NHS
Derbyshire Healthcare
NHS Foundation Trust

Annual Report & Accounts
2017/18

Making a positive difference

Derbyshire Healthcare NHS Foundation Trust
Annual Report and Accounts 2017/18

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Contents

Chair's foreword

Welcome to the Annual Report and Accounts for 2017/18.

This has been a significant year for the Trust, as we have focused on building further upon the improvements made during 2016/17 and embedding them into our everyday ways of working.

I am pleased that we end the 2017/18 year with increased stability across our Board of Directors. A number of substantive appointments have been made throughout the year, including the appointment of Ifti Majid as the Trust's Chief Executive. We have employed Mark Powell as Chief Operating Officer and have welcomed Geoff Lewins as a new Non-Executive Director. I am also delighted to be writing this welcome as the Trust's substantive Chair.

The Trust's Board of Directors took the difficult decision in the summer of 2017 to continue as a standalone foundation trust and not to integrate with colleagues at Derbyshire Community Health Services NHS Foundation Trust (DCHS). You can read more about this process on pages 17-18. Since this decision, the Trust has focused on making continued improvements to our governance processes together with wider quality improvements to our operational services, in response to the needs of our service users and the requirements previously outlined by the Care Quality Commission (CQC). I am pleased to reflect that we are continuing to improve and maintain our progress and, in many areas, the Trust's performance benchmarks very well in comparison to other trusts providing a similar breadth of clinical services. It was pleasing to see this work reflected through an amber/green rating in an independent, external 'well-led' review undertaken by Deloitte in January 2018.

We enter the 2018/19 financial year with challenges relating to our income and expenditure, an increasing demand for our services and capacity to be able to meet these demands. Recruitment remains a key priority for the Trust and we look forward to seeing the benefits of some of the more innovative recruitment practices that we have put in place over recent years.

The Trust's workforce is central to our ability to meet these challenges whilst continuing to provide high quality, compassionate care. I am fortunate to work with such highly skilled and dedicated staff and I look forward to continuing to work with Trust colleagues, building upon the increased focus on staff engagement and communication that we have seen develop during the year.

I would like to thank our staff, governors, service users, carers, volunteers, partners, commissioners, advocates and members of the Trust for their support and contribution to our work during 2017/18.

Caroline Maley
Chair

Chief Executive's introduction

I am delighted to welcome you to the Trust's Annual Report for 2017/18 and to reflect on the Trust's activities and performance over the last year.

We have worked hard this year to deliver some key changes for those in our inpatient care – such as reducing length of stay, to ensure people are safely discharged to their home environment with support as soon as is safe to do so. Fewer people also need to travel outside of Derbyshire to receive acute mental health care.

Local innovations such as the Dementia Rapid Response Team (DRRT) are transforming the way in which we support those with dementia in the community, enabling individuals to receive support in their home, reducing the need for disruptive and confusing hospital admissions. I was delighted to see this innovative service commissioned to support those living in north Derbyshire early in 2018.

In our children's services the development of our Family First Initiative shows fantastic partnership working not only with parents but other agencies. I am also really pleased we are now able to say that we deliver comprehensive substance misuse services across Derbyshire.

We have made a number of improvements to our services and governance processes over the year and I am proud of what we have achieved together. We enter the 2018/19 financial year in a strong position – we have delivered many of the priorities we agreed following our last visit by the CQC in June 2016 and are working to embed these improvements across all of our services.

2018 started with a clear priority to focus on colleagues within our Trust, and to improve our engagement and communication. I am pleased to reflect that we have a range of new initiatives now in place for colleagues to engage across the organisation; this includes providing feedback and suggestions to the Board and senior managers, as well as processes in place to ensure wide dissemination of corporate information and key messages. I was delighted to launch the new Team Derbyshire Healthcare staff engagement programme in December 2017 and to see how colleagues have embraced this new approach, including the launch of a new Team Brief process, a new staff magazine and internal focused use of social media.

In response to feedback from our teams, we have also refreshed the Trust's vision and values over the year, in order to ensure they are clear, concise and meaningful. As the financial year comes to a close, we also refreshed the Trust strategy, to ensure it sets a clear direction of travel for the future of the Trust.

We have a number of key priorities for the forthcoming year, to achieve both as a Trust and as part of the wider system working through Joined Up Care Derbyshire, which you can read more about on page 78. We will continue to champion the services we provide, tackle the stigma that continues to be associated with mental health and work with our commissioners to ensure we are able to provide the right services in order to meet the needs of the local communities we serve.

I would like to thank all our staff, governors, service users, carers, the Board and the Trust's wider partners for their contribution to our improvements this year and for their ongoing support.

Ifti Majid
Chief Executive

Performance report

This overview of performance provides a short summary of the organisation, its purpose, the key risks to achievement of our objectives and performance throughout the year. It is supported by further detail outlined in the performance analysis that follows on pages 19-34.

Overview of performance

2017/18 has been a positive year for the Trust as we have focused on the learning of 2016/17 to move the organisation's performance forward in a number of respects. The Trust has been compliant with all NHS Improvement (NHSI) Single Operating Framework operational performance metrics throughout the year.

Significant progress was made against the Trust's key areas for improvement during 2016/17 and, on 22 March 2017, the Trust was pleased to receive confirmation from the CQC that the Trust was no longer under enforcement action and the previous warning notice had been lifted in full.

Following an external independent assurance review of the Trust's implementation of the Governance Improvement Action Plan, in May 2017 NHSI issued a compliance certificate, confirming that the Trust was free from licence breaches. This certificate of compliance also results in the Trust being moved into segment 2 under NHSI's Single Oversight Framework. This framework groups trusts according to the level of support they need across a number of different criteria. Segment 2 confirms there are no longer any significant concerns with the Trust. This is the segment that the vast majority of NHS providers are in.

The Trust has continued to experience a number of performance related challenges throughout the year. Demand for our services continues to increase, creating pressures in both our inpatient (campus) and community (neighbourhood) teams. However, we are proud that despite these pressures, we have successfully reduced out of area placements for acute care. We are committed to continue to minimise these placements and to support service users within Derbyshire wherever possible.

Like many other comparable trusts, we have continued to experience recruitment challenges across a range of clinical posts. The Trust has taken a proactive approach to this challenge and sought to introduce new and innovative ways to attract people to come to work for Derbyshire Healthcare, which has been successful in reducing the Trust's vacancy rate to 5% in March 2018. We have experienced a positive response to these new approaches which is also complemented by the increasing feedback from our staff about what it is like to work for the Trust – and our improving feedback in response to the national Friends and Family Test.

