non-compliance with the Code of Governance is subject to review by the Trust's external auditors.

Requirements under the code for disclosure
The Trust discloses compliance with the Code of Governance where annual disclosure in the Annual Report is required. Those marked 'additional' are not in the Code but are added by the Annual Reporting Manual to supplement the requirements. Additional information has also been included as appropriate, to provide further detail on the Trust's compliance with the Code.

Reference	Requirement	Disclosure/additional information
A.1.1	How Board and Council operate, and which decisions they take; and what decisions are delegated to management	The Trust's Constitution, standing orders, standing financial instructions and a scheme of delegation outline how the Board and Council of Governors operate and make decisions. The Board and Council of Governors have a Policy for Engagement between the Trust Board and the Council of Governors which outlines the approach for joint working between the two bodies. This has been effectively implemented and is regularly reviewed by the Trust Board and Council of Governors.
A.1.2	Details of the Board of Directors and their attendance at Board and committee meetings	Details of the Trust's Board of Directors and their attendance at meetings during the year are included in the Directors' Report.
A.5.3	Details of the Council of Governors, constituencies and nominated Lead Governor	This information is held in the section titled Council of Governors.
Additional	Attendance at Council of Governors meetings	Attendance by individual governors is outlined in the section titled Council of Governors.
B.1.1	Independence of Non-Executive Directors	This is outlined in the Directors' Report.

Reference	Requirement	Disclosure/additional information
B.1.4	Description of each Director's skills, expertise and experience. Statement as to Board's balance, completeness and appropriateness for the FT	This detail is outlined in the Directors' Report. The Remuneration and Appointments Committee reviewed the structure, size and composition of the Board during the year to ensure that there is a broad mix of skills, knowledge, experience and diversity. It did this for each vacancy.
Additional	Brief description of length of NED appointments, and how they may be terminated	Non-Executive Director (NED) appointments are made for a period of three years. After two 3 year terms, re-appointment should be in 12 month terms. The terms of office of the Trust's current NEDs are outlined in the Directors' Report. It is outlined in the Trust's Constitution that NEDs (including the Chair) may be appointed or removed with the agreement of three quarters of the Council of Governors.
B.2.10	Separate section to describe work of Nominations Committee	See the sections on the work of the Remuneration and Appointments Committee and Nominations and Remuneration Committee (governors).
Additional	Explanation if either external search consultancy nor open advert is used to appoint Chair or NED	Open adverts were used for Executive Board appointments during 2020/21. An external search consultancy was used for the Director of People and Inclusion and Chief Operating Officer recruitment and will be used for the Chair role.
B.3.1	Other significant commitments of the Chairman	This is outlined in the Board's declarations of interest.
B.5.6	Council of Governors involvement in the Trust's Forward Plan and Strategy	Governors were involved in the Trust's Strategy refresh. They are updated on the Forward Plan annually. The situation was impacted by the pandemic in 2020/21 but the Governors were kept updated and involved.
Additional	Council of Governors and whether they have formally requested attendance of directors at governor meeting in relation to Trust performance	Governors have not exercised this power during the year.
B.6.1	Evaluation of the Board	This is outlined in the Directors' Report.

Reference	Requirement	Disclosure/additional information
B.6.2	External evaluation of the Board and/or governance of the Trust	The Care Quality Commission (CQC undertook a well led inspection of the Trust in January 2020 and we received a 'good' rating. There is a self assessment planned in 2021 with an external assessment planned for 2022. Internal Audit test elements of the Trust's governance as part of their annual Head of Internal Audit work.
C.1.1	Directors' responsibility for preparing the Annual Report and approach to quality governance	This is included in the Accountability Report and the Annual Governance Statement.
C.2.1	Review of the effectiveness of internal controls	This is outlined in the Annual Governance Statement.
C.2.2	Details of internal audit function	This is outlined in the Annual Governance Statement.
C.3.5	Council of Governors' position on appointment, reappointment or removal of external auditor	Governors are actively involved in the appointment of the Trust's external auditors and exercised this power in 2020/21 by appointing a new external auditor.
C.3.9	Detail on the work of the Audit Committee	See section on the Audit and Risk Committee.
D.1.3	Statement on whether Executive Directors released to other positions retain the fees/ earnings	Not applicable in year.
E.1.5	Board of Directors' understanding of the views of governors and members	See Council of Governors section of this report.
E.1.6	Representativeness of the Trust's membership and the level of effective member engagement in place	This is outlined in the Membership section of the Annual Report.
E.1.4	Contact procedures for governors	These are outlined on the Trust's website and in the Council of Governors section of this Annual Report.

Reference	Requirement	Disclosure/additional information
Additional	Membership eligibility and details of members and membership strategy	This is outlined in the Membership section of the Annual Report.
Additional	Register of interests for governors and directors	A register of interests for Board members is included in the Directors' Report. A register of interests for the Council of Governors is available on request, as outlined in the Council of Governors section of this report.
B.2.2	Directors on the Board of Directors and governors on the Council should meet the fit and proper persons test described in the provider licence.	Each Director has signed a Fit and Proper Persons self-declaration and has undergone a Fit and Proper Persons Test, as outlined in the Trust's policy. This process has not been undertaken for governors following guidance issued by CQC in January 2018, although DBS checks are undertaken.

The Board of Directors confirms that in relation to those provisions within the Code of Governance for which the Trust is required to 'comply or explain', the Trust was compliant throughout the year to 31 March 2021 in respect of those provisions of the code which had effect during that time, save exceptions and explanations outlined in the table above.

Single Oversight Framework

NHS England (NHSE) and NHS Improvement's (NHSI) (NHSE/I) NHS Oversight Framework provides the framework for overseeing providers and identifying potential support needs. The framework looks at five themes:

- Quality of care
- Finance and use of resources
- Operational performance
- Strategic change
- Leadership and improvement capability (well led)

Based on information from these themes, providers are segmented from 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A Foundation Trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

Segmentation

Derbyshire Healthcare NHS Foundation Trust has been placed in segment 2.

Providers in this segment are offered support in one or more of the five themes but they are not in breach of licence and NHSE/I considers that formal action is not needed. The support is targeted in order to help move the provider to segment 1. Providers need to be rated as 'good' with the Care Quality Commission (CQC) in order to be eligible to be classed in segment 1. We are now rated as 'good' by CQC but no segment update has yet been notified to us. This segmentation information is the Trust's position at 31 March 2021. Current segmentation information for NHS Trusts and foundation trusts is published on the NHSE/I website.

The Trust has been unable to maintain the improvement in its agency spend against the agency ceiling set by NHSI/E in 2020/21, as it was in previous years. The total agency expenditure by the Trust was above the ceiling set by NHSI/E mainly due to COVID-19 pressures.

Statement of Chief Executive's responsibilities as the Accounting Officer of Derbyshire Healthcare NHS Foundation Trust

The NHS Act 2006 states that the Chief Executive is the Accounting Officer of the NHS Foundation Trust. The relevant responsibilities of the Accounting Officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement (NHSI).

NHS Improvement, in exercise of the powers conferred on Monitor by the NHS Act 2006, has given Accounts Directions which require Derbyshire Healthcare NHS Foundation Trust to prepare for each financial year a statement of accounts in the form and on the basis required by those Directions. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of Derbyshire Healthcare NHS Foundation Trust and of its income and expenditure, total recognised gains and losses and cash flows for the financial year.

In preparing the accounts, the Accounting Officer is required to comply with the requirements of the Department of Health Group Accounting Manual and in particular to:

- Observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- Make judgements and estimates on a reasonable basis
- State whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- Ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- Prepare the financial statements on a going concern basis.

The accounting officer is responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the NHS Foundation Trust and to enable him/her to ensure that the accounts comply with requirements outlined in the above mentioned Act. The Accounting Officer is also responsible for safeguarding the assets of the NHS Foundation Trust and hence for taking reasonable steps for the preventions and detection of fraud and other irregularities.

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in the NHS Foundation Trust Accounting Officer Memorandum.

Ifti Majid, Chief Executive
9 June 2021

Annual Governance Statement

1 April 2020 – 31 March 2021

Scope of responsibility

As Accounting Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the NHS Foundation Trust's policies, aims and objectives, whilst safeguarding the public funds and departmental assets for which I am personally responsible, in accordance with the responsibilities assigned to me. I am also responsible for ensuring that the NHS Foundation Trust is administered prudently and economically and that resources are applied efficiently and effectively. I also acknowledge my responsibilities as set out in the *NHS Foundation Trust Accounting Officer Memorandum*.

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of 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 (DHCFT) for the year ended 31 March 2021 and up to the date of approval of the Annual Report and Accounts.

Capacity to handle risk

Leadership of risk management process

Management of risk underpins the achievement of the Trust's Strategy and related objectives. The Trust believes that effective risk management is imperative not only to provide a safe environment and improved quality of care for patients and staff, it is also significant in the business planning process where public accountability in delivering health services is required. Risk management is the responsibility of all staff and managers.

Strong leadership is provided to the risk management process though the Trust Board which has overall responsibility for managing risk in the Trust and ensuring implementation of the Risk Management Strategy. The Board monitors strategic risks through regular review of the Board Assurance Framework (BAF) and receipt of reports from the Audit and Risk Committee which provides assurance to the Board with regard to the continued effectiveness of the Trust's system of integrated governance, risk management and internal control.

All Board Committees have responsibilities to monitor and review risks relevant to their remit including the extent to which they are assured by the evidence presented with respect to the management of the risks. Each Committee is responsible for escalating concerns regarding the management of significant risks to the Board.

There are key roles on the Board of Directors in relation to risk:

- The Chief Executive has overall responsibility for maintaining a sound system of internal control that supports the achievement of the Board's policies, aims and objectives, whilst safeguarding funds and assets.
- The Trust Secretary supports the Chief Executive in their role as the Accounting Officer of the organisation and has responsibility for risk in relation to the corporate governance framework, compliance and assurance including the Board Assurance Framework. Day-to-day responsibility for risk management is discharged through the designated accountability of other Executive Directors.
- The Director of Nursing and Patient Experience is the joint executive lead for quality and patient safety, responsible for patient involvement, safeguarding, infection control and professional standards for nursing and allied health professional staff.
- They have delegated responsibility for the risk management and assurance function.

- The Medical Director is also the joint executive lead for quality and patient safety and is responsible for the professional standards of medical staff within the Trust, serious incidents and data security and protection.
- The Deputy Chief Executive and Director of Finance has delegated responsibility for risks associated with the management, development and implementation of systems of financial risk management.
- The Chief Operating Officer has delegated responsibility for risks associated with operational management including overall emergency planning and resilience and business continuity.
- The Director of Business Improvement and Transformation has delegated responsibility for risks relating to the external environment and local commissioning and partnership working, strategy and business development, and organisational transformation.
- The Director of People and Inclusion has delegated responsibility for risk associated with the delivery of an effective People Services function including workforce planning, staff welfare, recruitment and retention.
- The Trust Chair and Non-Executive Directors exercise non-executive responsibility for the promotion of risk management through participation in the Trust Board and its Committees. They are responsible for scrutinising systems of governance and have a particular role in this Trust for chairing Board Committees.

The Board has set out a clear strategic approach to ensure that risks are managed and controlled within the Risk Management Strategy.

