Derbyshire Healthcare
NHS Foundation Trust

Annual Report & Accounts 2021/22

Making a positive difference

Derbyshire Healthcare NHS Foundation Trust
Annual Report and Accounts 2021/22

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

Contents

Chair's foreword

This is my first introduction to Derbyshire Healthcare's Annual Report and Accounts and I would like to start by thanking everyone who has made me feel so welcome in my first few months as Trust Chair.

Since starting in post in September 2021, I have regularly been impressed by the hard work, commitment and generosity of our colleagues, particularly during these challenging times. The Trust's strong 'people first' values and approach was something I admired from outside of the organisation, but it is something I have certainly felt since being appointed as Chair.

There have been many highlights during the year, and I have been particularly proud that the Trust has continued to provide a vaccination hub at Kingsway Hospital, vaccinating both colleagues and patients throughout the year. The hub has provided an important, specialist COVID-19 vaccination service for people in our mental health and learning disability services and I've been proud to see the personalised approach that colleagues have offered, ensuring many vulnerable have received their vaccinations, who may not have done so without this additional support.

The Trust is getting bigger and I know that the exciting developments across our acute and community services will form an important part of my term of office. We are actively involving people with lived experience in these developments and are committed to developing our services in response to local needs and preferences. This may change how we offer care, with the knowledge that supporting people in new and different ways, often in our communities and in partnership with other health and care agencies, including the voluntary sector, is the way forwards.

We cannot do this in isolation and I have been impressed by the level of collaborative working that is already in place across Derbyshire. The Trust already has an active role within the Joined Up Care Derbyshire system and we look forward to progressing many priorities as a key member of the Integrated Care Board (ICB) this summer. We are committed to continue working with partners to lead developments across the local system for mental health, learning disability, children's and autism services.

Recruitment continues to be a key priority for the coming year. We know that colleagues are drawn to work for organisations that champion effective staff engagement and inclusion, which both continue to be clear strengths and priorities for Derbyshire Healthcare. We look forward to welcoming and working with new colleagues in the year ahead, as we expand and develop our service offer to local people. Our innovative recruitment practices, including the important role of our recruitment inclusion guardians, aim to ensure equality of opportunity and also increase the diversity of colleagues working at all levels throughout the organisation.

I close with a series of thank you's – firstly to our Council of Governors for their ongoing support, challenge and dedication. In March we welcomed a new group of governors and I would like to share my thanks with members who have completed their terms of office this year, for their commitment to the governor role. This includes Valerie Broom, Rosemary Farkas, Lynda Langley, Julie Lowe, Stuart Mourton, Al Munnien, Carole Riley, Carol Sherriff, Farina Tahira and Christopher Williams. I warmly welcome our new governors, particularly those who were elected in March 2022. I look forward to working closely with you in the year ahead!

Thank you also to our Trust Board. In addition to former Chair Caroline Maley, we also said goodbye to Non-Executive Director, Julia Tabreham and we were pleased to welcome, Deborah Good in March. Similarly, we welcomed Ade Odunlade last summer as our Chief Operating Officer, as Mark Powell moved to a new role in the region.

Thank you to Derbyshire Healthcare colleagues and everyone who has supported the Trust over the last year. I look forward to the year ahead as we continue to deliver our priorities, to improve the health and wellbeing of people living across Derby and Derbyshire.

Selina Ullah
Trust Chair

Planning permission granted on our new build

We are delighted to announce that Chesterfield Borough Council has granted the Trust planning permission for our new purpose-built adult acute inpatient facility on the Chesterfield Royal Hospital site. This will replace the current Hartington Unit wards, based on the same site.

Chief Executive's introduction

Hello and welcome to the Annual Report and Accounts for 2021/22.

It has been a busy year for the Trust as we have continued to respond to the ongoing challenges of the COVID-19 pandemic. The health and wellbeing of our patients and colleagues has continued to be our priority throughout the year and myself and members of the Trust Board continue to share our appreciation with colleagues for their person-centred response to the challenges experienced.

Despite these challenges we have continued to grow, develop and innovate. We have made greater use of digital technologies to offer virtual appointments across many of our services, whilst continuing to deliver face to face care for those where virtual appointments are not possible or appropriate. Our colleagues have continued to work in new and different ways, maintaining COVID secure settings across our inpatient environments and working proactively to keep our communities safe and well.

The pandemic has had a direct impact on the number of local people who need our support and demand for all of our services continues to grow. We are committed to ensuring waiting times to access our services remain low and that we are well placed to respond to this increased demand. The ongoing development of our 24/7 Derbyshire Mental Health Helpline and Support Service has been central to providing quick support to people who have not previously been supported by our services and is a good example of how we are working differently with our partners across the local system.

This has been a key year for the development of our new acute facilities, which will provide vast improvements to patient care and experiences when they open in the coming years. The new facilities will offer increased privacy and dignity whilst also reducing the number of people that need to travel long distances in order to access specialist mental health care.

We have started to see the impact of increased mental health funding and introducing developments outlined in the NHS Long Term Plan. Pilots have started to roll out the new community mental health framework and we have continued to develop our important Community Forensic team. We have also started to work closely with colleagues at Derbyshire Community Health Services NHS Foundation Trust (DCHS) regarding the delivery of county-wide learning disability services.

As the financial year was ending, I was delighted to receive the Trust's annual staff survey results, which you can read about on pages 122-124 of this report. Colleagues provided overwhelmingly positive feedback about what it has been like to work for the Trust over the last year and I am very proud that we have sustained such incredible feedback for another year.

Staff engagement has continued to be a priority for the Trust throughout the year and I was delighted to host our first ever virtual HEARTS awards in May, where colleagues Sylvia Zincume and Sophia Clark were announced our COVID heroes of the year. In July we formally opened our new memorial garden, in memory of the colleagues we sadly lost to COVID-19 in 2020. This has continued to be a special place for colleagues and we recently extended the garden with the addition of a tree of reflection and celebration.

I would like to thank everyone who has supported and worked with the Trust over the last year – our colleagues, partners and stakeholders – and of course our patients, carers and local communities. A special thank you to Caroline Maley, who retired as Trust Chair in September 2021, after being a member of the Trust Board for over seven years.

We were delighted to welcome our new Chair, Selina Ullah in September. Selina brings many strengths to our current expertise and commitment to inclusion for our staff and patients.

Ifti Majid
Chief Executive

The Trust's HEARTS awards

Massive congratulations to all our winners and finalists in the Derbyshire Healthcare HEARTS (Honouring Exceptional and Really Terrific Staff) Awards which took place in a virtual ceremony on 26 May 2021.

The event was hosted by Trust Chief Executive Ifti Majid and attended by almost 150 colleagues. The achievements of the winner in each category were recognised with a short video explaining why they were chosen to win the award.

The awards acknowledged the many fantastic achievements of colleagues over the last year, and said a big thank you to all colleagues for their ongoing support and contribution. Awards included: team awards, going the extra mile, unsung hero, COVID hero of the year, inspirational and inclusive leader of the year.

Colleagues attending the event were asked to share a word that summed up how they felt about the Trust's approach to the pandemic over the last year. A blue heart word cloud was created bringing all these comments together, as a lasting memento of the event (see page124).

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 the 2021/22 performance section that follows on pages 23-50

Overview of performance

Each wave of the pandemic has continued to impact on staffing levels through high levels of sickness absence. The Omicron wave saw some of our colleagues once again temporarily redeployed from community services to inpatients, to ensure that the wards could operate safely.

Taking a similar approach to last financial year, in order to minimise the transmission of COVID-19 and to enable social distancing the number of inpatients beds on wards was reduced. A small number of outbreaks of infection were experienced on several wards during the latest wave of the pandemic, however these were once again very effectively managed in order to minimise further spread of infection.

All colleagues who could work from home have continued to do so, with meetings, staff briefings and training held virtually using Microsoft Teams where possible.

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.

We have also seen increasing demand for services in the community which has impacted on waiting lists, the most challenging areas being autistic spectrum disorder assessment, paediatric outpatients and child and adolescent mental health services.

Successes

The 24/7 mental health telephone helpline established last year and run in partnership with voluntary provider P3, has proven very successful and is now handling around 2,500 calls a month.

The hospital hub created last financial year in order to administer COVID-19 vaccinations to patients and staff has proven very effective.

Despite the reduced bed numbers owing to the pandemic, we have seen a significant reduction in inappropriate out of area adult acute placements.

Plans for eradication of dormitories

Work continues to progress on the modernisation of our adult acute inpatient wards in Derby and Chesterfield by replacing the existing dormitory provision with single en-suite bedrooms, which will have a positive impact on the patient experience.

Work also continues to progress on the creation of a Psychiatric Intensive Care Unit (PICU) for Derbyshire. This will enable patients to be cared for closer to their families and support networks. This is expected to be in place by 2024.

Staff feedback – survey results

62 percent of colleagues responded to the national survey, which was the highest ever response rate. Coming at the end of what was a really difficult year, this was a key achievement. The results were overwhelmingly positive when benchmarked against other similar organisations.

Plans for recovery

Owing to the further waves of the pandemic and the impact of the current wave on sickness absence, the COVID-19 Incident Management Team was reinstated and the Trust's roadmap out of lockdown was paused. As things improve the Trust will move towards increasing face to face contacts and a blended approach of home and base working.

Signed

Ifti Majid
Chief Executive

14 June 2022

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 Tissington ward, all at Kingsway Hospital. It also provides services locally across Derbyshire within community mental health teams and provides an intensive alternative to hospital admission through Dementia Rapid Response Teams (DRRT) and an 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 a rapid intervention support and empowerment (RISE) 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.
- **Neurodevelopmental Services**: this is a new division in development which provides autistic spectrum disorder assessment and learning disabilities services.

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

Colleagues and inpatients from Ward 1 move to Tissington House on Kingsway Hospital site

Many thanks to all colleagues on Ward 1 and others who helped make the service's move to Tissington House go so smoothly. Trust Chief Executive Ifti Majid is pictured with Lead Nurse Jill Smith in Tissington House when he popped in to welcome patients and colleagues and admire the new environment.

A lot of work went into making sure the new environment was suitable for our older adult patients who were well supported during the transfer and have settled in well to their new surroundings.

Colleagues on the team have praised all who have helped them with the move. Jill especially thanked the IT team who had been on hand to sort out internet difficulties.

The Trust is hoping to move towards starting a public consultation later in 2022 regarding this move being a permanent arrangement.

Our Green Plan

One of the key priorities in the 2021/22 NHS standard contract is to address the NHS's carbon footprint. In October 2021 the report 'Delivering a Net Zero National Health Service' was published outlining the steps Trusts are expected to take to achieve net zero carbon goals by 2040 and 2045.

In response to the report, we produced the Trust Green Plan 2022-2025 which was approved at Trust Board in November 2021. The Trust's Green Plan outlines our aims to be an environmentally friendly trust, creating a healthier environment through the sustainable development of trust services. Key to delivering these aims is:

- The embedding of opportunities in day to day activities and across the workforce to reduce both the carbon emissions we control and those we influence
- The building of environmental sustainability into planning and design processes for new and transformed services and estate
- The embedding of sustainable models of care and support in the local community, to be well-connected, healthy, resilient, independent, and managing their lives in a positive way
- The establishment of local and system level partnerships and collaboration, including patient groups, to help local communities improve the resilience of services and estate in response to environmental and climatic changes.

In the current cycle of the plan (2022-2025), in recognition of existing and planned work, particular consideration is given to:

- New buildings and transformation of existing estate in line with capital investment for inpatient services
- Ongoing development of the community mental health framework and its shaping of community service provision across all age groups
- Transformation of services and estate relating to lessons learned from the COVID-19 pandemic and advance of digital solutions and greater flexible working.

The Trust's Green Plan identifies nine areas of focus:

- Workforce and system leadership: looking at supporting staff to improve sustainability at work and home and empowering them to make sustainable choices
- Sustainable models of care: being mindful of social, environmental and financial impact of our activities
- Digital transformation: exploring digital solutions and alternatives within clinical and operational practice to reduce carbon emissions
- Travel and transport: to encourage sustainable and active travel wherever possible and to reduce the carbon and air quality impacts of our organisation and internal supply chain
- Estates and facilities: considering capital projects, asset management and utilities, and green space and biodiversity
- Medicines: seeking reduced waste linked to non-used and dispensed medicines, and supporting system partners in the reduced use of anaesthetic gases and metered dose inhalers
- Supply chain procurement: focusing on green energy, reduced paper/use of recycled paper and product categories that contribute to reducing carbon emissions
- Food and nutrition: with particular focus on minimising waste
- Adaptation: ensuring our organisation is prepared to deal with the effects of climate change, particularly extreme weather events, and continue to invest in adaptation and mitigation measures.

Delivery of the Green Plan is through a programme of work identified by each of the nine programme streams. This is currently in formation in Quarter 1 2022/2023 and will have identified leads for each stream, reporting into a programme lead.

It is led by a designated board level net zero lead which is our Chief Operating Officer, Ade Odunlade. It is supported by professional leadership from Andy Donoghue, Associate Director of Estates, and Joe Wileman, Head of Programme Delivery. Progress against the plan is reported quarterly to NHSEI and the ICS, and Trust Board annually.

The ICS have in early 2022 also produced a system level Green Plan which has been informed by, and aligns with, our Trust Green Plan, along with those of our system partners. It is scheduled for respective Trust Board's approval in Quarter 1 of 2022/23 and has an additional action plan and governance reporting requirement. We continue to work closely with our system partners in the delivery of our own and collective Green Plan aims.

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:

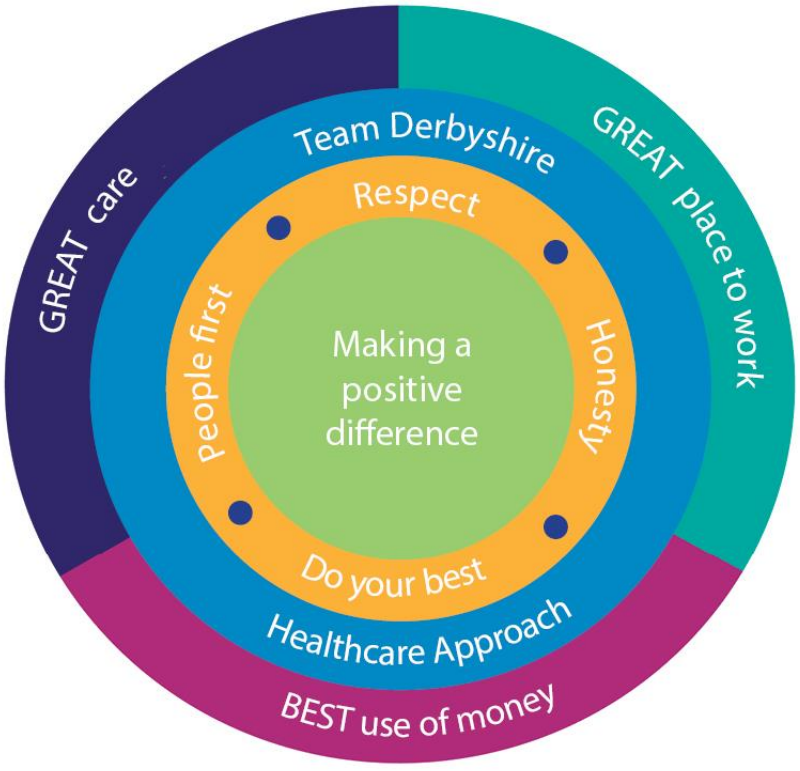
People first – We focus on our colleagues, in the knowledge that a well-supported, engaged and empowered workforce results in good patient care

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

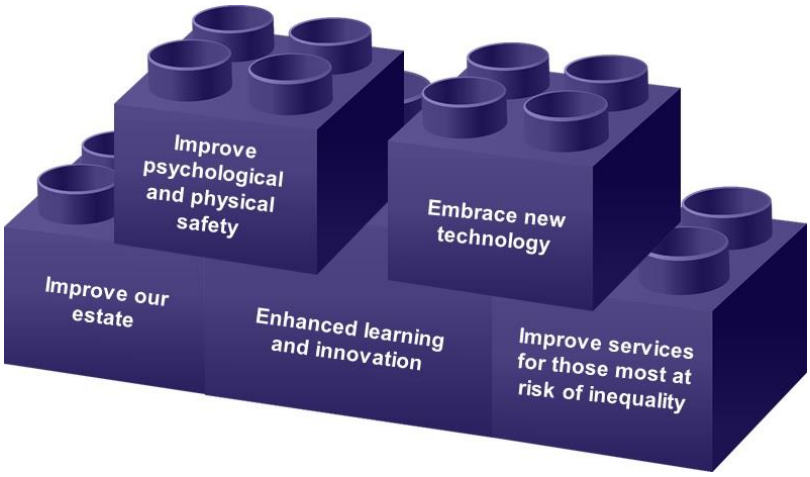
Always striving for best value by finding ways to make our money go further.

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.

The Trust started its latest refresh of its strategy in January 2022, with a draft being presented to the Trust Board in March. Stakeholders and partner organisations across Derbyshire are currently being engaged with on this draft to get their views. This process is also being undertaken with all trust colleagues and staff networks. Following this engagement work, a final refreshed version of the Strategy will be agreed by the Trust Board later in 2022.

Significant governance and regulatory events during the year

As in the previous financial year, we have flexed our governance structures to maintain a well led organisation with robust governance in the context the on-going challenges presented by COVID-19. 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) specifically the guidance on "Reducing burden and releasing capacity at NHS providers and commissioners to manage the COVID-19 pandemic".

Examples of how we adapted out processes included:

Trust Board and Board Committees – we have continued to work under emergency Terms of Reference giving flexibility on quorum and membership. Agendas were refocused 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 2021/22. Meetings and briefings have continued virtually. The Trust's governors have expressed their gratitude for keeping them involved and informed. Key communications with governors have included regular briefs, 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 2021 Annual Members Meeting (AMM) was held as a virtual meeting. The 2022 Governor Elections were successfully held, with new governors joining us in March 2022.

Financial Governance – for most of the year, a tailored set of Standing Financial Instruction (SFI) were in place to enable the Incident Management Team (IMT) to act under emergency powers of decision-making for revenue and capital accounting. The ordinary SFIs are now in place and the Audit and Risk Committee continues to receive an oversight of decision-making processes.

Changes to the Board of Directors

Executive Directors
Mark Powell, Chief Operating Officer left the Trust on 13 April 2021 and was replaced by Ade Odunlade who joined us on 5 July 2021. Lee Doyle, Acting Director of Operations took on additional duties during the interim period, including attending Board meetings.

Early in 2022, Gareth Harry, Director of Business Improvement and Transformation, announced he was leaving the Trust to take up a new role with NHS England. Gareth will be leaving the Trust on 31 May 2022. Vikki Ashton Taylor will replace him as Director of Strategy, Partnerships and Transformation, taking up this role on 1 June 2022.

The Trust Chair and Non-Executive Directors (NEDs)
The Council of Governors appointed Selina Ullah as Trust Chair for a three year term of office. Selina took up her role on 14 September 2021, following the retirement of Caroline Maley on 13 September. Julia Tabreham (NED) retired early from her post on 19 December 2021. Deborah Good was appointed to the vacancy and started her three year term of office on 1 March 2022.

Early in 2022, the Governors Nominations and Remuneration Committee commenced a recruitment process to appoint two new NEDs to replace Richard Wright and Margaret Gildea who will be leaving the Trust at the end of June 2022 to take up their roles as Non -Executive Members on the Derbyshire Integrated Care Board (ICB).

Going concern disclosure
The Trust accounts, starting at page 149, 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 2021/22 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*."

Autism bags provided by the Trust

During Autism Awareness Week (29 March – 4 April 2021), we drew colleagues' attention to the Autism bags that the Trust is able to supply.

These bags include a range of items to support people who are on the autism spectrum, including distraction or fidget toys and a sunflower lanyard. Trust volunteer and EQUAL forum member Noel O'Sullivan is pictured with some of the bags that are ready to be sent out.

Bags can be placed in waiting rooms for use by service users.

Performance Analysis – 2021/22

Measuring performance
The Trust measures its performance using a range of online dashboards and reports that are linked to the electronic patient records and updated daily overnight.

The Trust Board meets every two months and is presented with an integrated performance report which highlights any issues impacting on performance concerning operational services, people services, finance and quality. The report provides assurance of actions being taken to mitigate these issues. Data is presented in statistical process control format which provides assurance and enables measurement for improvement. In addition, each operational division is subject to regular reviews of performance at a divisional level, led by the Chief Operating Officer.

The Trust continues to be an active member of the NHS Benchmarking Network and to participate in regular national projects which enable benchmarking with other similar organisations. The Trust also accesses and analyses national data for benchmarking purposes in order for comparisons to be made in key areas.

Performance monitoring
The Trust's performance is monitored against a wide range of local and national standards and targets, including:

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

In Operational Services the Trust has performance management structures in place to enable performance monitoring at all levels of the organisation, which is overseen by the Clinical and Operational Assurance Team at monthly meetings. The remit of the meeting is to oversee performance and quality in the seven operational divisions and lead on performance and quality improvement.

Each operational division has a performance review at which a detailed overview of quality and operational performance is presented by clinical and operational staff to very senior management including the Chief Operating Officer and Executive Director of Nursing and Patient Experience. This forum provides the divisions with the opportunity to escalate issues they need help with to resolve, and enables positive challenge and confirmation by senior management.

The Trust Board also receives patient stories, which provide direct feedback of patient experience of services and allows Board members to identify any areas for improvement or areas of excellent practice.

Public Health commissioned contracts are monitored via quarterly performance review meetings with commissioners.

NHS England (NHSE) monitor performance against the specialised services contractual targets and standards which cover perinatal inpatients at quarterly Derbyshire contract review meetings. The Care Quality Commission (CQC) and NHS Improvement (NHSI) continue to monitor performance.

The Annual Governance Statement, on page 137 of this Annual Report outlines how the Trust manages its key risks.

Performance Overview and key themes in Trust performance 2021/22
There have been a number of challenges faced by the Trust this financial year. COVID-19 has continued to have an impact. The key areas were as follows:

Inappropriate out of area placements in adult acute beds: significant work has been undertaken since April 2021. This eliminated the need for out of area acute placements, however, there have been a small number of placements owing to a reduction in Trust bed numbers as a result of supporting wider system needs, coupled with the pandemic necessitating a reduced bed base for infection prevention and control reasons.

Inappropriate out of area placements in psychiatric intensive care units (PICU): there is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area. However, work is in progress towards a new build PICU provision in Derbyshire, which is expected to be completed in 2024.

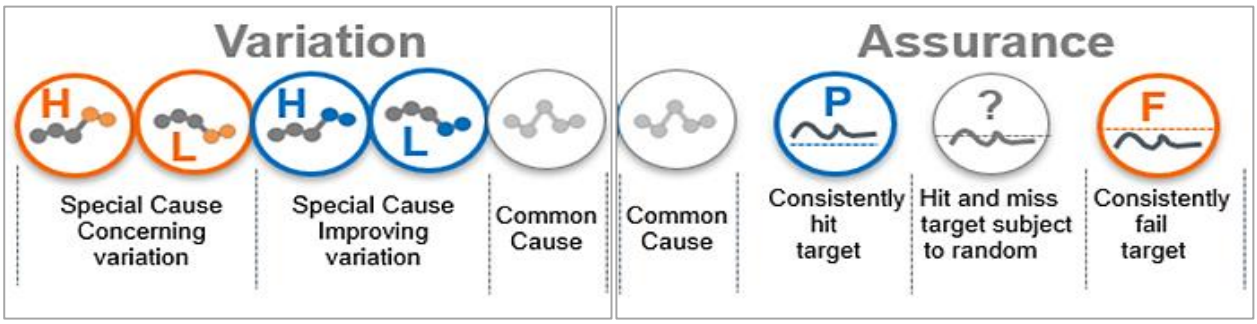
Waiting list for adult autistic spectrum disorder (ASD) assessment: the average wait is currently 70 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is a change to investment in the service, as demand for the service far outstrips commissioned capacity. The team continues to receive around 66 new referrals per month but is commissioned to undertake 26 assessments per month. In March 2022 there are currently over 1,500 people waiting for adult ASD assessment, which is an increase of 60% over the last two years.

Waiting list for psychology: the average wait to be seen has remained significantly high and in the months up to the end of March 2022, was around 46 weeks. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. The number of people waiting continues to gradually reduce. Investment has been made into the service equating to an increase by 18% of funded whole time equivalent posts since December 2020. Recruitment to a number of vacant and part-time posts across adult services is progressing.

Waiting list for Child and Adolescent Mental Health Services (CAMHS): a waiting list initiative in September and October 2021 resulted in a significant reduction in waiting times. Following the initiative, the number of children waiting has been gradually increasing.

Waiting list for community paediatrics: there continues to be a steady rise in waiting times for referral to treatment in community paediatrics.

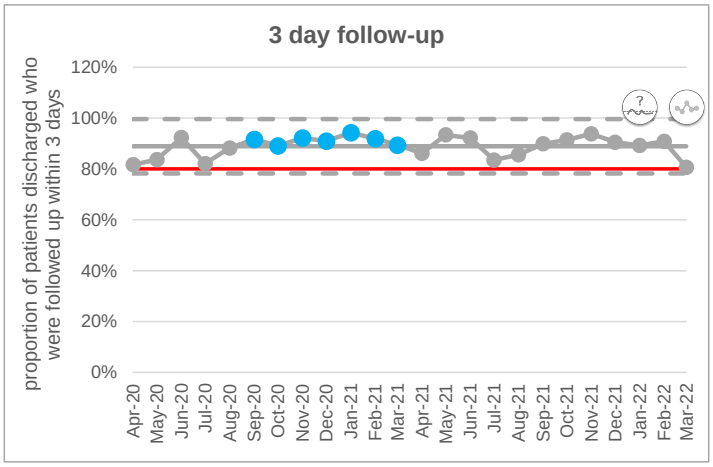
Key to the symbols on the charts below:



Blue dots indicate special cause variation, better than expected. Orange dots indicate special cause variation, worse than expected.

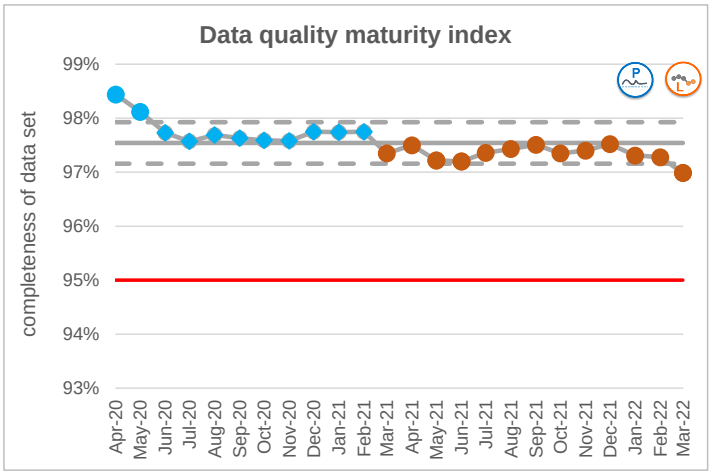
Three-day follow-up of all discharged inpatients

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. The national standard for follow-up which came into effect from 1 April 2020 has been exceeded throughout the 24-month period.



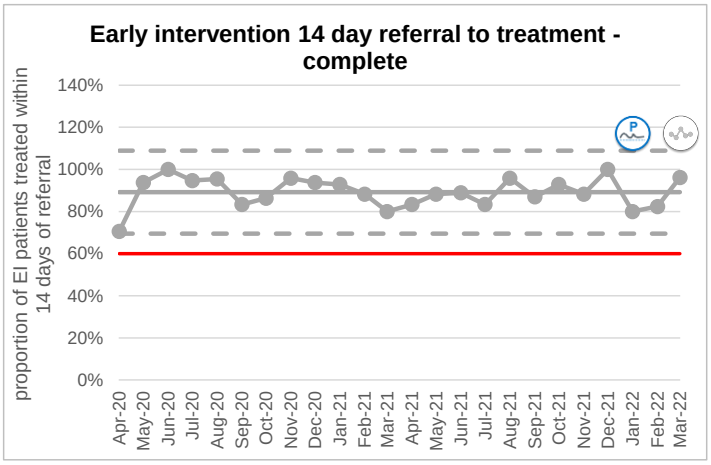
Data quality maturity index

Although statistically our level of data quality has been significantly lower than expected for the last 13 months, it continues to be at a high level when benchmarked with other Trusts and we would expect to consistently exceed the national target.



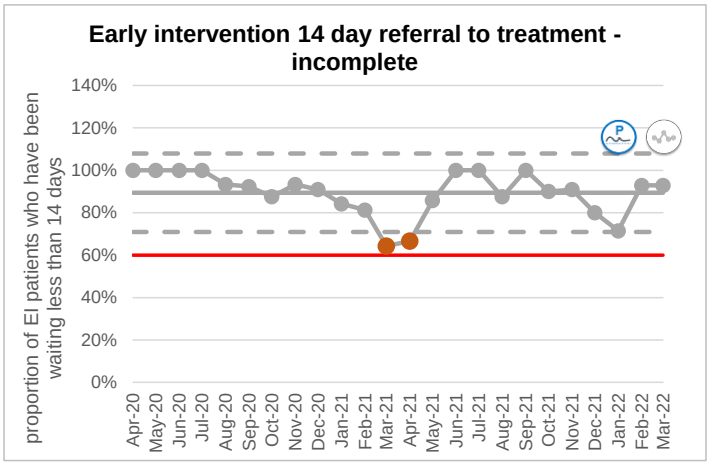
Early intervention 14-day referral to treatment

Patients with early onset psychosis are continuing to receive very timely access to the treatment they need.



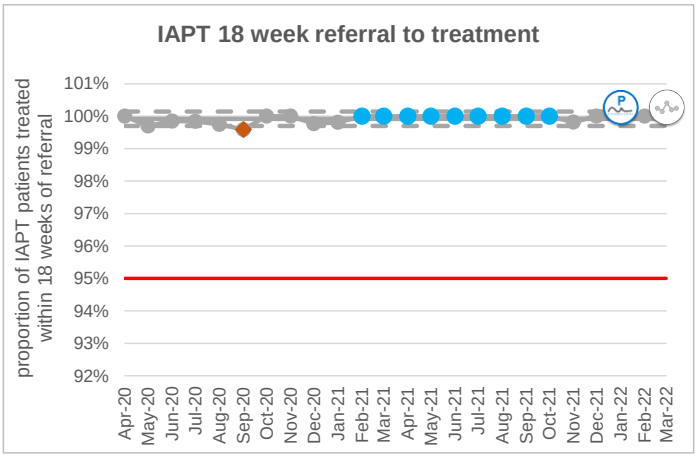
Early intervention 14-day referral to treatment – incomplete (people currently waiting to be seen)

The service continues to exceed the national 14-day referral to treatment standard of 60% or more people on the waiting list to be have been waiting no more than two weeks to be seen.



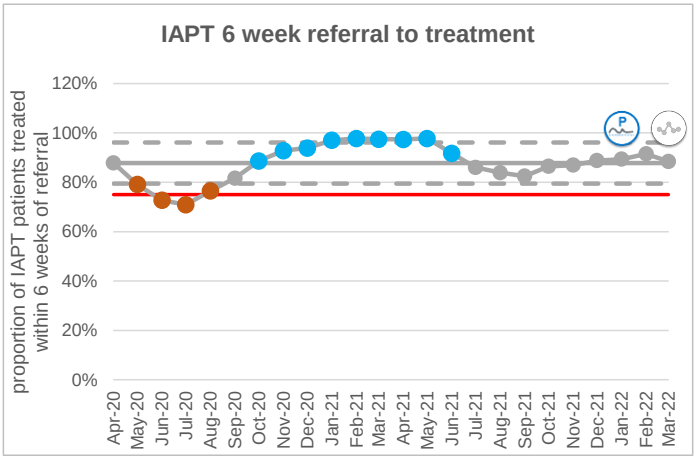
Improving Access to Psychological Therapies (IAPT) 18-week referral to treatment

This is an example of a very tightly controlled process and we would expect to consistently exceed the 95% standard.



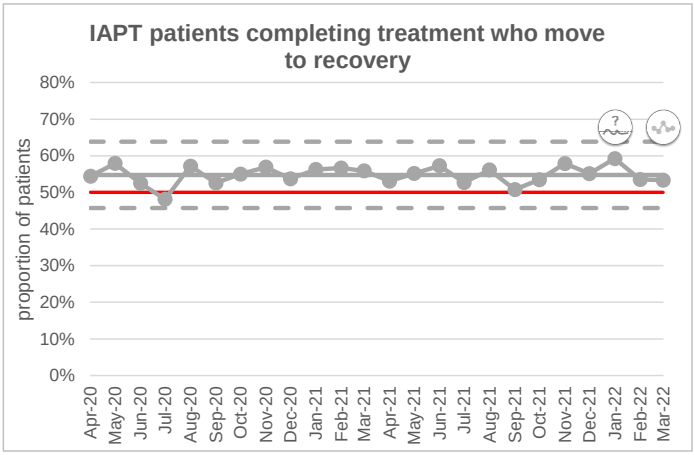
IAPT six-week referral to treatment

Following a period of special cause concerning variation as a result of staff being redeployed to support other services as the pandemic progressed, the staff returned to their posts in IAPT and from that point the national standard has been achieved once more.



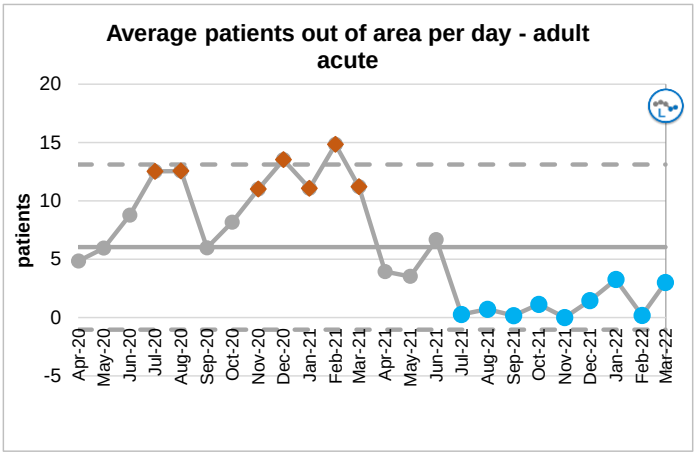
IAPT patients completing treatment who move to recovery

This is an annual target and year to date we are exceeding target. For the past 20 months the national standard has been achieved, with common cause variation seen throughout the data period.