The Trust has struggled during the year to significantly reduce our reliance on agency personnel. We have focused on this challenge and significantly reduced agency use. The forecast expenditure on medical agency was below the medical agency target set by NHSI at the end of the year, however the Trust's overall expenditure on agency costs has exceeded the ceiling set. This will continue to be a key focus for the Trust during 2018/19.

In respect of our workforce, monthly and annual sickness rates have continued to be high. A new approach for staff health and wellbeing has been introduced during the year and we look forward to realising the benefits of this, in order to support our colleagues to maintain their physical and mental wellbeing.

We are pleased to reflect that there has been an overall reduction in the number of restraints, abscondings and seclusions of service users through the year, however the Trust has seen an increasing number of assaults on staff by patients.

We were pleased to be able to extend our innovative Dementia Rapid Response Team services to north Derbyshire this year. This service also heralds a first example, through Joined Up Care Derbyshire, where funding has transferred between two different provider organisations in order to provide care that best meets the needs of our communities.

The Trust has implemented the Red2Green initiative during the year; a visual way of helping to minimise the number of days in hospital that do not directly contribute to that person's discharge. This is also reducing our need to admit people to hospital outside of the county, so when we do need to admit we can more often keep people in a hospital nearer home.

Staff engagement has been a key focus for the year and I am pleased to report that, as the financial year comes to a close, we are starting to see some tangible improvements in this respect. We are seeing increasingly positive feedback from staff working across the organisation which in many respects bucks the national trend of staff feedback being on a downward trajectory. Some of our feedback continues to below the national average and the Trust's Board of Directors are conscious that further improvement remains necessary in this respect, however we are proud to note the improvements in performance over the last year.

Ifti Majid
Chief Executive

24/5/18

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 provide a variety of inpatient and community based services throughout the county. We also provide specialist services across the county including substance misuse and eating disorders services.

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

Successful partnership working is key to the delivery of many of our services. The Trust works in close collaboration with our commissioners and fellow providers of local healthcare services, together with local authority colleagues at Derby City Council and Derbyshire County Council, and voluntary and community sector organisations.

Our new strapline, **'Making a Positive Difference'** was introduced during the year and reflects feedback from Trust staff about the reasons they chose to work for the NHS and Derbyshire Healthcare in particular. It bring together a common aim of all services, and summarises the overall intention of the organisation to make a positive difference to people's lives and improve health and wellbeing, consistent with the Trust's new vision 'To make a positive difference in people's lives by improving health and wellbeing'.

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 as follows:

- A **neighbourhood**-based, needs-led approach to our community mental health services, with neighbourhood team members working closely with each other and other local health and social care professionals, whilst drawing on local community resources to help people rebuild their lives after an episode of mental ill health.
- A **campus-**based approach where our inpatient mental health services and the wider teams that support inpatients will focus on delivering high-quality care, as well as intensive treatment within the community setting as a positive alternative to admission.
- **Central services** that cover a number of specialist teams that operate across the Trust's neighbourhoods, including perinatal services, eating disorders, learning disabilities, substance misuse, physiotherapy, Improving Access to Psychological Therapies (IAPT), early intervention services, dietetics and administrative services.
- **Children's services** which bring together Child and Adolescent Mental Health Services (CAMHS) with public health teams including health visitors, school nurses, therapy and complex needs, children in care and Accident and Emergency (A&E) liaison.

Neighbourhood services
The Trust's neighbourhood teams were formally launched on 1 April 2016. Each neighbourhood works closely with other local health and social care professionals, and draws on local community resources to assist people in rebuilding their lives and helping them to flourish.

There are eight neighbourhood areas within Derbyshire. The neighbourhoods are:

- Amber Valley
- Bolsover and Clay Cross
- Chesterfield Central
- Derby city
- Erewash
- High Peak and North Dales
- Killamarsh and North Chesterfield
- South Derbyshire and South Dales.

Within these neighbourhood areas, there is a single point of access (SPoA) for primary care health professionals such as GPs to refer people to our adult mental health teams; the services provided are needs-led rather than age defined. Neighbourhoods are based on GP populations, although small adjustments have been made to align them more effectively with Clinical Commissioning Groups (CCGs) and primary care teams.

Central services within our neighbourhood services include our memory assessment services, occupational therapy services and our two day hospital services – at Dovedale Day Hospital on the London Road Community Hospital site and at Midway Day Hospital on the Ilkeston Community Hospital site.

Campus services
The Trust's campus services include the clinical support offered through our inpatient (bedded) care across Derby and Chesterfield.

Campus services include:

- The Radbourne Unit in Derby, which provides four acute mental health inpatient wards (including the Hope and Resilience Hub), an enhanced care ward, mental health and substance misuse liaison services for the A&E department at Royal Derby Hospital, mental health crisis home treatment services, occupational therapy services and an ECT (Electro-Convulsive Therapy) suite
- The Hartington Unit in Chesterfield, which provides three acute mental health inpatient wards, an outpatient unit, mental health crisis home treatment teams, and mental health and substance misuse liaison services for the A&E department at Chesterfield Royal Hospital
- Older people's mental health services; with two wards based at London Road Community Hospital in Derby*, a specialist dementia ward on the Kingsway Hospital site in Derby and a Dementia Rapid Response Team to support people with dementia to remain in their community for as long as possible
- Forensic and rehabilitation services, including gender specific low-secure services on the Kingsway Hospital site in Derby and criminal justice liaison teams.

*On 16 January 2017 Ward 2 at London Road Community Hospital temporarily closed to admissions, with activity focused on Ward 1. This was a result of reduced admissions to the ward. The Trust is seeking to provide a positive alternative to hospital admission for older adults with functional mental health needs by providing intensive treatment options within their own home environment, following our learning from the successful development of a Dementia Rapid Response Team (DRRT). This arrangement has continued during 2017/18 and is expected to be reviewed, in partnership with the Trust's commissioners during 2018.

Following the outcome of the Better Care Closer to Home consultation in North Derbyshire (led by North Derbyshire CCGs), the Trust was commissioned to extend its successful DRRT across North Derbyshire. The initial phase of this development commenced in February 2018, with a team initially offering DRRT support for communities in the High Peak and Dales. A further team to support Chesterfield residents is in development throughout 2018, with both teams being fully operational by the end of the calendar year.

Children's services
Our children and young people's services support individuals and families living across the city of Derby and South Derbyshire. We offer a range of services to support children and young people with their physical and mental health care needs.