The Risk Management Strategy formalises risk management responsibilities for the Trust within a broad corporate framework and sets out how the public may be assured that risks are identified and managed effectively. It details the Trust's framework within which it leads, directs and controls the risks to its key functions and guides staff in the application of that framework through the identification, evaluation and treatment of risk as part of a continuous process. The Risk Management Strategy aims to help the Trust to enable individuals to reduce the incidence and impact of the risks they face in order to deliver the Trust's strategic objectives and to enable the development of a positive learning environment and risk aware culture.

Risk management training

Staff are trained to manage risks through undertaking a training needs analysis which considers training requirements for the Trust and results in the publication of the Trust's training directory.

The Trust has a well embedded tiered risk management training programme for all staff comprising of the following elements:

- Board – Board Assurance Framework development*
- Managing Safely (Health and Safety) risk training*
- Investigating Incidents, Complaints, Claims and Report Writing training*
- Datix training for teams (Datix is the Trust's incident/risk recording system) *
- New Datix handlers/one-to-one training
- In addition, 'Bite size' sessions on how to report incidents, delivered through Microsoft Teams, have been delivered to support staff working remotely due to the COVID-19 pandemic.

Uptake is monitored and reported to the Health and Safety Committee and the Trust Management Team (where these meetings have been able to take place during 2020/21) and monitored through operational lines. Due to the impact of the COVID-19 pandemic, and in line with Trust guidance to limit training requirements to essential training only, the training elements marked with an asterisk (*) have not been fully delivered during 2020/21.

In addition, many of the courses delivered by the Trust support effective risk management and delivery of the Risk Management Strategy. Examples include:

- Major incident response

- Safeguarding – children and adult
- Safety planning and suicide awareness
- Data security and protection
- Infection control and prevention
- Medicines management courses
- Fire – awareness and fire warden
- First aid at work
- Falls prevention
- Manual handling
- 'Positive and safe' and 'promoting safer therapeutic services'.

Where relevant, training includes examples of learning from risks and incidents and how teams/wards can develop local learning.

Trust-wide guidance is provided to staff to encourage learning from good practice. Examples include: a 'blue light' system of alert notifications to rapidly communicate information on significant risks that require immediate action to be taken; a monthly policy bulletin informing staff of key themes within new or updated policies and procedures; a data security and protection bulletin containing information on information governance risk awareness and learning the lessons from incidents; and a 'Practice Matters' publication which focuses on learning and sharing best practice.

The risk and control framework

Identification, evaluation and control of risks

The Risk Management Strategy details the identification of risk to the Trust and its evaluation and control and is supported by a range of policies and procedures. These include the Risk Assessment Procedure; Untoward Incident Reporting and Investigation Policy and Procedures; Being Open and Duty of Candour Policy and Procedures; Safety Needs Assessment and Management of Safety Needs Policy and Procedure; Learning from Deaths Procedure; and Freedom to Speak Up Policy and Procedures. In addition, the Risk Management Strategy supports the implementation of the Corporate Governance Framework and Health and Safety Policy. The Risk Management Strategy was formally reviewed and reissued in October 2019 and is next due for review in October 2022. A progress update on achievements against the Strategy's objectives to date was considered by the Audit and Risk Committee in October 2020.

Risk identification is undertaken both proactively via risk assessments and reactively via incident reporting, complaints, claims analysis, internal and external inspection and audit reports. Risk evaluation is completed using a single risk matrix to determine impact and likelihood of risk realisation with grading of risk resulting from the overall matrix score. Risk control and treatment plans identify responsibility and authority for determining effectiveness of controls and development of risk treatment plans and actions.

All risks are detailed on a single electronic Trust-wide risk register (Datix). The exception is for risk assessments relating to individual patients which are recorded on patient record systems, and those relating to individual staff arising from workplace assessments which are retained alongside the staff record. The Datix risk register has inbuilt ward/team, divisional and corporate level risk registers reporting from this central hub and notification through automated escalation of risks (depending on the rating of the risk identified). The notification for reviews of risk assessments is also automated, resulting in significant compliance with the regular review of risks.

The risk appetite for the Trust is clearly articulated in the Risk Management Strategy in the form of a risk appetite statement. The risk tolerance levels linked to the risk appetite are shown as 'acceptable', 'tolerable in certain circumstances' and 'unacceptable', and the grading for each level is mapped against the Risk Assessment Matrix. The risk appetite for risks on the BAF is articulated within the document.

Incident reporting is openly encouraged and supported by an online incident reporting form, accessible to all staff, which includes a link to 'frequently asked questions'. Prior to the COVID-19 pandemic, a stand was held at the Trust's monthly staff corporate induction focusing on reporting

and learning from incidents. This has been replaced with 'bite size' sessions on how to report incidents, delivered through Microsoft Teams. Incident investigation involves robust systems for reporting and investigating incidents to identify areas for organisational learning and good practice. All serious incidents are overseen by the Executive Director led Executive Incident Group or the Operational Incident Group, dependent on the level of investigation required. From 1 December 2020, the Trust has been working to its Patient Safety Incident Response Plan (PSIRP) as an early adopter of the Patient Safety Incident Response Framework (PSIRF), rather than to the national Serious Incident Framework.

To ensure learning is disseminated throughout the organisation, summary reports are provided to the Quality and Safeguarding Committee including assurance of action plans being completed.

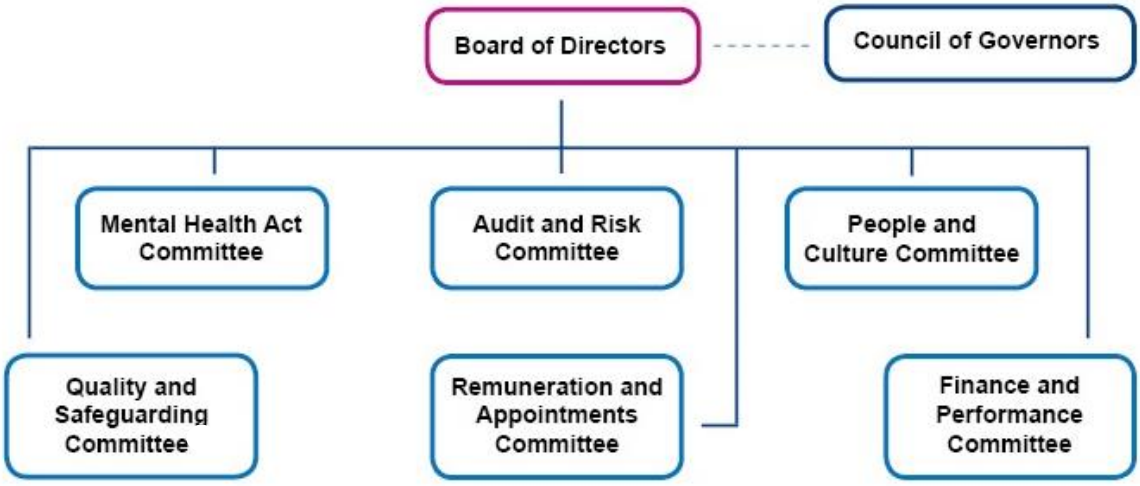
Quality governance arrangements

Overall responsibility for quality governance lies with the Board, as part of its responsibility for the direction and operation of the Trust. The Board is supported in its role regarding quality governance by the Quality and Safeguarding Committee, which is constituted as a Committee of the Board, led by a Non-Executive Chair and with both Executive and Non-Executive Director members.

Day-to-day oversight of quality governance is the responsibility of the Executive Leadership Team, with the leadership role in this area taken by the Medical Director and the Executive Director of Nursing and Patient Experience. They are supported by the Deputy Medical Director, Clinical Directors, Deputy Director of Nursing and Quality Governance and the professional heads from within the senior nursing and patient experience teams. The Trust has a Nursing and Patient Experience directorate to support quality governance in the Trust.

The Trust's governance structure is shown in the diagram below:

Board governance structure



(Non-Executive Directors are represented on all Board Committees.)

A summary of the key responsibilities of the Board Committees in relation to risk management is detailed overleaf:

The Audit and Risk Committee is responsible for providing assurance to the Board with regard to the continued effectiveness of the Trust's system of integrated governance, risk management and internal control. In particular the Committee will review the adequacy of:

- All risks and control-related disclosure statements e.g. Annual Governance Statement

- The Board Assurance Framework as a robust process for monitoring, assurance, and mitigation of significant risks to the attainment of the Trust's strategic objectives.

Overall, the Audit and Risk Committee provides assurances to the Board that the organisation has sufficient controls in place to manage the significant risks to achieving its strategic objectives and that these controls are operating effectively.

All Board Committees – that is, Finance and Performance Committee, Mental Health Act Committee, People and Culture Committee, Remuneration and Appointments Committee and Quality and Safeguarding Committee – have responsibilities to monitor and review risks relevant to their remit including the extent to which they are assured by the evidence presented with respect to the management of these risks. Each Committee is responsible for escalating concerns regarding the management of significant risks to the Board and for determining areas and topics for organisational learning.

During the year the Trust has adapted its corporate and quality governance processes in response to the unprecedented challenges of the COVID-19 outbreak. The Trust has applied the principles outlined in the guidance issued by NHSI/E 'Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic'[1] resulting in a governance 'light' approach to the Board and its Committees and the adoption of emergency Terms of Reference to allow the flexibility of a reduced quorum, virtual sign off outside of meetings and prioritised agendas. During March – May 2020 only two scheduled meetings had to be stepped down, the People and Culture and Finance and Performance Committees. During that period any people or finance escalations were considered by the Trust Board. All governance meetings have been held virtually throughout 2020/21.

Assessment of quality performance information

The Board receives the Integrated Performance Report (IPR) which incorporates quality indicators for specific service lines and quality metrics, as well as metrics around finance, workforce and performance. A 'quality dashboard' providing further detail and comment on a range of quality-related indicators is reviewed by the Quality and Safeguarding Committee.

The Quality and Safeguarding Committee and associated groups are active and their outputs are clearly evidenced in the Trust's Annual Report. The report's accuracy is subject to review by internal and external auditors as well as extensive consultation and feedback internally and externally on its content.

The Trust has a comprehensive annual quality visit programme, involving Board members, governors and stakeholders, which includes planned visits to every ward and team that provides a service. However, due to the impact of the COVID-19 pandemic, the quality visit programme was paused for 2020/21. The programme will recommence at an appropriate time following discussion and agreement by the Board and in line with the Trust's recovery roadmap.

The Trust has in place a number of routine audit and compliance processes to ensure clinical standards of practice. In addition, there is a regular meeting with the Trust's local Care Quality Commission (CQC) inspectors where a provider report is submitted and reviewed, together with reporting on progress against Mental Health Act (MHA) inspections, targeted inspections and informal visits. Visits from both the CQC and the MHA arm of the CQC have continued throughout the year, and the Trust has continued to maintain and monitor associated actions plans.

Data security risks

The Trust recognises that it is trusted by patients with sensitive personal information; and the Trust's obligation is to handle that information as carefully as the patients would themselves, together with the legal obligations put in place by current legislation including the Data Protection Act 2018.

