Annual Report & Accounts

2022/23

NHS

Derbyshire Healthcare

NHS Foundation Trust

Derbyshire Healthcare NHS Foundation Trust
Annual Report and Accounts 2022/23

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

Contents

Chair's foreword

Welcome to the Annual Report and Accounts for 2022/23.

This has been my first full financial year in post as Chair of Derbyshire Healthcare and I continue to be impressed by the commitment and dedication of our colleagues, partners and communities in delivering the best possible care and outcomes for local people. I would like to thank everyone who has supported our services throughout the year.

It has been a challenging year for the Trust as we have continued to respond and recover from the challenges of the COVID-19 pandemic. We have seen an increase in demand for all the services we provide, with a clear focus on reducing waiting times and ensuring people have a positive experience when they are in our care.

We have worked increasingly well with our partners across Joined Up Care Derbyshire to ensure a system-wide approach to improving the population health challenges for the people of Derbyshire. This has included the development of new services, including the exciting new facilities that form part of our Making Room for Dignity programme.

I am very grateful for the support of colleagues and partners in securing the necessary funds to ensure this programme can be delivered in full and I look forward to continuing to see the developments and their positive impact on our people. You can read more about the Making Room for Dignity programme on page 89.

Despite our challenges, it has been a good year for Derbyshire Healthcare, with our work being increasingly recognised in local, regional and national forums. I am proud of our achievements and the recognition the Trust has received throughout the year, including being a finalist in the prestigious Health Service Journal (HSJ) Trust of the Year awards 2022. We have also been commended for our work on staff engagement and our specialist approach to COVID vaccinations, together with the achievements of a number of teams and colleagues being celebrated throughout the year

We start the new 2023/24 financial year welcoming Mark Powell as our new Chief Executive. Mark was appointed following a rigorous national recruitment process last winter and comes with significant experience from his previous role at Leicestershire Partnership NHS Trust. Mark replaces Ifti Majid, our long-service Chief Executive who left the Trust at the end of November, after working for the Trust for 26 years.

Thank you to Carolyn Green, the Trust's Director of Nursing and Patient Experience, who led the Trust as Interim Chief Executive for the intervening months, Carolyn has kindly written the Chief Executive's introduction as she completes the 2022/23 year in that role.

There have been some other changes to our Board of Directors this year and I am pleased to introduce the Trust's new Non-Executive Directors (NEDs), who collectively bring a wealth of skills and expertise to the Board including Lynn Andrews, Tony Edwards and Ralph Knibbs, with Tony also being appointed as the Trust's Deputy Chair. More detail on the changes to the Board in year can be found in the Director's report on page 56.

I would also like to say thank you to our Council of Governors for their ongoing support, challenge and dedication. In February we welcomed a new cohort of governors following our elections and I would like to share my thanks with both Orla Smith and Julie Boardman, who completed their terms of office this year for their commitment to the governor role.

I warmly welcome our new governors, particularly those who were elected in February 2023. I look forward to working closely with you in the year ahead!

Selina Ullah
Trust Chair

Making Room for Dignity programme - Selina Ullah, Trust Chair speaking at the ground breaking ceremony in Chesterfield in March 2023

Interim Chief Executive's introduction

It has been another busy year for the Trust, yet a positive time for service development and innovation. A lot has been achieved during the last year, alongside our ongoing response to COVID-19; protecting our colleagues and vulnerable people with a learning disability and/or severe mental illness through our specialist COVID vaccination hub. We have clinically and operationally led our teams through a significant period of change, development and industrial action. I am very grateful for the organisation's collective effort to maintain safe and compassionate care.

We start the new financial year with an increased range of services in place, strengthening our offer to local people. This includes a new mental health street triage service, developed in partnership with Derbyshire Constabulary, which launched in March.

In April 2023 Derbyshire Healthcare will lead the launch of a new regional gambling harms service to support the East Midlands region. We are also working with partners across the region to clinically lead the East Midlands Perinatal provider collaborative. I also look forward to future plans to develop two new crisis houses across the county and a new safe haven service in Chesterfield.

Our partnership work with other Trusts, Local Authorities and the voluntary sector has strengthened during the year on both a local and regional basis. The Mental Health, Learning Disability and Autism Delivery Board, which forms part of our system-work with Joined Up Care Derbyshire has identified key priorities, including focused work to improve access and experience of our Deaf and Black communities and we continue to make headway in our plans to support and focus on these communities

We continue to work in partnership to transform our community mental health services, in line with national guidance through our Living Well programme, see page 10. We look forward to the transformation of our acute facilities through our Making Room for Dignity programme, which will improve the experience of people in our inpatient environments through the use of single, en-suite rooms and therapeutic space, see pages 89-90. The development of a Derbyshire based Psychiatric Intensive Care Unit (PICU) will reduce the number of local people who need to travel outside of the county to receive this specialist care, further enabling local support and recovery.

Our children's services continue to focus on our community and families, and I am grateful for their services to families in Derby and Derbyshire, giving people the very best start in life. Within this report you will be able to see the Health Visiting teams clinical performance and support and we were so proud to note at Board this year their nationally leading performance and support to new families.

We are also leading work across the region through our role in the East Midlands Alliance, which brings together independent and NHS providers of mental health services across the East Midlands to improve practice and strengthen the regional voice of mental health and learning disability services. Service areas for collaboration include forensic, CAMHS (Child and Adolescent Mental Health Services) and eating disorders.

We continue to develop our shared vision for collaborative Learning Disability services, and we have had great individual success in supporting the discharge of our people in longer term care to live their very best lives in the community. This is an area of continued focus as we enter 2023/24. We have also supported the East Midlands Alliance though collective improvement efforts with St Andrew's Healthcare, who have spoken favourably of our support to them in their

focused work in observations and core clinical standards, which have resulted in sustained improvement another example of our Trust acting as a great partner.

This year the Trust completed its OnEPR programme to implement a new electronic patient record across all services, you can read more about this on page 103. We continue to build on this achievement with a new module to develop our e-prescribing technologies.

In more recent months we have implemented our emergency planning response in order to prepare for industrial action from both our nursing and junior doctor colleagues. Thank you to everyone who supported this approach, ensuring our services and patients remained safe during periods where we experienced reduced staffing.

At the beginning of March 2023, the Trust received its results to the national NHS Staff Survey 2022, see page 130. We were pleased to receive feedback above the national average in all areas and remain committed to working closely with colleagues to make ongoing improvements to what it is like to work for and receive care from the Trust.

Thank you to everyone who has supported the Trust over the last year. This includes new colleagues who have joined our organisation with energy and a commitment to our services this year. Colleagues who have stayed with the organisation, offering ongoing support and expertise as they continue their career at Derbyshire Healthcare. And a special thanks to our wonderful colleagues who have chosen to retire and return; we are very grateful for your continued NHS service.

I write this introduction at the end of the 2022/23 financial year, as my role as Interim Chief Executive comes to an end. I would like to take the opportunity to thank colleagues for their support over recent months and welcome Mark Powell as the Trust's new Chief Executive. I will continue to be a member of the Trust's Board of Directors in my substantive role as Director of Nursing and Patient Experience.

Carolyn Green
Interim Chief Executive
31 March 2023

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 2022/23 performance section that follows on pages 22-54.

Overview of performance

The pandemic has continued to impact throughout the year, with staff and patients periodically testing positive. Thankfully all inpatient infections have been safely managed without the need to close beds.

Pressures of demand – impact on waiting times, out of area

There has been an ongoing high level of demand for adult acute inpatient beds and inpatient psychiatric intensive care throughout the year, which has resulted in wards being fully occupied on occasion, resulting in an increasing number of out of area placements.

We have also continued to see an increased level of referrals to services in the community which has impacted on waiting lists. Autistic spectrum disorder assessment, paediatric outpatients and child and adolescent mental health services remain the services with the largest waiting lists.

Successes

Eradication of dormitories

The modernisation of our adult acute inpatient wards in Derby and Chesterfield continues to progress as planned, with the existing dormitories to be replaced with single en-suite bedrooms. This will improve the safety, privacy and dignity of patients experiencing mental illness.

Psychiatric Intensive Care Unit for Derbyshire

Creation of a Psychiatric Intensive Care Unit for Derbyshire is also progressing as planned, with completion expected early in 2025. This will make a positive difference to patients requiring psychiatric intensive care as they will receive the care and treatment they need close to their family and support network instead of having to be cared for outside Derbyshire.

Crisis houses

A procurement process has recently been completed for a new crisis house and safe haven service in Chesterfield and crisis house service provision in Derby. These new services will provide support for people experiencing immediate mental health needs, reducing the impact on emergency departments and providing an alternative to hospital admission. The crisis houses will offer short-term residential care for people who would otherwise require admission to an acute mental health ward. The Trust's crisis teams will provide clinical oversight. The safe haven in Chesterfield will be a non-clinical service open 365 days a year with an integrated crisis café, open to referrals from professionals as well as members of the public.

Living Well Derbyshire

In February 2020, NHS England published a new community mental health framework which is a three-year NHS programme aiming to improve care for people with severe mental illness. In Derbyshire this new way to offer holistic health and wellbeing support is called 'Living Well Derbyshire'. Living Well Derbyshire is focused on helping local people recover from mental health illness within the community and aims to offer more accessible support for people's mental health and wellbeing.

Derbyshire Healthcare NHS Foundation Trust, voluntary sector organisations, local authorities, the Integrated Care Board and those with a lived experience of mental health illness, and their carers, have been working collaboratively to create transformative new service models for the communities in High Peak and Derby City, which will then be implemented in the remaining localities across the county.

New division of Psychology and Psychological Therapies
A new division of Psychology and Psychological Therapies has been created in order to improve efficiency of delivery. The division will look to pool resources across the county to smooth out peaks and troughs and work with other teams, utilising population health data to understand needs in specific areas.

Staff feedback – survey results
48% of colleagues responded to the 2022 staff survey, which is a decrease of 12% from the year before. This is a significant drop, and an area we will focus on improving next time. We have continued to score highly in each of the seven domains of the People Promise, with our results being above average in each area. This is a theme that continues throughout the survey and something we should all be really proud of. Of particular note we received positive feedback in how we work as a team, with Trust colleagues and provide opportunities for people to show initiative and make improvements. We had maintained improvements in our work on equality, diversity and inclusion and received positive feedback about how our line managers value people's work, discuss problems and have an open approach to flexible working. Colleagues' motivation and compassionate leadership are also areas where we have seen progress in the last year.

Signed

Mark Powell
Chief Executive
20 June 2023

Making a positive difference

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 seventy different languages being spoken.

Successful partnership working is essential to the delivery of many of our services and central to our values. The Trust works in close collaboration with the Derbyshire Integrated Care Board (ICB) 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 the Joined Up Care Derbyshire (JUCD) Integrated Care System (ICS), which is 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.

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:

- **Acute 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 services and liaison teams, and helpline.
- **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. Physical Health Monitoring Clinic for people commencing on antipsychotic medication or having this adjusted, Individual Placement Support team and Primary Care Networks (PCN) Mental Health Practitioners.
- **Forensic and Mental Health Rehabilitation and Specialist Services**: following commissioner investment, the division continues to develop the forensic service line. It includes a Community Forensic Team, a Criminal Justice Liaison and Diversion Team and a Placement Review Team with a Low Secure Inpatient Unit provided at the Kedleston Unit. Currently there is a rehabilitation inpatient service at Cherry Tree Close and there is an ongoing transformation to extend the rehabilitation pathway including a community rehabilitation team. The division also includes a number of specialist teams including Perinatal Services (inpatient and community), Eating Disorders services for adults,

Substance Misuse services through Derby Drug and Alcohol Recovery Service and Derbyshire Recovery Partnership, Physiotherapy and Dietetics services.

- **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, at Tissington House. This division also delivers services locally across Derbyshire within the Community Mental Health Teams (CMHT) and Memory Assessments Service (MAS) and provides an intensive alternative to hospital admission through the Dementia Rapid Response Teams (DRRT) and the In-reach and Home Treatment Team
- **Children's Care Services**: provides Child and Adolescent Mental Health Services. (CAMHS) including CAMHS RISE, a team supporting Accident and Emergency (A&E) liaison and acute inpatient services. It also includes 0 to 19 Universal Children's Services, with 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 division provides Autistic Spectrum Disorder (ASD) assessment and learning disabilities (LD) services including an intensive LD support team to help prevent hospital admission.
- **Psychology and Psychological Therapies**: This is a newly formed division which provides psychological assessment and interventions for patients across the trust. Interventions are delivered in 1:1 or group format and utilise the range of psychological models highlighted in guidance. All talking therapies including Talking Mental Health Derbyshire (Improving Access to Psychological Therapies - IAPT) across all services sit within the Division. Psychological therapy is delivered by a range of therapists and clinical psychologists for all age groups and presentations in the community and in patient services. They are embedded in teams across the Trust.

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

Our Green Plan

The Trust Green Plan (2022-2025) was approved by the Board of Directors in November 2021. This Green Plan outlines our aims to be an environmentally friendly trust, creating a healthier environment through the sustainable development of trust services. It aligns to both NHS objectives to deliver a 'net zero National Health service' by 2045 and local initiatives and priorities contained in the Integrated Care System (ICS) Green Plan (2022-2025) approved by the Integrated Care Board (ICB) Board in July 2022.

Delivery of the Trust Green Plan is through a programme of work identified against a series of key work streams and is led by a designated board-level net zero lead, our Chief Operating Officer, and is monitored through our Reset, Recovery and Sustainability Programme Board.

Below is our five year performance figures for energy related carbon emissions and energy related CO2 emissions:

Year	CO2 (Tonnes)	Carbon (Tonnes)
2016/17	3728	1016
2017/18	3748	1022
2018/19	3125	922
2019/20	2661	725
2020/21	2463	523

To get to 'net zero' by 2045 the Trust has a reduction target to remove (each year) the equivalent of 5% of the 2020/21 emissions (cumulative).

The Trust continues to be an active partner in the development and delivery of the wider NHS Green agenda, with regular attendance at the ICS Green Delivery Group as well as providing the Chair for the Local Estates Forum Greener Derbyshire Working Group.

Delivery of the Green Plan will help raise the profile of environmental sustainability and provide the drive to embed it as a key consideration in all that we do. It will provide a foundation for a comprehensive programme of engagement with staff, patients, partners and the wider community. Some of the key initiatives (both delivered over the last 12 months and currently in planning for future years) include the following:

Workforce and System Leadership – An overview of the Green Plan has been included on the staff induction for new starters since July 2022 and an online presence is maintained on the staff intranet pages to update on the Green Plan, sustainability issues and wider Greener NHS information.

The Quality Visits programme for 2023/24 will include a Green Team award to recognise teams that have changed practice to be more energy efficient or that provide positive contributions to the environment. Two sessions of Carbon Literacy training were provided to ICS organisations (including trust staff) in February 2022.

Sustainable Models of Care – As part of the 'GreenSPring' initiative (a government funded 'Test and Learn' pilot study aimed at preventing and tackling mental health through green social prescribing), the Trust ran a three month programme (in conjunction with Derbyshire Wildlife) in September 2022 and established a 'Wild Gardening' group at Cherry Tree bungalows. The results (particularly in relation to patient outcomes) are currently being evaluated with the hope of widening the programme in due course.

A 'Ride for Their Lives' event took place in October 2022 to highlight the important role of clinicians in climate change messaging to create healthier communities and more sustainable healthcare

systems. This involved clinicians and non-clinical colleagues from across the Trust and provider partners cycling to a meeting to discuss how service design could play a significant role in carbon reduction. COP 27 took place in Sharm El Sheikh in November 2022 and included a focus on the many Ride for Their Lives events across the NHS. We are very proud to have been a part of, and contributed to, such an important event.

The Transformation team were successful in securing £12k in a Healthy Futures bid for a project to measure and reduce vehicle idling at special schools in an aim to reduce air pollution. The work will progress with leadership from a Trust Consultant Community Paediatrician and will report findings back this year.

Estates and Facilities – We received National approval to our Making Room for Dignity Programme in September 2022. Part of the programme includes two new build in-patient units which have been designed to Building Research Establishment Environmental Assessment Method (BREEAM) 'Excellent' rating and to be as close to 'Net Zero' as current technologies allow in both construction and operation. These projects will also include positive 'net gains' to the natural environments on their respective sites, improving biodiversity by enhancing the range of habitats and planted structures.

Digital Transformation – The Trust continues to utilise video consultations across its services, averaging around 320 consultations per week. Since April 2020, this has resulted in over 71,000 physical attendances being avoided with an estimated reduction of 1.8m miles of patient related travel (at a saving of around £980k and a reduction of 320 tonnes of greenhouse gas emissions).

Further investigation of the NHS Patient App is under way alongside system partners, this has the potential to support patient access to healthcare records and reduce reliance on posting out letters and thereby reduce use of paper (and a lowered carbon footprint form reducing posted correspondence) within the local system.

Nine meeting rooms across the estate have been fitted with specialist audio visual equipment to facilitate remote/hybrid meetings to reduce travel for staff. Digital solutions for desk booking across the estate are currently being tested and piloted with a view to a wider roll out in 2023 to both reduce travel demand and support a more efficient use of buildings across the Trust.

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 2022-2025

The refresh of the Trust Strategy in 2022 made our strategy simpler and more accessible to staff. Our refreshed strategy is also reflective of our latest objectives.

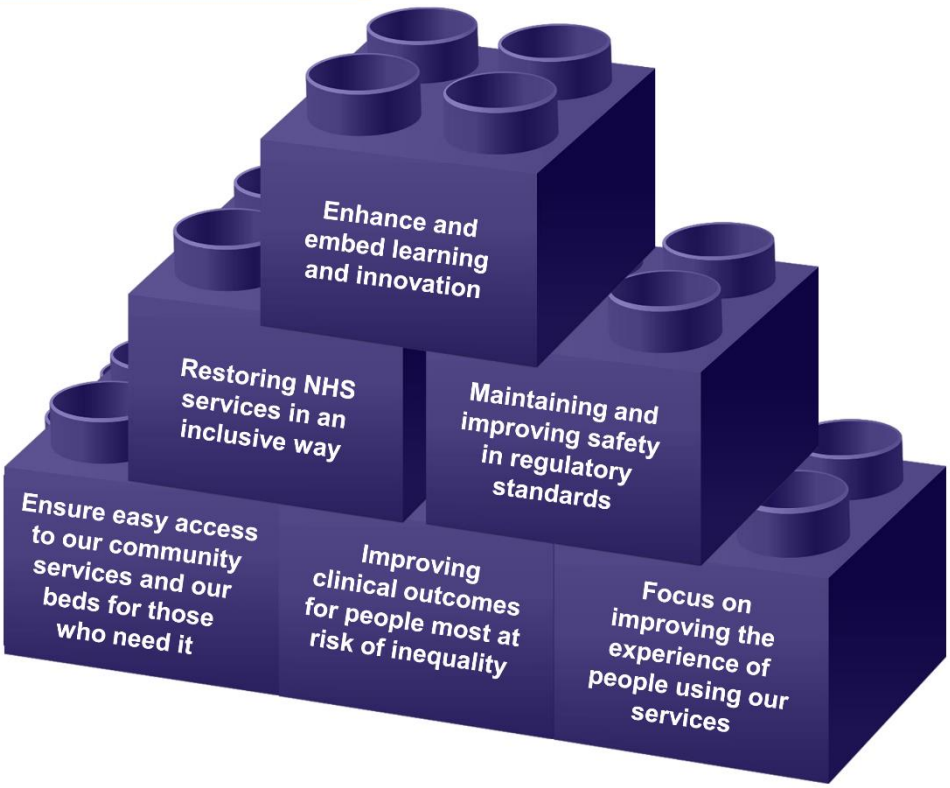
Following extensive engagement, the refreshed strategy outlines the four Trust objectives:

- To provide GREAT care
- To be a GREAT place to work
- To make BEST use of our resources
- To be a GREAT partner

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 deliver improved and more integrated services for our local population. 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.

What we need to achieve – to deliver GREAT care



What we need to achieve – to be a GREAT place to work

What we need to achieve – to be a GREAT partner

What we need to achieve – to make BEST use of our resources

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.

As a mental health, learning disability, autism, and children's services, we do have clinical strategies for individual service lines based on national drivers and transformation programmes. Our overarching Trust Clinical strategy would be to use a population health approach to address inequalities in access, experience and outcomes for our population in Derby and Derbyshire. To achieve this, we will also address any inequalities within our services and staffing resources.

Significant governance and regulatory events during the year

Changes to the Board of Directors

There has been a significant turnover of Board members during 2022/23 and the Board recognised the real concerns of our staff, governors and partners about the impact of these leadership changes. Robust recruitment processes were undertaken for the planned Medical Director vacancy as well as for the Non-Executive Director vacancies. The Trust acted swiftly to provide interim arrangements for the other Executive Director vacancies to give confidence about building resilience and a consistency of purpose and values into our Board at a time of change.

Further details of the changes to the Board membership are given in the Directors report staring on pages 56.

Going concern disclosure

The Trust accounts, starting at page 159, 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 the going concern approach for 2022/23 accounts and were able to make the following statement:

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

Performance Analysis – 2022/23

Measuring performance
The Trust measures its performance using a range of online reports and dashboards that are linked to the electronic patient records and are updated daily overnight, providing an almost live view. This financial year the Trust has also invested in a data science platform created by Real World Health which provides insights into patient journeys.

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. Data is presented in statistical process control format which provides assurance and enables measurement for improvement. The report provides assurance of actions being taken to mitigate any issues identified. 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. Example benchmarking sources include the NHS Model Hospital, and NHS Digital official statistics.

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

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

Performance management structures are in place in Operational Services to enable performance monitoring at all levels of the organisation. Operational performance is overseen by the Trust Operational Oversight Leadership Team at bi-monthly meetings. The remit of the team is to oversee performance and quality in the seven operational divisions and lead on performance and quality improvement.

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

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

Public Health commissioned contracts are monitored via quarterly performance review meetings with the Derbyshire Integrated Care Board (ICB).

NHS England (NHSE) monitor performance against the specialised services contractual targets and standards, which cover perinatal inpatients and low secure inpatients, at quarterly Derbyshire contract review meetings.

The Care Quality Commission (CQC) continue to monitor performance through inspections.

NHS England (NHSE) continue to monitor performance against national priority measures.

The Annual Governance Statement, on page 147 of this Annual Report outlines how the Trust manages its key risks.

Performance Overview and key themes in Trust performance 2022/23
There have been a number of challenges faced by the Trust this financial year. COVID-19 has continued to have an enduring impact. The key areas of challenge were as follows:

Waiting times for care coordination: as we came out of the pandemic, the number of referrals increased but there was no additional capacity created for Care Coordinators to take new cases. Staff also experienced fatigue (an ongoing issue raised during and post pandemic) and some teams were in distress owing to experiencing high levels of sickness and vacancies. Migration to a new electronic patient record – SystmOne – also presented ongoing challenges for staff, which impacted on data quality. It is expected that roll out of Living Well during 2023/24 will improve flow of patients and reduce waits. A review of the Care Programme Approach policy is underway in order to reduce administration time and release more time to care. We are also undertaking proactive recruitment and a review of the skill mix over the next six months, to create new roles and development opportunities in order to bring a different skill set to facilitate multidisciplinary team working and address the nursing shortage.

Waiting times for adult autistic spectrum disorder (ASD) assessment: the average wait is currently 79 weeks and the longest wait is now over four 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 were 2,025 people waiting for adult ASD assessment, which was an increase of 63% over the last two years. Work is underway to increase workforce capable of undertaking assessments, with the aim of having 20 newly trained staff by February 2024. A review of clinical processes is also in progress with the aim of increasing screening success and increasing the number of ASD assessments completed.

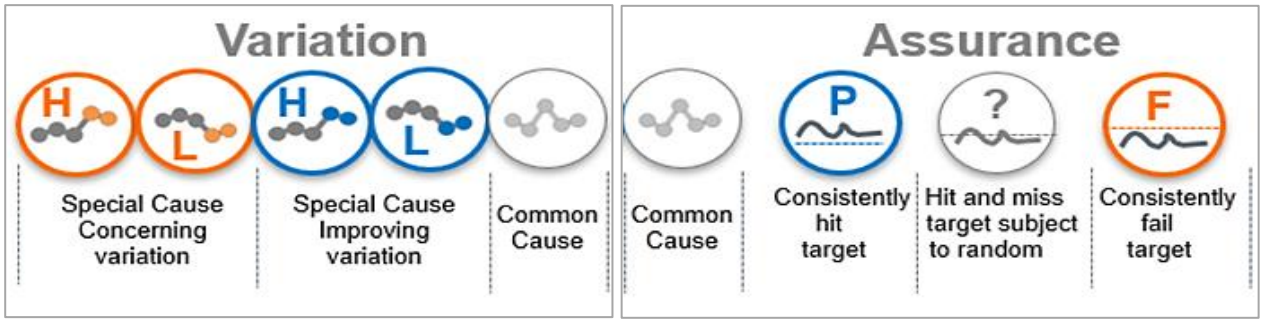
Waiting times for community paediatrics: there continued to be a steady rise in waiting times for referral to treatment in community paediatrics. At the end of March 2023 there were 1,953 children waiting to be seen. The average wait time was 32 weeks. Available appointment slots were increased in November 2022 which made a slight impact on the waiting list, however with the loss of the regular locum in December 2022 and ongoing challenges with filling vacancies, the waiting list continued to rise.

Waiting list for Child and Adolescent Mental Health Services (CAMHS): at the end of March 2023, 493 children were waiting to be seen with an average wait time of 25 weeks. A number of actions were implemented towards the end of the financial year which have started to have a positive impact. These included prioritising the waiting list and ensuring available assessment slots for the priority cases, redesigning the assessment team model, and launching a Core CAMHS team to alleviate saturation across core teams and increase flow and specialist support and intervention for those that require it.

Inappropriate out of area placements in adult acute beds: this continues to be impacted upon by persistently high levels of bed occupancy 100% plus, delayed transfers of care and above average length of stay. In recent months there has been an increase in delayed transfers of care with access to ongoing residential care often delayed. We are also experiencing increased acuity regarding patients admitted to hospital. The overall system remains under pressure.

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 progressing on a new build PICU provision in Derbyshire, which is scheduled to be completed in early in 2025.

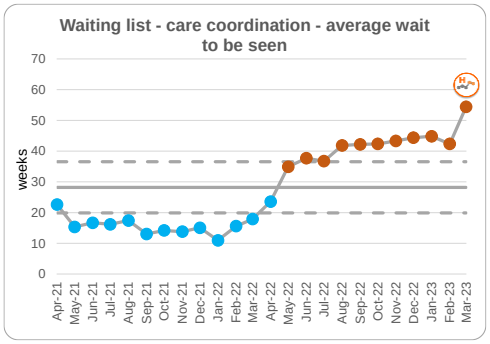
Key to the symbols on the charts below:



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

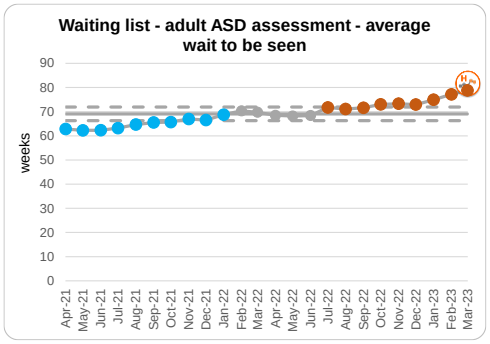
Waiting times for care coordination

There are a number of key factors impacting on waits. As we came out of the pandemic, the number of referrals increased but there was no additional capacity created for Care Coordinators to take new cases. Staff are experiencing fatigue (ongoing issue raised during and post pandemic). Some teams are in distress owing to staffing challenges. The roll out of Living Well next financial year is expected to improve the flow of patients and reduce waits.



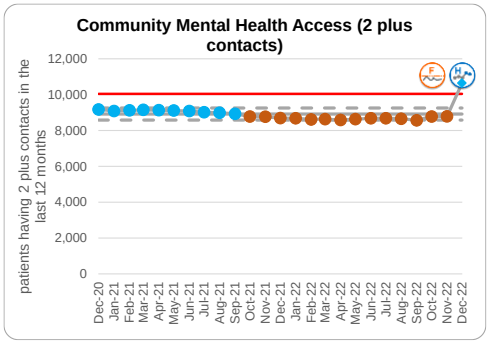
Waiting times for autistic spectrum disorder assessment

Demand for the service continues to outstrip capacity (commissioned to undertake 26 per month but currently receiving referrals 76 per month this financial year to date). At the end of March 2023 there were 2,025 adults waiting for adult ASD assessment. A revised approach to waiting list management has started to have an impact and in March 2023 the waiting list actually reduced.

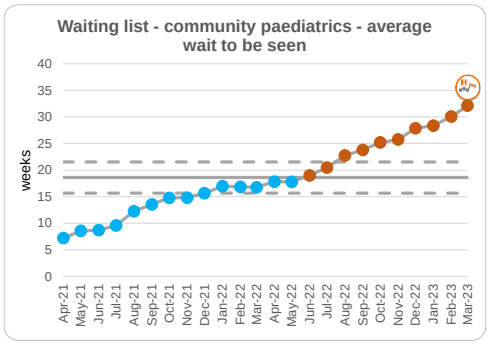


Community mental health access (2 plus contacts) – national priority standard

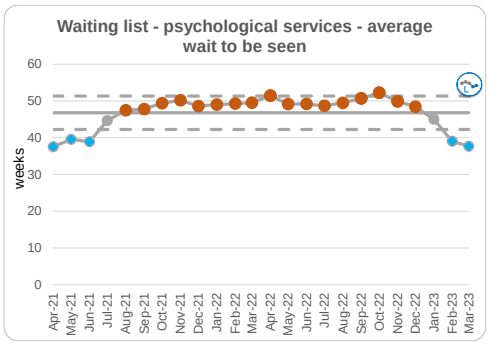
The Trust was set a very challenging target to increase the number of adults and older adults receiving two or more contacts in a year from community mental health services to 10,044 by the end of March 2023, which was an increase of 14% on previous performance. A recovery action plan was put in place and implemented, and the most recent national data (December 2022) confirmed that the target level of activity had been achieved. Internal monitoring indicates that the target has continued to be achieved up to the end of March 2023.



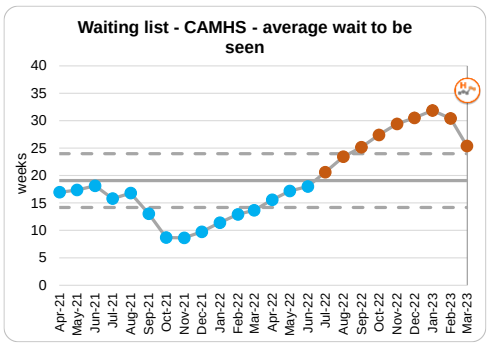
Waiting times for community paediatrics
At the end of March 2023 there were 1,953 children waiting to be seen. The average wait time was 32 weeks. Available slots were increased in November 2022 which made a slight impact on the waiting list, however the loss of the regular locum in December and ongoing vacancies meant the waiting list continued to rise. To mitigate we continued to search for appropriate locum doctors to cover. Saturday and additional clinics have been proposed. Recruitment to the neurodevelopmental business case is underway. A review of the patient pathways is also a priority.



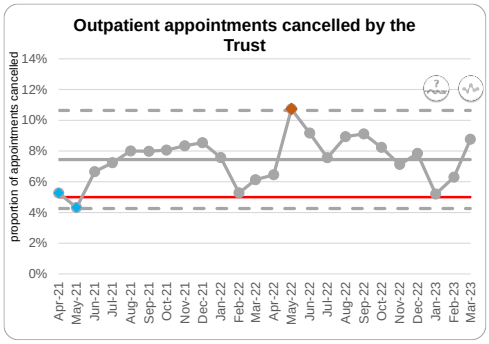
Waiting times for psychological services
At the end of March 2023, 436 people across Derbyshire were waiting to be seen by psychological services, with an average wait time of 38 weeks. The number waiting and waiting times are both continuing to reduce significantly. A Division of Psychological Therapies has recently been created in order to improve efficiency of delivery.



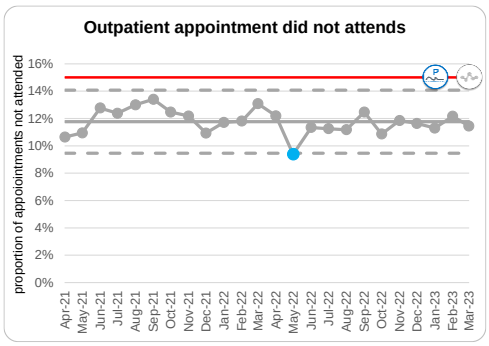
Waiting times for child and adolescent mental health services
At the end of March 2023, 493 children were waiting to be seen with an average wait time of 25 weeks. A number of actions were implemented in the last quarter of the year which are starting to have a positive impact.



Outpatient appointments cancelled by the Trust
This indicator was introduced as a measure of patient inconvenience some years ago and when cancelling appointments, the administrators should identify whether or not the patient was aware of the appointment in order to enable differentiation between cancellation of virtual and actual appointments. Recording accuracy needs to improve and so further training in the use of SystmOne has been arranged for those concerned.



Outpatient appointment did not attends
The proportion of patients who did not attend their planned outpatient appointments averaged just under 12% over the financial year.

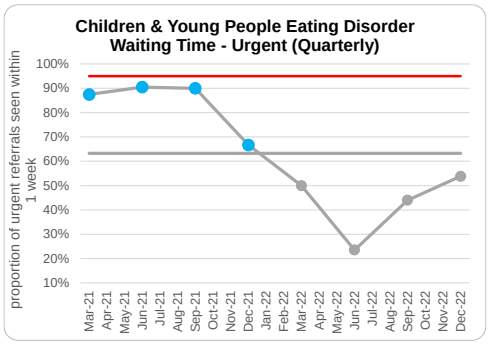


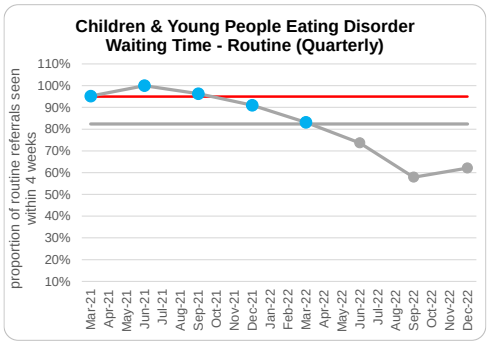
Children and young people eating disorder waiting times – national priority standards

These standards focus on effective treatment at the earliest opportunity in order to improve outcomes, reduce rates of relapse and need for admission. The two waiting time standards are that children and young people (up to the age of 19), referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases, and four weeks for every other case (target 95%). A recovery action plan was put in place. The key actions within the plan are summarised below:

- Development and implementation of recruitment strategy
- Improved accuracy of recording
- Design and delivery of Derbyshire Avoidant Restrictive Food Intake Disorder pathway

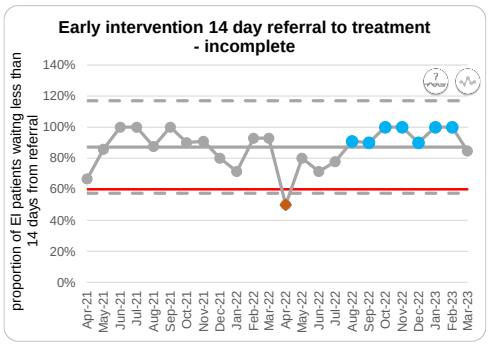
The national priority standards data are published by NHS Digital several months in arrears, which is why the charts only report up to December 2022.





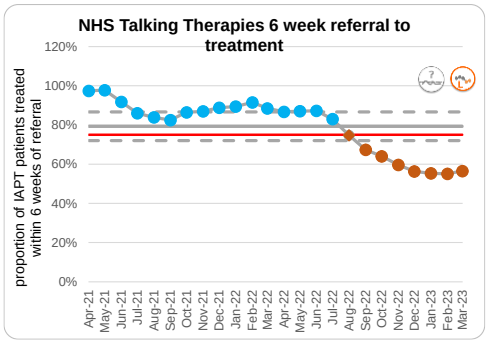
Early intervention waiting times

Patients with early onset psychosis are continuing to receive very timely access to the treatment they need. Occasionally delays result from difficulties contacting patients to arrange appointments, or patients not attending their planned appointments. The service is generally very responsive and has exceeded the national 14-day referral to treatment standard of 60% or more people on the waiting list to have been waiting no more than two weeks to be seen in all but one month over the past two years.



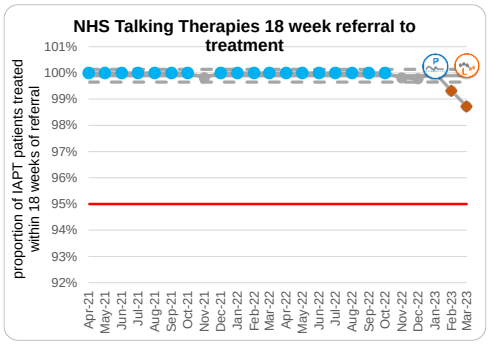
NHS Talking Therapies 6-week referral to treatment

Wait times have been lengthening owing to returns to near pre-pandemic levels of referral, difficulty in recruiting to Psychological Wellbeing Practitioner qualified roles, some long-term sickness and increases in complexity and treatment contacts. Additionally, attended appointments for assessments were lower than we would like and improving this should achieve some wait time gains. 27% of patients did not attend and gave no notice Jan-Dec 2022, and 20% were cancelled by, or on behalf of, patients at Step 2.



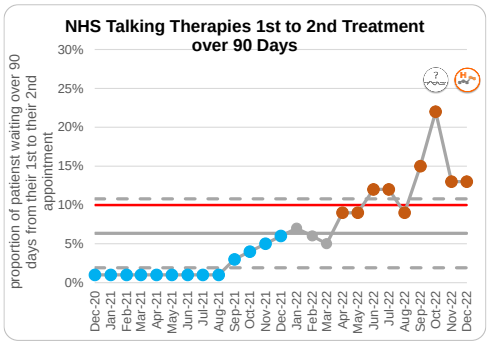
NHS Talking Therapies 18-week referral to treatment

The 95% standard for 18-week waits from referral to treatment has consistently been exceeded since the inception of the service.