Children's services include:

- Universal children's services across the city of Derby – including health visiting and school nursing
- Specialist services for children within Derby and South Derbyshire – including children in care nurses, attention deficit hyperactivity disorder (ADHD) nurses, children's occupational therapy and physiotherapy, community paediatricians, continence nurses, and nurses based at The Lighthouse clinic, supporting children who have a diagnosed mild to severe learning disability and a complexity of health needs that cannot be met by a GP or school nurse
- Child and Adolescent Mental Health Services (CAMHS) within Derby and South Derbyshire including a hospital liaison service based at the Royal Derby Hospital
- Breakout – young people's substance misuse service
- Children's safeguarding service.

The Trust provides the 0-19 years Integrated Public Health System for Children and Young People in Derby City through a partnership with Ripplez and Derby Teaching Hospitals NHS Foundation Trust.

Derby Integrated Family Health Service

Central services

The Trust's specialist services, which we call our central services, include:

- Learning disabilities services – delivered in community settings to those living in the south of the county (our Amber Valley, Derby city, Erewash and South Derbyshire and South Dales neighbourhoods)
- Substance misuse services, including specialist alcohol misuse services and hospital-based alcohol and substance misuse services within the liaison teams at the Royal Derby Hospital and Chesterfield Royal Hospital
- Eating disorders service
- Perinatal care including inpatient and community-based services
- Early intervention service – for people aged between 14 and 65 years, who experience psychosis for the first time
- Improving Access to Psychological Therapies (IAPT) – our Talking Mental Health Derbyshire service, run in partnership with Derwent Rural Counselling Service and Relate
- Psychodynamic psychotherapy service
- Dietetics service
- Physiotherapy service.

All central services are delivered across Derby city and the whole of Derbyshire, with the exception of the Trust's learning disability services, which are provided across Derby and Southern Derbyshire.

Vision and values

The Trust's vision and values were updated in December 2017 and launched alongside a revised set of strategic priorities.

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 were developed in partnership with our patients, carers, staff and wider partners.

The Trust values are:

People first – We put our patients and colleagues at the centre of everything we do.

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 to the right) enable us to achieve our central vision - of making a positive difference in people's lives by improving health and wellbeing.

The Trust's values were initially launched in May 2012, following consultation with staff, service users and partner organisations. They were refreshed in December 2017 as a result of feedback from staff. Staff told us that they wanted a simpler, clearer vision of what the Trust will achieve in the years ahead. This was taken into account along with staff members' ideas on what makes Derbyshire Healthcare special.

We can only provide good quality services through our dedicated staff, working together with a common purpose. Our values reflect the reasons why our staff choose to work for the NHS and Derbyshire Healthcare.

Strategic objectives

The Trust's vision is supported by four strategic objectives, which outline key areas of focus for the Trust. Under each objective sit short-term priorities, which will be reviewed every six months:

1. **Quality improvement**

- Complete the CQC action plan and the preparedness plan for next year
- Deliver physical healthcare CQUIN

2. **Engagement**

- Develop empowered and compassionate leaders
- Enhance colleague voice through action

3. **Financial sustainability**

- Create and deliver a recurrent cost improvement plan
- Achieve agency ceiling

4. **Operational delivery**

- Reduce vacancies to 5%
- Redefine our Urgent Care and Neighbourhood Pathways.

These strategic objectives represent the direction of travel, and the things we must do to achieve our vision. They will help the Trust with its ambition to become better across all service areas and to stand out from other providers.

Trust strategy 2016-2021

The Trust's strategy was developed in 2016 to meet the needs of our patients and to support colleagues to understand their role in achieving the vision. It set out the direction of travel for Derbyshire Healthcare for the five years 2016-21 within the context of the wider health and care agenda, both nationally and locally.

The strategy was written to provide a clear and concise vision for the future in order to deliver a "…proactive and preventative approach to reduce the long term impact for people experiencing mental health problems and for their families, and to reduce costs for the NHS and emergency services" (Five Year Forward View for Mental Health – NHS England 2016).

However, since 2016 a number of developments have taken place, which have meant that it is important to update the strategy to make it appropriate to our colleagues and external stakeholders. There were three key reasons for refreshing the strategy:

- The Trust's vision was updated in December 2017 as a result of feedback from our staff. Staff told us that they wanted a simpler, clearer vision of what the Trust will achieve in the years ahead. This was taken into account along with colleagues ideas on what makes Derbyshire Healthcare special.
- The proposed merger with Derbyshire Community Health Services NHS FT was not progressed following a Board decision in June 2017. It was agreed that with the proposed changes at a system level many of the clinical benefits could be achieved without a full merger. Therefore the strategy needed to reflect this change.
- In the original strategy reference was made to how the Sustainable Transformation Partnership (STP) - now Joined Up Care Derbyshire - objectives would be delivered. However, much of the STP progress was delayed while the STP structure was reformed in the spring/summer of 2017 and this has made it clearer on the part Derbyshire Healthcare plays in the wider health and care economy.

The strategy refresh, approved by the Trust's Board of Directors in March 2018, provided an opportunity to more clearly articulate intentions around:

- How we aim to put people first in order to live our values
- How the work of Derbyshire Healthcare fits within system-wide and partnership working
- How we will continuously improve quality through innovation
- How we will continue to make best use of our available resources.

We have simplified our strategic objectives and set out short-term targets to help us achieve them. The strategic objectives are outlined on page 15 of this report.

By achieving these aims the Trust will make a difference to both our patients and our colleagues. In delivering our strategy we need to be able to show that we have achieved our priorities. With our focus on people, we want to measure how colleagues and patients will know that things have changed. The Trust's monthly Board Reports will have more detailed measures to help monitor progress.

Significant governance and regulatory events during the year

Following an external assurance review of the Trust's implementation of the Governance Improvement Action Plan (GIAP), in May 2017 NHS Improvement issued a compliance certificate, confirming that the Trust was free from licence breaches. This certificate of compliance also results in the Trust being moved into segment 2 under NHS Improvement's Single Oversight Framework. This framework groups Trusts according to the level of support they need across a number of different criteria. Segment 2 confirms there are no longer any significant concerns with the Trust. This is the segment that the vast majority of NHS providers are in.

The Trust has not received a further comprehensive inspection from the CQC during 2017/18 but received notification in February 2018 that a future inspection visit would take place in Summer 2018.

The Trust continued to embed the improvements identified through the GIAP throughout the year.