[1] Letter template (england.nhs.uk)

The Board has put in place procedures to ensure that information is handled with appropriate regard to its sensitivity and confidentiality, which are available to all staff and which all staff are required to follow.

The Trust has in place the following arrangements to manage data security and protection risks:

- A Senior Information Risk Owner (SIRO) who is the Trust Secretary. Prior to February 2021 this role was held by the Deputy Chief Executive and Executive Director of Finance who has taken up the Deputy SIRO role. The Medical Director has retained the role of Caldicott Guardian.
- Annually completed Data Security and Protection (DSP)Toolkit, with reported outcomes to the Audit and Risk Committee and Board of Directors
- Clear identification of information asset owners who have undergone training for their role and undertaken risk assessment for their respective assets
- Good uptake of Data Security and Protection compulsory training (78.4%), although this has been impacted upon by COVID-19 pandemic
- Data security incidents reviewed by the Data Security and Protection Committee at each meeting
- Ongoing compliance with the implementation of the General Data Protection Regulations (GDPR).

The 2020/21 DSP Toolkit Review completed by internal auditors 360 Assurance resulted in a high level of confidence in the veracity of the Trust's self-assessment. Two low risk actions were identified in relation to delivery of Data Security and Protection (DS&P) training at induction, and completion of actions following a business continuity exercise, both of which have been impacted upon by the COVID-19 pandemic. A data quality audit was also completed in relation to the Workforce Race Equality Standard (WRES) and the Workforce Disability Equality (WDES) data and has received significant assurance in relation to the controls and assurances in place to manage the quality of data.

Major risks

Major risks to delivery of the strategic objectives are identified during the year through the BAF processes. As at 31 March 2021 these risks are as follows:

Major risks to achievement of Trust's strategic objectives for 20120/21, as at 31 March 2021	
Risk description	Residual risk rating
There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board	High
There is a risk that the Trust estate does not comply with regulatory and legislative requirements	High
There is a risk that the Trust fails to maintain continuity of access to information to support effective patient care	Moderate
There is a risk that we do not create a healthy vibrant culture and conditions to make DHCFT a place where people want to work, thrive and to grow their careers	Extreme
There is a risk of continued inequalities affecting health and wellbeing of both staff and local communities	High
There is a risk that the Trust fails to deliver its revenue and capital financial plans	High
There is a risk that learning from the response to the COVID-19 outbreak, and transformation plans developed prior, does not lead to sustainable embedded transformation	High

The full details of these risks, including the controls and assurances in place and the actions identified and progress made in mitigating the risk, are shown in the BAF. The BAF has been reported to the Audit and Risk Committee and Board four times during 2020/21.

The major risks proposed for the BAF for 2021/22 are identified as follows.

Major risks to achievement of Trust's strategic objectives for 2021/22	
Risk description	Current risk rating
There is a risk that the Trust will fail to provide standards for safety and effectiveness as required by our patients and our Board	High
There is a risk that the Trust estate strategy delivery does not deliver key regulatory and strategic requirements related to dormitory eradication and Psychiatric Intensive Care Unit (PICU) and that the Trust estate more generally is not maintained sufficiently well to comply with regulatory and legislative requirements	High
There is a risk that the Trust fails to maintain continuity of access to information to support effective patient care	Moderate
There is a risk that the Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage i.e. cyber-attack, equipment failure	Moderate
There is a risk that we do not sustain a healthy vibrant culture and conditions to make DHCFT a place where people want to work, thrive and to grow their careers	High
There is a risk of continued inequalities affecting health and wellbeing of both staff and local communities	High
There is a risk that the Trust fails to deliver its revenue and capital financial plans	Extreme
There is a risk that learning from the response to the COVID-19 outbreak, and transformation plans developed prior, does not lead to sustainable embedded transformation	High
Whilst there are significant benefits from the creation of the Integrated Care System (ICS) as an NHS body, there is a risk that the effects of the change on senior managers from across the system may impact negatively on the cohesiveness of the Derbyshire health and care system	High

A summary of the themes from significant operational risks on the Trust's Risk Register, as at 31 March 2021, is as follows:

Themes of major operational risks identified through risk register review and escalation processes as at 31 March 2021	
Risk description	Current risk rating
Waiting times for access to services due to the impact of the COVID-19 pandemic i.e. Child and Adolescent Mental Health Services (CAMHS), memory assessment services	High
Emergency preparedness due to the COVID-19 pandemic. Impact due to pausing services, redeployment of staff into critical services, creation of COVID-19 secure environments	High
Staffing levels across a range of service areas. Associated work-related stress	High

Compliance with training: specifically, in relation to positive and safe training and resuscitation training	High
Commissioning risks associated with access to autism disorder spectrum assessment services; and eating disorder services	High

All operational risks with a residual risk of 'high' or 'extreme' are cross-referenced to the associated strategic risk in the BAF.

The full details of individual risks associated with these themes are shown in the operational risk registers and are reviewed and updated by the senior operational managers.

Assessment against NHS Improvement Well Led Framework

The last external assessment under the above framework was undertaken in 2018 by Deloitte LLP. All actions from the review have been completed and embedded. A self-assessment will be carried out during 2021, supported by 360 Assurance and taking into account any actions arising from the 2020 CQC Well Led Inspection. This will inform the terms of reference for a formal external assessment which will be procured and delivered in 2022.

Corporate Governance Statement

NHS foundation trusts are required to self-certify whether or not they have complied with the conditions of the NHS provider licence (which itself includes requirements to comply with the National Health Service Act 2006, the Health and Social Care Act 2008, the Health Act 2009, and the Health and Social Care Act 2012, and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.

The Trust Board confirmed on-going compliance with licence conditions G6(3) and CoS7(3) and G6(4) and FT4(8) at its meeting in July 2020 and has published the declarations on the Trust website.

Embedding of risk management

Risk management systems and processes are embedded throughout a wide range of Trust activities, with significant risks reported through the risk register systems and processes. Risks reported include clinical risks (e.g. points of ligature, therapeutic activities, infection control), health and safety risks (e.g. lone working, work related stress), business continuity risks, data security risks and commissioning risks.

The Trust is a learning organisation, where staff are encouraged to report incidents honestly and openly through an online incident reporting form, with incidents escalated and managed depending on their grade and subject category. Learning is evidenced at a team, service line and Trust wide level through feedback on incident forms, serious incident investigation reports and 'Blue Lights' (staff communications for urgent risks). Improvements in the Trust's safety culture have been supported during 2020/21 with the introduction of the 'People First' Guide to supporting colleagues fairly through workplace situations based on the NHS Just Culture guidance, and introduction of the Patient Safety Incident Response Plan (PSIRF) which enables a clearer focus on learning in relation to incident investigations and reviews. Evidence of an improved safety culture is demonstrated in the 2020 NHS Staff Survey Results, with a 10% increase in scores compared to the previous year for questions relating to; staff being treated fairly, action being taken, and feedback given in response to incidents and near misses.

The Trust uses an Equality Impact Risk Analysis (EIRA) tool as the evidence-based framework to proactively and consciously engage and consider the impact of 'due regard' (legal duty as set out in the Equality Act 2010) on all key decisions, proposals, policies, procedures, services and functions that are relevant to equality. The tool is used to identify relevance to equality and potential inequalities, barriers to access and outcomes arising out of our processes, decisions, services and employment. If there is an adverse effect on people with protected characteristics, the Trust seeks to mitigate or minimise those effects.

EIRA is embedded through cover sheets for reports for Trust Board and Committees which requires the author(s) of the papers to consider how the proposal:

- May have an impact on those with protected characteristics (positive, negative or neutral)
- Evidences how the evaluation of impact has been made
- Will mitigate or minimise the effects of any adverse effects on people with any protected characteristics of the Equality Act 2010.

Public stakeholders' involvement in managing risks
The Trust proactively seeks and welcomes feedback from and involvement of stakeholders in relation to the provision of services and the management of risk which may impact on them. Ways in which public stakeholders are involved include:

- Range of processes for receiving and learning from patients and carer feedback including the Patient and Experience Committee and EQUAL Forum
- Council of Governors and its governance structure
- The Trust's engagement with commissioners, Overview and Scrutiny Committees and Healthwatch
- Trust membership and Annual Members Meeting, held virtually in 2020.

Safe, sustainable and effective staffing
The Board approved the formal 2021 NHSI Workforce Safeguards submission at its meeting in May 2021. A self-assessment confirmed that the Trust is compliant and has retained compliance during the year. The Trust will continue to refine the reporting and monitoring of the standards through the People and Culture Committee.

Compliance with CQC registration
The Trust's last comprehensive inspection from the CQC took place during 2019/20 and resulted in an overall rating of 'Good'. The Trust's report is available on the CQC website: www.cqc.org.uk.

The Foundation Trust is fully compliant with the registration requirements of the Care Quality Commission.

Managing Conflicts of Interest
The Foundation Trust has published on its website an up-to-date register of interests, including gifts and hospitality, for decision-making staff (as defined by the Trust with reference to the guidance) within the past twelve months as required by the Managing Conflicts of Interest in the NHS[2] guidance.

NHS Pension Scheme
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.

Equality, diversity and human rights

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

Carbon reduction delivery plans
The Trust has undertaken risk assessments and has a sustainable development management plan in place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its

[2] www.england.nhs.uk/publication/managing-conflicts-of-interest-in-the-nhs-guidance-for-staff-and-organisations/

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.

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. The Audit and Risk Committee approves the annual audit plan, which is set using a risk management approach. The Annual Clinical Audit Plan is approved by the Quality and Safeguarding Committee. External Audit services report on the accuracy and appropriateness of the Trust statutory reports (Annual Report and Accounts).

Financial performance ratings have been generally strong and there has been further improvement in the agency metric since last year.

Overall, the Trust remains in segment two of NHSI's Single Oversight Framework (where one indicates highest level of Trust autonomy and four indicates that the Trust is in special measures).

External auditors are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Information governance
During 2020/21 four incidents were reported externally via the Data Security and Protection Toolkit. One of these incidents met the threshold for reporting to the Information Commissioner's Office (ICO). It was in relation to information being repeatedly sent to the incorrect home address of a member of staff. The incident has been reviewed and learning identified and implemented. No further action was identified by the ICO.

Data quality and governance
During the last year the Trust has had to focus on the needs to address the additional challenges that it has faced as a result of the COVID-19 pandemic. However, it recognises the need to understand how the Trust is performing and to ensure that the information used is accurately reported. To ensure these two reviews of data quality have been undertaken during the year by the Information Management Team and reported to the Audit and Risk Committee; the reviews have been designed to ensure the information used to inform the Board on performance metrics is accurate, from the recording within the systems to the production of the indicator. Any issues identified have been captured and corrections made to the policies, systems and processes to provide the Board with assurances that it can rely upon the information. The latest review was undertaken in November 2020.

A *Quality of Workforce Race Equality Standard and Workforce Disability Equality Standard Data* audit was undertaken by the Trust's internal auditors and a report published in November 2020. The report provided significant assurance on the data quality of the information collected for these two requirements.

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 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 of Directors, the Audit and Risk Committee and Quality and Safeguarding Committee and a plan to address weaknesses and ensure continuous improvement of the system is in place.

The processes applied in maintaining and reviewing the effectiveness of the system of internal control are:

The Board of Directors:

- 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 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.