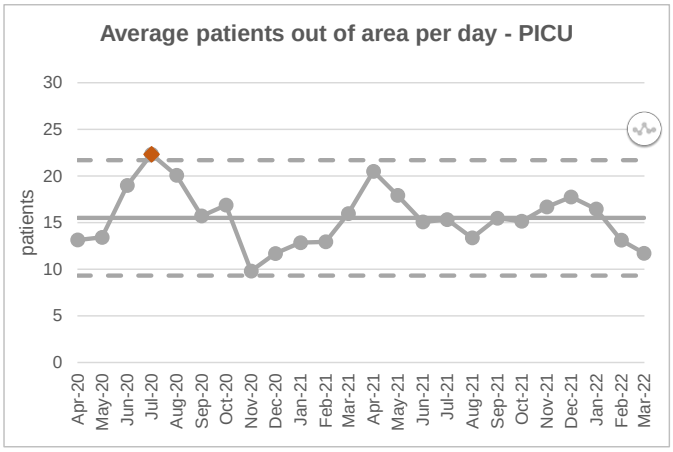
Average number of patients placed out of area per day – adult acute

The significant reduction in inappropriate out of area placements has been difficult to maintain during the most recent spike in the COVID-19 pandemic. Given our significant dormitory bed base and the requirement to ensure social distancing and effective and safe cohorting arrangements, it has resulted in a temporary increase in inappropriate out of area bed use. A number of actions have been put in place and it is expected that this will reduce over the coming weeks as the impact of this wave of the pandemic subsides.



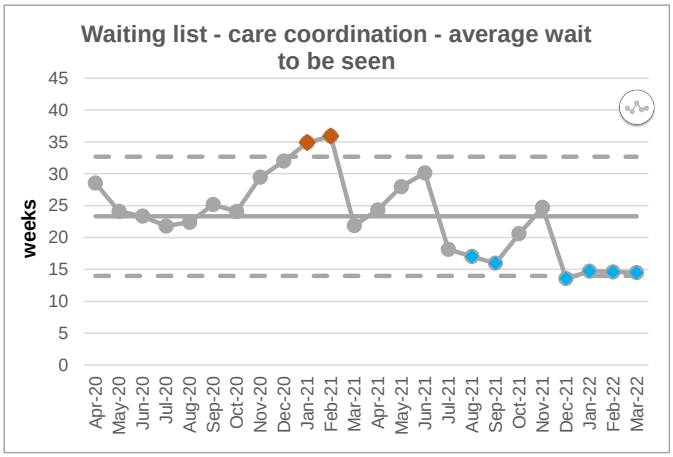
Average number of patients placed out of area per day – Psychiatric Intensive Care Units

Out of area Psychiatric Intensive Care Units (PICU) usage has remained within common cause variation for the last 18 months. There is no local PICU so anyone needing psychiatric intensive care needs to be placed out of area, however, work is in progress towards a new build PICU provision in Derbyshire.



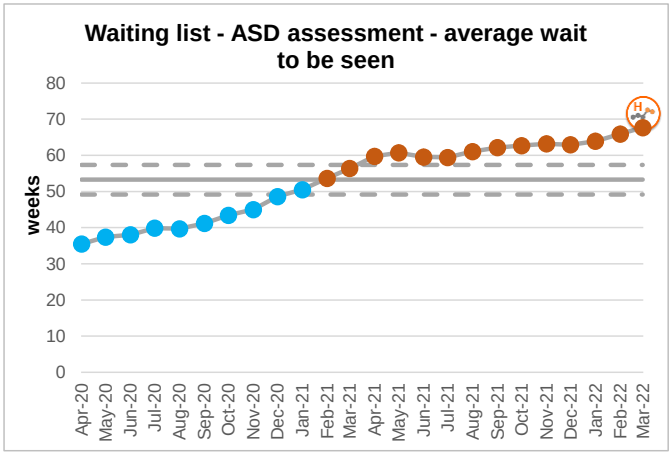
Waiting list for care coordination – average wait

The average wait to be seen has remained significantly low over the last 11 months.



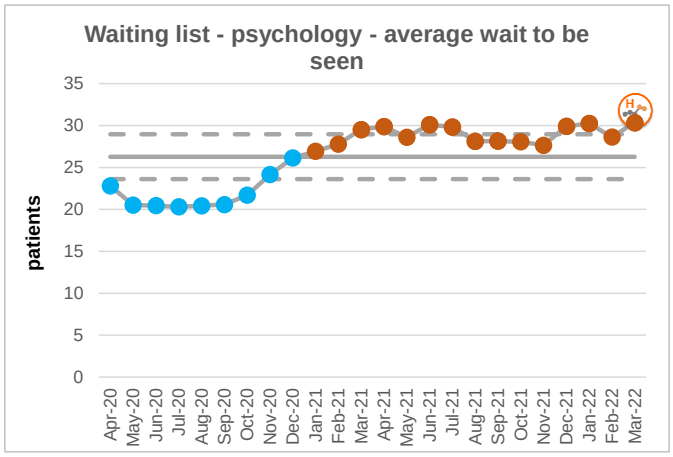
Waiting list for adult autistic spectrum disorder (ASD) assessment – average wait

The average wait is currently 70 weeks and the longest wait is over 3½ years. The situation is likely to continue to worsen until there is an increase to investment in the service, as demand for the service far outstrips commissioned capacity.



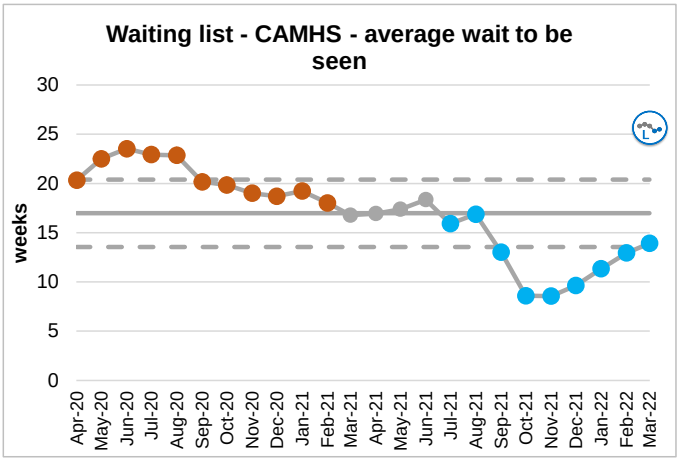
Waiting list for psychology – average wait

The average wait to be seen has remained significantly high in recent months at around 46 weeks. Many patients are still waiting owing to the pandemic and a personal preference to be seen face to face as opposed to by video call. Referrals remain steady, averaging 89 per month.



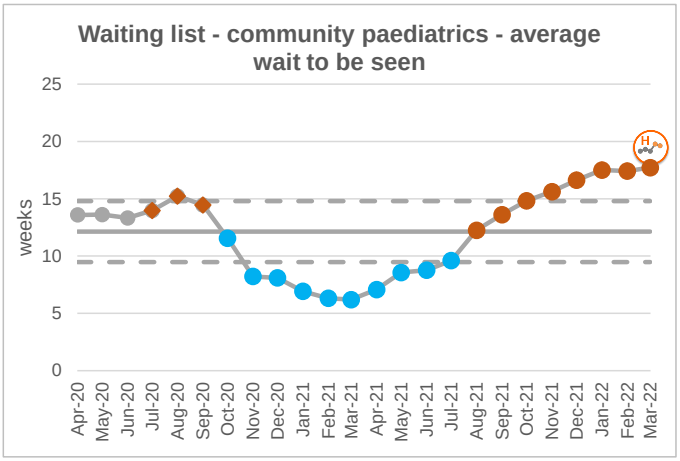
Waiting list for Child and Adolescent Mental Health Services (CAMHS) – average wait

The current trend and volume of referrals received is not sustainable, therefore a review of the operating model of the service is in progress. Initial plans discussed within CAMHS senior leadership have proposed removing the function of case management from the service, to enable ASIST clinicians to focus solely on assessments. This would give the practitioners capacity to assess in excess of 1800 people a year, which would be in line with demand.



Waiting list for community paediatrics – average wait

We continue to see a steady rise in waiting times for referral to treatment in community paediatrics. We have plans to further review the whole medical structure: what is working well, where the gaps are and where we need more support. Review of the referral pathways and website is ongoing. We hope to improve the experience for children, families, carers, and professionals who access our services.



Cubley Court Colleagues

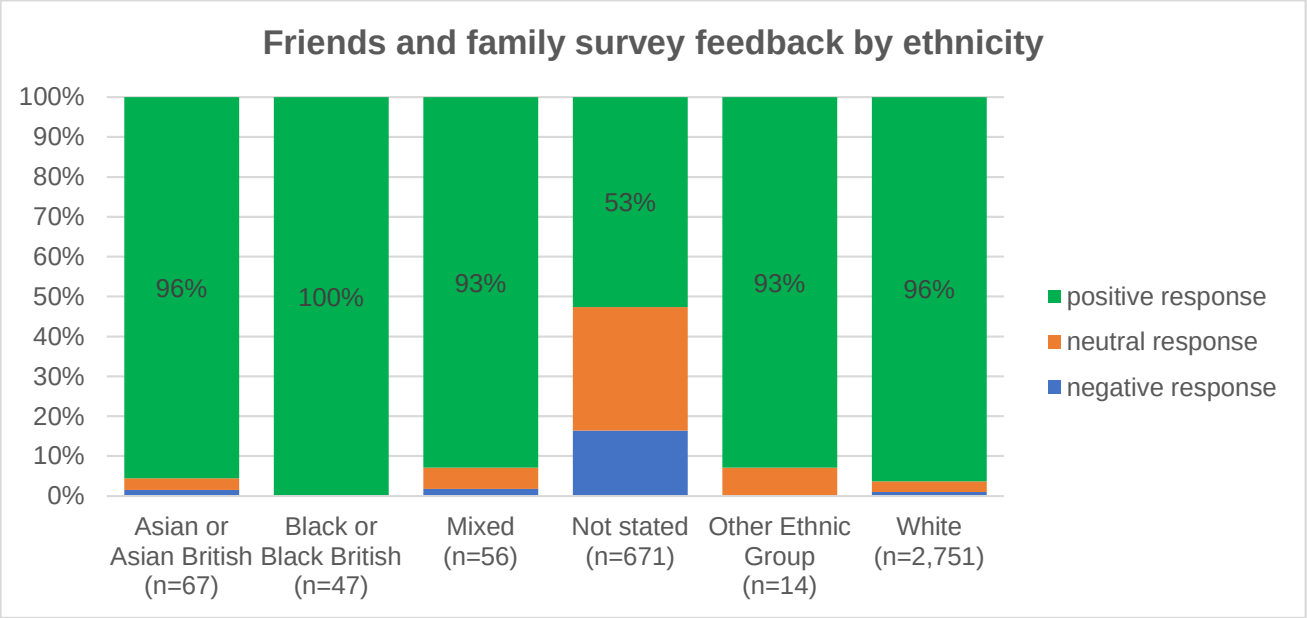
Colleagues at Cubley Court proudly show off their mugs (and sweets) – a gift form Senior Nurses Joanne Broome and Cherry Whiteman to the team for their amazing performance in the Trust's HEARTS awards 2021.

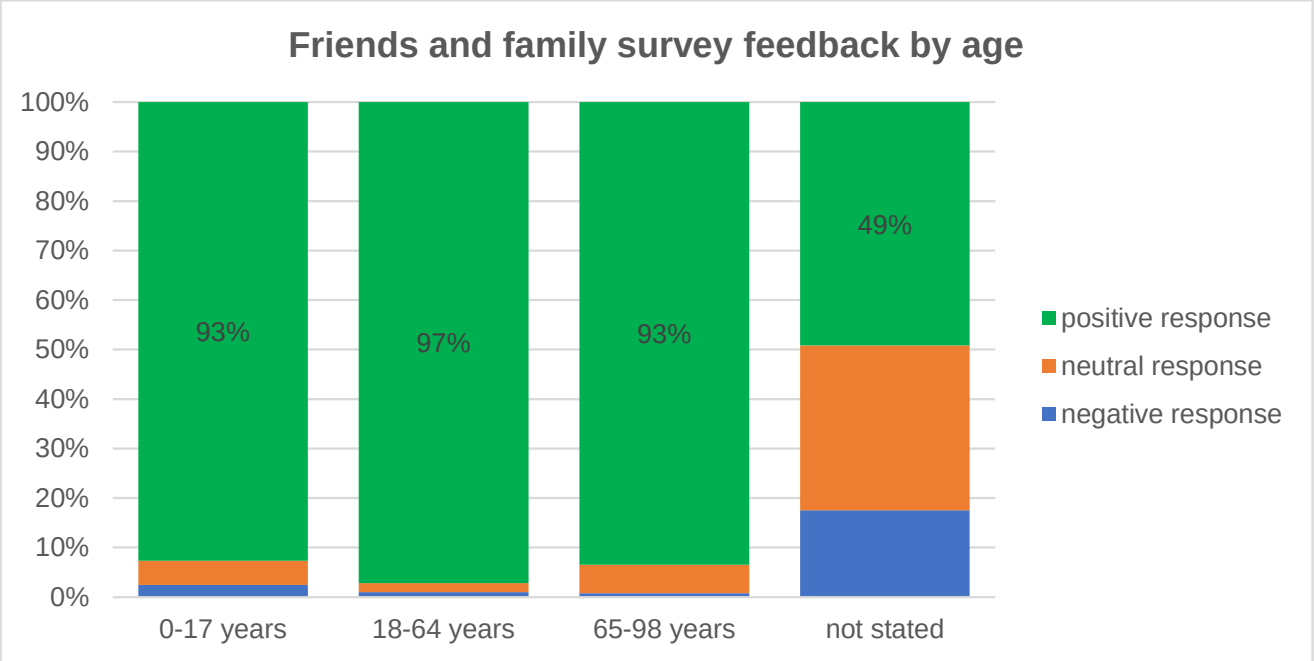
The team at Cubley Court was a popular winner of the Acute team of the Year as this summer's HEARTS awards. Because the event was held virtually, Jo and Cherry wanted to recognise the contribution of the staff, so they ordered them all a special mug to commemorate the occasion – and filled them with a sweet treat (see inset picture). Cherry said: "Colleagues on the Cubley Court team do a great job in really difficult circumstance and it has been made even harder during the COVID-19 pandemic. I just wanted to recognise their achievement and say thank you."

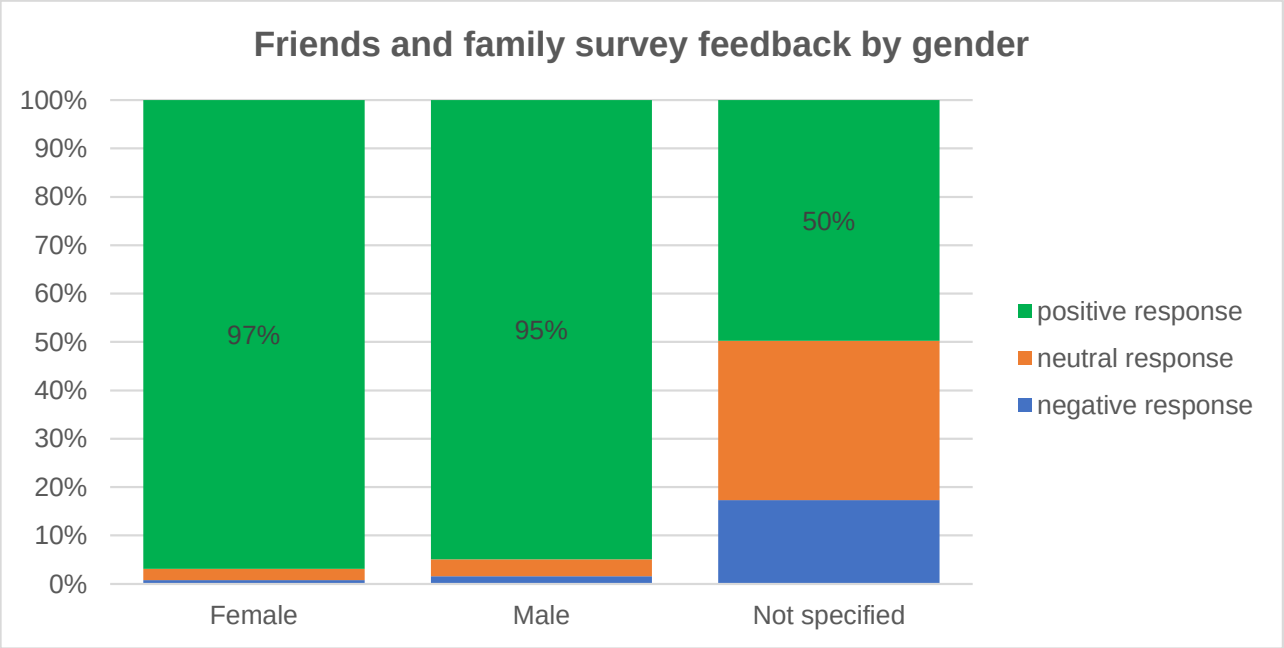
Promotion of equality of service delivery:

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 2021/22 financial year were as follows:







Performance against equality of service delivery Key Performance Indicators (KPIs) and metrics

In this second challenging year of the pandemic, we have continued to ensure the safety of our patients through adaptations of service provision. Clinical assessment has been made of all inpatients. Individuals from black and minority ethnic backgrounds and who had underlying health conditions or were shielding were provided with additional support. All shielding inpatients and inpatients with vulnerabilities, including Asthma, have been cared for in protected areas away from direct admissions. In addition, all shielded patients in the community were offered additional support from our mental health and community health teams and were also provided with information on the 24/7 mental health helpline.

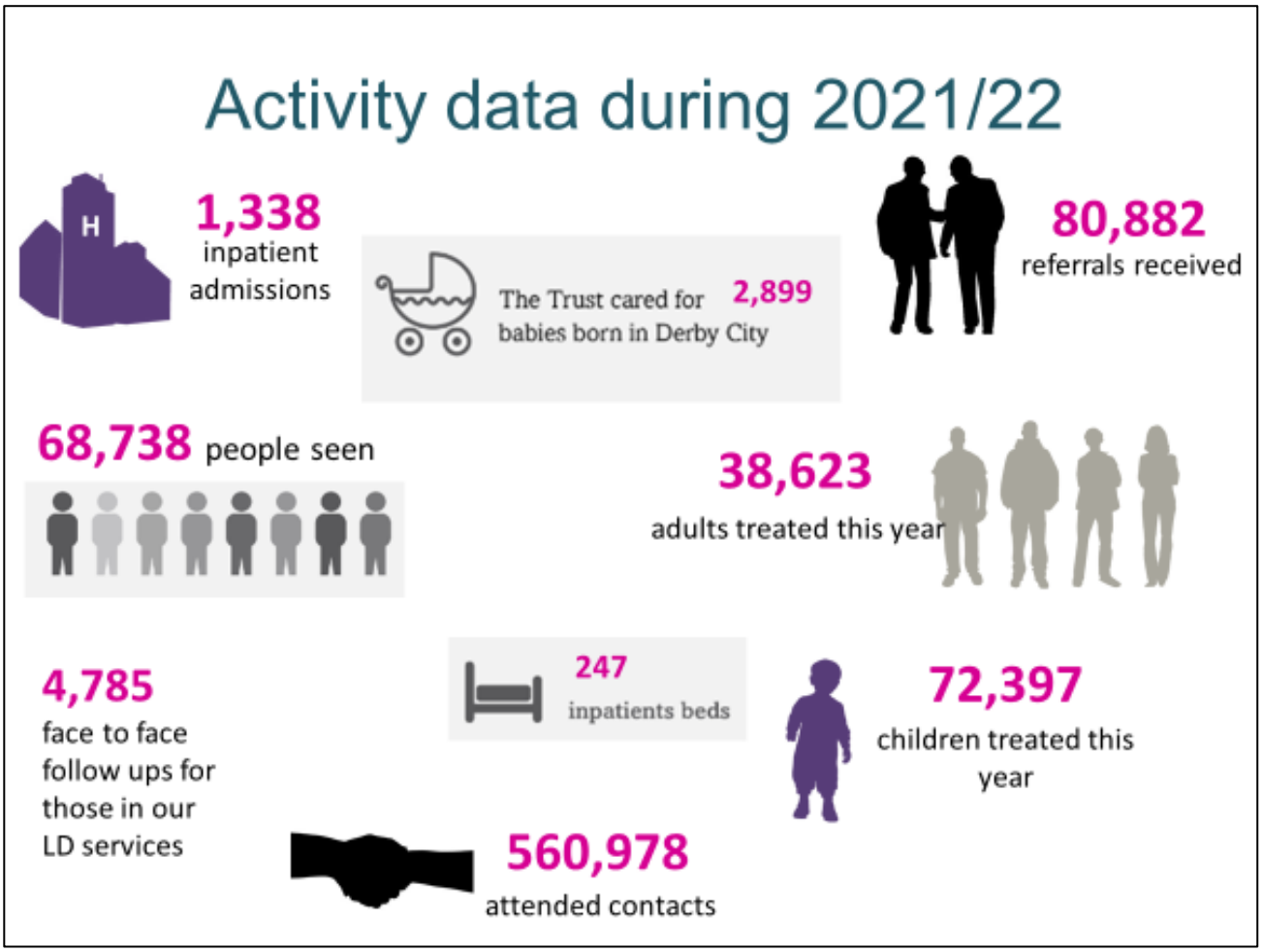
In all of our community services we have continued to offer appointments by video, using *Attend Anywhere*, by telephone and also through face to face visits. This flexible approach has had a positive impact as it has enabled maintenance of contact and level of interventions during the pandemic.

Clinically our mental health and learning disabilities services have remained busy and have continued to be operational. Our substance misuse services have continued to provide a full service and have experienced an increase in referrals and access related to alcohol and substance misuse. Our child health services – health visiting, safeguarding and child protection medical services have continued to operate normally.

Explanations of activities the Trust is undertaking to promote equality of service delivery

The Trust operates on a person-centred care planning basis. Each person is treated as an individual and their care plan takes into account all of their individual needs, which by default encapsulates equality of service delivery. Through the use of person-centred care planning, the Trust ensures that all patients are informed and supported to be as involved as they wish to be in decisions about their care. A care plan is devised jointly with the patient, unless they are unwilling or unable to be involved. 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 to enable participation in the production of the care plan.

Snapshot of activity



Carers Week: 7 – 14 June 2021

This year the national theme was 'making carers visible and valued'.

This year, carers across the country are continuing to face new challenges as a result of the COVID-19 pandemic.

Many people are taking on more caring responsibilities for their relatives and friends who are disabled, ill or older and who need support.

Carers Week helps people who don't think of themselves as having caring responsibilities to identify as carers and access much needed support. There is a range of events and activities planned in Derbyshire and Derby to celebrate the week and raise awareness.

Operational performance summary

Trust performance is measured against a number of national and local indicators and standards. The performance measures considered key by the organisation are summarised below:

a) NHS System Oversight Framework

The most pertinent indicators for the Trust where data is currently available are as follows:

Indicator	Trust Position	National Average
Proportion of outpatient activity delivered remotely via telephone or video consultation	53%	-
Overall CQC rating (provision of high-quality care)	Good	-
Acting to improve safety (safety culture in NHS staff survey)	6.6	6.2
National patient safety alerts not completed by deadline	0	-
Proportions of patient activities with an ethnicity code	90.8%	84.8%
Quality of leadership – CQC leadership rating	Good	-
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from (a) managers	7.1%	8.9%
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from (b) other colleagues	14.2%	14.6%
Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from (c) patients/service users, their relatives or other members of the public in the last 12 months	24.5%	27.2%
Proportion of people who report that in the last three months they have come to work despite not feeling well enough to perform their duties	46.5%	52.6%
Percentage of staff who say they are satisfied or very satisfied with the opportunities for flexible working patterns	70.4%	65.4%
Staff retention rate (all staff) (stability index)	88.2%	84.3%
Sickness absence (working days lost to absence)	5.8%	4.8%
Proportion of staff who say they have a positive experience of engagement (out of 10)	7.3	7
Number of people working in the NHS who have had a flu vaccination	71.8%	76.5%
Proportion of staff in senior leadership roles who are (a) from a Black, Asian and Minority Ethnic (BME) background	13.3%	12.6%
Proportion of staff in senior leadership roles who are (b) women	53%	45.9%
Proportion of staff who agree that their organisation acts fairly with regard to career progression/promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age	89.3%	86.1%

b) NHS Improvement (NHSI) Oversight Framework 2019/20

During this financial year the NHSI Oversight Framework 2019/20 was replaced by the NHS System Oversight Framework 2021/22[1]. This new framework is used by NHS England and NHS Improvement's regional teams to guide oversight of integrated care systems. However, the Trust has continued to monitor its performance against the 2019/20 trust level indicators, as follows:

	Target	Apr-21		May-21		Jun-21		Jul-21	
NHSI Oversight Framework									
3 Day Follow Up – All Inpatients	80%	101	86%	91	93%	104	92%	91	84%
Data Quality Maturity Index (DQMI)	95%	1,241,621	95%	1,243,490	95%	1,269,789	95%	1,260,777	96%
IAPT Referral to Treatment within 18 weeks	95%	534	100%	487	100%	546	100%	515	100%
IAPT Referral to Treatment within 6 weeks	75%	534	97%	487	98%	546	92%	515	86%
EIP RTT Within 14 Days - Complete	60%	12	83%	17	88%	18	89%	18	83%
EIP RTT Within 14 Days - Incomplete	60%	12	67%	7	86%	10	100%	11	100%
Patients Open to Trust In Employment	N/A	15,898	16%	16,042	16%	16,215	15%	16,389	15%
Patients Open to Trust In Settled Accommodation	N/A	15,898	64%	16,042	62%	16,215	62%	16,389	61%
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%	520	53%	464	55%	522	57%	499	53%
Out of Area - Number of Patients Non PICU	N/A	13	N/A	8	N/A	14	N/A	2	N/A
Out of Area - Number of Patients PICU	N/A	31	N/A	27	N/A	22	N/A	23	N/A
Out of Area - Average Per Day Non PICU	N/A	3.93	N/A	3.52	N/A	6.67	N/A	0.26	N/A
Out of Area - Average Per Day PICU	N/A	20.50	N/A	17.90	N/A	15.07	N/A	15.32	N/A
	Target	Aug-21		Sep-21		Oct-21		Nov-21	
NHSI Oversight Framework									
3 Day Follow Up – All Inpatients	80%	111	86%	109	90%	93	91%	97	94%
Data Quality Maturity Index (DQMI)	95%	1,249,079	96%	1,278,875	96%	1,277,648	96%	1,304,288	96%
IAPT Referral to Treatment within 18 weeks	95%	490	100%	537	100%	495	100%	551	100%
IAPT Referral to Treatment within 6 weeks	75%	490	84%	537	83%	495	86%	551	87%
EIP RTT Within 14 Days - Complete	60%	24	96%	24	88%	14	93%	17	88%
EIP RTT Within 14 Days - Incomplete	60%	8	88%	5	100%	10	90%	11	91%
Patients Open to Trust In Employment	N/A	16,476	15%	16,721	15%	16,562	15%	16,519	15%
Patients Open to Trust In Settled Accommodation	N/A	16,476	60%	16,721	60%	16,562	59%	16,519	59%
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%	458	56%	512	51%	477	53%	520	58%
Out of Area - Number of Patients Non PICU	N/A	2	N/A	1	N/A	4	N/A	0	N/A
Out of Area - Number of Patients PICU	N/A	24	N/A	25	N/A	25	N/A	26	N/A
Out of Area - Average Per Day Non PICU	N/A	0.71	N/A	0.17	N/A	1.13	N/A	0.00	N/A
Out of Area - Average Per Day PICU	N/A	13.35	N/A	15.47	N/A	15.13	N/A	16.67	N/A
	Target	Dec-21		Jan-22		Feb-22		Mar-22	
NHSI Oversight Framework									
3 Day Follow Up – All Inpatients	80%	95	91%	94	88%	87	91%	87	82%
Data Quality Maturity Index (DQMI)	95%	1,290,083	96%	1,315,525	97%	1,385,594	97%	1,452,829	97%
IAPT Referral to Treatment within 18 weeks	95%	464	100%	488	100%	496	100%	580	100%
IAPT Referral to Treatment within 6 weeks	75%	464	89%	488	89%	496	92%	580	88%
EIP RTT Within 14 Days - Complete	60%	18	100%	15	80%	17	82%	27	100%
EIP RTT Within 14 Days - Incomplete	60%	10	80%	14	71%	14	93%	15	93%
Patients Open to Trust In Employment	N/A	16,414	15%	16,496	15%	16,572	15%	16,775	15%
Patients Open to Trust In Settled Accommodation	N/A	16,414	59%	16,496	59%	16,572	58%	16,775	57%
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%	448	55%	465	59%	468	53%	555	53%
Out of Area - Number of Patients Non PICU	N/A	5	N/A	7	N/A	2	N/A	10	N/A
Out of Area - Number of Patients PICU	N/A	28	N/A	26	N/A	18	N/A	19	N/A
Out of Area - Average Per Day Non PICU	N/A	1.45	N/A	3.26	N/A	0.18	N/A	2.94	N/A
Out of Area - Average Per Day PICU	N/A	17.74	N/A	16.45	N/A	13.11	N/A	11.81	N/A

All NHSI oversight framework targets have been achieved throughout the year.

[1] https://www.england.nhs.uk/publication/system-oversight-framework-2021-22/

c) Contractual targets

Main Contract

The following measures form part of the Trust's contract with NHS Derby and Derbyshire Clinical Commissioning Group:

	Target	Apr-21		May-21		Jun-21		Jul-21	
Locally Agreed									
CPA Settled Accommodation	90%	1,940	84%	1,927	83%	1,980	82%	1,886	80%
CPA Employment Status	90%	1,655	78%	1,642	77%	1,695	76%	1,642	76%
Patients Clustered not Breaching Today	80%	12,433	51%	12,297	52%	12,098	52%	11,856	51%
Patients Clustered Regardless of Review Dates	96%	14,087	88%	13,971	88%	13,862	87%	13,727	86%
CPA 3 Day Follow Up	80%	39	87%	35	97%	51	96%	48	85%
Ethnicity Coding	90%	23,579	95%	23,812	94%	24,210	94%	24,591	93%
NHS Number	99%	5,788	100%	11,712	100%	18,119	100%	24,097	100%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	1,940	89%	1,927	92%	1,980	92%	1,886	91%
Clostridium Difficile Incidents	<7	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	3	N/A	0	N/A	0	N/A	0	N/A

	Target	Aug-21		Sep-21		Oct-21		Nov-21	
Locally Agreed									
CPA Settled Accommodation	90%	1,887	79%	1,869	79%	1,826	78%	1,818	77%
CPA Employment Status	90%	1,643	75%	1,633	74%	1,585	74%	1,586	73%
Patients Clustered not Breaching Today	80%	11,719	50%	11,734	50%	11,652	49%	11,679	49%
Patients Clustered Regardless of Review Dates	96%	13,642	86%	13,746	85%	13,756	85%	13,880	84%
CPA 3 Day Follow Up	80%	56	84%	48	90%	46	93%	54	93%
Ethnicity Coding	90%	24,640	93%	24,932	93%	24,670	93%	24,766	93%
NHS Number	99%	28,966	100%	35,045	100%	41,043	100%	47,444	100%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	1,887	91%	1,869	91%	1,826	92%	1,818	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	0	N/A	2	N/A	1	N/A	1	N/A

	Target	Dec-21		Jan-22		Feb-22		Mar-22	
Locally Agreed									
CPA Settled Accommodation	90%	1,756	77%	1,753	76%	1,733	76%	1,729	75%
CPA Employment Status	90%	1,533	72%	1,520	72%	1,495	72%	1,496	72%
Patients Clustered not Breaching Today	80%	11,465	48%	11,483	48%	11,470	49%	11,540	50%
Patients Clustered Regardless of Review Dates	96%	13,764	83%	13,940	82%	14,050	82%	14,253	81%
CPA 3 Day Follow Up	80%	62	87%	38	84%	40	93%	51	84%
Ethnicity Coding	90%	24,594	93%	24,765	92%	24,864	92%	25,268	91%
NHS Number	99%	52,450	100%	58,163	100%	63,640	100%	69,604	100%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	1,756	94%	1,753	95%	1,733	95%	1,729	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	0	N/A	0	N/A	0	N/A	0	N/A

	Target	Apr-21		May-21		Jun-21		Jul-21	
Schedule 6 Contract									
Consultant Outpatient Appointments Trust Cancellations	5%	3,919	5%	4,348	4%	4,799	7%	4,512	7%
Consultant Outpatient Appointments DNAs	15%	3,301	11%	3,674	11%	3,958	13%	3,661	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%	1,867	69%	2,149	74%	1,858	72%	1,632	60%
Inpatient 28 Day Readmissions	10%	108	8%	99	4%	115	10%	105	3%
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%	108	86%	99	92%	115	87%	102	91%
Delayed Transfers of Care	3.5%	390	0.0%	386	0.4%	449	0.5%	391	1.0%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	750	97%	797	94%	850	91%	937	83%

	Target	Aug-21		Sep-21		Oct-21		Nov-21	
Schedule 6 Contract									
Consultant Outpatient Appointments Trust Cancellations	5%	3,723	7%	4,772	8%	4,761	8%	5,132	8%
Consultant Outpatient Appointments DNAs	15%	2,947	13%	3,761	13%	3,844	12%	4,119	12%
Under 18 Admissions To Adult Inpatient Facilities	0	0	N/A	1	N/A	0	N/A	0	N/A
Outpatient Letters Sent in 7 Days	90%	1,263	71%	1,673	61%	1,715	63%	1,809	66%
Inpatient 28 Day Readmissions	10%	124	4%	123	6%	101	6%	118	6%
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%	121	89%	119	88%	100	87%	117	85%
Delayed Transfers of Care	3.5%	389	1.2%	375	0.7%	361	0.9%	368	0.5%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	959	79%	981	73%	1,058	68%	1,138	63%

	Target	Dec-21		Jan-22		Feb-22		Mar-22	
Schedule 6 Contract									
Consultant Outpatient Appointments Trust Cancellations	5%	4,040	9%	4,452	8%	4,272	5%	4,712	6%
Consultant Outpatient Appointments DNAs	15%	3,218	11%	3,654	11%	3,538	12%	3,790	13%
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%	1,351	67%	1,611	76%	1,548	68%	1,669	58%
Inpatient 28 Day Readmissions	10%	111	7%	104	10%	100	9%	98	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%	109	91%	104	91%	97	94%	99	89%
Delayed Transfers of Care	3.5%	365	0.5%	342	0.2%	345	0.0%	373	0.0%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	1,238	65%	1,273	66%	1,372	63%	1,376	59%

Recording of settled accommodation status and employment status: Around one third of patients have no accommodation status recorded. For those with a recorded status 91% live in mainstream housing. Around one third of patients have no employment status recorded. The Individual Placement Support Service continues to have success in supporting people into employment even during the current pandemic and the service is currently expanding. The Trust has recently employed two experts by experience to focus on the implementation and management of Health Education England training in relation to peer support working and apprentices. As a result, those in employment or education is expected to improve in time. This aims to support people into employment, apprenticeships, or education.

Clustering: the significant impact of the pandemic has meant that services have largely focused on essential tasks this financial year and so clustering has not been a priority. Going forward, the NHS England and NHS Improvement Mental Health Infrastructure Team are working with the National Pricing Team, the National Clinical Director for Mental Health, and system stakeholders to create a new model for mental health currencies which will replace clustering in due course[2].