Well-led update
In January 2018 the Trust received its final report from Deloitte, which concluded their external well-led review. The report outlines clear progress in a number of key areas (resulting in amber/green ratings throughout), alongside confidence from Deloitte that the Trust is on track to continue with current performance and make even further progress within a short timeframe.

The review focused on four key areas:

- Vision, strategy and planning
- Management of risks, issues and performance
- Learning, continuous improvement and innovation
- Reporting.

The Trust received an amber/green rating in each area, which was broadly in line with the Trust's own self-assessment in these areas. Amber/green is defined by Deloitte that the Trust is partially meeting their expectations in each domain but also that they are confident in our ability to deliver the top green performance (that meets or exceeds expectations) in the near future.

Changes to the Board of Directors
During the year the Trust experienced a number of changes to members of the Board of Directors. These are outlined in full in the Directors' Report.

On 14 September 2017 Caroline Maley was appointed Chair. Caroline had been Acting Chair of the organisation since 1 January 2017. Ifti Majid was appointed as Chief Executive from 6 October 2017, following a period as Acting Chief Executive since 26 June 2015.

Potential integration with Derbyshire Community Health Services NHS Foundation Trust (DCHS)
During 2016/17 the Trust – in partnership with Derbyshire Community Health Services NHS Foundation Trust (DCHS) – commissioned a Strategic Options Case (SOC), in order to consider the best level of collaboration between the two Trusts.

A clinical case for change was the driving force behind a proposed merger. However, whilst it was evident some of the Trust's services may be able to see benefits from working more closely with teams at DCHS, it became clear to Derbyshire Healthcare Board that a merger of the two organisations was not necessarily the best way to achieve clinical benefits. In June 2017, the Trust's Board of Directors therefore reached a decision not to proceed with the proposed merger with Derbyshire Community Health Services NHS Foundation Trust (DCHS) on this basis.

The two trusts have continued to work together to integrate some of our support services, such as our Workforce and Organisational Development team, with a new shared People Service commencing on 1 April 2018. This is part of a wider NHS efficiency programme associated with Lord Carter's work on NHS efficiency.

Going concern disclosure

The Trust accounts at page 218 have been prepared on a going concern basis. This means we expect to continue to operate for the foreseeable future and have the resources to enable us to do so. However, risks and uncertainties change over time so every year our Audit and Risk Committee considers the detailed presentations from management that provide going concern evidence. After taking account of such evidence, we are able to make the following formal statement:

"*After making enquiries, the directors have a reasonable expectation that the NHS Foundation Trust has adequate resources to continue in operational existence for the foreseeable future. For this reason, they continue to adopt the going concern basis in preparing the accounts."*

Performance analysis

Measuring performance

The performance of the Trust is measured in a range of different ways and covers the diverse remit of the Trust's activities. Here we will consider the Trust's operational performance, alongside our financial and quality performance. Workforce performance is also an important component of our overall delivery. To avoid duplication, workforce performance will be reported in the Staff Report, outlined on pages 93-110 of this Annual Report.

The Trust has a range of different performance measures in place, alongside processes that provide assurance that these are being met. These measures include:

- NHS Improvement targets
- NHS England targets
- Local commissioning targets
- Locally agreed performance measures
- Financial plans
- Quality priorities.

Performance against contracted targets is managed at all levels through the Trust's operational structures; from team level to service line, to directorate, overseen by the Trust's Senior Assurance Support Meeting and by the Trust Management Team. Compliance with performance indicators is actively monitored and corrective actions are put in place where necessary.

Clinical and Operational Assurance Teams (COATs) have been introduced across each of the Trust's divisions over 2017/18 (Campus, Neighbourhood, Children's and Central Services), as a way of promoting equal priority for quality and performance at every level of the organisation. COATs are attended by senior clinicians and managers from across that division, take a lead in the delivery of quality care in their respective services, and in the improvement of performance in areas such as clinical supervision, waiting times, learning from complaints and compliments, workforce and finances. Any areas of concern are escalated to the Trust Management Team, where all areas of performance for that division, both quality and operational, are presented and discussed.

The Board of Directors receives a performance and activity report at its public meetings, which outlines the Trust's workforce, finance, operational delivery and quality performance against key performance indicators, alongside any actions in place to ensure that performance is maintained. There is an ongoing focus on improving performance through the use of in-depth reports and staff presentations to the Board and its committees. Each Public Board meeting also opens with a personal service user or carer experience. This provides direct feedback on the Trust's services and allows Board members to identify any areas for improvement or further support.

Externally the Trust's performance is monitored at Contract Management Delivery Groups (separately for adult services and children's services), which are chaired by the Trust's lead contract commissioners (NHS Hardwick Clinical Commissioning Group) and at NHS England contract review meetings. There is further contract scrutiny at the bi-monthly Contract Management Board.

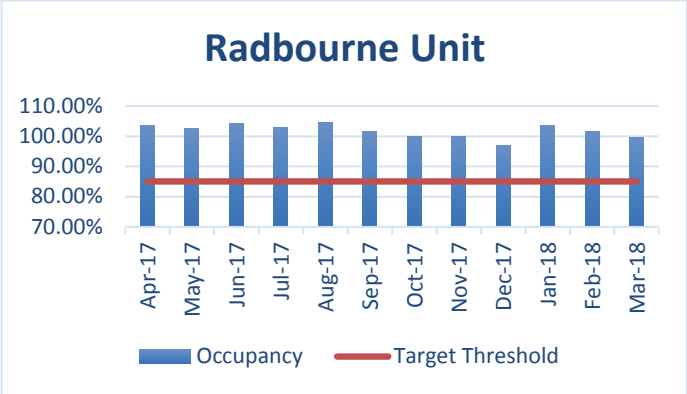
Performance is also monitored in other ways – for example by the Trust's regulators NHS Improvement (NHSI) and the Care Quality Commission (CQC).

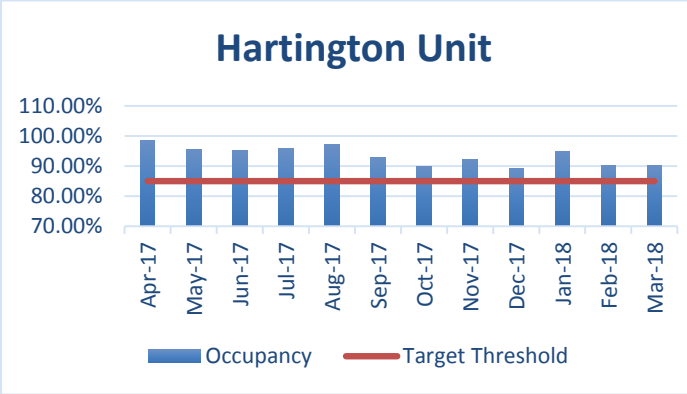
Please note, discussion of key risks and how they are managed by the Trust is outlined in the Annual Governance Statement, on pages 118-131 of this Annual Report.