The Audit and Risk 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 360 Assurance, and external auditors Grant Thornton (to 31/08/2020) and Mazars (from 01/09/2020).

Internal audit:

The headline internal audit opinion provided by the Trusts internal auditors 360 Assurance is as follows:

Overall opinion
In consideration of the above, I am providing an opinion of **Significant Assurance** that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The basis for forming this opinion is informed by the completion by the Trust's internal auditors of seven audits with the following assurance ratings:

Five with significant assurance with minor improvement opportunities

- Integrity of the General Ledger and Financial Reporting
- Key Financial Systems – Accounts Receivable
- Quality of Workforce Race Equality Standard and Workforce Disability Equality Standard Data
- Risk Management
- Data Security and Protection Toolkit

Two with limited assurance

- Consultant Additional Programme Activity Payments
- Estates and Facilities Management

In addition, an Integrated Care System (ICS) Joined Up Care Derbyshire (JUCD) review across JUCD clients was underway at year end, to be issued June 2021.

My review is also informed by:

- The CQC comprehensive inspection report dated March 2020, and subsequent reporting
- Registration with the CQC

- Regular visits from the Mental Health Act arm of the CQC
- NHSI's compliance return and governance statements
- Compliance with NHSI's Single Oversight Framework
- Audit reports received during the year following on from the internal audit and external audit plans and fraud risk assessment agreed by the Trust's Audit and Risk Committee.

The following gaps in control were identified:

- Due to the impact of the COVID-19 pandemic throughout 2020/21 the Trust has acted within the national pandemic level 4 incident management and emergency planning guidance and has adapted its governance systems and processes accordingly. Whilst the pandemic has clearly impacted on the Trust performance across a range of measures, this has been closely monitored throughout the year.
- Although some risks to closing gaps in controls in the Board Assurance Framework have been identified i.e. performance against waiting time targets; Immediate Life Support (ILS) training compliance; physical healthcare checks; investment in autism services; and capacity to develop the Quality Improvement Strategy, these have not been identified as significant as assessed against the guidance in the NHS Foundation trust reporting manual 2020/21
- It is therefore concluded that there were no significant gaps in control or significant internal control issues identified during 2020/21. The Trust continued to implement robust processes to address all recommendations arising from reviews undertaken.

Conclusion
No significant internal control issues have been identified.

Signed

Ifti Majid
Chief Executive

Date: 9 June 2021

Annual Accounts 2020/21

Derbyshire Healthcare NHS Foundation Trust

Annual Accounts for the year ending 31 March 2021

The Trust's accounts are prepared in accordance with paragraphs 24 and 25 of Schedule 7 of the National Health Service Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

Independent auditor's report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust

Report on the audit of the financial statements

Opinion on the financial statements

We have audited the financial statements of Derbyshire Healthcare NHS Foundation Trust ('the Trust') for the year ended 31 March 2021 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Equity, the Statement of Cash Flows and notes to the financial statements, including the summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and international accounting standards as interpreted and adapted by HM Treasury's Financial Reporting Manual 2020/21 as contained in the Department of Health and Social Care Group Accounting Manual 2020/21, and the Accounts Direction issued under the National Health Service Act 2006.

In our opinion, the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2021 and of the Trust's income and expenditure for the year then ended;
- have been properly prepared in accordance with the Department of Health and Social Care Group Accounting Manual 2020/21; and
- have been properly prepared in accordance with the requirements of the National Health Service Act 2006.

Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities section of our report. We are independent of the Trust in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Conclusions relating to going concern

In auditing the financial statements, we have concluded that the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent

material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We are also required to consider whether we have identified any inconsistencies between our knowledge acquired during the audit and the Directors' statement that they consider the Annual Report and Accounts is fair, balanced and understandable and whether the Annual Report and Accounts appropriately discloses those matters that we communicated to the Audit and Risk Committee which we consider should have been disclosed.

We have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements

As explained more fully in the Statement Of Chief Executive's Responsibility As The Accounting Officer Of Derbyshire Healthcare NHS Foundation Trust, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the Accounting Officer determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

The Accounting Officer is required to comply with the Department of Health and Social Care Group Accounting Manual 2020/21 and prepare the financial statements on a going concern basis, unless the Trust is informed of the intention for dissolution without transfer of services or function to another entity. The Accounting Officer is responsible for assessing each year whether or not it is appropriate for the Trust to prepare financial statements on the going concern basis and disclosing, as applicable, matters related to going concern.

Auditor's responsibilities for the audit of the financial statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. Based on our understanding of the Trust, we identified that the principal risks of non-compliance with laws and regulations related to the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), and we considered the extent to which non-compliance might have a material effect on the financial statements.

We evaluated the Accounting Officer's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls) and determined that the principal risks were related to posting manual journal entries to manipulate financial performance, management bias through judgements and assumptions in significant accounting estimates, and any significant one-off or unusual transactions.

Our audit procedures were designed to respond to those identified risks, including non-compliance with laws and regulations (irregularities) and fraud that are material to the financial statements. Our audit procedures included but were not limited to:

- discussing with management and the Audit and Risk Committee the policies and procedures regarding compliance with laws and regulations;

- communicating identified laws and regulations throughout our engagement team and remaining alert to any indications of non-compliance throughout our audit; and

- considering the risk of acts by the Trust which were contrary to applicable laws and regulations, including fraud.

Our audit procedures in relation to fraud included but were not limited to:

- making enquiries of management and the Audit and Risk Committee on whether they had knowledge of any actual, suspected or alleged fraud;
- gaining an understanding of the internal controls established to mitigate risks related to fraud;
- discussing amongst the engagement team the risks of fraud; and
- addressing the risks of fraud through management override of controls by performing journal entry testing.

There are inherent limitations in the audit procedures described above and the primary responsibility for the prevention and detection of irregularities including fraud rests with management and the Audit and Risk Committee. As with any audit, there remained a risk of non-detection of irregularities, as these may involve collusion, forgery, intentional omissions, misrepresentations or the override of internal controls.

We are also required to conclude on whether the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is appropriate. We performed our work in accordance with Practice Note 10: Audit of financial statement and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the NAO in April 2021.

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at www.frc.org.uk/auditorsresponsibilities. This description forms part of our auditor's report.

Report on the Trust's arrangements for securing economy, efficiency and effectiveness in the use of resources

Matter on which we are required to report by exception

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have not completed our work on the Trust's arrangements. On the basis of our work to date, having regard to the guidance issued by the Comptroller and Auditor General in April 2021, we have not identified any significant weaknesses in arrangements for the year ended 31 March 2021.

We will report the outcome of our work on the Trust's arrangements in our commentary on those arrangements within the Auditor's Annual Report. Our audit completion certificate will set out any matters which we are required to report by exception.

Responsibilities of the Accounting Officer

The Chief Executive as Accounting Officer is responsible for putting in place proper arrangements to secure economy, efficiency and effectiveness in the Trust's use of resources, to ensure proper stewardship and governance, and to review regularly the adequacy and effectiveness of these arrangements.

Auditor's responsibilities for the review of arrangements for securing economy, efficiency and effectiveness in the use of resources

We are required by Schedule 10(1) of the National Health Service Act 2006 to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources. We are not required to consider, nor have we considered, whether all aspects of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources are operating effectively.

We have undertaken our work in accordance with the Code of Audit Practice, having regard to the guidance issued by the Comptroller and Auditor General in April 2021.

Report on other legal and regulatory requirements

Opinion on other matters prescribed by the Code of Audit Practice

In our opinion:

- the parts of the Remuneration and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2020/21; and
- the other information published together with the audited financial statements in the Annual Report and Accounts for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2020/21; or
- the Annual Governance Statement is misleading or is not consistent with our knowledge of the Trust and other information of which we are aware from our audit of the financial statements; or
- we refer a matter to the regulator under Schedule 10(6) of the National Health Service Act 2006; or
- we issue a report in the public interest under Schedule 10(3) of the National Health Service Act 2006.

We have nothing to report in respect of these matters.

Use of the audit report

This report is made solely to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust as a body in accordance with Schedule 10(4) of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Council of Governors of the Trust those matters we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors of the Trust as a body for our audit work, for this report, or for the opinions we have formed.

Delay in certification of completion of the audit

We cannot formally conclude the audit and issue an audit certificate until we have completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

Mark Surridge, Key Audit Partner
For and on behalf of Mazars LLP

2 Chamberlain Square, Birmingham, UK
11 June 2021

Audit Completion Certificate issued to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust for the year ended 31 March 2021

In our auditor's report dated 11 June 2021, we explained that the audit could not be formally concluded until we had completed the work necessary to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness is its use of resources.

This work has now been completed.

No matters have come to our attention since 11 June 2021 that would have a material impact on the financial statements on which we gave our unqualified opinion.

The Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required to report to you if, in our opinion, we are not satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2021.

We have nothing to report in this respect.

Certificate

We certify that we have completed the audit of Derbyshire Healthcare NHS Foundation Trust in accordance with the requirements of chapter 5 of part 2 of the National Health Service Act 2006 and the Code of Audit Practice.

Mark Surridge - Key Audit Partner

For and on behalf of Mazars LLP

2 Chamberlain Square, Birmingham, B3 3AX

8 July 2021

Statement of comprehensive income for the period ended 31 March 2021

	NOTE	**2020/21** **£000**	2019/20 £000
Operating income from continuing operations	4 & 5	**174,398**	159,256
Operating expenses of continuing operations	7	**(172,869)**	(153,095)
OPERATING SURPLUS/(DEFICIT)		**1,529**	6,161
FINANCE COSTS			
Finance income	13	**6**	211
Finance expense – financial liabilities	15	**(2,104)**	(2,155)
PDC Dividends payable		**(1,503)**	(1,798)
NET FINANCE COSTS		**(3,601)**	(3,742)
SURPLUS/(DEFICIT) FOR THE YEAR		**(2,072)**	2,419
Other Gains and Losses		**0**	(15)
Gains/(losses) from transfers by absorption		**150**	(125)
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR		**(1,922)**	2,279
Other Comprehensive Income/(Expenditure)*		**(1,847)**	9,012
TOTAL COMPREHENSIVE INCOME(EXPENSE) FOR THE YEAR		**(3,769)**	11,291

***** Other Comprehensive Income/(expenditure) relates to the revaluation of the Land and Buildings that has been adjusted through the revaluation reserve.

The notes on pages 150 to 194 form part of these accounts.