Care Programme Approach (CPA) reviews: the proportion of patients whose care plans have been reviewed continues to be lower than usual. However, there is a positive trajectory and improvements in the percentage of reviewed care plans. Work continues to improve this month by month and this is expected to continue as we move out of the current wave of the pandemic and the number of face to face appointments increases.

Outpatient cancellations: this financial year around 8% of appointments have been cancelled by the Trust per month, around 12% have been cancelled by patients and around 12% have been defaulted by patients (did not attends). The most common reason for Trust cancellations is because they have been brought forward for clinical reasons. Bringing forward appointments does not usually affect waits for other patients because flexibility on the system is created through ad hoc appointment slots being available outside normal clinic hours for urgent appts and through patient cancellations, which creates capacity.

Outpatient letters sent in seven days: letter processing speed has also been impacted by the pandemic. The national standard is that letters requiring GP action must be sent within seven days of the outpatient appointment. The Trust is not able to distinguish between letters requiring action

[2] https://www.england.nhs.uk/wp-content/uploads/2021/12/22-23NT_Annex-DtB-Guidance-on-currencies.pdf (page 87)

and letters requiring no action, so the figures in the table relate to all outpatient letters. Once the Trust has moved onto the SystmOne electronic patient record system the speed of communication with GPs will greatly improve as the GPs who also use SystmOne (patient information system) will see the letters on the system as soon as they are typed; they will no longer need to be posted.

18-week referral to treatment: there continues to be a steady rise in waiting times for referral to treatment in community paediatrics. We are carrying a vacancy which has been advertised four times without any applicants and also ongoing sickness. To mitigate we have a locum in post. The vacant paediatrician post has also been redesigned to a more generic post in order to make it more appealing to potential candidates.

Work Your Way celebrates a year of supporting service users back into the world of work

The Trust's Work Your Way service, which aims to support people using some of our community mental health services to find roles in the workplace, has celebrated its first anniversary.

The service was launched in 2020, just before the COVID-19 lockdown began, which presented a real challenge. Staff were initially redeployed to other areas, but have been back working with the service since June 2020.

Colleagues have used Attend Anywhere to support clients and found 61 jobs for former service users. Jobs have been found in a range of sectors including retail, admin and beauty. The team has recently expanded into the South Derbyshire and South Dales area and in the next few weeks will expand into North Derbyshire and North Dales.

You can read more on the website at www.workyourway.net

Derby City Council Public Health Contract

There are a number of targets contained within this contract for children's services, including health visiting and school nursing.

Health Visiting

Theme	Ind No	Indicator	Q1(21-22)		Q2(21-22)		Q3(21-22)		Target
			%	+/- Target	%	+/- Target	%	+/- Target	
Early Years Universal Touchpoints	1	Antenatal Contacts	76%		57%		24%		*85%*
	2	Coverage of NBV within 14 days	99%		99%		99%		*90%*
	3	Coverage of NBV after 14 days	0%		0%		0%		
	4	Coverage 6-8 Week Check	99%		99%		99%		*90%*
	5	Coverage 12 Month Review	96%		96%		96%		*92%*
	6	Coverage 2-2.5 Year Month Review	94%		93%		93%		*90%*
	7	Caseload - Universal	88%		88%		86%		
	8	Caseload - Universal Plus	7%		7%		7%		
	9	Caseload - Universal Partnership Plus	5%		5%		6%		
	10	Caseload - Specialist HV (included above)	100%		100%		100%		
	11	Number of Early Help Assessments (EHA)							
Early Years Universal Non Touchpoints	12	Universal Contacts (Non-Touchpoints)	76%		74%		76%		
	13	UP Contacts (Non-Touchpoints)	15%		15%		14%		
	14	UPP Contacts (Non-Touchpoints)	9%		10%		10%		
	15	Specialist HV (included above) - UPP Contacts	100%		100%		100%		
Maternal Mental Health	16	Mood Review (proportion falling below threshold)	2%		4%		3%		
Breastfeeding	17	10-14 Days - Coverage	100%		99%		99%		*98%*
	18	10-14 Days - Prevalence	64%		61%		62%		*65%*
	19	6-8 Weeks - Coverage	100%		99%		99%		*98%*
	20	6-8 Weeks - Prevalence	52%		48%		45%		*43%*
Healthy 2 Year Olds & School Readiness	21	Healthy Weight/Nutrition/PA							
Healthy 2 Year Olds & School Readiness	22	Uptake of Flying Start Places							
	23	2.5 yr review - % of children with 1 or more delay as a result of concerns with ASQ3	13%		16%		16%		
	24	2.5 yr review - % of children referred on as a result of concerns with ASQ3	39%		45%		32%		
Oral Health	25	Number of tooth brushing packs and advice given at 6-8 week check	64%		49%		63%		*80%*

During the year the Trust has continued to perform highly against the majority of targets. Plans are currently in place to increase the antenatal and oral health contacts and outcomes

School Nursing

Theme	Ind No	Indicator	Q1(21-22)	Q2(21-22)	Q3(21-22)	
			%	%	%	Target
School-age Universal Touchpoints/Review Pre-School Transition, Y6/7, Y8,9	26	Coverage/uptake at pre-school		98%	98%	
	27	Caseload - Universal	97%	98%	98%	
	28	Caseload - Universal Plus	1%	1%	1%	
	29	Caseload - Universal Partnership Plus	1%	1%	1%	
	30	Number of Early Help Assessments (EHA)				
General Contacts/Drop-in Activity	31	Numbers presenting to service, health issue (smoking, self-harm, substance use, etc.), intervention offered with goal identified and progress measured, referrals (including EHA)				
Healthy Weight/Nutrition/PA	32	NCMP				
	33	Audiology				
	34	Visual Screening		98%		
General service usage (contacts outside of 10 touch points)	35	Proportion of appointments where CYP/families were not brought)	10%	10%	8%	
Safeguarding (across 0-19 pathway)	36	Proportion of childen identified who require Early Help Assessment				
	37	Proportion of childen recorded as CIC				
	38	Proportion of childen recorded as CIN				
	39	Proportion of childen recorded with Child Protection				
	40	Attendance at safeguarding related meetings where 0-19s service has been actively involved in care of the child: UNDER 5				
	41	Attendance at safeguarding related meetings where 0-19s service has been actively involved in care of the child: OVER 5				
	42	Staff accessing appropriate SG supervision				

School health continue to work with schools to deliver the universal offer. We have made changes to the safeguarding pathway locally to ensure the most appropriate representation at child protection conferences. The Lancaster Model is currently being embedded in the services to ensure a stronger public health focus to the service and we aim to be able to produce more detailed outcomes and need for localities based on that work.

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. More information on these priorities and associated performance will be in the Trust's Quality Account, which will be published on the Trust's website by 30 June 2022.

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 2021/22 were:

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.

Of note, quality priorities are now embedded within the Trust Strategy, as a way of integrating them more firmly into core business and all Trust quality priorities are reported to the Quality and Safeguarding Committee.

Progress against the 2021/22 quality priorities is shown below:

1. Learning Lessons from our COVID-19 experiences and planning for the future

During the early stages of the COVID-19 pandemic, the Trust was quick in its implementation of the Incident Management Team and Subgroups to provide a pyramid of governance through the pandemic. This approach ensures a high level of oversight in relation to clinical and operational functionality with quick and efficient management of the frequently changing landscape of the Pandemic. In doing so the Trust was able to provide positive communication with a ward to board and board to ward approach. Frequent and regular Trust wide and service specific engagement events led by Trust Executives identified lessons to be learnt and action plan changes were responsive, and solution focused. This included continued face to face contact within community settings for our service users where appropriate. The implementation of engagement events where staff raised issues and areas of concern also supported this way of working to the needs for both staff and service users.

An external company was commissioned to hold a number of reflective and learning events to give space and time for colleagues in varying roles across the Trust to reflect, consider learning and co-produce areas of practice that should be retained and learning from areas that as an organisation and individuals could be used to continually improve. These events were well evaluated and appreciated by colleagues.

Furthermore, as the nation moved towards a vaccination programme to battle the pandemic, the Trust identified its high-risk service user group with Serious Mental Illness (SMI) and Learning Disabilities and in response to this very significant risk created the Health Protection Unit (HPU). Creating an environment and designing a team to offer vaccines, support and advise in relation to the COVID-19 pandemic to both staff, partners and service users. This also included supporting the wider Integrated Care System (ICS), Joined Up Care Derbyshire (JUCD) colleagues and has laid the path for future vaccination and Infection Prevention Control Programmes.

Alongside the engagement groups and creation of the HPU, the Trust has further embedded the impact, importance and value of service user engagement and involvement and has valued the feedback and solution focused approach of the EQUAL Forum, where Experts by Experience, participants, carers and family members are able to shape, input and mould the Trust decision-making and direction of improvement. Members of the EQUAL Forum joined colleagues and allies supporting the vaccination programme, having their photographs used and giving endorsements to

the vaccination programme to encourage individuals who were hesitant to weigh up the benefits and risks to enable them to make informed decisions. Feedback from EQUAL Forum members visiting the wards, and this health promotion information, was really important to people in our care to see peers having positive outcomes following vaccination.

The inreach model of vaccination to our inpatient service has been vital in protecting people in our care in our dormitory accommodation from rapid spread of COVID-19 in our sub optimal environments.

2. Focusing upon and improving sexual safety and reducing sexual violence programme
In 2017 the Care Quality Commission (CQC) commenced a review on patient safety incidents relating to sexual safety.

This was also a theme in our own community, services and the evidence base that individuals who have experienced adverse childhood events of this nature are a greater risk of this re-occurring. The Trust continues to have mixed sex environments and gender specific areas. The need to have a focus improvement plan for sexual safety was evident for Derbyshire.

The CQC listed a number of concerns in their review. As a result of this review, some key areas were identified:

- Clinical leaders of mental health services did not always know the best ways to promote the sexual safety of people using services and of their staff
- Many staff did not have the skills to respond appropriately to incidents
- It was felt that incidents were under reported and did not reflect the true impact on the person affected
- People did not always feel safe from unwanted sexual behaviour
- Ward environments did not always promote sexual safety of people using the service
- Joint working with other agencies did not always work in practice.

As a result of these findings the CQC identified three key actions for trusts:

- Health and social care systems must provide co-produced guidance to enable everyone who delivers mental health services to do the right thing about sexual safety
- Staff should be given the right training to enable them to put in place new national guidance for managing sexual safety incidents. Leaders must also encourage staff to have open conversations about sexual safety with people who use services
- Providers, stakeholders, staff, people who use services, the police and safeguarding teams should work together on the approach to sexual safety incidents to make sure that disclosures are taken seriously and given the attention and sensitivity the deserve.

From this review the Trust has worked with its ICS and JUCD colleagues to improve our approach to sexual safety. To do this a pilot has begun for inpatient acute ward settings to improve sexual safety and reduce sexual safety incidents through training and incident reviews. Furthermore, Derbyshire Healthcare has joined the East Midlands Alliance Partnership and Collaboration, in order to work alongside neighbouring providers and services and as a result have been identified as a key partner to the East Midlands Community of Practice. This has resulted in training resources being shared across East Midlands trusts for a united approach. In order to ensure appropriate outcomes and understanding, work is underway to align definitions of sexual safety to allow for future benchmarking across organisations.

A service user leaflet has been co-produced alongside an improved Sexual Safety Policy being developed. This builds upon the co-produced work previously produced in what to expect after a non-recent trauma event. Working alongside third sector and statutory partners has also commenced, offering training and support to ensure colleagues are equipped with confidence and the skills relating to sexual safety.

Newly qualified professionals receive a training event on professional boundaries, sexual safety and how to respond if you have concerns about an experience you observe in a clinical setting.

The Trust has worked with SV2 (charity for supporting victims of sexual violence) for a number of years to have a positive working relationship and collaboration in ensuring rapid access to an assessment and therapy offer. This is also supplemented by staff training and events for colleagues to understand how to access the service.

The Trust has a long history of supporting the Safeguarding Board in considering non recent abuse for example, sexual assault, trauma conferences and continues to build upon this with events to support safeguarding week this year in this area.

Safeguarding processes have also been reviewed and an early detection process has been implemented to ensure a responsive safeguarding team if any allegations of a sexual safety nature occur.

A safeguarding dashboard for adults and children is now embedded into practice in the Trust and this includes the types and nature of harms that individuals in our community report to the Trust and we seek to support them to recover from those harms.

Moving into 2022/23, Sexual Safety improvements remains a Quality Priority to ensure this work continues and improves further and draws upon national learning and the emerging evidence base.

3. Focusing upon the reducing violence and restrictive practice workstream

The use of force and restrictive practice within mental health inpatient settings has been a historical topic within mental health services. The CQC also cite restrictive practice and increased levels of violence as key indicating factors of closed cultures and poor management of risk within inpatient settings. These are strongly linked to the methodology of Right Staff, Right Place and Time and Right Skills. As a result of this the Trust has taken a culture developing approach to reducing violence and restrictive practice across all services. In order to do this work has seen the creation of the “Reducing Restrictive Practice Dashboard” which allows clinicians and leaders to see at a glance levels of restrictive practice, from locking doors to prone restraint and seclusion. With this data, leaders have been able to deep dive into areas with high figures to work alongside staff at all levels to identify areas of concern and resolve them. To ensure an open and supportive approach, the Trust Freedom to Speak up Guardian has been involved in developing Close Culture Pathways and Assessment Frameworks which are due to be rolled out across all areas of the Trust. By focusing on culture as the foundation of change, the Trust has witnessed sustained improvements in practice. This is strongly believed to be linked to removing the potential for single point of failure approach for example one person leading, and so when this person leaves, the changes do not

continue. By creating new cultures, all staff are involved in the change and drive it forward collectively.

Some examples of implemented projects linked to restrictive practice have been the roll out of Body Worn Cameras, which initially were introduced for safety purposes, but have resulted in a clinical approach to care planning and joint working. The implementation of Safety Pods has provided clinicians with an alternative method of physical restraint which reduces the need for prone restraint and in review, this has resulted in the “Anywhere Butt” campaign. Working alongside pharmacy and medical colleagues to identify alternative intramuscular sites for rapid tranquilisation to prevent the need for prone restraint and to allow for service users to choose – wherever possible what, how and when in advance planning.

The Trust has also, joined the East Midlands Alliance linking into its reducing restrictive practice working groups, to support an East Midlands approach. This collaboration comes at a positive time as work continues and moves forward in the construction of two new inpatient acute units, a single gender Psychiatric Intensive Care Unit (PICU) and a single gender High Dependency Unit. All are being co-created with experts and carers with a least restrictive approach in mind.

Co-production has been a key part of reducing restrictive practice and the creation of forums to listen and truly reflect has supporting the drive froward. Engagement with the EQUAL Forum has truly enriched the changes made.

In relation to culture change and long term improvements, the Trust has taken an educational approach to improving restrictive practice. This has been implemented into the band 5-6 programme and implementation of education development roles. By improving education and clinical training the expectation is to drive forward improvements in clinical care and clinical excellence.

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, highlights from the Learning Disabilities (Providers) Bespoke Report 2020/21 (published March 2022) include:

- Average wait from referral to assessment was well below average
- Average wait from assessment to treatment was 3rd lowest in the sample
- Percentage of patients whose referral to treatment wait was within four weeks was well above the national average
- Referrals received per 100,000 resident population were in line with the national median
- Patients on caseload per 100,000 resident population were below national average
- Proportion of contacts delivered non-face to face were below average
- Proportion of service users who did not attend planned appointments was well below average

Quality Priorities 2022/23
As the NHS begins to step away from the command-and-control structures implemented due to the COVID-19 pandemic we look forward to our next Quality Priorities. As national restrictions reduce, we look to increase face to face contact, re-establish previously adapted and sometimes reduced services and ensure continued quality improvement, whilst we continue to implement the Trust strategy of great care.

Our 2022/23 Quality Priorities for improvement are:

1. Sexual safety will be continued:

- Pilot areas will continue

- Increased training and wider training based upon learning
- Community of Practice (CoP) aligning definitions of sexual safety and monitoring
- Aligned benchmarking
- Improving confidence and skills
- Maintenance of the safeguarding unit, making safeguarding personal and detection and rapid response to concerns

2. Implementation of a Trauma Sensitive Services Strategy:

- The Trust Psychological team is working within divisions to improve trauma informed approaches:
    - Including the management of waiting lists
    - Environments in which service users experience
    - Support available to staff as part of their roles and post incident
    - Training and awareness at multiple levels of the organisation.

3. Implementation of the new Mental Health Legislation, including the Mental Health Act (MHA) and Liberty Protection Safeguards (LPS):

- The Trust's working expectation is that LPS will come into being within the next 12 months
    - The Trust is presently concentrating on improving the standard of capacity assessments prior to admission and discharge – aiming to improve patient care and involvement of patients
    - Has established an internal steering group to navigate the draft code and regulations
    - Have commenced the scoping of potential numbers affected by this change and reviewing at the workforce requirements to undertake the assessments required under the new model.

There is no present date for implementation of the new Mental Health Act (MHA):

- The current aim is to look to continue with care in the community and putting patients at centre of their care and choices
- The MHA updates will introduce ability of patients to choose their nearest relative, and will put on a more formal footing individualised care plans/preference
- With these changes the Trust and new legislation aims to increase the amount of time spent working with families and patients in order to put them at the centre of their care and to ensure the service user/patient is in charge of their own care.

4. Implementation and delivery of all named CQUINs or contractual targets:

- After a pause in CQUIN targets, 2021/22 sees their return and the Trust aims for 100% compliance and completion.

Through the improvements made in quality improvement processes through the quality priorities from 2019 to 2021, the 2022/23 priorities will be taken through relevant governance processes, working group and the Quality and Safeguarding Committee to ensure a core business approach.

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 2,879 contracted staff and 451 bank staff.

Recruitment and Retention

- **Turnover** – our annual staff turnover rate for 2021/2022 was 14.31%. This is significantly higher than last year, exceeding the target of 10-12%, however both regional and national rates have also significantly increased during 2021/22
- **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 2021/22 we recruited 430 new starters and by the year end we had an overall increase of 84 staff. Our vacancy rate at the end of March was 9.46%.

Staff attendance and wellbeing

Our annual sickness rate for 2021/22 was 6.11% which is 0.84% higher 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 31.67% during 2021/22. Confirmed COVID-19 accounted for 28.70% of sickness absence during March 2022, followed by anxiety, stress, depression at 26.60% and surgery at 6.58%.

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

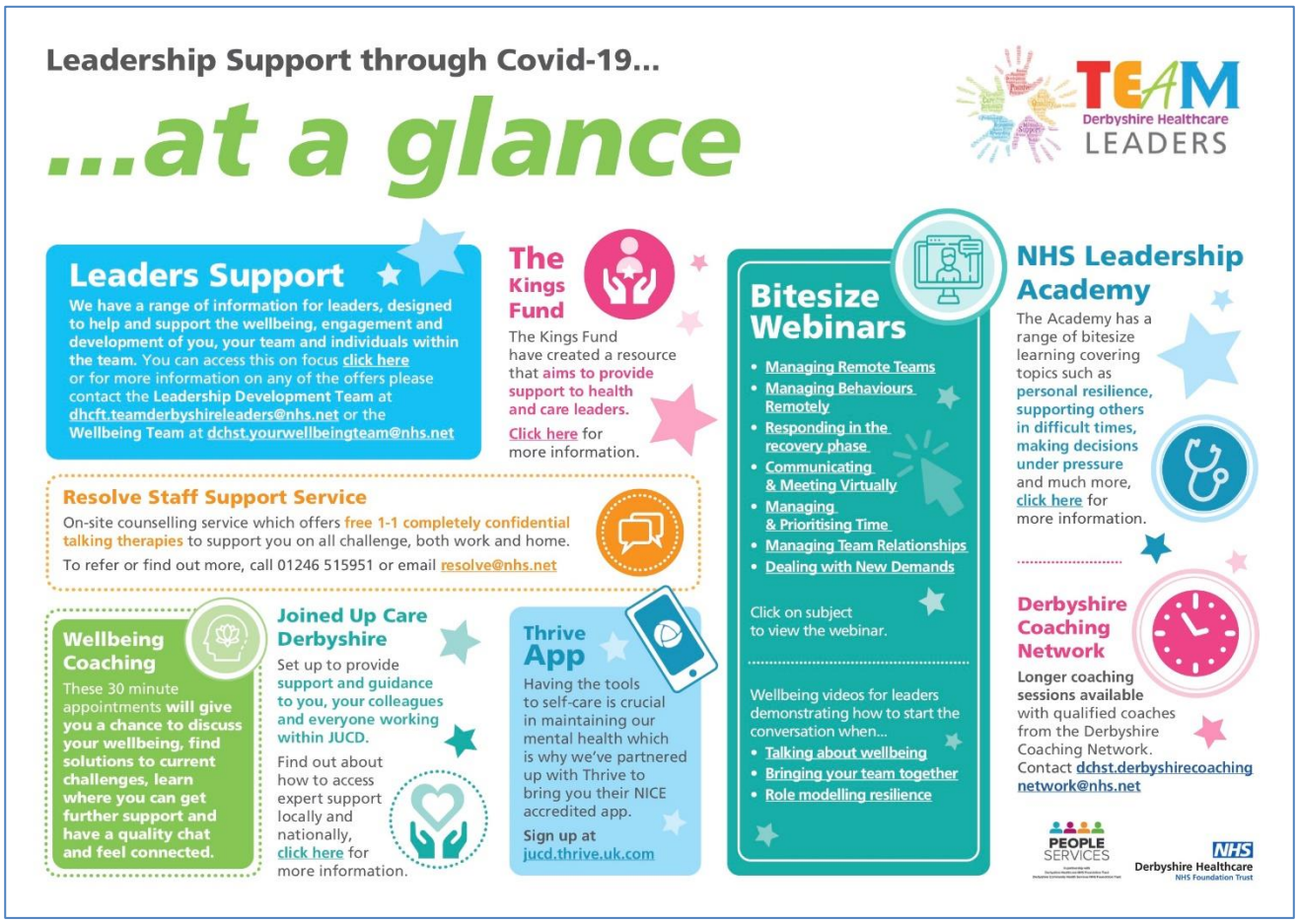
The Trust appraisal target rate is 90% and at the end of March 2022 the completion rate was 76.49%. Appraisals rates have increased when compared with 2020/21.

Compulsory training

The Trust has a compliance target rate of 90% and at the end of March 2022 the compliance rate was at 84.82%. We will continue to support areas with increased resources and review our training offers.

Staff development

To support leaders managing throughout the COVID-19 pandemic we continued to provide a range of development and support tools. We adapted these to provide virtual access and bitesize sessions, recognising leaders needed adaptable and easily accessible support at one of the most challenging times as shown in the next diagram:



For more details about the Trust's focus on its employees, see the Staff Report starting on page 102 of this Annual Report.

Virtual Dementia Tour gives a snapshot of patients' experience

Trust colleagues had an opportunity to experience a taste of what it is like to live with dementia, in an event that was staged to mark Dementia Action Week (17-23 May 2021).

The Virtual Dementia Tour bus visited the Kingsway Hospital site where colleagues could take a walk in the shoes of someone with dementia. The aim was to help people understand better how to improve the care of people with dementia and support them to stay in their own homes for longer.

Financial performance

Detailed Financial Performance
The Trust (and the whole NHS) ended the financial year in continuing unusual circumstances.

COVID-19-affected financial arrangements continued for 2021/22. In simple terms, a financial envelope for running costs for the year, which contained a significant allocation to cover covid-related costs, was issued for Joined Up Care Derbyshire (JUCD) and divided between NHS partners.

The Trust and its system partners in JUCD regularly updated their financial forecasts as the year progressed. Financial performance was reported regularly to the Trust Board as part of an integrated performance report and described both the current and forecast financial position and key matters of interest as the year progressed.

Detailed scrutiny and assurance discussions take place at Derbyshire Healthcare's Finance and Performance Committee. In addition, the performance of all partners and the overall system position is discussed in JUCD's System Finance and Estates Committee.

For Derbyshire Healthcare at the end of month 12 the outturn was £63,000 surplus. This was only a small variance from our original plan of £100,000 surplus.

Our most important financial key performance measures are those that evidence achievement of the financial plan and any key variances to the plan. Ongoing and forecast achievement against these financial key performance measures is checked through a wide range of activities in the organisation; they range from meetings with individual budget holders to discuss performance against a single budget, to team and divisional reporting, culminating in reporting to Trust Board and the Finance and Performance Committee on the overall performance of the Trust.

At its meeting in March 2022, the Trust Board considered an overarching quality position statement on its use of resources. This provided an overview report in support of the strategic objective 'Best Use of Money'. This incorporated cost information over time, for the Trust's priority focus areas (which had been identified a number of years previously following the Lord Carter review of unwarranted variation in various sectors in the NHS). This enabled the Board's strategic consideration of how best to further improve our use of resources and in doing so deliver associated quality and wider benefits.

The Board report in March summarised both pressures and notable successes. Pressures included staffing absences and vacancies necessitating additional staffing costs to cover absences. The Trust enhanced the reporting of agency expenditure which had increased significantly as a direct result of pandemic staffing requirements. The analysis of temporary staffing costs, for both bank and agency staffing, will continue, in order to inform and support decision-making to deliver reductions in those costs, post-pandemic as soon as possible.

Among the notable successes, significant digital and technical advancements have seen reduced costs for items such as travel and have also delivered clinical and quality improvements. These have improved productivity and efficiency by improving patient flow and better-enabling discharge, reduced length of stay and lower occupancy levels. In the latter half of the year the Trust had succeeded in significantly reducing adult out of area placements which had caused significant cost pressure in previous years.

Key technical financial components which contribute to the plan delivery include the delivery of our cost improvement plan, our liquidity, net current assets/liabilities and cash levels (these can be found on the statement of financial position at page 157). It is clearly important to ensure we are able to continue to service our debts and our liabilities are included in the accounts at note 1.24 on page 202.

Given the unusual circumstances the focus on cost improvement savings was not the same as pre-pandemic times although cost efficiency was delivered as planned and have now returned to a high level of focus for the Trust and for our system partners.

Another important measure is our performance against our capital expenditure plan. At the start of the year our capital plan was for £4.2m. During the year we received additional public dividend capital (PDC) for capital expenditure which increased the spend.

The Trust had previously received some additional PDC funding for the initial stages of the dormitory eradication programme. The Trust's two Outline Business Cases for the £80m national funding allocated for Derbyshire were approved during 2021/22. In recognition of the pace required and to fund enabling works, the Trust successfully secured early draw-down PDC funding in-year, ahead of the approval of the Full Business Cases. This early funding agreed for 2021/22 was not included in the original capital plan. Additional PDC capital funding has also been received in-year for some digital schemes. As a result of the changes to the PDC-funded capital schemes, the expenditure variance to original plan was £4m.

The capital expenditure across estates and technology and their sources of funding is summarised in the table below.

Capital Expenditure Summary 2021/22	Plan £'000	Actual £'000
Self-funded capital schemes		
Information and Technology	870	701
Estates	2,119	2,255
Total self-funded schemes	2,989	**2,956**
PDC-Funded Capital schemes		
Information and Technology	-	1,204
Estates (dormitory eradication funding)	1,210	4,087
Total PDC-funded schemes	1,210	**5,291**
Total Capital expenditure 2021/22	4,199	**8,247**

Although we are constrained by our share of JUCD's fixed capital limit we do review our priorities within the capital programme to enable us to seek to address 'people first' priorities, CQC requirements, urgent maintenance and replacements etc.

In terms of long term trends, we have performed well financially every year since becoming a Foundation Trust, demonstrating that our operating profitability is generally strong, and we built up our cash reserves in the years where a surplus was required to be generated. In more recent times financial measurement in the NHS has changed; with the expectation that Foundation Trusts such as our ourselves no longer seek to make a surplus. Instead, the NHS is asked to aim to deliver a balanced financial position called 'breakeven' where costs match income.

Looking forward, we will continue to work closely with health and social care partners to deliver the strategic priorities of JUCD and have submitted a collective system financial plan as well as individual organisational plans. The draft plan submission was a deficit plan for both the Trust and the overall system. Subsequent submissions and medium-term financial planning will determine the trajectory for delivery of a balanced financial plan.

Significant financial risks for running costs exist including cost inflation, not least due to world events, and there is also the cost risk associated with ongoing covid responses given that the allocated funding to Derbyshire to cover COVID-19 costs is significantly reduced compared to the previous two years.

As referred to in the capital expenditure summary, the Trust is part of the National Mental Health Dormitories Eradication Programme and national funding of £80m has been allocated for the Derbyshire programme. Specific requirements must be met to secure the national funding and

deliver the capital programme before March 2024. As at Spring 2022, building costs inflation poses a significant risk that costs will exceed the national and local funding allocated to the programme.

With regard to future financial risks and activities; as well as being part of JUCD the Trust is also a partner in Provider Alliance in East Midlands. Part of these wider partnership arrangements is to look at joint planning and analysis of key risks and mitigations with assumptions across partners informing delivery plans and forecasts.

The Trust has not undertaken any work overseas during 2020/21.

National spotlight on special clinics offered at our vaccination hub

Our Trust's vaccinations and Learning Disabilities (LD) team have received national attention for the way they have provided a welcoming environment at the Kingsway Hospital Hub for people requiring reasonable adjustments when getting vaccinated. The efforts of the vaccinators and LD team were showcased on a national webinar run by NHS England, where Marie Hooper (Non-Medical Prescriber, Learning Disabilities) represented the Trust and gave a presentation.

The Kingsway Hospital Hub has been setting aside one day a week for special clinic days with longer appointments, where individuals requiring more time and a calmer atmosphere can attend. Marie explained on the webinar how the vaccinators and LD team worked with individuals beforehand, preparing them and listening to their needs, and then did everything possible on the day to bring about the adjustments they had requested, working in partnership with carers and GPs.

Maire and the team were praised on the webinar for the team's "creativity" and one of the attendees described Marie's presentation as "fantastic".

Jess (pictured), who received her vaccination during one of the clinic days said: "I am pleased to have it just so that I can go out. I had my first jab in June, and it has been good to have it in the Kingsway Hub as I can bring Shadow (my dog) and there are lots of people around to make a fuss of her. It's really quiet here and that's been great."

Data security and protection

Throughout the COVID-19 pandemic, the Data Security and Protection (DS&P) team has been committed to maintaining high standards for both the underlying support needed for the Trust COVID-19 emergency response and business as usual.

There is now a new established reporting year for the DS&P toolkit which differs from traditional calendar and financial year schedules. The new DS&P toolkit reporting year is from 1 July through to 30 June. As such, at the time of cut-off for this report of 31 March, the Trust has still over three months until submission deadline.

Even though the Trust made a decision to pause mandatory training during the COVID-19 pandemic, staff were supported with improved accessibility to DS&P training with video call classroom sessions and pre-recorded sessions and online knowledge assessments in addition to traditional Electronic Staff Record (ESR) e-learning. This has given staff more options to complete training in different formats, at different timescales and via a personal device of their choice, no longer restricted to completing training only from a work computer.

The Trust is expected to be on track to meet the required target of 95% training competent workforce by the 30 June 2022 deadline. At 31 March 2022 the Trust was at 93% (2,590 staff trained out of target group 2,788). Less than 60 staff need to be trained to meet the target. In comparison for last year at the same point in time the Trust met the 95% training target with 270 staff needing to be trained.

Our Trust DS&P toolkit evidence goes through an independent audit assessment. The audit is scheduled during April 2022. This will be supported by 360 Assurance, the Trust's Internal Auditor.

Data Security Breaches
Between 1 April 2021 and 31 March 2022 there have been three incidents reported externally to the Information Commissioner's Office (ICO). All of these have had a response from the ICO to confirm no further action and/or Trust had complied with Data Protection obligations. These incidents involved:

- Two separate instances of where data subject (patient) had made a Subject Access Request and were dissatisfied with the response
- Incorrect letter recipient, where a patient received their own letter but also three other letters in the same envelope.

A further two incidents were reported externally via our DS&P toolkit but not further escalated to the ICO. These incidents involved:

- Employment of a member of staff who did not declare offences to agency and in turn the Trust as part of routine DBS check
- A staff diary was found in a desk drawer unit by a member of the public (but later retrieved). Office furniture had been provided to staff to support home working during the COVID-19 emergency, but furniture had not been checked thoroughly.

The Trust continues to operate in a transparent manner for data protection. Our Trust website is routinely updated with information in relation to our Privacy Statement and also our Data Security and Protection policies published online and examples of our data protection impact assessment and information sharing agreement process.

Cyber Security
Following a successful Cyber Organisational Readiness Support (CORS) audit by Templar Executives on behalf of NHS Digital in 2020/2021, the Trust has completed the following recommendations:

- Cyber Security visibility and awareness at Trust Board Level
- Cyber Security risk recognised at highest level and included as part of Board Assurance Framework (BAF)
- Raise awareness and further promote the role of Senior Information Risk Owner (SIRO) within the Trust
- Improve accountability with letters of delegation from the SIRO to Information Asset Owners and support staff within the Trust
- Review Trust Data Security and Protection related policies alongside the NHS Digital templates. Policy dashboard helps staff to search by policy category and key word to help find relevant Data Security and Protection policies.

Freedom of Information
The Trust's DS&P Committee 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 2021/22 financial year, the Trust received 359 requests for information and responded to 321 within the 20 working day time limit. The Trust received one request for an internal review in respect of the information it provided to requesters. The Trust has not been referred to the ICO for the way it handles or processes requests.

The Trust's big sunflower project

Ahead of Mental Health Awareness Week (which took place from 10 – 16 May 2021) all colleagues received a pack of sunflower seeds to grow their own sunny flowers.

The theme of Mental Health Awareness Week was nature and we know there are strong links with positive mental health and nature.

Sunflowers are easy to grow and many people find the bright yellow blooms cheerful and uplifting.

The seeds can be planted inside or outdoors and garden vouchers were given to the three tallest sunflowers in September.

Colleagues were invited to share the height of their sunflowers and any experiences of potting and growing the seeds through our Team Derbyshire Healthcare Facebook page.

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
14 June 2022

PROUD TO BE: Black History Month

October 2021 was Black History Month (BHM), and the BME Staff Network created a range of events and suggestions for how colleagues could get involved and build awareness of past and current experience of black British, Caribbean and African communities. Black History Month aims to celebrate the culture, history, and achievements of black communities and promote knowledge of black history, culture, and heritage.

Celebrating Black History Month has raised awareness and the importance of equality and equity for our staff, patients, carers and communities.

Activities included:

- Show racism the red card by wearing red on Friday 22 October
- Throughout the month of October our BME Staff Network invited teams to take part in a competition to celebrate Black History Month by creating a COVID-19 friendly wall display within their team/work environment
- Colleagues were also invited to take part in creating a team poem to signify how 'Proud To Be' their team is about being part of BHM. Service user participation was also actively encouraged.