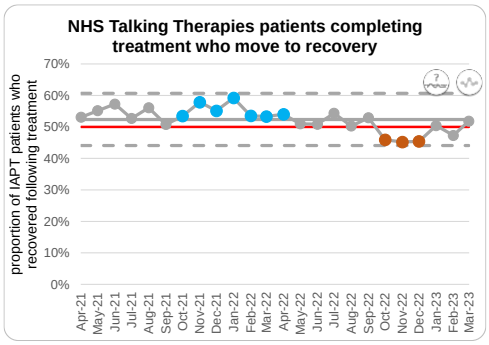
NHS Talking Therapies waiting times between first and second treatment over 90 days – national priority standard

Waits were significantly high in the last nine months of the year and above target for the last four months. A number of actions are being taken in order to reduce waits, which include consolidating the waiting lists, review of productivity and average contacts to increase treatments and reduce wait times, review of acceptance criteria to achieve more appropriate referrals, introduction of supportive technology either at referral or to support treatment, and increasing available treatment slots.



NHS Talking Therapies patients completing treatment who move to recovery

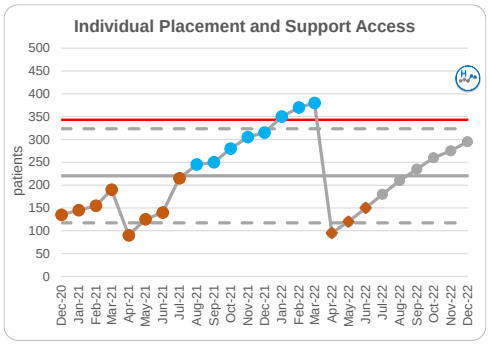
This is a financial year target and overall the target has been achieved. The dip in performance was likely to have been an unintended consequence of implementing waiting list waiting well checks, which included taking measures. This was amended and the positive effects have now started to be reflected in the data.



Individual placement and support access – national priority standard

This is a year-end target for the number of new people accessing the individual placement and support services within the financial year. The target was achieved in 2021/22 and is currently on target to be achieved this financial year also.

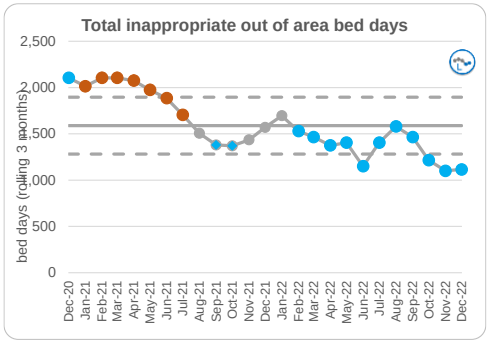
The national priority standards data are published by NHS Digital several months in arrears, which is why the chart only reports up to December 2022.



Total inappropriate out of area bed days

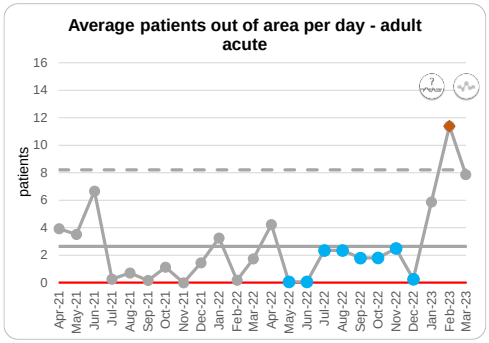
This is a combination of inappropriate out of area adult acute placements and inappropriate out of area psychiatric intensive care unit placements, calculated on a rolling three months' basis.

The national priority standards data are published by NHS Digital several months in arrears, which is why the chart only reports up to December 2022.

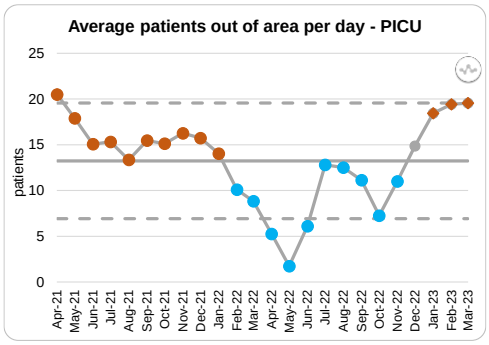


Adult acute inappropriate out of area placements

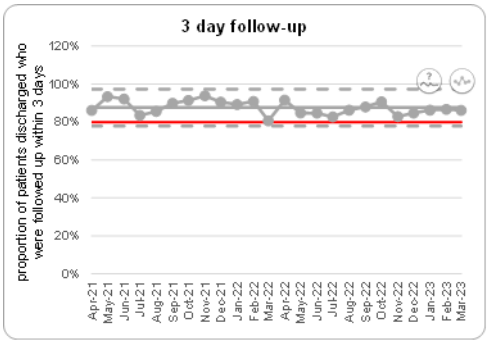
This continues to be impacted upon by persistently high levels of bed occupancy, delayed transfers of care and above average length of stay. In recent months there has been an increase in delayed transfers of care, with access to ongoing residential care often delayed. We are also experiencing increased acuity regarding patients admitted to hospital. The overall system remains under extreme pressure with the acute trusts also facing significant flow challenges.



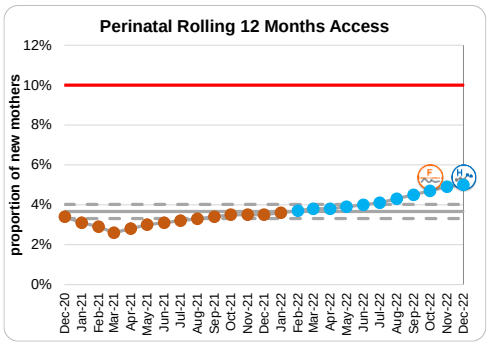
Psychiatric Intensive Care Unit (PICU) inappropriate out of area placements
There is no local PICU provision, so anyone needing psychiatric intensive care must be placed out of area. However, work continues on the provision of a new build PICU in Derbyshire.



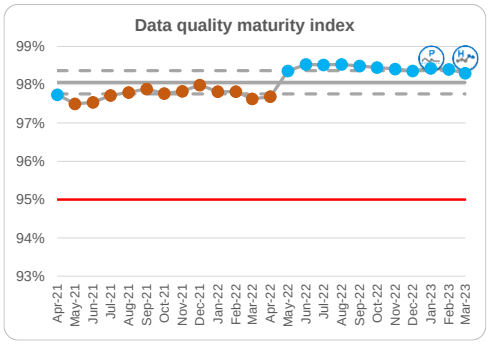
Three-day follow-up of all discharged inpatients
Patients are followed up in the days following discharge from mental health inpatient wards to provide support and ensure their wellbeing during the period when they are potentially at their most vulnerable. The national standard for follow-up has been exceeded throughout the 24-month period. Some ongoing recording issues have been experienced following the move to SystmOne. However, these have now largely been addressed as people have become used to how to record on the new system.



Perinatal access – national priority standard
This is the number of women accessing perinatal services in the 12-month period as a percentage of Office for National Statistics (ONS) 2016 births in Derby and Derbyshire (target 10%). The number of live births in Derby and Derbyshire has been lower each subsequent year than when the target was set, which makes it more challenging to achieve as there are fewer mothers who potentially need support.



Data quality maturity index
The level of data quality has been significantly better than expected for the last nine months. It is expected that the national target will be consistently exceed.



Tackling health inequalities

Research has shown that on average, people from Black and Minority Ethnic (BAME) communities and people with a learning disability and neurodivergent/autistic people experience health inequalities more frequently and die sooner than other demographic groups.

A 2022 report on Race and Ethnic Inequalities within the proposed Mental Health Act Reform identified that people from minority ethnic groups were less likely to access mental health services through primary care, more likely to end up in crisis care, and 40% more likely to access mental health care via the criminal justice system when compared with other ethnic groups. Black and minority ethnic people also experience variation and inequality during assessment, are less likely to be offered psychological therapies, and are more likely to receive drug treatments. They are also more likely to report adverse, harsh, or distressing experiences and poorer outcomes.

People with a learning disability are also under served in access to healthcare and experience high levels of health inequality. Research has shown that, compared with the general population, people with a learning disability were three to four times more likely to die from an avoidable medical cause of death when compared with the general population (such as epilepsy and constipation). Most of the avoidable deaths in people with a learning disability were because of diagnostic overshadowing and because timely and effective treatments were not proactively provided.

In addition, gender imbalances still exist within healthcare with gender identity impacting equity of service and patient experience.

To better understand the extent of health inequalities locally, the Trust commissioned Real World Health (RWH) to produce a baseline of our current health inequalities profile across the Derby and Derbyshire system, specifically looking at:

- Access to services
- Caseloads
- Patient outcomes

The Trust has formed a Reducing Health Inequalities Delivery Board to bring together Trust teams and services to collectively identify, address and reduce the health inequalities being experienced locally, with the aim of ensuring all Derby and Derbyshire residents receive the same high levels of care and treatment. The Board is driven by the seven principles of the NHS Constitution:

1. A comprehensive service, available to all
2. Access to services based on clinical need, not the ability to pay
3. Aspiring to the highest standards of excellence and professionalism
4. The patient will be at the heart of everything we do
5. The NHS works across organisational boundaries
6. The NHS is committed to delivering best value for the taxpayer
7. The NHS is accountable to the patients, public and communities we serve

In addition, the Board aims to ensure proactive interface with reducing health inequalities programmes and activities taking place across the Joined Up Care Derbyshire partnership, for example the priorities of the local shared autism strategy.

The Board will seek to address and reduce the health inequalities identified in the following areas:

- Children's Services
- Adult Neurodevelopmental Services
- Crisis Response Home Treatment
- Community Mental Health Team
- Inpatient Services
- Local Learning Disability Mortality Review (LeDeR) findings and strategy
- Annual Health Checks
- Local Autism Strategy
- Priorities as identified by specific Trust teams (such as the Learning Disabilities Health Facilitation Team).

For each identified area, the Board will initially seek to focus on addressing the following health inequalities:

- Gender
- Ethnicity
- Learning disabilities and autism/neurodivergence.

It is, however, acknowledged that the Board is iterative and dynamic and that the scope will evolve as the Board becomes established.

Initial Insights for the Derbyshire System

Adult Mental Health

- Mental health inequalities – for caseload data, the Asian minority ethnic shortfall is proportionally much greater with 3.3% of the caseload versus 5% of the population. This equates to one third fewer Asian service users if access was in direct correlation with that of our population data
- In terms of outcomes, Black and Asian admissions are disproportionately higher. Black ethnicities make up 7.7% of admissions, but only make up 2.3% caseload whilst being 1.4% of the population
- In terms of admissions whilst on a caseload, Asian minority ethnic make up 5.9% of admissions, but only make up 3.3% of caseload.

Adult Crisis Teams

- Males are disproportionally low on crisis caseloads with 44% compared to 56% being female (the population split is roughly 50/50)
- When it comes to caseloads, Asian ethnicities were a quarter less likely to be on a crisis caseload compared to their population.

Adult Learning Disability Teams

- For crisis presentations whilst on a learning disabilities caseload, by ethnicity Asian ethnicities have 0% representation utilising this service, whereas our Asian population equates to 5%
- On caseload admissions is overall very low with only four admissions in 2022. All four admissions were white.

Children's

- Compared to national profiles, Asian/Asian British children and young people are under-represented in community services
- Compared to national profiles, young people from an ethnic minority background are over-represented in inpatient settings.

Inpatients

- Black (4.4%) and other (2.8%) ethnicities more likely to be admitted and make up more of the inpatient bed days (5.6% and 3.0% respectively). Both were higher than their population breakdown of 1.4% and 1.0% respectively. White ethnicities admissions (81.3%) and bed usage (80.7%) is conversely low compared to their 90.7% stake in our population breakdown
- Black ethnicities are much more likely to be formally admitted. Black ethnicity formal admission rate is 295 per 100,000 which is four to five times greater than for Asian ethnicities (59) and White ethnicities (65). Formal admission was equal to or more likely for all ethnicities than an informal admission.

Next Steps

- System-wide drive for reducing health inequalities: to link in with Integrated Care System stakeholders to ensure we are actively working across the system space collectively and collaboratively to reduce inequalities, to ensure alignment and to avoid duplication of efforts
- Data driven approach to improving patient outcomes: Real World Health to develop a 'health inequalities' module within the flow tool, to be used to monitor metrics associated with this programme of work as improvements are implemented
- Linking in with voluntary, community or social enterprise groups via Derby City Place Alliance and Joined Up Care Derbyshire's Embedding the voluntary sector in the Integrated

Care System Programme to ensure we are working at a grass roots level to reduce health inequalities

- Sharing and learning from peer best practice from systems across the region who are also actively working to reduce health inequalities.

Derbyshire Healthcare's Specialist Vaccination Team wins prestigious regional award

A team of specialist vaccination staff at Derbyshire Healthcare were recognised for providing a bespoke Covid vaccination service for people with severe mental illness, learning disabilities or autism, by being named as a regional winner at the 2022 NHS Parliamentary Awards.

The Specialist Vaccination Team, who were nominated by local MPs, stood out among hundreds of other applicants and won the Covid Response Award for the Midlands – and, as a result, the team have also secured a place at the national NHS Parliamentary Awards ceremony in July, where they will be on the shortlist for the national Covid Response Award.

The team helped individuals who were struggling to overcome anxiety about getting vaccinated, or about visiting a large, busy vaccination centre, by meeting with them in advance and then tailoring the vaccination appointments to their needs.
Longer appointment times were offered in quiet locations with sensory activities, soft music and minimal staff presence; vaccinators would wear non-uniform clothes and nurses who knew the patients well would attend where possible.

Some vaccinations were also given in people's homes or on hospital wards. The team helped to reduce inequalities in Derbyshire in three key areas of the COVID vaccination programme – engagement, availability and accessibility.

The vaccination programme was delivered as a joint effort by the Trust's nurses and Health Protection Unit team, and also involved partnership working with NHS Derby and Derbyshire Clinical Commissioning Group (CCG) and other organisations within Joined Up Care Derbyshire.

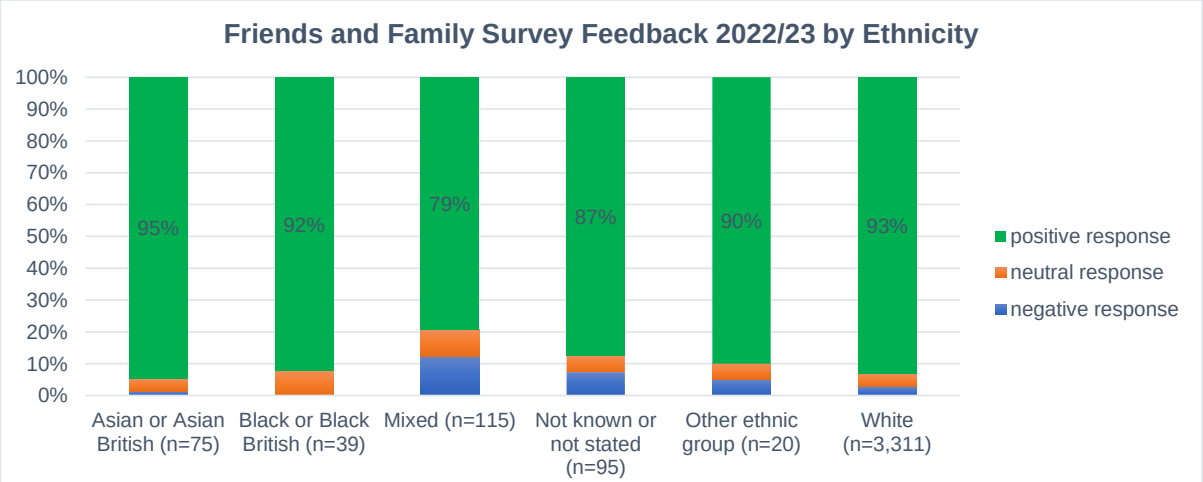
The team's nomination was supported by Amanda Solloway the Conservative MP for Derby North, Toby Perkins the Labour MP for Chesterfield and Margaret Beckett the Labour MP for Derby South.

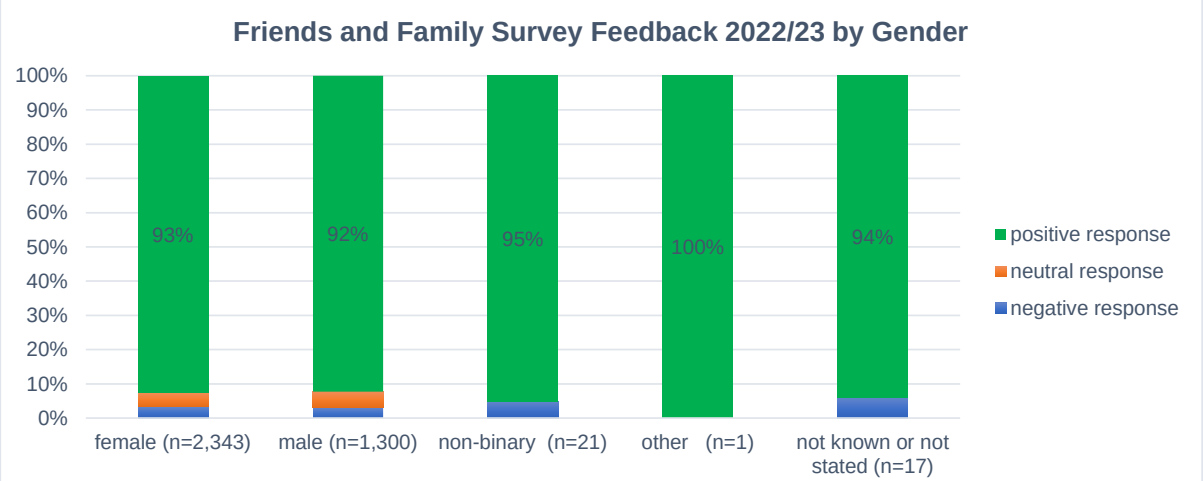
After receiving the regional award, Ifti Majid, Chief Executive at the Trust, said: "We're really grateful to the three Derby and Derbyshire MPs who nominated our specialist vaccination service for this important award.

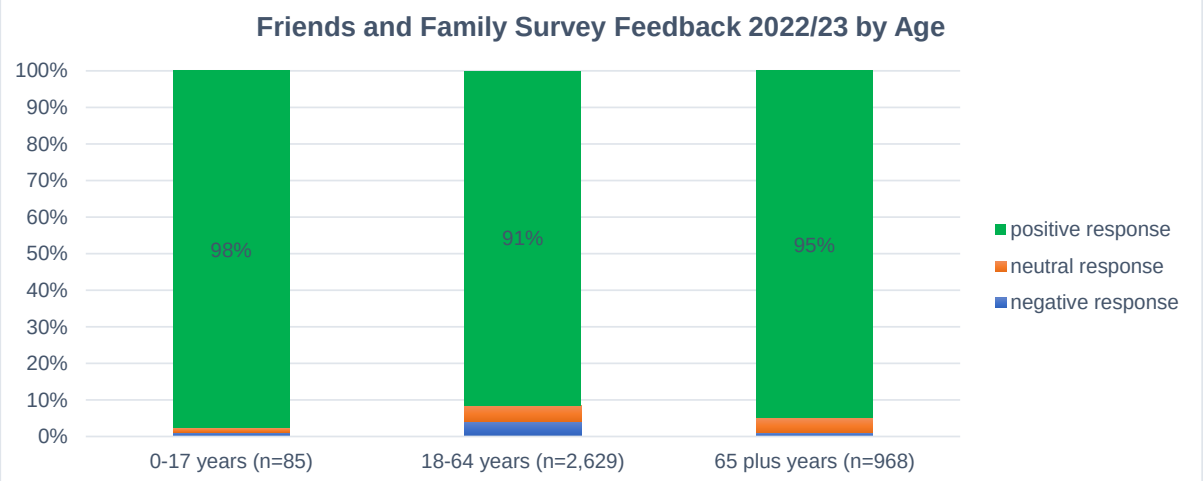
Promotion of equality of service delivery:

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 the Derbyshire Integrated Care Board (ICB) and published data on the Equality and Diversity page of our website https://www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity.

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 2022/23 financial year were as follows:







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

With the pandemic enduring into this financial year, we continued to ensure the safety of our patients through making adaptations to service provision. All patients received a clinical assessment. 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, were cared for in protected areas away from direct admissions. In addition, all shielded patients in the community were provided with information on the 24/7 mental health helpline and support service and offered additional support from our mental health and community health teams.

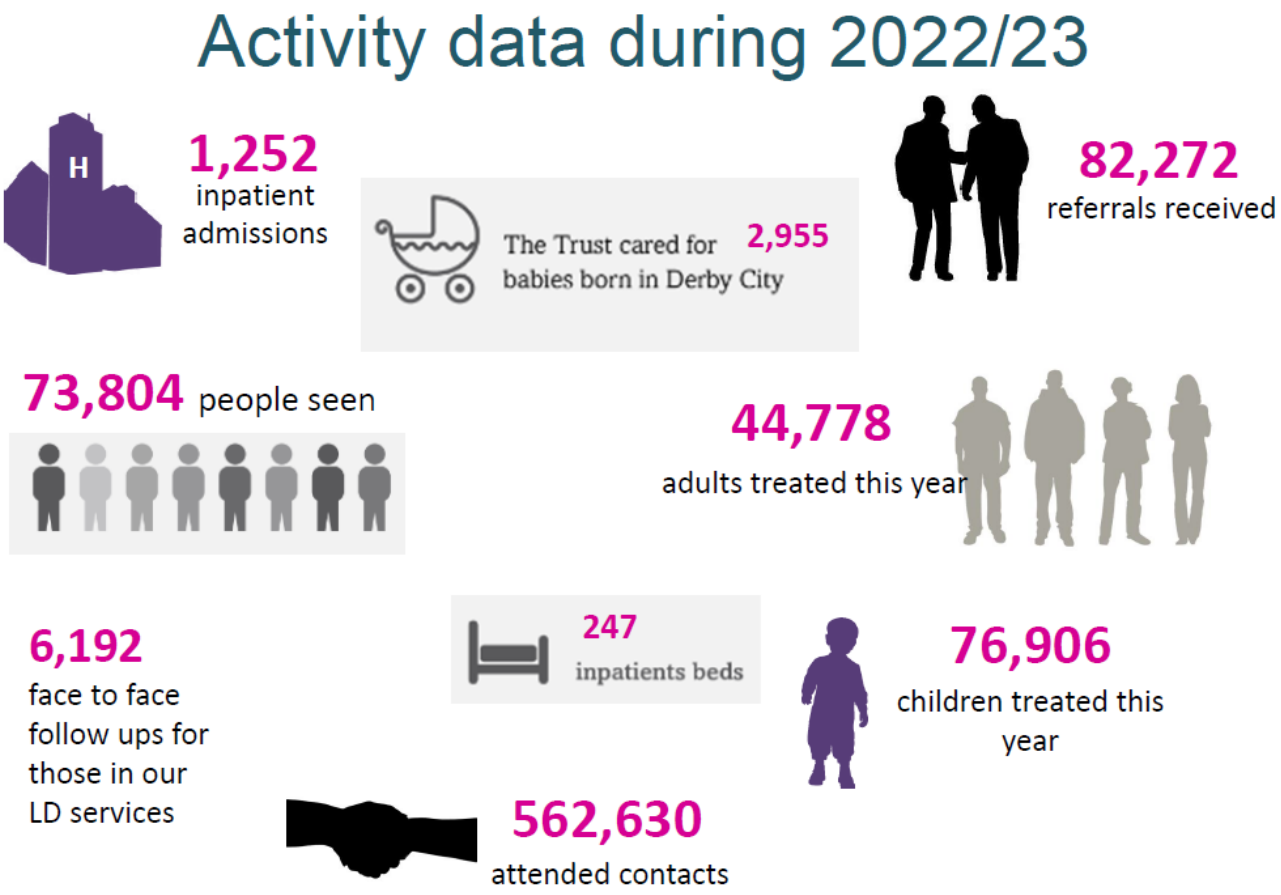
We have continued to offer appointments using video, telephone or face to face. This flexible approach has continued to have a positive impact as it enabled maintenance of contact and level of interventions during the pandemic. The proportion of face to face contacts has increased as the severity of the pandemic has reduced.

Clinically our mental health and learning disabilities services remained busy throughout the year and continued to be operational. Our substance misuse services 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 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 considers 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 service users with a learning disability an accessible care plan is utilised which contains symbols to aid understanding and to enable the service user to participate in the production of the care plan.

Snapshot of activity



Making Room for Dignity programme - artist's impression of a room in the new builds

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 Oversight Framework 2022/23

The applicable trust level metrics are as follows:

Indicator	Trust Position	National Average
Inappropriate adult acute (including PICU) mental health placement out-of-area placement bed days – 12 months to Dec 22	5,285	4,198
National patient safety alerts not completed by deadline	0	-
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	-
CQC well-led rating	Good	-
Staff survey engagement theme score	7.2	7
Staff survey perception of bullying and harassment by managers	5.5%	8.5%
Staff survey perception of bullying and harassment by colleagues	11.8%	14.1%
Leaver rate – 12 months to Nov 22	11.7%	14.8%
Sickness absence rate		
Staff retention rate (all staff) (stability index)	88.2%	84.3%
Sickness absence (working days lost to absence)	6.43%	4.8%
Proportion of staff who say they have a positive experience of engagement	7.3	7
Number of people working in the NHS who have had a flu vaccination – Sep 22 to Feb 23	37%	51%
Proportion of staff in senior leadership roles (Board members) who are (a) from a BME background	26.7%	13.7%
Proportion of staff in senior leadership roles (Board members) who are (b) women	50%	-
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	60.6%	59.8%

b) NHS Oversight Framework

During this financial year the NHS System Oversight Framework 2021/22 was replaced with the NHS Oversight Framework 2022/23. The new framework is used by NHS England's regional teams to guide oversight of integrated care systems and Trusts. However, the Trust has continued to monitor its performance against the 2019/20 trust level indicators, as follows:

	Target	Apr-22			May-22			Jun-22			Jul-22		
NHS I Targets - Oversight Framework													
3 Day Follow Up – All Inpatients	80%	71	92%	●	92	85%	●	98	86%	●	104	83%	●
Data Quality Maturity Index (DQMI)	95%	1,275,678	95%	●	1,312,678	95%	●	1,300,368	96%	●	1,322,700	96%	●
IAPT Referral to Treatment within 18 weeks	95%	530	100%	●	563	100%	●	478	100%	●	500	100%	●
IAPT Referral to Treatment within 6 weeks	75%	530	87%	●	563	87%	●	478	87%	●	500	83%	●
EIP RTT Within 14 Days - Complete	60%	5	100%	●	10	70%	●	20	70%	●	20	75%	●
EIP RTT Within 14 Days - Incomplete	60%	5	60%	●	14	86%	●	21	71%	●	9	78%	●
Patients Open to Trust In Employment	N/A	16,676	15%	◇	17,158	14%	◇	17,235	13%	◇	17,295	13%	◇
Patients Open to Trust In Settled Accommodation	N/A	16,676	51%	◇	17,158	48%	◇	17,235	45%	◇	17,295	44%	◇
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%	499	54%	●	543	51%	●	463	51%	●	484	54%	●
Out of Area - Number of Patients Non PICU	0	8	N/A		1	N/A		1	N/A		3	N/A	
Out of Area - Number of Patients PICU	0	10	N/A		2	N/A		17	N/A		20	N/A	
Out of Area - Average Per Day Non PICU	0	4.23	N/A		0.06	N/A		0.07	N/A		2.35	N/A	
Out of Area - Average Per Day PICU	0	5.27	N/A		1.74	N/A		6.10	N/A		12.81	N/A	

	Target	Aug-22			Sep-22			Oct-22			Nov-22		
NHS I Targets - Oversight Framework													
3 Day Follow Up – All Inpatients	80%	102	86%	●	92	79%	◆	86	91%	●	111	79%	◆
Data Quality Maturity Index (DQMI)	95%	1,340,634	96%	●	1,354,509	96%	●	1,378,171	96%	●	1,432,350	96%	●
IAPT Referral to Treatment within 18 weeks	95%	545	100%	●	490	100%	●	482	100%	●	523	100%	●
IAPT Referral to Treatment within 6 weeks	75%	545	75%	◆	490	68%	◆	482	64%	◆	523	59%	◆
EIP RTT Within 14 Days - Complete	60%	20	85%	●	12	83%	●	19	89%	●	25	100%	●
EIP RTT Within 14 Days - Incomplete	60%	11	91%	●	10	90%	●	16	100%	●	8	100%	●
Patients Open to Trust In Employment	N/A	17,559	13%	◇	17,620	13%	◇	17,696	13%	◇	17,832	13%	◇
Patients Open to Trust In Settled Accommodation	N/A	17,559	43%	◇	17,620	42%	◇	17,696	41%	◇	17,832	40%	◇
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%	513	50%	●	466	53%	●	464	45%	◆	504	46%	◆
Out of Area - Number of Patients Non PICU	0	4	N/A		2	N/A		5	N/A		4	N/A	
Out of Area - Number of Patients PICU	0	21	N/A		18	N/A		18	N/A		17	N/A	
Out of Area - Average Per Day Non PICU	0	2.35	N/A		1.80	N/A		1.81	N/A		2.50	N/A	
Out of Area - Average Per Day PICU	0	12.52	N/A		11.13	N/A		7.26	N/A		11.00	N/A	

	Target	Dec-22			Jan-23			Feb-23			Mar-23		
NHS I Targets - Oversight Framework													
3 Day Follow Up – All Inpatients	80%	72	85%	●	101	86%	●	90	87%	●	94	86%	●
Data Quality Maturity Index (DQMI)	95%	1,416,512	97%	●	1,472,581	97%	●	1,489,832	97%	●	1,576,306	97%	●
IAPT Referral to Treatment within 18 weeks	95%	459	100%	●	471	100%	●	441	99%	●	625	99%	●
IAPT Referral to Treatment within 6 weeks	75%	459	56%	◆	471	56%	◆	441	55%	◆	625	56%	◆
EIP RTT Within 14 Days - Complete	60%	20	80%	●	16	81%	●	18	100%	●	15	87%	●
EIP RTT Within 14 Days - Incomplete	60%	10	90%	●	7	100%	●	13	100%	●	13	85%	●
Patients Open to Trust In Employment	N/A	17,496	13%	◇	17,683	12%	◇	17,771	12%	◇	18,194	12%	◇
Patients Open to Trust In Settled Accommodation	N/A	17,496	40%	◇	17,683	39%	◇	17,771	38%	◇	18,194	37%	◇
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%	437	45%	◆	461	51%	●	410	47%	◆	596	52%	●
Out of Area - Number of Patients Non PICU	0	2	N/A		10	N/A		16	N/A		12	N/A	
Out of Area - Number of Patients PICU	0	25	N/A		26	N/A		26	N/A		33	N/A	
Out of Area - Average Per Day Non PICU	0	0.26	N/A		5.87	N/A		11.39	N/A		7.87	N/A	
Out of Area - Average Per Day PICU	0	15.35	N/A		18.45	N/A		19.43	N/A		19.55	N/A	

The Trust has continued to perform highly against the majority of indicators. The most challenging area has been IAPT referral to treatment within six weeks. Wait times have been lengthening owing to returns to near pre-pandemic levels of referral, difficulty in recruiting to Psychological Wellbeing Practitioner qualified roles, some long-term sickness and increases in complexity and treatment contacts. Additionally, attended appointments for assessments were lower than we would like and improving this should achieve some wait time gains. 27% of patients did not attend and gave no notice Jan-Dec 2022, and 20% were cancelled by, or on behalf of, patients at Step 2.

c) Contractual targets

Main Contract

The following measures form part of the Trust's main contract with the Derbyshire Integrated Care Board (ICB):

	Target	Apr-22		May-22		Jun-22		Jul-22	
Locally Agreed									
CPA Settled Accommodation	90%	1,837	92%	1,924	92%	1,355	90%	1,366	90%
CPA Employment Status	90%	1,587	92%	1,660	92%	1,116	90%	1,130	90%
Ethnicity Recorded	90%	25,034	94%	25,597	94%	25,630	95%	25,721	95%
NHS Number Recorded	99%	5,149	100%	10,450	100%	15,487	100%	20,500	100%
CPA Review in the last 12 Months	95%	1,837	89%	1,924	87%	1,355	86%	1,366	83%
Clostridium Difficile Incidents	<7	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	1	N/A	3	N/A	8	N/A	40	N/A

	Target	Aug-22		Sep-22		Oct-22		Nov-22	
Locally Agreed									
CPA Settled Accommodation	90%	1,393	90%	1,412	89%	1,422	89%	1,405	88%
CPA Employment Status	90%	1,142	90%	1,149	89%	1,165	88%	1,154	87%
Ethnicity Recorded	90%	26,034	95%	26,134	95%	26,238	95%	26,461	95%
NHS Number Recorded	99%	24,973	100%	29,973	100%	35,350	100%	41,274	100%
CPA Review in the last 12 Months	95%	1,393	80%	1,412	76%	1,422	74%	1,405	71%
Clostridium Difficile Incidents	<7	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	44	N/A	52	N/A	99	N/A	132	N/A

	Target	Dec-22		Jan-23		Feb-23		Mar-23	
Locally Agreed									
CPA Settled Accommodation	90%	1,385	88%	1,390	87%	1,373	86%	1,369	86%
CPA Employment Status	90%	1,148	87%	1,156	86%	1,147	85%	1,138	85%
Ethnicity Recorded	90%	25,992	95%	26,331	95%	26,436	95%	26,992	95%
NHS Number Recorded	99%	45,577	100%	50,932	100%	55,577	100%	60,748	100%
CPA Review in the last 12 Months	95%	1,385	67%	1,390	62%	1,373	57%	1,369	51%
Clostridium Difficile Incidents	<7	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	146	N/A	201	N/A	280	N/A	394	N/A

Factors linked to the transition of electronic patient records from Paris to SystmOne have impacted on data quality. This has been a combination of people needing to learn how to use the new system correctly, which has affected the recording of Care Programme Approach (CPA) employment and CPA settled accommodation statuses, and care plan data not being transferable between the systems, which impacted on the CPA reviews measure. Significant and enduring demand for paediatric outpatients has resulted in lengthy waits and currently 394 children have been waiting over 52 weeks, and in the tables below the 18 week referral to treatment waiting list can be seen to be increasing month on month.

	Target	Apr-22		May-22		Jun-22		Jul-22	
Schedule 6 Contract									
Consultant Outpatient Appointments Trust Cancellations	5%	3,887	7%	3,966	10%	3,526	9%	3,515	8%
Consultant Outpatient Appointments DNAs	15%	3,185	12%	3,143	10%	2,888	12%	2,928	12%
Under 18 Admissions To Adult Inpatient Facilities	0	0	N/A	1	N/A	0	N/A	0	N/A
Inpatient 28 Day Readmissions	10%	87	11%	113	6%	113	6%	113	4%
MRSA - Blood Stream Infection	0	0	N/A	0	N/A	0	N/A	0	N/A
Mixed Sex Accommodation Breaches	0	0	N/A	0	N/A	0	N/A	0	N/A
Discharge Email Sent in 24 Hours	90%	88	91%	113	73%	113	70%	113	73%
Delayed Transfers of Care	3.5%	319	3.0%	583	6.6%	363	9.3%	374	10.4%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	1,308	66%	1,447	67%	1,587	61%	1,734	57%

	Target	Aug-22		Sep-22		Oct-22		Nov-22	
Schedule 6 Contract									
Consultant Outpatient Appointments Trust Cancellations	5%	3,082	10%	3,644	10%	3,858	9%	4,212	8%
Consultant Outpatient Appointments DNAs	15%	2,565	12%	2,937	12%	3,195	11%	3,512	13%
Under 18 Admissions To Adult Inpatient Facilities	0	0	N/A	1	N/A	0	N/A	0	N/A
Inpatient 28 Day Readmissions	10%	110	7%	94	11%	94	7%	117	7%
MRSA - Blood Stream Infection	0	0	N/A	0	N/A	0	N/A	0	N/A
Mixed Sex Accommodation Breaches	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Discharge Email Sent in 24 Hours	90%	110	76%	94	83%	94	87%	117	88%
Delayed Transfers of Care	3.5%	369	9.7%	351	9.9%	349	8.1%	358	9.1%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	1,792	53%	1,848	45%	1,890	41%	2,014	40%

	Target	Dec-22		Jan-23		Feb-23		Mar-23	
Schedule 6 Contract									
Consultant Outpatient Appointments Trust Cancellations	5%	3,016	8%	3,672	5%	3,149	6%	3,585	9%
Consultant Outpatient Appointments DNAs	15%	2,521	12%	3,198	12%	2,665	12%	2,868	12%
Under 18 Admissions To Adult Inpatient Facilities	0	0	N/A	1	N/A	0	N/A	0	N/A
Inpatient 28 Day Readmissions	10%	83	7%	109	4%	96	5%	104	3%
MRSA - Blood Stream Infection	0	0	N/A	0	N/A	0	N/A	0	N/A
Mixed Sex Accommodation Breaches	0	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Discharge Email Sent in 24 Hours	90%	83	90%	109	85%	96	94%	104	91%
Delayed Transfers of Care	3.5%	354	8.8%	360	8.1%	340	7.8%	380	6.3%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	2,150	42%	2,195	42%	2,210	38%	2,230	32%

Outpatient appointments cancelled by the Trust have been higher than target throughout the year. The majority of cancellations will be virtual appointments and so do not inconvenience patients. The main reason a patient's appointment will be cancelled is if they need to be seen more quickly.

A change has been made to how delayed transfers of care are recorded, which has resulted in an increase to the reported position. This is a more accurate reflection than previously and is indicative of the ongoing pressure the system as a whole is under regarding flow.