Statement of financial position as at 31 March 2021

	NOTE	31 March 2021 £000	31 March 2020 £000
Non-current assets:			
Intangible assets	17	**5,343**	4,960
Property, plant and equipment	16	**96,132**	97,909
Trade and other receivables	21	**1,525**	1,362
Total non-current assets		**103,000**	104,231
Current assets:			
Inventories	20	**238**	251
Trade and other receivables	21	**4,131**	3,788
Cash and cash equivalents	24	**38,318**	33,505
Total current assets		**42,687**	37,544
Current liabilities			
Trade and other payables	26	**(24,299)**	(18,579)
Borrowings	27	**(884)**	(807)
Provisions	33	**(401)**	(633)
Other liabilities	28	**(3,222)**	(3,067)
Total current liabilities		**(28,806)**	(23,086)
Total assets less current liabilities		**116,881**	118,689
Non-current liabilities			
Borrowings	27	**(24,666)**	(25,550)
Provisions	33	**(2,650)**	(2,751)
Total non-current liabilities		**(27,316)**	(28,301)
Total Assets Employed:		**89,565**	90,388
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital		**20,838**	17,892
Revaluation reserve		**48,800**	51,074
Other reserves		**8,680**	8,680
Income and Expenditure reserve		**11,247**	12,742
Total Taxpayers' Equity:		**89,565**	90,388

The financial statements on pages 146 to 149 were approved by the Audit and Risk Committee on behalf of the Board on the 9 June 2021 and signed on its behalf by:

Signed 

Ifti Majid - Chief Executive

Statement of changes in taxpayers equity for the period ended 31 March 2021

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2020	**17,892**	**51,074**	**8,680**	**12,742**	**90,388**
Surplus/(deficit) for the year	**0**	**0**	**0**	**(1,922)**	**(1,922)**
Revaluations	**0**	**(1,847)**	**0**	**0**	**(1,847)**
Public Dividend Capital received	**2,946**	**0**	**0**	**0**	**2,946**
Other reserve movements	**0**	**(427)**	**0**	**427**	**0**
Taxpayers Equity at 31 March 2021	**20,838**	**48,800**	**8,680**	**11,247**	**89,565**

Statement of changes in taxpayers equity for the period ended 31 March 2020

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2019	**17,370**	**42,055**	**8,680**	**10,470**	**78,575**
Surplus/(deficit) for the year	**0**	**0**	**0**	**2,279**	**2,279**
Revaluations	**0**	**9,019**	**0**	**0**	**9,019**
Public Dividend Capital Received	**522**	**0**	**0**	**0**	**522**
Other Reserve Movements	**0**	**0**	**0**	**(7)**	**(7)**
Taxpayers Equity at 31 March 2020	**17,892**	**51,074**	**8,680**	**12,742**	**90,388**

Statement of cash flows for the period ended 31 March 2021

	NOTE	**2020/21 £000**	2019/20 £000
Cash flows from operating activities			
Operating surplus/deficit from continuing operations		**1,529**	6,161
Operating surplus/deficit		**1,529**	6,161
Non cash income and expenses			
Depreciation and amortisation		**6,008**	4,110
Impairments		**1,849**	302
(Increase)/decrease in inventories		**13**	(85)
(Increase)/decrease in trade and other receivables		**(95)**	1,708
Increase/(decrease) in trade and other payables		**5,234**	3,407
(Increase)/decrease in other current liabilities		**155**	1,407
Increase/(decrease) in provisions		**(305)**	(588)
Net cash inflow/(outflow) from operating activities		**14,388**	16,422
Cash flows from investing activities			
Interest received		**6**	211
Purchase of intangible assets		**(1,618)**	(2,239)
Purchase of property, plant and equipment		**(6,037)**	(4,233)
Sales of property, plant and equipment		**0**	0
Net cash inflow/(outflow) from investing activities		**(7,649)**	(6,261)
Cash flows from financing activities			
PDC capital received		**2,946**	522
Capital element of private finance lease obligations		**(767)**	(860)
Interest element of private finance lease obligations		**(1,944)**	(1,969)
Interest element of finance lease obligations		**(228)**	(228)
PDC Dividend paid		**(1,933)**	(1,564)
Net cash inflow/(outflow) from financing activities		**(1,926)**	(4,099)
Net increase/(decrease) in cash and cash equivalents		**4,813**	6,062
Cash and cash equivalents at beginning of the period		**33,505**	27,443
Cash and cash equivalents at year end	24	**38,318**	33,505

Notes to the accounts

1. Accounting policies and other information

NHS Improvement (NHSI), in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) which shall be agreed with the HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2019/20 issued by the Department of Health and Social Care. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be the most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with the terms considered material in relation to the accounts.

1.1 Going concern

The annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents. In addition, in making their going concern assessment each year, Trust management consider all available information about the future prospects of the Trust which enables them to consider and confirm the declaration regarding whether there is any material uncertainty to the trust continuing to be a going concern.

1.2 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.

1.3 Consolidation

The Trust does not have any subsidiary, associate company or joint venture or joint operations arrangements.

Charitable funds are managed by Derbyshire Community Health Services NHS Foundation Trust on behalf of the Trust and do not have to be consolidated into the accounts.

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.

Intangible assets are amortised over their expected useful economic lives on a straight line basis in a manner consistent with the consumption of economic or service delivery benefits.

Private finance initiative (PFI)
The PFI scheme has been reviewed under IFRIC 12 and it is deemed to meet the criteria to include the scheme on balance sheet.

1.5 Key sources of estimation uncertainty

The following are the key assumptions concerning the future, and other key sources of estimating uncertainty at the end of the reporting period, which have a significant risk of causing a material adjustment to the carrying amounts of assets and liabilities within the next financial year.

Property valuation estimation
Assets relating to land and buildings were subject to a desktop review valuation during the financial year ending 31st March 2021. This resulted in a decrease in asset valuations of £3.3m, reflecting the trend in market prices. The valuation was based on prospective market values at 31 March 2021, which has been localised for the Trust's estate. Note 16.4 outlines the changes from this report .The Trust also commissions formal valuations for assets that have been classified as "available for sale" during the period, note 25, we do not have any assets held for sale in this accounting period.

Intangible Assets estimation
The Trust has two types of intangible assets:

- Smaller projects which involve the development of exiting systems, which is spent and capitalised in year.
- Intangible assets with a significant carrying value which have been developed over several years and accounted for in assets under construction. When the system goes live, a full fair value review is undertaken and only the costs directly attributable to the development are capitalised, all other costs are impaired or allocated to revenue.

Provisions estimation
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 33.

1.6 Transfer of functions

As public sector bodies are deemed to operate under common control, business reconfigurations within the DHSC group are outside the scope of IFRS 3 *Business Combinations.* Where functions transfer between two public sector bodies, the GAM requires the application of 'absorption accounting'. Absorption accounting requires that entities account for their transactions in the period in which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

1.7 Revenue

In the application of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less.
- The Trust is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date.
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Trust` to reflect the aggregate effect of all contracts modified before the date of initial application.

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time, as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year where a patient care spell is incomplete.

Government grants are grants from government bodies, other than income from commissioners or Trusts, for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

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.

In accordance with IFRS 15 the Trust has reviewed its income streams. The Trust's income is largely received from commissioners via block contracts for the provision of services. These service requirements are agreed on an annual basis, with no carry-over to future years. Block contract income is received each month for the services that have been provided that month. Cost per Case income is received each month for activity that has been provided during that period. Income received from DHSC related to AfC pay award was received in the same time period that the costs were incurred.

Education and Training income mainly relates to salary of trainees and is received on a monthly basis to contribute to the salaries paid in that period. Income received in relation to future training provision is deferred as per the requirements of IFRS15. Income from Pharmacy sales is accounted for in the period the items that have been sold in. Provider Sustainability Fund (PSF) income is received as performance targets are achieved and the Trust meets its financial control total.

1.8 Employee Benefits

Short-term employee benefits
Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. 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

NHS Pensions
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.

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.

The Schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

NEST
The Trust offers a second NEST pensions scheme for employees who do not want to be in the NHS Pension Scheme but want to be auto enrolled in a pension.

This pension is free for employers to use and the employee pays a 1.8% contribution and a management charge of 0.3% a year. The scheme then invests the employee's contribution to support the pension payments on their retirement.

1.9 Expenditure on other goods and services

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable for those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property plant and equipment.

1.10 Value Added Tax

Most of the activities of the 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.

1.11 Corporation Tax

The Trust has determined that it has no corporation tax liability, based on the Trust undertaking no business activities.

1.12 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. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date management.

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 of property plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period, in years where a revaluation does not take place, an indexation factor is applied.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees and, where capitalised in accordance with IAS 23, borrowing costs. Assets are revalued and depreciation commences when they are brought into use.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. 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.

In accordance with the *GAM*, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised. Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the "Statement of Comprehensive Income" as an item of "other comprehensive income".

De-recognition
Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use.

This condition is regarded as met when the sale is highly probable the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to the income and expenditure reserve. Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment that are due to be scrapped or demolished do 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.

1.13 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 cost. 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.

Assets are capitalised in the month following the completion of the project, allowing time for final invoices to be received and accurate costs to be capitalised.

Measurement

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

Amortisation

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.14 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.

1.15 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. In accordance with IAS17, the underlying assets are initially recognised as property, plant and equipment at their fair value, together with an equivalent finance lease liability. Subsequently, the assets are accounted for as property, plant and equipment.

The annual unitary payment is separated into the following component parts, using appropriate estimation techniques where necessary

- Payment for the fair value of services received
- Repayment of the finance lease liability, including finance costs, and
- Payment for the replacement of components of the assets during the contract 'Lifecycle replacement'.

Services received
The cost of services received in the year us recorded under the relevant expenditure headings with 'operating expenses'.

PFI assets, liabilities and finance costs
The PFI assets are recognised as property, plant and equipment when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

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 initial value of the 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.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

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 cost.

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. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.16 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 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.

1.18 Cash and cash equivalents

Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash and bank balances are recorded at current vales.

1.19 Provisions

Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of minus 0.95% (2019/20: 0.50%) in real terms.

1.20 Clinical negligence costs

NHS Resolution, formerly NHS Litigation Authority operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 33 to the Trust accounts, however is not recognised.

1.21 Non-clinical risk pooling

The 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 Resolution 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.

1.22 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 34.1, 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.

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 34.2 where an inflow of economic benefits is probable. Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.23 Financial Assets

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques, see IFRS 9 B5.1.2A.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

Financial assets at fair value through other comprehensive income
Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash

flows and selling financial assets and where the cash flows are solely payments of principal and interest.

Financial assets at fair value through profit and loss
Financial assets at fair value through profit and loss are held for trading. A financial asset is classified in this category if it has been acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

Impairment
For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

1.24 Financial liabilities

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged – that is, the liability has been paid or has expired.

Financial liabilities at fair value through profit and loss
Derivatives that are liabilities are subsequently measured at fair value through profit or loss, Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate

instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

Other financial liabilities
After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

1.25 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.

At any time, the secretary of State can issue new PDC to, and require repayments of the PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the 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 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) Average daily cash balances held with the Government Banking Services and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relates to short-term working capital facility
(iii) PDC dividend receivable or payable.
(iv) Approved expenditure on COVID-19 capital assets.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the “pre audit” version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occurs as a result of the audit of the annual accounts.

1.26 Foreign currencies

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 currency transactions are negligible.

1.27 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in note 39 to the accounts.

1.28 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 the Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note 40 is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.29 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.

1.30 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

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

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2020-21. These Standards are still subject to HM Treasury FReM adoption, with

- IFRS 16 Lease – the standard is effective 1 April 2022 as adapted and interpreted by the FReM adoption
- IFRS 17 Insurance Contracts – application required for accounting periods beginning on or after 1 January 2023, but not yet adopted by the FreM: early adoption is not therefore permitted.