Key themes in Trust performance 2017/18
There are a number of key themes that have emerged throughout the year as the Trust has regularly monitored its performance.

A key ongoing concern continues to be staffing and patient activity pressures across many of the Trust's services. This is highlighted by the difficulty in achieving 100% Registered Nurse fill rates for night shifts on our inpatient wards. Although mitigated by extra Nursing Assistant cover, this continues to be a concern which is closely monitored.

Patient activity pressures on both the Radbourne and Hartington Units (in Derby and Chesterfield respectively) are highlighted by very high bed occupancy across all wards, which is above the recommended maximum of 85% bed occupancy. This has resulted in a number of patients being placed in beds out of area because the Trust had no beds available.





During the year the Trust has implemented the national Red2Green initiative across all inpatient wards, in order to reduce unnecessary delays in a patient's discharge. This approach has successfully improved the Trust's discharge processes and reduced the number of service users being placed in acute beds outside of Derbyshire. However, due to a change in the process for identifying delayed transfers of care, our position at year end (as outlined on page 21) is higher than that in 2016/17 due to new triggers being put in place.

The Trust proactively monitors and manages its waiting times and continues to experience challenges in respect of waiting times for paediatric and CAMHS appointments.

Company Chameleon and Déda bring dance to mental health patients
Dance theatre company Company Chameleon brought a dance workshop to the Radbourne unit in Derby in May 2017.

Presented in partnership with Derby dance centre Déda, the workshop coincided with Company Chameleon's performance of the production *Witness* at Déda. *Witness* explores mental health issues, drawing on the personal experience of choreographer Kevin Edward Turner, co-founder of Company Chameleon.

Kevin, who has Bipolar Disorder, experienced his own mental health crisis in 2014 when he was sectioned, before receiving treatment in a specialist mental health unit.

Operational performance summary

NHS Improvement (NHSI) targets

As a Foundation Trust we are required to comply with the targets set out in the NHSI Single Oversight Framework. This financial year all NHSI targets have been achieved:

	Target	Position March 2017	Position March 2018
NHSI Single Oversight Framework			
Care Programme Approach (CPA) seven day follow up	95%	97%	98.69%
Data Quality Maturity Index (DQMI) – Mental Health Services Data Set (MHSDS) data score	95%	98%	96.30%
Improving Access to Psychological Therapies (IAPT) referral to treatment within 18 weeks	95%	100%	99.91%
IAPT referral to treatment within six weeks	75%	92%	93.65%
Early intervention in psychosis (EIP) referral to treatment (RTT) within 14 days - complete	50%	86%	89.66%
EIP RTT within 14 days - incomplete	50%	43%	83.13%
Patients open to Trust in employment	N/A	10%	8.68%
Patients open to Trust in settled accommodation	N/A	64%	51.74%
Under 16 admissions to adult inpatient facilities	0	0	0
IAPT people completing treatment who move to recovery	50%	53%	53.18%

Contractual targets – main contract

The Trust has a number of targets and performance measures agreed locally with commissioners which form part of our contract, as outlined below:

	Target	Position March 2017	Position March 2018
Contractual targets			
CPA settled accommodation	90%	97%	95.43%
CPA employment status	90%	98%	96.93%
Patients clustered not breaching today	80%	79%	76.28%
Patients clustered regardless of review dates	96%	95%	94.17%
7 day follow up – all inpatients	95%	98%	96.00%
Ethnicity coding	90%	95%	90.20%
NHS number	99%	100%	100.00%
CPA review in last 12 months	95%	96%	92.98%
Clostridium Difficile incidents per annum	<=7	0	1
18 week referral to treatment > 52 weeks	0	0	0
Outpatient appointments cancelled by the Trust	5%	8%	9.10%
Defaulted outpatient appointments (did not attend)	15%	15%	15.54%
Admission of patients aged under 18 to adult wards	0	0	1
Outpatient letters sent in 10 working days	90%	91%	88.73%
Outpatient letters sent in 15 working days	95%	94%	94.48%
Inpatient 28 day readmissions	10%	10%	8.94%
Meticillin-Resistant Staphylococcus Aureus (MRSA) - blood stream infection	0	0	0
Mixed sex accommodation breaches	0	0	0
Delayed transfers of care	0.80%	0.20%	2.20%
18 week referral to treatment waiting less than 18 weeks	92%	97%	94.91%

These targets include measuring:

- Seven-day follow-up of all inpatients. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness identified that people with a history of self-harm or suicide were most at risk during the first seven days following discharge from a mental health inpatient ward. To minimise this risk, the Trust makes every effort to ensure that all patients are followed up. The Trust attempted to follow up all patients discharged from our wards within seven days of discharge and over the course of 2017/18 we successfully followed up 96.29% of patients within seven days.

- Care Programme Approach (CPA) Review in last 12 months. It is important that patient care plans are regularly reviewed to ensure they are getting the most effective treatment. Significant and enduring pressures in the community in terms of overly large caseloads and increasing demand for services make this a considerable challenge.

- 18 week referral to treatment. It is every person's right within the NHS Constitution to receive treatment within 18 weeks of referral to a consultant-led service. The national targets are firstly that 92% or more of patients currently on the waiting list must have been waiting less than 18 weeks and secondly that no-one must have waited over 52 weeks to be seen.

Health visiting does not appear within the performance dashboard but is reported separately within the monthly Board Report.

During the year the Trust has continued to perform highly, however in a small number of areas the desired level of performance has not been achieved:

- **Clustering -** Additional measures have been put in place to improve the quality and volume of clustering, including making further enhancements to the electronic patient record system to aid clinicians with clustering. Work continues on improving the level of patients clustered and who have had a HoNOS (Health of the Nation Outcome Scales) assessment in the last 12 months. Targeted individual and team-based support and training continues to be provided.

- **Outpatient cancellations and defaulted appointments** - A high number of outpatient appointments had to be cancelled this financial year, predominantly as a result of consultant sickness and vacant posts, which it has proved difficult to recruit to. Work is ongoing to fill these vacancies.

  Despite the Trust sending text message reminders, patients continued to default their outpatient appointments at a higher level than the locally agreed target of 15%. The Trust is trialling telephoning patients to remind them of upcoming appointments. If this proves successful it will be rolled out across the Trust.