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.

a) Health Visiting

Theme	Ind No	Indicator	Q1(22-23)		Q2(22-23)		Q3(22-23)		Q4(22-23)		Target
			%	+/- Target	%	+/- Target	%	+/- Target	%	+/- Target	
Early Years Universal Touchpoints	1	Antenatal Contacts	21%		44%		32%		13%		85%
	2	Coverage of NBV within 14 days	99%		99%		99%		99%		90%
	3	Coverage of NBV after 14 days	0%		0%		0%		0%		
	4	Coverage 6-8 Week Check	99%		98%		99%		98%		90%
	5	Coverage 12 Month Review	97%		97%		97%		92%		92%
	6	Coverage 2-2.5 Year Month Review	95%		94%		89%		92%		90%
	7	Caseload - Universal	87%		86%		87%		88%		
	8	Caseload - Universal Plus	9%		9%		9%		8%		
	9	Caseload - Universal Partnership Plus	4%		4%		4%		4%		
	10	Caseload - Specialist HV (included above)	66%		66%		68%		69%		
	11	Number of Early Help Assessments (EHA)									
Early Years Universal Non Touchpoints	12	Universal Contacts (Non-Touchpoints)	77%		76%		76%		77%		
	13	UP Contacts (Non-Touchpoints)	13%		14%		15%		14%		
	14	UPP Contacts (Non-Touchpoints)	10%		10%		10%		9%		
	15	Specialist HV (included above) - UPP Contacts	100%		100%		100%		100%		
Maternal Mental Health	16	Mood Review (proportion falling below threshold)	3%		3%		5%		5%		
Breastfeeding	17	10-14 Days - Coverage	100%		99%		99%		99%		98%
	18	10-14 Days - Prevalence	61%		68%		66%		62%		65%
	19	6-8 Weeks - Coverage	100%		100%		99%		99%		98%
	20	6-8 Weeks - Prevalence	43%		50%		55%		49%		43%
Healthy 2 Year Olds &	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	7%		6%		6%		3%		
	24	2.5 yr review - % of children referred on as a result of concerns with ASQ3	100%		100%		100%		100%		
Oral Health	25	Number of tooth brushing packs and advice given at	65%		64%		72%		77%		80%

During the year the Trust has continued to perform highly against the majority of targets. Recruitment of health visitors is an ongoing concern and during the last 12 months the service has seen a decline in the number of health visitors within our service for a variety of reasons. This has had an impact on our level of service delivery and the volume of mandated contacts that we are able to achieve. Through discussion with the Derbyshire Integrated Care Board (ICB), we have agreed that we can deliver a targeted approach to the antenatal contact.

b) School Nursing

Theme	Ind No	Indicator	Q1	Q2	Q3	Q4
			%	%	%	%
School-age Universal Touchpoints/ Review Pre-School Transition, Y6/7, Y8,9	26	Coverage/uptake at pre-school		98%	98%	98%
	27	Caseload - Universal	98%	98%	98%	98%
	28	Caseload - Universal Plus	1%	1%	1%	1%
	29	Caseload - Universal Partnership Plus	1%	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				
General service usage (contacts outside of	35	Proportion of appointments where CYP/families were not brought)	9%	8%	8%	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 now embedded in the services to ensure a stronger public health focus to the service. The Lancaster model is a validated, systematic, safe approach to immediately assess the needs of individuals and populations. The process ensures true early intervention can be provided to children, young people and their families, who without it, could potentially get missed and sit under the radar. We are able to produce more detailed outcomes and need for each school based on the results of the Lancaster model offer. As within health visiting, the service is struggling to recruit qualified school nurses, this has been raised within the Trust but will impact on the service that we are able to deliver.

Quality performance

The quality performance overview highlights the Trust's review of its Quality Priorities from 2022/23 as well as a forward look at the priorities it will focus on for 2023/24. More information will be published within the Trust's Quality Account, which will be published on the Trust website by 30 June 2023.

Through oversight by the Quality and Safeguarding Committee, the Trust Heads of Practice, in partnership with clinical and operational colleagues, work towards achieved all quality priorities through the year. A well-established governance structure provides a co-produced approach to improvement, along with the Trust's Quality Improvement Strategy allowing for established assurance.

The quality priorities for 2022/23 were:

1. Sexual Safety work continued
2. Implementation of a Trauma Sensitive Services Strategy
3. Implementation of the new Mental Health Legislation, including the Mental Health Act (MHA) and Liberty Protection Safeguards (LPS)
4. Implementation and delivery of all named Commission for Quality and Innovation (CQUINs) or contractual targets.

These are also embedded within the Trust Strategy, as a way of integration into core business and all Trust quality priorities are reported to the Quality and Safeguarding Committee.

Progress against the 2022/23 Quality Priorities is shown below:

1. Sexual Safety work Continued

Work has continued across Derbyshire within Joined Up Care Derbyshire to improve Sexual Safety training and reduce sexual harm. This has further been supported by the engagement and involvement with the East Midlands Alliance Partnership where shared learning can be achieved alongside other Trusts in the East Midlands. The Trust has been a key partner in leading improvements across the East Midlands Community of Practice. Part of this work has been around aligning approaches across all services within Derbyshire, such as ensuring that Sexual Safety Incidents are reported the same, to allow for benchmarking across Derbyshire. Internally, the Trust has improved its Sexual Safety Policy and working along the Trust Safeguarding Team, processes are in place to identify early detection of allegations. The Trust is also proud of creating a Sexual Safety Video, which has been shared with other Trusts and Partners to support them on their journeys and creation of Sexual Safety Strategies.

2. Implementation of a Trauma Sensitive Services Strategy

The Trust Psychological Team has worked within divisions to improve trauma informed approaches. The team have created working groups that have engaged a range of professionals and ensured they are fully co-produced. Plans are in place across the Trust to continue imbedding Trauma Sensitive Services. This has been in the form of groups such as the Closed Culture Working Group and the Formulation Revolution Working Group. Several layers of review have been established, such as the restart of the Quality Visit process across services. The Trust has also ensured that Trauma Sensitive Services focuses not only on patient care, but the support and care of staff within the Trust, through the improved access to psychological therapies, debriefs and supervision.

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

Due to the delays in the expected changes to the Mental Health Legislation (Mental Health Act) and Liberty Protection Safeguards (LPS), this priority will be carried forward into 2024 when these legal documents are due to be published.

However, work has continued to improve services and process to ensure processes are of the highest standard of governance and provide assurance:

- The Trust has continued to ensure Capacity Assessment processes are of the highest standard, especially focusing on admission and discharge
- Steering groups have been created to navigate and lead on changes and ongoing assurance. Workforce requirements have been reviewed in preparation for legislation change
- Although no date is yet set for the changes in Mental Health Act (MHA), the Trust has continued to look at care of patients to ensure they are the centre of their care and lead on choice
- Future changes in the MHA are expected to be:
  - Introducing the ability for patients to choose their nearest relative
  - put on a more formal footing individualised care plans/preference.

With these changes, the Trust 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 Commissioning for Quality and Innovation (CQUINs) or contractual targets

2022/23 saw the reintroduction of CQUIN targets and Contractual targets. The introduction and development of the Integrated Care System (ICS) presented a change in previous approaches to targets.

These developments have created effective and positive relationships across the Trust and ICS resulting in positive levels of assurance.

CQUIN targets for 2022/23 have shown continuous improvement for 6 out of the 8 CQUINs identified by NHS England.

Work has been completed to develop clinician understanding of CQUIN targets and their direct link to NICE guidance and the importance of Clinical Quality through their achievement.

Reintroduction of Contractual Targets have also been met and have resulted in:

- Reintroduction of the Clinical Governance Reference Group, linking the Trust with the ICS
- Reintroduction of ICS members into Quality Visits and Service Visits
- Engagement with the ICS in supporting Learning Lessons
- Improved process relating to escalation and support requests.

2022/23 summary table CCG CQUINs				Trust 2022/23 Results			
CQUIN	**Topic**	**Lower Threshold**	**Upper Threshold**	**Q1**	**Q2**	**Q3**	**Q4**
CCG1	Staff flu vaccinations	70%	90%	n/a	n/a	52%	55%
CCG9	Cirrhosis and fibrosis tests for alcohol dependent patients	20%	30%	33%	85%	67%	100%
CCG10a	Routine outcome monitoring in Children and Young People (CYP) mental health services and perinatal mental health services	10%	40%	18%	7%	6%	6%
CCG10b	Routine outcome monitoring in community mental health services	10%	40%	49%	48%	52%	52%
CCG11	Use of anxiety disorder specific measures in Improving Access to Psychological Therapies (IAPT). (This CQUIN applies to the Talking Mental Health Contract)	55%	65%	57%	61%	62%	65%
CCG12	Biopsychosocial assessments by mental health liaison services	60%	80%	67%	80%	74%	91%
PSS8	Outcome measurement in perinatal inpatient services	75% Clinician Reported Outcome Measures (CROM)	95% CROM	88%	56%	65%	75%
		35% Patient Reported Outcome Measures (PROM)	55% PROM	25%	33%	55%	100%

2023/24 CQUIN Targets

2023/24 summary table CCG CQUINs			
CQUIN	**Topic**	**Lower Threshold**	**Upper Threshold**
CQUIN01	Staff flu vaccinations:	75%	80%
CQUIN15a	Routine outcome monitoring in community mental health services: Achieving 50% of adults and older adults accessing select Community Mental Health Services (CMHSs), having their outcomes measure recorded at least twice. Separately, achieving 10% of adults and older adults accessing select Community Mental Health Services, having their patient-reported outcomes measure (PROM) recorded at least twice.	Paired overall Minimum 20% Paired PROMs Minimum 2%	Paired overall Maximum 50% Paired PROMs Maximum 10%
CQUIN15b	**Routine outcome monitoring in CYP and community perinatal mental health services**: Achieving 50% of children and young people and women in the perinatal period accessing mental health services, having their outcomes measure recorded at least twice.	20%	50%
CQUIN15c	**Routine outcome monitoring in inpatient perinatal mental health services:** Achieving 55% of inpatients in specialist perinatal mental health services having the same patient-reported outcomes measure (PROM) recorded at least twice and 95% of patients having the same clinician-reported outcomes measure (CROM) recorded at least twice.	75% CROM; 35% PROM	95% CROM; 55% PROM
CQUIN17	**Reducing the need for restrictive practice in adult/older adult settings:** Achieving 90% of restrictive interventions in adult and older adult inpatient mental health settings recorded with all mandatory and required data fields completed.	75%	90%

Our quality priorities for improvement 2023/24

The NHS saw a slow step away from the COVID-19 pandemic in 2022/23, with a clear move away from the command and control structure. However, guidance and processes remained in place to manage and reduced the risk of infection spread. As we move into 2023/24, we focus on a 'back to normal' approach, increasing face-to-face contact, expansion and develop of services, development of quality improvement, learning lessons and continued focus on great person-centred care. However, it is important to acknowledge that the COVID-19 pandemic has provided new approaches, new learning and new initiatives and innovation that has improved care and practice. With the NHS being in a pandemic formally and informally for three years, there comes an importance on going back to basics, as well as innovation and development. The Trust aims to focus on improving health inequalities across Derbyshire, improving quality, improving experience, and improving co-production.

Our 2023/24 quality priorities for improvement are as follows:

1. **Implementation and development of Expert by Experience and Carer Engagement Strategy**

The Trust will work alongside established expert by experience groups, carer groups, and the EQUAL forum to develop and create a strategy and future plan for engagement and co-production:

- Focusing on expansion of Peer Support Workers across the Trust
- Expansion of co-production across the Trust

- Developing policies and procedures to involve and engage experts by experience in their creation, development, and review
- Development and expansion of an expert by experience structure with future planning and expansion
- Improvements in Trust culture and engagement with experts by experience and carers
- Implementation of feedback processes and visibility of expert voice at all levels of the Trust.

2. Focused improvement in the reduction of self harm and ligature incidents

The Trust is focused on reviewing and improving all processes linked and associated with self harm and ligature incidents. Focused work will continue to reduce the number of incidents and improve the care linked and associated with them:

- Links with Making Room for Dignity Programme to create environments fit for those using them and the risks associated
- Working alongside experts by experience to review and develop strategy, training and education for staff, patients, carers, experts by experience, and the public
- Development of simulation training and roll out across the Trust and Joined Up Care Derbyshire (JUCD)
- Support across JUCD Integrated Care System (ICS) to support the reduction in self harm and ligature incidents across non-mental health settings.

3. Focused improvement on care planning and patient centred care

The Trust is focused on improving its processes relating to care planning and ensuring a patient centred approach to each person's care:

- Improved completion of care planning by clinicians and with patient involvement throughout
- Development of training and improved access to training for staff
- Improved use of technology for care planning in the community
- Improved use of psychoeducation to support the creation, development, and review of care plans with patients, carers, and their families
- Focused approach to formulation and its relation to effective and meaningful care planning
- Training and focus on ensuring health inequalities are understood by staff to support the most appropriate plan of care. This must include Serious Mental Illness (SMI) groups
- Engagement with wider services to create safe systems and trauma informed approaches for the best patient centred outcomes
- Ensuring that the plan of care focuses on the person and not just their mental health, including milestones and links with services
- Review of current technology and electronic systems to ensure they are fit for purpose and do not limit clinical outcome.

4. Focused improvement in risk assessment and formulation

The Trust is focused on improving how risk assessments are carried out and followed up:

- Improvements in training availability for staff in completion of risk assessment documents and in identifying, recognising, and responding to risk
- Improvements in the use of formulation and the benefits of hearing the persons voice in risk assessment and safety plans
- Improvements in how the multi-professional and multi-agency team works together to identify and manage risk
- Development and improvement of risk assessment and formulation for those who sit across multiple services and agencies, including across Neurodevelopmental and Mental Health services
- Improvement and development of more effective transition through services, including from Children's services to Adult Services.

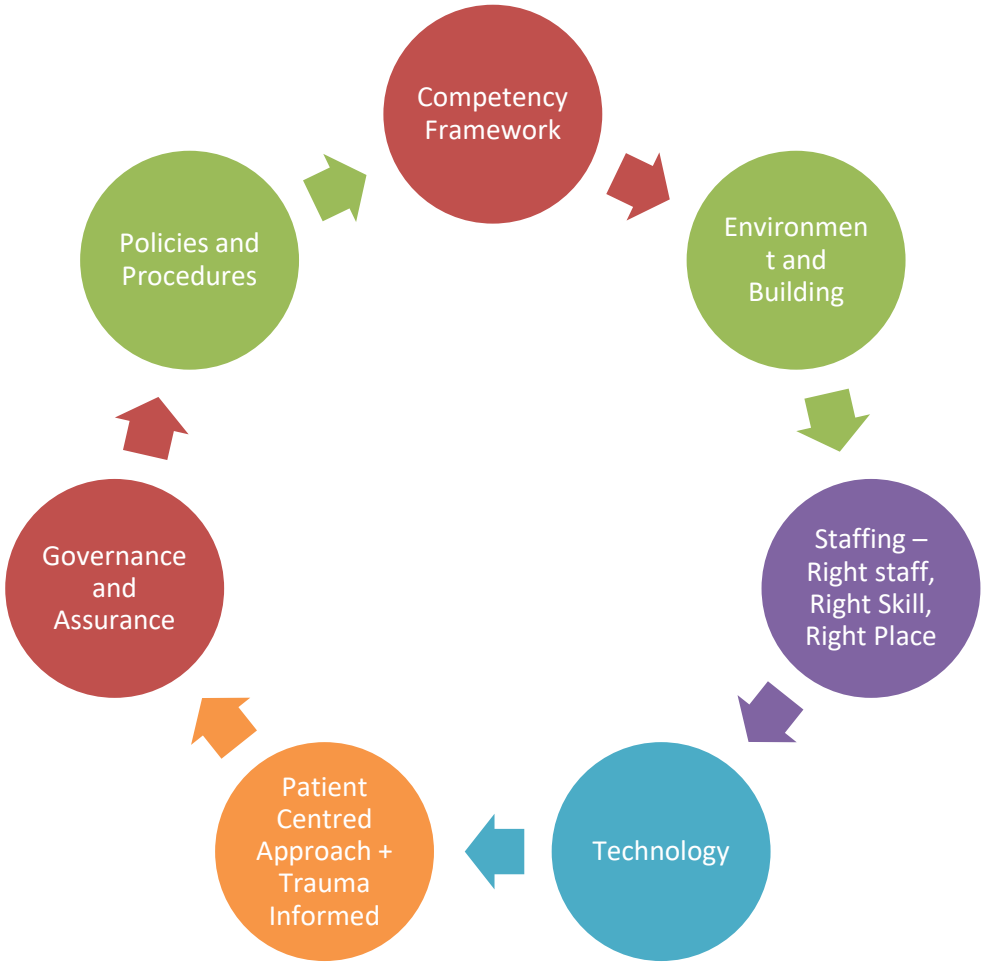
5. Focused and improved use of outcome measures

The Trust recognises the importance of utilising outcome measures within care. The use and completion of outcome measures, supports and is in line with the NHS Long Term Plan to utilise "outcome focused data driven" information to effectively commission services. To do this the Trust will:

- Improve the availability of training to support staff in the use of outcome measures within their day-to-day roles
- Improve electronic systems and technology to support the use of outcome measures within care, while acknowledging the challenges faced in some rural areas of Derbyshire with regard to digital poverty and access to Wi-Fi and ensuring that development does not further restrict and create widened health inequalities
- Improve how outcome measures are utilised within the Multi-Disciplinary Team to support and guide plans of care
- Develop strategy and commissioning through the use of outcome measures to truly create best places of care
- Ensure evidence and data-based care planning for transitions through care and engagement with primary care.

The 2023/24 priorities will be taken through relevant governance processes, a working group and the Quality and Safeguarding Committee to ensure a core business approach. Ongoing quality improvement training across the Trust will mean further methodology being utilised for all quality priorities.

All quality priorities will take a focused approach to ensure quality improvement processes are utilised as appropriate, including the use of LifeQI (a quality improvement software system) and utilising focused area for the best outcomes such as:



Continuous quality priorities
Further to the quality priorities identified above, the Trust has also identified key areas of care felt to require ongoing and continuous monitoring. These are Ongoing Fundamentals of Care Quality Priorities. These are priorities that have previously been highlighted, are part of the CQC Key Lines of Enquiry, within NICE guidance and part of NHS England priorities. They are:

- Reducing restrictive practice and its alignment to the use of force act
- Waiting well and reduced waiting lists
- Autism services and their continuous improvement
- Reducing inappropriate Out of Area Placements
- Positive physical healthcare management
- Continued infection prevention and control
- Continued development and implementation of Living Well Frameworks
- Suicide prevention and learning lessons from serious incidents
- Use of evidence-based practice for outcome measures e.g., NICE, Royal College of Psychiatry, research and co-produced models.

As part of the improvements made within the Trust, quality improvement methodology and processes have been embedded within all areas of change. As well as increasing numbers of staff trained within different levels of quality improvement, up to practitioner level, we also use systems such as LifeQI. For future clinical priorities, quality improvement models will be utilised for the ongoing work. An example of a process used for quality improvement projects is demonstrated below:

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 3,072 contracted staff and 513 bank staff.

Recruitment and Retention

- **Turnover** – our annual staff turnover rate for 2022/2023 was 11.70%. This is significantly lower than last year, falling within the target of 10-12%
- **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 2022/23 we recruited 488 new starters and by the year end we had an overall increase of 193 staff. Our vacancy rate at the end of March was 3.59%.

Staff attendance and wellbeing

Our annual sickness rate for 2022/23 was 6.43% which is 0.32% 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 30.34% during 2022/23. Anxiety, stress, depression and/or other psychiatric illnesses - anxiety accounted for 33.69% of sickness absence during March 2023, followed by confirmed COVID19 at 9.41% and surgery at 8.25%.

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 2023 the completion rate was 79.66%.

Compulsory training

The Trust has a compliance target rate of 85% and at the end of March 2023 the compliance rate was at 88.83%.

Leadership Development

There is a range of leadership development support available designed to help the wellbeing, engagement and development of managers and their teams. There have been 120 masterclasses delivered between April 2022 – March 2023 with 647 colleagues attending. There have also been a range of bite-sized resources and webinars on offer. Topics cover the practical elements of managing a team, from Trust policies and processes to supporting wellbeing and resilience with teams, having better conversations and handling conflict. A managers conversations hub is currently being developed to support leaders with the differing types of conversations within their team i.e., wellbeing, performance etc.

This year saw the delivery of a Senior Leadership Programme with a focus on effective communication, relationship building and interpersonal skills. The third cohort of the 'Aspiring to Be' a leader programme started in September 2022 with another cohort planned for September 2023. This programme is aimed at colleagues who are looking to take their first steps into a leadership role.

A review of appraisal took place across the Derbyshire system with new appraisal paperwork and guidance being launched in May 2023. This will give consistency of approach within Derbyshire health and social care organisations and feed into the system work around talent management. The Joined-Up Care Derbyshire Organisational Development (OD) group are currently developing a Core Leadership Development offer for the Derbyshire system.

A Leadership Conference was held in Octover 2022 with a focus on inclusion. The conference was offered out to organisations across the Derbyshire health and social care system and was attended by 288 leaders. A further Leadership Conference is planned for October 2023 to launch the work taking place within the Trust around culture and leadership, taking an inclusive, just and restorative approach to leading our teams.

For more details about the Trust's focus on its employees, see the Staff Report starting on page 110.

England's top nurse awards Derbyshire Healthcare duo with Chief Nursing Officer (CNO) Award

In December 2022 Emily Shaw and Andy Johnson, part of the Trust's Preceptorship support team that helps newly qualified nurses, nursing associates and allied health professionals when they start employment in the NHS, were presented with the award on a video call by the Chief Nursing Officer for England, Dame Ruth May, for demonstrating outstanding quality in the way they have fostered confidence amongst these new clinical staff.

Emily, Andy and their colleague Alex Kerry, a professional leader in occupational therapy, have overseen a transformation of the support provided when newly qualified health professionals join the Trust, resulting in an almost 100% retention rate during the first, often challenging, year in post. The CNO awards have been developed to reward the significant and outstanding contribution made by nurses and midwives in England and their exceptional contribution to nursing and midwifery practice. The silver award recognises performance that goes above and beyond the expectations of the everyday role that the nurse or midwife is expected to perform in their current role.

Carolyn Green, Interim Chief Executive, who nominated the Preceptorship Support team, praised them for all their hard work.

Carolyn said: "What a fantastic achievement this is! The awards recognise the enormous range of skills and talent that modern nursing and midwifery represent. Emily, Andy and occupational therapy specialist Alex Kerry have been instrumental in several initiatives to boost the confidence and wellbeing of our new nurses and allied health professionals, including delivering regular lectures and training, and ensuring that they receive regular reviews with their team managers and mentors.

"Emily, Andy and Alex are always advocating for our newly qualified staff as well as inspiring them and nurturing them to feel safe, secure and happy at work. They are shaping Derbyshire Healthcare's future and helping new nurses, occupational therapists, physiotherapists, dietitians and speech and language therapists to flourish in their careers. This can only be a good thing for local people who use our services."

Dame Ruth May said:

"I wanted to say a huge thank you to Andy and Emily, for supporting newly registered staff. These are the people that are going to be looking after us in the future. These are the people that are going to fill our shoes and one day they'll be doing our jobs!

"They will always remember that support, and they'll always appreciate it. Andy, Emily and their team do such an important job and achieving retention rates of over 90% over the last three years is just extraordinary."

Financial performance

Detailed Financial Performance
The Trust and its system partners in Joined Up Care Derbyshire (JUCD) regularly updated their financial forecasts as the year progressed. Financial performance has been 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 the Trust's Finance and Performance Committee. In addition, the performance of all partners and the overall system position is discussed in JUCDs System Finance and Estates Committee.

For the Trust at the end of month 12 the outturn was a surplus of £2.6m. This was above the plan of breakeven due to non-recurrent benefits delivered in year in order to support the overall Derbyshire system position.

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.

The Board report in March summarised both pressures and notable successes within the financial performance. Pressures included staffing absences and vacancies necessitating additional staffing costs to cover absences through the use of temporary staffing. The Trust continued to enhance the reporting of both bank and agency expenditure which had increased during 2022/23. 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 going into 2023/24.

Among the notable successes, the Trust delivered on its efficiency requirement for 2022/23 in full, however a significant proportion of those savings were non-recurrent in nature, meaning they do not carry forward a recurrent savings into the next financial year. Also, COVID-19 costs were significantly reduced compared to the previous financial year.

Key technical financial components which contribute to the plan delivery also includes our liquidity, net current assets/liabilities and cash levels which can be found on the statement of financial position on page 166. It is clearly important to ensure we are able to continue to service our debts and our liabilities are included in the accounts in notes 26-32 on pages 204-208.

Another important measure is our performance against our capital expenditure plan. At the start of the year our capital plan was for £39.5m, of which £33m was to be funded from national Public Dividend Capital (PDC) allocations in relation to the Dormitory Eradication Programme and £6.5m of self-funded of which the largely supported the Dormitory Eradication Programme. During the year we received additional PDC funding for capital expenditure relating to the Dormitory Eradication Programme, the development of a Psychiatric Intensive Care Unit (PICU) facility and digital schemes which increased the spend and were also allowed to over commit capital against our plan. This in turn led to capital expenditure of £55m in year, £15m more than originally planned.

The Trust had previously received some additional PDC capital funding for the initial stages of the Dormitory Eradication Programme in 2021/22. The Trust's two Full Business Cases for the £80m national funding allocated for Derbyshire were approved during 2022/23.

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

Capital Expenditure Summary 2022/23	Plan £'000	Actual £'000
Self-funded capital schemes		
Information and Technology	500	472
Estates	5,962	7,484
Total self-funded schemes	**6,462**	**7,956**
PDC-Funded Capital schemes		
Information and Technology		61
Estates (dormitory eradication funding)	33,015	46,707
Total PDC-funded schemes	**33,015**	**46,768**
Total Capital expenditure 2022/23	**39,477**	**54,724**

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, Care Quality Commission (CQC) requirements, urgent maintenance, and replacements etc.

As part of planning capital expenditure for the next financial year, system partners have worked together to agree a capital plan for 2023/24 within the limited resources available to the Derbyshire system and have clearly articulated the risks associated with those plans.

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. However, due to in year pressures the requirements may change.

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 organisation has also contributed to the Joint Forward Plan. 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.

Also, as part of planning capital expenditure for the next financial year, system partners have worked together to agree a capital plan for 2023/24 within the limited resources available to the Derbyshire system and have clearly articulated the risks associated with those plans.

Significant financial risks for running costs exist including cost inflation, not least due to world events, along with the requirement to be more productive and efficient from a cost perspective.

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 approved for the Derbyshire programme. As at Spring 2022, building costs inflation posed a significant risk that costs would exceed the national funding and therefore and local funding has been allocated to the programme and is being managed accordingly.

With regard to future financial risks and activities; as well as being part of Joined Up Care Derbyshire the Trust is also a partner in Provider Alliance in the 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 2022/23.

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	40
Reactive work	4
Total days	**46**

Joy for three Derbyshire Healthcare colleagues recognised regionally for their dedication to healthcare

Three healthcare support workers at Derbyshire Healthcare NHS Foundation Trust have been awarded the Joined Up Care Derbyshire Health Care Support Worker Award for their commitment to their profession.

Modupeola Falase, a healthcare support worker based in Chesterfield, and Kim Scott and Andy Holbrook, healthcare support workers based in Derby, were all nominated for going above and beyond in all areas of their work. They won three of the six awards presented to health care support workers by Joined Up Care Derbyshire this year.

Tumi Banda, Interim Director of Nursing and Patient Experience at Derbyshire Healthcare NHS Foundation Trust, praised the three for their efforts.

Tumi said: "Modupeola, Kim and Andy are exceptionally talented and compassionate colleagues, and Derbyshire Healthcare are extremely lucky to have them on board. Congratulations to all three of you on your brilliant achievements, you should be proud of this accomplishment."

Data Security and Protection

The newly established reporting year for the Data Security & Protection (DS&P) toolkit remains in place and differs from traditional calendar and financial year schedules. The current DS&P toolkit reporting year is from 1 July 2022 to 30 June 2023. Instead of financial year end 31 March 2023, at time of writing the DS&P schedule has just completed Quarter 3 and entering final Quarter 4 April – June 2023.

Policies
All Trust policies relevant for Data Security and Protection Committee approval have been reviewed and in date. The Policy compliance dashboard shows a target of 95% and actual value of 100%. The next policy for review is due May 2023.

Mandatory Training
In 2022/23 the Trust has seen a significant uptake and improvement on DS&P mandatory training. In March 2023 our Trust training figures peaked with compliance of over 97%:

		Total	Corporate Services	Operational Services
March 2023	Total Target Group	2917	498	2419
	In date	2844	485	2359
	Out of date	73	13	60
	Perf threshold %	97.50%	97.39%	97.52%

The Trust has been consistently above the 95% DS&P toolkit target daily throughout the year.

This shows the resilience and recovery of the Trust improving from an all-time low of 76% (February 2021) during the COVID-19 emergency and training pause**.**

Data Protection Act - Subject Access Requests
Between April 2022 to March 2023 the Trust has received over 400 subject access requests from patients or someone acting on their behalf.

Before General Data Protection Regulation (GDPR) and the new Data Protection Act 2018, our Trust requested a site visit and review by the Information Commissioner's Office (ICO) in relation to compliance for Subject Access Requests. At the time we had over 100 requests open, average time scales over the legal deadline of 40 days. The Trust followed the recommendations from the ICO and has centralised the process. With a dedicated team of healthcare professionals to scrutinise and provide permissions and redactions, this takes pressure off extremely busy care teams whilst still being able to keep them updated on progress**.**

	Standard (one month deadline)	Complex (three month deadline)	Total
Total requests received	392	11	403
Number of open requests	20	0	20
Number of closed requests	404	13	417
Average days to complete a request (takes current date if case still open)	13	39	14

Currently 20 requests are open. Average standard requests with one month deadline take less than two weeks to complete. Complex requests where deadline is extended to three months are taking 39 days.

Incidents - Data Security Breaches
Between 01 April 2022 and 31 March 2023 there has been one incident reported to the (ICO) by our Trust.

ICO reference IC-213857-G0M9

The incident involved sending a letter to patient address and also separate copy to patient at parent's address (old address for patient). Although letter was addressed private and confidential to patient, the parent of the patient opened the letter which disclosed confidential information.

This has been fully investigated by the Trust and apologies given to the patient. The decision from ICO was **no further action necessary**.

There have been a further eight incidents reported externally via the Data Security and Protection Toolkit but did not meet threshold to escalate to the ICO. Four of these were external to the Trust where another organisation was involved, the Trust helped to make sure incidents were reported appropriately. Assurance was provided by other organisations of incident management and where needed to be reported to ICO, no further action necessary:

- Real World Health and University College London Hospitals FT (UCLH). Where external NHS staff member was inappropriately given access to our Business Intelligence platform
- Drug and Alcohol service partner Aquarius sent email to client group without using blind copy
- Goodshape our sickness absence reporting provider was a victim of an attempted Cyber Attack but was successful in preventing data loss
- GMP Drivecare who supply NHS vehicle leasing sent out staff personal details to all Trust lease drivers

The other four incidents were internal to the Trust. All of these have been investigated and resolved:

- Inpatient ward on call handover details sent to incorrect NHSmail account
- Patient letters sent to incorrect recipient; patient details not correctly verified resulting in confused record
- Microsoft OneDrive migration from shared drives. Staff member with same name incorrectly given access to another staff member's personal shared drive.
- Staff member used personal 'Gmail' account for work purposes and recording patient notes.

Risks
Data security and protection risks are routinely reviewed monthly as part of IMT and Records Department Senior Team meeting and in turn reviewed as part of Data Security and Protection Committee. Our top three current DS&P related risks are:

- IT system collapse due to Cyber Attack
- Fraud risk – unsolicited emails and potential viruses (FR018)
- Patient communication – incorrect recipients

Cyber Security
In addition to cyber-attack as being one of our Trust top three Data Security & Protection risks, cyber security is also recognised by the Trust at the highest level and included as part of the Board Assurance Framework (BAF).

2022/23 builds on previous work to help improve links between different Trust services and systems with Information Asset Ownership and closer working alongside our Asset Owners and Data Security and Protection Team. This is essential on going work with a continual cycle of improvement that will help with mitigation against data security and protection risks including the top three highlighted above.

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 2022/23 financial year, the Trust received 391 requests for information and responded to 355 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.

Local charity prepares donations to NHS patients ahead of Christmas

On 15 December 2022, the Trust's League of Friends, a charitable organisation run by volunteers, delivered chocolate boxes to patients using Derbyshire Healthcare's services, including mental health, learning disabilities and children's services along with a festive performance from carol singers.

Pauline Gregory, Chair of the Trust's League of Friends helped to make these donations possible. She said: "Gifts have been donated to inpatients around Christmas time by the League of Friends for many years now.

"It began when we realised that there would be patients who had no relatives and so would not receive any gifts for Christmas. The League decided that from then on, we will purchase, for all without exception, a small gift for Christmas."

Carolyn Green, Interim Chief Executive at Derbyshire Healthcare NHS Foundation Trust, said: "We're delighted to hear that our patients will receive some goodies ahead of Christmas to make their time with us a little more enjoyable.

"It is important that our patients are well cared for and this lovely donation should hopefully put a smile on people's faces.

"The charity have worked with us over the years to help support the care we provide for our patients and it goes without saying that they are very much part of our hospital family, so as ever, thank you to the fantastic League of Friends for their generous donations."

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.

Mark Powell

Chief Executive
20 June 2023

Making Room for Dignity programme - artist's impression of the entrance to the new Psychiatric and Intensive Care Unit being built at Kingsway, Derby

Directors' report

Trust Board members at 31 March 2023

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.

Carolyn Green, Interim Chief Executive
Carolyn was appointed internally as the Trust's Interim Chief Executive from 1 December 2022 – 31 March 2023, having been the Interim Deputy Chief Executive from 28 July – 30 November, following the announcement that Ifti Majid would be leaving the Trust to take up the CEO role at Nottinghamshire Healthcare NHS Foundation Trust at the end of November. Carolyn led the Trust successfully during this interim period and returned to her substantive Director of Nursing and Patient Experience role when the new Chief Executive, Mark Powell, commenced in post on 1 April 2023.

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.

Tony Edwards, Deputy Chair
Term of office: 1 August 2022 – 31 July 2025
Tony is chair of the Trust's Finance and Performance Committee. Tony holds a BA in Accounting and Finance and is a Charted Accountant. Tony spent the first half of his career in senior finance roles in manufacturing and then a further 17 years in business unit leadership roles with Filtrona plc and Luxfer Holdings plc. Tony spent 11 years as a governor at Nottingham Trent University and is currently a governor at University of Derby where he sits on the Strategy, Finance and Planning Committee and chairs the governance oversight board for the new Business School development project. Tony was also appointed as Deputy Chair on 11 January 2023.

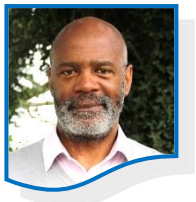
Other Non-Executive Directors

Ashiedu Joel
Term of office: 23 January 2023 - 22 January 2026
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. She is chair of the Trust's Mental Health Act Committee and is in her second three year term of office.

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. He is the Non-Executive Director 'Freedom to Speak Up' lead and also the Non-Executive Director lead for the East Midlands Perinatal Mental Health Provider Collaborative.

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. She chairs the Trust's Neurodevelopmental Committee which is held in Common with Derbyshire Community Health Services.



Ralph Knibbs, Senior Independent Director
Term of office: 1 July 2022 – 30 June 2025
Ralph joined the Trust on 1 June 2022 in designate role, before starting his first term on 1 July 2023, when he was also appointed as the Senior Independent Director (SID). The SID serves 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. Ralph is chair of the Trust's People and Culture Committee. For over 20 years, Ralph has operated as a Strategic Senior Human Resources Business Partner, with experience of working in both the public and private sector, as well as within complex international matrix organisations such as Rolls-Royce plc. Highly skilled at delivering people transformational change programmes to improve business performance. Possesses a deep understanding of team working through his extensive experience of professional sport. He is a passionate ally of equality, diversity and inclusion. Ralph is currently the Head of Human Resources at United Kingdom Athletics Limited where he has been since 2011. From 2020, he has also undertaken a volunteer role as Vice-Chair of the RFU Diversity and Inclusion Implementation Working Group at the England Rugby Football Union with the aim to increase diversity and inclusion in the leadership and governance structures within the game.

Lynn Andrews
Term of office: 11 January 2023 – 10 January 2026
Lynn first joined in a designate role in the autumn of 2022 as part of the handover for the clinical Non-Executive Director role before joining formally as a Non-Executive Director on the 11 January 2023. She is the chair of the Trust's Quality and Safeguarding Committee.

Lynn's roots are in Scotland where she qualified as a Registered Nurse before moving to the Midlands where she has worked in healthcare since 1987. Lynn has gained qualifications in nursing and NHS management and has a Master's in Health Policy. Throughout Lynn's nursing career she has always worked in roles requiring ongoing professional, clinical and governance knowledge and skills. Lynn's most recent post was on the Board at Chesterfield Royal Hospital NHS Foundation Trust as Executive Director of Nursing and Patient Care and lead for quality, with a portfolio responsibility including quality improvement, patient experience and safety, safeguarding and infection control. Lynn has a strong commitment and passion to improving quality and experience for all patients and staff. Working with the East Midlands Strategic Health Authority and with the national NHS Teams, Lynn has gained an excellent understanding of healthcare and the requirements for regulation. Lynn has lived in Derbyshire for over 20 years, enjoys running in South Derbyshire and the Peak District.

Other Executive Directors:

Ade Odunlade, Chief Operating Officer
Ade joined the Trust on 5 July 2021 from Central and North West London NHS Foundation Trust where he was 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. Ade was the Interim Deputy Chief Executive from 1 December 2022 – 31 March 2023.