IFRS 16 Leases
IFRS 16 Leases will replace *IAS 17 Leases*, *IFRIC 4 Determining whether an arrangement contains a lease* and other interpretations and is applicable in the public sector for periods beginning 1 April 2022. The standard provides a single accounting model for lessees, recognising a right of use asset and obligation in the statement of financial position for most leases: some leases are exempt through application of practical expedients explained below. For those recognised in the statement of financial position the standard also requires the remeasurement of lease liabilities in specific circumstances after the commencement of the lease term. For lessors, the distinction between operating and finance leases will remain and the accounting will be largely unchanged.

IFRS 16 changes the definition of a lease compared to IAS 17 and IFRIC 4. The Trust will apply this definition to new leases only and will grandfather its assessments made under the old standards of whether existing contracts contain a lease.

On transition to IFRS 16 on 1 April 2022, the Trust will apply the standard retrospectively with the cumulative effect of initially applying the standard recognised in the income and expenditure reserve at that date. For existing operating leases with a remaining lease term of more than 12 months and an underlying asset value of at least £5,000, a lease liability will be recognised equal to the value of remaining lease payments discounted on transition at the Trust's incremental borrowing rate. The Trust's incremental borrowing rate will be a rate defined by HM Treasury. Currently this rate is 1.27% but this may change between now and adoption of the standard. The related right of use asset will be measured equal to the lease liability adjusted for any prepaid or accrued lease payments. For existing peppercorn leases not classified as finance leases, a right of use asset will be measured at current value in existing use or fair value. The difference between the asset value and the calculated lease liability will be recognised in the income and expenditure reserve on transition. No adjustments will be made on 1 April 2022 for existing finance leases.

For leases commencing in 2022/23, the Trust will not recognise a right of use asset or lease liability for short term leases (less than or equal to 12 months) or for leases of low value assets (less than £5,000). Right of use assets will be subsequently measured on a basis consistent with owned assets and depreciated over the length of the lease term.

HM Treasury revised the implementation date for IFRS 16 in the UK public sector in autumn 2020. Due to the need to reassess lease calculations, together with uncertainty on expected leasing activity in from April 2022 and beyond, a quantification of the expected impact of applying the standard in 2022/21 is currently impracticable. However, the Trust does expect this standard to have a material impact on non-current assets, liabilities and depreciation due to 18 of the leases in 2020/21 relating to buildings.

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 £174,398k, including £132,861k from Clinical Commissioning Groups (CCGs).

	2020/21	2019/20
	£	£
Clinical Income	155,301	147,481
Non clinical Income	19,097	11,775
Pay	(126,331)	(113,208)
Non pay	(46,538)	(39,887)
Surplus/(deficit)	**1,529**	6,161

When comparing year on year figures the effect of COVID-19 to the specific activity, cost or income should be borne in mind. The Trust generated over 10% of income from the following organisations:

	2020/21	2019/20
	£	£
NHS Derby and Derbyshire CCG	**130,374**	120,899

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 some minor 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. Income

4.1 Income from patient care activities (by type)

	2020/21	2019/20
	£000	£000
NHS England	**12,192**	10,497
Clinical Commissioning Groups	**125,775**	121,554
Local Authorities	**15,915**	14,906
Department of Health and Social Care	**0**	400
Foundation Trusts	**1,391**	42
NHS Other	**28**	82
	155,301	147,481

Included in the figure with NHS England is £5,106k (2019-20 £4,706k) of notional income for the additional 6.3% Pensions Contribution, £2,110k of income funding the movement in the annual leave accrual and £162k of income for the Flowers case provision.

4.2 Income from patient care activities (class)

	2020/21	2019/20
	£000	£000
Cost and volume contract income	**0**	7,846
Block contract income	**127,476**	113,356
Other clinical income from mandatory services	**1,341**	652
Community income	**21,350**	20,271
Other clinical income	**5,134**	5,356
	155,301	147,481

During 2020/21 the funding regime changed and contract income for patient care services was all paid under block contract arrangements.

As part of the NHS Provider licence and the Continuity of Services Condition the Trust has a significant proportion of patient care activities designated as Commissioner Requested Services. The total income from Commissioner Requested Services is contained in note 4.3.

4.3 Income from Commissioner Requested Services

Out of the services provided by the Trust through the main Commissioner contract for Mental Health including Child and Adolescent Mental Health Services (CAMHS), Learning Disabilities and Children's Services a significant proportion (62%) are deemed through the

contract to be Commissioner Requested Services. The value of the income for those Commissioner Requested Services is £108m. All other income stated in the accounts is generated from non-Commissioner Requested Services.

	2020/21	2019/20
	£000	£000
Commissioner Requested Services	**107,683**	100,348
Non-Commissioner Requested Services	**66,715**	58,908
Total Income	**174,398**	159,256

The classification of commissioning requested services (CRS) is based on a review that was carried out by commissioners in 2016/17. The change in value of CRS is due to new investments and service developments.

4.4 Overseas Visitors

The Trust has not invoiced or received any income from overseas visitors.

5. Other operating income

	2020/21	2019/20
	£000	£000
Research and development	**479**	457
Education and training	**5,196**	4,430
Staff costs	**250**	156
Operating lease income	**287**	287
Contributions to centrally issued supplies	**1,282**	0
Reimbursement and top up funding	**6,849**	0
Other revenue	**4,754**	5,260
Provider sustainability fund*	**0**	1,185
	19,097	11,775
Other revenue includes:		
Estates recharges	**0**	0
PFI Land contract	**60**	61
Catering	**78**	151
Pharmacy sales	**1,409**	1,356
Services to specialist schools	**285**	332
Services to other NHS providers	**1,419**	2,654
Transport	**336**	348
STP	**803**	0
Other income elements	**364**	358
	4,754	5,260

*The Trust received PSF Income from NHS England, notified via NHS Improvement (NHSI). NHSI instructed Trusts in receipt of the PSF Income that it could not be spent. It therefore increased the Trust surplus to the same value.

5.1 Additional information on revenue from contracts with customers recognised in the period

	2020/21	2019/20
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	**2,417**	1,653
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	0	0

6. Income

	2020/21	**2019/20**
	£000	**£000**
From rendering of services	**174,398**	**159,256**
From sale of goods	**0**	**0**

7. Operating Expenses

	2020/21	2019/20
	£000	£000
Services from NHS bodies	**4,834**	4,684
Purchase of healthcare from non NHS bodies	**9,331**	10,461
Employee expenses – Non-Executive Directors	**193**	176
Employee expenses – staff and Executive Directors	**126,331**	113,043
Drug costs	**4,675**	4,770
Supplies and services – clinical (excluding drug costs)	**430**	374
Supplies and services – clinical (centrally issued)	**1,282**	0
Supplies and services – general	**1,194**	840
Establishment	**4,168**	3,512
Research and development	**0**	65
Transport	**1,368**	2,251
Premises – business rates payable to local authorities	**670**	664
Premises	**4,006**	2,928
Rentals from operating leases	**2,460**	2,426
Increase/(decrease) provision	**(186)**	(59)
Depreciation on property, plant and equipment	**4,473**	3,497
Amortisation of intangible assets	**1,535**	613
Impairments of property, plant and equipment	**1,849**	302
Audit services – statutory audit	**84**	53
Internal audit	**53**	55
Clinical negligence costs	**560**	416
Legal fees	**336**	352
Consultancy costs	**3**	83
Training, courses and conferences	**665**	576
Car parking and security	**30**	13
Redundancy	**0**	5
Hospitality	**18**	14
Insurance	**35**	29
Other services, e.g. external payroll	**401**	395
Losses, ex gratia and special payments	**17**	13
Other	**2,054**	544
	172,869	153,095

Operating costs include those costs that were incurred and reimbursed for COVID-19-related expenditure. These are included within Clinical Supplies, General Supplies, Establishment, Staff Costs, premises and Other. In aggregate they total £9,210k (2019-20 £210k).

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	**2020/21**	2019/20
	£000	£000
Minimum lease payments	**2,460**	2,426
	2,460	2,426

The figures above include lease car payment and are reflected net, during the period the Trust has received employee contributions equating to £296k (2019-20 £306k).

	2020/21			2019/20
Total future minimum lease payments	**Buildings**	**Other**	**Total**	Total
	£000	**£000**	**£000**	£000
Payable:				
Not later than one year	**1,886**	**398**	**2,284**	2,315
Between one and five years	**6,799**	**229**	**7,028**	7,301
After five years	**15,023**	**0**	**15,023**	14,101
Total	**23,708**	**627**	**24,335**	23,717

Total future sublease payments expected to be received: £nil

8.2 As lessor

During 2018/19 the Trust agreed a short-term deed of variation and sublease relating to an empty ward in order to enable University Hospitals of Derby and Burton to occupy their ward two on LRCH for winter pressures activity on a short-term basis. The occupation and use of the ward continued in 2020/21 and income of £287k (2019/21 £287k) can be seen in note 5. The future assumed lease receipt due is £0k.

9. Employee costs and numbers

9.1 Employee Costs	2020/21 Total £000	2019/20 Total £000
Salaries and wages	**96,710**	86,707
Social security costs	**8,747**	7,786
Apprenticeship Levy	**451**	408
Employer contributions to NHS Pension Scheme	**11,645**	10,776
6.3% pension costs paid by NHS England	**5,106**	4,706
Temporary staffing (agency and contract)	**3,870**	2,819
Termination benefits	**0**	5
Employee benefits expense	**126,529**	113,208
Of the total above:		
Charged to capital	**333**	160
Employee benefits charged to revenue	**126,146**	113,048
	126,529	113,208

There have been three cases of early retirements due to ill health in year at a value of £148k (2019/20 – three cases at £190k).

The Increase in salary and wages relates to additional staffing due to COVID-19.

9.2 Average whole time equivalent of people employed	Total	Total
	2020/21 Total WTE	2019/20 Total WTE
Medical and dental	**173**	173
Administration and estates	**641**	620
Healthcare assistants and other support staff	**512**	466
Nursing, midwifery and health visiting staff	**971**	899
Nursing, midwifery and health visiting learners	**6**	3
Scientific, therapeutic and technical staff	**304**	291
Social care staff	**5**	5
Other	**0**	0
Total	**2,613**	2,456
Of the above:		
Number of whole-time equivalent staff engaged on capital projects	**16**	3

The above numbers are based on the average whole-time equivalents across the financial year. The workforce numbers reported in the annual report are based on headcount numbers recorded between the start and end of the financial years.

9.3 Exit Packages

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Guidance. Exit costs are accounted for in full in the year the Trust has legally committed to or appropriately provided for 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.

During the period the Trust incurred exit costs for employees and these are reported in the Trusts Annual Report in accordance with the annual reporting requirements.

9.4 Management costs

	2020/21	2019/20
	£000	£000
Management costs	**10,355**	9,542
Income	**174,398**	159,256
Management costs as a percentage of total Trust income is	**5.94%**	5.99%

10. Pension Costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the Schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health and Social Care in England and Wales. They are 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, each scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in each scheme is taken as equal to the contributions payable to that scheme for the accounting period.