Additional performance targets:

Breastfeeding

Breastfeeding for babies is important as human milk provides the specific nutrients and antibodies that babies need for development and growth. Health visitors are qualified nurses who can provide guidance, help and support.

There is strong clinical performance in these areas and this clinical outcome is key to the long-term wellbeing of children living in Derby.

The Trust has a target to ensure that at least 98% of new mothers are visited within 10-14 days and then followed up within six to eight weeks in order to give encouragement and breastfeeding support. The tables below show our performance in these two areas over the financial year:

10-14 day coverage	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	YTD
Plan	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Actual	99.2%	100%	100%	99.6%	99.2%	100%	100%	99.6%	99.6%	99.6%	100%	95.4%	99.6%

6-8 week coverage	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	YTD
Plan	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%	98%
Actual	99.6%	100%	100%	100%	100%	100%	99.7%	100%	100%	99.6%	100%	93.9%	99.5%

A summary of our overall results can be found in the table below:

6-8 week coverage	Apr 2017	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017	Jan 2018	Feb 2018	Mar 2018	YTD
Number of infants breast-fed at 10 - 14 days	157	129	142	156	151	145	170	150	165	144	112	115	1776
Of whom breast-fed at 6-8 weeks	85	75	65	75	58	71	76	73	85	62	49	61	836
Bottle-fed at 6-8 weeks	34	23	44	37	49	38	48	37	30	33	23	42	438
Total Breastfed Plan	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%	65%
% breastfed or breast and supplement fed	78%	81%	69%	76%	67%	74%	72%	74%	81%	76%	79%	67%	75%

Safer staffing

Feedback on staffing levels is collected monthly from each ward and reported in the Board Integrated Performance Report. A six-month view of safer staffing levels is also reported to the Board and this information is published on the Trust's website, alongside live staffing data.

Quality performance

Our clinical performance has been solid over the past year, and in our Quality Report you will see how our clinical and operational performance has been achieved.

This year has been a year of new ideas and developments. It has included the opening of a new expanded Criminal Justice Liaison Team, the development of a newly designed Dementia Rapid Response Team for the north of the county and a newly redesigned Child and Adolescent Mental Health Service aligned to clinical pathways. We were also proud to launch the Family First model in our children's services – this is an intensive home visiting programme, with an equitable, flexible and responsive approach focused on reaching and supporting vulnerable pregnant families with a range of health needs, including those who would not normally meet the criteria of vulnerability for the Family Nurse Partnership programme.

Our Learning Disability services have continued to be redesigned to a new model of team design and a refined focus. Our Learning Disability teams have continued their significant work in managing and promoting physical healthcare through our Health Facilitator team, which has been reinvigorated by our people with lived experience who work in the team. We have an expanded Community Forensic Learning Disability team that has been invested in and recruited to, which we are confident will flourish in 2018.

We have won and revised a new model of substance misuse care for Derby city and Derbyshire county, and our organisation is proud to be the main provider of substance misuse and alcohol services in our city and county. Our substance misuse team has also developed a new steroid clinic, to support individuals in considering the harm from performance enhancing drugs and redeveloping our recovery offer to ensure we are focused upon the core outcomes set by our Public Health commissioners. Our experience of delivering these services enables our clinical staff to have a sophisticated view of substance misuse over time, including trends and patterns. We have been using this intelligence in our learning reviews, to understand our community and what its needs are and how we can consider risk stratification and targeted support to individuals with complex long-term substance misuse care needs.

Our approach to improving quality performance has focused on embedding our learning and practice following the 2016 CQC inspection, to develop sustained quality improvements across a range of areas. Led by the Director of Nursing and Patient Experience, we have continued to oversee and progress the Trust's action plan. Some of the key areas of sustained focus have been on:

- Compliance with the Mental Capacity Act and assessment of the quality of assessments of mental capacity
- Our implementation of the Mental Health Act and embedding our learning in this area
- Increasing safeguarding children's training at level three and learning from serious case reviews as part of a revised level three training
- Maintaining fire warden training compliance and investing in a new Fire Officer role
- Ensuring that supervision and appraisals are undertaken and recorded, and working with staff on why supervision is both clinically enabling and restorative.

Community mental health survey

To ensure that we understand the experiences and satisfaction of people who receive care and treatment in our community mental health services, we take part in the annual national Mental Health Community Service User Survey. The community survey is compulsory for all mental health trusts, and is conducted by external providers on behalf of the CQC. The Trust commission an organisation called Quality Health, who undertake surveys on behalf of the majority of trusts in England. The content of the 2017 Mental Health Inpatient Survey is identical to the national surveys run in previous years (2009-2016).

This Service User Survey was undertaken for Derbyshire Healthcare NHS Foundation Trust between February and June 2017. The sample for the survey was generated at random on the agreed national protocol from all clients on the Care Programme Approach (CPA) and Non CPA Register seen between 1 September and 30 November 2016.

Of the 228 completed surveys returned from the basic sample of 850, 20 were excluded for the following reasons:

Moved/not known at this address	9
Ineligible	1
Deceased	10

The response rate was 27% (228 usable responses from a usable sample of 830).

The Trust was rated within the top 20% in 11 questions of the 32 scored questions. Most scores are within the intermediate 60% of all 52 trusts surveyed in 2016 by Quality Health. There is just one score in the lower 20%, which relates to crisis care. Year on year scores show a similar number of improvements and declines. The challenge will be to embed and consolidate the improved ratings, to continue development of those areas within the mid 60% range and address the identified issues in the lower 20%.

Areas where the Trust is in the top 20% of trusts surveyed:

- Did the person or people you saw understand how your mental health needs affect other areas of your life?
- How well does this person organise the care and services you need?
- Were you involved as much as you wanted to be in discussing how your care is working?
- Did you feel that decisions were made together by you and the person you saw during this discussion?
- When you tried to contact them, did you get the help you needed?
- Were you involved as much as you wanted to be in decisions about which medicines you receive?
- In the last 12 months, has an NHS mental health worker checked with you about how you are getting on with your medicines?
- Were these treatments or therapies explained to you in a way you could understand?
- Were you involved as much as you wanted to be in deciding what treatments or therapies to use?
- Overall… (Scale score from 1-10. 1 = "I had a very poor experience", 10 = "I had a very good experience")
- Overall in the last 12 months, did you feel that you were treated with respect and dignity by NHS mental health services?

Areas where the Trust is in the bottom 20% of trusts surveyed:

- Do you know who to contact out of office hours if you have a crisis?