Arun Chidambaram, Medical Director from 3 October 2023
Dr Chidambaram was appointed the Trust's Medical Director in October 2022. A Forensic Consultant Psychiatrist by background, Arun was previously Deputy Chief Medical Officer and Locality Medical Director at Lancashire and South Cumbria NHS Foundation Trust. Arun has previously worked as a Deputy Medical Director across a number of organisations, including being the Interim Medical Director and Medical Director for Operations at Mersey Care NHS Foundation Trust. Arun holds two masters degrees in psychiatry and a postgraduate certificate in Healthcare Leadership. He has a wealth of clinical experience in addition to leadership expertise within a healthcare setting. Arun is the executive lead for safety.

Rachel Leyland, Interim Director of Finance from 1 November 2022
Rachel has been a fully qualified Chartered Management Accountant since 2004. She joined Derbyshire Healthcare NHS Foundation Trust in 2008 and during her time with the Trust she has covered various roles within the Finance Team including being the Deputy Finance Director since 2013, before taking up the Interim Director of Finance role from November 2022. Rachel has worked within the NHS since 1996 after graduating from Portsmouth University with a degree in Mathematics for Finance and Management. Rachel has worked across both acute and

mental health provider organisations, starting her career in the Contracting Team at the University Hospital of Southampton. As Interim Executive Director of Finance, Rachel is responsible for the Trust's strategic financial planning, establishing the financial framework within which the Trust operates, the financial control and the financial performance of the Trust, and ensuring that the Trust meets its statutory and regulatory financial requirements.

Tumi Banda, Interim Director of Nursing and Patient Experience from 26 September 2022

Tumi joined the Trust as part of the transitional arrangements following the resignation of Ifti Majid. He was a formal voting member of the Board from 1 December 2022 to 31 March 2023. Tumi qualified as mental health nurse in 2004 from City University, London. He has worked in various mental health settings in the south-east of England. Tumi joined us on a six-month secondment from Kent and Medway NHS and Social Care Partnership, where he has been Deputy Director of Nursing and Deputy Director of Infection Prevention and Control since 2019. Tumi has a passion for improving the intensive and enhanced care given to people during psychiatric emergencies. He has a Masters in Trans-Cultural Health Care from Queen Mary University London. Tumi is also a Florence Nightingale Foundation Scholar and a trained Quality Improvement coach, and he is committed to using quality improvement approaches to improve patient outcomes and staff experience.

Other Directors who attend the Trust Board:

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.

Vikki Ashton Taylor, Director of Strategy, Partnerships and Transformation from 1 June 2022.

Vikki Ashton Taylor began in post as the Trust's Director of Strategy, Partnerships and Transformation on 1 June 2022. Vikki has worked in the NHS for 25 years undertaking a range of both operational and strategic roles across acute, commissioning and regulatory organisations, including a number of years as an Executive Director. Vikki's most recent role was the Lead Director for Joined Up Care Derbyshire and she brings a wealth of system-related experience and expertise. Vikki lives in Derbyshire and volunteers as a Magistrate for the Ministry of Justice.

Becki Priest, Interim Director of Quality and Chief Allied Healthcare Professional (AHP) from 12 September 2022.

Becki has been working for Derbyshire Healthcare since December 2020 in a Deputy Director role, assuming the clinical lead for the Making Room for Dignity programme as well as the community mental health framework. She has also been the Trust's AHP lead. Becki qualified as an Occupational Therapist (OT) in 2002 from the University of Derby and has worked in a number of areas including forensic mental health, specialist personality disorder services, crisis resolution and home treatment and community mental health teams. Becki also has significant experience of developing Individual Placement and Support (IPS) employment services (our Work Your Way service is an example of an IPS service); in 2015 she was invited to accelerate the implementation of IPS in New Zealand. Over the next five years, she worked as professional lead for OT and vocational services in New Zealand's Northland region, implementing one of the first IPS services in addiction projects with the New Zealand police and voluntary, community and social enterprise partners. Becki has a Masters in Occupational Therapy and has a passion for

evidence-based practices that address issues of occupational and social justice. She is currently studying health and care leadership with Birmingham University.

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 2022/23

Richard Wright MBE
Richard first joined the Trust as a Non-Executive Director on 18 November 2016 and his second term was due to finish on 17 November 2022. Having secured a Non-Executive Member position at the Derbyshire Integrated Care Board (ICB), where he had been acting in a designate role from 1 March 2022, Richard resigned from the Trust on 30 June 2022 to take up his ICB position on 1 July 2022. He had been the Deputy Chair since August 2019 and brought significant business experience to his role at the Trust. Richard chaired the Trust's Finance and Performance Committee.

Margaret Gildea OBE
Margaret was first appointed Non-Executive Director on 7 September 2016 and her second three year was due to finish on 6 September 2022. Having secured a Non-Executive Member position at the Derbyshire Integrated Care Board (ICB), where she had been acting in a designate role from 1 March 2022, Margaret resigned from the Trust on 30 June 2022 to take up her ICB position on 1 July 2022. Margaret is a practised HR professional and brought over 30 years' experience to the Trust, including on Change Management and Organisation Development. Margaret had been the Trust's Senior Independent Director (SID) and has chaired the Trust's People and Culture Committee and the Quality and Safeguarding Committee.

Dr Sheila Newport
Sheila retired from being a Non-Executive Director (NED) at the end of her first term of office on 10 January 2023. Sheila is a former chair and clinical lead of NHS Southern Derbyshire Clinical Commissioning Group (SDCCG) and had clinical NED lead. She brought a wealth of commissioning experience and was a GP for 29 years. Sheila chaired 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.

Ifti Majid
Ifti left as the Trust's Chief Executive on 30 November 2022 to take up the Chief Executive role at Nottinghamshire Healthcare NHS Foundation Trust Ifti had been the Trust's Chief Executive since October 2017, having been the Acting Chief Executive since June 2015. He qualified as a Registered Mental Health Nurse in 1988 and first joined the Trust in 1997. He was appointed the Trust's Chief Operating Officer/Deputy Chief Executive in January 2013. Ifti had been the Board's BME champion and in 2019/20 Ifti 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.

Dr John Sykes
John retired from his Executive Medical Director post at the beginning of October 2022, having been in the role since June 2006. He had been appointed to his first Medical Director post in 1999 from the role of consultant in old age psychiatry which he had been in since 1989. He is a member of the Royal College of Psychiatrists and previously a Lecturer in Psychiatry at Sheffield University. John still works for the Trust as a consultant in old age psychiatry in North Derbyshire.

Claire Wright
Claire took early retirement from the Executive Director of Finance role at the end of October 2022. Claire was the Deputy Chief Executive from March 2017 up until July 2022. She is a fully qualified management accountant and was appointed to the Director of Finance role in October 2012. Claire was the Board's LGBT+ champion and up until February 2021 was also the Trust's Senior Information Risk Owner (SIRO).

Gareth Harry,
Gareth joined the Trust as the Director of Business Improvement and Transformation on 1 June 2018 and left for a promotion to a role with NHS England at the end of May 2022. He had previously held Executive roles within Derbyshire Clinical Commissioning Groups (CCGs) and also posts within NHS England and NHS East Midlands.

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.

One team
One approach
One Derbyshire

Appointments by the Council of Governors

During 2022/23 the Council of Governors appointed three new Non-Executive Directors and re-appointed one Non-Executive Director.

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 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 role of Senior Independent Director was carried out by Margaret Gildea until 30 June 2022 and is now held by Ralph Knibbs.

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 2022/23, 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 2022/23 (as at 31 March 2023)

DECLARATION OF INTERESTS REGISTER 2022/23		
NAME	**INTEREST DISCLOSED**	**TYPE**
Lynn Andrews Non-Executive Director	• Trustee for Ashgate Hospice in Chesterfield	(e)
Vikki Ashton Taylor Director of Strategy, Partnerships and Transformation	• Magistrate covering mainly Derbyshire and Nottinghamshire Courts	(e)
Tumi Banda Interim Director of Nursing and Patient Experience	• Jabali Men's Network	(d)
Tony Edwards Deputy Trust Chair	• Independent Member of Governing Council, University of Derby	(a)
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 • Director of Craftcore Derby	(e) (e)
Carolyn Green Director of Nursing and Patient Experience Deputy Chief Executive and Chief Nurse (Oct-Nov) Interim Chief Executive (Nov-Mar)	• 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 • Elected Member of Leicester City Council	(a) (a) (a) (a) (a) (a) (a)
Ralph Knibbs **Senior Independent Director**	• Vice Chair, RFU Diversity & Inclusion Implementation Group, England Rugby Football Union • Head of HR, UK Athletics • Founding member and Steering Committee member, The Rugby Black List	(e) (e) (e)
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)

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).

Details of any political donations
Derbyshire Healthcare NHS Foundation Trust has made no political donations during 2022/23.

Better Payment Practice Code:

	31 March 2023		31 March 2022	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	**15,947**	**83,288**	14,975	43,809
Total Non-NHS trade invoices paid within target	**15,061**	**81,986**	14,254	42,707
Percentage of Non-NHS trade invoices paid within target	**94%**	**98%**	95%	97%
Total NHS trade invoices paid in the year	**606**	**14,584**	789	16,167
Total NHS trade invoices paid within target	**538**	**12,536**	749	14,297
Percentage of NHS trade invoices paid within target	**89%**	**86%**	95%	88%

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.

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 20 June 2023 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 2022/23 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 67-69.

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 (NHSE) 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 2023 and will be reported on to the Council of Governors in May 2023.

Selina Ullah's appraisal was carried out in line with the NHS Improvement Provider Chair competency framework.

The Board is held to account, and its performance is evaluated on an 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 56-61.

Meetings of the Board of Directors

The Board of Directors held six public meetings during 2022/23:

	Actual attendance	Possible attendance
Non-Executive Directors		
Selina Ullah	3	4
Tony Edwards (from Aug 2023)	4	4
Ralph Knibbs (from Jul 2023)	4	5
Deborah Good	6	6
Geoff Lewins	5	6
Ashiedu Joel	3	6
Lynn Andrews (from Jan 2023)	2	2
Margaret Gildea (until end Jun 2022)	1	1
Richard Wright (until end Jun 2022)	1	1
Sheila Newport (until Jan 2023)	2	4
Executive Directors		
Ifti Majid (until end Nov 2023)	**3**	**3**
Claire Wright (until end Oct 2023	**3**	**3**
Dr John Sykes	**2**	**2**
Carolyn Green	**6**	**6**
Ade Odunlade	**6**	**6**
Jaki Lowe	**3**	**6**
Justine Fitzjohn	**5**	**6**
Gareth Harry (until Jun 2023)	**1**	**1**
Vikki Ashton Taylor (from May 2022)	**5**	**5**
Rachel Leyland Interim Director of Finance (from Nov 2023)	**3**	**3**
Tumi Banda Interim Director of Nursing and Patient Experience (from Oct 2023	**3**	**3**
Becki Priest Interim Director of Quality and Allied Health Professionals (from Sep 2023)	**3**	**4**

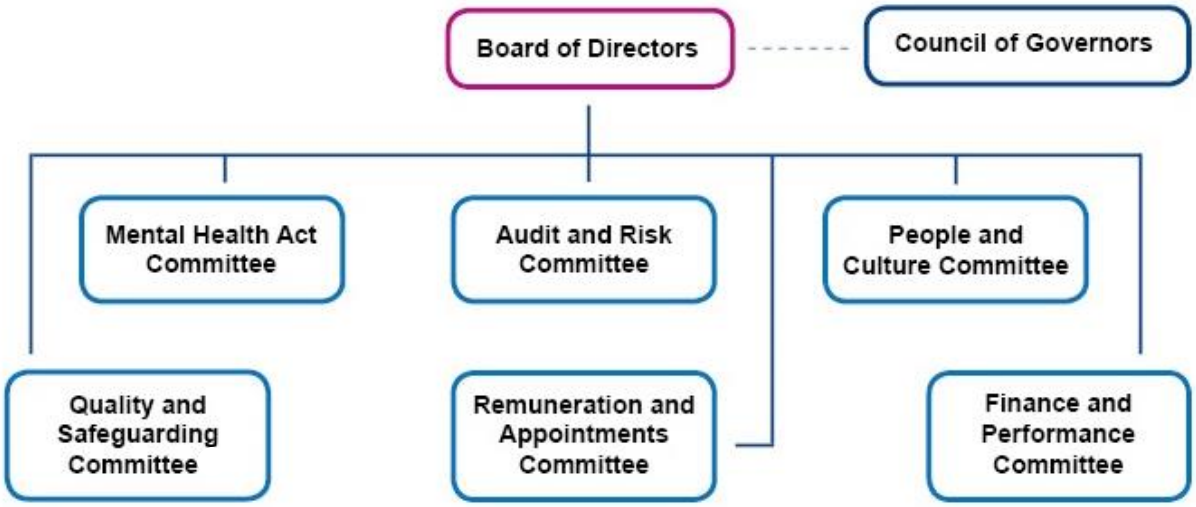
Directors' expenses

	2022/23	2021/22
Number of Directors	23	18
Number of Directors receiving expenses for the year	10	4
Aggregate sum of expenses paid to Directors in the year (£00)	£29	£14

Values shown in £00 – actual amount paid £2,858 (2021/22: £1,418).

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 under the Board Committee Assurance report 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 2022/23 the Audit and Risk Committee comprised the following Non-Executive Director members:

- Geoff Lewins (Chair)
- Ashiedu Joel
- Deborah Good

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

	Actual attendance	Possible attendance
Geoff Lewins	6	6
Deborah Good	5	6
Ashiedu Joel	4	6

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 Care Quality Commission (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 eight times throughout the year. Further details on the Remuneration and Appointments Committee can be found in the Annual statement on Remuneration on page 99.

The attendance at the Remuneration and Appointments Committee is listed in the Remuneration Report on page 102.

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 reports on Trust performance and services.

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 also 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. .

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 2022/23 are outlined on pages 73-74 of this report, alongside their attendance at the Council of Governors meetings. Despite the pandemic restrictions being lifted during the year, the Council of Governors continue to meet virtually, wanting to retain the benefits of good attendance and other benefits such as environmental and cost benefits. This will be reviewed during 2023/24 with a possible mix of face to face and virtual meetings.

Key developments during 2022/23
During 2022/23 governors contributed to and approved the following:

- Received the report from the External Auditors on the Annual Report and Accounts
- Approved the appointment by the Non-Executive Director (NEDs) of the Chief Executive
- Approved the (re-) appointment of Non-Executive Directors
- Approved the appointment of the Deputy Chair and supported the appointment of the Senior Independent Director
- Had the opportunity to discuss the Trust's annual plan submission
- Supported the renewal of the Policy for Engagement with The Board of Directors and Council Of Governors
- Reviewed the Governance Committee's and Nominations and Remuneration Committee's terms of reference
- Received Deep Dive reports from the NEDs– including on staff retention and staff survey results
- Established Governor Task and Finish Groups focusing on plans for the Annual Members Meeting; governor engagement and well led preparation
- Reviewed the Governor Membership Engagement Action Plan
- Participated in the appraisal process for the Trust Chair and NEDs

Building on effective relationships with the Board has continued to be a priority for the year. The Council of Governors meets jointly with the full Board of Directors twice during the year on topics of common interest. This year that included updates on the Making Room for Dignity Programme, Quality of Care, the Trust's Strategy, the Derbyshire Integrated Care System and the Governors' role in the CQC well led inspection.

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.

A governors annual effectiveness survey was conducted again this year which 85% of the Council of Governors participated in. Overall the results were very positive with 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 is clearly defined. In line with best practice the survey is undertaken annually.

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 2023/24. They attend community meetings and events, particularly those organisations in the voluntary sector; and are 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 2022/23 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 and the Trust's key role within it.

Lead and Deputy Lead Governor arrangements
Susan Ryan is the Trust's Lead Governor and Hazel Parkyn is the Deputy Lead Governor. Hazel took on this role from Julie Boardman when her term of office ended in January 2023.

Electing new governors to the Council
The election process began in late 2022 with new governors terms of office beginning on 1 February 2023. There were five public governor vacancies and two staff governor vacancies. New governors attended a governor induction session in February with the Trust Chair and Trust Secretary.

Training and development
An induction for new 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. New 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. Governors are also encouraged to attend GovernWell sessions organised by NHS Providers and the NHS

Providers conference and workshops which gave governors the opportunity to network with governors from other Trusts and to share good practice.

Meetings of the Council of Governors 2022/23
The Council of Governors met nine times during 2022/23 which included five extraordinary meetings. Individual attendance by governors is shown in the table on the next two pages. The Council of Governors has the right to request Directors to attend a Council meeting to discuss specific concerns regarding the Trust's performance. This power has not been exercised during 2022/23.

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 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 2022/23.

Governors at the League of Friends summer fayre

Summary attendance by governors at meetings of the Council of Governors 2022/23

	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	7/9	1/2/20 – 31/1/23 1/2/23 – 31/1/26
Amber Valley	Mrs	Angela	Kerry	8/9	21/3/22 – 31/1/25
Bolsover and North East Derbyshire	Mr	Rob	Poole	3/9	1/11/18 – 1/6/21 2/6/21 – 31/1/24
Bolsover and North East Derbyshire	Mr	Ivan	Munkley	6/9	21/3/22 – 31/1/25
Chesterfield	Ms	Jill	Ryalls	5/9	21/3/22 – 31/1/25
Chesterfield	Mrs	Ruth	Grice	5/9	26/9/20 – 1/6/21 2/6/21 – 31/1/24
Derby City East	Mr	Graeme	Blair	7/9	21/3/22 – 31/1//25
Derby City East	Mr Mrs	Tom Jane	Bladen Elliott	0/1 0/4	1/2/23 – 31/1/26 21/3/22 – 24/10/22
Derby City West	Dr	Ogechi	Eze	3/9	21/3/22 – 31/1/25
Derby City West	Mrs	Chris	Williamson	1/1	1/2/23 – 31/01/26
Erewash **	Mr	Thomas	Comer	0/0	21/3/22 – 15/6/22
Erewash	Mr	Andrew	Beaumont	9/9	1/10/19 – 20/3/22 21/3/22 – 31/1/25
High Peak and Derbyshire Dales	Mr	Chris	Mitchell	4/9	2/6/21 – 31/1/24
High Peak and Derbyshire Dales	Mr	Brian	Edwards	1/1	1/2/23 – 31/1/26
Rest of England (formally Surrounding Areas)	Ms	Annette	Gilliland	0/9	21/3/22 – 31/1/25
South Derbyshire	Mrs	Hazel	Parkyn	8/9	21/3/22 – 31/1/25

Constituency – Staff (elected)					
Administration and Allied Support Staff	Miss	Kelly	Sims	2/9	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	8/9	1/2/20 – 31/1/23 1/2/23 – 31/1/26
Allied Professions	Ms	Janet	Nicholson	5/9	2/6/21 – 31/1/24
Medical and Dental	Dr	Laurie	Durand	3/9	21/3/22 – 31/1/25
Nursing	Mrs	Joanne	Foster	5/9	2/6/18 – 1/6/21 2/6/21 – 31/1/24
Nursing	Ms	Varria	Russell-White	1/9	2/6/21 – 31/1/23 1/2/23 – 31/1/26
Constituency – Appointed					
Derby City Council	Cllr	Roy	Webb	2/9	19/6/18 – 18/6/21 19/6/21 – 4/5/24***
Derbyshire County Council	Cllr	Martyn	Ford	7/9	25/1/22 – 24/1/25
Derbyshire Voluntary Action	Ms	Rachel	Bounds	5/9	13/6/20 – 12/6/23
Derbyshire Mental Health Forum	Mrs	Jodie	Cook	7/9	1/10/20 – 30/9/23
University of Derby	Dr	Stephen	Wordsworth	5/9	1/8/20 – 31/8/23
University of Nottingham	Dr	David	Charnock	7/9	14/11/19 – 13/11/22 14/11/22 – 13/11/23

* Includes five extraordinary meetings
**Vacancy due to governor resignation. The vacancy was included in the March 2023 elections but no nominations were received.
*** Will retire from Councillor role in May 2023 so will not be eligible as Appointed Governor
Note staff governors may not have been able to attend CoG meetings due to the operational pressures and some of the extra-ordinary meetings were called at short notice which impacted on attendance.

Governor expenses

	2021/22	2022/23
Number of governors	41	
Number of governors receiving expenses for the year	3	4
Aggregate sum of expenses paid to governors in the year (£00)	£1	£2

Values shown in £00 – actual amount paid £199 (2021/22: £47).

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 the Rest of England 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
For the most part governors have engaged with members and the public virtually but later in the 2022/23 year were attending some face to face events. 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 through an e-bulletin called 'Members' News' and through a magazine, 'Connections'. 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.

In 2021 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 challenging over the last few years of the pandemic with many of the face to face events that governors usually attend not being held.

Membership figures at 31 March 2023

Constituency	Number of members as at 31 March 2023	Number of members as at 31 March 2022
Public	5783	5922
Staff	3037	2879
Total	8820	8801

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

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**

"After being a Public Governor for only a few months I am still well and truly in the finding my feet stage of the role, trying to absorb as much information as I can. On doing so I have been able to see the hard work, dedication and care the staff give, as well as the positive steps forward the Trust are making. I look forward to delving deeper into the workings of the Trust and collaborating with the people of Derby City East to represent them as well as I can, holding the board to account where needed." **Tom Bladen, Public Governor, Derby City East**

My first year of being a public governor has been a whirlwind. I've learnt so much about the way the NHS works. It's challenging, inspiring, frustrating and rewarding all at the same time. I have met the most inspirational people who are working hard within the Trust at a particularly challenging time. It's not easy to resolve every issue within the NHS you can't make everything better but it's reassuring to know everyone is doing their best pulling together in difficult circumstances. I look forward to another positive year". **Hazel Parkyn, Public Governor, South Derbyshire**

"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 understand 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**

"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**

"I was elected a Staff Governor in 2022. I am passionate about supporting my colleagues in our workplace and being a Staff Governor means I can hear their voices and ensure that the Executive are held to account. We are stronger, together. The Trust values support placing colleagues at the centre of our joint efforts to ensure patients receive the best possible standard of care. My intention throughout my term as a governor is to ensure that colleagues are heard and supported and I will do whatever I can to ensure this happens." **Laurie Durand, Staff Governor, Medical**

"In my role as Cabinet Member for Adults Health and Housing at Derby City Council I would like to thank the Trust for the work they have done in partnership for mental health support of our street homeless population." **Councillor Roy Webb, Appointed Governor, Derby City Council**

Governors enjoying a catch up in Chesterfield

Well led requirements on quality

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 three registered locations: Kingsway Hospital, the Radbourne Unit in Derby, and the Hartington Unit in Chesterfield, as well as our centrally registered extensive community services, spanning over Children's services (non-mental health specific e.g. health visiting) to Community Mental Health and Neurodevelopmental services.

Leadership and Quality Governance

Overview of arrangements in place to govern service quality
The Quality and Safeguarding Committee continues to be the principal Committee for Quality governance across 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 Mental Health Act Committee continues to be a core Committee for quality governance of 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.

The Incident Management Team (IMT) will be in place for command and control as required. These will be senior leaders in the Trust assessable to provide response to emerging challenges in the Trust or System under Emergency Preparedness Resilience and Response (EPRR) with escalation to the Executive Leadership Team. In the past year the IMT has been required to respond to system pressures, COVID-19 responses, Winter pressures, changes in Government Leadership and Industrial Action.

Engagement events
Further to local support and engagement. It is essential that for Trust to truly have oversight of its services, there is a requirement for further engagement. The Trust has several opportunities to engage groups to ensure feedback occurs and actions taken. Emerging from the COVID-19 pandemic, they have been able to meet both virtually and face to face, supporting engagement with a wide range of staff over all of Derbyshire. Further examples of these can be found within the Quality Account which is published on the Trust's website on 30 June annually.

Unannounced and announced visits
The Clinical Quality Directorate frequently uses regional intelligence to design review tools, which gain assurance and evidence for evening, weekend, and night visits. The Trust has taken a 24-hour service review approach and acknowledged that this is an area where organisations need to strengthen oversight and scrutiny. Multiple levels of the organisation are involved in this, to reduce the risk of a top-down process. Teams across the Trust, within several different roles and professions have been brought together and planned and are deployed, repeatedly and regularly. This process will continue and will enable further reflection and conversation, ensuring the Trust keeps its Visions and Values at the forefront of its approach.

Further to these visits, the Trust is also invested in a range of approaches that focus on assessing governance, assurance and also promoting good practice and innovation. For several years the Trust has taken an innovation approach to Quality Visits, where teams are able to demonstrate practice they are proud of, meeting senior leads and executives, while also having the opportunity to raise areas of concerns. This provides a direct route to board, creating a floor to board approach and encourages a speaking up approach.

Announced and unannounced visits also occur across all areas of the Trust. Allowing for a range of professionals to see the practice of clinicians first-hand. This provides an opportunity to engage with staff, for leaders to role model and to challenge any practice that does not fit with Trust Values or patient experience and safety.

A critical friend approach has also been implemented through mock CQC visits. Our Deputy Director of Regulated Practice and Special Projects has been leading on a timetable of mock CQC visits that explores patient care and practice to truly understand the experience of patients. Through this teams are assessed in line with the CQC Key Lines of Enquiry, and any findings are placed within an action plan for completion. All actions plans are then held with divisional Clinical and Operation Assurance Team (COAT) meetings to ensure a strong level of governance. This creates a critical friend approach to improvement. The Trust recognises that services are 24/7 and all staff need access to senior leadership. To ensure all have the opportunity to meet and speak with senior staff and for senior staff to understand the challenges within our services at different times. An out of hours rota will support unannounced visits to teams by leaders.

Development of intelligence, evidence and assurance
The Trust understands and acknowledges, that internal evidence and assurance is not always enough to truly have oversight of services and the care people are receiving. In order to gain this, there is a requirement for openness, transparency and responsiveness through other means and forums. There must be an opportunity for staff and patients to speak up, raise concerns and complain without the fear of repercussions. Furthermore, there needs to be confidence that an appropriate response and action will occur when items are raised.

The Trust has been praised for above and beyond practice in relation to its Safeguarding team by the CQC. Highlighting a passion and willingness to improve care and experience. The Safeguarding team has taken a keen focus on Person In Positions of Trust (PIPOT) processes, ensuring that any concerns are quickly identified and investigated, promoting safety. The team also utilise these examples to create training and learning for others. The Safeguarding team also works closely with external partners that allows scrutiny of practice within our teams including quality audits of cases, and partnership working both operationally and strategically.

Across services, there is also a strong emphasis on the engagement of Advocacy services. A recent improvement project across inpatient acute care wards has seen patient community meetings being reviewed and moved from weekends to weekdays. This has been done in order for advocacy services to be present at all and for senior managers to be present where appropriate. Advocacy services are provided to all our inpatient areas, advocates attend regularly and are provided private spaces to speak to people in our care.

Alongside advocacy and engagement meetings, The Trust has taken pride in its engagement with Healthwatch. Implementing a monthly art group that allows patients to engage in positive therapeutic activities, and the opportunity to feedback on the care they are receiving away from staff. Encouraging an open and transparent culture. From these, our Healthwatch colleagues provide a report to our Heads of Practice, who then feed into Clinical Reference Groups and team meetings to create action plans with clear time frames of improvement that are fed back to Healthwatch. These actions are then followed up within future art groups to ensure they have been improved. Healthwatch also complete six monthly visits to our areas.

Expert by experience feedback is recognised as a valuable asset to ensuring outstanding care. The Trust is proud of its EQUAL group, which comprises of experts by experience, carers and volunteers who complete announced and unannounced visits, in all areas to provide further

intelligence and feedback. EQUAL is chaired by our Director of Nursing. Feedback is also provided via the Carers Engagement Group.

We have a peer support worker in place that visits our inpatient areas, talks to people in our care, collects patient generated 'Bright Ideas' on improvement, they report directly to the Director of Nursing.

Along with clinical assurance-based checks, The Trust is also invested in checking its environment and engagement with catering, domestic and estates services. In order to create a level of assurance, annual PLACE visits are completed in all inpatient settings. These visits aim to review cleanliness of services, quality of food, maintenance of buildings and repair and upkeep of settings. This visit is completed with Domestic, Catering and Estates managers, Heads of Services, Heads of Infection Prevention and Control, carers and experts by experience.

Internally, it is important that the Trust has a clear and robust governance structure which provides floor to board assurance, along with board to floor communication. This comes in the form of a clear meeting structure linking the clinical reference group, Clinical Operational Assurance teams, Trust Operational Oversight Leadership, Quality and Safeguarding Committee and Executive Leadership team all together. Providing a clear forum for oversight and communications up and down.

External reviews
Further to internal review and assessment, the Trust is fully investing resources and development time in setting the right conditions for an open culture and promoting engagement with its local Integrated Care Board (ICB). The Trust undertakes, as part of its statutory requirements, a Section 11 assurance visit. This is scrutinised and reported on with the Safeguarding Adults board. This scrutiny and audit is required to review the Trust evidence to gain assurance.

Quality compliance and governance
Throughout 2022/23, the Trust has continued to focus on quality compliance and quality governance.

Alongside the creation of standard operating procedures (SOPs), the Trust has continued to develop and improve its processes around Policy and Procedure completion, adherence, and review. Teams continue to identify ways in which compliance and assurance can be met and oversight can be sought. An example is inpatient services for working age adults working towards 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. However, they still work towards the remaining standards. As the Making Room for Dignity programme moves forward to eradicate dormitories, provide High Dependency Units and Psychiatric Intensive Care Units, it is expected full achievement of AIMs standards. The application for central funding for the eradication of our dormitory provisions has now been accepted and planning permission granted for two new hospitals. This is an exciting opportunity to develop a state-of-the-art hospital that supports high quality inpatient care. This project has been and continues to be co-produced involving carers and experts by experience throughout to ensure the best results possible.

By having our own Psychiatric Intensive Care Unit, High Dependency Unit, Acute Inpatient wards with no dormitories, Older Adult Wards for both functional and organic diagnosis the Trust will reduce and eradicate inappropriate out of area admissions. Furthermore, these projects have provided a vital opportunity to create environments that focus on positive, effective, and recovery-based admission. Through co-production, the wards have been designed to encourage an environment that feels safe and positive for both patients and staff. This comes with a reducing restrictive practice ethos in mind and an increasing activity focus, including freely accessed outdoor space, low stimulus suites and sensory suites. A focus on technology allows us to create environments suited for each persons need allowing for smells, lighting brightness, lighting colour and other sensory options to be altered by the patient when and how they like within their own bedrooms. This further supports a trauma informed approach and best outcome focus. Each project will also provide space for staff to take breaks and take part in wellbeing focused activities.

The Royal College of Psychiatry standards for rehabilitation services were refreshed in December 2020, and so our inpatient rehabilitation services will be working towards those as appropriate. Our inpatient Perinatal services, inpatient Forensic wards and Liaison services remain accredited with the Royal College of Psychiatrists College Centre for Quality Improvements as identified within their contractual requirements from NHS England.

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. Further work continues to review and adapt live reporting streams for governance and assurance systems to ensure rapid response and oversight.

The Trust is under segment 2 of the NHS England 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 Integrated Care System and Board through groups such as the Clinical Quality Review Group, continued audit and sustained work from previous and current CQUINs.

The Trust has participated in national audits as well as its own internal audit plan. The Trust's internal research department also actively seeks and takes part in both local and national research projects, including working closely with the National Institute of Health and Care Research (NIHR).

Clinical Quality Review Group meetings with the Integrated Care System and Board were formally stood back up in quarter 1 of 2022/23 and the Trust has worked closely to re-establish contractual agreements and obligations. Key individuals from both organisations meet monthly to review progress on quality improvements and provide assurance, including any national priorities set out by NHS England.

Closed Culture Review
With improvements in accessibility to Freedom to Speak Up, also comes a focused approach to identifying, reviewing, and improving Closed Cultures. In 2019 the CQC published their Closed Culture Review and within this identified some key areas of awareness that related to Closed Cultures and the direct impact this has on Clinical Care, Practice and the Patient and Carer Experience, which if left unmanaged, can lead to abuse. The Trust has created a working group to create working guidance and standard operating procedures for Closed Culture Processes. This is being done in line with the Trust Freedom to Speak Up Guardian, psychology colleagues and as a result a regular staff survey has been created along with face to face and other ways for staff to raise concerns within their area. A process is in place for reviewing quality dashboard data to identify areas of concern that may be linked to closed cultures. Allowing for leadership teams to act and improve at the earliest opportunity. This also heavily feeds into culture based working groups

across the Trust being led by the Chief Psychologist. The relaunch of Trust Quality Visits in 2022 has also provided a forum for further culture review.

Quality Visits

Quality Visits are the Trust's approach to inquisitive enquiry and provides an opportunity for teams to showcase good practice and, also highlight areas of challenge. This provides an opportunity to advertise and communicate good practice across the Trust for other teams to see, learn and incorporate. It also creates a floor to board and return opportunity to identify challenges and resolve them with a patient safety and experience focus. This approach encourages teams and the Trust to take on a Lessons Learned focus to change. The information within the visit process is focused on service user and carer feedback, staff feedback and team identified focused feedback topics. A structure for the Trust to arrange for colleagues in Director, Non-Executive Director, and Commissioner roles to visit clinical areas is also an expectation of our Schedule 4 Quality Contract. After a pause to Quality Visits of this nature during the COVID-19 pandemic 2022/23 has positively seen the Trust and staff engage with the process and welcome visits. The relaunch of the Quality Visits has allowed for the process to be reviewed and aligned to Trust objectives, including the introduction of an anonymous staff survey focused on cultures.

Below is a quote from one of our Public Governors about a Quality Visit:

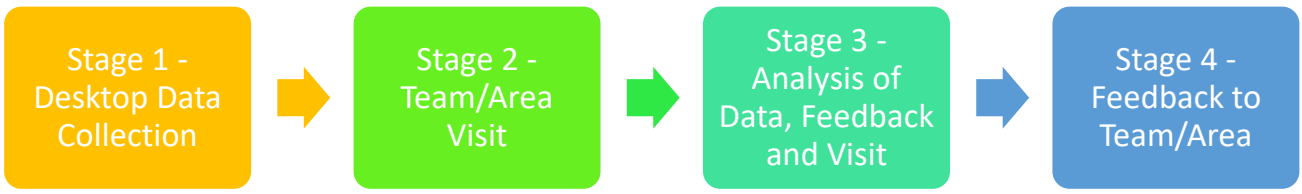
" I attended a great Quality Visit at Cubley Court on the 28/02/2023 with Carolyn Green, Toby Marandure, Deborah Good, Sandra Austin and Becki Priest and just wanted to mention it and say as my first quality visit it was very useful for me. I was able to really understand what it is the Trust does on a day-to-day basis. I took great interest in watching how Carolyn and Becki engaged with staff to understand their frustrations and try their best to give real actionable solutions. I think all parties gained a lot from the visit and I will ensure to follow up at some point to check if these suggestions were implemented. I will certainly be putting my name forward for another one in the future."

Quality summit

The Trust has implemented a process in which teams that may be seen as an outlier in performance can be reviewed and supported to improve. This process is aimed to be quick, efficient, and most importantly, supportive with no focus on blame.

A quality summit is a bespoke approach whose primary purpose is to provide focus for a ward or team within the Trust requiring short term intervention at senior level with Executive level oversight. The rationale for adopting the quality summit approach will be related to increased concern about quality of care which has been triangulated from relevant Trust data. To provide a quality improvement plan (QIP) template which can be used to outline agreed actions with clear timeframes. This will be monitored for a set time period as agreed by the supportive bespoke team however this should take no longer than six months to implement. The process is clinically led by the Director of Nursing, Director of Quality and Therapies and Medical Director with support from the Chief Operating Officer.

A Quality Summit Process runs in 4 main stages:



The Quality Summit works to maintain a culture of openness through its dialogue and development, allowing colleagues to make supportive but clear challenges where appropriate.

Staff Survey

The 2022 Staff Survey presented a response rate of 48% (2% below the median) and a total of 1,412 questionnaires completed, a drop from 1,703 in 2021. Although the response rate has reduced from the previous survey, the results have demonstrated above average in all areas and Derbyshire Healthcare is proud of the feedback received. More details on the Staff Survey are provided on pages 130-133.

Clinical Effectiveness

Learning Disability Mortality Review (LeDeR) Performance

In 2022/23, work continued to improve the care of patients through the NHS LeDeR framework. LeDeR reports work in relation to learning from lives and deaths of people with a Learning Disability or Autism and focuses on improving the lives and the care people within this group receive to reduce the risk of mortality. This programme emphasises the importance of excellent practice and learning lessons to improve care. Derbyshire Healthcare has acknowledged the importance of this program and have focused time and effort to improve its practice.

	Completed - All Notifications				Completed - Initial Reviews (Stage of Review is 5, 6 or 7) since June 2021				Completed - Focused Reviews (Stage of Review is 5, 6 or 7) since June 2021				% of Focussed Reviews since June 2021				Outstanding (those eligible for completion that are not completed)				Adult cases on hold out of all Reviews			
	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23	Nov-22	Dec-22	Jan-23	Feb-23
Region, & CCG	%	%		%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
ENGLAND	87%	87%	89%	87%	88%	88%	90%	89%	78%	79%	83%	80%	20%	21%	21%	21%	13%	13%	11%	13%	4%	4%	4%	4%
MIDLANDS	94%	94%	93%	93%	95%	95%	94%	94%	89%	89%	90%	86%	28%	29%	29%	29%	6%	6%	7%	7%	3%	4%	4%	4%
DERBYSHIRE	99%	99%	99%	99%	98%	98%	98%	98%	100%	100%	100%	100%	26%	27%	27%	26%	1%	1%	1%	1%	2%	3%	3%	3%

Derbyshire Crisis Resolution Home Treatment service (CRHTT)
Over the last year the CRHTT (Adults and Older Adults) has been engaged in mapping services against national Fidelity Standards for provision of mental health crisis services. A keen focus of

the work has been to engage with and work in collaboration with service users and external partners in gaining feedback on what the service aimed to achieve through working towards the Fidelity standards. The Crisis Services presented to the NHSE Midlands Regional Crisis Resolution Community of Practice Meeting in late Autumn last year the local benchmarking tool designed by the Derbyshire Adults and Older Adults services to benchmark against the Fidelity Standards. It was recognised at the forum that Derbyshire Crisis services were one of the few services in the Midlands region that were further along their journey in meeting the Fidelity Standards and utilising a benchmarking tool to identify gaps in delivery and actions to address the gaps. The team have been asked by the Midlands Regional Team to share their core approach and the benchmarking tool so this can be adopted as good practice in other area Crisis teams.