The BME Network invited guest speaker, David Shosanya, to talk about Allyship, and guest speaker Professor Cecile Wright from Black Lives Matter Derby Manifesto talked about Black Lives Matter (BLM).

Directors' report

Trust Board members at 31 March 2022

Selina Ullah, Chair
Term of office: 14 September 2021 - 13 September 2024
Before joining the Trust, Selina had been a Non-Executive Director at Bradford Teaching Hospitals NHS Foundation Trust for six years and became its Vice Chair and Senior Independent Director in 2019. Selina is a Board member for the Muslim Women's Council, having previously been its Chair for 10 years. She is also a Lay Board Member at the General Pharmaceutical Council. Selina chairs the Board, Council of Governors and the Remuneration and Appointments Committee.

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.

** Note - having secured a Non-Executive Member position at the Derbyshire Integrated Care Board (ICB), where he has been acting in a designate role from 1 March 2022, Richard will be resigning from the Trust on 30 June 2022 to take up his ICB position on 1 July 2022, the expected ICB formation date.

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. She has also previously been the Non-Executive Director 'Freedom to Speak Up' lead. Margaret is chair of the Trust's People and Culture Committee and is temporarily chairing the Trust's Quality and Safeguarding Committee. She is also a member of the JUCD People Committee.

** Note - having secured a Non-Executive Member position at the Derbyshire ICB, where he has been acting in a designate role from 1 March 2022, Richard will be resigning from the Trust on 30 June 2022 to take up his ICB position on 1 July 2022, the expected ICB formation date.

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 and from January 2022, is chair of the Trust's Mental Health Act Committee.

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 January 2022 he became the Non-Executive Director (NED) 'Freedom to Speak Up' lead and also the NED lead for the East Midlands Perinatal Mental Health Provider Collaborative. He is a member of the JUCD group overseeing implementation of a Shared Care Record and is also a member of the JUCD Transition Committee

Dr Sheila Newport
Term of office: 11 January 2020 - 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 was chair of the Trust's Mental Health Act Committee until January 2022 when she was appointed as Chair of the Trust's Quality and Safeguarding 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.

Deborah Good
Term of office: 1 March 2022 - 28 February 2025
Deborah, a former Housing Director, holds a BA and a Postgraduate Diploma in Housing. She has spent most of her career in the social housing sector, working to improve the quality of services for local communities. Deborah has experience of serving on various multi-agency boards, including in her role as Executive Director of Customer Experience and Business Support at Solihull Community Housing and as Non-Executive Director at Derwent Living. Deborah is a current Trustee of Artcore, a provider of visual arts to diverse communities across Derbyshire.

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.

Ade Odunlade, Chief Operating Officer from 5 July 2021
Ade previously worked at Central and North West London NHS Foundation Trust as Managing Director of one of the Trust's three divisions, leading a large service providing mental health, learning disability and perinatal services across a number of London Boroughs. Ade was also formerly the Associate Director of Operations for Coventry and Warwickshire Partnership NHS Trust.
He is a mental health professional with extensive experience in clinical leadership, clinical transformation, workforce development, learning and development, and senior management roles gained over the last 30 years. He has a wide range of qualifications and experience as a professional including in medical sociology, therapy, project management, coaching and healthcare leadership. Ade has an underlying philosophy of helping individuals to achieve and a sense of responsibility in safeguarding high standards focusing on patient needs and staff support with care and compassion. Ade is responsible for the Trust's Estates and IT departments as well as being the JUCD system Senior Responsible Officer (SRO) for Learning Disabilities and Autism.

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 attends 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. Since February 2021 she has been the Trust's Senior Information Risk Officer (SIRO).

Others who had served as Board members in 2021/22

Caroline Maley, Chair until 13 September 2021
A qualified chartered accountant by background, Caroline brought over 30 years of experience across the NHS, private sector and education in both executive and non-executive roles. She joined the Trust as a Non-Executive Director in January 2014 and held roles of Senior Independent Director (SID) and Chair of the Audit and Risk Committee. In January 2017, Caroline was appointed Acting Chair and the appointed as the substantive Chair on 14 September 2017. She served an initial three year term as Chair, which was renewed for 12 months up until 13 September 2021 when she retired from her role.

Dr Julia Tabreham, Non-Executive Director until 20 December 2021
Julia was appointed Non-Executive Director on 7 September 2016 and was re-appointed to her second three year term in 2019, with a term end date of 6 September 2022. However, she retired early from her role, leaving in December 2021. 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 had 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 to July 2019. During her time with the Trust she had chaired the Trust's Quality Committee and the Trust's People and Culture Committee. Up until her retirement, she was the Non-Executive Director 'Freedom to Speak Up' lead.

Mark Powell, Chief Operating Officer until 13 April 2021
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.

Supporting Board diversity

In early 2022, Jas Khatkar was put forward by the Trust as for a placement under the NExT Directors scheme. He joined us in April 2022 for 12 months.

A Chartered Accountant by background, Jas is an experienced management consultant who specialises in finance transformation and business strategy. A former director with Accenture, Jas has worked multiple industries, including telecoms, utilities and pharmaceuticals. Jas also advices a number of Sikh community Non-Governmental Organisations (NGOs) and humanitarian charities working for equality and social justice.

The Trust has supported the NExT Director scheme for a number of years, and it aim is to increase the diversity of Board members across the NHS. Although NExT Directors are not members of the Board, they participate in Board and Committee meetings across the Trust, in addition to a wider range of other activities including service visits.

Appointments by the Council of Governors

The Council of Governors appointed the Chair and one Non-Executive Director during 2021/22.

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 of the Director's report. 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 2021/22, 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 2021/22 (as at 31 March 2022)

Name	Interest disclosed	Type
Margaret Gildea Senior Independent Director	• Director, Organisation Change Solutions Limited • Coaching and organisation development with First Steps Eating Disorders • Director, Melbourne Assembly Rooms • Designated Independent Non-Executive Member, NHS Derby and Derbyshire Integrated Care Board	(a) (e) (d) (d)
Deborah Good Non-Executive Director	• Trustee of Artcore – Derby	(e)
Carolyn Green Director of Nursing and Patient Experience	• Midlands and East Regional Director, National Mental Health Nurse Directors Forum	(e)
Gareth Harry Director of Director of Business Improvement and Transformation	• Chair, Marehay Cricket Club • Member of the Labour Party • Non-Executive Trustee, Derbyshire Cricket Foundation	(e) (e) (e)
Ashiedu Joel Non-Executive Director	• Director, Ashioma Consults Ltd • Director, Peter Joel & Associates Ltd • Director, The Bridge East Midlands • Director, Together Leicester • Lay Member, University of Sheffield Governing Council • Fellow, Society for Leadership Fellows Windsor Castle	(a) (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	• Co-Chair of NHS Confederation BME leaders Network • Chair of the NHS Confederation Mental Health Network • Trustee of the NHS Confederation • Spouse is Managing Director (North) Priory Healthcare	(d) (d) (d) (e)
Ade Odunlade Chief Operating Officer	• Trusteeship African Council for Nursing & Midwifery • Research Lead on Observations for Ox e-Health	(d) (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)
Selina Ullah Trust Chair	• Non-Executive Director, Solicitors Regulation Authority • Director/Trustee, Manchester Central Library Development Trust • Non-Executive Director, General Pharmaceutical Council • Non-Executive Director, Locala Community Partnerships CIC • Non-Executive Director, Accent Housing Group • Director, Muslim Women's Council	(a) (e) (e) (e) (e) (e)
Richard Wright Deputy Trust Chair and Non-Executive Director	• Non-Executive Director (Chair) Sheffield UTC Multi Academy Educational Trust • Designated Independent Non-Executive Member, NHS Derby and Derbyshire Integrated Care Board	(a)

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

Key:

(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 (for further detail see conflict of interest policy – loyalty interests, available on the Trust website).

Trust Board sends a thank you to all colleagues at its public meeting

The Trust's Board of Directors met 18 January 2022 and the Board Members were keen to share their thanks to members of Team Derbyshire Healthcare for their efforts over recent weeks.

Ifti Majid, Chief Executive, made a point of praising colleagues in his CEO's report, while further thanks were shared during discussion of the performance report.

Details of any political donations
Derbyshire Healthcare NHS Foundation Trust has made no political donations during 2021/22.

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 2022		31 March 2021	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**14,975**	**43,809**	14,280	38,904
Total Non-NHS trade invoices paid within target	**14,254**	**42,707**	13,828	38,410
Percentage of Non-NHS trade invoices paid within target	**95%**	**97%**	97%	99%
Total NHS trade invoices paid in the year	**789**	**16,167**	723	14,302
Total NHS trade invoices paid within target	**749**	**14,297**	690	13,041
Percentage of NHS trade invoices paid within target	**95%**	**88%**	95%	91%

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 14 June 2022 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 2021/22 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 pages 63-65.

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 April 2022 and will be reported on to the Council of Governors in May 2022.

Selina Ullah's first part-year 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 ongoing 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 52-56.

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 2021/22:

	Actual attendance	Possible attendance
Non-Executive Directors:		
Selina Ullah (from 14.9.21)	3	4
Caroline Maley (until 13.9.21)	3	3
Dr Julia Tabreham (until 20.12.21)	4	4
Margaret Gildea	4	6
Geoff Lewins	6	6
Richard Wright	6	6
Dr Sheila Newport	4	6
Ashiedu Joel	5	6
Deborah Good (from 1.3.22)	1	1
Executive Directors:		
Ifti Majid	5	6
Claire Wright	6	6
Dr John Sykes	5	6
Carolyn Green	6	6
Mark Powell (until 13/4/21)	6	6
Ade Odunlade (from 5/7/21)	4	5
Jaki Lowe	5	6
Gareth Harry	6	6
Justine Fitzjohn	5	6

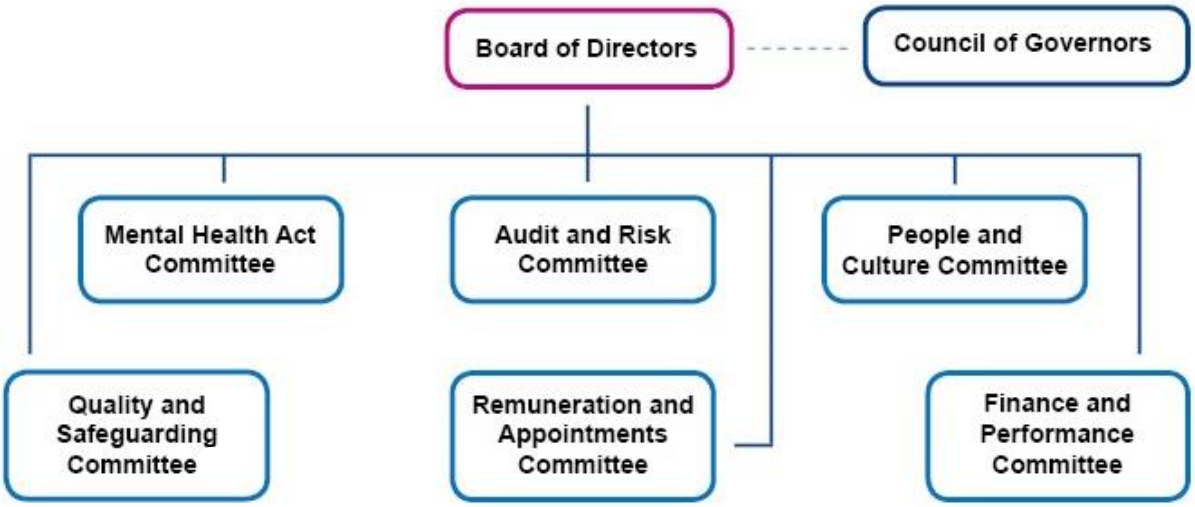
Directors' expenses

	2021/22	2020/21
Number of Directors	18	14
Number of Directors receiving expenses for the year	4	4
Aggregate sum of expenses paid to Directors in the year (£00)	£14	£15

Values shown in £00 – actual amount paid £1,418 (2020/21: £1,465).

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, 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 2021/22 the Audit and Risk Committee comprised the following Non-Executive Director members:

- Geoff Lewins (Chair)
- Dr Julia Tabreham (member until she left the Trust on 20December 2021)
- Ashiedu Joel
- Margaret Gildea (member until 1 January 2022)
- Deborah Good (member from 1 March 2022)

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

	Actual attendance	Possible attendance
Geoff Lewins	7	7
Dr Julia Tabreham *	3	4
Margaret Gildea **	5	5
Ashiedu Joel	5	7
Deborah Good ***	1	1

* until 20 December 2021 ** until 1 January 2022 *** from 1 March 2022

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 and Safeguarding 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 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 93.

The attendance at the Remuneration and Appointments Committee is listed in the Remuneration Report on page 96.

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 and representing the views and interests of members and the public. 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 have been put on pause since March 2020 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 2021/22 are outlined on pages 69-70 of this report, alongside their attendance at the Council of Governors meetings. During this year, as last 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 2021/22
During 2021/22 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 Chair
- Approved the appointment of a Non-Executive Director
- Revised the Governor Code of Conduct
- Reviewed the Trust's Membership Strategy 2021-24
- Reviewed the Governance Committee's and Nominations and Remuneration Committee's terms of reference
- Received Deep Dive reports from the NEDs
- Established Governor Task and Finish Groups focusing on plans for the Annual Members Meeting; and governor engagement
- Reviewed the structure of the Governor Engagement Log and the Governor Membership Engagement Action Plan
- Participated in the appraisal process for the Trust Chair and NEDs
- Gave special dispensation for staff governors unable to attend meetings during the pandemic
- To extend the boundaries of the Trust's current 'surrounding areas' public constituency to create a 'Rest of England' public constituency and; to make the required amendments to the Trust Constitution as detailed above.

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 2021 and included a COVID-19 briefing; the eradication of the dormitories programme and the roadmap out of lockdown. A second session took place for the Council of Governors and Non-Executive Directors on 18 January 2022 which focused on the impact of the COVID-19 pandemic on Trust services. The Executive Directors were not expected to attend the session arranged in January due to pressures of the impact of the COVID-19 pandemic on services.

Further joint sessions have been planned for 2022/23.

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.

A governors annual effectiveness survey was conducted again this year which 100% of the Council of Governors participated in. Overall the results were very positive with 100% of respondents agreeing that: the Council of Governors carries out its work in an open and, transparent manner; and the role of the Council of Governors in clearly defined. In line with best practice the survey will be undertaken again in August 2022.

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; governor actions; information on Joined Up Care Derbyshire (Derbyshire's Integrated Care system).

The interests of patients and the local community are represented by the Council of Governors. Governors are encouraged to engage 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 2022/23. 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 Forums.

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 NEDs and on which to hold them to account.

In 2021/22 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. The Council of Governors is also represented on the Derby and Derbyshire Engagement Committee. Throughout the year, the Chief Executive gave updates on the progress of Derbyshire's Integrated Care System known as Joined Up Care Derbyshire.

Lead and Deputy Lead Governor arrangements
Lynda Langley was the Trust's Lead Governor until her term of office ended on 20 March. She was supported by Carole Riley, Deputy Lead Governor until her term of office also ended on 20 March. The Council of Governors has approved Susan Ryan in a 'designate' Lead Governor role for six months from 21 March. Susan is supported by Julie Boardman as Deputy Lead Governor.

Electing new governors to the Council
The election process began in December 2021 with new governors terms of office beginning on 21 March. There were 10 public governor vacancies and one staff governor vacancy. Newly elected governors attended a governor induction session on 23 March with the Trust Secretary and Membership and Involvement Manager.

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 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. This year training and development opportunities focused on the Integrated Performance Report, finance and engagement. Despite the COVID-19 pandemic, sessions were held digitally during the year. Governors were also encouraged to attend virtual GovernWell sessions organised by NHS Providers and the NHS Providers conference and virtual workshops 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 2021/22. However the Trust is working to the five-year system plan; and governors have had the opportunity to discuss the Trust's elements of this plan.

Meetings of the Council of Governors 2021/22
The Council of Governors met eight times during 2021/22 which included two extraordinary and two confidential meetings. Individual attendance by governors is shown in the table on the next two pages. 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 2021/22.

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 2021/22.

LGBT+ History Month – Body, Mind, Spirit

LGBT+ history month took place in February 2021 and the theme was "Body, Mind, Spirit". Throughout the month of February, we shared information of online events, information, and stories about those who have been at the forefront of the LGBT+ journey and who are raising awareness of the history of our LGBT+ community as we look forward to an inclusive and diverse future together.

Summary attendance by governors at meetings of the Council of Governors 2021/22

	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	6/8	1/2/20 – 31/1/23
Amber Valley	Ms Mrs	Valerie Angela	Broom Kerry	8/8 0/0	1/2/20 – 20/3/22 21/3/22 – 31/1/25
Bolsover and North East Derbyshire	Mr	Rob	Poole	7/8	1/11/18 – 1/6/21 2/6/21 – 31/1/24
Bolsover and North East Derbyshire	 Mr	VACANT** Ivan	 Munkley	 0/0	 21/3/22 – 31/1/25
Chesterfield	Mrs Ms	Lynda Jill	Langley Ryalls	7/8 0/0	21/3/16 – 20/3/19 21/3/19 – 20/3/22 21/3/22 – 31/1/25
Chesterfield	 Mrs	VACANT*** Ruth	 Grice	 5/6	26/9/20 – 1/6/21 2/6/21 – 31/1/24
Derby City East	Mrs Mr	Julie Graeme	Lowe Blair	6/8 0/0	21/3/19 – 20/3/22 21/3/22 – 31/1//25
Derby City East	Mrs Mrs	Carole Jane	Riley Elliott	8/8 0/0	1/10/19 – 20/3/22 21/3/22 – 31/1/24
Derby City West	Dr Dr	Stuart Ogechi	Mourton Eze	3/8 0/0	1/10/19 – 20/3/22 21/3/22 – 31/1/25
Derby City West	Mrs	Orla	Smith	7/8	1/2/20 – 31/01/23
Erewash	Mr Mr	Christopher Thomas	Williams Comer	4/8 0/0	3/5/19 – 20/3/22 21/3/22 – 31/1/24
Erewash	Mr	Andrew	Beaumont	7/8	1/10/19 – 20/3/22 21/3/22 – 31/1/25
High Peak and Derbyshire Dales	Ms Mr	Carol Chris	Sherriff Mitchell	0/2 4/6	5/3/19 – 1/6/21 2/6/21 – 31/1/24
High Peak and Derbyshire Dales	Mrs	Julie	Boardman	6/8	1/2/20 – 31/1/23

Rest of England (formally Surrounding Areas)	Mrs Ms	Rosemary Annette	Farkas Gilliland	4/8 0/0	21/3/16 – 20/3/19 21/3/19 – 20/3/22 21/3/22 – 31/1/25
South Derbyshire	Mr VACANT**** Mrs	Kevin Hazel	Richards Parkyn	4/4 0/0	1/2/17 – 31/1/20 1/2/20 – 6/7/21 7/7/21 – 20/3/22 21/3/22 – 31/1/25
Constituency – Staff (elected)					
Administration and Allied Support Staff	Miss	Kelly	Sims	5/8	15/3/16 – 1/6/18 2/6/18 – 1/6/21 2/6/21 – 31/1/24
Administration and Allied Support Staff	Mrs	Marie	Hickman	8/8	1/2/20 – 31/1/23
Allied Professions	 Ms	VACANT*** Janet	 Nicholson	 6/6	26/9/20 – 1/6/21 2/6/21 – 31/1/24
Medical and Dental	Dr Dr	Farina Laurie	Tahira Durand	4/8 0/0	21/3/19 – 20/3/22 21/3/22 – 31/1/25
Nursing	Mrs	Joanne	Foster	7/8	2/6/18 – 1/6/21 2/6/21 – 31/1/24
Nursing	Mr Ms	Al Varria	Munnien Russell-White	0/2 1/6	2/6/18 – 1/6/21 2/6/21 – 31/1/23
Constituency – Appointed					
Derby City Council	Cllr	Roy	Webb	4/8	19/6/18 – 18/6/21 19/6/21 – 18/6/24
Derbyshire County Council	Cllr Cllr Cllr	Jim Nigel Martyn	Perkins Gourlay Ford	1/1 2/4 0/1	12/9/17 – 11/9/20 12/9/20 – 2/4/21 26/5/21 – 9/11/21 25/1/22 – 24/1/25
Derbyshire Voluntary Action	Ms	Rachel	Bounds	5/8	13/6/20 – 12/6/23
Derbyshire Mental Health Forum	Mrs	Jodie	Cook	3/8	1/10/20 – 30/9/23
University of Derby	Dr	Stephen	Wordsworth	3/8	1/8/20 – 31/8/23
University of Nottingham	Dr	David	Charnock	4/8	14/11/19 – 13/11/22

* Includes two extraordinary and two confidential meetings
**Unsuccessful in filling the seat in 2021 elections. The vacancy was included in the March 2022 elections.
***Elections in 2020 were paused due to the pandemic and were deferred to Spring 2021
****Vacancy due to governor resignation. The vacancy was included in the March 2022 elections.
Note staff governors may not have been able to attend CoG meetings due to the pressures of the COVID-19 pandemic.

Governor expenses

	2020/21	2021/22
Number of governors	29	41
Number of governors receiving expenses for the year	1	3
Aggregate sum of expenses paid to governors in the year (£00)	£0.05	£0.04

Values shown in £00 – actual amount paid £47 (2020/21: £59).

NHS Providers showcase the Trust's governors COVID-19 experience

NHS Providers chose the Trust's application for the governor showcase at the NHS Providers Governor focus conference on 6, 7 and 8 July 2021.

The Trust's was one of three showcases selected and was shared at the virtual event on 8 July. It was titled 'Meaningful engagement through the COVID-19 pandemic' and focused on how governors:

- Adapted to carrying out their engagement activities
- Supported each other during the COVID-19 pandemic.

NHS Providers created a video of the Trust's application – which was followed by governors Linda Langley, Julie Lowe and Orla Smith talking about what they did. Lead Governor Lynda spoke about the importance of "coffee machine chats" to support and include governor colleagues; Governance Committee Chair Julie Lowe discussed engagement activities; and Governor Orla Smith gave a personal account of being a governor during COVID-19.

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. Staff governors represent the different staff groups that work for the Trust and appointed governors sit on the Council of Governors to represent the views of their particular organisation.

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; and due to the COVID-19 pandemic have engaged with members and the public virtually. Governors continue to review the Governor Engagement Action Plan which is aligned to the aims and objectives of the Trust's Membership Strategy (2021-2024). 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 one copy of the magazine had been issued in January 2022). 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 2021/22 the meetings were arranged virtually due to the national restrictions on social distancing and keeping people safe. This will continue into 2022/23.

During the year governors submitted an application to NHS Providers titled 'Meaningful engagement through the COVID-19 pandemic' which focused on how governors:

- Adapted to carrying out their engagement activities
- Supported each other during the COVID-19 pandemic.

NHS Providers selected our application for the governor showcase at the NHS Providers Governor focus conference which took place virtually on 8 July 2021. Feedback from delegates was very positive.

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 2021/22 due to the pandemic and the cancellation of face to face events that governors usually attend (for example inhouse and external events including the Trust's Summer Fayre; Derby's Caribbean Carnival, Pride events across the county).

Membership figures at 31 March 2022

Constituency	Number of members as at 31 March 2022	Number of members as at 31 March 2021
Public	5922	6,038
Staff	2879	2,795
Total	8801	8,833

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

Membership highlights from our governors…

"I have been an appointed governor for 18 months and have been delighted to see the collaborative working between the Trust and the voluntary sector. There are many more opportunities to connect across organisations and ensure that community and voluntary groups are well placed to feed into and out of the services of the Trust. Whilst I have been in this role I can see the commitment and reflective time and discussion taking place to work together providing support for people when they need it. 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**

"I became a governor six years ago hoping to use my personal and professional experience to contribute towards the workings of the Trust. It has gone from strength to strength ever since I joined (purely coincidental!), improving services, developing new ones, monitoring their effect and coping well with the challenges of covid. I have learned a great deal about the provision of healthcare generally and locally. I have been able to contribute as a person and governor to the work of the Trust. I have felt valued and supported and will miss the many new friends I made when I step down soon. I can recommend becoming a governor as opening the gateway to a fascinating world in which everyone is able to make a contribution to an extremely worthwhile and necessary cause." **Rosemary Farkas, Public Governor, Rest of England**

"I became a governor because I believe in sustaining the NHS and increasing its effectiveness in providing healthcare; and that the NHS can do more to support people with mental health issues. I have lived experience of mental ill health and understands the issues that people face; and am passionate about the NHS providing better support to people with mental health issues. I am looking forward to working together with the people of Derby City West, sharing in our stories and ensuring proper representation.**" Ogechi Eze, Public Governor, Derby City West**

"*The last year has been challenging on many levels. It continues to be a time of anxiety, loss, challenges, discovery and growth. Throughout it all, our governors have continued to carry out their statutory duties, engage with their constituents and hold the Non-Executive Directors to account all be it virtually via Microsoft Teams. I am very proud and honoured to be part of such a thoughtful, caring group of people and I wish everyone well for the future*." **Lynda Langley, Public Governor, Chesterfield and Lead Governor**

"One of the reasons I stood again for a second term of office was I felt that there was more I wanted to achieve on behalf of my colleagues particularly after all we have endured and achieved during the pandemic. I still hold firmly the belief that the most important Trust value is putting our colleagues/staff at the centre of all we do, and that by doing so this can only in turn enhance the patient experience. I want to be a voice for my colleagues and make a difference and support them." **Jo Foster, Staff Governor, Nursing**

"As a public governor I appreciate how our Trust is going from strength to strength as it begins the building of two new hospitals to support adults who require acute support for their mental health needs in Derby and Chesterfield. These modern, purpose-built hospitals for the people of Derbyshire will greatly help people in their recovery." **Orla smith, Public Governor, Derby City West**

Well led requirements on quality

Quality descriptors of the Well Led Framework – 2021/22

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, and during 2019 a decision was made to merge the Safeguarding Committee and the Quality Committee, as a way of ensuring a holistic approach to quality. 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 quality visit programme provides a platform to review each team within the Trust, both clinical and non-clinical and focuses on the good practice within teams. Members of the Board, internal staff and Clinical Commissioning Group (CCG) all meet with teams for them to showcase areas they are proud of. During the COVID-19 pandemic, these quality visits were stood down and replaced with virtual contact visits, however, 2022/23 presents a review and relaunch of the platform, recognising its positive significance to quality improvement of the organisation.

In previous years the quality visit programme has enabled teams to showcase practice they were most proud of and prior to its pause, created a way for colleagues to be highlighted and shortlisted for a Trust wide ceremony. This process showed positive feedback, impacted positively on morale and is expected to support COVID-19 recovery, as teams take time to reflect and galvanise their own learning directly connected to the Trust strategy and quality priorities.

Our CQUINs for 2021/22 were as follows:
The Trust has a number of agreed initiatives in place to monitor improvements in the quality of the care we provide. These are called Commissioning for Quality and Innovation agreements (CQUINs). They are set either nationally, in agreement with NHS England, or locally in agreement with our CCG commissioners. CQUINs identify a proportion of the Trust's income as being conditional on demonstrating improvements in quality and innovation in specified areas of patient care. CQUIN agreements were stood down during the COVID-19 pandemic which has seen two years of no targets in relation to this. However, during this period of time Derbyshire Healthcare took the initiative to continue its work linking to previous CQUINs as identified below:

Staff flu vaccinations; 80% of front-line clinical staff
Alcohol and tobacco screening
Alcohol and tobacco; tobacco brief advice
Alcohol and tobacco; alcohol brief advice
72 hour follow-up post discharge – 80% target
Mental health data (Maturity Index) – 95% score
Mental health data (interventions) – 70% of referrals
High Impact Actions to prevent hospital falls
IAPT – use of anxiety disorder specific measures in 65% of referrals
Managing a Healthy Weight in Adult Medium and Low Secure Services

CQUINs have now been stood back up in preparation for 2022/23 and the Trust's targets are:

Our CQUINs for 2022/23 are as follows:

CQUIN number	Title	Reporting				Lower threshold	Upper threshold
		Q1	Q2	Q3	Q4		
CCG1	Staff Flu Vaccinations	No	No	Yes	Yes	70%	90%
CCG9:	Cirrhosis and fibrosis tests for alcohol dependent patients	Yes	Yes	Yes	Yes	20%	35%
CCG10a:	Routine monitoring for children and young people and women in the perinatal period accessing mental health services, having their outcome measured at least twice	Yes	Yes	Yes	Yes	10%	40%
CCG10b:	Routine outcome monitoring in community mental health services	Yes	Yes	Yes	Yes	10%	40%
CCG12:	Biopsychosocial assessments by Mental Health liaison services	Yes	Yes	Yes	Yes	60%	80%
Total CQUIN Scheme for contract with Derbyshire Healthcare NHS Foundation Trust 2022/23							
CQUIN number	**Title**	**Reporting**				**Lower threshold**	**Upper threshold**
		Q1	**Q2**	**Q3**	**Q4**		
CCG11:	Use of anxiety disorder specific measures in IAPT	Yes	Yes	Yes	Yes	55%	65%

Work is already underway to ensure full planning and achievement of our CQUIN targets and positive work and engagement has been seen from all divisional clinical and operational leaders. An example of this is CCG9 Cirrhosis and fibrosis tests for alcohol dependent patients, which has been linked heavily to acute inpatient ward settings. However, the Trust has taken the initiative to also include this within our older adult inpatient acute settings. It is evident in the Derbyshire community that alcohol dependence is substantially increasing in the older adult populations and this earlier intervention will be beneficial in creating effective pathways for assessment, diagnosis and referral across the JUCD System.

Trust registration with the Care Quality Commission (CQC)
The Trust registered with the 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 in Derby and the Hartington Unit in Chesterfield, as well as our centrally registered extensive community services.

Within 2021/22 the Trust remained at a rating of Good by the CQC. The CQC have in this time period visited three services and have highlighted significant assurance. During these visits the Trust received no requirement notices.

Leadership and Quality Governance

Arrangements in place to govern service quality

The Quality and Safeguarding Committee continues to be the principal committee for quality governance for the Trust. In each meeting, a level of assurance is received and recorded and any issues to be escalated to the Board its other assurance committees are summarised and recorded by the Chair.

The Mental Health Act Committee continues to be a core committee for quality governance of mental health legislation for the Trust. In each meeting, a level of assurance is received and recorded and any issues to be escalated to the Board are summarised and recorded by the Chair.

The Board regularly reviews performance and effectiveness and have oversight of any risks. At each Board meeting the Board Assurance Framework (BAF), Performance Dashboards and Board Committee summary reports are scrutinised and key risks to service delivery, quality of care or staff wellbeing, for example, are discussed in detail and actions to mitigate any risks are agreed. The steps to mitigate any risks are monitored by the Board Committees, who in turn provide the Board with assurance.

When the pandemic became apparent, an Incident Management Team (IMT) was established and continues to provide a supportive and oversight structure to the Trust which includes governance oversight via various work cells. As the pandemic and restrictions turn to “business as usual” the IMT has begun to stand down and reduce, moving away from a command-and-control emergency planning approach into recovery.

Quality Compliance and Governance

Throughout 2021/22, the Trust has continued to focus on quality compliance and quality governance, whilst managing the challenges of the pandemic.

To support the functioning of the Trust during the pandemic, all services developed Standard Operation Procedures (SOPs) around key areas. An example of this is iPads for digital visiting for inpatient areas which supported prioritising people for home visits in our community services, how we manage working with people who are COVID-19 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 national guidance. Governance oversight and sign off was provided by the Ethics and Clinical Governance Cell of the IMT.

Inpatient services for working age adults have continued to work to Accreditation in Inpatient Mental Health Standards (AIMS). The standards for the acute services are unlikely to be fully met due to the limitations of the current estate in bathroom and single room capacity. However, the team continue to embed and complete the remaining standards. The AIMS standards for rehabilitation services were refreshed in December 2020, so our inpatient rehabilitation services will be working towards those as appropriate as they redesign the services in 2022.

Our Inpatient Perinatal services remain accredited with the Royal College of Psychiatrists College Centre for Quality Improvements.

The application for central funding for the eradication of our dormitory provisions has now been accepted and planning permission granted for two new hospitals and the refurbishment of our wider service. This is an exciting opportunity to develop a state-of-the-art hospital that supports high

quality inpatient care. This project has been co-produced and involved carers and experts throughout to ensure the best results possible.

We have also started 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. This will allow us to provide local PICU care whereas currently anyone requiring PICU care is transferred out of area. This supports our commitment to the 'Long Term Plan' and bringing care closer to home and is part of a very serious incident learning review where the lack of a local accessible PICU was outlined by external investigation teams as a significant risk to the system.

The Trust has participated in a number of national benchmarking activities including Learning Disability services, Child and Adolescent Mental Health services, and Working Age and Older Adult Mental Health services.

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. The Board receives assurance from the Quality and Safeguarding Committee that provides oversight to the Trust Quality Strategy and the priorities workstreams.

The Trust is under segment two 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'.

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 historical key commissioning gaps.

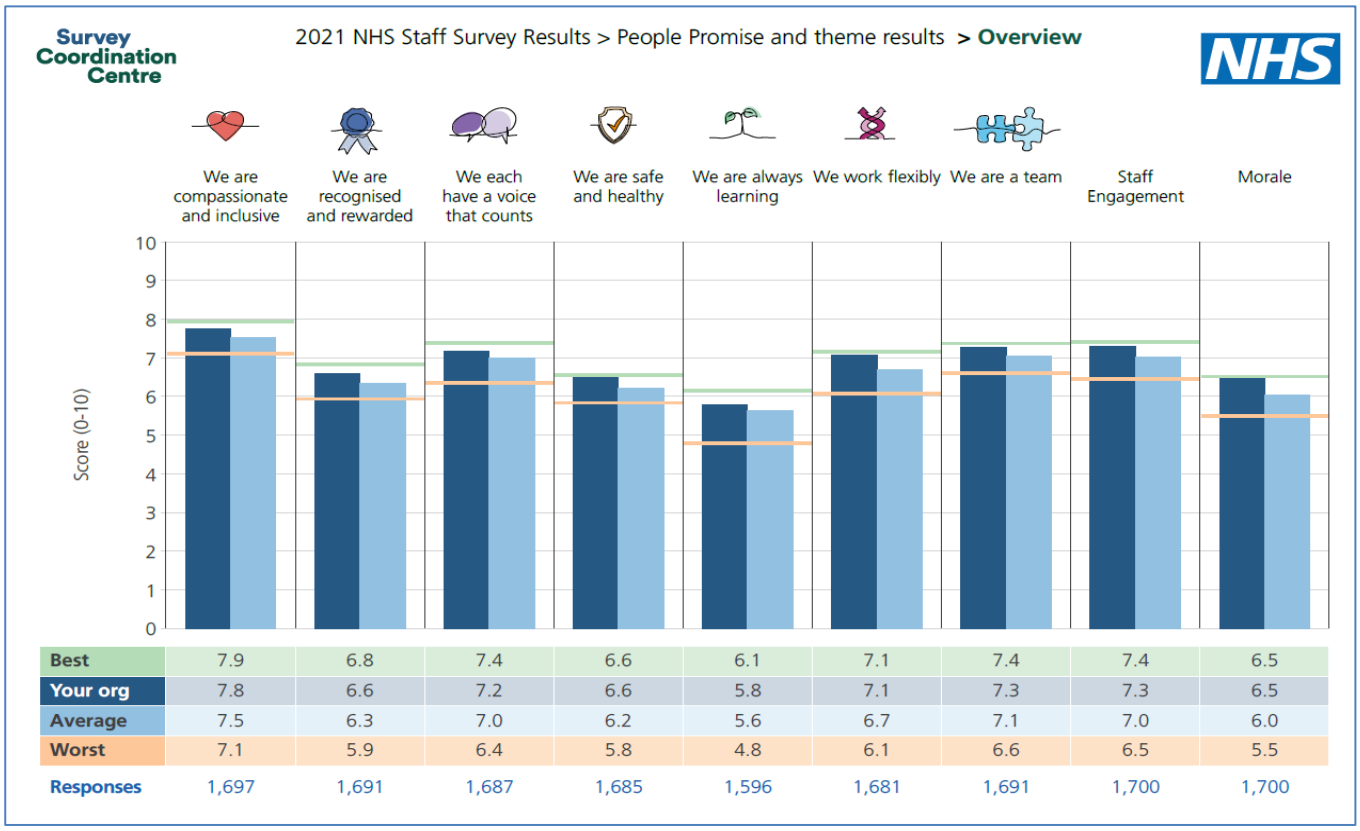
Arrangements for monitoring improvements in quality
Improvements in quality are monitored in several ways, through regulatory inspection, partnership working and oversight with the Clinical Commissioning Group (CCG), continued audit and sustained work from previous CQUINs.