In all surveys we respond to the feedback highlighted and put in place actions to address areas of concern.

Inpatient survey

The community survey is compulsory for all mental health trusts. The inpatient survey is for trusts to choose to take part in, which we do year on year. This survey is also conducted on our behalf by Quality Health. As the inpatient survey is voluntary, not all trusts participate and consequently the benchmarking number of responses is lower (18 mental health trusts completed this survey in 2017) than for the community survey.

Questionnaires were sent to a consecutive sample of a maximum of 1,000 adults aged 16 to 64 (inclusive) who had a stay of at least 48 hours in an acute or psychiatric ward at the Trust between 1 July - 31 December 2016. A census of all eligible service users was used if fewer than 1,000 adults aged 16-64 had an inpatient stay during this period. A group of 22 service users were excluded as they had moved or were not known at the address. Therefore, the response rate was 24% (94 usable responses from a usable sample of 399).

Overall, the Trust's scores show an upward trend, with many of the scores showing some improvement since 2016. The majority of the small number of 'declines' are grouped within the care and treatment section of the survey. The challenge will be to embed and maintain the improvements while addressing the declined areas. The majority of Derbyshire Healthcare NHS Foundation Trust's scores are in the middle 60% when compared to the 18 organisations surveyed by Quality Health. However, 11 scores are in the top 20% of Trusts. In particular, the results around nurses are very good, and the Trust has two of the best scores for service users feeling nurses always listened carefully and always had confidence and trust in the nurses. There are five scores in the bottom 20% section and these are within the about the ward, care and treatment, and leaving hospital sections of the survey.

Areas where the Trust is in the top 20% of trusts surveyed:

- Hospital food very good/good
- Always able to get specific dietary needs
- Hospital ward or room very clean
- Toilets and bathrooms very clean
- Hospital definitely helped keep in touch with family
- Nurses always listened carefully
- Always given enough time to discuss condition and treatment with nurses
- Always had confidence and trust in the nurses
- Always treated with respect and dignity by the nurses
- Did not feel unfairly treated for any of the reasons given
- Staff took home situation into account completely

Areas where the Trust is in the bottom 20% of trusts surveyed:

- Did not share a sleeping area with opposite sex*
- Had talking therapy if wanted
- Enough activities available all of the time in evenings and on weekends
- Have out-of-hours phone number

- Contacted by mental health team within one week of discharge

*The Trust will be exploring how this issue is perceived by our inpatients as all of the Trust's wards have separate sleeping areas, although wards overall may be mixed. Gender specific sleeping areas also have their own bathroom facilities.

Overall, care during the person's inpatient stay was described as "excellent/very good" by 59.6% of those who responded. In comparison to other trusts nationally, the lowest scoring trust was 32.4%, the highest scoring was 71.4%. This places our overall score in the top 20% of trusts surveyed.

This year also saw weekly visits onto wards at the Hartington Unit from members of Derbyshire Mental Health Alliance, as a way of the Trust being supported by service user representatives to gain feedback from service users in receipt of care. This is a powerful tool to enable local service user representative groups to develop current knowledge of our services, to break down barriers between our staff and those in receipt of our care, and to provide direct feedback from experts by experience. These visits have been of value both to the Trust as a provider and also to people staying with us in our services, in giving them an opportunity to have a stronger voice. The prominence and respect of our experts by experience, how they champion giving feedback and peer support, has been successful in influencing a shift in the power base between the Trust as a provider and the people we offer a service to. The Patient Experience group has used this intelligence to inform our services, including in the food we provide, reflections on staff attitude and therapeutic activity on the wards.

One noticeable change and development over the year has been the introduction of Allied Health Professionals as ward based Occupational Therapists in our acute care pathway. We have expanded the Occupational Therapist workforce by 39% over this period. The feedback has been heartening, and colleagues have seen real value in the additional skills and knowledge to our clinical teams. Previous inpatient survey results referred to there not being enough activities available during evenings and on weekends. Amongst other outcomes, we are hoping that this area of practice will now be improving, and we look forward to a review of this in future surveys and ward visits. This development has also brought about a shift in our workforce strategy, as part of how the Trust reconsiders how it approaches inpatient staffing.

Safewards

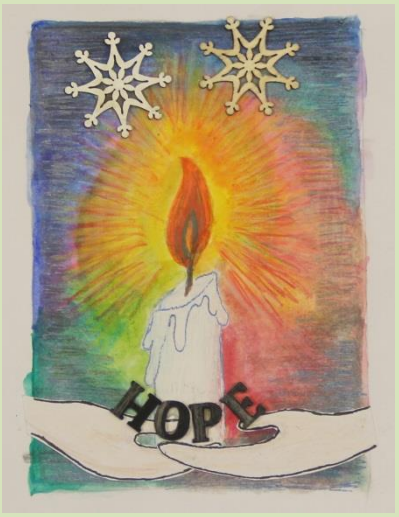
The 'Safewards' model aims to reduce conflict and containment, to keep people safe on acute psychiatric wards. The Trust has previously committed to embedding this model at the Radbourne Unit in Derby and senior nurses supported and championed the implementation of this model of nursing practice. Over the last two years Safewards has also been introduced at the Hartington Unit in Chesterfield and at the Kingsway site in Derby. Our clinical insights gained from this model are now being implemented into our practice and are key to quality improvement.

The principles of the Safewards interventions are integrated through 'Positive and Safe' training sessions. Each team has nominated Safewards champions who not only support the teams but are able to provide feedback and share ideas across services through team and champion meetings.

The Hartington team also had the opportunity to visit clinical services in Denmark and share ideas from practice. The feedback from Danish colleagues was very positive, including how they benefited from the visit to Chesterfield.

Sharing a message of hope at Christmas

The Trust launched an art competition for service users in November 2017 on the theme of 'Sharing Hope this Christmas'. Ali Robertson, Trust Clinical Psychologist, came up with the idea as a way to offer a positive message to lonely people at Christmas.



Designer of the winning card, Rachel Moses, said: "I tried to place the emphasis on the warmth and light that the thought of hope can bring at darker times. I've enjoyed doing this – so thank you for giving me a bit of hope when times feel bleak."

Rachel was presented with a certificate and an assortment of artist materials. Amy Develin and June Walsh were highly commended for their designs.

10,000 of the cards were printed, including details of crisis contacts, and sent out to the Trust's services across Derbyshire. Comments received included:

"Thank you so much, I was in a horrible place and seeing your card was just lovely."

"I wanted to let you know I have been giving out the Christmas cards to the people I work with. They have been really well received and everyone has really appreciated the cards. The design on the front has been complimented."