Helpline and Support Services
Agreement has been reached with Derbyshire Police to reinstate and expand the Street Triage programme in collaboration with the Trust's Crisis Helpline and Support Services. The agreement follows a pilot that was undertaken during 2022, which showed positive results in reducing police time on scene and police conveyance where mental health issues were involved. The initial pilot involved one car staffed with a police officer and a member of the Helpline clinical team, but the new service will expand to include two jointly staffed cars to cover both the north and south of the county. The service will operate at peak times of 4pm-12 midnight seven days a week and the aim will be to facilitate face to face clinical assessments on site where police are called out, reducing Section 136 detentions and police conveyance to emergency departments (ED), ensuring people with mental health problems are assessed and seen by the right service in the first instance. The service will begin operations from beginning March 2023 and will run initially for one year.

Work Your Way
Work your way employment service is the Trust's name for an internationally proven *Individual, Placement and Support* (IPS) service. The model is recommended as part of the NHS long term plan for supporting people with severe mental illness to find meaningful paid employment as part of their journey to recovery. On average, people receiving IPS keep their jobs longer, earn more, and spend less time in hospital. Our service covers city and countywide and is fully integrated into the Community Mental Health teams for adults of working age, those people in outpatients as well as in Early Interventions north and south teams. Individuals can self-refer via the Trust website www.workyourway.net or service users can speak to their clinical coordinator who can refer on their behalf. Operating for nearly three years, the impact has been to support over 200 people into paid employment. Below is feedback from service users:

"I suffer from bipolar and mood disorder and have been unemployed for five years when I was referred to IPS in January 2022. I used to have a high-power job as a strategic manager for a mining company for many years before falling ill. I now just want a purpose and a reason to get out of the house and I am willing to re locate. The support I have received from Diane has been excellent. She has contacted potential employers on my behalf and helped me gain two temporary posts and has also contacted another employer who is inviting me for a look around and an interview. My confidence has definitely improved, and I feel much more motivated since working with Diane."

"I have been in the mental health service for most of my life suffering from depression, anxiety, and hearing voice's. I have been out of work for 26 years but have now secured a job as a school crossing patrol. Before I became ill the last time (1996), I was a soft drinks salesman I have also volunteered at a school in Derby from 2001 to 2013 as an IT technician and did general maintenances for them. I have been with Louise since December 2021. The support I have had from Louise has been great. Louise is very helpful and explains things in a down to earth way. I was very anxious on the first meeting with Louise which was one to one over the internet, but she soon helped me calm down and now I have a job!"

Allied Health Professional and Social Work Strategy
The Trust is proud to become one of the first UK Trusts to adopt a Chief Allied Health Professional (AHP) position. This sits the allied health professions (AHP) and Social Worker professions within the heart of the organisational strategy for the Trust. Health care professionals and support staff should have clear career pathways and educational opportunities available, so our workforce plan aims to address these issues.

AHPs form the third largest clinical workforce in the NHS and are professionally autonomous practitioners educated to at least degree level standard. They comprise of 14 different occupations. AHPs work across all areas of health and social care; supporting people from birth to end of life. They focus on the prevention of ill-health alongside improving health and wellbeing to maximise the potential for people to live full and active lives within their family circles, social networks, education/training settings and the workplace (Allied Health Professions Strategy for England, 2022-27). Within the Trust there are around 175 AHPs and nearly 50 Social Workers.

The Trust's key areas of focus and strategic direction in which our AHPs will be supported to:

- Develop professional identity and community for all AHPs and support workers
- Deliver quality care, improved health outcomes for all and improved sustainability of health and care services
- Work in partnership with our colleagues throughout Joined Up Care Derbyshire (JUCD).

This strategy aligns with the Allied Health Professions (AHP) Strategy for England: AHPs Deliver, the Trust Strategy 2022-2025 and JUCD AHP Strategy.

Supporting neighbouring trusts for best patient outcomes
In 2022/23, the Trust offered support to St Andrews Healthcare due to outcomes in relation to a CQC inspection and the impact this may have on Derbyshire Healthcare patients located within St Andrews Healthcare settings. The Trust supported St Andrew's by introduced a senior improvement lead into the team. This professional supported the St Andrew's team successfully improve their rating with the CQC.

Same sex accommodation
In 2022/23 the Trust moved all its wards accept two, into a Same Sex Accommodation approach. This saw all wards move to populations of all male or all female and fit in line with the Trust Sexual Safety work. In 2022/23, there were no breaches and the Trust was fully compliant.

Making Room for Dignity programme - artists impression of the new purpose built adult acute inpatient facility in Chesterfield

New and/or revised services

There have been some changes to the services provided by the Trust during 2022/23. These changes have occurred in parallel to recovering from the impact of the COVID-19 pandemic.

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

- NHS England transformation funding continues to enable 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 Derby City locality has now commenced. Three further localities are in the process of going-live in 2023/24 in Chesterfield, Derbyshire Dales and North East Derbyshire and Bolsover, with the final three localities, Amber Valley, Erewash and South Derbyshire in the planning phase for a go-live within 2023/24. The transformation will see a significant expansion of the Trust’s clinical services including the expansion of eating disorder and Individual Placement and Support (IPS) 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 offer short and long-term interventions.

- Additional funding was received from NHS England to fund Perinatal Inpatient services to CQC Standards and Community Perinatal services. The expansion of the perinatal psychological workforce, underpinned by £500k additional investment, has enabled a more widespread delivery of psychological and trauma informed care through increased supervision of perinatal and maternity staff, more regular inhouse training, direct referral pathways to psychology for primary and secondary Tokophobia, birth trauma, and pregnancy after loss, and the development of group treatment programmes to reach a wider population. The Beeches Mother and Baby Inpatient Unit has secured a recurrent investment of £433k which includes the recruitment of a Clinical Psychologist, Social Worker, Health Visitor, Peer Support Worker, Recreational Worker, and four nursery nurse posts to meet the Perinatal Quality Network (PQN) Standards for accreditation (Royal College of Psychiatry). Additional Lead Nurse roles were also created with the investment to support development in the team and also to improve recruitment and retention whilst strengthening the clinical leadership.

- 2022/23 saw the second year of a three year investment of NHS England’s transformation monies to provide a timely and responsive mental health service to the people of Derbyshire who are experiencing mental health problems that can be treated effectively within primary care. This programme is a joint venture between the Trust and Primary Care Networks (PCNs) across Derby and Derbyshire with Mental Health Practitioners employed by the Trust but embedded within General Practice. These roles are vital in helping to bridge the gap between primacy care and specialist mental health providers, delivering holistic care to patients with a range of needs.

- The Trust is currently establishing the East Midlands Gambling Harm Clinical offer for circa 450 people per year, based on a ‘hub and spoke’ model, with the central hub situated in Derby and wider spokes to be determined with support from partners across the East Midlands. The service will commence in April 2023. The service will be provided by a multi-disciplinary team of staff including a Psychiatrist, Psychologists, Mental Health Nurses, Specialist Mental Health practitioners including cognitive behavioural therapists and peer support worker positions who will deliver evidence-based interventions either in a group setting or one to one. The model is based on a significant amount of the service delivery being provided virtually via video consultation, in addition to face-to-face provision. In December 2022, the Trust received a letter from NHS England confirming authorisation to mobilise the service based on a review of our service proposal submitted October 2022. Recruitment has commenced and is progressing. In addition, a service user questionnaire

has been developed and shared widely to encourage feedback on service design, access to services preferences and any other considerations that potential service users feel we should take into account in establishing the service offer.

- The Trust has worked with Derbyshire Police to reinstate and expand the Street Triage programme in collaboration with the Trust's Crisis Helpline and Support Services. Please refer to page 85 for further details.

- The Trust is in the planning stages of establishing a specialist service for people experiencing gambling problems across the East Midlands. Based on a 'hub and spoke' model, with the central hub being situated in Derby, the service will be provided by a multi-disciplinary team of staff including a psychiatrist, psychologists and mental health nurses who will deliver evidence – based interventions either in a group setting or one to one. We envisage that a significant amount of the service delivery will be provided virtually via video consultation, in addition to face to face provision. The commencement date for the service is expected to be in June 2023.

These initiatives have been fully supported by local Derby and Derbyshire Integrated Care system and broader East Midlands provider partners.

Making Room for Dignity programme - colleagues from the Trust at the ground breaking ceremony at Kingsway Hospital, Derby

Making Room for Dignity programme update

As outlined in the Annual Report for 2021/22, the Trust became part of the National Mental Health Dormitories Eradication Programme in 2020, with national funding of £80m initially allocated for the Derbyshire.

The dormitory eradication programme was intended to fund the following:

- Northern Derbyshire Adult Acute: 54 bed new build on the Chesterfield Royal Hospital site, replacing the Hartington Unit: single room, en-suite accommodation for males and females with a flexible ward space included to accommodate our non-binary service users who do not necessary identify as staying on a male or female ward
- Southern Derbyshire Adult Acute: 54 bed new build at Kingsway Hospital, Derby: single room, en-suite accommodation for males, relocating from the Radbourne Unit, Royal Derby Hospital site.

In order to ensure equity throughout the Trust's inpatient services, local funding, from the Joined-Up Care Derbyshire system, was sought for other projects, which consisted of:

- Northern Derbyshire Older Adults: 12 bed relocation, to include single room, en-suite accommodation for male and female service users with a functional mental health illness
- Radbourne Unit, Royal Derby Hospital site: 34 bed (two wards) refurbishment to include single room, en-suite accommodation for female service users.

Derbyshire is currently the only area within the country without a local Psychiatric Intensive Care Unit (PICU), meaning that people currently have to travel outside of their local area to access this specialist support. Funding was therefore also sought for:

- A 14 bedded male PICU on the Kingsway Hospital site in Derby
- An eight bedded female Acute-Plus facility providing an increased level of support for women locally, bridging the gap between acute care and PICU care for female service users.

Challenges
The unprecedented times faced in Spring 2022, relating to the cost of living and hyperinflation, had a direct impact on the projects, creating affordability challenges, and in turn a slippage to some timelines. The increase in energy prices, meanwhile had an impact on the cost and availability of building materials. The war in Ukraine added even further to this, as many key raw materials such as steel come from Russia. These issues increased the level of funding needed to fulfil the six projects. This resulted in some amendments to the schedule of works, focusing on the two new acute builds and the PICU.

The programme team continued to work with colleagues locally and nationally and in December 2022, successfully secured the additional funding required. To date, the local and national funding has increased to almost £140m for the six projects within the programme.

Full Business Cases were approved in September 2022, and the programme remains on track to have completed the adult inpatient units by the end of Autumn 2024. The older adult services currently based in the Hartington Unit will relocate to a specialist ward at Walton Hospital by Summer 2024 with the PICU, acute plus and Radbourne Unit refurbishment following in 2025.

Engaging with clinical colleagues
In line with the Trust's 'people first' value, a rolling programme of staff engagement sessions (at different times to accommodate shift patterns) was offered. These sessions were led by the programme's clinical lead and proved vital in gathering staff service design and ideas for delivery into the projects. This is something which will continue throughout 2023/24/25, both face to face and virtually.

Colleague involvement has been invaluable throughout the process, in areas ranging from internal aesthetics and therapeutic service design to a full Trust competition to rename the programme. Staff were asked to submit ideas within a given remit, and then a shortlist was promoted via the intranet and email for a staff vote.

The 'Making Room for Dignity' programme name was named by a member of staff following an internal staff competition. The logo for the programme was designed by Kate Smith, an award-winning children's artist and former service-user.

We continue to gain feedback from colleagues regarding the furniture and fixtures and fittings for the new units.

Given current disruption to the Kingsway Hospital site, engagement with service leads from Kingsway Hospital takes place via fortnightly meetings, and has included the mock ups and proposals to be discussed and agreed.

Engaging with service users and carers
The Trust has from the outset regularly engaged with service users and carers about the programme builds, including those who are part of the EQUAL forum. This engagement has included a monthly Project Delivery Group, where the programme team updates service user and carer representatives on the latest developments, as well as getting insight and feedback into the plans to improve designs.

Service users and carers have also been regularly updated regarding any changes to site which may impact upon them, giving opportunities for feedback. These groups of stakeholders have directly influenced a number of key areas of the facilities, including signage, door styles and the outdoor space provisions.

Ground-breaking ceremonies
Ground-breaking ceremonies at Chesterfield and Kingsway took place on 22 March 2023 to commemorate the first 'official' day of construction for the Adult Acute Inpatient Units and PICU. Both ceremonies offered the Trust the opportunity to thank stakeholders involved with the programme whilst showcasing what the new facilities will offer. Those in attendance included representatives from JUCD, NHS England, Trust colleagues and service user and carer members of the EQUAL forum.

Compliments, complaints and concerns 2022/23

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

2022/23 has been a challenging year due to changes in the Patient Experience team's staffing and the pressures experienced by all teams across the Trust. The Patient Experience team worked with people contacting their service and with operational teams and to ensure that the best outcomes have been achieved. It is recognised that the length of the investigation process could be improved, and work is ongoing to address this. Our progress throughout the year is monitored, and reported on, in quarterly reports to the Patient Experience Committee and Quality and Safeguarding Committee.

	2021/22	2022/23*
Compliments	1,102	1,385
Concerns	516	444
Complaints	216	190
Total	**1,834**	**2,019**

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

Complaints are issues that need investigating and require a formal written response from the Trust. Investigations are coordinated through the Patient Experience team. Concerns can be resolved locally and require a less formal response. This can be through the Patient Experience team or directly by staff at ward, or team, level within our services. The number of recorded concerns and complaints has dropped slightly from the previous year, this may have been due to an increase of COVID-19 related issues the previous year.

Of the 190 formally investigated complaints, 14 were upheld in full, 52 upheld in part and 55 not upheld. Eight complaints were closed with no investigation. 61 complaints are still being investigated or awaiting a response. Staffing pressures both operationally and within the Patient Experience team during the year have impacted upon the investigation turn-around time. Work is ongoing to improve timeframes.

Parliamentary and Health Service Ombudsman
During the year, the Trust discussed nine cases with the Parliamentary and Health Service Ombudsman. Three enquiries - two no further action and one ongoing. Five assessments - two no further action, two ongoing and one closed with a payment of £300. One investigation which is still ongoing.

Comparison of concerns, complaints and compliments by top issues raised
The most common issue raised in concerns and complaints during 2022/23 was regarding care planning. Care planning issues were also reported most during 2021/22. Care planning is a broad subject covering a wide range of aspects of care. Discussions are ongoing to look at providing more clarity regarding this topic.

Concerns 2022/23
Care planning
Appointments (e.g. delays and cancellations)
Availability of Services / Activities / Therapies

Concerns 2021/22
Care planning
Availability of services/activities/therapies
Staff attitude
Complaints 2022/23
Care planning
Abruptness / Rudeness / Unprofessionalism
Medication
Complaints 2021/22
Care planning
Staff attitude
Availability of services/activities/therapies

Compliments
Themes from the 1,385 compliments received in 2022/23 reflect people's general gratitude for the support and help they have received and for the care, kindness and compassion staff have shown.

Making Room for Dignity programme - colleagues from the Trust at the ground breaking ceremony at Chesterfield Royal Hospital

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 2022/23 these relationships were continued to be tested as we recovered services following the COVID-19 pandemic, with relationships remaining as strong as they have ever been.

New ways of working, collaboration and integration of responses to meet the peaks in demand and staffing shortages through the continuing waves of the COVID-19 pandemic, flu outbreaks, winter pressures and the ongoing industrial action during 2022/23 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, the local authorities and the voluntary sector.

The Trust initiated work through the Joined Up Care Derbyshire (JUCD) Mental Health, Learning Disabilities and Autism (MH,LD&A) and Childrens System Delivery Board to work with partners across the system to develop and establish a formal Alliance of MH, LD and Autism organisations. This development work has continued in 2022/23 with an Alliance festival attended by over 70 local organisations taking place in September 2022 to share learning and build organisational relations. A formal Alliance Partnership Agreement was co-produced and formally agreed by all partner organisations in year.

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:

- 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
- 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 Trust continues to provide childrens 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.

The Trust previously 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 continues to work collaboratively to improve inpatient forensic services 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).

The Trust has continued to be an active partner in the East Midlands provider Collaboratives with responsibility for the delivery of Child and Adolescent Mental Health services (CAMHS) Tier 4 services and Adult Inpatient Eating Disorder services with Northamptonshire Healthcare NHS Foundation Trust and Leicestershire Partnership NHS Trust as the lead providers for each respectively.

The Trust will, subject to the Board of Directors and NHS England approval, become the Lead Provider for the East Midlands Perinatal Mental Health Provider Collaborative effective from 1 October 2023. Until this date, The Trust is working in shadow form with NHS England, who currently lead this collaboration and allows us to better understand their tactical commissioning

role. Our collective vision is to ensure high quality care for women and their babies with serious mental illnesses that require Mother and Baby Unit (MBU) admission, so that there is seamless care between MBU and community perinatal mental health teams. Other partners in the collaborative are: Leicestershire Partnership NHS Trust, Lincolnshire Partnership NHS Foundation Trust, Northamptonshire Healthcare NHS Foundation Trust, Nottinghamshire Healthcare NHS Foundation Trust and St Andrew's Healthcare. We are continuing with the implementation of the clinical go live (commenced 1 October 2022) which has not involved any changes to service delivery but focuses on sharing best practice and aligning outcome measures. We continue to progress our provider collaborative priorities in relation to our clinical objectives, developing our clinical leadership, experts by experience and wider stakeholder involvement. The current plan is for the East Midlands Perinatal Provider Collaborative to assume responsibility from October 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 LD.

The Trust continues to work 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 2022/23.

The Trust has established a Neurodevelopmental Services Committee in Common (CiC) that meets at the same time as Derbyshire Community Health Services NHS Foundation Trust's Neurodevelopmental Services Committee in Common (CiC) to support the delivery of integrated care to patients.

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 has continued to be an active partner in the ICS supporting the development and production of the Integrated Care Strategy, which sets out how Local Authority, NHS, Healthwatch, and Voluntary Sector organisations will work together to improve the health of Derby and Derbyshire citizens, and further the transformative change needed to tackle system health and care challenges.

With the establishment of the Derby and Derbyshire Integrated Care Board (ICB), which replaced the Derby and Derbyshire Clinical Commissioning Group (CCG) in July 2022, the Trust's Chief Executive took a lead role in facilitating the establishment of, and chairing, the Provider Collaborative Leadership Board meetings. The Provider Collaborative Leadership Board is made up of Derbyshire NHS Provider Chief Executives and have agreed a set of priority areas for joint working.

The Trust ceased hosting the employment of the ICS Director, Vikki Ashton Taylor and her team, with the team moving into the newly established ICB. However the Trust currently hosts the Provider Collaborative Programme Director, Tamsin Hooton, on behalf of system partners.

The Trust's Chief Executive continues to lead the Mental Health, Learning Disability and Autism Programme, chairing the system wide Mental Health, Learning Disabilities and Autism Delivery Board within JUCD. The programme has delivered the majority of the transformational requirements of the NHS Long Term Plan for Mental Health, although a small number of the access targets were not achieved in part, due to the impact of the pandemic response and also due to recruitment pressures. Other Board members attend JUCD meetings and events.

Across the Mental Health, Learning Disability and Autism and the Children and Young People programmes within JUCD, the highlights of planning and progress in 2022/23 are included in the new and revised services section, page 87-88.

Thank-you …

The Trust would like to thank 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 charitable endeavours enable every person in hospital to receive a present each year. We are grateful for your support your carol singing, your Christmas Fayre, the Summer Fayre and your kind donations to our people in our care. Thank you for another year of kindness.
- All EQUAL Forum members for their amazing contributions to our Trust and to our community. We would not have secured national funding and fantastic design without you! Without their work our developments would not be as effective. We welcome your challenges and our very healthy debates; we look forward to another year as we develop and grow our services together.
- We would like to offer our great thanks to the partners of the Derby City and Derbyshire Recovery services who have developed our consortium of providers of Drug and Alcohol services . We are thankful for their partnership and leadership.
- We would like to thank First Steps Derbyshire for their continued and longstanding partnership in providing Eating Disorders services, we continue to collaborate for the very best outcomes for our community.
- 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 improve.
- To Derbyshire Community Health Services NHS Foundation Trust for all of your collaboration, thank you.
- 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 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.
- Our great thanks to Derbyshire Voluntary Action and Erewash CVS for their continued support and partnership.
- To 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.
- To the Coroners service of Derbyshire for their continued partnership working and support to our colleagues and our families who navigate a coronial process.
- To the leadership of the Police and Probation service in MAPPA coordination, Public Protection and safety are important areas of partnership and we are grateful to colleague's leadership
- To Age Concern and all third sector partners who have collaborated with us in our developments at PLACE.
- To colleagues on the Integrated Care Board for their collective leadership and contribution to making Mental Health, Learning Disability and Autism services better.
- To all third sector partners working with us across the Childrens' division, thank you, we are very grateful.
- To Leaders of IMPACT, CAMHS and the Veterans Collaboratives thank you for your support and involvement. We have achieved much together.

Please accept our great thanks to you all.

Engaging with our communities

Making Room for Dignity programme

The Trust remains committed to ongoing communication and engagement with its stakeholders as part of the Making Room for Dignity programme, ensuring programme updates are regularly included in the membership magazine, membership e-bulletins, stakeholder e-bulletin (Dimensions) and via social media.

The Trust has also maintained regular contact with the neighbours living in close proximity of the Kingsway Hospital site new builds, notifying them of the latest relevant developments and giving them the opportunity to raise any questions.

Community Mental Health Framework/Living Well Derbyshire

In 2018 the Joined Up Care Derbyshire (JUCD) system started to co-produce a new vision for mental health services and began their journey of co-designing and implementing the Living Well Derbyshire model of care. At this time, Living Well Derbyshire was being developed as a multi-agency community offer, designed to support people who were falling through the gap between primary and secondary care.

An initial cohort of six staff began the first prototype in High Peak and worked with 12 people over 12 weeks. The team brought together mental health nurses, occupational therapists, voluntary sector workers, peer workers and social care support. The team has now grown and supported more than 300 people with their mental health, as of March 2023.

The initial evaluation showed very promising results in that there was very positive feedback from both staff and people receiving the service, with evidence of positive impact.

In 2019 the release of the Community Mental Health Framework (CMHF), a part of the NHS Long Term Plan, meant that ambitions in Derbyshire grew, and the goal became to create a seamless community offer inclusive of all Community Mental Health team (CMHT) staff, VCSE workers and social care. Derbyshire saw Living Well as a vehicle to realise their community mental health transformation ambitions. Therefore, High Peak was seen as the natural choice to prototype this larger ambition.

The Living Well team started to integrate with the High Peak CMHT in January 2022. This involved bringing together the existing CMHT workforce with 16 new workers. Derby city locality followed this with an integration in the DE24 postcode. The Trust is currently engaging with collaborative, networks and teams from Derbyshire Dales, North East Derbyshire, Bolsover and Chesterfield to realise the Living Well model in each locality. The final wave will focus on Amber Valley, Erewash and South Derbyshire.

The Trust continues to engage stakeholders regarding the Living Well Derbyshire programme via print and e-newsletter articles, and launched a multi-agency e-newsletter in the summer of 2022. Network events continue, which are aimed at a variety of stakeholders, all of which continue to input into the design of the new service models.

The Trust continues to work alongside colleagues in the Local Authority, voluntary sector and those with lived experience to update the multi-agency website and service information.

Wider Patient and Public Involvement (PPI) activities

The Trust participated in several anti-stigma, information and awareness raising events throughout the year. Amongst many others, this included: Time to Talk Day, Maternal Mental Health Awareness Week, National Equality and Human Rights 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.

It also supports a wider approach to challenges stigma regarding mental health services amongst our communities.

In line with the Trust's commitment to inclusion, our staff networks helped to promote several awareness weeks and months throughout the year including Black History Month, LGBT+ History month, Show Racism the Red Card Day, International Day of Persons with Disabilities, Hate Crime Awareness Week and Holocaust Memorial Day.

The Trust attended two pride events at Chesterfield and Belper during the year. Several meaningful conversations took place and the opportunity of networking with stakeholders and the voluntary sector face to face, allowed the Trust to reconnect with valuable partners and share important messages with members of the public.

We have also continued to recognise multi-faith celebrations throughout the year, celebrating with colleagues and people who use our services.

Making Room for Dignity programme - artist's impression of the outside area for the new builds

Remuneration report

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

Mark Powell
Chief Executive
20 June 2023

Annual statement on remuneration

Major decisions/substantial changes to senior managers' remuneration
On 6 October 2022 the Remuneration and Appointments Committee approved a pay award of 3% for Very Senior Managers (VSM); Executive Directors received a 3% award with a further 0.5% to the Interim Director of Nursing and Patient Experience. This was applicable from 1 April 2022 and was in line with the national agreement of 3% with a further 0.5% available to apply at discretion to salaries that are close to or cross over with AFC 9 banding.

The salary for the Director of People and Inclusion (DPI) role was reviewed and uplifted (inclusive of pay award) based on the facts that the role had developed significantly since it had been appointed to in 2020 and an increase in portfolio areas over that time and was not in line with local and national benchmarking for the role.

The NHS England Chair remuneration framework was applied to the Chair upon appointment. The national framework for Non-Executive Director (NED) remuneration was considered during a review of NED remuneration carried out by the Governors' Nominations and Remuneration Committee in October 2022. The Council of Governors accepted all the recommendations of the Committee's review and approved a revised remuneration structure at its meeting in November 2022. The Council of Governors adopted the national basic pay for NEDs but agreed a local level of supplementary payments for those currently in the roles of Deputy Chair, Senior Independent Director and the Chair of Audit and Risk Committee with the intention of adjusting the future value of the supplementary payments for any new appointments to better align with the financial limits set out in the guidance. This is in line with the comply and explain principle.

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 104-109.
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 104-107. 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 2022/23 was considered against the NHSE 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 56-61.

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 agreeing remuneration packages of individual Directors. The Committee is also responsible for identifying and appointing candidates for 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)	8	8
Tony Edwards***	4	5
Ralph Knibbs***	6	7
Margaret Gildea*	0	1
Geoff Lewins	8	8
Richard Wright*	1	1
Dr Sheila Newport**	2	6
Ashiedu Joel	4	8
Deborah Good	6	8
Lynn Andrews ***	4	4

* until 30 June 2022 ** until 10 January 2023 *** from 2022/23

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 five times throughout the year.

Attendance at the Nominations and Remuneration Committee is outlined below:

	Actual attendance	Possible attendance
Selina Ullah (Chair)	5	5
Julie Boardman, Public Governor, High Peak and Derbyshire Dales	3	5
Margaret Gildea, Senior Independent Director	1	1 *
Jill Ryalls, Public Governor, Chesterfield	1	1
Annette Gilliland, Public Governor, Rest of England	1	4
Varria Russell-White, Staff Governor, Nursing	0	5
Orla Smith, Public Governor, Derby City West	4	5
Susan Ryan, Public Governor, Amber Valley	4	5
David Charnock, Appointed Governor, University of Nottingham	5	5
Graeme Blair, Public Governor, Derby City East	1	1

* elements of the meeting chaired by Margaret Gildea when Trust Chair had declared an interest.

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 2022/23 and pension benefits) plus the fair pay multiple, payment for loss of office and payments to past senior managers are subject to audit.

OnEPR and Electronic Prescribing feature (**ePMA**

OnEPR, which was launched at the end of 2020, was a major transformation programme to change how we record patient information, a main aspect of which was switching the Electronic Patient Record we use from Paris to SystmOne. This was a big cultural change for colleagues, but the research told us that there was too much complexity in the way we worked.

Thanks to the superb effort from the OnEPR team and colleagues across the services, the programme was successfully rolled out, in a staged approach, across all of our Mental Health and Learning Disability services by May 2022.

The programme of change has been successful in making the recording of information more straightforward, less time-consuming and, most importantly, has improved our ability to provide great, safe care.

Following on from the launch of SystmOne across our services, we are now in the process of enabling the ePMA, which is specifically designed to reduce the risks associated with traditional methods of prescribing and administering medicines.

Salary and allowances of Executive and Non-Executive Directors for the year 2022/23

Title	Name	2022/23						2021/22					
		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)
Interim Chief Executive	Carolyn Green *[1]	135-140				92.5-95	230-235	120-125				52.5-55	175-180
Chief Executive	Ifti Majid *[2]	105-110				30-32.5	135-140	155-160				32.5-35	190-195
Interim Deputy Chief Executive & Chief Operating Officer	Prince Ade-Odunlade *[3]	125-130	6,700			30-32.5	160-165	90-95				35-37.5	125-130
Interim Director of Finance	Rachel Leyland *[4]	40-45				20-22.5	70-75						
Deputy Chief Executive & Executive Director of Finance	Claire Wright *[5]	70-75				32.5-35	105-110	125-130				27.5-30	155-160
Executive Medical Director	Arunprasad Chidambaram *[6]	85-90				40-42.5	130-135						
Executive Medical Director	John Sykes *[7]	105-110	4,200				110-115	210-215	2,000				215-220
Director of People and Inclusion	Jacqueline Lowe *[8]	110-115				30-32.5	145-150	100-105				25-27.5	125-130
Director of Strategy, Partnerships and Transformation	Vicki Ashton Taylor *[9]	105-110				10-12.5	115-120						
Director of Business Improvement and Transformation	David (Gareth) Harry *[10]	15-20					15-20	105-110				25-27.5	130-135
Interim Director of Quality and AHP	Rebecca Priest *[11]	45-50					45-50						
Interim Director of Nursing and Patient Experience	Tumikilani Banda *[12]	55-60				20-22.5	75-80						
Chief Operating Officer	Mark Powell *[13]							0-5				0-5	0-5

Trust Secretary	Justine Fitzjohn	90-95				32.5-35	120-125	80-85				32.5-35	115-120
Chair	Selina Ullah [*14]	45-50					45-50	20-25					20-25
Chair	Caroline Maley [*15]							20-25					20-25
Non-Executive Director	Geoff Lewins	15-20					15-20	15-20					15-20
Non-Executive Director	Ashiedu Joel	10-15					10-15	10-15					10-15
Non-Executive Director	Deborah Good [*16]	10-15					10-15	0-5					0-5
Non-Executive Director	Ralph Knibbs [*17]	10-15					10-15						
Non-Executive Director	Antony Edwards [*18]	5-10					5-10						
Non-Executive Director	Lynn Andrews [*19]	5-10					5-10						
Non-Executive Director	Sheila Newport [*20]	10-15					10-15	10-15					10-15
Non-Executive Director	Richard Wright [*21]	0-5					0-5	10-15					10-15
Non-Executive Director	Margaret (Barbara) Gildea [*22]	0-5					0-5	10-15					10-15
Non-Executive Director	Julia Tabreham [*23]							5-10					5-10

(This disclosure is subject to audit.)

[*1] Carolyn Green - Interim CEO from 01.12.2022, Interim Deputy CEO 28.07.2022 to 30.11.2022, Executive Director of Nursing & Patient Experience up to 27.07.2022

[2] Ifti Majid - left post 30.11.2022

[*3] Prince Ade-Odunlade - started in post 05.07.2021

[*4] Rachel Leyland - started post 01.11.2022

[*5] Claire Wright - left post 31.10.2022

[*6] Arunprasad Chidambaram - started in post 03.10.2022

[*7] John Sykes - left Medical Director post 02.10.2022. Pension frozen from 31.05.2012

[*8] Jacqueline Lowe - started in post 17.08.2020

[*9] Vicki Ashton Taylor - started in post 01.06.2022

*[10] David (Gareth) Harry - left post 31.05.2022

*[11] Rebecca Priest - started in post 12.09.2022

*[12] Tumikilani Banda - started in post 26.09.2022

*[13] Mark Powell - left post 13.04.2021

*[14] Selina Ullah - started in post 14.09.2021

*[15] Caroline Maley - left post 13.09.2021

*[16] Deborah Good - started in post 01.03.2022

*[17] Ralph Knibbs - started in post 01.07.2022 (designate role 01.06.2022 to 30.06.2022)

*[18] Antony Edwards - started in post 01.08.2022

*[19] Lynn Andrews - started in post 11.01.2023 (designate role 05.09.2022 to 10.01.2023)

*[20] Sheila Newport - left post 10.01.2023

*[21] Richard Wright - left post 30.06.2022

*[22] Margaret (Barbara) Gildea - left post 30.06.2022

*[23] Julia Tabreham - left post 20.12.2021

The total taxable benefits reported in the table above of £10.9k 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 2022-23 was £230,000 - £235,000 (2021-22: £215,000 - £220,000). This is a change between years of 6.9%

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 2022-23 was from £14,923 to £220,459 (2021-22 £8,408 to £215,488). 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 1.9%

There were 26 employee that received remuneration in excess of the highest paid director in 2022-23 (2020-21: one).

The highest paid director during 2022-23 was the Interim Chief Executive Officer (2021-22 : Executive Medical Director).

In 2022-23 there were no 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 (2021-22 : 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. This only includes permanent employees, not temporary staff as the ratio would be unfairly distorted by including them.

	2022/23			2021/22		
	25th percentile	Median	75th percentile	25th percentile	Median	75th percentile
Salary of component of pay	£26,282	£35,062	£43,179	£24,673	£33,510	£42,160
Total pay and benefits excluding pension benefits	£26,282	£35,221	£43,806	£24,673	£33,510	£42,160
Pay and benefits excluding pension: pay ratio for highest paid director	5	4	~~3~~	9	6	5

Pension benefits 1 April 2022 – 31 March 2023

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 2023 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2023 (bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2022	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2023	Employers Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£000	£000	£000	£000
Interim Chief Executive	Carolyn Green	110-112.5	7.5-10	40-45	75-80	602	94	715	20
Chief Executive	Ifti Majid	45-47.5	2.5-5	85-90	175-180	1,632	55	1,765	15
Interim Deputy Chief Executive & Chief Operating Officer	Prince Ade-Odunlade	47.5-50	0-2.5	30-35	40-45	549	40	607	17
Interim Director of Finance	Rachel Leyland	32.5-35	5-7.5	30-35	55-60	465	30	552	15
Deputy Chief Executive & Executive Director of Finance	Claire Wright	42.5-45	0-2.5	50-55	90-95	867	39	962	10
Executive Medical Director	Arunprasad Chidambaram	52.5-55	7.5-10	35-40	55-60	503	45	609	12
Executive Medical Director	John Sykes	0	0	65-70	205-210	0	0	0	0
Director of People and Inclusion	Jacqueline Lowe	45-47.5	0-2.5	15-20	5-10	208	38	252	17
Director of Strategy, Partnerships and Transformation	Vikki Ashton Taylor	25-27.5	0-2.5	45-50	80-85	765	27	821	18
Director of Business Improvement and Transformation	David (Gareth) Harry	0	0	30-35	55-60	502	1	524	3
Interim Director of Quality and AHP	Rebecca Priest	0	0	5-10	15-20	157	0	145	11
Interim Director of Nursing and Patient Experience	Tumi Banda	35-37.5	5-7.5	20-25	30-35	232	25	289	8
Trust Secretary	Justine Fitzjohn	45-47.5	0-2.5	15-20	20-25	282	40	331	13

Payments for loss of office
None in 2022/23.

Payments to past senior managers
None in 2022/23.

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 2021/22 – 2022/23.