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 much of 2020/21 but have now been recommenced in preparation for the 2022/23 financial year. However, key individuals from both organisations still met monthly to review progress on quality improvements and provide assurance.

The staff survey results in this year give a significant indication of the impact of the leadership team on the lived experience of colleagues employed in the organisation.

The results are included on the next page:



	We are compassionate and inclusive	We are recognised and rewarded	We each have a voice that counts	We are safe and healthy	We are always learning	We work flexibly	We are a team	Staff Engagement	Morale
Best	7.9	6.8	7.4	6.6	6.1	7.1	7.4	7.4	6.5
Your org	7.8	6.6	7.2	6.6	5.8	7.1	7.3	7.3	6.5
Average	7.5	6.3	7.0	6.2	5.6	6.7	7.1	7.0	6.0
Worst	7.1	5.9	6.4	5.8	4.8	6.1	6.6	6.5	5.5
Responses	1,697	1,691	1,687	1,685	1,596	1,681	1,691	1,700	1,700

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

Trust System Development and Transformation
During 2021 the Trust has worked towards a strategic development of community services and Systems in order to prevent ill health. In doing so the Trust aims to improve service accessibility at the point of entry, the ongoing flow and quality of care and documentation during and continued recovery and skill building at the point of discharge.

The Trust is proud to play a leading role within the development of the Mental Health and Learning Disability Integrated Delivery Board. This provides a valuable opportunity to coordinate and lead partnerships and relationships outside the Trust to improve care for patients at all points of their care and truly take on the JUCD visions and values.

With transformation and development comes the ability to create a care setting where people are the true leaders of their care. The future changes to the Mental Health Act and identified quality standards for the upcoming year support this approach, and the Trust is dedicated to ensuring this is done through getting the basics right, quality improvement and sustainability.

SystmOne and Shared Care Record
2021/22 saw the ongoing roll out of services across the Trust onto SystmOne from our previous electronic patient record, PARIS EPR. Learning Disability Services (now Neurodevelopmental Services) and Children's Assessment Mental Health Services went live in December 2020 and Older Persons Mental Health inpatient and community service went live in June 2021. Despite two postponements due to the impact of COVID-19, the final phase of the transformation is planned for completion in May 2022.

Those services currently working on SystmOne, which also include Substance Misuse and Children's Services, can communicate directly with General Practices and clinicians are able to access patients' summary care records from their records. This has improved the ability for clinicians in the Trust to get a good overview of peoples' physical health conditions supporting agreeing treatment and care plans across services.

The Derbyshire health and care system have worked together to create a single care record, to be able to be accessed by professionals from across the health and care sector. This brings local authority records and information, as well as records from our large local hospitals and community health providers together and enable clinicians to access summary care records from across organisations. Once the Trust has fully implemented the move of our records onto SystmOne, then our clinicians will be able to benefit from this wider access to information about patients and other clinicians will benefit from being able to access the Trust's information in the care and treatment of people.

Community Mental Health Framework
Last year saw the continuing design, prototyping and testing of a new model of delivery of community mental health services in line with the requirements of the NHS Long Term Plan for Mental Health. The Living Well project prototyped a new service in the High Peak locality, working between primary and secondary care services, looking at how people can be supported in a different way with a greater focus on the social and environmental causes of mental ill health and linking in with the wider voluntary and community sector. This 12-week intervention has now been brought into the wider transformation of community mental health services, acting as a third tier of a new five-tier approach to care and support (traditional Community Mental Health Teams would have been positioned at tier four).

This integrated model, which brings existing mental health services and voluntary and community services providers into an expanded and wider local Multi-Disciplinary Team was co-designed and co-produced with local communities and stakeholder organisations in the High Peak and Derby city. The Long Term Plan for Mental Health has brought additional investment into this new model of delivery and the new service in the High Peak and Derby city is expected to go live in the early weeks of 2022/23. Chesterfield, Derbyshire Dales and North East Derbyshire and Bolsover will undertake their transformation processes and receive the additional investment that goes with it in 2022/23, with the rest of the county going live in 2023/24.

Crisis developments including children and young people
Other system wide transformation programmes continued throughout 2021/22, including the further development of crisis services across children and young people (CYP) and working age adult services. 2021 saw the establishment of our first "Safe Haven" in Derby for people to access in crisis as an alternative to attending A&E. The service, provided by the Richmond Fellowship is supported by Crisis and Home Treatment Teams (CRHTT) and the 24/7 Derbyshire Mental Health Helpline and Support Service. The helpline has now been operational for two years since being set up in response to the first wave of the pandemic and is now provided in partnership with P3 who employ the initial call handlers and peer advisors.

CYP crisis services are in the process of being established across the county by the Trust and CRHTT using the first year of two years of investments to enable more children and young people to be supported in their own homes and communities and avoiding admissions. Other services to support young people in crisis in day facilities in the community are also in development. The Trust and Chesterfield Royal Hospital have worked together and coordinated action on recruitment into the teams to avoid destabilising existing services.

Introduction of CHATHealth
CHATHealth is a secure and confidential text messaging service for parents and young people across Derby city as part of our 0-19 service offer. It allows people to easily get in touch with a healthcare professional for advice and support. Those making contact do not have to give a name if they do not want to but are still able to send a message to get advice or to chat with a healthcare professional about any worries. We have implemented CHATHealth to improve access to health visitors and school nurses, with the aim of addressing some of the health inequalities relating to young males and diverse groups within our communities accessing our primary care services. As CHATHealth is open to the public and the person does not need to be under any Trust services, texts from the public are sent relating to physical and mental health, parental/infant health as well as other topics. We can then signpost people to the right information or provide a follow up via a one to

one appointment if needed. This provides a positive approach to accessibility and bridging the gap of inequalities.

Organisation/service	Launch date	Number of service users (000's)	Number of conversations opened	Number of conversations opened (per 000 SU's)	Number of messages received
Leicestershire Partnership NHS Trust	Mar-2014	197	819	4.16	3522
Derbyshire Healthcare NHS Foundation Trust	Jul-2020	58	202	3.48	822
South Warwickshire NHS Foundation Trust	May-2016	76	156	2.05	597
Cambridgeshire Community Services NHS Trust	May-2015	472	851	1.8	3647
Nottingham City Care Partnership	Apr-2020	64	111	1.73	573
Devon County Council	Apr-2018	135	230	1.7	584
Sussex Community NHS Trust	Apr-2016	52	57	1.1	149
Midlands Partnership NHS Foundation Trust	Sep-2021	243	166	0.68	648
Nottinghamshire Healthcare NHS Foundation Trust	Jul-2016	171	100	0.58	636
Bolton NHS Foundation Trust	Sep-2019	73	23	0.32	92

Embedding of the Derbyshire Mental Health Helpline and Support Service

The Derbyshire Mental Health Helpline and Support Service continues to be very active and well regarded. The introduction of the helpline during the pandemic has supported the increase in patient acuity and activity. The helpline provides an additional tool for people to access alongside clinical care teams over the 24 hour, seven day a week period and provides access to a variety of professionals. This service has supported people into services as well as reduce the waiting time people face in discussing their concerns and in turn prevent crisis occurring. Furthermore, for those already in our care, it has provided another service for them to access out of hours when their care team may not be available.

	Apr 2021	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022
Total calls answered by crisis line	2,276	2,607	2,379	2,432	2,912	2,789	2,710	2,719	2,968	2,908	2,711	2,226

New build hospitals and Psychiatric Intensive Care Unit (PICU)
Rapid progress was made in 2021/22 to continue the work to design and build new inpatient facilities to enable the eradication of dormitory-style accommodation in the county. The first outline business cases for the new acute unit builds at Kingsway Derby, the Chesterfield Royal Hospital site in Chesterfield, the new PICU build, also at the Kingsway site and the refurbishment of the Radbourne Unit were all agreed by the Trust and the wider Integrated Care System (ICS). Planning permission for the new builds was approved in February 2022 and the development cases now proceed to Full Business Case stage.

Throughout the process a co-production approach has been taken, engaging carers and service users to influence all aspects of the build. The programme remains on time to have completed the new builds by the end of March 2024 and have the services operational in the Spring of 2024.

New Integrated Care Board and Integrated Care System governance and transformation
The local health and care system responded to the Integration White Paper, NHS England Guidance and the new Health and Care Bill as it progressed through Parliament in continuing to develop our Integrated Care System (ICS), Joined Up Care Derbyshire (JUCD), to be ready to establish an Integrated Care Board (ICB), Integrated Care Partnership (ICP), Place Boards, and a Provider Collaborative. The Trust's Chief Executive, Ifti Majid, continued to act as Accountable Officer for the JUCD Mental Health, Learning Disability, Autism and Children's Board, with the Senior Responsible Officers (SROs) for both the mental health and learning disability programmes being Trust executives: Gareth Harry and Ade Odunlade, respectively. In addition, Ifti Majid is the lead Chief Executive Officer (CEO) for the emerging Derbyshire Provider Collaborative. As the ICB and ICS continue to develop so does the effectiveness of the JUCD approach.

New and/or revised services

There have been some changes to the services provided by the Trust during 2021/22 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:

- The Community Mental Health Forensic Team received its third phase of expansion funding to enable it to be fully established at a level able to meet the demand of people with forensic mental health needs in community settings across Derby city and Derbyshire. The service is currently recruiting and is working collaboratively with inpatient units across the East Midlands region to support safe and effective discharges and avoid admissions as part of the Trust's work as a partner in the IMPACT East Midlands Provider Collaborative.
- Over £5m of NHS England transformation funding and local system baseline allocations were used to fund the first year of a three-year transformation of community mental health services. The first year saw intensive engagement with clinicians and local stakeholders in the design of the new service, with prototyping of the new approach in the High Peak locality. The "Go-Live" of the new service in the High Peak and Derby city localities, following this engagement work, is scheduled for early in 2022/23. Further localities are planned for go-live in 2022/23 in Chesterfield, Derbyshire Dales and North East Derbyshire and Bolsover, with the final three localities in 2023/24. The transformation will see a significant expansion of the Trust's clinical services, voluntary sector support and Local Authority Adult Care teams as part of a wider multi-disciplinary way of working, bringing together services from across the Trust alongside partner organisations in each locality to work in a five tier approach to care and support.
- Additional NHS England transformation funding was made available to expand the Trust's Intensive Support Service to enable more people with autism to be supported in their own homes, alongside the existing learning disability service. This is the first phase in a wider transformation of how people with Learning Disabilities and Neurodevelopmental conditions are supported, with an integrated, cross-system approach with Derbyshire Community Health Services NHS Foundation Trust (DCHS) and our two Local Authority partners.
- 2021/22 saw the first year of a two-year investment of NHS England transformation monies and local system baseline allocations into new crisis services for children and young people. This funding will support the development of new services in Derbyshire Healthcare and Chesterfield Royal Hospital Child and Adolescent Mental Health Services (CAMHS) services to be able to support more children and young people with mental health, learning disabilities and other neurodevelopmental conditions in their own homes and communities and reduce the need for admissions to Tier 4 CAMHS inpatient services. Additional non-recurrent monies have been made available from the CAMHS Regional Provider Collaborative, of which the Trust is a partner, for the development of "Tier 3.5" day support services to support children, their families and carers and avoid admissions to Tier 4 services, all of which are outside Derbyshire. This service will be evaluated and funded permanently from any savings achieved over the course of the service being tested.

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.

Compliments, complaints and concerns 2021/22

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 Patient Experience team work with operational teams, and people contacting their service, to ensure that the best outcomes have been achieved in a timely manner. 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. Our progress throughout the year is monitored, and reported on, in quarterly reports to the Patient Experience Committee and Quality and Safeguarding Committee. Our progress is also reported externally through Trust Schedule 4 reporting processes.

2021/22 has been a challenging year due to the increase in the number of contacts the team have received. We have seen an increase in formal complaints of approximately one third, from 167 to 217. Enquiries to the team have doubled from 743 in 2020/21 to 1,419 in 2021/22. To assist with the investigation of complaints a Complaints Investigation Facilitator has been introduced within the Adult Community Mental Health Teams. This has shown an improvement in the timeliness of investigations being completed.

Comparison of contacts through the year:

	2020/21	2021/22*
Compliments	1,208	1,080
Concerns	482	516
Complaints	167	217
Total	**1,857**	**1,813**

*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 logged and 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. Of the 217 formally investigated complaints 25 were upheld in full, 64 upheld in part, 47 not upheld, 15 complaints closed without investigations and 66 complaints are still being investigated.

Parliamentary and Health Service Ombudsman
During the year, the Trust discussed five cases with the Parliamentary and Health Service Ombudsman. One assessment was undertaken, a letter was sent as requested with no further action required. Three enquiries were made; two required no further action and one is ongoing. One investigation was undertaken and the outcome was 'not upheld'.

Comparison of concerns, complaints and compliments by top issues raised
The most common form of concern raised in 2021/22 was regarding care planning. In 2020/21 the top issue reported was regarding the availability of services.

Concerns 2021/22
Care planning
Availability of services/activities/therapies
Staff attitude
Concerns 2020/21
Availability of services/activities/therapies
Care planning
Staff attitude

The most common reason for making a complaint in 2021/22; and in 2020/21 was in relation to care planning.

Complaints 2021/22
Care planning
Staff attitude
Availability of services/activities/therapies
Complaints 2020/21
Care planning
Staff attitude
Availability of services/activities/therapies

Compliments
Themes from the 1,080 compliments received in 2021/22 reflect people's gratitude for the care provided. Comments were also made regarding the compassion and empathy shown by Trust staff. The comments received were similar to those reported in 2020/21.

Many thanks to Legue of Friends for money for self-soothing bags

The Trust's League of Friends funded the service user project for self-soothing bags for the Older Adult In Reach and Home Treatment Team – High Peak and Dales.
The items purchased will greatly benefit patients and help the team to make self-soothing bags, to help patients to build on their self-management skills towards managing anxious situations. The bags provide the opportunity for service users to develop their coping skills and distraction techniques.

Self-soothing bags include a range of items, including creative items such as stress putty and colouring, centred on the five senses. As emotional tension happens during a stressful situation, it is important to know how to relax and regulate emotions effectively.

An instruction sheet is added into the bag to give the patient an understanding of how to use the items and what benefits each item gives. In addition, there is a feedback form to capture patient's experiences and the bag's usefulness.

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 2021/22 these relationships were continued to be tested as the COVID-19 pandemic continued into its second year, remaining as strong as they have ever been.

The Derbyshire health and care system continued to come 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 the continuing waves of the pandemic in 2021/22 were implemented, often at pace. This work has continued through the cross-system collaboration that has delivered the ongoing successful vaccination programme across Trusts, Primary Care Networks, Local Authorities and the voluntary sector.

During the course of 2021/22, Joined Up Care Derbyshire (JUCD) continued its work to develop in line with the 'Integrating care: next steps to building strong and effective integrated care systems across England' White Paper and subsequent legislation as it progressed through Parliament. Subject to this legislation, the Integrated Care Board as a new NHS body has been created in shadow form, with Executive and Non-Executive appointments made ahead of an expected formal establishment in July 2022.

As part of the wider JUCD Integrated Care System, the Trust has joined with the other three Derbyshire Foundation Trusts, East Midlands Ambulance Service NHS Trust and Derbyshire Health United to form a Derbyshire Provider Collaborative. The Trust will also play a key role as a partner within the emerging Integrated Care Partnership as it becomes established following the legislative process.

From December 2021, Derbyshire Healthcare initiated work through the JUCD Mental Health, Learning Disabilities and Autism and Children's System Delivery Board to work with partners across the system to develop and establish a formal Alliance of Mental Health, Learning Disabilites and Autism organisations. This development work will continue into 2022/23 with the current plan for a formal alliance to be in place in early Summer.

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 2022/23 with the potential for a longer term solution for the service, using Section 75 arrangements with Derby City Council.
- 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. Derby City Council have been working with the Trust to explore ways in which these services can be extended over a longer period of time, potentially using the flexibilities of a Section 75 pooled budget arrangement.
- 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. This arrangement has been extended to March 2024 in line with the contract.

- The Trust continues to provide children's continence services in partnership with other providers across Derbyshire under Chesterfield Royal Hospital (CRH) as lead provider.
- The Trust continues to operate the Derbyshire Mental Health Helpline and Support Service in partnership with P3, who provide peer support workers as the first point of access ahead of Trust clinicians.

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.

During 2021/22, the Trust started work to develop, agree and operate a regional provider collaborative for inpatient perinatal services, with Derbyshire Healthcare as the lead provider. Work is ongoing to create new governance arrangements for the collaborative, with active engagement and decision-making by clinicians, professionals and experts by experience. Both Derbyshire Healthcare and Nottinghamshire Partnership Foundation Trust as providers of inpatient services will be members of the collaborative, joined by the other providers across the East Midlands as providers of community perinatal mental health services. This is to try and create joint decision-making processes from across the pathway, removing barriers and demarcations between specialised and locally commissioned services. The current plan is for the East Midlands Perinatal Provider Collaborative to assume responsibility for decision-making from October 2022, with financial responsibility following in April 2023. This is subject to an NHS England assurance process.

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 Plans for Mental Health and Learning Disabilities.

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 continues to be operational throughout 2021/22.

Joined Up Care Derbyshire (JUCD)

In order to deliver the aims of the NHS Long Term Plan, the JUCD Integrated Care System (ICS) 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 Sustainability and Transformation Partnership (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 ICS. The future development of the ICS including the creation of the Integrated Care Board (ICB) NHS Body, the Integrated Care Partnership and the Derbyshire Provider Collaborative are referred to elsewhere in this report.

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 2021/22 are included in the new and revised services section on page 83.

Getting to know our Equality, Diversity and Inclusion team

Colleagues were invited to find out more about what the Trust's Equality, Diversity and Inclusion (EDI) team does – and pick up a cup of coffee – at an event on 18 June 2021.

The Apple at Kingsway Hospital was the venue for the coffee morning. Colleagues from the EDI team were there along with the Chairs of the Trust Staff Networks and Tam Howard, our Freedom to Speak Up Guardian. Hot drinks, cakes and healthy snacks were on offer and was a great opportunity for staff to find out a bit more about what the team does.

Thank-you …

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

- The League of Friends have an exceptionally long term commitment to our organisation. Their compassionate contributions and support of their charitable endeavours enable every person in hospital to receive a present each year. We are grateful for your support. Our special thoughts go out to the League of Friends this year following the great loss of one of their committee members, and our colleague, Mark Wright.
- 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; and we look forward to another year as we develop and grow our services together.
- Partners of the Derby city and Derbyshire Recovery services who have developed our consortium of providers of Drug and Alcohol services which have shown great resilience through the pandemic and through the challenges of maintaining services. We are thankful for their partnership and leadership.
- First Steps Derbyshire for their continued and longstanding partnership in providing Eating Disorders services.
- Healthwatch Derby and Healthwatch Derbyshire for feedback on the voice of our community on how our care is experienced and their ideas on how we can continually improve.
- Derbyshire Community Health Services NHS Foundation Trust – to all of your colleagues who have travelled through the pandemic with our teams. We would not have been able to vaccinate our colleagues and communities without your help.
- 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.
- Our partners in Public Health for their guidance and support through the pandemic has been sustained and of the highest quality and collective leadership of our public health services.
- 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 last year and this.
- Derbyshire Voluntary Action and Erewash Voluntary Action for their continued support and partnership.
- The collective members of the Mental Health, Learning Disability and Autism partnership whose contribution to the future of Derbyshire has laid great foundations for the future as we enter a new world of partnership and collaboration.
- The Coroners service of Derbyshire for their continued partnership working and support to our colleagues and our families who navigate a coronial process.
- The leadership of the Police and Probation service in Multi-agency Public Protection Arrangements (MAPPA) coordination, Public Protection and safety are important areas of partnership and we are grateful to colleague's leadership.

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, we have been keeping our communities up to date during COVID-19, with focused COVID-19 webpages providing latest guidance for patients/visitors to our services.

During the year, as 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 and Trust news. 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:

Derbyshire Mental Health Helpline and Support Service
Derbyshire's Mental Health Helpline and Support Service was introduced at the start of the pandemic and will soon have been in operation for two years. The service 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.

In addition, if the helpline team feel that the caller would benefit from some face to face support, they may be invited to a 'safe haven' location, to be met in person. Here they can continue to discuss their problems in a calm, welcoming environment with people who understand what they are going through.

The helpline and support service is run by a partnership of NHS and third sector organisations.

Children's Mental Health Week
Children's Mental Health Week took place from the 7 – 13 February 2022, with the theme of growing together. Throughout the week, we shared hints and tips on keeping well and having important conversations with young people. We also shared information with our communities on where they could access support if they need it, as a young person or a parent/carer. This was shared alongside a reminder it's okay not to feel okay.

Wider Patient and Public Involvement (PPI) activities
The Trust participated in several anti-stigma, information and awareness raising events throughout the year. This included: Maternal Mental Health Awareness Week, National Equality and Human Rights Week, Mental Health Awareness Week, Carers Week, International Women's Day, Men's Health Week, World Suicide Prevention Day and World Mental Health Day. A key purpose of this awareness raising is to share information and advice with communities, for example talking about the little things we can all do to look after our mental wellbeing and how we can make a big difference in helping ourselves and those around us to lead happy, healthy lives and cope with life's challenges.

In line with the Trust's commitment to LGBT+ communities, ethnic minority and disability networks, the Trust promoted several 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, Ramadan, Eid, Diwali and Pride Month.

Transforming our acute services
In line with guidance from Derby and Derbyshire Health Improvement Scrutiny Committees, the Trust has committed to ongoing and meaningful engagement with stakeholders throughout the length of the Dormitory Eradication/Psychiatric Intensive Care Unit (PICU)/refurbishment programme.

Initial public engagement activities took place throughout the summer of 2021, where we discussed the introduction of new services to the Kingsway Hospital site and future changes of use to other facilities in both Derby and Chesterfield.

Direct engagement took place with interested and/or affected stakeholders, alongside wider communications to the general public, for example media liaison regarding the planned developments. This engagement approach was also reflected in the planning application, with detailed information and correspondence being undertaken by people who live close to the developments in Derby.

Service user involvement and engagement has been a priority throughout the development of the new projects. This has been led by people with lived experience, with these skills being directly brought into the project team. Patient engagement has included conversations at our EQUAL Forum and the patient and carer reference group.

Information boards have been established in communal inpatient areas, which are accessible to service users and carers, and on occasion feature service user surveys. The surveys carried out include detailed feedback on all aspects of the internal aesthetics of the new builds and refurbishments, including sensory and visuals. This engagement will be used to shape the future of the facilities and services.

Implementing the Community Mental Health Framework across Derbyshire
The Community Mental Health Framework looks at how we achieve the requirement in the NHS Long Term Plan for place-based community mental health support. It also looks at how community services should offer whole-person, whole-population health approaches, aligned with the new Primary Care Networks.

Over the next three years we will be looking to achieve the following:

1. To improve people's access to mental health services by creating new community based access points for both adults and older adults
2. To break down the barriers between different parts of the NHS, social care and voluntary sector organisations, unlocking the potential that can be created when we all work better together
3. To transform the experiences of people in our care for the better. We will wrap care and support around people when they need it, rather than asking them to access different services with different clinicians.

In Derbyshire we started to pilot this work in the High Peak by trialling a model which we are currently calling Living Well Derbyshire. Living Well Derbyshire is the new community access point to accessing mental health care in the High Peak.

Our initial experiences in the High Peak have been really positive for both patients, carers and colleagues. We are now rolling out this learning to Derby city teams, who are next in the staged roll out of the Community Mental Health Framework changes.

Going forwards we will extend these changes in waves. The next wave includes the Derbyshire Dales, North East Derbyshire, Bolsover and Chesterfield. After that, the third wave will include Amber Valley, Erewash and South Derbyshire.

The Trust has engaged stakeholders regarding the Living Well Derbyshire programme via print and e-newsletter articles. We created network events which included stakeholders from the High Peak and Derby city (wave one) and held engagement sessions for GPs within those areas, all of which fed into the design of the new service models.

We have also worked alongside colleagues in the Local Authority, voluntary sector and those with lived experience to develop a Living Well Derbyshire animation and website which will be targeted at service users, staff, stakeholders and the general public.

Formal consultation and engagement activities
Following engagement with the Mental Health, Learning Disability and Autism System Delivery Board and Derby and Derbyshire Health Improvement Scrutiny Committees, a public consultation on mental health services for older people, run by Derby and Derbyshire Clinical Commissioning Group, opened on 1 December 2021 and remained open to public feedback until 1 February 2022.

The consultation asked local people to share their views on proposals to relocate two services for older people with functional mental health conditions to new facilities in the city and county.

This included:

- Permanent relocation of functional mental health beds for older adults from Ward 1, Florence Nightingale Community Hospital to Tissington House, Kingsway Hospital (the service had relocated on an interim basis in Summer 2021)
- Future relocation of functional mental health beds for older adults from Pleasley Ward at the Hartington Unit to Walton Hospital in Chesterfield.

The feedback from the consultation was largely positive and queries were addressed with relevant parties. The consultation was promoted to the general public and stakeholders via the CCG, the Trust and Derbyshire Community Health Services NHS Foundation Trust (DCHS), who provide services at Walton Hospital. This included newsletters, emails signposting to the website and post-engagement sessions with staff.

Further engagement with Derby and Derbyshire Adult Health Scrutiny Committees enabled a focused engagement process to proceed regarding the release of inpatient rehabilitation services offered at Audrey House, Kingsway Hospital, Derby. Due to a lack of local demand for beds, Audrey House has been vacant since April 2020, with all rehabilitation inpatient services being delivered from Cherry Tree Close.

The engagement process proposal included the reprovision of inpatient rehabilitation into a community service, based on stable bed numbers, which in turn would release the unit for the wider estate needs of the Trust. Engagement ran from 24 January 2022 to 7 March 2022 and included communication with former users of the service, current inpatient rehab service users and staff impacted by the change. In addition, communication was included in our weekly staff e-newsletter also through the Chief Executive communications channels. Engagement also took place with stakeholders including the patient and carer forum, ‘EQUAL’.

Following this engagement, the Audrey House facility can now formally be released for use by our acute mental health services. It is planned that Audrey House will be developed in order to become suitable estate for the Trust’s new acute plus services for women, which is due to open in 2024. In the interim the unit will be used to support a small number of acute care patients while refurbishment is undertaken at the Radbourne Unit.

Remuneration report

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

Ifti Majid
Chief Executive
14 June 2022

Annual statement on remuneration

Major decisions/substantial changes to senior managers' remuneration
On 15 December 2021 the Remuneration and Appointments Committee approved a discretionary one-off, non-consolidated, non-pensionable award of £2,250 for Very Senior Managers (VSM); Executive Directors. The award was made in recognition of the contribution of the Executive Team and VSM colleagues in these exceptional times. The award did not exceed 3% for any individual. The Committee also approved the full award to the Chief Operating Officer on confirmation that an award was not made by his former employer. This was agreed in line with Trust values.

On setting the award, the Committee took account of the approach of other system partners in the East Midlands. Derbyshire system partners agreed the same award to provide a cohesive approach within the system.

For the Chair appointment in 2021/22, the Governors' Nominations and Remuneration Committee set the remuneration rate in line with the NHSE/I framework. There has been no changes to the remuneration rates for Non-Executive Directors in the year. New appointments were paid at existing rates.

Selina Ullah, 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 98-101.
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 98-99. 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 2021/22 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.
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 detailed 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 (VSM) 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.

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 Directors 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 five times throughout the year.

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

	Actual attendance	Possible attendance
Selina Ullah (Chair) – from 14.9.21	2	2
Caroline Maley (Chair – until 13.9.21)	3	3
Dr Julia Tabreham *	4	4
Margaret Gildea	4	5
Geoff Lewins	4	5
Richard Wright	5	5
Dr Sheila Newport	4	5
Ashiedu Joel	4	5
Deborah Good **	1	1

* until 20 December 2021 ** from 1 March 2022

Governors' 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 six times throughout the year.

Attendance at the Nominations and Remuneration Committee is outlined below:

	Actual attendance	Possible attendance
Selina Ullah (Chair) from 14.9.21	2	2
Caroline Maley (Chair until 13.9.21)	2	4
Margaret Gildea, Senior Independent Director	2	2 *
Lynda Langley, Lead Governor and Public Governor, Chesterfield	6	6
Andrew Beaumont, Public Governor, Erewash	2	2 **
Kevin Richards, Public Governor, South Derbyshire	3	4 ***
Carole Riley, Public Governor, Derby City East	6	6
Susan Ryan, Public Governor, Amber Valley	5	6
David Charnock, Appointed Governor, University of Nottingham	6	6
Kel Sims, Staff Governor, Admin and Allied Support	5	6

* elements of the meeting chaired by Margaret Gildea when Trust Chair had declared an interest.
** up to June 2021
*** up to July 2021

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 2021/22 and pension benefits) plus the fair pay multiple, payment for loss of office and payments to past senior managers are subject to audit.

Nike donation means Trust inpatients will be kitted out for sports sessions

Thanks to the generosity of Nike Direct, patients at the Trust's Hartington Unit can now be issued with a kit to take part in physical activity sessions at the unit.

Many patients come into hospital without appropriate clothing or footwear to take part in physical activity sessions.

Physiotherapist Paula Manning got in touch with a local Nike store which offered to support the unit with donations of surplus staff uniforms. Paula, along with Recreation Coordinator Clare Farnsworth, liaised with Kim Wright, Operations Coach from Nike's Mansfield store, who kindly agreed that the work within the unit on physical activity is something they would be happy to support. Clare (front) and Paula are pictured with Kim and Dan from the Nike store and some of the kit.

Clare said: "A huge thank you to our local Nike store for donating the gym wear to the Hartington Unit. The kits will be issued to patients that come into hospital with no sports clothing or footwear to support them to join in with physical exercise."

Salary and allowances of Executive and Non-Executive Directors for the year 2021/22

Title	Name	2021-22						2020-21					
		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	155-160				32.5-35	190-195	150-155				47.5-50	200-205
Deputy Chief Executive & Executive Director of Finance	Claire Wright	125-130				27.5-30	155-160	125-130				25-27.5	150-155
Executive Medical Director	John Sykes *[1]	210-215	2,000				215-220	205-210	2,000				205-210
Executive Director of Nursing & Patient Experience	Carolyn Green	120-125				52.5-55	175-180	120-125				30-32.5	150-155
Chief Operating Officer	Prince Ade-Odunlade *[2]	90-95				35-37.5	125-130						
Chief Operating Officer	Mark Powell *[3]	0-5				0-5	0-5	110-115				25-27.5	135-140
Director of People and Inclusion	Jacqueline Lowe *[4]	100-105				25-27.5	125-130	60-65				12.5-15	75-80
Director of Business Improvement and Transformation	David (Gareth) Harry	105-110				25-27.5	130-135	100-105				30-32.5	135-140
Trust Secretary	Justine Fitzjohn	80-85				32.5-35	115-120	75-80				25-27.5	100-105
Chair	Selina Ullah *[5]	20-25					20-25						
Chair	Caroline Maley *[6]	20-25					20-25	50-55					50-55
Non-Executive Director	Julia Tabreham *[7]	5-10					5-10	10-15					10-15
Non-Executive Director	Richard Wright	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	Ashiedu Joel *8	10-15					10-15	10-15					10-15
Non-Executive Director	Sheila Newport *9	10-15					10-15	10-15					10-15
Non-Executive Director	Deborah Good *10	0-5					0-5						

(This disclosure is subject to audit.)

Key:

*1 John Sykes - pension frozen from 31.05.2012

*2 Prince Ade-Odunlade - started in post 05.07.2021

*3 Mark Powell - left post 13.04.2021

*4 Jacqueline Lowe - started in post 17.08.2021

*5 Selina Ullah - started in post 14.09.2021

*6 Caroline Maley - left post 13.09.2021

*7 Julia Tabreham - left post 20.12.2021

*8 Ashiedu Joel - started in post 23.01.2020

*9 Sheila Newport - started in post 11.01.2020

*10 Deborah Good - started in post 01.03.2022

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

NHS foundation trusts are required to disclose the relationship between the remuneration of the highest-paid director in their organisation and the lower quartile, median and upper quartile remuneration of the organisation's workforce.

The banded remuneration of the highest-paid director in the organisation in the financial year 2021-22 was £215,000 - £220,000 (2020-21: £205,000 - £210,000). This is a change between years of 2.4%

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

For employees of the Trust as a whole, the range of remuneration in 2021-22 was from £8,408 to £215,488 (2020-21 £12,638 to £207,919). The percentage change in average employee remuneration (based on total for all employees on an annualised basis divided by full time equivalent number of employees) between years is 5.4%

There was one employee that received remuneration in excess of the highest paid director in 2021-22 (2020-21: none).

The highest paid director during 2021-22 was the Executive Medical Director (of which £135,906 related to their clinical role). This is consistent with 2020-21.

In 2021-22 there were two senior managers 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 (2020-21: 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.

The remuneration of the employee at the 25th percentile, median and 75th percentile is set out below. The pay ratio shows the relationship between the total pay and benefits of the highest paid director (excluding pension benefits) and each point in the remuneration range for the organisation's workforce.