In order that the defined benefit obligations recognised in the financial statements do not differ materially from those that would be determined at the reporting date by a formal actuarial valuation, the FReM requires that “the period between formal valuations shall be four years, with approximate assessments in intervening years”. An outline of these follows:

a) Accounting valuation

A valuation of scheme liability is carried out annually by the scheme actuary (currently the Government Actuary’s Department) as at the end of the reporting period. This utilises an actuarial assessment for the previous accounting period in conjunction with updated membership and financial data for the current reporting period and is accepted as providing suitably robust figures for financial reporting purposes. The valuation of the scheme liability as at 31 March 2021, is based on valuation data as 31 March 2020, updated to 31 March 2021 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These

accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019 to 20.6% of pensionable pay. The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. In January 2019, the Government announced a pause to the cost control element of the 2016 valuations, due to the uncertainty around member benefits caused by the discrimination ruling relating to the McCloud case.

The Government subsequently announced in July 2020 that the pause had been lifted, and so the cost control element of the 2016 valuations could be completed. The Government has set out that the costs of remedy of the discrimination will be included in this process. HMT valuation directions will set out the technical detail of how the costs of remedy will be included in the valuation process. The Government has also confirmed that the Government Actuary is reviewing the cost control mechanism (as was originally announced in 2018). The review will assess whether the cost control mechanism is working in line with original government objectives and reported to Government in April 2021. The findings of this review will not impact the 2016 valuations, with the aim for any changes to the cost cap mechanism to be made in time for the completion of the 2020 actuarial valuations.

11. Better Payment Practice Code

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

12. The Late Payment of Commercial Debts (Interest) Act 1998

There were two payments (one in 2019/20 for £153.37) that was made in respect of the Late Payment of Commercial Debt (Interest) Act 1998 for £263.19.

13. Finance Income

Finance income was received in the form of bank interest receivables totalling £6k (2019/20 £211k).

14. Other gains and losses

There have been no gains in year 2020/21 (2019/20 £0k). There have been losses of £0k in 2020/21 (2019/20 £15k).

15. Finance costs

	2020/21	2019/20
	£000	£000
Finance lease costs	**188**	199
Other finance lease costs*	**0**	0
Interest on obligations under PFI contracts:		
- main finance cost	**1,201**	1,243
- contingent finance cost	**743**	726
Unwinding of discount on provisions	**(28)**	(13)
Total interest expense	**2,104**	2,155

16. Property, plant and equipment

2020/21	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation:								
At 1 April 2020	**14,563**	**78,303**	**3,992**	**482**	**291**	**4,729**	**1,897**	**104,257**
Additions	0	1,307	3,640	146	0	1,351	133	**6,577**
Revaluations	(107)	(1,740)	0	0	0	0	0	**(1,847)**
Reclassifications	0	809	(2,198)	477	110	32	464	**(306)**
Disposals	0	(16)	0	(91)	0	(575)	(91)	**(773)**
At 31 March 2021	**14,456**	**78,663**	**5,434**	**1,014**	**401**	**5,537**	**2,403**	**107,908**
Depreciation								
At 1 April 2020	**0**	**2,893**	**275**	**245**	**66**	**2,186**	**683**	**6,348**
Provided during the year	0	3,449	0	97	43	692	192	**4,473**
Impairments	0	1,493	192	0	0	24	19	**1,728**
Disposals	0	(16)	0	(91)	0	(575)	(91)	**(773)**
At 31 March 2021	**0**	**7,819**	**467**	**251**	**109**	**2,327**	**803**	**11,776**
Net Book Value at 31 March 2021	14,456	70,844	4,967	763	292	3,210	1,600	**96,132**

The £306k balance on reclassifications is a transfer of Assets under construction to Software Licences on Capitalisation which can be seen in Note 17. There has been an increase in IT expenditure relating to additional purchases due to COVID-19.

Net book value	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	14,556	28,895	4,967	763	292	3,210	1,600	**54,183**
Finance Lease	0	1,350	0	0	0	0	0	**1,350**
PFI	0	40,599	0	0	0	0	0	**40,599**
Total at 31 March 2021	**14,556**	**70,844**	**4,967**	**763**	**292**	**3,210**	**1,600**	**96,132**

16.1 Revaluation reserve balance for property, plant and equipment

	Land	Buildings	Total
	£000	£000	£000
At 1 April 2020	12,834	38,240	51,074
Movements	(107)	(2,167)	(2,274)
At 31 March 2021	12,727	36,073	48,800

16.2 Property, plant and equipment

2019/20	Land	Buildings excluding dwellings	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation:								
At 1 April 2019	14,524	79,853	3,710	1,285	148	4,247	2,559	**106,326**
Transfers by absorption	0	0	(125)	0	0	0	0	**(125)**
Additions	0	160	2,694	0	0	643	19	**3,516**
Impairments	0	(564)	0	0	0	0	0	**(564)**
Reclassifications	0	1,041	(2,287)	0	188	366	333	**(359)**
Reclassifications – write back of depreciation on revaluation	0	(11.731)	0	0	0	0	0	**(11,731)**
Revaluations	39	9,544	0	0	0	0	0	**9,583**
Disposals	0	0	0	(803)	(45)	(527)	(1,014)	**(2,389)**
At 31 March 2020	**14,563**	**78,303**	**3,992**	**482**	**291**	**4,729**	**1,897**	**104,257**
Depreciation								
At 1 April 2019	0	11,707	115	1,016	77	2,219	1,520	**16,654**
Provided during the year	0	2,775	0	32	34	494	162	**3,497**
Impairments	0	142	160	0	0	0	0	**302**
Reclassifications – write back of depreciation on revaluation	0	(11,731)	0	0	0	0	0	**(11,731)**
Disposals	0	0	0	(803)	(45)	(527)	(999)	**(2,374)**
At 31 March 2020	**0**	**2,893**	**275**	**245**	**66**	**2,186**	**683**	**6,348**
Net Book Value at 31 March 2020	14,563	75,410	3,717	237	225	2,543	1,214	**97,909**

The £359k balance on reclassifications is a transfer of Assets under construction to Intangibles Assets Licences on Capitalisation which can be seen in Note 17.

	Land	Buildings excluding dwellings	Assets under construction & payments on account	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
Net book value	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	14,563	31,375	3,717	237	225	2,543	1,214	**53,874**
Finance Lease	0	1,350	0	0	0	0	0	**1,350**
PFI	0	42,685	0	0	0	0	0	**42,685**
Total at 31 March 2020	**14,563**	**75,410**	**3,717**	**237**	**225**	**2,543**	**1,214**	**97,909**

16.3 Revaluation reserve balance for property, plant & equipment

	Land	**Buildings**	**Total**
	£000	**£000**	**£000**
At 1 April 2019	**12,795**	**29,260**	**42,055**
Movements	**39**	**8,980**	**9,019**
At 31 March 2020	**12,834**	**38,240**	**51,074**

16.4 Valuation

There was a desktop review of the Trust's owned land and buildings, the revaluation was provided by the DVS Property Specialists in 2020-21. Assets were valued at market value for land and non-specialised buildings or at depreciated replacement cost for specialised buildings. There was a decrease of £3,233k on Buildings and £107k on Land.

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

	Max Life Years	Min Life Years
Buildings excluding dwellings	100	5
Plant and machinery	20	5
Transport equipment	15	5
Information technology	15	5
Furniture and fittings	25	5

16.6 Property Plant and Equipment: Commissioner Requested Services

No Commissioner Requested Services properties were sold in 2020/21.

17. Intangible Assets

2020/21	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2020	2,500	3,334	2,342	8,176
Transfers by absorption	0	150	0	150
Additions purchased	436	813	334	1,583
Impairments	0	0	0	0
Reclassifications	33	2,303	(2,030)	306
Revaluations	0		0	0
Disposals	(318)	0	0	(318)
At 31 March 2021	2,651	6,600	646	9,897
Amortisation				
At 1 April 2020	1,183	2,033	0	3,216
Provided during the year	491	1,044	0	1,535
Impairments	88	0	33	121
Reclassifications	0	0	0	0
Reversal of impairments	0	0	0	0
Disposals	(318)	0	0	(318)
At 31 March 2021	1,444	3,077	33	4,554
Net Book Value at 31 March 2021	1,207	3,523	613	5,343

All Intangible assets are classed as owned and are amortised between 5 and 10 years.

17.1 Intangible Assets

2019/20	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2019	2,144	3,334	547	6,025
Additions purchased	0	0	1,809	1,809
Impairments	0	0	0	0
Reclassifications	373	0	(14)	359
Revaluations	0	0	0	0
Disposals	(17)	0	0	(17)
At 31 March 2020	2,500	3,334	2,342	8,176
Amortisation				
At 1 April 2019	930	1,690	0	2,620
Provided during the year	270	343	0	613
Impairments	0	0	0	0
Reclassifications	0	0	0	0
Reversal of impairments	0	0	0	0
Disposals	(17)	0	0	(17)
At 31 March 2020	1,183	2,033	0	3,216
Net Book Value at 31 March 2020	1,317	1,301	2,342	4,960

All Intangible assets are classed as owned.

18. Impairments

Impairments of £3,648k have arisen in year, £1,716k of which was due to overspecification which included writing down of building works and de-recognition of assets from the Statement of Financial Position. The remaining £12k impairment arose due to the revaluation of the estate by the Valuer, overall the value of the estate decreased in value.

	Note	**£000**	£000
		2020/21	2019/20
Impairments for property, plant and equipment		**1,716**	191
Impairments for intangibles		**121**	
Reversal of Impairments for property, plant and equipment		**0**	0
Change in market price		**1,859**	675
Total Impairments written to I&E		**3,696**	866
Impairments written to I&E	7	**1,849**	302
Impairments written to revaluation reserve	16	**1,847**	564
		3.696	866

Impairments written to I&E		
Over Specification of assets – property, plant and equipment	**1,716**	191
Overspecification of intangible assets	**121**	
Changes in market price	**12**	111
Total	**1,849**	302

19. Commitments

19.1 Capital commitments

The Trust does not have any capital commitments as at 31 March 2021.

20. Inventories

20.1 Inventories

	2020/21 £000	2019/20 £000
Finished goods	**238**	251
Total	**238**	251
Of which held at net realisable value:	**0**	0

20.2 Inventories recognised in expenses

	2020/21 £000	2019/20 £000
Inventories recognised as an expense in the period	**3,881**	2,430
Total	**3,881**	2,430

21. Trade and other receivables

21.1 Trade and other receivables

The majority of trade is with Clinical Commissioning Groups, as commissioners for NHS patient care services. As Clinical Commissioning Groups are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

	2020/21 £000	2019/20 £000
Current		
Contract receivables	2,802	2,946
Allowance for impaired contract receivables /assets	(49)	(76)
Prepayments (non-PFI)	763	737
PDC dividend receivable	248	-
VAT receivable	339	153
Other receivables	28	28
Total current trade and other receivables	**4,131**	**3,788**
Non-current		
PFI lifecycle prepayments	1,525	1,362
Total non-current trade and other receivables	**1,525**	**1,362**

Of which receivables from NHS and DHSC group bodies:		
Current	1,834	2,114
Non-current	0	0

21.2 Allowances for credit losses 2020/21

	2020/21 Contract receivables and contract assets £000	2019/20 Contract receivables and contract assets £000
Allowances brought forward	**76**	31
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2019		
Allowances at start of period for new FTs		
Transfers by absorption	**0**	0
New allowances arising	**0**	48
Reversals of allowances	**(27)**	0
Utilisation of allowances (write offs)	**0**	(3)
Allowances as at 31 March 2020	**49**	76

22. Other financial assets

There are no other financial assets as at 31 March 2021.