Average number of employees (WTE basis)	2022/23 Total Number	2022/23 Permanent Number	2022/23 Other Number	2021/22 Total Number	2021/22 Permanent Number	2021/22 Other Number
Medical and dental	**194**	181	13	**181**	168	13
Ambulance staff	**0**	0		**0**	0	
Administration and estates	**704**	702	2	**696**	673	22
Healthcare assistants and other support staff	**547**	528	19	**500**	490	10
Nursing, midwifery and health visiting staff	**1,050**	1,021	29	**1,009**	988	22
Nursing, midwifery and health visiting learners	**23**	23		**19**	19	
Scientific, therapeutic and technical staff	**360**	359	1	**324**	324	
Healthcare science staff	**0**	0		**0**	0	
Social care staff	**13**	13		**7**	7	
Other	**0**			**0**		
Total average numbers	**2,891**	**2,827**	**64**	**2,736**	**2,669**	**67**
Of which:						
Number of employees (WTE) engaged on capital projects	**8**	8		**18**	18	

* 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

	2022/23			2021/22		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£0	£0	£0	£0	£0	£0
Salaries and wages	**116,707**	**115,599**	**1,108**	100,753	98,653	2,100
Social security costs	**11,235**	**11,235**	**-**	9,450	9,450	-
Apprenticeship levy	**533**	**533**	**-**	477	477	-
Employer contributions to NHS Pension Scheme	**13,594**	**13,594**	**-**	12,269	12,269	-
Employer contributions paid by NHSE on providers' behalf	**5,929**	**5,929**	**-**	5,363	5,363	-
Other pension costs	**-**	**-**	**-**	**-**	**-**	**-**
Other post-employment benefits	**-**	**-**	**-**	**-**	**-**	**-**
Temporary staffing (External Bank)	**-**	**-**	**-**	-	-	-
Temporary staffing (Agency/Contract)	**7,596**		**7,596**	5,713	-	5,713
Termination benefits	**1**	**1**	**-**	-	-	-
Total Gross Staff Costs	**155,595**	**146,891**	**8,704**	134,025	126,212	7,813
Of the total above:						
Charged to Capital	**396**			659		
Employee benefits charged to revenue	**155,199**			133,366		
	155,595			134,025		

*subject to audit

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

	Headcount	FTE	Workforce %
Trust			
Employees	3072	2702.69	-
Staff Group			
Add Prof Scientific and Technic	258	223.15	8.40%
Additional Clinical Services	525	465.81	17.09%
Administrative and Clerical	620	535.47	20.18%
Allied Health Professionals	218	186.27	7.10%
Estates and Ancillary	157	124.99	5.11%
Medical and Dental	158	143.11	5.14%
Nursing and Midwifery Registered	1112	999.90	36.20%
Students	24	24.00	0.78%
Age			
16-20	7	6.00	0.23%
21-30	426	404.09	13.87%
31-40	734	645.92	23.89%
41-50	832	746.23	27.08%
51-60	838	726.33	27.28%
61-70	219	162.85	7.13%
71 and above	16	11.27	0.52%
Disability			
Declared Disability	273	243.60	8.89%
No Declared Disability	2799	2459.10	91.11%
Ethnicity			
White - British	2323	2026.71	75.62%
White - Irish	28	22.93	0.91%
White - any other White background	67	60.56	2.18%
White Northern Irish	2	1.67	0.07%
White unspecified	13	11.28	0.42%
White English	6	4.92	0.20%
White Gypsy/Romany	1	1.00	0.03%
White other European	2	2.00	0.07%
Mixed - White and Black Caribbean	29	26.00	0.94%
Mixed - White and Black African	7	6.96	0.23%
Mixed - White and Asian	20	17.70	0.65%
Mixed - Any other mixed background	12	11.70	0.39%
Mixed – Other/Unspecified	1	0.65	0.03%
Asian or Asian British - Indian	163	147.58	5.31%
Asian or Asian British - Pakistani	66	58.33	2.15%
Asian or Asian British - Bangladeshi	3	2.53	0.10%
Asian or Asian British - Any other Asian background	14	13.00	0.46%
Asian Punjabi	2	1.44	0.07%
Asian Sri Lankan	1	0.88	0.03%
Asian Tami	2	1.80	0.07%
Asian Unspecified	1	1.00	0.03%
Black or Black British - Caribbean	62	57.15	2.02%
Black or Black British - African	141	132.77	4.59%
Black or Black British - Any other Black background	11	10.87	0.36%
Black Nigerian	1	0.80	0.03%
Black British	2	1.60	0.07%
Chinese	7	6.35	0.23%
Any Other Ethnic Group	17	14.80	0.55%

	Headcount	FTE	Workforce %
Vietnamese	1	1.00	0.03%
Filipino	1	1.00	0.03%
Other Specified	2	2.00	0.07%
Not Stated	64	53.73	2.08%
Gender			
Female	2470	2142.99	80.40%
Male	602	559.70	19.60%
Gender breakdown			
Female Director/CEO	4	4.00	66.67%
Male Director/CEO	2	2.00	33.33%
Female Senior Manager Band 8c and above	23	21.35	53.49%
Male Senior Manager Band 8c and above	20	20.00	46.51%
Female Employee other	2443	2117.65	80.81%
Male Employee other	580	537.70	19.19%
Religious Belief			
Atheism	569	514.49	18.52%
Buddhism	22	19.94	0.72%
Christianity	1255	1106.76	40.85%
Hinduism	39	36.37	1.27%
Not stated	696	586.70	22.66%
Islam	75	68.17	2.44%
Jainism	2	2.00	0.07%
Judaism	6	5.50	0.20%
Other	349	311.68	11.36%
Sikhism	59	51.07	1.92%
Sexual Orientation			
Bisexual	53	48.97	1.73%
Gay or Lesbian	73	66.99	2.38%
Heterosexual or Straight	2409	2142.53	78.42%
Undecided	7	5.80	0.23%
Other not listed	8	7.80	0.26%
Not Stated	522	430.61	16.99%

Sickness absence data

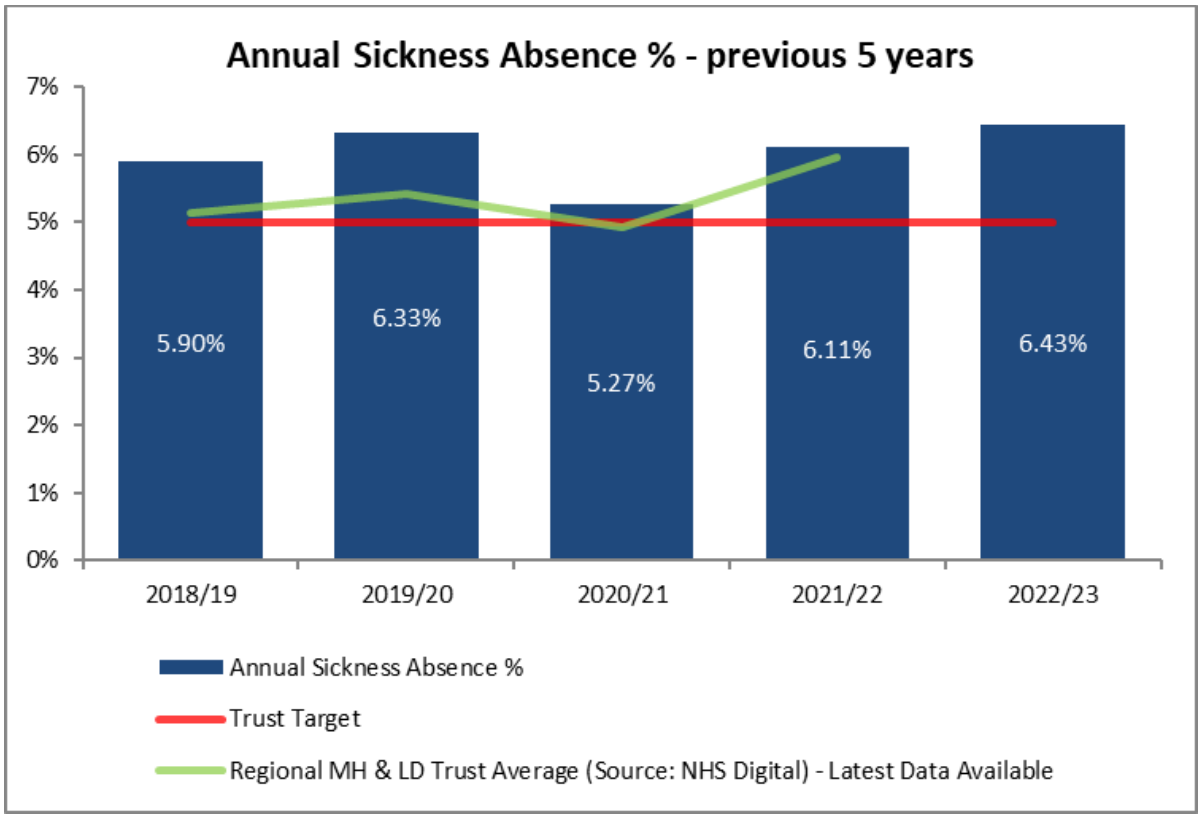
Sickness absence data for 2022/23 is published by NHS Digital at this location:
NHS Sickness Absence Rates - NHS Digital

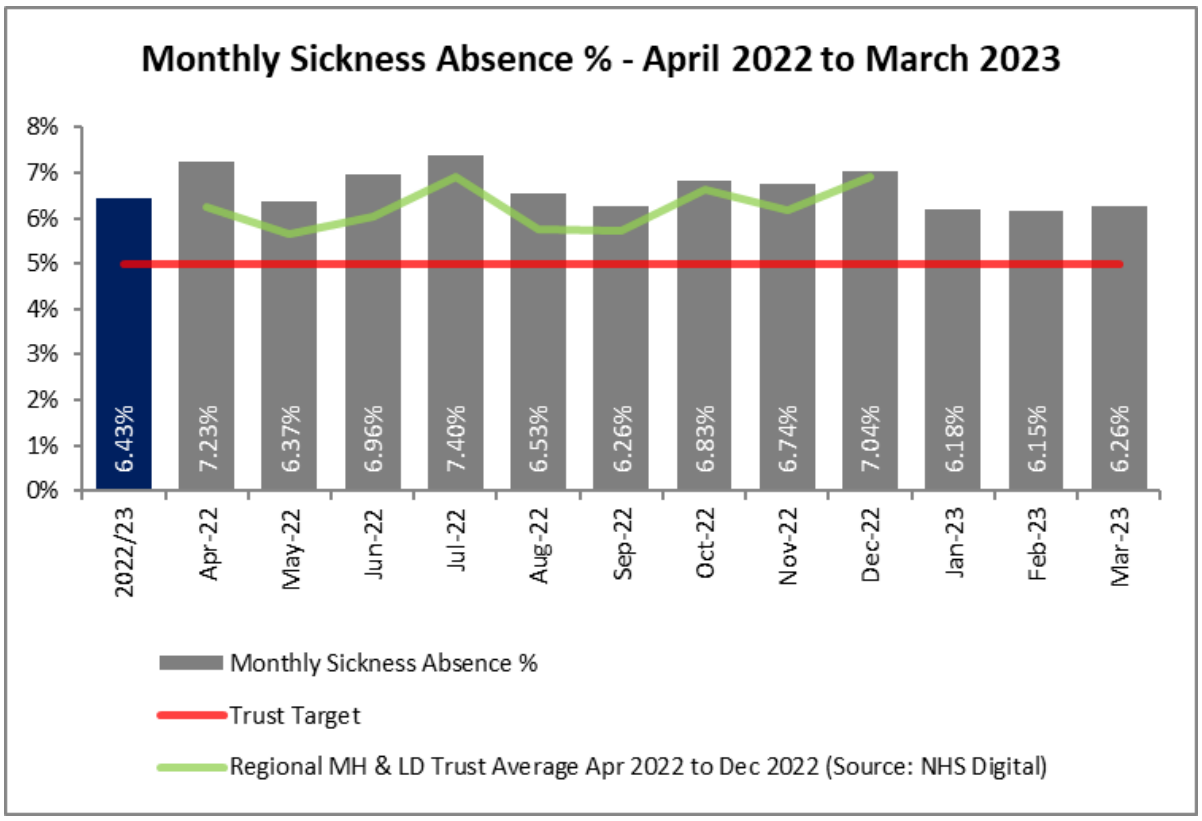
We continue to work with colleagues to support their health and attendance at work. The annual sickness rate for 2022/23 was 6.43% which is 0.32% higher than the previous year.

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 33.69% of all sickness absence during 2022/2023, followed by COVID-19 confirmed at 9.41% and surgery at 8.25%.

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 2022/23	WTE days lost to sickness absence	Average sick days per WTE
939,952.00	2621.14	60,462.06	23.07





Two committed Derbyshire Healthcare colleagues awarded with degrees in Mechanical Engineering

In November 2022, two Estates and Facilities Management colleagues at the Trust have received their degrees in Mechanical Engineering at Sheffield Hallam University – capping a stunning rise up through the organisation since starting as apprentices.

Jordan Yates, now Head of Estates from Boulton Moor in Derby, and Reuben Riley, now an Estates Officer from Derby city, both have worked their way up within the Trust whilst undertaking their undergraduate degrees.

Reuben, who joined the Trust in 2010 as a joiner apprentice and Jordan as a plumber apprentice in 2009, were keen to develop their skills within estates.

The two were offered the opportunity via the Trust to gain further educational qualifications in their field and so enrolled on an undergraduate course in Mechanical Engineering at Derby College in partnership with Sheffield Hallam University.

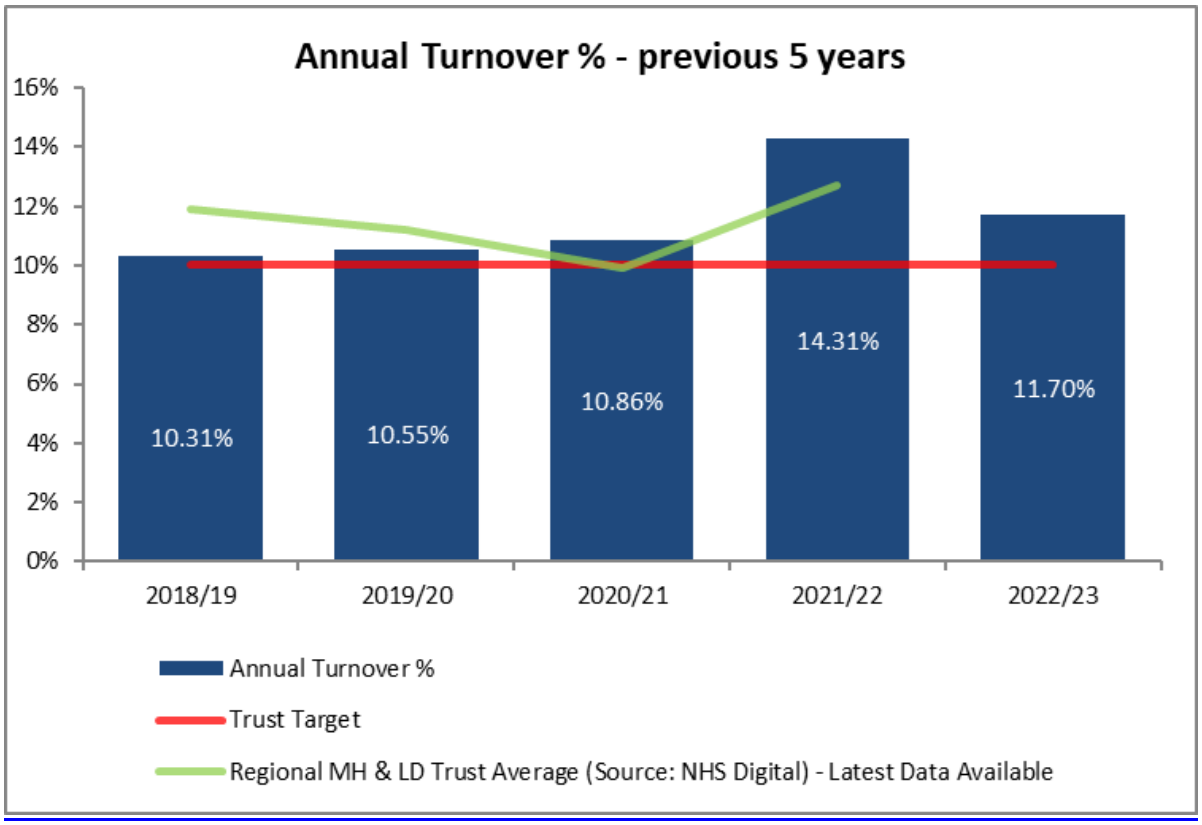
The course covered many aspects in mechanical engineering including thermodynamics, finite element analysis, maths for engineers, systems engineering, design evaluation and project management.

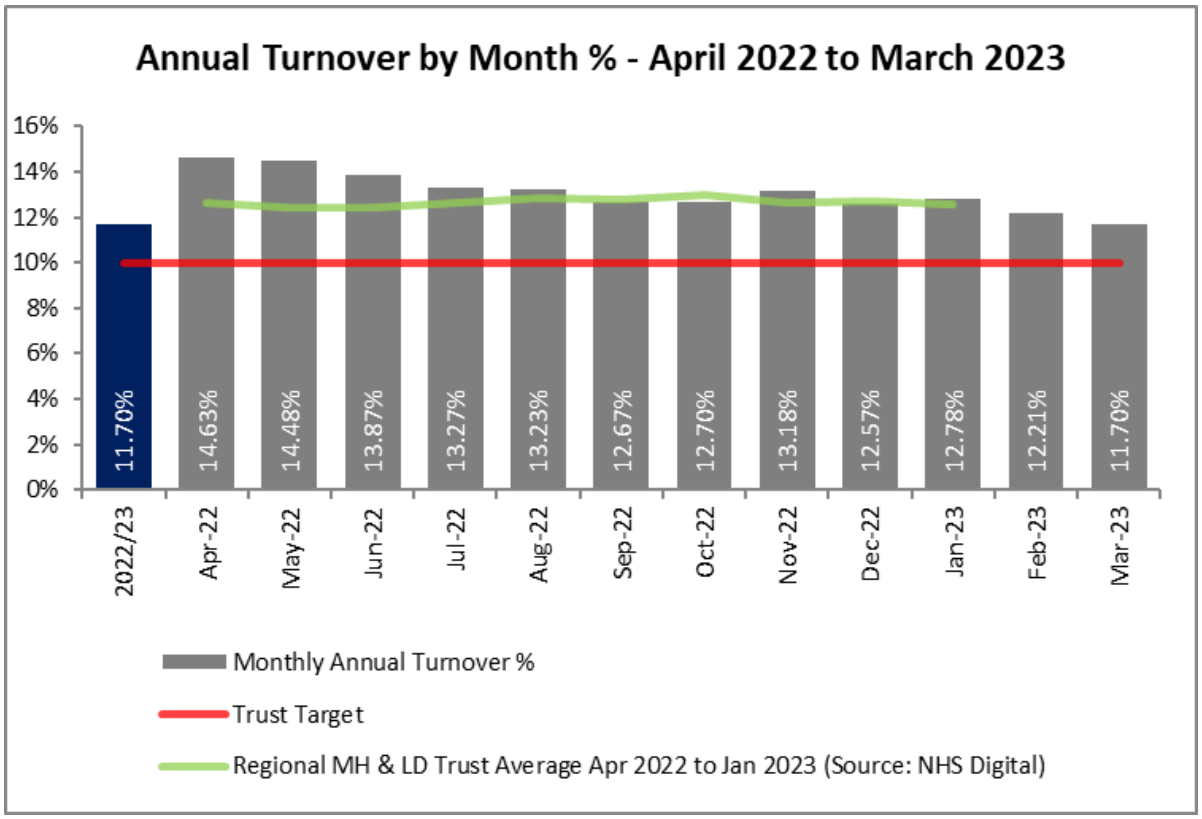
Ifti Majid, Chief Executive at Derbyshire Healthcare NHS Foundation Trust, congratulated the two on their achievement. He said:

“This is a fantastic example of how hard work and dedication can pay off – what a success story and testament to their excellence.

Turnover data

Turnover data for 2022/23 is published by NHS Digital at this location:
[NHS workforce statistics - NHS Digital]





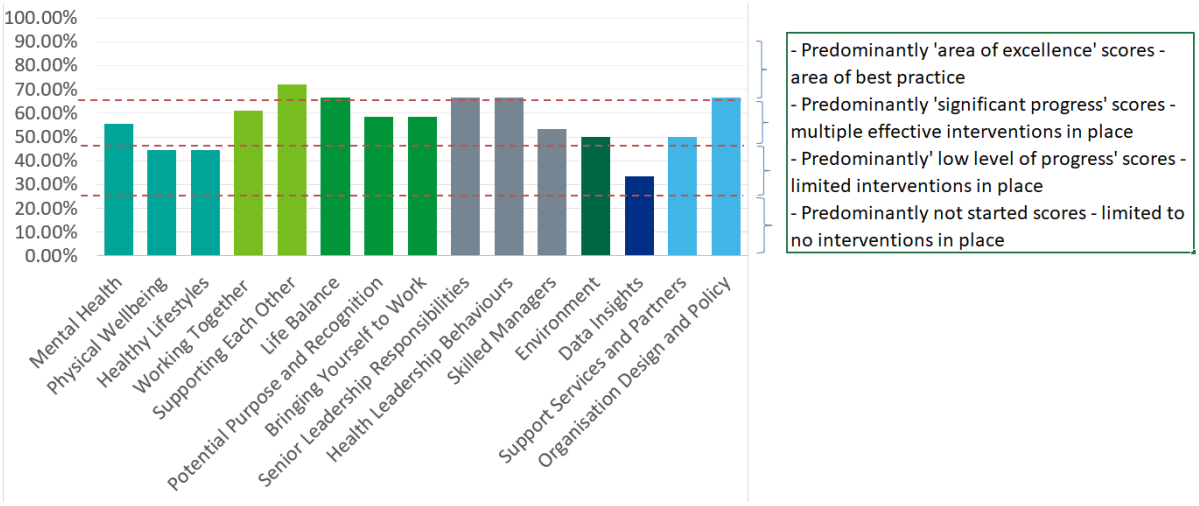
Staff policies and actions applied during the financial year

Staff wellbeing update

Throughout 2022/23 the team have begun to understand and apply the NHS Health and Wellbeing Framework, re-launched in January 2022. The Framework enables integrated care systems, organisations or teams to evaluate existing health and wellbeing approaches and identify gaps and areas for improvements.

In order to further understand the wellbeing needs of the workforce, and inform the NHS Health and Wellbeing Framework, the Wellbeing team coordinated the registration to Britain's Healthiest Workplace survey, run by Vitality, on behalf of Joined up Care Derbyshire (JUCD). By engaging with the survey, staff were provided with a personalised report with advice and recommendations to improve wellbeing. Each organisation benefitted from a detailed report highlighting the wellbeing needs of our colleagues, this information has been vital in informing our interventions and wellbeing offer.

The data from the Britain's Healthiest Workplace survey, alongside other sources of information was used to inform a self-assessment tool, completed for both Derbyshire Healthcare NHS Foundation Trust (DHCFT) and Derbyshire Community Health Services NHS Foundation Trust (DCHS).



While the assessment demonstrates significant progress in most areas, it also enables the team to identify areas for improvement for the months and years to come.

Throughout the year, the team and wider organisation have continued to deliver a range of interventions, crucial to the wellbeing of our staff:

- Counselling and emotional wellbeing support (Resolve)
- Employee assistance programme (EAP)
- Team support
- Peer Support Groups
- Health and wellbeing champions
- Training

Trust staff are also able to access:

- Long-COVID services
- Physiotherapy services

- Occupational health
- Staff network groups
- Mediation and coaching

The team also responds to events such as the recent industrial action, prioritising time and space for those people who may be affected.

2022/23 has also been an exciting time for the JUCD Wellbeing team with appointments to several posts to enhance the wellbeing offer. Commitment from wellbeing leads across JUCD and the new central team, has enabled a wider reach and enhanced wellbeing offer for the staff of Derbyshire, at the heart of which is the JUCD activity calendar. The calendar offers a wide range of health and wellbeing interventions, contributed to by all the organisations within JUCD. The Wellbeing team continue to pay a crucial role in the JUCD Wellbeing team, ensuring that Derbyshire Healthcare values and needs of the workforce are represented. We have also enabled the roll out of the Britain's Healthiest Workplace Survey, development of the JUCD menopause policy and pilot of virtual desk assessments.

Financial wellbeing has been particularly challenging nationally. The Wellbeing team developed a booklet for staff and signpost people regularly to support services. The organisation has also launched Wagestream to increase autonomy in money management. The team have successfully contracted with Salary Finance to offer staff financial education and low-cost loans.

To build connections and relationships, especially where some staff groups frequently work from home, the Wellbeing team introduced coffee circles. Staff volunteer and are paired with another colleague, they then meet, virtually, or in person, for a coffee. To date sixteen staff have taken part.

Musculo-skeletal (MSK) issues were identified by a high percentage of people in the Britain's Healthiest Workplace survey. Along with JUCD colleagues, the team have launched Vitrue VIDA, a virtual desk assessment platform.

As we look to the year ahead, the NHS Health and Wellbeing Framework has enabled the design of an action plan addressing areas for improvement.

Policies and actions related to staff with impairments and/or long term health conditions: Alongside a range of policies and processes, the Trust continues to carry 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 Integrated Care Board (ICB). We also publish the data and action plan on our website, which can be found on the Trust's website www.derbyshirehealthcareft.nhs.uk/about-us/equality-and-diversity

We also have a 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. Alongside the NHS People Plan, the Trust continues to review their current aspirations and commitments and are specifically reviewing their work packages in relation to the development of a just and learning culture.

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

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

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

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

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

Simon Rose (pictured third from the left), received the prestigious President's Medal from the Royal College of Psychiatrists for his efforts to promote patient involvement in mental healthcare and psychiatry

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.

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 2022/23 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 2022/23	Full-time equivalent employee number
12	**12**

Percentage of time spent (of their working hours) by relevant union officials on facility time during 2022/23	Number of employees
0%	**2**
1-50%	**7**
51%-99%	**-**
100%	**3**

Percentage of pay bill spent on facility time during 2022/23	Figures
Total cost of facility time	**£106,390**
Total pay bill	**£149,270,000**
Percentage of the total pay bill spent on facility time, calculated as (total cost of facility time ÷ total pay bill) x 100	**0.07%**

Paid Trade Union activities

Time spent on paid Trade Union activities as a percentage of total paid facility time hours during 2022/23 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	6%

Involving and engaging staff

Staff engagement and internal communications has continued to be a priority for the Trust throughout 2022/23, with staff involvement encouraged through a wide range of mechanisms and opportunities.

Throughout the year this has focused on our ongoing response to and recovery from COVID-19. We have sought to receive recognition of the outstanding work of Trust teams and colleagues and to ensure that colleagues are involved in important conversations and decisions affecting the Trust.

In 2022 this included the recruitment of a new Chief Executive. The initial recruitment process was shaped by colleagues' views about the important strengths and characteristics of a new Chief Executive, which was summarised by video featuring Trust staff. Colleagues continued to be involved throughout the recruitment, including participation in stakeholder panels.

Colleagues have also been involved in the development of a new Trust Strategy (2022-2025), setting out the priorities we want to achieve during the current time of change and opportunity, being clear about how we will respond to current challenges and ensure we move forwards and meet our strategic objectives.

Staff involvement in key programmes of work including the Making Room for Dignity and Living Well programmes has developed over the last year, ensuring that colleagues have the opportunity to shape and influence both developments.

In November 2022, the Trust's Staff Conference took place face to face for the first time in two years. The theme of the conference was 'teamwork: inspiring and motivating each other through times of change'. With over 120 colleagues from different teams joining the event, we welcomed a guest speaker, former Olympic Athlete, Derek Redmond. Derek shared some fascinating insights into his sporting career, identifying four traits of successful teams.

Using Derek's approach, we discussed how we build on our positive culture, how to be brave and do things differently that might be outside of our natural comfort zone, how we positively embrace differences within our teams, ensure our teams are psychologically safe and how we improve our teamwork across system partners.

An ongoing commitment to staff engagement
Staff involvement has remained central to the Trust's response to the COVID-19 pandemic throughout the year. A communications cell continues to form part of the Trust's Incident Management Team (IMT), which was first established at the start of the pandemic, with a central objective to ensure internal and external stakeholders are kept up to date with the latest information and guidance.

We continue the 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. All-staff, directorate and subject specific live engagement hours are still held virtually in order to engage colleagues on an informal basis.

This approach has also been used to discuss key developments throughout the year including COVID vaccination guidance, industrial action and the rise in the cost of living. Attendance and participation has remained high throughout the year, with positive feedback being shared.

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.

Recognising and rewarding our staff
Providing regular thanks and recognition for colleagues remains to be important, especially as colleagues have continued to work in new and different ways over the last few years.

To express our ongoing thanks and appreciation, we have continued to provide small thank you gifts to colleagues throughout the year. Building on feedback shared by colleagues, this year this has included a Team Derbyshire Healthcare torch and a Love2Shop voucher at the end of the calendar year. Colleagues have also continued to participate in team-based activities, supporting team wellbeing and connectivity.

In December 2022 the Trust re-ran its popular Winter Wellbeing campaign, providing information and guidance on financial, mental and physical wellbeing. We also worked closely with colleagues to understand how to best support people with the rise in the cost of living and increased fuel mileage rates in response to feedback from our staff.

Last Winter we also hosted the 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 'Derbyshire Healthcare Hero of the Year' award.

Our Delivering Excellence Every Day (DEED) staff recognition scheme has continued to be popular and saw a record number of nominations from both colleagues and members of the public during the year. The Trust's DEED of the year was also awarded at the 2022 HEARTS awards.

Colleagues who have worked in the NHS for 10, 20, 30, 40 and 50 years continue to be recognised for their long service. With the continued challenges of infection prevention control 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.

Engagement though our staff networks
Our staff networks continue to meet regularly, offering support, guidance and an opportunity to develop and increase understanding of inclusion across the Trust. Our networks have an important role in celebrating significant events and awareness days throughout the year, raising awareness and promoting positive messages. Examples this year have included Black History Month, LGBT+ awareness month, Armed Forces Day, Neurodiversity Celebration Week and Holocaust Memorial Day.

The Trust's Staff Forum also continues to meet and provide 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. Issues discussed this year include the rising cost of living, car parking at Kingsway Hospital and transport plans for colleagues to use alternative methods of travel.

Remembering our colleagues
In 2021 a memorial garden was opened at Kingsway Hospital to provide a lasting memory to colleagues who sadly lost their lives during the COVID-19 pandemic. This has now been extended to other colleagues who we have sadly lost over the years.

A small number of meaningful ceremonies have taken place this year to remember Team Derbyshire Healthcare colleagues we have lost during the year.

In September 2022 colleagues also gathered in the memorial garden in tribute to the late Her Majesty Queen Elizabeth II, where a wreath was laid at the Trust's Jubilee Tree by members of our Armed Forces Staff Network.

Priorities for the next year
As we enter 2023/24 we will continue to focus on staff engagement and involvement as a fundamental component of the Trust's 'people first' value. We will continue to seek feedback from colleagues on how they would like to be involved and adapt our approaches accordingly.

Initial feedback includes a return of our manager's Team Brief, scheduled to take place later this Spring. Colleagues are also shaping the Trust's celebrations ahead of the King's Coronation and celebrations for the 75th birthday of the NHS. During this time we plan to re-introduce many staff engagement activities that were temporarily paused during the pandemic. This includes the Trust's five-a-side football competition.

We will continue to promote the Trust as a great place to work, recruiting new colleagues to join Team Derbyshire Healthcare, particularly highlighting exciting opportunities to work in our new services.

Celebrating the achievements of Trust teams and colleagues
We are extremely proud of our colleagues and their achievements in 2022 and so far in 2023. Throughout the year the Trust was recognised at a local, regional and national level. Some of these achievements have been captured below:

- In 2023, Trust Chair Selina Ullah, was named the joint winner of the South Asian NHS Pioneer Award at the Asian Professionals National Alliance (APNA) NHS Awards. APNA is a network for senior South Asian leaders to come together to share ideas and support one another. The award recognises South Asian leaders who act as trailblazers in breaking through the glass ceiling and visibly making a difference as BME leaders
- In 2022, two nurses, Emily Shaw, and Andy Johnson (pictured right) at Derbyshire Healthcare were awarded the prestigious Chief Nursing Officer (CNO) Silver Award for their work with newly qualified health professionals

- Three Trust healthcare support workers, Modupeola Falase**,** Kim Scott and Andy Holbrook were awarded the Joined Up Care Derbyshire Health Care Support Worker Award for commitment to their profession
- The Trust was awarded the Defence Employer Recognition Scheme silver award, which recognises the Trust's ongoing commitment to our armed forces community, as an employer. The Trust was also formally recognised as 'Veteran Aware' by the Veterans Covenant Healthcare Alliance (VCHA), a group of NHS healthcare providers in England committed to providing the best standards of care for the Armed Forces community, based on the principles of the Armed Forces Covenant.
- Trust colleague, Anna Shaw, received the 'Outstanding Contribution to NHS Communications' Award for her ongoing commitment to championing and further developing NHS communications at the national NHS Communicate Awards.
- The Trust's Acute Adult Inpatient Occupational Therapy team were presented with a Derby City Dignity Award for their ongoing commitment to promoting and delivering dignified services
- Trust colleague, Simon Rose, received the prestigious President's Medal from the Royal College of Psychiatrists for his efforts to promote patient involvement in mental healthcare and psychiatry

- A team of specialist vaccination staff at Derbyshire Healthcare were recognised for providing a bespoke COVID-19 vaccination service for people with severe mental illness, learning disabilities or autism, being named a regional winner at the 2022 NHS Parliamentary Awards. The Specialist Vaccination Team (pictured below), who were

- nominated by local MPs, stood out among hundreds of other applicants and won the Covid Response Award for the Midlands and, as a result, the team also secured a place at the national NHS Parliamentary Awards ceremony in July, where they were shortlisted for the national COVID Response Award
- Trust colleague Clare Exton, a Community Mental Health Support worker in the South Derbyshire and South Dales Older Adult Team chosen as one of the 'Women of the Year' at the Women of the Year Luncheon and Awards in recognition of her services to healthcare and the NHS.

The Trust was also a finalist in the following prestigious award categories in 2022:

- We were proud to be a finalist in the NHS Trust of the Year category in the Health Service Journal (HSJ) Awards 2022, recognising the Trust's outstanding contribution to healthcare
- The Trust was shortlisted for an Institute of Healthcare Engineering and Estate Management (IHEEM) award in the 'Diversity and Inclusion' category for the Trust's Making Room for Dignity programme
- The Trust was shortlisted for an award at the Chartered Institute of Personnel and Development (CIPD) People Management Awards 2022 for our effective staff engagement, including the way we engaged with employees during the COVID-19 pandemic. The Best Employee Experience Initiative award celebrated efforts to boost employee engagement and wellbeing, to encourage staff to voice their ideas and concerns.

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 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 Governors meetings which are held in public. Due to the pandemic both meetings were held virtually during 2022/23 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 2022/23
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 2022, 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 will be updated in April 2023 to reflect NHSE Speaking Up policy content.

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.

Derbyshire Healthcare celebrate staff excellence at the Honouring Excellent and Really Terrific Staff (HEARTS) Awards

In December 2022 Derbyshire Healthcare NHS Foundation Trust, hosted by members of the Trust's Board of Directors, held its first in-person HEARTS staff awards ceremony since 2019 at the Kingsway Hospital site in Derby. There were some incredible winners, including one member of staff who was praised by a member of the public for saving his daughter's life.

The awards recognise individuals and teams who have gone above and beyond the call of duty and performed at a consistently high level over the year to support patients, carers and fellow colleagues.

Carolyn Green, Interim Chief Executive at Derbyshire Healthcare, congratulated all staff who had made it as finalists as well as those who were nominated.

Carolyn said: "The last few years have been exceptionally hard so it is important that we celebrate outstanding talent across the board, especially colleagues who have gone over and beyond what is required of them.

"We have amazing staff who have shown compassionate care day-in, day-out. We received some heartfelt entries this year which is testament to the fantastic work and dedication shown by our colleagues.

"Thank you and well done to all who were nominated this year and a huge congratulations to our winners for their achievements."

You can find out more about our winners on our website: Derbyshire Healthcare celebrate staff excellence at the Honouring Excellent and Really Terrific Staff (HEARTS) Awards :: Derbyshire Healthcare NHS Foundation Trust (derbyshirehealthcareft.nhs.uk)

Protecting staff

Health and annual governance performance

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

Four incidents occurred during 2022/23 which were reported to the Health and Safety Executive under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). Of the four incidents, 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.

Competency	Does Not Meet Requirement	Meets Requirement	Grand Total	Compliance %
Fire Warden (three yearly)	30	130	160	71.25%
Fire Safety (two yearly)	317	2,646	2,963	89.30%
Health and Safety awareness (three yearly)	546	2,507	2,963	84.61%

Occupational Health

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

Acute Adult Inpatient Occupational Therapy team received the Derby City Dignity Award from Derby Safeguarding Adults Board

Expenditure on consultancy

As shown in note seven to the accounts, consultancy fees incurred in 2022/23 were £0 (none) (2021/22 £118,176).

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 2023 earning £245 per day or greater

Number of existing engagements as of 31 March 2023	0
Of which:	
Number that have existed for less than one year at the time of reporting	
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 2023 earning £245 per day or greater

Number of off-payroll workers engaged, during the year ended 31 March 2023	1
Of which:	
Not subject to off-payroll legislation	
Subject to off-payroll legislation and determined as in-scope of IR35	
Subject to off-payroll legislation and determined as out-of-scope of IR35	1
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 2022 and 31 March 2023

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.	23

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		10	10
£10,001 - £25,000		1	1
£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	11	11
Total resource cost (£000)	0	75	75

* subject to audit

Tribute to remember Her Majesty Queen Elizabeth II in the Trust's memorial garden

NHS Staff Survey

The NHS staff survey is conducted annually. From 2021/22 (the 2021 survey) the questions align to the seven elements of the NHS 'People Promise' and retains the two previous themes of engagement and morale.

These replaced the ten indicator themes used in previous years. All indicators are based on a score out of 10 for specific questions with the indicator score being the average of those.

The response rate to the 2022/23 survey (2022 survey) among trust staff was 48% (2021/22: 62%).

Indicators ('People Promise' elements and themes)	2022/23 (2022 survey)		2021/22 (2021 survey)	
	Trust score	Benchmarking group score	Trust score	Benchmarking group score
We are compassionate and inclusive	7.7	7.5	7.8	7.5
We are recognised and rewarded	6.5	6.3	6.6	6.3
We each have a voice that counts	7.1	7.0	7.2	7.0
We are safe and healthy	6.5	6.2	6.6	6.2
We are always learning	5.7	5.7	5.8	5.6
We work flexibly	7.0	6.7	7.1	6.7
We are a team	7.3	7.1	7.3	7.1
Staff engagement	7.2	7.0	7.3	7.0
Morale	6.3	6.0	6.5	6.0

The table below shows the organisation data for staff engagement and morale, this has declined by 0.1 for engagement and 0.2 for staff morale.

	Picker Average 2022/23 (2022 survey)	Organisation 2021/22 (2021 survey)	Organisation 2022/23 (2022 survey)
Staff Engagement Score	7.0	7.3	7.2 ⬇
Morale Score	6.0	6.5	6.3 ⬇

Areas to celebrate

As the infographic on page 133 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 increase from last year's score on staff experiencing physical violence from service users and managers
- Improved score for staff not experiencing bullying, harassment or abuse from service users or members of the public
- Strong improvement around immediate managers valuing the individuals work
- Above average score for enabling reasonable adjustments for colleagues
- Above average score for the organisation taking positive action on health and wellbeing
- A 7% reduction in staff looking for a new job and considering leaving the organisation
- While both the engagement and morale scores have decreased since 2021, they are both above the average scores.

Areas of improvement
While we do rate strongly against comparator Trusts overall, there are some areas we want to ensure we focus and prioritise on. These include:

- Improving our staff engagement
- Reviewing our growth and development opportunities
- Improving our health and wellbeing offer
- Improving the way we deal with concerns raised and ensuring staff feel confident that these concerns.

On the questions related to discrimination, bullying and harassment and violence and aggression, we score favourably compared with our comparators. We continue to see improvements in reports of physical violence from colleagues (14 respondents) compared to last year (22 respondents) and managers (two respondents) compared to last year (10 respondents). We will continue to focus on reducing this and increasing support for colleagues who have experienced violence from 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 2022/23 (there was no NQPS in Quarter 3 as this is the national staff survey).