2021/2022	**25th percentile**	**Median**	**75th percentile**
Salary of component of pay	£24,673	£33,510	£42,160
Total pay and benefits excluding pension benefits	£24,673	£33,510	£42,160
Pay and benefits excluding pension: pay ratio for highest paid director	8.8	6.5	5.2

Pension benefits 1 April 2021 – 31 March 2022

Title	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 2022 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2022 (bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2021	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2022	Employers Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£000	£000	£000	£000
Chief Executive	Ifti Majid	55-57.5	0-2.5	75-80	175-180	1552	73	1632	22
Deputy Chief Executive & Executive Director of Finance	Claire Wright	45-47.5	0-2.5	45-50	90-95	815	48	867	18
Executive Medical Director	John Sykes	0	0	65-70	205-210	0	0	0	0
Executive Director of Nursing & Patient Experience	Carolyn Green	70-72.5	2.5-5	35-40	65-70	542	57	602	17
Chief Operating Officer	Prince Ade-Odunlade	47.5-50	0-2.5	25-30	35-40	491	56	549	12
Director of People and Inclusion	Jacqueline Lowe	37.5-40	0-2.5	10-15	5-10	176	31	208	15
Director of Business Improvement and Transformation	David (Gareth) Harry	37.5-40	0-2.5	30-35	55-60	466	34	502	15
Trust Secretary	Justine Fitzjohn	42.5-45	0-2.5	15-20	20-25	244	37	282	12

Payments for loss of office
None in 2021/22.

Payments to past senior managers
None in 2021/22.

The benefits and related CETVs do not allow for a potential future adjustment for some eligible employees arising from the McCloud judgment.

Staff report

Workforce profile: staff numbers*
The table below outlines the professional categories of staff employed by the Trust and the changes in whole time equivalent (WTE) from 2020/21 – 2021/22:

Average number of employees (WTE basis)	**2021/22 Total Number**	**2021/22 Permanent Number**	**2021/22 Other Number**	**2020/21 Total Number**	**2020/21 Permanent Number**	**2020/21 Other Number**
Medical and dental	**181**	168	13	**173**	161	12
Ambulance staff	**0**	0		**0**	0	
Administration and estates	**696**	673	22	**645**	627	18
Healthcare assistants and other support staff	**500**	490	10	**513**	509	4
Nursing, midwifery and health visiting staff	**1,009**	988	22	**971**	957	14
Nursing, midwifery and health visiting learners	**19**	19		**6**	6	
Scientific, therapeutic and technical staff	**324**	324	0	**304**	303	1
Healthcare science staff	**0**	0		**0**	0	
Social care staff	**7**	7		**5**	5	
Other	**0**			**0**		
Total average numbers	**2,736**	**2,669**	**67**	**2,617**	**2,568**	**49**
Of which:						
Number of employees (WTE) engaged on capital projects	**18**	18		**16**	16	

* 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 WTE across the financial year.

Workforce profile: Staff costs*

	31 March 2022			31 March 2021		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£0	£0	£0	£0	£0	£0
Salaries and wages	**100,753**	**98,653**	**2,100**	96,845	95,525	1,320
Social security costs	**9,450**	**9,450**	**-**	8,747	8,747	-
Apprenticeship levy	**477**	**477**	**-**	451	451	-
Employer contributions to NHS Pension Scheme	**12,269**	**12,269**	**-**	11,645	11,645	-
Employer contributions paid by NHSE on providers' behalf	**5,363**	**5,363**	**-**	5,106	5,106	-
Other pension costs	**-**	**-**	**-**	-	-	-
Other post-employment benefits	**-**	**-**	**-**	-	-	-
Temporary staffing (External Bank)	**-**	**-**	**-**	-	-	-
Temporary staffing (Agency/Contract)	**5,713**	**5,713**	**-**	3,870	-	3,870
Termination benefits				-	-	-
Total Gross Staff Costs	**134,025**	**126,212**	**7,813**	126,664	121,474	5,190
Of the total above:						
Charged to Capital	**659**			333		
Employee benefits charged to revenue	**133,366**			126,331		
	134,025			126,664		

* subject to audit

Trust live engagement hours

Trust live engagement hours continued throughout the year. Colleagues from all of our services were encouraged to attend these virtual sessions via MS Teams.

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

	Headcount	FTE	Workforce %
Trust			
Employees	2,879	2,514.95	-
Staff Group			
Add Prof Scientific and Technic	239	204.17	8.30%
Additional Clinical Services	466	413.60	16.19%
Administrative and Clerical	593	511.83	20.60%
Allied Health Professionals	203	168.79	7.05%
Estates and Ancillary	143	112.61	4.97%
Medical and Dental	140	126.16	4.86%
Nursing and Midwifery Registered	1,065	947.78	36.99%
Students	30	30.00	1.04%
Age			
16-20	3	2.44	0.10%
21-30	413	390.33	14.35%
31-40	658	569.44	22.86%
41-50	796	706.13	27.65%
51-60	782	674.25	27.16%
61-70	216	165.01	7.50%
71 and above	11	7.35	0.38%
Disability			
Declared Disability	194	171.38	6.74%
No Declared Disability	2,685	2,343.57	93.26%
Ethnicity			
White – British	2,212	1,916.12	76.83%
White – Irish	27	21.66	0.94%
White – Any other White background	59	53.13	2.05%
White Northern Irish	3	2.67	0.10%
White Unspecified	19	17.28	0.66%
White English	4	3.60	0.14%
White Gypsy/Romany	1	1.00	0.03%
White Other European	2	2.00	0.07%
Mixed – White and Black Caribbean	28	25.13	0.97%
Mixed – White and Black African	4	3.48	0.14%
Mixed – White and Asian	19	16.82	0.66%
Mixed – Any other mixed background	14	12.70	0.49%
Asian or Asian British – Indian	147	132.48	5.11%
Asian or Asian British – Pakistani	60	54.18	2.08%
Asian or Asian British – Bangladeshi	4	2.73	0.14%
Asian or Asian British – Any other Asian background	11	10.25	0.38%
Asian Punjabi	3	2.24	0.10%
Asian Tami	1	1.00	0.03%
Black or Black British – Caribbean	59	53.19	2.05%
Black or Black British – African	98	92.71	3.40%
Black or Black British – Any other Black background	9	8.67	0.31%
Black Nigerian	1	0.80	0.03%
Black British	2	1.40	0.07%
Chinese	5	4.75	0.17%
Any Other Ethnic Group	14	12.39	0.49%
Vietnamese	1	1.00	0.03%
Filipino	1	1.00	0.03%
Not Stated	71	60.56	2.47%

Gender			
Female	2,306	1,984.15	80.10%
Male	573	530.80	19.90%
Gender breakdown			
Female Director/CEO	4	4.00	50.00%
Male Director/CEO	4	4.00	50.00%
Female Senior Manager Band 8c and above	26	23.55	60.47%
Male Senior Manager Band 8c and above	17	16.60	39.53%
Female Employee other	2,276	1,956.60	80.48%
Male Employee other	552	510.20	19.52%
Religious Belief			
Atheism	474	423.69	16.46%
Buddhism	19	17.03	0.66%
Christianity	1,166	1,014.52	40.50%
Hinduism	32	29.46	1.11%
Not stated	726	617.71	25.22%
Islam	70	62.93	2.43%
Jainism	2	2.00	0.07%
Judaism	6	5.80	0.21%
Other	326	292.50	11.32%
Sikhism	58	49.31	2.01%
Sexual Orientation			
Bisexual	38	35.57	1.32%
Gay or Lesbian	66	61.05	2.29%
Heterosexual or Straight	2,196	1,930.24	76.28%
Undecided	4	3.60	0.14%
Other not listed	2	1.80	0.07%
Not Stated	573	482.68	19.90%

Mental Health Awareness Week

Mental Health Awareness Week (MHAW), organised by the Mental Health Foundation, ran from 10-16 May 2021, on the theme of Nature.

Colleagues were encouraged to access the NHS staff mental health and wellbeing offer, which includes helplines, a 24/7 text service and free access to wellbeing apps.

During Mental Health Awareness Week the Trust's aim was to thank colleagues for their hard work and encourage them to look after their wellbeing, as well as the wellbeing of their colleagues.

Sickness absence data

Sickness absence data for 2021/22 is published by NHS Digital at this location:

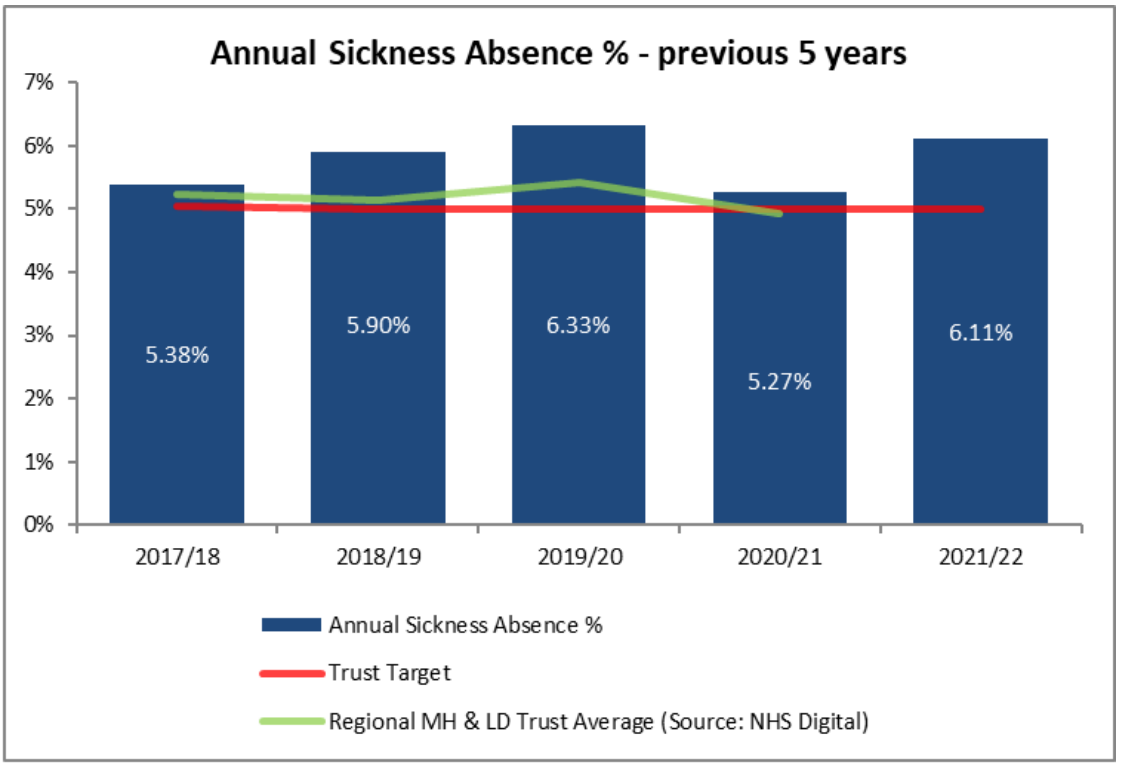
https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

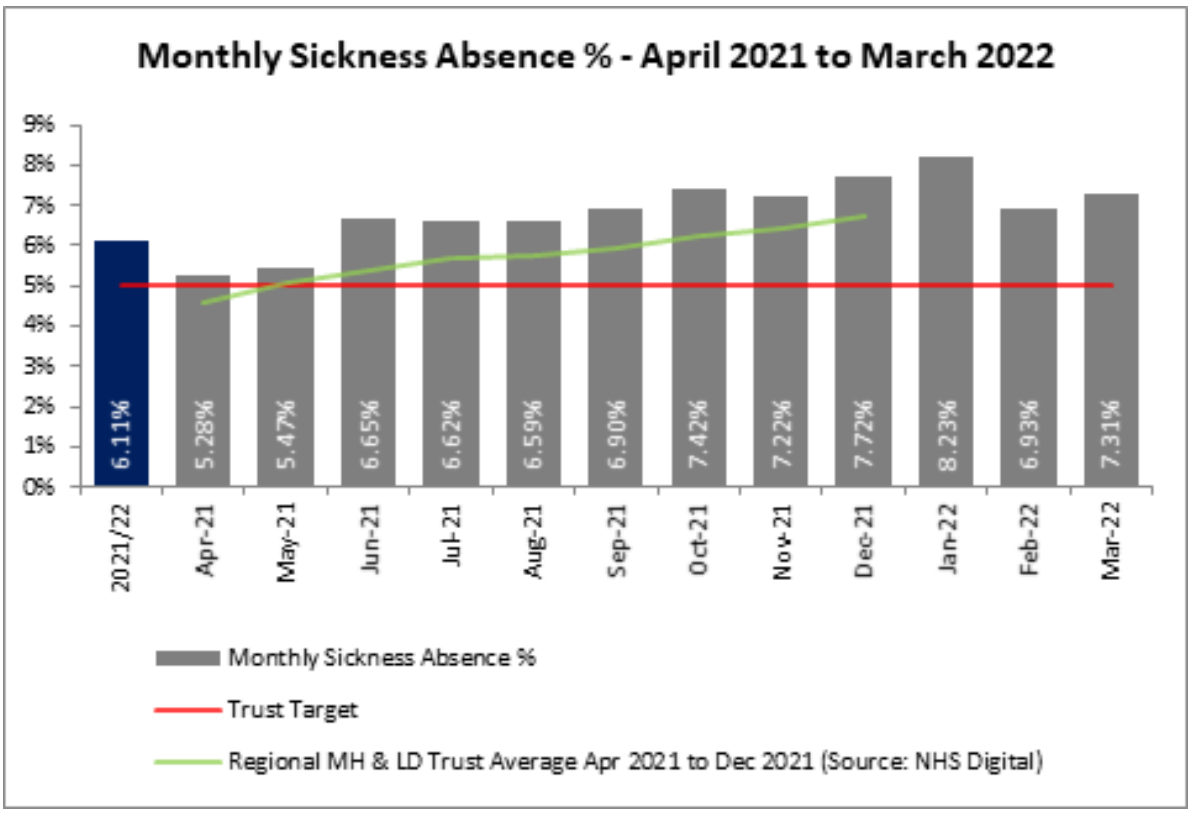
We continue to work with colleagues to support their health and attendance at work. The annual sickness rate for 2021/22 was 6.11% which is 0.84% higher than the previous year.

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 31.67% of all sickness absence during 2021/2022, followed by COVID-19 confirmed at 12.58% and surgery at 7.20%.

For colleagues who are unable to attend work we have a range of support, which we are reviewing to ensure it means the needs of both individual colleagues who are off work and managers supporting colleagues

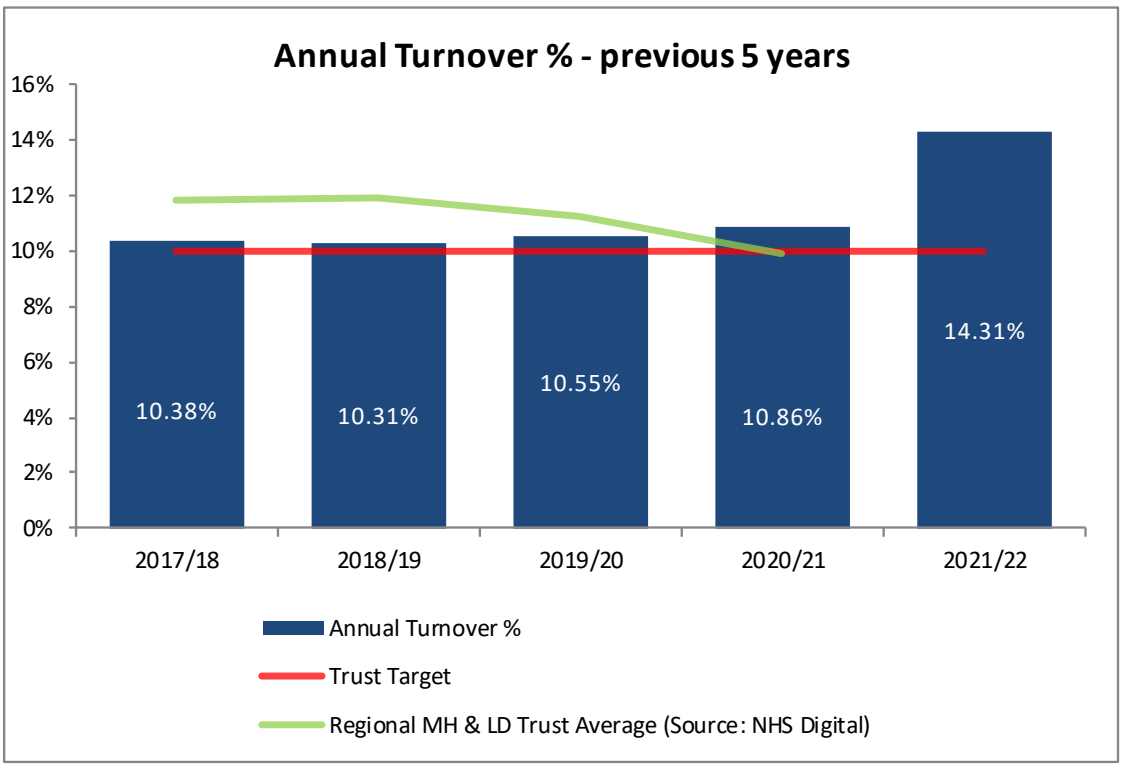
Whole time equivalent (WTE) days available	Average number of WTE staff 2021/22	WTE days lost to sickness absence	Average sick days per WTE
884,058.93	2467.92	53,973.67	21.87

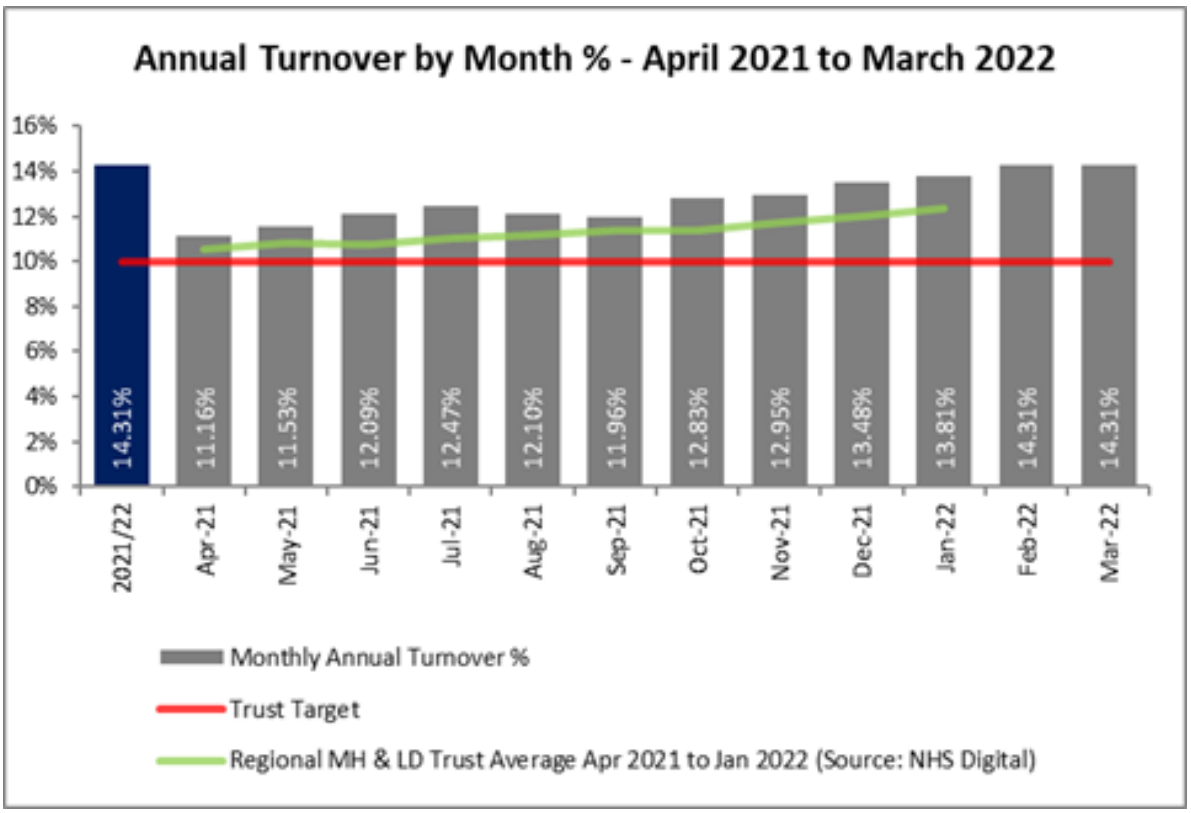




Turnover data

Turnover data for 2021/22 is published by NHS Digital at this location:
[NHS workforce statistics - NHS Digital]





Equal forum member Tony has photos on show in Matlock Bath exhibition

An exhibition of photography by Trust Equal Forum member Tony Fisher opened at the Peak District Mining Museum in Matlock Bath in June 2021.

The exhibition, entitled Only the Lonely, sees Tony (pictured) aiming "to transform the ordinary into the extraordinary by seizing the moment".

Tony has tried to explore and research loneliness, isolation and wellbeing in his photographic project.

The show ran until 27 June, admission was free.

Staff policies and actions applied during the financial year

Staff wellbeing update

The wellbeing of our staff continues to be at the heart of our culture demonstrated by the 2021 NHS Staff Survey Results which described 74.9% of staff reporting that Derbyshire Healthcare takes positive action on health and wellbeing.

Additional wellbeing support introduced at the onset of the pandemic has continued throughout the year, this included bookable coaching calls with a member of the staff wellbeing team, access to peer support groups, wobble rooms and spaces, traumatic incident support, access to a 24/7 counselling helpline and numerous bespoke training sessions offered to staff. Monthly wellbeing activity programmes direct staff to live events and resources.

Integral to nurturing and embedding a culture of wellbeing and a vital part of our COVID recovery our staff wellbeing champions network, which to date includes approximately 35 champions, continues to grow.

Emotional and psychological support continues to be offered by the Resolve service on an individual basis, with a referral rate of 9% this year. We have also been able to continue with the system wide offer for staff to access the Thrive app which provides a programme of wellbeing activity and Cognitive Behavioural Therapy (CBT) approaches. Thrive have also enhanced the wellbeing activity calendar via access to various webinars and recently supported the winter wellbeing programme by delivering bespoke sessions.

The Wellbeing team were able to launch and promote access to physical activity platforms, Fit4theFight and Be Military Fit. The recruitment of six Health Improvement Advisors (HIAs) across Joined Up Care Derbyshire(JUCD) has increased the opportunity for access to shared physical activity sessions, amongst other wellbeing initiatives and will be promoted widely in the near future.

The reproductive and hormone health project has now concluded and has provided a valuable insight into the health needs of the workforce population. The project has helped to raise awareness and provided an extensive range of resources for staff. The established peer support group continues to be delivered on a monthly basis.

There is a current need and focus for staff around their financial wellbeing and we have had sessions provided by Marches Energy Charity to offer money saving advice and we continue with our financial wellbeing peer support group. The team has launched a financial wellbeing package which includes our offer from Salary Finance offering financial education and low-cost loans.

We also continue to receive requests for bespoke team support. This can be for teams who have experienced a difficult incident, for teams who are feeling exhausted and for those teams where morale is low. We have been responding to requests for team support either by coaching team leads or providing team sessions which are delivered by the Wellbeing team or if appropriate by the team at Resolve counselling service.

Trust colleague Michael McGuinness was delighted to achieve second place at this year's Student Nursing Times Awards in the category 'Practice Supervisor of the Year'

Michael (pictured) is a Lead Nurse in Derby City Adult Community Mental Health Team B. He was nominated for the award by a student on placement with the team. Michael went to London to be interviewed by a five-strong judging panel and then attended the ceremony on 4 November 2021.

He said: "After speaking to the judges, it was a close call between me and the winner, so second place is an incredible achievement and I am very pleased. It was a huge event with more than a thousand people in attendance."

Michael was presented with a bottle of champagne, chocolates, a certificate and an award finalist pin badge.

Carolyn Green, Director of Nursing and Patient Experience, said: "Huge congratulations to Michael for making it through to the final. We are really pleased. Our students are our future colleagues and how we make them feel, and how we help them grow and flourish, is so incredibly important to our teams and to our community. Very well done, Team Community Mental Health, and congratulations to Michael for being one of the top mentors."

Policies and actions related to staff with impairments and/or long term health 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 (CCG). We also publish the data and action plan on our website: www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity

We also have a Long Term Impairment or Neurodiverse Health Conditions Policy and Procedure, to which the Reasonable Adjustments Passport is appended. The Policy provides a framework for supporting employees who have a long term health condition or impairment 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 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 2021 with our continuing response to the COVID-19 pandemic, which involved the Chair of the Staff Side Committee being part of the Gold Command response. This enabled 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 staff 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 2021/22 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 2021/22	Number of employees
0%	**-**
1-50%	**9**
51%-99%	**-**
100%	**3**

Percentage of pay bill spent on facility time during 2021/22	Figures
Total cost of facility time	**£96,859**
Total pay bill	**£128,662,000**
Percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	**0.08%**

Paid Trade Union activities

Time spent on paid Trade Union activities as a percentage of total paid facility time hours during 2021/22 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%

Involving and engaging our staff

Derbyshire Healthcare continues to be committed to creating an open and honest culture, and encourages staff involvement and engagement through a wide range of mechanisms and opportunities.

The importance of staff communications during COVID-19

Staff engagement and internal communications have continued to be a priority for the Trust throughout 2021/22 and has been key to the Trust's response to the COVID-19 pandemic.

A communications cell formed part of the Trust's Incident Management Team (IMT) response to the pandemic. The cell's objectives were to ensure internal and external audiences were kept up to date with current guidance and requirements and that people were informed of the latest information as it arrived. The cell also established clear mechanisms for colleagues to ask questions, raise concerns, share ideas and support one another – these opportunities have remained in place throughout the year.

This approach built on the communications focus that was established at the start of the pandemic in 2020, where updates from the IMT were cascaded on a regular basis through written and video updates. We continued to hold engagement sessions with colleagues virtually, in addition to all-staff engagement hours and directorate or subject specific sessions such as the mandatory vaccinations legislation. Through these virtual sessions we have been able to engage with more colleagues, whilst continuing to facilitate open and meaningful conversations.

Team Brief returned in early 2022 to manager-only attendance and now takes place every other month. The sessions help to inform managers about issues wider than COVID-19 – for example the refresh of the Trust Strategy (which is currently underway as the report was being prepared), our building projects updates and our OnEPR patient record programme. Managers can then cascade the information to their teams via their team meetings.

The Trust's staff only Facebook page has continued to have a significant communication role during the last year. 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 Team Derbyshire Healthcare staff only Facebook group has allowed us to reach and engage with colleagues that may not regularly receive Trust updates through alternative forms of electronic communication and has proved to be an excellent way of engaging staff, with a high level of interaction.

In November 2021, after a year's break due to the pandemic, we held our staff conference. For the first time this was held virtually. The event's theme was 'getting back on track', aiming to bring colleagues together to collectively discuss and agree ways to move forward and deliver key priorities. With over 100 colleagues from different teams joining the event, we welcomed our guest speaker; entrepreneur and traveller Amar Latif, who talked about his positive mindset and how he continued to travel the world, despite losing his sight in his late teens. From Amar's conversations, we also had breakout rooms to discuss how we can create a positive mindset, what obstacles may lie in our paths and how we can work together to do things differently.

Our staff magazine Team Talk has also recently been back in production after holding off on printing due to infection prevention control risk. In the next year the aim is to regularly send out Team Talk every quarter and promote the articles on Weekly Connect and the staff Facebook group.

We were pleased to see positive engagement scores through our staff survey and quarterly pulse checks throughout the year. In the quarter 4 pulse check, the Trust's employee engagement score was 7.2 (out of ten) which is markedly above the 6.4 average score. This feedback from colleagues

was supported by the national staff survey results for engagement which were 7.3 in comparison to a national average of 7.0. Please see page 123 for more details on this feedback from our colleagues.

Involving our colleagues in key transformations

Despite the ongoing challenges of COVID-19, the Trust has continued to progress wider priorities throughout the year including the development of several services in our acute pathway. We have continued to involve colleagues through a variety of mechanisms over the past year to promote our exciting 'making room for dignity' programme, which includes the development of two new hospital based facilities in Derby and Chesterfield, that focused on eradicating the use of dormitory provision in our acute inpatient services.

The Trust is also developing plans for a new Psychiatric Intensive Care Unit (PICU), reducing the need for local people to travel outside of Derbyshire to access this service. There are also a number of associated projects, including:

- Relocation of older adult functional mental health beds from the Hartington Unit in Chesterfield to Walton Hospital in Chesterfield
- Refurbishment of the existing Radbourne Unit in Derby
- Refurbishment of Audrey House to create a new acute plus facility at Kingsway Hospital.

At the time of writing, national funding had been agreed for the Dormitory Eradication Programme new builds, subject to approval of the Full Business Cases (FBCs). Local funding is currently in the process of being secured for the remaining projects, subject to approval of the FBCs.

Again, this year, due to restrictions as a result of the COVID-19 pandemic, we had to delay face to face to contact with colleagues and focus on our online offering of communication and engagement, which has been a priority in promoting the Trust's transformation plans.

However, a series of staff engagement sessions took place in Spring 2022, where colleagues could learn more about the plans, discuss key issues, make suggestions and raise any questions. The engagement sessions have proved successful to date and will be an approach that is continued throughout the developments.

Colleagues have also been involved in providing feedback and suggestions on the refurbishment of the Trust's existing facilities, including likes and dislikes of the general appearance of the wards, the acoustics and even the aromas and smells.

Patient and public engagement has also commenced regarding these plans.

Recognising and rewarding our staff

The importance of providing regular thanks and recognition for colleagues has been particularly important over the last two years, as colleagues have continued to work in new and different ways despite several challenges.

To express our ongoing thanks and appreciation, we have increased our reward and recognition throughout the year by providing regular small thank you's to colleagues. For example, colleagues were sent a packet of sunflower seeds to grow at home between June and September, with an internal competition to see who could grow the tallest and most creative sunflowers.

In December 2021 colleagues received a thank you certificate, in recognition of their service throughout the pandemic, which was personally signed by our Chief Executive.

Our DEED (Delivering Excellence Every Day) staff recognition scheme has continued throughout the year and 2021/22 saw a record number of nominations from both colleagues and members of the public.

In May 2021, we hosted our first virtual Team Derbyshire Healthcare HEARTS (Honouring Exceptional and Really Terrific Staff) awards, highlighting the fantastic work our colleagues had made over the last year and also celebrating our nominees, finalists and winners. We had a huge number of staff nominated in all categories and members of the public were able to recognise staff by nominating a colleague for the 'COVID Hero of the Year' award. The winners of the awards were highlighted on social media and through our staff magazine Team Talk.

Colleagues with long service of 20, 30, 40 and 50 years in the NHS continued to be recognised, with a certificate, pin badge and gift voucher. Due to the pandemic we were unable to host our long service tea parties so all colleagues were sent a gift boxed brownie to say thank you for their ongoing commitment to the NHS.

The Trust's Staff Forum has continued to meet virtually and 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 2021, two colleagues from the Forum were nominated to become the groups chairs – alternating chairing the group each meeting. Some of the issues discussed this year include the rising cost of living, support for our networks, how colleagues feel, the Trust's roadmap of recovery and restoration and support for middle managers.

Our staff networks also continue to meet via MS Teams regularly, offering support, guidance and an opportunity to change, develop and increase understanding across the Trust.

In 2021, to honour colleagues who lost their lives during the pandemic or who have sadly been lost over the years, the memorial garden was established at Kingsway Hospital. The garden features ornamental trees for colleagues who passed away while working for the Trust, raised flowerbeds and plaques in memory of other Trust colleagues.

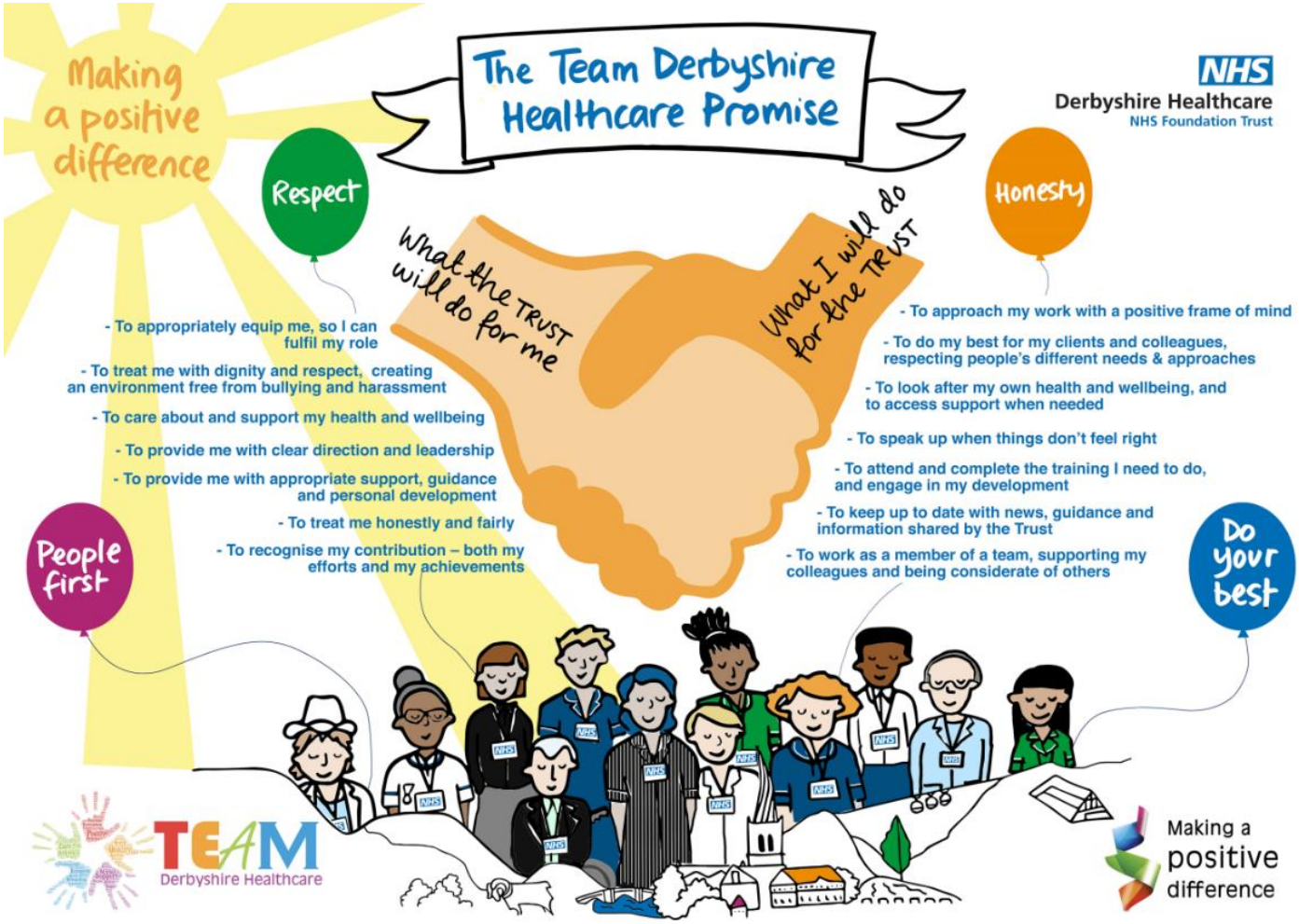
In March 2022, a tree of reflection and celebration, which we hope will serve as a focal point for our celebration and awareness days throughout the year, was planted next to the memorial garden. The idea for the tree started with a conversation amongst our Pharmacy colleagues which was then developed with our staff networks and our communications team. We hope the garden will provide a place to remember and honour our lost colleagues.