23. Other current assets

There are no other current assets as at 31 March 2021.

24. Cash and cash equivalents

	31 March 2021	31 March 2020
	£000s	£000s
Balance at 31 March	**33,505**	27,443
Net change in period	**4,813**	6,062
Balance at period end	**38,318**	33,505
Made up of		
Cash with Government banking services	**38,276**	33,451
Commercial banks and cash in hand	**42**	54
Cash and cash equivalents as in statement of cash flows	**38,318**	33,505

25. Non-current assets held for sale

The Trust has no Assets Held for Sale as at 31 March 2021.

26. Trade and other payables

	Current	Current
	2020/21	2019/20
	£000	£000
NHS payables	**2,566**	3,285
Trade payables – capital	**2,534**	1,866
Trade payables – non NHS	**6,700**	4,167
Accruals	**5,072**	4,759
Annual leave accrual	**2,489**	380
STP accruals	**530**	0
Taxes payables	**1,056**	919
Social Security costs	**1,305**	1,202
PDC dividend payable	**0**	182
Other payables	**2,047**	1,819
Total	**24,299**	18,579

The Trust does not have any non-current liabilities.

Other Payables include: £1,550k outstanding pensions contributions at 31 March 2021 (31 March 2020 £1,492k). These were paid in April 2021.

27. Borrowings

	Current	**Non-current**	Current	Non-current
	2020/21	**2020/21**	2019/20	2019/20
	£000	**£000**	£000	£000
Finance lease	**51**	**2,196**	40	2,247
PFI liabilities	**833**	**22,470**	767	23,303
Total	**884**	**24,666**	807	25,550

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 lease relates to St Andrews House, the contract is due to expire during 2037.

28. Other liabilities

	Current	Current
	2020/21	2019/20
	£000	£000
Deferred income	**3,222**	3,067
	3,222	3,067

The Trust has no other liabilities.

29. Finance lease obligations

The Trust has one building finance lease, this is St Andrews House in Derby which is used to provide clinical and admin services.

Details of the lease charges are below:

	2020/21	2019/20
	£000	£000
Not later than one year	**228**	228
Later than one year, not later than five years	**912**	912
Later than five years	**2,622**	3,078
Sub total	**3,762**	4,218
Less: interest element	**(1,515)**	(1,931)
Total	**2,247**	2,287

The Trust is committed to pay per the above table.

30. Finance lease receivables

The Trust does not have any finance lease arrangements as a lessor.

31. Private Finance Initiative contracts

31.1 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 and total obligations for on-statement of financial position PFI contracts are shown in the table overleaf:

31.1 PFI schemes on-Statement of Financial Position

	2020/21	2019/20
	£000	£000
Not later than one year	**1,995**	1,968
Later than one year, not later than five years	**7,486**	7,730
Later than five years	**26,649**	28,401
Sub total	**36,130**	38,099
Less: interest element	**(12,827)**	(14,029)
Total	**23,303**	24,070

31.2 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 £1,100k (prior year £979k). In year £38k was released from the Lifecycle prepayment to revenue (£27k in 2019/20).

At present value the Trust is committed to the following charges:

	2020/21	2019/20
	£000	£000
Not later than one year	**1,105**	1,074
Later than one year, not later than five years	**4,475**	4,346
Later than five years	**15,140**	15,874
Total	**20,720**	21,294

The Trust's PFI model is updated for inflation each year, the 2020/21 figures below shows the Trust's commitments if a 2.5% RPI increase is applied each year:

	2020/21	2019/20
	£000	£000
Not later than one year	**1,133**	1,100
Later than one year, not later than five years	**4,884**	4,743
Later than five years	**20,506**	21,791
Total	**26,523**	27,634

31.3 Future Unitary Payments

The table below shows the Trust's total commitments for the PFI scheme until 2039.

2020/21	Within 1 Year	2-5 Years	Over 5 Years	**Total**
	£000	£000	£000	**£000**
Operating costs	1,133	4,884	20,506	**26,523**
Financing Expenses	1,984	7,962	30,639	**40,586**
Capital repayments	833	3,267	19,203	**23,303**
Lifecycle costs	620	3,340	8,597	**12,558**
Total	**4,570**	**19,453**	**78,946**	**102,969**

2019/20	Within 1 Year	2-5 Years	Over 5 Years	**Total**
	£000	£000	£000	**£000**
Operating costs	1,100	4,743	21,791	**27,634**
Financing Expenses	1,945	7,978	32,633	**42,556**
Capital repayments	767	3,343	19,960	**24,070**
Lifecycle costs	648	2,922	12,640	**16,210**
Total	**4,461**	**18,986**	**87,024**	**110,470**

32. Other financial liabilities

The Trust has no other financial liabilities.

33. Provisions

	Current	**Non-Current**	Current	Non-Current
	2020/21	**2020/21**	2019/20	2019/20
	£000	**£000**	£000	£000
Pensions relating to former directors	-	-	-	-
Pensions relating to other staff	202	2,650	200	2,751
Legal claims	95	0	105	0
Redundancy	0	0	0	0
Other	104	0	328	0
Total	**401**	**2,650**	633	2,751

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2020	257	2,694	105	328	3,384
Arising during the period	4	40	39	104	187
Change in discount rate	6	107	0	0	113
Used during the period	(32)	(170)	(3)	(30)	(235)
Reversed unused	(5)	(21)	(46)	(298)	(370)
Unwinding of discount	(2)	(26)	0	0	(28)
At 31 March 2021	228	2,624	95	104	3,051
Expected timing of cash flows:					
Within one year	32	170	95	104	401
Between one and five years	132	697	0	0	829
After five years	64	1,757	0	0	1,821
	228	2,624	95	104	3,051

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 – This includes other general Trust provisions relating to employee claims.

£1,110k is included in the provisions of the NHS Resolution at 31/3/2021 in respect of clinical negligence liabilities of the Trust (31/03/2020 £2,062k).

34. Contingencies

34.1 Contingent Liabilities

There are no contingent liabilities as at 31 March 2021.

34.2 Contingent Assets

Contingent assets are disclosed where a possible asset exists as a result of past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Trust's control. Contingent assets are disclosed only where the future inflow of economic benefit is considered to be probable. The Trust has one contingent asset that relates to a contract clause in a sale of land, the timing is currently unknown.

35. Financial Instruments

35.1 Carrying Values of Financial Assets

	2020/21 Held at Amortised Cost £000	2019/20 Held at Amortised Cost £000
Trade receivables	**2,791**	2,898
Cash at bank and in hand	**38,318**	33,505
Total at 31 March	**41,099**	36,403

35.2 Carrying value of financial liabilities

	2020/21 Held at Amortised Cost £000	2019/20 Held at Amortised Cost £000
Trade payables	**21,693**	16,276
PFI and finance lease obligations	**25,550**	26,357
Total at 31 March	**47,243**	42,633

IFRS 7 requires the Foundation Trust to disclose the fair value of financial liabilities. The PFI scheme is a non-current Financial Liability where the fair value is likely to differ from the carrying value. The Trust has reviewed the current interest rates available on the market and if these were used as the implicit interest rate for the scheme the fair value of the liability would range from £25,715k to £26,719k.

35.3 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 clinical commissioning groups and the way those clinical commissioning groups 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 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 Foundation Trust 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 2021 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk
The Trust's cash flows are mainly stable and predictable. Operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated sources. The Trust has approved an estate strategy that it anticipates will require some external sources of funding, as part of the business cases for progressing these components of the estate strategy the impact on liquidity will be fully considered and addressed. The Trust is not, therefore, exposed to significant liquidity risks.

36. Events after the reporting period

There were no post balance sheet events for the period ending 31 March 2021.

37. 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).

	2020/21	2019/20
	£000	£000
External audit fees		
Statutory audit services	**84**	53
Non audit services	**0**	0
Total	**84**	53
Other audit fees		
Internal audit services	**53**	55
Counter fraud	**12**	18
Total	**65**	73

The auditor's liability for external audit work carried out for the financial year 2020/21 is unlimited.

The External Audit Fees figure above includes VAT as under the NHS VAT regime it cannot be reclaimed.

38. Related party transactions

Derbyshire Healthcare NHS Foundation Trust is a public benefit corporation authorised by NHS Improvement - 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:

2020/21	**Income £000**	**Expenditure £000**	**Receivables £000**	**Payables £000**
Related parties with other NHS bodies	150,387	10,528	1,834	5,318
2019/20				
Related parties with other NHS bodies	138,732	10,771	2,114	6,019

No Board Members of Derbyshire Healthcare NHS Foundation Trust have had related party relationships with organisations where we have material transactions and could have a controlling interest.

The Department of Health is regarded as a related party, as they are the Parent Department for Foundation Trusts. 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:

- NHS Derby and Derbyshire Clinical Commissioning Group
- University Hospitals of Derby and Burton NHS Foundation Trust
- Derbyshire Community Health Services NHS Foundation Trust
- NHS England
- Health Education England
- Chesterfield Royal Hospital NHS Foundation Trust
- Sheffield Health and Social Care NHS Foundation Trust
- NHS Business Authority
- 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.

The Trust has also received payments from a number of charitable funds. The members of the NHS Trust Board are also the Trustees for the Charitable Funds held in trust for Derbyshire Healthcare which is managed by Derbyshire Community Health Services NHS Foundation Trust. The audited accounts for the Funds Held on Trust are available from the Communications Department.

The Register of Interests is available from the Legal Department.

39. Third party assets

The Trust held £146k cash and cash equivalents at 31 March 2021 (£129k 31 March 2020) 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.

The Trust deposit accounts on behalf of the patients have been transferred into the Trust GBS accounts as they were attracting monthly charges and were no longer beneficial to be held in individual accounts. The balance remains at £28k (£28k 31 March 2020).

40. Losses and special payments

There were 21 cases of losses and special payments worth £16k (2019-20 - there were 14 cases totalling £13k).

	2020/21 Total number of cases	**2020/21 Total value of cases**	2019/20 Total number of cases	2019/20 Total value of cases
	Number	**£000**	Number	£000
Cash losses	**0**	**0**	0	0
Bad debts and claims abandoned	**0**	**0**	0	0
Loss of stock	**10**	**9**	3	7
Special payments				
- compensation payments	**11**	**7**	11	6
	0	**0**	0	0
	21	**16**	14	13

Compensation payments relate to NHS Resolution insurance excess paid on legal claims.

There were no clinical negligence, fraud, personal injury, compensation under legal obligation or fruitless payment cases accounted for in 2020/21 period where the net payment exceeded £300,000.

The above have been reported on an accruals basis and exclude provisions for future losses.

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dhcft.communications@nhs.net

@derbyshcft DHCFT www.derbyshirehealthcareft.nhs.uk

Derbyshire Healthcare NHS Foundation Trust HQ,
Ashbourne Centre, Kingsway Hospital, Derby
DE22 3LZ

DHCFT @derbyshcft
www.derbyshirehealthcareft.nhs.uk