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.

	Our Score (out of 10)	Comparator Average (out of 10)	National Average (out of 10)
Employee Engagement Score	6.3	6.4	6.4
Advocacy Sub-score	6.5	6.5	6.3
Involvement Sub-score	6.0	6.4	6.4
Motivation Sub-score	6.5	6.5	6.6

- We scored more on one question:
  - I am able to make improvements happen in my area of work: 64% in Q2, 65% in Q4
- We stayed the same on one question:
  - If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation. 70% in both Q2 and Q.
- We scored less on seven questions:
  - I look forward to going to work. 59% in Q2 and 57% in Q4.
  - I am enthusiastic about my job. 74% in Q2 and 73% in Q4.
  - Time passes quickly when I am working. 78% in Q2 and 75% in Q4.
  - There are frequent opportunities for me to show initiative in my role. 75% in Q2 and 73% in Q4.
  - I am able to make suggestions to improve the work of my team / department. 77% in Q2 and 74% in Q4.

- Care of patients / service users is my organisation's top priority. 83% in Q2 and 82% in Q4.
- I would recommend my organisation as a place to work. 73% in Q2 and 71% in Q4.

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

Key focus areas

1. **Staff involvement in changes and improvements** within work area/team/department, and the ability to make changes to work
   What we did:
   - Invested in Quality Improvement training through AQUA – training now rolling out across the Trust
   - Delivered board level session with AQUA to assess current Trust level QI capability and agree way forward
   - Exploring developing the staff forum model at directorate level.

2. **Staffing levels**
   What we did:
   - Prioritised new recruitment approaches and creative campaigns
   - Developed new exit interview process to ensure a better understanding of why colleagues are leaving the Trust
   - Granular assessment of absence to identify areas to be addressed to reduce absence levels
   - Piloted cohort recruitment.

3. **Staff reporting they are coming into work despite not feeling well enough**
   What we did:
   - Introduced a wellbeing process to embed proactive wellbeing conversations and support
   - Invested in additional Resolve resources to ensure colleagues don't have to wait to see anyone in the service
   - Worked closely with system colleagues to develop a menopause policy and supporting guidance

Next Steps

We have started creating 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. We will ensure that the team staff survey data and free text comments are incorporated into these projects to assist prioritisation.

We will work alongside the Divisional People Leads (DPLs) to identify areas of the Trust that may need additional support, and will work with the team and managers, directorate and divisional leaders to explore what this support should look like. We will also further explore areas of particular concern around staff engagement and raising concerns.

2022 NHS Staff Survey
Results Summary

People Promise

NHS
Derbyshire Healthcare
NHS Foundation Trust

The national NHS Staff Survey presents feedback from colleagues aligned to the seven themes of the NHS People Promise. These themes are areas that are central to improving colleagues' experiences at work. Our Trust results are presented across these themes below, in addition to the Trust's overall scores for staff engagement and morale.

48% response rate

We are compassionate and inclusive
7.7
Higher than the average comparator score: ▼7.5

We are recognised and rewarded
6.5
Higher than the average comparator score: ▼6.3

We each have a voice that counts
7.1
Higher than the average comparator score: ▼7.0

We are safe and healthy
6.5
Higher than the average comparator score: ▼6.2

We are always learning
5.7
Equal to the average comparator score: ▶5.7

We work flexibly
7.0
Higher than the average comparator score: ▼6.7

We are a team
7.3
Higher than the average comparator score: ▼7.1

Staff engagement
7.2
Higher than the average comparator score: ▼7.0

Morale
6.3
Higher than the average comparator score: ▼6.0

Colleagues feedback

Thank you to everyone who completed the NHS Staff Survey in 2022. The Trust is committed to making ongoing improvements in response to the feedback we have received from colleagues. Whilst many of our results have seen a slight reduction in the last year, your feedback continues to rate the Trust higher than average when benchmarked against other comparable organisations. Divisions will receive a breakdown of local results, in order for teams to identify priority areas to progress in the coming year. We will also work with colleagues to identify key Trust-wide priorities, including increasing our overall response rate in 2023.

Staff Friends and Family Test Scores

68%
'I would recommend my organisation as a place to work'

66.5%
'If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation'

Higher on both than the sector average!

We have scored each element compared to the average from the 51 other organisations in our benchmarking group

All elements are scored on a 0-10 scale, where a higher score is more positive than a lower score. The People Promise scores are generated by grouping the results from each question into sub-themes.

Equality Report - Embedding Equality, Diversity and Inclusion (EDI)

Through our equality, diversity and inclusion initiatives we continue to promote our values and behaviours at every opportunity and specifically to engender a sense of belonging for all by creating an environment where we value unique differences.

We strive to ensure we continuously foster a 'People First Culture'; our workforce is representative of the communities that we serve and recognise the contribution of all colleagues is supportive, fair and free from discrimination and ensure there is psychological safety for all.

EDI is implicit across all our Trust strategic objectives to ensure person centred care and to work with all our citizens to ensure they have the best start in life, stay well, age well and die well. EDI is also explicit within our Trust Strategic Objective 2: Great place to work:

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

The Trust EDI objectives are:

- Leadership that is inclusive, compassionate and people focused
- Develop a sense of inclusion and belonging
- Work with partners to reduce inequalities.

Throughout the year, we have continued with our commitment to EDI with a focus on reviewing, embedding and strengthening our approaches to ensure sustainability**.**

Internal governance for EDI

We have recently established an EDI Steering Group which will monitor and support progress against embedding EDI, across the Trust. This group reports to the People and Culture Committee which feeds up into the Trust Board providing assurance of progress against the plan.

The EDI Steering Group has representatives from across a range of EDI staff networks and key functions across the Trust. The EDI Steering Group meets bi-monthly and includes the Patient Experience Lead, and Health Inequalities Lead and integrates work from other Trust strategies to ensure our patients and carers have a positive experience. The group is chaired by the Trust's Non-Executive Director for inclusion and has representatives from across the Trust.

Equality Delivery System

Equality Delivery System (EDS) is the mandatory framework introduced by NHS England to help support NHS organisations demonstrate they are complying with their duties under the Equality Act 2010.

A national review of the EDS2 was undertaken to incorporate system changes and take account of the new system architecture for Integrated Care Systems (ICS). This was done through collaboration and co-production and considering the impact of COVID-19. The EDS has now been updated and EDS 2022 is now available for live testing during 2022/23 and is aligned to NHS England's Long Term Plan and its commitment to an inclusive NHS that is fair and accessible to all.

The framework provides a set of standards grouped within three domain areas. Services are required to provide evidence and assurance that these standards are being delivered for all the protected characteristics and other socially economic groups. Grading is based on how many of the protected characteristics evidence is provided for and the quality of the evidence.

- Domain 1 – commissioned or provided services
- Domain 2 – workforce and wellbeing
- Domain 3 – inclusive leadership.

The Trust's Perinatal team held a positive EDS grading event in February 2023 against Domain 1. This process was led by the Derbyshire Integrated Care Board (ICB) and focused on our system-

wide collaboration to ensure patients have required levels of access to the service, that individuals' health needs are being met and that people who use the service are free from harm.

There are plans in place for the assessment and grading for Domain 2 and 3 during 2023. More information on these plans are on the Trust website www.derbyshirehealthcareft.nhs.uk.

Staff Equality and Diversity Information 2022

Table 1 below is the current EDI data relating to the workforce at Year Ended 31/03/2022:

	Headcount	FTE	Workforce %
Employees	2879	2514.95	-
Ethnicity			
White	**2327**	**2017.46**	**80.83%**
White - British	2212	1916.12	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	3.6	0.14%
White Gypsy/Romany	1	1	0.03%
White Other European	2	2	0.07%
Mixed Race	**65**	**58.13**	**2.26%**
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	12.7	0.49%
Asian or Asian British	**226**	**202.88**	**7.85%**
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	0.03%
Black or Black British	**169**	**156.77**	**5.87%**
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	0.8	0.03%
Black British	2	1.4	0.07%
Other Ethnic Backgrounds	**21**	**19.14**	**0.73%**
Chinese	5	4.75	0.17%
Any Other Ethnic Group	14	12.39	0.49%
Vietnamese	1	1	0.03%
Filipino	1	1	0.03%
Not Stated	**71**	**60.56**	**2.47%**
Total BME 16.7%			

Gender Pay Gap Report

The Trust has a statutory requirement to Publish Gender Pay Gap data. Gender pay reporting legislation requires employers with 250 or more employees to publish statutory calculations every year showing how large the pay gap is between their male and female employees. The Trust published their Gender pay gap report at the end of March. The table below provides the headline pay gap figures as of 31 March 2022 including the Trust's overall mean and median gender pay gap and bonus gap based on hourly rates of pay.

The table 2 below shows an overview of our data. the full report can read on the Trust website.

Table 2: DHCFT Overall mean and median gender pay gap and bonus gap based on hourly rates of pay		
	DHCFT 2021	**DHCFT 2022**
Mean gender pay gap.	15.41%	16.51%
Median gender pay gap.	9.96%	10.39%
Mean bonus gender pay gap.	89.54%	87.62%
Median bonus gender pay gap.	88.93%	50.00%
Proportion of men and women receiving a bonus.	5.11%	4.20%
NB bonuses paid relate to clinical excellence awards which are for applicable consultants only rather than all employees (even though the calculation includes all staff)		
Proportion of females and males in each quartile band: DHCFT 2022		
Quartile	Women	Men
Top quartile	84.35%	15.65%
Upper Middle quartile	79.89%	20.11%
Lower Middle quartile	81.86%	18.14%
Lower quartile	71.94%	28.06%

Gender Pay March 2022 headlines:

- The mean average hourly rate is 15.65% higher for men than women
- The median average hourly rate is 10.39% higher for men than women
- The proportion of men paid a bonus is 4.20% higher than women
- In terms of pay there is a 2.33% increase in representation of women from the lower middle quartile of the workforce compared with the top quartile.

In the absence of legislation, the Trust has voluntarily included the ethnicity pay gap reporting as part of the organisation's approach to improve inclusion and tackle inequality in the workplace. The tables overleaf provide a snapshot of the ethnicity pay gap, which is reflective of where BME staff are positioned in the Trust. Further work will be undertaken during 2023 to understand the detail. The table overleaf shows the average mean and mean hourly rate for ethnicity and the pay gap as of March 2022:

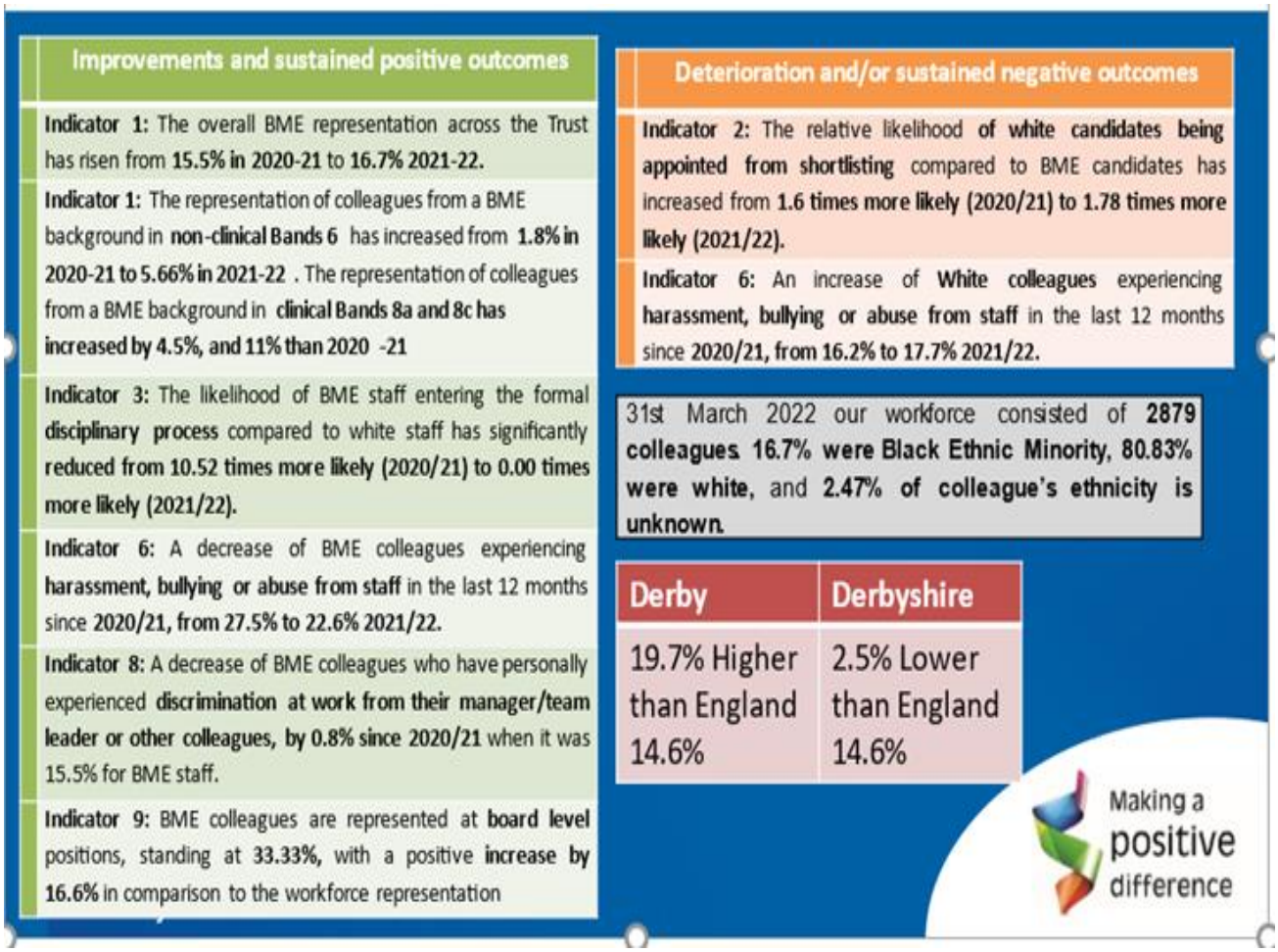
Ethnic Group	Average hourly rate	Median hourly rate
White	£17.87	£16.52
BME	£19.83	£15.44
Difference	-£1.96	£1.08
Pay Gap %	-10.94%	6.53%

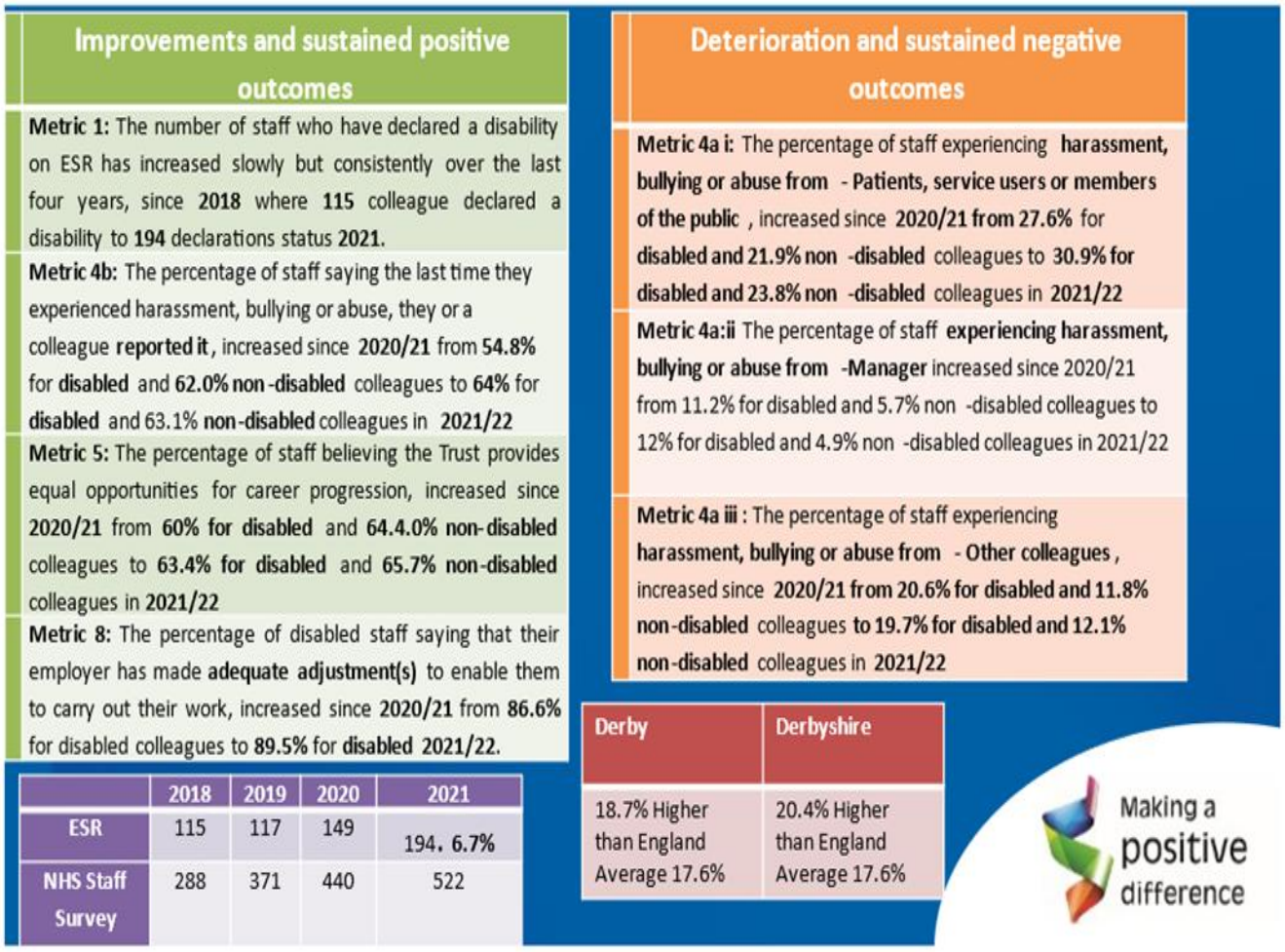
Quartile	BME	White	BME %	White %
1	128	604	17.49	82.51
2	192	514	17.20	72.80
3	94	679	12.16	87.84
4	154	581	20.95	79.05

The full report can be obtained from the www.derbyshirehealthcareft.nhs.uk.

Workforce Race Equality Scheme and the Workforce Disability Equality Scheme
The Trust has reviewed its Workforce Race Equality Scheme (WRES) and Workforce Disability Equality Scheme (WDES) and updated the annual action plans to support further improvements to support the further development of an inclusive culture.

The tables below shows the headlines for the WRES and WDES.





The Trust's full WRES and WDES reports and action plans are available on the Trust website www.derbyshirehealthcareft.nhs.uk.

Leadership, Training and Development

Cultural Intelligence (CQ Programme) – the Trust's Above Difference Cultural Intelligence programme began with the Board on 15 September 2021. 24 senior leaders completed the programme, and four facilitators have been trained to deliver the programme to the wider Trust. 20 senior leaders completed the programme in June 2022. This has now been reviewed to increase facilitators and utilising the existing facilitators. The Above Difference Cultural Intelligence programme has been commissioned to support the systems work around cultural intelligence including the Trust, with a view to interrupt bias across the recruitment pathway end to end. Five working groups have been set up to review process and look at good practice in line with the model employer and other frameworks in the following pathway areas:

- Vacancies and advertising
- Job descriptions
- Interview process (interview questions and panel preparation)
- Selection and shortlisting
- Retention

Equity, Diversity, and Inclusion Workshops for Teams – the Trust is committed to continuous learning and development to raise awareness about EDI and embed it as a practice in our day-to-day operations. The Trust has commissioned and started rolling out to teams training workshops

about EDI in collaboration with Unleashed International Limited. The workshops deliver a comprehensive content that covers several EDI related themes that aim at:

- Raising people's self-awareness
- Understanding unconscious bias and how to mitigate this (Conscious Inclusion)
- Understanding equity, diversity, and inclusion (EDI)
- Understanding equity, diversity, and inclusion (EDI)
- Providing education on Discrimination, Allyship and Microaggressions
- Understanding how to be an effective Ally

EDI Training and sessions – the EDI team continues to support colleagues across the Trust in raising awareness, building a wide knowledge base and encourage enlightening conversations about equality and inclusion, and facilitates the creation of a psychologically safe space for colleagues to have the confidence to bring their whole selves to work. Some of the activities the team is leading on are:

- Delivering the EDI induction to all new starters as part of their Trust Induction on monthly basis.
- Delivering two to three EDI Sessions per year to the Nursing and Allied Health Professions students who are on placement with the Trust.

Staff Networks' Chairs Development Programme – one of the initiatives that aimed at supporting the Staff Networks by empowering their leadership teams and members is the Staff Networks' Development Programme that the Trust commissioned jointly with Derbyshire Community Health Services NHS Foundation Trust (DCHS). It was delivered between May and October 2022 with a celebration event held on 11 October 2022 where delegates shared their learnings, their feedback about the programme and aspiration for the futures of the network in both Trusts. The programme was developed by the Power of Staff Networks and comprised 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 programme was well attended, and the feedback was very positive.

The Organisational Inclusion Project – the Trust in partnership with DCHS, recently partnered with De Montfort University on an Organisational Inclusion Project funded by NHS Charities Together. The Trust's Head of Research and Development and WRES expert has taken the lead on this project for the Trust. The survey for the project closed on 30 November 2022 and preliminary analysis is underway. The research team will be holding workshops to build on survey findings in February 2023.

Inclusive Leadership Development Programme – Board Development – the Trust has collaborated with the Leadership Academy who are delivering an Inclusive Leadership Programme for our Board members. The diagnostic exercise for which has taken place in June 2022 and the delivery of the programme is ongoing. The programme is designed for leaders who govern organisations, systems, or a place. Board members will explore through the programme their leadership, how they lead individually and collectively. They will explore the way in which their leadership can impact more effectively on the organisation and its ambitions for equity, inclusion, and fairness. This approach is now being rolled out within the Derbyshire Integrated Care System.

Supporting Board diversity – in early 2022, Jas Khatkar was put forward by the Trust 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 several Sikh community Non-Governmental Organisations (NGOs) and humanitarian charities working for equality and social justice. The Trust has supported the NExT Director scheme for several years, and its aim is to increase the diversity of Board members across the NHS. Although

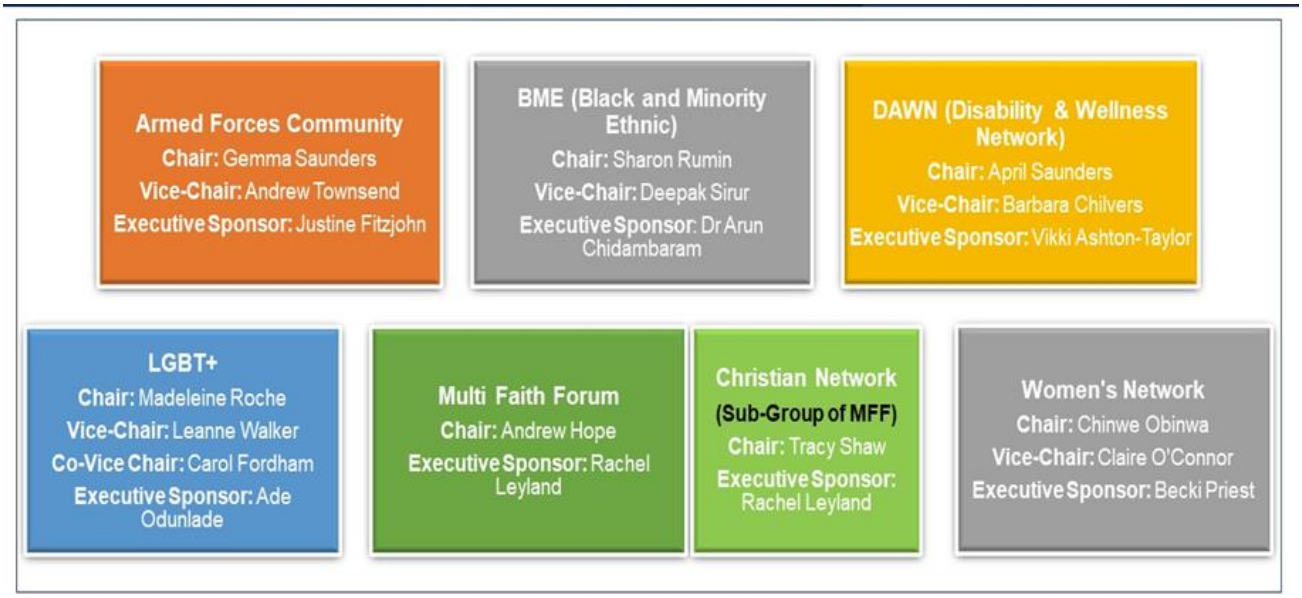
NExT Directors are not members of the Board, they participate in Board and Committee meetings across the Trust, in addition to a wider range of other activities including service visits

Equality, Diversity and Inclusion (EDI) Staff Networks
The Trust has several Staff Networks to offer colleagues a safe space where they can 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 Networks, and both members and allies get protected time to attend Network meetings.

Each 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.



EDI Calendar of Events
A new calendar of EDI awareness events are linked to Race, Sexual Orientation, Gender Reassignment, Disability, Religion and Belief and Gender. Support to develop a range of initiatives are provided through representatives of the EDI Steering Group as well as the various staff networks and support groups.

The Trusts is committed to EDI education and a range of training is made available to staff, in addition to mandatory EDI training. The training focuses on the Trusts commitment to ensure all staff are free from discrimination and feel equally supported in career progression and opportunities. We introduce all new starters to EDI at the Trust induction including an overview of the staff networks. Further information on EDI is available on the Trust website www.derbyshirehealthcareft.nhs.uk .

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

The 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 NHS Code of Governance for Provider Trusts came into effect from 1 April 2023 and will apply from the Trust's 2023/24 Annual Report.

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 2022/23. An external search consultancy was used for the Medical Director, Chief Executive recruitment and the 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 Council of Governors in March 2023.
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. An external Development Review has been commissioned and commenced in April 2023 with the final report to be presented in September 2023.
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.
Additional	Membership eligibility and details of members and membership strategy	This is outlined in the Membership section of the Annual Report.

Reference	Requirement	Disclosure/additional information
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 2023 in respect of those provisions of the code which had effect during that time, save exceptions and explanations outlined in the table above.

Making Room for Dignity programme - artist's impression of a therapy room

NHS Oversight Framework

NHS England's NHS System Oversight Framework provides the framework for overseeing systems including providers and identifying potential support needs. NHS organisations are allocated to one of four 'segments'.

A segmentation decision indicates the scale and general nature of support needs, from no specific support needs (segment 1) to a requirement for mandated intensive support (segment 4). A segment does not determine specific support requirements. By default, all NHS organisations are allocated to segment 2 unless the criteria for moving into another segment are met. These criteria have two components:

a) objective and measurable eligibility criteria based on performance against the six oversight themes using the relevant oversight metrics (the themes are: quality of care, access and outcomes; people; preventing ill-health and reducing inequalities; leadership and capability; finance and use of resources; local strategic priorities)

b) additional considerations focused on the assessment of system leadership and behaviours, and improvement capability and capacity.

An NHS 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: quality of care, access and outcomes; preventing ill-health and reducing inequalities; people; finance and use of resources; and leadership and capability, but they are not in breach of licence and NHS England 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 2023.

Current segmentation information for NHS Trusts and foundation trusts is published on the NHS England 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 England.

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

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

- Observe the Accounts Direction issued by NHS England, 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.

Mark Powell
Chief Executive
20 June 2023

Annual Governance Statement

01 April 2022 – 31 March 2023

Scope of responsibility

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

The purpose of the system of internal control

The system of internal control is designed to manage risk to a reasonable level rather than to eliminate all risk of failure to achieve policies, aims and objectives; it can therefore only provide reasonable and not absolute assurance of effectiveness. The system of internal control is based on an ongoing process designed to identify and prioritise the risks to the achievement of the policies, aims and objectives of Derbyshire Healthcare NHS Foundation Trust, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically. The system of internal control has been in place in Derbyshire Healthcare NHS Foundation Trust for the year ended 31 March 2023 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 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 Strategy, Partnerships 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
- 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 Policy and Procedures; Incident Policy and Procedure; Duty of Candour Policy and Procedures; Safety Needs Assessment and Management of Safety Needs Policy; Learning from Deaths Procedure; and Freedom to Speak Up Policy and Procedure. In addition, the Risk Management Strategy supports the implementation of the Corporate Governance Framework and Health and Safety At Work Policy. The Risk Management Strategy was formally reviewed and reissued at the end of 2022. The 2023-2025 strategy will run from January 2023 to until December 2025. A progress update on achievements against the Strategy’s objectives is considered annually by the Audit and Risk Committee in October.

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 Trust-wide level risk registers reporting from this central hub and notification through automated escalation of risks (depending on the rating of the risk identified).

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 in the Risk Management Strategy, and in the 2022 review of the document risk appetite definitions were added.

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’. ‘Bite size’ sessions on how to report incidents are delivered every two weeks by the Risk Management Team through MS Teams. Incident investigation involves robust systems for reporting and investigating incidents to identify areas for organisational learning and good practice.

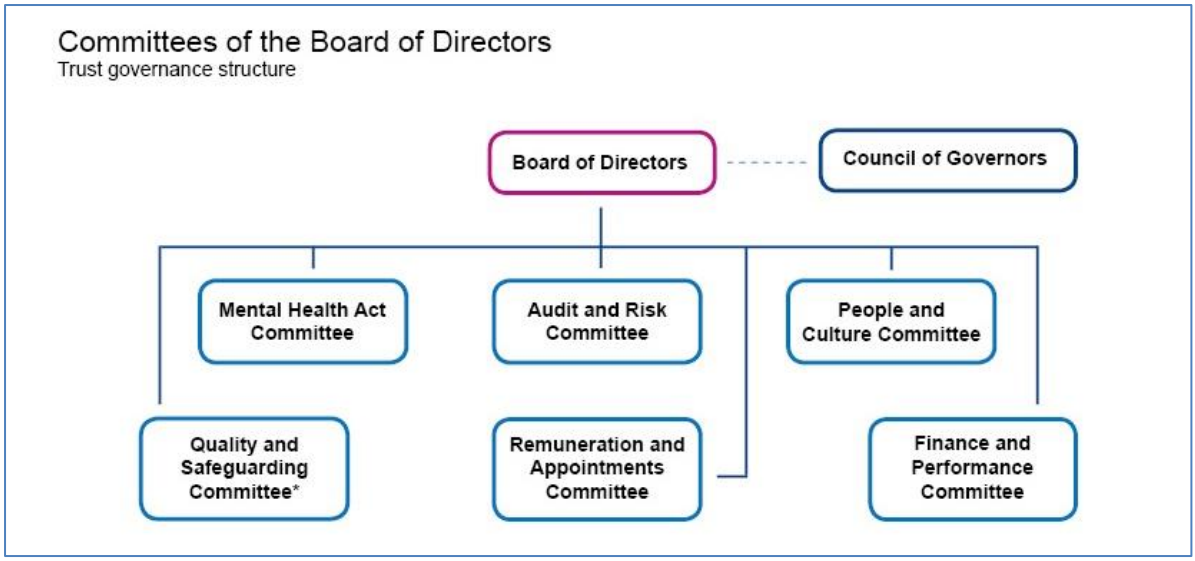
All serious incidents are overseen by the Executive Director led Executive Incident Group or the Operational Incident Group, dependent on the level of investigation required. The Patient Safety Incident Response Framework (PSIRF) methodology is the adopted approach for the Trust. Summary reports are 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:



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

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

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

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. This ‘quality dashboard’ focuses on integral quality-based data that demonstrates the Trust’s position in conjunction with national guidelines and targets.

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

The Trust has a comprehensive annual Quality Visit Programme, involving Board members, governors and stakeholders, which includes planned visits to every ward and team in the Trust.

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 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 is committed to protecting personal information for our service receivers and to handle this as carefully as we would our own. The Trust is registered with the Information Commissioner’s Office who oversee our compliance against the Data Protection Act 2018 and General Data Protection Regulation (GDPR) in the UK.

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

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

- A Senior Information Risk Owner (SIRO) who is the Trust Secretary. The Medical Director has retained the role of Caldicott Guardian
- Annually completed Data Security and Protection Toolkit, with reported outcomes to the Audit and Risk Committee and Board
- Clear identification of information asset owners who have undergone training for their role and undertaken risk assessment for their respective assets
- Excellent compliance for mandatory Data Security and Protection training (97%)
- 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 June 2022 by internal auditors 360 Assurance, resulted in a high level of confidence in the veracity of the Trust’s self-assessment. Three low level actions were recommended, all of these have been completed on time.

Major risks

Major risks to the delivery of the Trust strategic objectives are identified in the Board Assurance Framework and reporting and review processes. As at 31.03.23 these risks are as follows:

Major Risks to Achievement of Trust Strategic Objectives 2022/23, as at 31 March 2023	
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 Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage	**MODERATE**
There is a risk that we are unable to create the right culture with high levels of staff morale	**HIGH**
There is a risk that we do not have a diverse workforce with the right number of people with the right skills to support and deliver safe high-quality care	**HIGH**
There is a risk that the Trust fails to deliver its revenue and capital financial plans	**MODERATE**
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 may impact negatively on the cohesiveness of the Derbyshire health and care system	**MODERATE**
There is a risk of reputational damage if the Trust is not viewed as a strong partner	**HIGH**
Multiple System Strategic Risk	
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 Disability (LD) Transforming Care Partnership and in ICS in-patient LD bedded care	**HIGH**

In Quarter 2, 2022/23 the new Trust strategic objective 'To be a GREAT Partner' was added, and two risks were removed from the Board Assurance Framework as all actions to close key gaps in control were completed and the risks were mitigated:

- There is a risk that the Trust fails to maintain continuity of access to information to support effective patient care
- 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.

In Quarter 3 the risks logged under the strategic objective 'To be a GREAT place to work' were re-worked as a result of a thorough review by the Director of People and Inclusion, the following were removed from the Board Assurance Framework:

- 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
- There is a risk of continued inequalities affecting health and well-being of staff.

The new risks logged were:

- There is a risk that we are unable to create the right culture with high levels of staff morale
- There is a risk that we do not have a diverse workforce with the right number of people with the right skills to support and deliver safe high-quality care

In Quarter 4 one risk was moved from the strategic objective 'To make BEST use of our resources' to the new strategic objective 'To be a GREAT partner':

- 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.

A new risk was also added under the strategic objective 'To be a GREAT partner':

- There is a risk of reputational damage if the Trust is not viewed as a strong partner.

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 Board Assurance Framework, which was reported to the Audit and Risk Committee and Board four times during 2022/23.

Major risks proposed for the Board Assurance Framework for 2023/24:

Major Risks to Achievement of Trust Strategic Objectives 2023/24	
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 Trusts increasing dependence on digital technology for the delivery of care and operations increases the Trusts exposure to the impact of a major outage	**MODERATE**
There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility as it has not fully completed its dormitory eradication programme. This may result in regulatory action if mitigation to improve safety does not occur."	**MODERATE**
There is a risk that we are unable to create the right culture with high levels of staff morale	**HIGH**
There is a risk that we do not have a diverse workforce with the right number of people with the right skills to support and deliver safe high-quality care	**HIGH**
There is a risk that the Trust fails to deliver its revenue and capital financial plans	**EXTREME**
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 may impact negatively on the cohesiveness of the Derbyshire health and care system	**MODERATE**
There is a risk of reputational damage if the Trust is not viewed as a strong partner	**HIGH**
Multiple System Strategic Risk	
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 Disability (LD) Transforming Care Partnership and in ICS in-patient LD bedded care	**HIGH**

A new risk has been identified and added to the Board Assurance Framework for 2023/24:

- There is a risk that the organisation is in breach of essential standards for privacy and dignity in its acute bedded care facility as it has not fully completed its dormitory eradication programme. This may result in regulatory action if mitigation to improve safety does not occur.

All operational risks on the Trust-wide risk register with a residual risk of 'high' or 'extreme' are cross-referenced to the associated strategic risk in the Board Assurance Framework.

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

Assessment against NHS England's 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. The Trust has now commissioned a review that will commence in March/April 2023

The Board continues to receive regular updates on the robustness of the Trust's Corporate Governance processes, both during the Trust's on-going response to the pandemic and as the Trust recovers in line with its roadmap. 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 (as amended), the Health and Social Care Act 2012, and the Health and Care Act 2022 and have regard to the NHS Constitution), have the required resources available if providing commissioner requested services, and have complied with governance requirements.

The Board confirmed on-going compliance with licence conditions G6(3) and CoS7(3) and G6(4) and FT4(8) at the Board of Directors meeting in May 2022.

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

The Trust is a learning organisation, where staff are encouraged to report incidents honestly and openly through an online incident reporting form, with incidents escalated and managed depending on their grade and subject category. Learning is evidenced at 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 in all Trust policies and 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 has been made and a summary of the equality-related impacts

- Will mitigate or minimise the effects of any adverse effects on people with any protected characteristics of the Equality Act 2010.

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

- Range of processes for receiving and learning from patients and carer feedback including 'EQUAL Group', a Trust patient and carers committee
- Council of Governors and its governance structure
- The Trust's engagement with Overview and Scrutiny Committees and Healthwatch
- Cohesive work with partners in the Derbyshire health and care system and with the Integrated Care System (ICS)
- Trust membership and Annual Members Meeting, held virtually in 2022.

Safe, sustainable and effective staffing
The Board approved the formal 2022 NHS England Workforce Safeguards submission at its meeting in May 2022. 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 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.

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 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.

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. Finance and Performance Committee scrutinise the financial performance and financial risks throughout the year.

Overall, the Trust remains in segment two of NHS Oversight Framework (where one indicates highest level of Trust autonomy and four indicates that the Trust is in special measures).