Armed Forces Day

26 June 2021 was Armed Forces Day. This was an opportunity for colleagues to show their support for people who make up the Armed Forces community, from currently serving troops to service families, veterans and cadets.

The Trust continues to work towards the commitments set out in the Armed Forces Covenant and encourages colleagues to learn more about what it means to support patients who are from the Armed Forces community.

Derbyshire Healthcare's Armed Forces Network is open to Trust colleagues and service users who have served in the Armed Forces, as well as their family members and anyone with an interest in supporting and improving our services for the military community.



Trust colleagues support an individual to start her cake business

The Trust's Work Your Way team has had a number of success stories in its aim to support former and current service users to find paid and voluntary roles in the workplace.

One individual, has started a cake-baking and decorating business. The inspiration came from her own love of baking, which she had had to stop because of her illness, which has made it challenging for her to take on a working role.

During COVID-19, she decided to bake a cake and her love for baking came back. She said: "I remembered how much I enjoyed it. I am often in pain which makes it difficult to work, but this is something I can do from home… It would have been really difficult to set up this business without the support of the Work Your Way team, so I am very grateful."

Work Your Way is a Trust employment service that helps people using community mental health services in Derbyshire (specifically, our Community Mental Health Teams and Early Intervention services) to find work and stay in work, because we know that having a job can help people get well and stay well.

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 both meetings were held virtually during 2021/22 and the Trust Board meetings were live streamed.

The integrated performance report is discussed during meetings of the Trust Operational Oversight Leadership (TOOL). 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 2021/22
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 FTSUG is supported by a network of speaking up 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 2021, through the staff intranet, MS Teams staff engagement events, screensavers across Trust sites.

The Trust's commitment to Speaking Up and the role is highlighted at Trust corporate induction with the FTSUG also delivering a presentation to new staff. 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 a PO Box address.

The Trust's Freedom to Speak Up Policy was updated in January 2020 to reflect NHSE/I 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 or demeaning treatment
The FTSU Policy is clear that staff who speak up must not suffer any form of detriment, or demeaning treatment, because they have spoken up:

- If detriment, or demeaning treatment, 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 are able to keep staff identity confidential, if they choose to do so, unless required to disclose it by law. We also understand that there may be occasions where a staff member may wish to remain anonymous in order to safely speak up.

Colleagues are happier to speak up: Trust is in top 50 in the country

National research shows that Derbyshire Healthcare is now in the top 50 trusts in the country when it comes to colleagues feeling happy to speak up.

The newly published Freedom to Speak Up (FTSU) index report, which is based on four questions from the annual NHS Staff Survey, shows the Trust figure rising from 78.8% in 2020 to 81.9% in 2021. This 3.1% increase put the Trust just outside the top 10 in terms of percentage increases on last year.

The FTSU Index shows that trusts with higher index scores are more likely to be rated 'good' or 'outstanding' by the Care Quality Commission.

The Index was calculated as the mean average of responses to the following four questions from the 2020 NHS Staff Survey:

- Percentage of staff agreeing or strongly agreeing that their organisation treats staff who are involved in an error, near miss or incident fairly
- Percentage of staff agreeing or strongly agreeing that their organisation encourages them to report errors, near misses or incidents
- Percentage of staff agreeing or strongly agreeing that if they were concerned about unsafe clinical practice, they would know how to report it
- Percentage of staff agreeing or strongly agreeing that they would feel secure raising concerns about unsafe clinical practice.

The report notes that while the figures give an indication of FTSU culture, a healthy speaking-up culture is about more than these issues and includes making improvement suggestions.

Protecting staff

Health and annual governance 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.

Six incidents occurred during 2021/22 which were reported to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013. Of the six incidents, two were a specified injury (fractured bone) and four 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)	31	112	143	78.32%
Fire Safety (two yearly)	429	2,343	2,772	84.52%
Health and Safety awareness (three yearly)	584	2,188	2,772	78.93%

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 below grouped by type of activity:

Area of activity in countering fraud	Days
Proactive work	43.5
Reactive work	2.5
Total days	**46**

Expenditure on consultancy
As shown in note seven to the accounts, consultancy fees incurred in 2021/22 were £118,176 (2020/21 £3,425).

Off-payroll arrangements
The 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 2022 earning £245 per day or greater

Number of existing engagements as of 31 March 2022	1
Of which:	
Number that have existed for less than one year at the time of reporting	1
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 2022 earning £245 per day or greater

Number of off-payroll workers engaged, during the year ended 31 March 2022	4
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	3
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 2021 and 31 March 2022

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.	18

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		5	5
£10,001 - £25,000			
£25,001 - £50,000			
£50,001 - £100,000			
£100,001 - £150,000			
£150,001 - £200,000			
>£200,000			
Total number of exit packages by type	0	5	5
Total resource cost (£000)	0	13	13

* subject to audit

Trust face coverings available for colleagues

The Trust provided colleagues with washable, reusable Derbyshire Healthcare blue fabric face coverings (as modelled right by Chief Operating Officer, Ade Odunlade) for themselves of their teams.

The face coverings feature the Team Derbyshire logo.

Ready 4 winter campaign: four ways to protect yourself

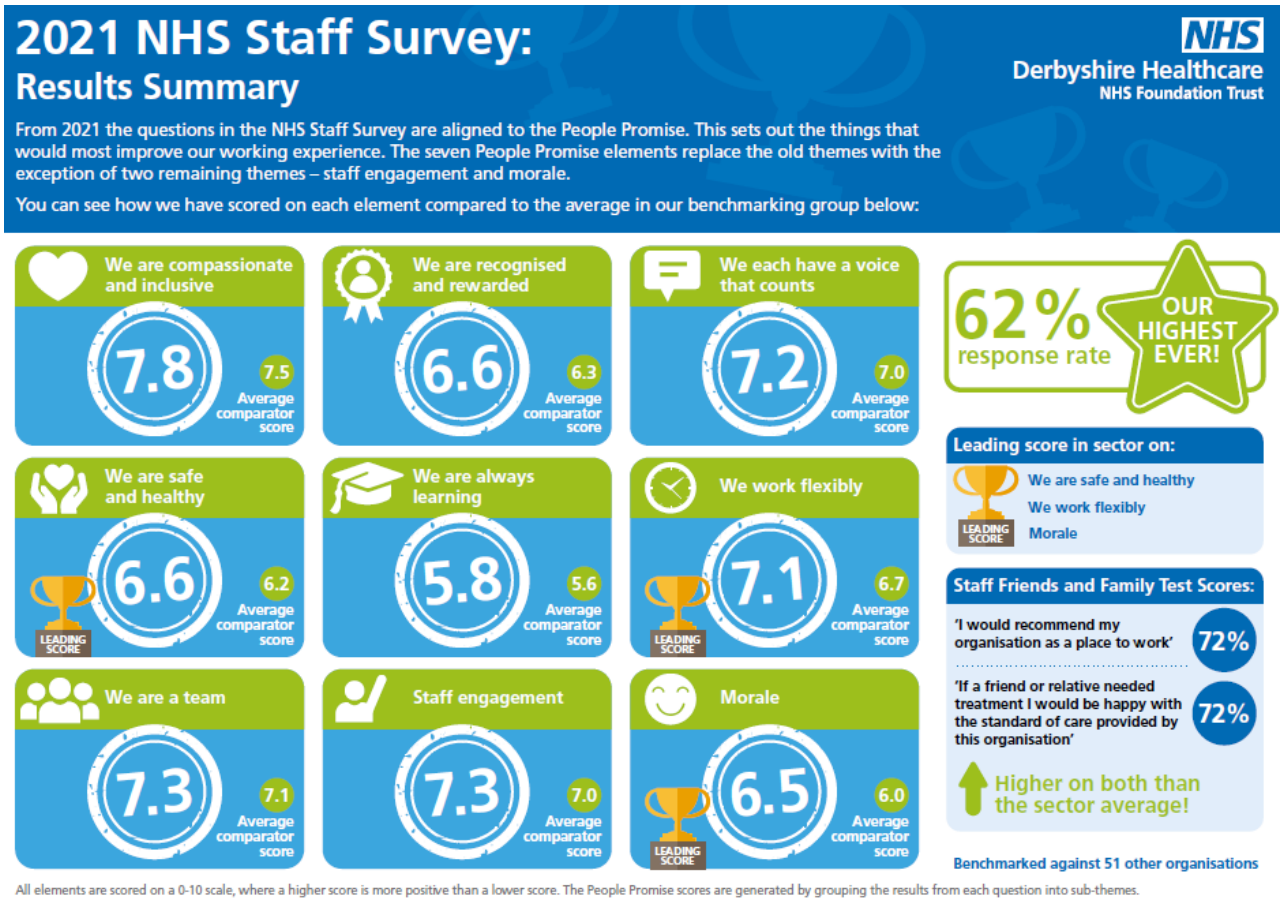
1. Book your flu vaccination appointment
2. Get your COVID booster
3. Follow all the infection prevention and control (IPC) guidance
4. Take advantage of our Vitamin D offer.

NHS Staff Survey

The 2021 NHS Staff Survey was open between September and November 2021. The Trust received some initial, very high level feedback in December 2021 and in February 2022 received a further breakdown of feedback. While we are still awaiting more detailed team level data and further breakdown reports from our provider Quality Health, the key themes that we have been able to pull from the data available to date follow.

We achieved our highest ever response rate of 62%, an increase of 2% from 2020. This compares extremely well against our comparator organisations (51 other mental health trusts), where the median response rate was 52%. Given the widening of the pool of respondents this time to also include bank staff for the first time, this is particularly impressive.

The 2021 survey differed from previous surveys and is now scored against the seven areas of the NHS 'People Promise' whilst retaining feedback for staff engagement and morale. The infographic below shows how well we have ranked compared with our comparators against all these areas, with 'we are compassionate and inclusive' being our highest overall score, and 'we are safe and healthy', 'we work flexibly' and 'morale' ranking highest among our comparators (these areas may be rated the same as one or more other mental health trusts).



Full survey results are shared on our staff 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.

Areas to celebrate
As the infographic above demonstrates, overall our results are strong and compare positively against our comparator organisations. Where there are downward trends from last year, these are in line with other organisations and a reflection of the continued difficult circumstances we have all been working and living through.

The key areas emerging from the feedback, which is of particular cause for celebration are:

- Strong positive feedback in all questions relating to people feeling comfortable in raising concerns and feeling confident that these concerns (including about safe clinical practice) will be heard and acted upon. Equally, people are confident that patient concerns are acted upon. All questions relating to this area have increased consistently and significantly since 2017
- Reporting a big increase from 2017 to now (from 51.6%), 64.5% of respondents stated that people feel the Trust acts fairly with regard to career progression/promotion, regardless of ethnic background, religion, sexual orientation, disability or age
- Colleagues reported the highest positive response rate in the sector to the questions 'I achieve a good balance between my work life and home life' (64.9%) and 'I have a choice in deciding how to do my work' (70.9%)
- While both the engagement and morale scores have decreased since 2020, they are both above our 2019 scores and significantly above our comparator median, with us equalling the leading score for 'morale'.

Areas of improvement
While we do rate strongly against our competitors overall, there are some areas we need to interrogate further as the data flags emerging concerns around:

- Involvement in changes within work area/team/department, and the ability to make changes to work
- The development of a learning culture.

On the questions related to discrimination, bullying and harassment and violence and aggression, although we score favourably compared with our comparators, we still have some reports of physical violence from colleagues (22 respondents) and managers (10 respondents). There were also reports of harassment, bullying or abuse at work from managers (119) and colleagues (237). We need to interrogate all this data further once we receive more detailed information to look for any trends or 'hot spots', triangulating with intelligence from Freedom To Speak Up and staffside colleagues.

National Quarterly Pulse survey (NQPS)
We now have feedback from two NQPS rounds to start to look at trends over time. These are from Quarter 2 and Quarter 4 2021/22 (there was no NQPS in Quarter 3 as this is the national staff survey). Anyone can log in to the NHS Model Health website to view our results and comparisons with other NHS providers.

The table below shows how our feedback for engagement and its component parts of advocacy, involvement and motivation, compares with peer and national median responses. Comparing ourselves with all other NHS Trusts nationally, our overall Employee Engagement score of 7.2 is joint 9th, from 194 Trusts.

	Our Score (out of 10)	Comparator Average (out of 10)	National Average (out of 10)
Employee Engagement Score	7.2	6.7	6.4
Advocacy Sub-score	7.4	6.6	6.5
Involvement Sub-score	7.0	6.7	6.4
Motivation Sub-score	7.2	6.8	6.6

Our overall NQPS responses from Quarter 4 are generally slightly less positive than those from Quarter 2:

- We scored more on three questions:
  - There are frequent opportunities for me to show initiative in my role: 74.7% in Quarter 2, 77% in Quarter 4
  - I am able to make suggestions to improve the work of my team/department: 73.9% in Quarter 2, 76% in Quarter 4

- We scored less on six questions:
  - I often/always look forward to going to work: 62.5% in Quarter 2, 60% in Quarter 4
  - I am enthusiastic about my job: 81.8% in Quarter 2, 78% in Quarter 4
  - Time often/always passes quickly when I am working: 81.9% in Quarter 2, 79% in Quarter 4
  - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation: 75% in Quarter 2, 72% in Quarter 4
  - I am able to make improvements happen in my area of work: 62.6% in Quarter 2, 62% in Quarter 4
  - Care of patients/service users is my top priority: 85.7% in Quarter 2, 83% in Quarter 4
  - I would recommend my organisation as a place to work: 75.3% in Quarter 2, 72% in Quarter 4

Next Steps
We are expecting detailed reports outlining breakdowns by team, protected characteristics and site, in addition to the free text comments.

Some work projects which will address some of the emerging themes highlighted in this report are already underway. These include a launch of a new quality improvement and learning programme and a refreshed approach to flexible working and how we manage our working lives. When we receive them, we will ensure that the team staff survey data and free text comments are incorporated into these projects to assist prioritisation.

Upon receipt of the team level data, we will identify areas of the Trust that may need additional support, and will work with subject matter experts, directorate and divisional leaders to explore what this support should look like. We will also further explore areas of particular concern around bullying and harassment, discrimination and physical violence, taking appropriate action.

Equality Report

The Trust is passionate about making equality, diversity, and inclusion part of our DNA. We take pride in our “People First Culture” which creates a workplace where everyone feels a genuine sense of belonging, difference is celebrated, and people are comfortable to bring their whole selves to work. We respect and value the diversity of our patients, colleagues and partners and support a respectful and inclusive environment throughout the work we do across the Trust for colleagues, patients, partners, and our wider community.

We are committed to ensuring equality, diversity, inclusion and human rights are central to the way we deliver healthcare services to our service users and how we support staff.

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 2021/22, the Trust experienced the following Equality, Diversity and Inclusion (EDI) highlights:

EDI Progress
Throughout the pandemic we have continued to adapt out approaches so that inclusion was at the heart of our response. Support of delivery has seen major expansions and its activities have been shaping positive impact across the divisions within the Trust:

- Our Networks have been involved in shaping all our plans this year and we have had the commitment of wider colleagues and senior leaders in our planning to maximise our collective impact
- We are further embedding inclusive decision-making and taking our leaders on a Cultural Intelligence journey with ‘Above Difference’. Our ambition is to make development a priority for teams across the Trust. We are also leading a review of recruitment processes as a national pilot at a system level to remove bias and maximise difference
- At the same time, we will increase the impact of our Network groups and engage key people from these groups in the delivery of our inclusion agenda
- Developing our data capacity and availability has also been a key drive this year and moving into 2022/23. We have increased tracking data so that we can see the impact through the year and not just in reporting cycles. Dashboards are being developed to enable leaders to track and monitor the representation and retention of staff with protected characteristics within directorates. This data will support them to make localised decisions that affect their workforce and is further supported by the inclusion of colleagues’ voices and lived experience in decision-making groups. We will also triangulate soft and hard data from multiple sources to draw better conclusions that underpin actions
- By embedding inclusive decision-making in our processes and facilitating those conversations with accurate and current data, we are ensuring that we learn from our colleagues’ lived experience and adapting our systems, processes and decision-making to reduce inequalities and improve experiences
- The Trust has taken actions to encourage disclosure of protected characteristics on the electronic staff record (ESR); and include engagement sessions with the Disability and Wellness Network and with wider Trust staff as part of a disclosure campaign, which is aimed at building trust as an employer with our current and future staff
- We aim to increase our impact using the next level of the Disability Confident standard.
- Our Disability and Wellness Network has been key in recommending reviews of our processes, including the Reasonable Adjustments Policy and Passport, and raising awareness of staff with disabilities and long term conditions
- The Trust has invested in the expansion of the Inclusion team through appointing a Head of Equality, Diversity and Inclusion, an EDI Advisor and moreover, appointing a Race Lead who

will be leading on the delivery of the Workforce Disability Equality Standard (WRES) action plan and priorities, as well as supporting General Managers to develop and deliver their actions. We have invested in support to the recruitment inclusion guardian (RIG) process resulting in increased capacity to embed effectively these processes. The team newly formed will increase impact in the coming year.

EDI Training and Development
We have engaged with an external specialist EDI trainer to facilitate the following EDI development across the Trust:

- Estates and Facilities – two sessions held on 18 March and 22 April, focusing on understanding EDI, use of language, white privilege and personal commitments to change
- Inclusive Recruitment – this session was made available to all hiring managers across the Trust
- LGBTQ+ Awareness – this session has been made available to everyone across the Trust. It has involved the staff network and speakers from the community to provide insight into lived experiences and answer any questions that people may have. This was followed up with a toolkit, containing a guide to language and tips on how to be an effective ally to the LGBT+ community
- HR Inclusion Workshops – developed for the People Services team across the Joint Venture using the basis of the workshop we held in Estates and Facilities. This session helped refresh knowledge and give HR colleagues an opportunity to discuss scenarios and build their confidence on leading their services inclusively.

Representative decision-making:

EDI Delivery Groups
The Trust conducted a review of people governance committees to ensure that inclusive decision-making was implemented on people processes. A new set of Delivery Groups have been established to cover Education and Training, EDI, workforce planning and resourcing and organisational change and leadership.

Representatives from the staff networks and committees join the Delivery Groups to encourage co-creation, inclusive decision-making and accountability for delivery.

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 interview panels of Band 8A and above. The training included gaining the confidence to challenge decision-making on the panel, in order to reduce bias from advertising to appointment. In 2021 we extended the initiative to cover Band 6 and above posts so that we can increase representation more broadly across our workforce. We also extended the process to include shortlisting panels. Since April 2021 we have now increased capacity in our RIG pool to 58 members of staff, who routinely take part in recruitment processes. The WRES Expert and a RIG were also included in the selection process of the Derbyshire Integrated Care Board (ICB) roles.

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.

Cultural Intelligence programme (CQ™)
In 2021 the Trust commissioned the delivery of the Cultural Intelligence programme (CQ)**.** 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. Senior leaders have commenced training and after a pause during Level 4 of the pandemic the initiative will be relaunched at the start of June 2022**.**

HR Pilot 'Leading Recruitment and Progression Inclusively with Cultural Intelligence (CQ™)
In 2021, the Trust and its wider partnership across Derbyshire's integrated health service Joined Up Care Derbyshire embarked on developing the UK's first Culturally Intelligent informed recruitment systems and processes. The project will conclude in September 2022 and will deconstruct and build inclusive approaches to recruit, retain, and progress all staff equally and fairly but particularly those with protected characteristics.

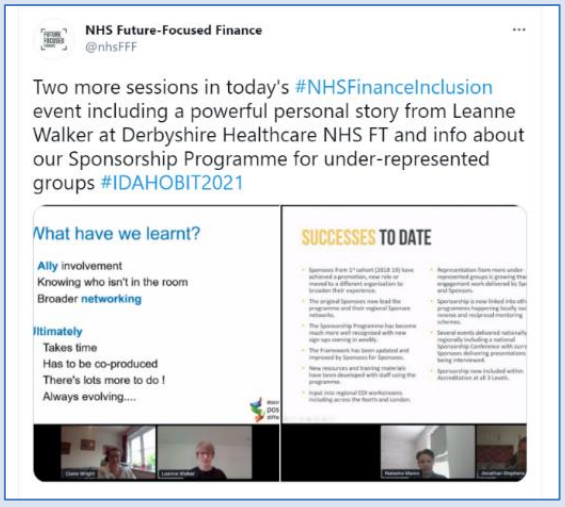
Equality, Diversity and Inclusion (EDI) governance and regulatory updates
To meet our requirements under the Public Sector Equality Duties (PSED) Equality Act 2010, we have shared with our commissioners and published the following on the 'Equality and Diversity' page on our website:

- 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 website

Leanne speaks at national IDAHOBIT event

Trust colleague and LGBT Network Chair, Leanne Walker spoke about the Trust's LGBT+ network at a national event to mark International Day Against Homophobia, Biphobia and Transphobia (IDAHOBIT). Leanne, along with Trust Deputy Chief Executive Claire Wright, discussed what the Trust has learned on the LGBT+ journey (see Twitter image) at a Finance Inclusion event offering stories and advice to support LGBT+ colleagues on IDAHOBIT, staged by Future-Focused Finance, a national programme designed to engage colleagues in improving NHS Finance.

Leanne and Claire spoke about the importance of being visible, planning ahead, leadership and communications support, feedback and adapting. They also discussed the evolution of the network, bringing in a peer support element and how important this has been during COVID-19, the use of pronouns in email signatures and rainbow lanyards. Leanne (pictured right) also told her own powerful personal spoken word story "Boyfriend, Engagement, House and a Wedding Dress." Leanne and Claire's session was recorded and can be accessed on YouTube.



Equality Activity throughout the COVID-19 pandemic

COVID-19 risk assessments

In response to the COVID-19 pandemic, Derbyshire Healthcare used its strategy of 'people first' to be at the heart of our response. 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.

Vaccine Engagement Sessions

In partnership with our BME Staff Network, we have provided colleagues with a range of information upon which they can make an informed decision about receiving their COVID-19 vaccine, as well as signposting to further resources to share with colleagues, friends, and family.

We have arranged virtual drop-in sessions in collaboration with our BME Staff Network where BME colleagues can ask the questions that are important to them and their families. These sessions were attended by members of the Trust's executive team (such as the Chief Executive and Director of People and Inclusion) as well as nursing, pharmacy, HR and public health staff, and they have been scheduled to take place at different times of the day and night, in recognition of colleagues' different shift patterns.

All BME colleagues were encouraged to attend, as were Trust colleagues who have BME relatives or household members.

We have also promoted a range of national discussions and learning events about the vaccine, with a particular focus on information prepared by BME communities for BME communities. This information is captured in a specially created section of our Trust intranet.

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 in phase 1 and each year since.

Developing our Staff Networks

The Trust has continued to support 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 has an Executive sponsor, a member of the Executive team, who actively champions the protected characteristic, attends Network meetings and supports the Networks with their respective work programmes.

We made a number of commitments that aim at supporting staff networks, empowering them and enabling them to increase their impact and achieve their objectives:

- The Trust has commissioned a development programme for staff network members in the Trust comprising of different training series to equip delegates with tools and strategies for handling racial inequities, building their personal confidence, strengthening the networks and leadership skills in the NHS. The networks were involved in the commissioning of this training including selecting the supplier. This programme is funded through the Charitable Fund which has recently been granted
- The Trust's Executive Leadership Team has recently approved allocating five hours of protected time for each Staff Network Chair and Vice-Chair to carry out the duties of their Staff Network throughout their term in post. By releasing Staff Network Chairs from their main duties in order to support the work of the Network and participate in decision-making forums on behalf of their memberships, we are embedding inclusion in our everyday processes, in line with our 'positively inclusive' commitment as a Trust, as well as forming part of our wider People Plan commitment to support and develop staff networks across NHS Trusts in England. Each of the Network's have a budget which they can utilise to raise awareness and promote inclusion
- Funding has been agreed to establish administrative support for the work of the Networks' Chairs
- The next step for Staff Networks is aligning and improving the role of the executive sponsors, establishing a senior leader sponsor, developing network meetings at divisional level and promote cross network learning.

The Trust has seven Staff Networks:

- Armed Forces Network
- Black and Minority Ethnic (BME) Network
- Disability and Wellness Network
- LGBT+ Network
- Women Network
- Multi-Faith Forum
- Christian Staff Network

Patient Networks:

EQUAL Patient and Carers Forum
The EQUAL Patient and Carers Forum has been in operation for over three years 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. The work of the forum has been documented throughout this report including. A number of roles in the Trust have required lived experience and 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.

Although the second cohort was paused at the beginning of the COVID-19 pandemic, it was relaunched in 2021 and participants have met virtually. The third cohort will commence later in 2022.

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.

Although this initiative was paused during the pandemic, the lead has been passed to our Executive Medical Director who will be re-starting the initiative later in 2022.

Staff Engagement through an EDI Lens
The staff survey measures 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 three 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 all Board appointments during 2021/22. An external search consultancy was used for the Chief Operating Officer recruitment and the Chair and NED roles.
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 planning, most recently at the Governance Committee in April 2022.
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. A self assessment exercise was planned in 2021 with an external assessment planned for 2022. The timetable has been impacted by the pandemic response and will be rescheduled.
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 2022 in respect of those provisions of the code which had effect during that time, save exceptions and explanations outlined in the table above.

Looking after our colleagues during the heatwave

During the 2021 summer, hot weather was forecast for some days and as a thank you to colleagues who were working in inpatient services, the Trust had booked ice cream vans for three of its sites: Kingsway Hospital, Radbourne Unit and Hartington Unit.

Staff just needed to show their ID badges to collect their free ice cream from the vans situated on the sites.

Colleagues were requested to make sure they and their service users follow the hot weather advice issued by the Trust, especially if wearing full personal protection equipment (PPE) – details were shared on *Focus* the staff intranethttps://focus.derbyshirehealthcareft.nhs.uk/clinical/patient-physical-health/warm-weather-guidance.

NHS Improvement's System Oversight Framework

NHS England and NHS Improvement's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. The framework looks at five national themes:

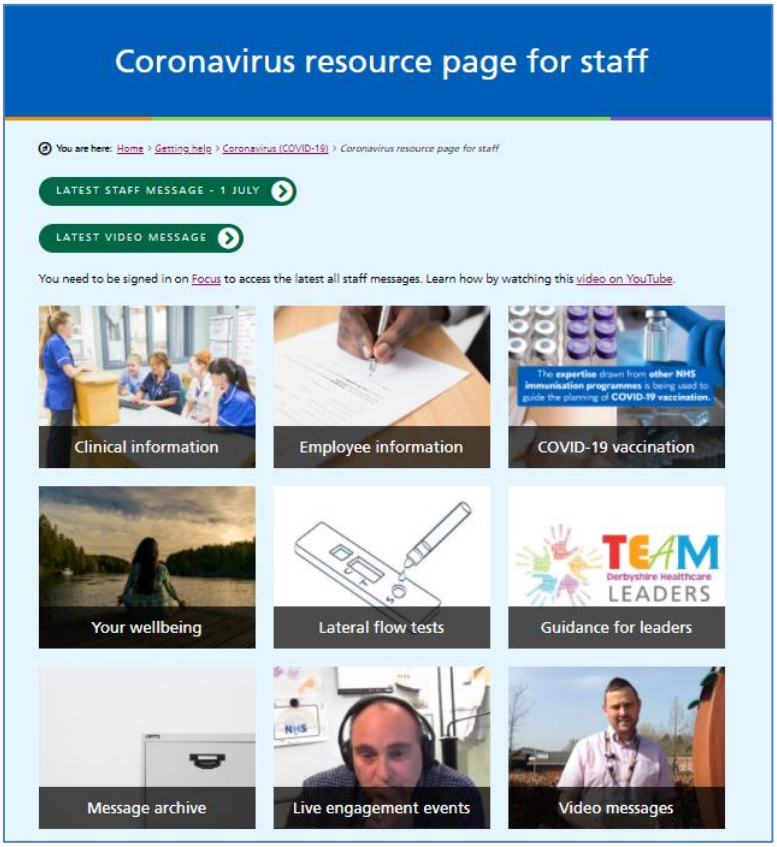
- Quality of care, access and outcomes
- Preventing ill health and reducing inequalities
- Finance and use of resources
- People
- Leadership and capability.

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 NHSI considers that formal action is not needed. The support is targeted in order to help move the provider to segment 1.

This segmentation information is the Trust's position as at 31 March 2022. Current segmentation information for NHS Trusts and foundation trusts is published on the NHS England and NHS Improvement website:
https://www.england.nhs.uk/publication/nhs-system-oversight-framework-segmentation/.



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).

NHSI, 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 NHSI, 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
- 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 them 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
14 June 2022

Annual Governance Statement

1 April 2021 – 31 March 2022

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 (DHCFT), 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 DHCFT for the year ended 31 March 2022 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 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 and the Medical Director are the joint executive leads 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 responsible for the professional standards of medical staff within the Trust, serious incidents and data security and protection
- The Deputy Chief Executive/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 the Board Committees. They are responsible for scrutinising systems of governance and have a role in this Trust as chairs of Board Committees.

The Risk Management Strategy formalises risk management responsibilities for the Trust within a broad corporate framework and sets out how the public (and all stakeholders) may be assured that risks are identified and managed effectively. It 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 also enables the development of a positive learning environment and risk aware culture.

Risk management training

Staff undertake a training needs analysis which considers training requirements for the Trust and results in the publication of the Trust's training directory. Staff are trained to manage risks through an embedded tiered risk management training programme comprising of the following elements:

- Board – Board Assurance Framework development – Annual session
- 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 risk handlers/one to one training
- 'Bite size' sessions on how to report incidents are delivered through MS Teams to support staff.

Uptake is monitored and reported to the Health and Safety Committee and the Audit and Risk Committee and is monitored through operational lines.

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’.

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, and October 2021.

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, service, 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 Board Assurance Framework 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 MS 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.

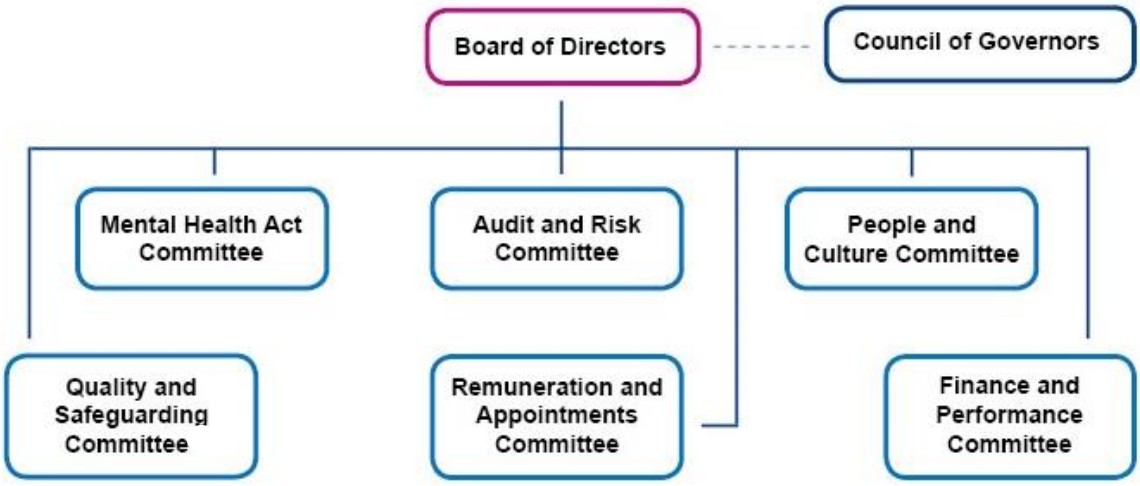
Quality governance arrangements

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 Nursing and Patient Experience directorate supports 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 below:

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 for example, 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 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.

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 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 in the Trust. However, due to the impact of the COVID-19 pandemic, the Quality Visit Programme has been paused since 2020/21 and in its place a Virtual Clinical Service and Contact Visit programme was implemented. Feedback from participants in both programmes is being used to inform the plan for recommencement of the Quality Visit Programme 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, regular engagement meetings with the Trust's local Care Quality Commission (CQC) inspectors continue. CQC Mental Health Act visits have continued throughout the year. The Trust has continued to manage CQC action plans and meet requirements and recommendations.

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.

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. 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 (91% at 31 March 2022), although this has been impacted upon by the 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 last Data Security and Protection Toolkit Review, completed in March 2021 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 training at induction, and completion of actions following a business continuity exercise, both of which were completed by June 2021.

A data quality audit was also completed in relation to mandatory training.

Major risks

Major risks to delivery of the strategic objectives are identified during the year through the BAF processes. As at 31 March 2022 these risks are as follows:

Major risks to achievement of Trust's strategic objectives for 2021/22, as at 31 March 2022	
Risk description	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 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 Trust's increasing dependence on digital technology for the delivery of care and operations increases the Trust's 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 Derbyshire Healthcare Foundation Trust (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 staff	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

In Quarter 4 an additional risk was identified and added as a separate section to the Board Assurance Framework, as it is not a direct risk to the Trust's strategic objectives but is a system-based risk impacting on and mitigated by multiple system organisations:

Risk Description	Risk Rating
There is a risk to safe, effective clinical care across Derbyshire impacting upon patients, due to not achieving national standards and variation of clinical practice and service commissioning in the Learning Disabilities (LD) Transforming Care Partnership and in Integrated Care System (ICS) in-patient LD bedded care	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 2021/22.

The major risks proposed for the BAF for 2022/23 are identified as follows.

Major risks to achievement of Trust's strategic objectives for 2022/23	
Risk description	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 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 Trust's increasing dependence on digital technology for the delivery of care and operations increases the Trust's 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 Derbyshire Healthcare Foundation Trust (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 staff	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 2022, is as follows:

Themes of major operational risks identified through risk register review and escalation processes as at 31 March 2022	
Risk description	Risk Rating
Waiting times for access to services due to the impact of the COVID-19 pandemic for example 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 on the Trust wide (corporate) risk register 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. In September 2021 the Board approved an approach to preparing for an external Well Led Development Review. Work on this commenced but had to be paused in early 2022 in light of the impact of the pandemic and will be re-started in line with the Trust's roadmap.