Information governance

Between 01 April 2022 - 31 March 2023 one incident was reported to the Information Commissioner's Office (ICO) by our Trust. The incident involved sending a letter to the patient address and also a separate copy to the patient at the parent's address (an old address for the patient). This has been fully investigated by the Trust and apologies have been given to the patient. The decision from ICO was that no further action was necessary.

There have been a further eight incidents reported externally via the Data Security and Protection Toolkit but they did not meet the threshold to escalate to the ICO.

Four of those incidents (listed below) were external to the Trust. Another organisation was involved, and the Trust helped to ensure the incidents were reported appropriately. Assurance was provided by the other organisations of incident management; no further action was necessary.

- Real World Health and University College London Hospitals FT (UCLH) – An external NHS staff member was inappropriately given access to our Business Intelligence platform
- Drug and Alcohol service partner Aquarius sent an email to a client group without using blind copy
- Goodshape, the sickness absence reporting provider, was a victim of an attempted cyber-attack, but was successful in preventing data loss
- GMP Drivecare who supply NHS vehicle leasing sent out staff personal details to all Trust lease drivers.

The other four incidents were internal to the Trust. All of these have been investigated and resolved, with data either securely deleted, records reconciled, access corrected, and training provided:

- Inpatient ward on-call handover details were sent to an incorrect NHS mail account
- Patient letters were sent to an incorrect recipient; patient details were not correctly verified resulting in a confused record
- Microsoft OneDrive migration from shared drives: A staff member with the same name was incorrectly given access to another staff member's personal shared drive
- A staff member used a personal 'Gmail' account for work purposes and recording patient notes.

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 in-house 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 2022/23 committee forward plan. The Operational Indicators Data Validation Report was submitted to the Audit and Risk Committee in July 2022 and February 2023. 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.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS foundation trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board, the Audit and Risk Committee and the 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
I am providing an opinion of significant assurance – there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives and controls are generally being applied consistently. In providing my opinion three main areas are considered: • Board Assurance Framework (BAF) • individual assignments • follow up of actions.

I am providing significant assurance for the operation of the BAF.

Whilst I am providing significant assurance for the outturn of individual audit assignments, we have issued three reports with limited assurance and our advisory review of Mental Health Act Compliance identified one high risk issue.

I am providing moderate assurance for the follow up of actions. The Trust achieved a first follow up implementation rate of 63% and an overall implementation rate of 71%.

The basis for forming this opinion is informed by the completion by the Trust's internal auditors of six audits undertaken in 2022/23, with the following assurance ratings:

Significant assurance:

- Divisional Governance
- Key Financial Systems – Accounts Payable and Asset Register
- Data Security Standards (substantial assurance)

Limited assurance:

- Data Quality – Review of Fundamental Care Standards documentation (Care Programme Approach, Care Plan, Risk Screening Tool)
- Sickness Absence Management
- Physical Healthcare

My review is also informed by:

- Registration with the CQC
- Regular CQC Mental Health Act visits and CQC engagement meetings
- NHS England's compliance return and governance statements
- Compliance with NHS England's National 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.

Conclusion

No significant internal control issues have been identified.

Signed

Mark Powell
Chief Executive
20 June 2023

Annual Accounts 2022/23

Derbyshire Healthcare NHS Foundation Trust

Annual Accounts for the year ending 31 March 2023

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 2023 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 2022/23 as contained in the Department of Health and Social Care Group Accounting Manual 2023/23, 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 2023 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 2022/23; 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, and taking into account the requirements of the Department of Health and Social Care Group Accounting Manual, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the Trust's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the Accounting Officer with respect to going concern are described in the relevant sections of this report.

Other information

The Directors are responsible for the other information. The other information comprises the information included in the Annual Report and Accounts, other than the financial statements and our auditor's report thereon. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the

work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We 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 2022/23 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 public sector 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 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 2023.

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 January 2023.

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 and Staff Report subject to audit have been properly prepared in accordance with the requirements of the NHS Foundation Trust Annual Reporting Manual 2022/23; and

- the other information published together with the audited financial statements in the Annual Report and Accounts for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are required to report by exception under the Code of Audit Practice

We are required to report to you if:

- in our opinion the Annual Governance Statement does not comply with the NHS Foundation Trust Annual Reporting Manual 2022/23; 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

Mazars LLP
2 Chamberlain Square, Birmingham, B3 3AX

23 June 2023

STATEMENT OF COMPREHENSIVE INCOME FOR THE PERIOD ENDED 31 MARCH 2023

	NOTE	**2022-23** **£000**	2021-22 £000
Operating income from continuing operations	4 & 5	**205,809**	183,846
Operating expenses of continuing operations	7	**(199,091)**	(179,933)
OPERATING SURPLUS/(DEFICIT)		**6,718**	3,913
FINANCE COSTS			
Finance income	11	**916**	21
Finance expense - financial liabilities	14	**(2,453)**	(2,092)
PDC Dividends payable		**(2,711)**	(1,779)
NET FINANCE COSTS		**(4,248)**	(3,850)
SURPLUS/(DEFICIT) FOR THE YEAR		**2,470**	63
Other Gains and Losses		**172**	0
Gains/(losses) from transfers by absorption		**0**	0
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR		**2,642**	63
Other Comprehensive Income/(Expenditure)*		**4,746**	4,465
TOTAL COMPREHENSIVE INCOME(EXPENSE) FOR THE YEAR		**7,388**	4,528

***** - 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 169 to 215 form part of these accounts.

STATEMENT OF FINANCIAL POSITION AS AT 31 MARCH 2023

	NOTE	**31 March 2023**	31 March 2022
		£000	£000
Non-current assets:			
Intangible assets	16	**5,217**	5,918
Property, plant and equipment	15	**155,416**	102,481
Right of use assets	17	**8,964**	0
Trade and other receivables	21	**2,372**	2,249
Total non-current assets		**171,969**	110,648
Current assets:			
Inventories	20	**255**	207
Trade and other receivables	21	**10,770**	3,165
Cash and cash equivalents	24	**53,895**	44,389
Total current assets		**64,920**	47,761
Current liabilities			
Trade and other payables	26	**(43,999)**	(26,121)
Borrowings	27	**(2,338)**	(997)
Provisions	32	**(348)**	(336)
Other liabilities	28	**(5,678)**	(5,005)
Total current liabilities		**(52,363)**	(32,459)
Total assets less current liabilities		**184,526**	125,950
Non-current liabilities			
Borrowings	27	**(28,968)**	(23,670)
Provisions	32	**(2,019)**	(2,896)
Total non-current liabilities		**(30,987)**	(26,563)
Total Assets Employed:		**153,539**	99,384
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital		**72,896**	26,129
Revaluation reserve		**58,011**	53,265
Other reserves		**8,680**	8,680
Income and Expenditure reserve		**13,952**	11,310
Total Taxpayers' Equity:		**153,539**	99,384

The financial statements on pages 165 to 168 were approved by the Audit and Risk Committee on behalf of the Board on the 20 June 2023 and signed on its behalf by:

Signed: Mark Powell - Chief Executive

STATEMENT OF CHANGES IN TAXPAYERS EQUITY FOR THE PERIOD ENDED 31 MARCH 2023

	Public Dividend capital	Revaluation reserve	Other reserves	Income and Expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers Equity at 1 April 2022	**26,129**	**53,265**	**8,680**	**11,310**	**99,384**
Surplus/(deficit) for the year	**0**	**0**	**0**	**2,642**	**2,642**
Net Impairments		**(172)**			**(172)**
Revaluations	**0**	**4,918**	**0**	**0**	**4,918**
Public Dividend Capital Received	**46,767**	**0**	**0**	**0**	**46,767**
Taxpayers Equity at 31 March 2023	**72,896**	**58,011**	**8,680**	**13,952**	**153,539**

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 CASH FLOWS FOR THE PERIOD ENDED 31 MARCH 2023

	NOTE	**2022-23 £000**	2021-22 £000
Cash Flows from Operating Activities			
Operating Surplus/Deficit from continuing operations		**6,718**	3,913
Operating Surplus/Deficit		**6,718**	3,913
Non cash income and expenses			
Depreciation and Amortisation		**6,614**	5,073
Impairments		**401**	771
(Increase)/Decrease in Inventories		**(48)**	31
(Increase)/Decrease in Trade and Other Receivables		**(7,496)**	758
Increase/(Decrease) in Trade and Other Payables		**5,716**	328
(Increase)/Decrease in Other Current Liabilities		**672**	1,783
Increase/(Decrease) in Provisions		**(911)**	215
Net Cash Inflow/(Outflow) from Operating Activities		**11,666**	12,872
Cash flows from investing activities			
Interest Received		**916**	21
Purchase of intangible assets		**(658)**	(863)
Purchase of Property, Plant and Equipment		**(42,222)**	(6,474)
Sales of Property, Plant and Equipment		**172**	0
Net Cash Inflow/(Outflow) from Investing Activities		**(41,792)**	(7,316)
Cash flows from financing activities			
PDC Capital Received		**46,767**	5,291
Capital Element of Private Finance Lease Obligations		**(934)**	(833)
Interest Element of Private Finance Lease Obligations		**(2,167)**	(1,952)
Interest Element of Finance Lease Obligations		**(1,406)**	(228)
PDC Dividend paid		**(2,628)**	(1,763)
Net Cash Inflow/(Outflow) from Financing Activities		**39,632**	515
Net increase/(decrease) in cash and cash equivalents		**9,506**	6,071
Cash and Cash Equivalents at Beginning of the Period		**44,389**	38,318
Cash and Cash Equivalents at year end	24	**53,895**	44,389

NOTES TO THE ACCOUNTS

1. Accounting policies and other information

NHS England has given accounts directions 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 2022-23 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 a desktop valuation during the financial year ending 31st March 2023. This resulted in an increase in asset valuations of £4.8m, reflecting the trend in market prices. The valuation was based on prospective market values at 31st March 2023, 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 25, we do not have any assets held for sale in this accounting period.

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 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 Agenda for Change 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.

1.7 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.

1.8 Expenditure on other goods and services

Other operating expenses are recognised when, and to the extent that, the goods or services have been received. They are measured at the fair value of the consideration payable for those goods and services. Expenditure is recognised in operating expenses except where it results in the creation of a non-current asset such as property plant and equipment.

1.9 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.

1.10 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 expenditure.

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.

1.11 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.

1.12 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.

1.13 Leases

A lease is a contract or part of a contract that conveys the right to use an asset for a period of time in exchange for consideration.

IFRS 16 Leases is effective across public sector from 1 April 2022. The transition to IFRS 16 has been completed in accordance with paragraph C5 (b) of the Standard, applying IFRS 16 requirements retrospectively recognising the cumulative effects at the date of initial application.

In the transition to IFRS 16 a number of elections and practical expedients offered in the Standard have been employed. These are as follows;

The Trust has applied the practical expedient offered in the Standard per paragraph C3 to apply IFRS 16 to contracts or arrangements previously identified as containing a lease under the previous leasing standards IAS 17 Leases and IFRIC 4 Determining whether an Arrangement contains a Lease and not to those that were identified as not containing a lease under previous leasing standards.

On initial application The Trust has measured the right of use assets for leases previously classified as operating leases per IFRS 16 C8 (b)(ii), at an amount equal to the lease liability adjusted for accrued or prepaid lease payments.

No adjustments have been made for operating leases in which the underlying asset is of low value per paragraph C9 (a) of the Standard. The transitional provisions have not been applied to operating leases whose terms end within 12 months of the date of initial application has been employed per paragraph C10 (c) of IFRS 16.

Hindsight is used to determine the lease term when contracts or arrangements contain options to extend or terminate the lease in accordance with C10 (e) of IFRS 16.

Due to transitional provisions employed the requirements for identifying a lease within paragraphs 9 to 11 of IFRS 16 are not employed for leases in existence at the initial date of application. Leases entered into on or after the 1 April 2022 will be assessed under the requirements of IFRS 16.

There are further expedients or election that have been employed by The Trust in applying IFRS 16. These include;

The measurement requirements under IFRS 16 are not applied to leases with a term of 12 months or less under paragraph 5 (a) of IFRS 16.

The measurement requirements under IFRS 16 are not applied to leases where the underlying asset is of a low value which are identified as those assets of a value of less than £5,000, excluding any irrecoverable VAT, under paragraph 5 (b) of IFRS 16.

The Trust will not apply IFRS 16 to any new leases of intangible assets applying the treatment described in section 1.14 instead.

HM Treasury have adapted the public sector approach to IFRS 16 which impacts on the identification and measurement of leasing arrangements that will be accounted for under IFRS 16.

The Trust is required to apply IFRS 16 to lease like arrangements entered into with other public sector entities that are in substance akin to an enforceable contract, that in their formal legal form may not be enforceable. Prior to accounting for such arrangements under IFRS 16 [the entity] has assessed that in all other respects these arrangements meet the definition of a lease under the Standard.

The Trust is required to apply IFRS 16 to lease like arrangements entered into in which consideration exchanged is nil or nominal, therefore significantly below market value. These arrangements are described as peppercorn leases. Such arrangements are again required to meet the definition of a lease in every other respect prior to inclusion in the scope of IFRS 16. The accounting for peppercorn arrangements aligns to that identified for donated assets.

Peppercorn leases are different in substance to arrangements in which consideration is below market value but not significantly below market value.

The nature of the accounting policy change for the lessee is more significant than for the lessor under IFRS 16. IFRS 16 introduces a singular lessee approach to measurement and classification in which lessees recognise a right of use asset.

For the lessor leases remain classified as finance leases when substantially all the risks and rewards incidental to ownership of an underlying asset are transferred to the lessee. When this transfer does not occur, leases are classified as operating leases.

1.14.1 The Trust as lessee

At the commencement date for the leasing arrangement a lessee shall recognise a right of use asset and corresponding lease liability. The Trust employs a revaluation model for the subsequent measurement of its right of use assets unless cost is considered to be an appropriate proxy for current value in existing use or fair value in line with the accounting policy for owned assets. Where consideration exchanged is identified as below market value, cost is not considered to be an appropriate proxy to value the right of use asset.

Lease payments are apportioned between finance charges and repayment of the principal. Finance charges are recognised in the Statement of Comprehensive [Income / Net Expenditure].

Irrecoverable VAT is expensed in the period to which it relates and therefore not included in the measurement of the lease liability and consequently the value of the right of use asset.

The incremental borrowing rate of 0.95% has been applied to the lease liabilities recognised at the date of initial application of IFRS 16.

Where changes in future lease payments result from a change in an index or rate or rent review, the lease liabilities are remeasured using an unchanged discount rate.

Where there is a change in a lease term or an option to purchase the underlying asset The Trust applies a revised rate to the remaining lease liability.

Where existing leases are modified The Trust must determine whether the arrangement constitutes a separate lease and apply the Standard accordingly.

Lease payments are recognised as an expense on a straight-line or another systematic basis over the lease term, where the lease term is in substance 12 months or less, or is elected as a lease containing low value underlying asset by The Trust.

1.15 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.

1.16 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 1.70% (2021-22: minus 1.30%) in real terms.

1.17 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.

1.18 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.

1.19 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.

1.20 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.

1.21 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.

1.22 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.

1.23 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.

1.24 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.

1.25 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.

1.26 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

- 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

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 £205,809k, including £118,302k from Integrated Care Boards (ICB's) and £36,888k Clinical Commissioning Groups (CCGs).

	2022-23	2021-22
	£000	£000
Clinical Income	**192,829**	172,389
Non Clinical Income	**12,980**	11,457
Pay	**(155,334)**	(133,366)
Non Pay	**(43,757)**	(46,567)
Operating Surplus/(deficit)	**6,718**	3,913

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:

	2022-23 £000	2021-22 £000
NHS Derby and Derbyshire ICB	**117,538**	0
NHS Derby and Derbyshire CCG	**36,755**	145,556

Clinical Commissioning Groups ceased to exist on the 1 July 2022 when Integrated Care Boards were established.

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)

	2022-23 £000	2021-22 £000
NHS England*	**15,736**	8,589
Integrated Care Boards	**118,427**	0
Clinical Commissioning Groups	**36,888**	144,319
Local Authorities	**18,227**	16,442
Foundation Trusts	**3,467**	2,876
NHS Other	**84**	163
	192,829	172,389

Clinical Commissioning Groups ceased to exist on the 1 July 2022 when Integrated Care Boards were established.

*Included in the figure with NHS England is £5,929k (2021-22 £5,363k) of notional income for the additional 6.3% Pensions Contribution.

4.2 Income from patient care activities (class)

	2022-23 £000	2021-22 £000
Cost and Volume Contract income	**0**	**0**
Block Contract income	**153,375**	**142,086**
Other clinical income from mandatory services	**0**	**19**
Community income	**24,288**	**22,041**
Services delivered as part of a mental health collaborative	**3,223**	**2,857**
Other clinical income	**11,943**	**5,386**
	192,829	**172,389**

During 2022/23 it remained that contract income for patient care services was all paid under block contract arrangements.

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 (61%) are deemed through the contract to be Commissioner Requested Services. The value of the income for those Commissioner Requested Services is £126m. All other income stated in the accounts is generated from non-Commissioner Requested Services.

	2022-23 £000	2021-22 £000
Commissioner Requested Services	**126,496**	**113,137**
Non-Commissioner Requested Services	**79,313**	**70,709**
Total Income	**205,809**	**183,846**

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

	2022-23	2021-22
	£000	£000
Research and Development	**692**	490
Education and Training	**7,602**	5,469
Staff Costs	**93**	154
NHS Property Agreement	**382**	501
Contributions to Centrally Issued Supplies	**33**	165
Covid Vaccination Reimbursement	**125**	227
Other Revenue	**4,053**	4,451
	12,980	11,457
Other revenue includes:		
PFI Land contract	**61**	61
Catering	**160**	111
Pharmacy Sales	**1,220**	1,392
Services to specialist schools	**195**	322
Services to other NHS Providers	**1,834**	1,498
Transport	**326**	320
Sustainability and Transformation Plan	**0**	3
Other income elements	**257**	744
	4,053	4,451

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

	2022-23	2021-22
	£000	£000
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	**1,673**	1,539
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	0	0

6. Income

	2022-23	2021-22
	£000	£000
From rendering of services	**205,809**	183,846
From sale of goods	**0**	0

7. Operating Expenses

	2022-23	2021-22
	£000	£000
Services from NHS Bodies	**4,997**	5,020
Purchase of healthcare from non NHS bodies	**12,044**	11,328
Employee Expenses - Non-executive directors	**135**	154
Employee Expenses - Staff and Executive Directors	**155,199**	133,366
Drug costs	**4,799**	4,759
Supplies and services - clinical (excluding drug costs)	**236**	424
Supplies and services - clinical (centrally issued)	**33**	165
Supplies and services - general	**999**	898
Establishment	**3,990**	4,933
Research and development	**0**	1
Transport	**2,087**	1,565
Premises - business rates payable to local authorities	**800**	721
Premises	**3,947**	3,932
Rentals from Operating Leases*	**0**	2,639
Lease Expenditure*	**910**	0
Increase / (decrease) Provision	**(707)**	636
Depreciation on property, plant and equipment	**5,913**	4,389
Amortisation of intangible assets	**701**	684
Impairments of property, plant and equipment	**401**	771
Audit services- statutory audit	**92**	85
Internal Audit	**60**	49
Clinical Negligence Costs	**613**	631
Legal fees	**380**	203
Consultancy costs	**0**	118
Training, courses and conferences	**987**	1,362
Car parking & Security	**32**	29
Hospitality	**69**	30
Insurance	**37**	43
Other services, e.g. external payroll	**223**	209
Losses, ex gratia & special payments	**9**	10
Other	**105**	779
	199,091	179,933

*Lease Expenditure includes low value leases, short term leases or VAT on property rental leases, rentals from operating leases ceased with the introduction of IFRS 16, the IAS 17 comparator is included for information

8. Employee costs and numbers

8.1 Employee Costs	2022-23	2021-22
	Total	Total
	£000	£000
Salaries and Wages	**116,707**	100,754
Social Security Costs	**11,235**	9,450
Apprenticeship Levy	**533**	477
Employer Contributions to NHS Pension Scheme	**13,594**	12,269
6.3% Pension Costs paid by NHS England	**5,929**	5,363
Temporary Staffing (Agency and Contract)	**7,596**	5,713
Termination benefits	**1**	0
Employee benefits expense	**155,595**	134,025
Of the total above:		
Charged to Capital	**396**	659
Employee benefits charged to revenue	**155,199**	133,366
	155,595	134,025

There have been 6 cases of early retirements due to ill health in year at a value of £539k (2021-22 – 0 cases at £0k).

8.2 Average Whole Time Equivalent of people employed	**Total**	Total
	2022-23 Total WTE	2021-22 Total WTE
Medical and dental	**194**	181
Administration and Estates	**705**	696
Healthcare assistants and other support staff	**547**	500
Nursing, midwifery and health visiting staff	**1,050**	1,009
Nursing, midwifery and health visiting learners	**23**	19
Scientific, therapeutic and technical staff	**360**	324
Social care staff	**13**	7
Other	**0**	0
Total	**2,892**	2,736
Of the above:		
Number of whole time equivalent staff engaged on capital projects	**8**	18

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.

8.3 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.

8.4 Management Costs

	2022-23 £000	2021-22 £000
Management Costs	**13,254**	11,393
Income	**205,809**	183,846
Management Costs as a Percentage of total Trust income is	**6.44%**	6.19%

9. 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 2023, is based on valuation data as 31 March 2022, updated to 31 March 2023 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 actuarial valuation as at 31 March 2020 is currently underway and will set the new employer contribution rate due to be implemented from April 2024.

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

There was one payment (one in 2021-22 for £91.70) that was made in respect of the Late Payment of Commercial Debt (Interest) Act 1998 for £187.63.

11. Finance Income

Finance income was received in the form of bank interest receivables totalling £916k (2021-22 £21k).

12. Other gains and losses

There have been £172k of gains reported in 2022-23 (2021-22 £0k), £165k of this related to the contingent asset previously report. There were no losses in 2022-23 (2021-22 £0k).

13. leases – IAS 17 Operating Lease Comparative only

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

13.1 As lessee

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

Payments recognised as an expense	**2021-22 £000**
Minimum lease payments	**2,639**
	2,639

The figures above include lease car payment and are reflected net, during the period the Trust has received employee contributions equating to £289k

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

Total future sublease payments expected to be received: £nil

13.2 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 can be seen in note 5. The arrangement ended in November 2022 when the Lease was surrendered, Income of £382k is reported in other income.

14. Finance costs

The Trust has applied IFRS 16 to account for lease arrangements from 1 April 2022 without restatement of comparatives. Comparative disclosures in this note are presented on an IAS 17 basis.

	2022-23	2021-22
	£000	£000
Interest in right of use lease obligations	**237**	177
Other Finance Lease Costs	**0**	0
Interest on obligations under PFI contracts:		
- main finance cost	**1,119**	1,162
- contingent finance cost	**1,048**	790
Unwinding of discount on provisions	**49**	(37)
Total interest expense	**2,453**	2,092

15. Property, plant and equipment

2022-23	Land	Buildings	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 2022	**14,456**	**84,938**	**8,001**	**1,748**	**444**	**4,799**	**3,228**	**117,614**
Reclassification of Finance Lease	0	(1,523)	0	0	0	0	0	**(1,523)**
Additions	0	445	53,644	134	38	413	50	**54,724**
Revaluations	179	4,629	0	0	0	0	0	**4,808**
Revaluation – Roll up of Depreciation to cost	0	(10,773)	(414)	0	0	0	0	**(11,187)**
Impairments	0	(172)	0	0	0	0	0	**(172)**
Reclassifications	0	568	(1,750)	317	119	324	422	**0**
Disposals	0	(508)	0	0	(8)	(556)	0	**(1,072)**
At 31 March 2023	**14,635**	**77,604**	**59,481**	**2,199**	**593**	**4,980**	**3,700**	**163,192**
Depreciation								
At 1 April 2022	**0**	**11,210**	**419**	**382**	**163**	**1,821**	**1,138**	**15,133**
Reclassification of Finance Lease	0	(164)	0	0	0	0	0	**(164)**
Provided During the Year	0	3,493	0	143	66	632	349	**4,683**
Impairments	0	168	(5)	0	0	220	0	**383**
Revaluation – Roll up of Depreciation to cost	0	(10,773)	(414)	0	0	0	0	**(11,187)**
Disposals	0	(508)	0	0	(8)	(556)	0	**(1,072)**
At 31 March 2023	**0**	**3,426**	**0**	**525**	**221**	**2,117**	**1,487**	**7,776**
Net Book Value at 31 March 2023	14,635	74,178	59,481	1,674	372	2,863	2,213	**155,416**

	Land	Buildings	Assets under Construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**

Net book value	£000	£000	£000	£000	£000	£000	£000	**£000**
								117,99
Owned	14,635	36,753	59,481	1,674	372	2,863	2,213	**1**
PFI	0	37,425	0	0	0	0	0	**37,425**
								155,41
Total at 31 March 2023	**14,635**	**74,178**	**59,481**	**1,674**	**372**	**2,863**	**2,213**	**6**

15.1 Revaluation reserve balance for property, plant & equipment

	Land	**Buildings**	**Total**
	£000	**£000**	**£000**
At 1 April 2022	**12,727**	**40,538**	**53,265**
Movements	**179**	**4,567**	**4,746**
At 31 March 2023	**12,906**	**45,105**	**58,011**

15.2 Property, plant and equipment

2021-22	Land	Buildings	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	Assets under construction	Plant & machinery	Transport equipment	Information technology	Furniture & fittings	**Total**
Net book value	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	14,456	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	**14,456**	**73,728**	**7,582**	**1,366**	**281**	**2,978**	**2,090**	**102,481**

15.3 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**

15.4 Valuation

In year the DVS Property Specialists provided a desktop review of the asset values. Assets are valued at depreciated replacement cost for specialised buildings. There was an increase of £4,629k on Buildings and £179k on Land. There was a Full Review by DVS Property Specialists in 2019/20.

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	1
Plant & machinery	60	5
Transport equipment	15	5
Information technology	15	5
Furniture & fittings	25	2

15.6 Property Plant and Equipment: Commissioner Requested Services

No Commissioner Requested Services properties were sold in 2022-23.

16 Intangible Assets

2022-23	Software Licences (Purchased)	Information Technology (Internally Generated)	Assets under Construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2022	2,101	7,038	1,004	10,143
Additions Purchased	0	0	0	0
Impairments	0	0	0	0
Reclassifications	0	562	(562)	0
Revaluations	0	0	0	0
Disposals	(323)	(2,103)	0	(2,426)
At 31 March 2023	1,778	5,497	442	7,717
Amortisation				
At 1 April 2022	1,179	3,013	33	4,225
Provided During the Year	179	522	0	701
Disposals	(323)	(2,103)	0	(2,426)
At 31 March 2023	1,035	1,432	33	2,500
Net Book Value at 31 March 2023	743	4,065	409	5,217

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

16.1 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.

17. Right of Use Assets

The Trust had one building finance lease, this was St Andrews House in Derby which is used to provide clinical and admin services, this was transferred from Property, Plant and Equipment into Right of Use Assets below -

	Property (land and buildings) £000	Of which: leased from DHSC group bodies £000
IFRS 16 implementation - reclassification of existing finance leased assets from PPE	1,523	0
IFRS 16 implementation - adjustments for existing operating leases / subleases	8,743	4,900
Revaluations	110	0
Valuation/gross cost at 31 March 2023	**10,376**	**4,900**
IFRS 16 implementation - reclassification of existing finance leased assets from PPE	164	0
Provided during the year	1,230	730
Impairments	18	0
Accumulated depreciation at 31 March 2023	**1,412**	**730**
Net book value at 31 March 2023	**8,964**	**4,170**
Net book value of right of use assets leased from other NHS providers		687
Net book value of right of use assets leased from other DHSC group bodies		3,483

18. Impairments

Impairments of £573k 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 2022-23**	£000 2021-22
Impairments for Property, Plant and Equipment		**235**	710
Impairments for Right to Use Assets		**18**	61
Reversal of Impairments for Property, Plant and Equipment		**(20)**	0
Change in Market Price		**340**	0
Total Impairments written to I&E		**573**	771
Impairments written to I&E	7	**401**	771
Impairments written to Revaluation Reserve	15	**172**	0
		573	771

Impairments written to I&E		
Over Specification of assets – Property, Plant and Equipment	**233**	710
Overspecification of intangible assets	**0**	61
Changes in market price	**168**	0
Total	**401**	771

19. Commitments

19.1 Capital commitments

The Trust does not have any capital commitments as at 31 March 2023.

20. Inventories

20.1 Inventories

	2022-23 £000	2021-22 £000
Finished goods	**255**	207
Total	**255**	207
Of which held at net realisable value:	**0**	0

20.2 Inventories recognised in expenses

	2022-23 £000	2021-22 £000
Inventories recognised as an expense in the period	**3,250**	2,749
Total	**3,250**	2,749

21. Trade and other receivables

21.1 Trade and other receivables

	2022-23 £000	2021-22 £000
Current		
Contract receivables	**9,387**	1,744
Allowance for impaired contract receivables / assets	**(211)**	(219)
Prepayments (non-PFI)	**1,154**	841
PDC dividend receivable	**149**	232
VAT receivable	**272**	459
Other receivables	**19**	108
Total current trade and other receivables	**10,770**	3,165
Non-current		
PFI lifecycle prepayments	**2,372**	2,054
Other	**0**	192
Total non-current trade and other receivables	**2,372**	2,246
Of which receivables from NHS and DHSC group bodies:		
Current	**7,516**	1,150
Non-current	**0**	195

21.2 Allowances for credit losses

	2022-23 Contract receivables and contract assets £000	2021-22 Contract receivables and contract assets £000
Allowances brought forward	**219**	**49**
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2019		
Changes in Year		
New allowances arising		**170**
Reversals of allowances	**(8)**	**0**
Allowances as at 31 March 2023	**211**	**219**

22. Other financial assets

There are no other financial assets as at 31st March 2023.

23. Other current assets

There are no other current assets as at 31st March 2023.

24. Cash and cash equivalents

	31 March 2023 £000s	31 March 2022 £000s
Balance at 31 March	**44,389**	38,318
Net change in period	**9,506**	6,071
Balance at period end	**53,895**	44,389
Made up of		
Cash with Government banking services	**53,830**	44,328
Commercial banks and cash in hand	**65**	61
Cash and cash equivalents as in statement of cash flows	**53,895**	44,389

25. Non-current assets held for sale

The Trust has no Assets Held for Sale as at 31st March 2023.

26. Trade and other payables

	Current	Current
	2022-23	2021-22
	£000	£000
NHS payables	**918**	1,009
Trade payables - capital	**16,190**	4,028
Trade payables - Non NHS	**7,328**	6,284
Accruals	**11,240**	6,714
Annual Leave Accrual	**2,735**	2,568
STP Accruals	**0**	735
Taxes payables	**1,361**	1,165
Social Security costs	**1,537**	1,437
Other payables	**2,690**	2,181
Total	**43,999**	26,121

The Trust does not have any non-current liabilities.

Other Payables include:

£1,902k outstanding pensions contributions at 31 March 2023 (31 March 2022 £1,667k). These were paid in April 2023.

27. Borrowings

	Current	**Non-current**	Current	Non-current
	2022-23	**2022-23**	2021-22	2021-22
	£000	**£000**	£000	£000
Right of Use Leases*	**1,408**	**8,362**	63	2,133
PFI liabilities	**813**	**20,723**	934	21,537
Total	**2,221**	**29,085**	997	23,670

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 in 2021-22, the contract is due to expire during 2037. In 2022-23 the operating leases on properties have been transferred to Right of Use assets where they meet the IFRS 16 criteria.

*Right of Use leases 2021-22 figures have not been restated and are shown on a IAS16 basis and 2022-23 on IFRS 16 basis

28. Other liabilities

	Current	Current
	2022-23	2021-22
	£000	£000
Deferred income	**5,678**	5,005
	5,678	5,005

The Trust has no other liabilities.

29. Right of Use lease obligations

29.1 – Maturity of Right to use Leases

In 2021-22 The Trust had one building finance lease, this is St Andrews House in Derby which is used to provide clinical and admin services. In 2022-23 the Right of Use assets have been incorporated into the note, the comparators have not been restated for IFRS 16 and are shown on an IAS 17 basis

Details of the lease charges are below:

	2022-23	2021-22
	£000	£000
Not later than one year	**1,408**	228
Later than one year, not later than five years	**4,447**	912
Later than five years	**5,361**	2,394
Sub total	**11,216**	3,534
Less: interest element	**(1,446)**	(1,338)
Total	**9,770**	2,196

The Trust is committed to pay per the above table.

29.2 Reconciliation of liabilities arising from right to use assets

	2022-23
	£000
Carrying value at 1 April 22	**2,196**
Cash Movements	
Financing cashflows - interest	**1,406**
Non Cash Movements	
Implementation of IFRS 16 as at 1 April	**8,743**
Interest charge arising in year	**237**
Total Non Cash movements	**8,980**
Total	**9,770**

29.3 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

	2022-23	**2021-22**
	£000	**£000**
Not later than one year	**1,886**	**2,053**
Later than one year, not later than five years	**7,377**	**7,404**
Later than five years	**22,819**	**24,679**
Sub total	**32,082**	**34,136**
Less: interest element	**(10,546)**	**(11,665)**
Total	**21,536**	**22,471**

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 £1,219k (prior year £1,121k). In year £28k was released from the Lifecycle prepayment to revenue (£34k in 2021-22).

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

	2022-23	2021-22
	£000	£000
Not later than one year	**1,224**	1,126
Later than one year, not later than five years	**4,957**	4,559
Later than five years	**14,115**	14,200
Total	**20,296**	19,885

The Trust's PFI model is updated for inflation each year, the 2022-23 figures below shows the Trust's commitments if a 2.5% RPI increase is applied each year:

	2022-23 £000	2021-22 £000
Not later than one year	**1,255**	**1,154**
Later than one year, not later than five years	**5,409**	**4,975**
Later than five years	**18,619**	**18,981**
Total	**25,283**	**25,110**

30.3 Future Unitary Payments

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

2022-23	Within 1 Year £000	2-5 Years £000	Over 5 Years £000	Total £000
Operating Costs	1,255	5,409	18,619	**25,283**
Financing Expenses	2,107	8,669	28,332	**39,108**
Capital Repayments	813	3,493	17,230	**21,536**
Lifecycle Costs	836	3,761	7,292	**11,889**
Total	**5,011**	**21,332**	**71,473**	**97,816**

2021-22	Within 1 Year £000	2-5 Years £000	Over 5 Years £000	Total £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**

31. Other financial liabilities

The Trust has no other financial liabilities.

32. Provisions

	Current	Non-Current	Current	Non-Current
	2022-23	**2022-23**	2021-22	2021-22
	£000	**£000**	£000	£000
Pensions relating to former directors	**-**	**-**	-	-
Pensions relating to other staff	**183**	**1,899**	191	2,701
Legal claims	**99**	**0**	78	0
Redundancy	**0**	**0**	0	0
Other	**66**	**120**	67	192
Total	**348**	**2,019**	336	2,893

	Pensions: early departure costs	Pensions: injury benefits	Legal claims	Other	Total
	£000	£000	£000	£000	£000
At 1 April 2022	222	2,670	78	259	3,229
Arising during the period	7	48	73	45	173
Change in Discount Rate	(24)	(689)	0	(111)	(824)
Used during the period	(27)	(157)	(12)	(7)	(203)
Reversed unused	(17)		(40)		(57)
Unwinding of discount	4	45	0	0	49
At 31 March 2023	165	1,917	99	186	2,367
Expected timing of cash flows:					
Within one year	27	156	99	66	348
Between one and five years	105	598	0	10	713
After five years	33	1,163	0	110	1,306
	165	1,917	99	186	2,367

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.

£692k is included in the provisions of the NHS Resolution at 31/3/2023 in respect of clinical negligence liabilities of the Trust (31/03/2022 £434k).

33. Contingencies

33.1 Contingent Liabilities

There are no contingent liabilities as at 31 March 2023.

33.2 Contingent Assets

There are no contingent assets as at 31 March 2023.

34. Financial Instruments

34.1 Carrying Values of Financial Assets

	2022-23 Held at Amortised Cost £000	2021-22 Held at Amortised Cost £000
Trade Receivables	**9,195**	1,825
Cash at bank and in hand	**53,895**	44,389
Total at 31 March	**63,090**	46,214

34.2 Carrying value of financial liabilities

	2022-23 Held at Amortised Cost £000	2021-22 Held at Amortised Cost £000
Trade Payables	**41,101**	23,519
PFI and finance lease obligations	**31,306**	24,667
Total at 31 March	**72,407**	48,186

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 £17,073k to £22,649k.

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 allocated national PDC funding for that purpose. The Full Business Case were approved part way through 2022-23 and funding has been received for the year 2022-23. 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

35. Events after the reporting period

The Pay Award of £5,770k has been included in income and expenditure in the accounts however it was not formally agreed until after 31 March 2023.

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).

	2022-23	2021-22
	£000	£000
External audit fees		
Statutory audit services	**92**	85
Non audit services	**0**	0
Total	**92**	85
Other audit fees		
Internal audit services	**60**	49
Counter fraud	**15**	14
Total	**75**	63

The auditor's liability for external audit work carried out for the financial year 2022/23 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 England - 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:

2022-23	**Income £000**	**Expenditure £000**	**Receivables £000**	**Payables £000**
Related Parties with other NHS Bodies	**180,608**	**10,617**	**7,516**	**6,023**
2021-22				
Related Parties with other NHS Bodies	160,485	11,178	1,150	5,304

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 Integrated Care Board
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 £65k cash and cash equivalents as at 31 March 2023 (£111k 31 March 2022) 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 2022).

39. Losses and special payments

There were 25 cases of losses and special payments worth £17k (2021-22 - there were 23 cases totalling £9k).

	2022-23 Total number of cases	**2022-23 Total value of cases**	2021-22 Total number of cases	2021-22 Total value of cases
	Number	**£000**	Number	£000
Loss of Stock	**12**	**12**	11	8
Special Payments				
- compensation payments	**13**	**5**	11	1
	25	**17**	22	9

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 2022-23 period where the net payment exceeded £300,000.

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

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