In the last two years of the pandemic the Board has received regular updates on the robustness of the Trust's Corporate Governance processes. Steps were taken to adapt these processes to release capacity to manage the pandemic as mandated in the two 'Reducing the Burden' letters from NHS England/Improvement (NHSI/E). The Trust took a flexible 'governance light' approach where appropriate but also retained essential governance around quality and safety. The Board has continued to receive assurance through its Committee structure. The Committees have in turn received assurance on governance through a variety of internal and external sources, such as the Head of Internal Audit Opinion and the external audit of the Annual Governance Statement, overseen by the Audit and Risk Committee.

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 ongoing compliance with licence conditions G6(3) and CoS7(3) and G6(4) and FT4(8) at its meeting in May 2021 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 (for example points of ligature, therapeutic activities, infection control), health and safety risks (for example 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 team, service and Trust wide level through feedback on incident forms, serious incident investigation reports and 'Blue Lights' (staff communications for urgent risks).

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)
- Provides evidence of 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

Evidence of an improved safety culture is demonstrated in the 2021 NHS Staff Survey Results, under the category of 'Acting to improve safety' the Trust scores 6.6 against the national average of 6.2.

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 EQUAL Forum, a Trust service user, patient and carers group
- 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 2021.

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[3] 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 obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

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

The Foundation Trust has undertaken risk assessments and has plans in place which take account of the 'Delivering a Net Zero Health Service' report under the Greener NHS programme. The Trust ensures that its 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).

The Trust has met its financial plan for the year as described in the financial performance section of the Annual Report. At its meeting in March 2022 the Board of Directors considered a quality position statement on its use of resources which provided an overview report in support of the strategic objective 'Best Use of Money'. This enabled the Board's strategic consideration of how best to further improve our use of resources and in doing so deliver associated quality and wider benefits

Overall, the Trust remains in segment 2 of NHSI's Single Oversight Framework (where 1 indicates highest level of Trust autonomy and 4 indicates that the Trust is in special measures).

Information governance
During 2021/22 three incidents have been reported externally via the Data Security and Protection Toolkit. One of these incidents met the threshold for further escalation to the Information Commissioner's Office (ICO), this was in relation to several patient letters being posted in the same envelope. The incident was fully investigated and as part of lessons learned, a new secure letter solution pilot is underway. No further action was identified by the ICO.

The other two incidents were in relation to:

- A Physiotherapist's DBS clearance check from an agency being delayed and declarations from the staff member not being made. This resulted in an employment termination.
- A staff diary was found in a desk drawer unit by a member of the public (but later retrieved). Office furniture had been provided to staff to support home working during the COVID-19 emergency, but furniture had not been checked thoroughly.

Data quality and governance
The Trust recognises the need to understand how it is performing and to ensure that performance data and information is accurately reported. Data quality kite marks continue to be part of the Integrated Performance Report and inhouse validation work provides assurance to the Finance and Performance Committee on the validity of the majority of operational indicators. Overall responsibility for data quality has been confirmed as part of the remit of Audit and Risk Committee during the year with routine reporting for 2021/22 committee forward plan. The Operational Indicators Data Validation Report was submitted to the Audit and Risk Committee in July 2021 and January 2022. Any issues identified are captured and corrections made to the policies, systems and processes to provide the Board with assurances that it can rely upon the information.

A *Quality of Workforce Race Equality Standard and Workforce Disability Equality Standard Data* audit was last undertaken in November 2020 by the Trust's internal auditors. 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, Mazars.

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 audits with the following assurance ratings:

Significant assurance:

- Data Quality Framework – August 2021
- Training Compliance – September 2021
- Integrity of the General Ledger and Financial Reporting – December 2021.

Significant assurance/limited assurance:

- Key Financial Systems – January 2022 – Sundry Purchases/Purchasing Cards and Card Payment Machines received significant assurance, Payroll received limited assurance
- Risk Management Audit – March 2022 – Governance and oversight received significant assurance, use of Datix as a tool received limited assurance

My review is also informed by:

- The CQC comprehensive inspection report dated March 2020, and subsequent reporting
- Registration with the CQC
- Regular CQC Mental Health Act visits and CQC engagement meetings
- NHSI's compliance return and governance statements
- Compliance with NHSI's System 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 2021/22 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.
- One gap in control was identified in the Data Quality Framework report in that sample testing confirmed that some records on EPR do not record detail to confirm cancelled appointments/DNAs are classified correctly – All associated actions were completed in Quarter 3.
- Although some risks to closing gaps in controls in the Board Assurance Framework have been identified these have not been identified as significant as assessed against the guidance in the NHS Foundation trust reporting manual 2021/22

It is therefore concluded that there were no significant gaps in control or significant internal control issues identified during 2021/22. 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: 14 June 2022

Annual Accounts 2021/22

Derbyshire Healthcare NHS Foundation Trust

Annual Accounts for the year ending 31 March 2022

Foreword

Presented to Parliament pursuant to Schedule 1, prepared in accordance with paragraphs 24 & 25 of Schedule 7 of the National Health Service Act 2006 by Derbyshire Healthcare NHS Foundation Trust.

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 2022 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers' 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 2021/22 as contained in the Department of Health and Social Care Group Accounting Manual 2021/22, 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 2022 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 2021/22; 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, 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 have nothing to report in these regards.

Responsibilities of the Accounting Officer for the financial statements
As explained more fully in the Statement of Accounting Officer's Responsibilities, the Accounting Officer is responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, 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 2021/22 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 statements and regularity of public sector bodies in the United Kingdom, and Supplementary Guidance Note 01, issued by the Comptroller and Auditor General 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 2022.

We have nothing to report in this respect.

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 December 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 Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2021/22; and
- the other information published together with the audited financial statements in the Annual Report 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 2021/22; 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.

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

16 June 2022

STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED 31 MARCH 2022

	NOTE	**2021-22** **£000**	2020-21 £000
Operating income from continuing operations	4 & 5	**183,846**	174,398
Operating expenses of continuing operations	7	**(179,933)**	(172,869)
OPERATING SURPLUS/(DEFICIT)		**3,913**	1,529
FINANCE COSTS			
Finance income	12	**21**	6
Finance expense - financial liabilities	14	**(2,092)**	(2,104)
PDC Dividends payable		**(1,779)**	(1,503)
NET FINANCE COSTS		**(3,850)**	(3,601)
SURPLUS/(DEFICIT) FOR THE YEAR		**63**	(2,072)
Other Gains and Losses		**0**	0
Gains/(losses) from transfers by absorption		**0**	150
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR		**63**	(1,922)
Other Comprehensive Income/(Expenditure)*		**4,465**	(1,847)
TOTAL COMPREHENSIVE INCOME(EXPENSE) FOR THE YEAR		**4,528**	(3,769)

***** 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 160 to 204 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31st MARCH 2022

	NOTE	31 March 2022 £000	31 March 2021 £000
Non-current assets:			
Intangible assets	16	**5,918**	**5,343**
Property, plant and equipment	15	**102,481**	**96,132**
Trade and other receivables	20	**2,249**	**1,525**
Total non-current assets		**110,648**	**103,000**
Current assets:			
Inventories	19	**207**	**238**
Trade and other receivables	20	**3,162**	**4,131**
Cash and cash equivalents	23	**44,389**	**38,318**
Total current assets		**47,758**	**42,687**
Current liabilities			
Trade and other payables	25	**(26,121)**	**(24,299)**
Borrowings	26	**(997)**	**(884)**
Provisions	32	**(333)**	**(401)**
Other liabilities	27	**(5,005)**	**(3,222)**
Total current liabilities		**(32,456)**	**(28,806)**
Total assets less current liabilities		**125,950**	**116,881**
Non-current liabilities			
Borrowings	26	**(23,670)**	**(24,666)**
Provisions	32	**(2,896)**	**(2,650)**
Total non-current liabilities		**(26,566)**	**(27,316)**
Total Assets Employed:		**99,384**	**89,565**
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital		**26,129**	**20,838**
Revaluation reserve		**53,265**	**48,800**
Other reserves		**8,680**	**8,680**
Income and Expenditure reserve		**11,310**	**11,247**
Total Taxpayers' Equity:		**99,384**	**89,565**

The financial statements on pages 156 to 159 were approved by the Audit and Risk Committee on behalf of the Board on the 14 June 2022 and signed on its behalf by:

Signed Ifti Majid - Chief  Executive

STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE PERIOD ENDED 31 MARCH 2022

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2021	**20,838**	**48,800**	**8,680**	**11,247**	**89,565**
Surplus/(deficit) for the year	**0**	**0**	**0**	**63**	**63**
Revaluations	**0**	**4,465**	**0**	**0**	**4,465**
Public Dividend Capital Received	**5,291**	**0**	**0**	**0**	**5,291**
Taxpayers Equity at 31 March 2022	**26,129**	**53,265**	**8,680**	**11,310**	**99,384**

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 CASH FLOWS FOR THE PERIOD ENDED 31 MARCH 2022

	NOTE	**2021-22 £000**	2020-21 £000
Cash Flows from Operating Activities			
Operating Surplus/Deficit from continuing operations		**3,913**	**1,529**
Operating Surplus/Deficit		**3,913**	**1,529**
Non cash income and expenses			
Depreciation and Amortisation		**5,073**	**6,008**
Impairments		**771**	**1,849**
(Increase)/Decrease in Inventories		**31**	**13**
(Increase)/Decrease in Trade and Other Receivables		**758**	**(95)**
Increase/(Decrease) in Trade and Other Payables		**328**	**5,234**
(Increase)/Decrease in Other Current Liabilities		**1,783**	**155**
Increase/(Decrease) in Provisions		**215**	**(305)**
Net Cash Inflow/(Outflow) from Operating Activities		**12,872**	**14,388**
Cash flows from investing activities			
Interest Received		**21**	**6**
Purchase of intangible assets		**(863)**	**(1,618)**
Purchase of Property, Plant and Equipment		**(6,474)**	**(6,037)**
Sales of Property, Plant and Equipment		**0**	**0**
Net Cash Inflow/(Outflow) from Investing Activities		**(7,316)**	**(7,649)**
Cash flows from financing activities			
PDC Capital Received		**5,291**	**2,946**
Capital Element of Private Finance Lease Obligations		**(833)**	**(767)**
Interest Element of Private Finance Lease Obligations		**(1,952)**	**(1,944)**
Interest Element of Finance Lease Obligations		**(228)**	**(228)**
PDC Dividend paid		**(1,763)**	**(1,933)**
Net Cash Inflow/(Outflow) from Financing Activities		**515**	**(1,926)**
Net increase/(decrease) in cash and cash equivalents		**6,071**	**4,813**
Cash and Cash Equivalents at Beginning of the Period		**38,318**	**33,505**
Cash and Cash Equivalents at year end	23	**44,389**	**38,318**

NOTES TO THE ACCOUNTS

1. Accounting policies and other information

NHS Improvement, 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 2021-22 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. An NHS foundation trust's assessment of whether the going concern basis is appropriate for its accounts is solely based on whether it is anticipated that the services it provides will continue to be provided with the same assets in the public sector. 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.

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 an indexation valuation during the financial year ending 31st March 2022. This resulted in an increase in asset valuations of £4.5m, reflecting the trend in market prices. The valuation was based on prospective market values at 31st March 2022, which has been localised for the Trust's estate. Note 15.4 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 24, 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 32.

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. 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.

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 charge 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 1.30% (2020-21: 0.95%) 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 32 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 33.1, 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 33.2 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.

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 38 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 39 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 2021-22. 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 0.95% 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.

The estimated impact on the 1st April 2022 is summarised below -

	Estimated future impact 2022/23 £000
Additional right of use assets recognised for existing operating leases	8,735
Estimated impact on net assets on 1 April 2022	**8,735**
Estimated in-year impact in 2022/23	
Additional depreciation on right of use assets	(1,131)
Additional finance costs on lease liabilities	(72)
Lease rentals no longer charged to operating expenditure	1,175
Estimated impact on surplus/deficit in 2022/23	**(28)**

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 £183,846k, including £145,562k from Clinical Commissioning Groups (CCGs).

	2021-22 £000	2020-21 £000
Clinical Income	**172,389**	155,301
Non Clinical Income	**11,457**	19,097
Pay	**(133,366)**	(126,331)
Non Pay	**(46,567)**	(46,538)
Operating Surplus/(deficit)	**3,913**	1,529

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:

	2021-22 £000	2020-21 £000
NHS Derby and Derbyshire CCG	**145,556**	130,374

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)

	2021-22	2020-21
	£000	£000
NHS England*	**8,589**	12,192
Clinical Commissioning Groups	**144,319**	125,775
Local Authorities	**16,442**	15,915
Department of Health and Social Care	**0**	0
Foundation Trusts	**2,876**	1,391
NHS Other	**163**	28
	172,389	155,301

In 2021-22 Commissioning arrangements for Low Secure Services moved from NHS England to a Foundation Trust as part of the new Provider Collaborative arrangements. Income from Clinical Commissioning Groups in 2021-22 includes COVID-19 funding and top ups which was included in other operating income in 2020-21.

*Included in the figure with NHS England is £5,363k (2019-20 £5,106k) of notional income for the additional 6.3% Pensions Contribution.

4.2 Income from patient care activities (class)

	2021-22	2020-21
	£000	£000
Cost and Volume Contract income	**0**	0
Block Contract income	**142,086**	127,476
Other clinical income from mandatory services	**19**	1,341
Community income	**22,041**	21,350
Services delivered as part of a mental health collaborative	**2,857**	0
Other clinical income	**5,386**	5,134
	172,389	155,301

During 2021/22 the funding regime remained that 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 £113m. All other income stated in the accounts is generated from non-Commissioner Requested Services.

	2021-22	2020-21
	£000	£000
Commissioner Requested Services	**113,137**	107,683
Non-Commissioner Requested Services	**70,709**	66,715
Total Income	**183,846**	174,398

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

	2021-22	2020-21
	£000	£000
Research and Development	**490**	479
Education and Training	**5,469**	5,196
Staff Costs	**154**	250
Operating Lease Income	**501**	287
Contributions to Centrally Issued Supplies	**165**	1,282
Reimbursement and Top up Funding	**227**	6,849
Other Revenue	**4,451**	4,754
	11,457	19,097
Other revenue includes:		
PFI Land contract	**61**	60
Catering	**111**	78
Pharmacy Sales	**1,392**	1,409
Services to specialist schools	**322**	285
Services to other NHS Providers	**1,498**	1,419
Transport	**320**	336
STP	**3**	803
Other income elements	**744**	364
	4,451	4,754

The reimbursement and top up funding in 2020-21 was related to the funding regime during the pandemic and the reimbursement of COVID-19 expenditure. In 2021-22 COVID-19 funding and top ups were included within the block payment from the CCG within patient care activities.

5.1 Additional information on revenue from contracts with customers recognised in the period

	2021-22	2020-21
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	**1,539**	2,417
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	0	0

6. Income

	2021-22	2020-21
	£000	£000
From rendering of services	**183,846**	174,398
From sale of goods	**0**	0

7. Operating Expenses

	2021-22	2020-21
	£000	£000
Services from NHS Bodies	**5,020**	4,834
Purchase of healthcare from non NHS bodies	**11,328**	9,331
Employee Expenses - Non-executive directors	**154**	193
Employee Expenses - Staff and Executive Directors	**133,366**	126,331
Drug costs	**4,759**	4,675
Supplies and services - clinical (excluding drug costs)	**424**	430
Supplies and services - clinical (centrally issued)	**165**	1,282
Supplies and services - general	**898**	1,194
Establishment	**4,933**	4,168
Research and development	**1**	0
Transport	**1,565**	1,368
Premises - business rates payable to local authorities	**721**	670
Premises	**3,932**	4,006
Rentals from Operating Leases	**2,639**	2,460
Increase / (decrease) Provision	**636**	(186)
Depreciation on property, plant and equipment	**4,389**	4,473
Amortisation of intangible assets	**684**	1,535
Impairments of property, plant and equipment	**771**	1,849
Audit services- statutory audit	**85**	84
Internal Audit	**49**	53
Clinical Negligence Costs	**631**	560
Legal fees	**203**	336

Consultancy costs	**118**	3
Training, courses and conferences	**1,362**	665
Car parking & Security	**29**	30
Hospitality	**30**	18
Insurance	**43**	35
Other services, e.g., external payroll	**209**	401
Losses, ex gratia & special payments	**10**	17
Other	**779**	2,054
	179,933	172,869

Operating costs include those costs that were incurred for COVID-19-related expenditure. These costs are included within Purchase of healthcare, Clinical Supplies, General Supplies, Establishment, Staff Costs, premises and Other. In aggregate they total £8,486k (2020-21 £9,210k).

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	**2021-22**	2020-21
	£000	£000
Minimum lease payments	**2,639**	2,460
	2,639	2,460

The figures above include lease car payment and are reflected net, during the period the Trust has received employee contributions equating to £289k (2020-21 £296k).

	2021-22			2020-21
Total future minimum lease payments	**Buildings**	**Other**	**Total**	Total
	£000	**£000**	**£000**	£000
Payable:				
Not Later than one year	**2,060**	**393**	**2,453**	2,284
Between one and five years	**7,257**	**326**	**7,583**	7,028
After 5 years	**13,968**	**0**	**13,968**	15,023
Total	**23,285**	**719**	**24,004**	24,335

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 London Road Community Hospital for winter pressures activity on a short term basis. The occupation and use of the ward continued in 2021-22 and income of £501k (2020-2021 £287k) can be seen in note 5. The future assumed lease receipt due is £0k.

9. Employee costs and numbers

9.1 Employee Costs

	2021-22 Total	2020-21 Total
	£000	£000
Salaries and Wages	**100,754**	96,710
Social Security Costs	**9,450**	8,747
Apprenticeship Levy	**477**	451
Employer Contributions to NHS Pension Scheme	**12,269**	11,645
6.3% Pension Costs paid by NHS England	**5,363**	5,106
Temporary Staffing (Agency and Contract)	**5,713**	3,870
Termination benefits	**0**	0
Employee benefits expense	**134,025**	126,529
Of the total above:		
Charged to Capital	**659**	333
Employee benefits charged to revenue	**133,366**	126,146
	134,025	126,529

There have been 0 cases of early retirements due to ill health in year at a value of £0k (2020-21 – 3 cases at £148k).

9.2 Average Whole Time Equivalent of people employed

	Total	Total
	2021-22 Total WTE	2020-21 Total WTE
Medical and dental	**181**	173
Administration and Estates	**696**	641
Healthcare assistants and other support staff	**500**	512
Nursing, midwifery and health visiting staff	**1,009**	971
Nursing, midwifery and health visiting learners	**19**	6

Scientific, therapeutic and technical staff	**324**	304
Social care staff	**7**	5
Other	**0**	0
Total	**2,736**	2,613
Of the above:		
Number of whole time equivalent staff engaged on capital projects	**18**	16

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. The increase in Administration and Estates WTE is mainly driven by non-recurrent posts to support the development of a new IT solution, changes related to the People Services Joint Venture and additional cleaning costs related to COVID-19.

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

	2021-22 £000	2020-21 £000
Management Costs	**11,393**	10,355
Income	**183,846**	174,398
Management Costs as a Percentage of total Trust income is	**6.19%**	5.94%

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 2022, is based on valuation data as 31 March 2021, updated to 31 March 2022 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 also tested the cost of the Scheme relative to the employer cost cap that was set following the 2012 valuation. There was initially 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.

HMT published valuation directions dated 7 October 2021 (see Amending Directions 2021) that set out the technical detail of how the costs of remedy are included in the 2016 valuation process. Following these directions, the scheme actuary has completed the cost control element of the 2016 valuation for the NHS Pension Scheme, which concludes no changes to benefits or member contributions are required. The 2016 valuation reports can be found on the NHS Pensions website at https://www.nhsbsa.nhs.uk/nhs-pension-scheme-accounts-and-valuation-reports.

11. The Late Payment of Commercial Debts (Interest) Act 1998

There was one payment (two in 2020-21 for £263.19) that was made in respect of the Late Payment of Commercial Debt (Interest) Act 1998 for £91.70.

12. Finance Income

Finance income was received in the form of bank interest receivables totalling £21k (2020-21 £6k).

13. Other gains and losses

There have been no gains in year 2021-22 (2020-21 £0k). There have been no losses in 2021-22 (2020-21 £0k).

14. Finance costs

	2021-22 £000	2020-21 £000
Finance Lease Costs	**177**	188
Other Finance Lease Costs	**0**	0
Interest on obligations under PFI contracts:		
- main finance cost	**1,162**	1,201
- contingent finance cost	**790**	743
Unwinding of discount on provisions	**(37)**	(28)
Total interest expense	**2,092**	2,104

15. Property, plant and equipment

2021-22	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 2021	**14,456**	**78,663**	**5,434**	**1,014**	**401**	**5,537**	**2,403**	**107,908**
Additions	0	238	6,179	0	0	275	85	**6,777**
Revaluations	0	4,465	0	0	0	0	0	**4,465**
Impairments	0	0	(318)	0	0	0	0	**(318)**
Reclassifications	0	1572	(3,294)	734	43	339	756	**150**
Disposals	0	0	0	0	0	(1,352)	(16)	**(1,368)**
At 31 March 2022	**14,456**	**84,938**	**8,001**	**1,748**	**444**	**4,799**	**3,228**	**117,614**
Depreciation								
At 1 April 2021	**0**	**7,819**	**467**	**251**	**109**	**2,327**	**803**	**11,776**
Provided During the Year	0	3,169	0	131	54	696	339	**4,389**
Impairments	0	222	8	0	0	150	12	**392**
Revaluations	0	0	(56)	0	0	0	0	**(56)**
Disposals	0	0	0	0	0	(1,352)	(16)	**(1,368)**
At 31 March 2022	**0**	**11,210**	**419**	**382**	**163**	**1,821**	**1,138**	**15,133**
Net Book Value at 31 March 2022	14,456	73,728	7,582	1,366	281	2,978	2,090	**102,481**

The £150k balance on reclassifications is a transfer of Assets under construction to Intangibles Assets under construction on Capitalisation which can be seen in Note 16.

	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	14,556	30,464	7,582	1,366	281	2,978	2,090	**59,217**
Finance Lease	0	1,359	0	0	0	0	0	**1,359**
PFI	0	41,905	0	0	0	0	0	**41,905**
Total at 31 March 2022	**14,556**	**73,728**	**7,582**	**1,366**	**281**	**2,978**	**2,090**	**102,481**

15.1 Revaluation reserve balance for property, plant & equipment

	Land	Buildings	Total
	£000	£000	£000
At 1 April 2021	12,727	36,073	48,800
Movements	0	4,465	4,465
At 31 March 2022	12,727	40,538	53,265

15.2 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 16. There has been an increase in IT expenditure relating to additional purchases due to COVID-19.

	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	14,556	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**

15.3 Revaluation reserve balance for property, plant & 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

15.4 Valuation

In year the DVS Property Specialists provided the BCIS indices to review the asset values. Assets are valued at depreciated replacement cost for specialised buildings. There was an increase of £4,465k on Buildings. There was a Full Review by DVS Property Specialists in 2019/20 and a desktop review in 2020/21.

15.5 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 & machinery	20	5
Transport equipment	15	5
Information technology	15	5
Furniture & fittings	25	5

15.6 Property Plant and Equipment: Commissioner Requested Services

No Commissioner Requested Services properties were sold in 2021-22.

16 Intangible Assets

2021-22	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2021	2,651	6,600	646	9,897
Additions Purchased	0	595	875	1,470
Impairments	0	0	0	0
Reclassifications	0	367	(517)	(150)
Revaluations	0	0	0	0
Disposals	(550)	(524)	0	(1,074)
At 31 March 2022	2,101	7,038	1,004	10,143
Amortisation				
At 1 April 2021	1,444	3,077	33	4,554
Provided During the Year	224	460	0	684
Impairments	61	0	0	61
Reclassifications	0	0	0	0
Reversal of Impairments	0	0	0	0
Disposals	(550)	(524)	0	(1,074)
At 31 March 2022	1,179	3,013	33	4,225
Net Book Value at 31 March 2022	922	4,025	971	5,918

All Intangible assets are classed as owned and are amortised between 5 and 10 years.

16.1 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.

17. Impairments

Impairments of £771k have arisen in year, which was due to overspecification which included writing down of building works and de-recognition of assets from the Statement of Financial Position.

	Note	**£000** **2021-22**	£000 2020-21
Impairments for Property, Plant and Equipment		**710**	1,716
Impairments for Intangibles		**61**	121
Reversal of Impairments for Property, Plant and Equipment		**0**	0
Change in Market Price		**0**	1,859
Total Impairments written to I&E		**771**	3,696
Impairments written to I&E	7	**771**	1,849
Impairments written to Revaluation Reserve	15	**0**	1,847
		771	3,696

Impairments written to I&E		
Over Specification of assets – Property, Plant and Equipment	**710**	1,716
Overspecification of intangible assets	**61**	121
Changes in market price	**0**	12
Total	**771**	1,849

18. Commitments

18.1 Capital commitments

The Trust does not have any capital commitments as at 31 March 2022.

19. Inventories

19.1 Inventories

	2021-22 £000	2020-21 £000
Finished goods	**207**	238
Total	**207**	238
Of which held at net realisable value:	**0**	0

19.2 Inventories recognised in expenses

	2021-22 £000	2020-21 £000
Inventories recognised as an expense in the period	**2,749**	3,881
Total	**2,749**	3,881

20. Trade and other receivables

20.1 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.

	2021-22 £000	2020-21 £000
Current		
Contract receivables	**1,744**	**2,802**
Allowance for impaired contract receivables / assets	**(219)**	**(49)**
Prepayments (non-PFI)	**841**	**763**
PDC dividend receivable	**232**	**248**
VAT receivable	**459**	**339**
Other receivables	**105**	**28**
Total current trade and other receivables	**3,162**	**4,131**
Non-current		
PFI lifecycle prepayments	**2,054**	**1,525**
Other	**195**	**0**
Total non-current trade and other receivables	**2,249**	**1,525**

Of which receivables from NHS and DHSC group bodies:		
Current	**1,150**	1,834
Non-current	**195**	0

20.2 Allowances for credit losses 2021-22

	2021-22 Contract receivables and contract assets £000	2020-21 Contract receivables and contract assets £000
Allowances brought forward	**49**	76
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2019		
Changes in Year		
New allowances arising	**170**	0
Reversals of allowances	**0**	(27)
Allowances as at 31 March 2022	**219**	49

21. Other financial assets

There are no other financial assets as at 31st March 2022.

22. Other current assets

There are no other current assets as at 31st March 2022.

23. Cash and cash equivalents

	31 March 2022 £000s	31 March 2021 £000s
Balance at 31 March	**38,318**	33,505
Net change in period	**6,071**	4,813
Balance at period end	**44,389**	38,318
Made up of		
Cash with Government banking services	**44,328**	38,276
Commercial banks and cash in hand	**61**	42
Cash and cash equivalents as in statement of cash flows	**44,389**	38,318

24. Non-current assets held for sale

The Trust has no Assets Held for Sale as at 31st March 2022.

25. Trade and other payables

	Current	Current
	2021-22	2020-21
	£000	£000
NHS payables	**1,009**	2,566
Trade payables - capital	**4,028**	2,534
Trade payables - Non NHS	**6,284**	6,700
Accruals	**6,714**	5,072
Annual Leave Accrual	**2,568**	2,489
STP Accruals	**735**	530
Taxes payables	**1,165**	1,056
Social Security costs	**1,437**	1,305
Other payables	**2,181**	2,047
Total	**26,121**	24,299

The Trust does not have any non-current liabilities.

Other Payables include:
£1,667k outstanding pensions contributions at 31 March 2022 (31 March 2021 £1,550k). These were paid in April 2022.

26. Borrowings

	Current	**Non-current**	Current	Non-current
	2021-22	**2021-22**	2020-21	2020-21
	£000	**£000**	£000	£000
Finance Lease	**63**	**2,133**	51	2,196
PFI liabilities	**934**	**21,537**	833	22,470
Total	**997**	**23,670**	884	24,666

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.

27. Other liabilities

	Current 2021-22 £000	Current 2020-21 £000
Deferred income	**5,005**	3,222
	5,005	3,222

The Trust has no other liabilities.

28. 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:

	2021-22 £000	2020-21 £000
Not later than one year	**228**	228
Later than one year, not later than five years	**912**	912
Later than five years	**2,394**	2,622
Sub total	**3,534**	3,762
Less: interest element	**(1,338)**	(1,515)
Total	**2,196**	2,247

The Trust is committed to pay per the above table.

29. Finance lease receivables

The Trust does not have any finance lease arrangements as a lessor.

30. Private Finance Initiative contracts

30.1 PFI schemes on-Statement of Financial Position

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire in 2039.

Under IFRIC 12, the asset is treated as an asset of the Trust; that the substance of the contract is that the Trust has a finance lease and payments comprise two elements - imputed finance lease charges and service charges.

Details of the imputed finance lease charges are shown in the table below:

Total obligations for on-statement of financial position PFI contracts due also below:

30.1 PFI schemes on-Statement of Financial Position

	2021-22	2020-21
	£000	£000
Not later than one year	**2,053**	1,995
Later than one year, not later than five years	**7,404**	7,486
Later than five years	**24,679**	26,649
Sub total	**34,136**	36,130
Less: interest element	**(11,665)**	(12,827)
Total	**22,471**	23,303

30.2 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 £1,121k (prior year £1,100k). In year £34k was released from the Lifecycle prepayment to revenue (£38k in 2020-21).

At present value the Trust is committed to the following charges:

	2021-22	2020-21
	£000	£000
Not later than one year	**1,126**	1,105
Later than one year, not later than five years	**4,559**	4,475
Later than five years	**14,200**	15,140
Total	**19,885**	20,720

The Trust's PFI model is updated for inflation each year, the 2021-22 figures below shows the Trust's commitments if a 2.5% RPI increase is applied each year:

	2021-22	2020-21
	£000	£000
Not later than one year	**1,154**	1,133
Later than one year, not later than five years	**4,975**	4,884
Later than five years	**18,981**	20,506
Total	**25,110**	26,523

30.3 Future Unitary Payments

The table below shows the Trust's total commitments for the PFI scheme until 2039.

2021-22	**Within 1 Year**	**2-5 Years**	**Over 5 Years**	**Total**
	£000	**£000**	**£000**	**£000**
Operating Costs	1,154	4,975	18,981	**25,110**
Financing Expenses	2,004	7,930	27,993	**37,928**
Capital Repayments	934	3,350	18,186	**22,470**
Lifecycle Costs	541	3,464	7,801	**11,806**
Total	**4,633**	**19,719**	**72,961**	**97,314**

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**	**78,945**	**102,970**

31. Other financial liabilities

The Trust has no other financial liabilities.

32. Provisions

	Current	**Non-Current**	Current	Non-Current
	2021-22	**2021-22**	2020-21	2020-21
	£000	**£000**	£000	£000
Pensions relating to former directors	**-**	**-**	-	-
Pensions relating to other staff	**191**	**2,701**	202	2,650
Legal claims	**78**	**0**	95	0
Redundancy	**0**	**0**	0	0
Other	**67**	**192**	104	0
Total	**336**	**2,893**	401	2,650

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2021	228	2,624	95	104	3,051
Arising during the period	13	144	26	195	378
Change in Discount Rate	37	338	0	0	375
Used during the period	(29)	(151)	(23)	0	(203)
Reversed unused	(24)	(251)	(20)	(40)	(335)
Unwinding of discount	(3)	(34)	0	0	(37)
At 31 March 2022	222	2,670	78	259	3,229
Expected timing of cash flows:					
Within one year	31	160	78	67	336
Between one and five years	126	660	0	20	806
After five years	65	1,850	0	172	2,087
	222	2,670	78	259	3,229

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 and Clinicians Pension Reimbursement.

£434k is included in the provisions of the NHS Resolution at 31/3/2022 in respect of clinical negligence liabilities of the Trust (31/03/2021 £1,110k).

33. Contingencies

33.1 Contingent Liabilities

There are no contingent liabilities as at 31 March 2022.

33.2 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.

34. Financial Instruments

34.1 Carrying Values of Financial Assets

	2021-22 Held at Amortised Cost £000	2020-21 Held at Amortised Cost £000
Trade Receivables	**1,825**	2,781
Cash at bank and in hand	**44,389**	38,318
Total at 31 March	**46,214**	41,099

34.2 Carrying value of financial liabilities

	2021-22 Held at Amortised Cost £000	2020-21 Held at Amortised Cost £000
Trade Payables	**23,519**	21,693
PFI and finance lease obligations	**24,667**	25,550
Total at 31 March	**48,186**	47,243

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 £22,175k to £23,789k.

34.3 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 FT is not, therefore, exposed to significant interest rate risk.

Credit risk

Because the majority of the Trust's income comes from contracts with other public sector bodies, the Trust has low exposure to credit risk. The maximum exposures as at 31 March 2022 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 business- as-usual capital expenditure from internally generated sources. The Trust is part of the national dormitory eradication programme and has been nominally allocated national PDC funding for that purpose. Some of which it has received in-year, in advance of Full Business Case approval. The Full Business Case process is in train in order to secure the remaining national funding. Cashflow and liquidity are fully considered as part of the process. Given the Trust current level of cash reserves it is not exposed to significant liquidity risks at this stage of the process. Future building cost inflation and associated affordability as well as cashflow implications are a key part of the business case considerations, in order to manage any future potential liquidity risks

The Trust is not, therefore, exposed to significant liquidity risks.

35. Events after the reporting period

There were no post balance sheet events for the period ending 31 March 2022.

36. 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).

	2021-22	2020-21
	£000	£000
External audit fees		
Statutory audit services	**85**	84
Non audit services	**0**	0
Total	**85**	84
Other audit fees		
Internal audit services	**49**	53
Counter fraud	**14**	12
Total	**63**	65

The auditor's liability for external audit work carried out for the financial year 2021/22 is unlimited

The External Audit Fees figure above includes VAT as under the NHS VAT regime it cannot be reclaimed.

37. 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:

2021-22	**Income £000**	**Expenditure £000**	**Receivables £000**	**Payables £000**
Related Parties with other NHS Bodies	**160,485**	**11,178**	**1,150**	**5,304**
2020-21				
Related Parties with other NHS Bodies	150,387	10,528	1,834	5,318

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.

38. Third party assets

The Trust held £111k cash and cash equivalents as at 31 March 2022 (£146k 31 March 2021) 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 2021).

39. Losses and special payments

There were 23 cases of losses and special payments worth £9k (2020-21 - there were 141 cases totalling £87k).

	2021-22 Total number of cases	**2021-22 Total value of cases**	2020-21 Total number of cases	2020-21 Total value of cases
	Number	**£000**	Number	£000
Loss of Stock	**11**	**8**	10	9
Special Payments				
- compensation payments	**11**	**1**	11	7
- Flowers Case*	**0**	**0**	120	71
	22	**9**	141	87

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 2021-22 period where the net payment exceeded £300,000.

The above have been reported on an accruals basis and exclude provisions for future losses.

*Amendment to last year's figures.

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