Performance against quality priorities

Details of our quality priorities for 2017/18 are outlined below. More information on these priorities and associated performance can be found in the Trust's Quality Report that can be accessed on pages 132- 217 of this Annual Report. A summary of key findings are:

Staff health and wellbeing
The perception of our staff on whether our organisation takes positive action on health and wellbeing shows a small improvement on 2016 but a continuing lower score in comparison to 2015 and also national scores for equivalent trusts. Musculoskeletal problems show some deterioration but remain below the average for similar trusts, whilst we see a slightly improving picture in relation to work-related stress. With regards to healthy food, we are anticipating that this will be achieved, and flu vaccinations in our clinical staff increased to over 50%. Whilst still not to our target, this is a significant improvement from 2016.

Improving physical healthcare for people who use our services
There has been much learning in our Trust this year. We are aware that we have pockets of strong physical health care, e.g. the London Road Clinic in Derby, Chesterfield Central Neighbourhood Team's links with the Spireites initiative, the work offered by our colleagues in Early Intervention in Psychosis teams. However, whilst what these teams offer is of great value, initial findings are suggesting that more work is needed for 2018/19 to ensure greater consistency and assurance as to our provision of all the required aspects of physical healthcare.

Improving services for people with mental health needs who present to A&E
All requirements for this have been achieved so far, and a final audit at the end of the year will review the clinical impact of the work undertaken. Initial expectations are that this audit will show improvement.

To improve the experience and outcomes for young people as they transition out of CAMHS
We have achieved all requirements so far, and are optimistic that performance when audited will be strong and will meet our own and our commissioners' expectations. One potential area of concern that might potentially impact on experience is if the young person is trying to transition into a working age adult neighbourhood team, given the current potential challenge of accessing these teams.

Preventing ill health by risky behaviours – alcohol and tobacco
This initially brought significant challenges, approached through a combination of a focus on quality improvement and on robust data. As a result, from a starting point of a high level of variance in performance, we are now much more confident in the approach to this on the wards and our ability to report our performance accurately.

Participating in the national patient safety campaign 'Sign up to Safety'
The Trust signed up to five pledges as part of this campaign:

1. **To implement cardio metabolic assessment and treatment for patients with psychoses** – (as in the aforementioned priorities around physical healthcare and preventing ill-health by risky behaviours – alcohol and tobacco)
2. **Reducing the number of suicides** – the Trust has developed a Suicide Prevention Strategy and implemented the new safety planning approach to risk assessment and risk management
3. **Reduce violence through an initiative called 'Positive and Safe'** – the Trust has implemented a Positive and Safe Strategy, and continues to audit if we have offered a de-brief to any of our service users who have spent time in our seclusion room
4. **Safety in transition from CAMHS to adult mental health services** – (as in the aforementioned improving the experience and outcomes for young people as they transition out of CAMHS)

5. **Reduction in the number of patient safety incidents** – work has been ongoing to help ensure that incidents are being reported appropriately and that lessons are learned across the Trust from any incidents that occur, for example via the 'Practice Matters' publication.

Being able to demonstrate our position around NICE (National Institute of Clinical Excellence) guidelines

The Trust now has a more developed structure to oversee assessments of compliance with appropriate NICE clinical practice guidelines. Prioritised guidelines are now being evaluated, and we have also continued to contribute to the national consultations around guideline development.

For all staff to have access to and undertake autism awareness training

Against a target of 50%, at 31 March 2018 67.8% of our staff have completed this training.

Saul pulls on an England shirt and wins gold

Football-mad Derbyshire teenager Saul Simpkin, who has cerebral palsy, achieved a dream when he played for England in an international tournament and won gold, thanks to help from Derbyshire Healthcare Trust Children's Services.

Saul (17), whose cerebral palsy affects co-ordination in both legs, was part of the Cerebral Palsy England U19s team that won the seven-a-side tournament at the European Para-Youth Games in Genoa in October 2017.

He said that playing for his country was "the best feeling in the world. When you're a kid and you're growing up playing football, you dream of putting on that shirt and getting that cap."

Saul, who works as an apprentice at Derby County Community Trust, has accessed Trust services since he was one. Jackie Danvers, his paediatric physiotherapist and clinical lead at the Trust, said: "In his new role as an apprentice coach at Derby County Community Trust he is inspiring young people with and without disability, which is amazing."

Workforce performance

As the performance analysis shows, the Trust's workforce is continuing to perform to high standards despite the pressures it faces.

Staff turnover
Staff turnover remains one of the key performance indicators (KPIs) reported at the Trust Board. It is calculated by dividing the number of leavers for the last 12 months by the average headcount for the same period. The Trust has defined a healthy turnover figure as 10% with an agreed variance of up to 2% either way. In other words, if turnover is between 8% and 12% it remains green on the red/amber/green (RAG) rating.

Our annual turnover rate for 2017/18 was 10.38%. This is slightly lower than last year and remains within target. This KPI has been benchmarked, using NHS iView, against the average mental health and learning disability trust turnover rate. The national average for turnover for trusts of this kind is 12.67% and the regional average is 11.90%. The implications are that we continue to have much more stable workforce numbers than are generally found nationally.

Staff attendance
It has been a challenging year with staff attendance with absence levels spiking in January 2018 to 7.33% reducing to just over 5% by the end of the financial year. The top reason for absence was anxiety, stress and depression followed by colds and coughs. The Trust has in place a range of measures and support to staff to help with wellbeing such as an Employee Assistance programme so staff can access 24 hour support, reintroduction of Schwartz Rounds and access to occupational health services and the annual flu vaccination.

Vacancies
Over the past 12 months the Trust has focused on enhancing its approach to recruiting staff. In early 2017 we introduced a new end-to-end electronic recruitment system which has provided ongoing improvements in our time to recruit to posts. We have actively engaged with universities and increased our marketing to attract staff to the Trust. During 2017/18 we welcomed 354 new starters and whilst we had a 10.38% turnover we closed the year with an increase of 122 staff We set out during the year to achieve a vacancy rate of less than 5% and by the end of February 2018 we had succeed this target with a vacancy rate of 4.95%. One of the key success areas has been in our Neighbourhood teams where we have substantially reduced our vacancies and agency spend over the year.

Appraisals
The Trust has an annual appraisal target rate of 90% and during the year we have averaged at 78%. We have introduced a central automated alert system to leaders and staff to remind them of when a member of staff's appraisal is due and enhanced and simplified our appraisal process so we can improve appraisal completion.

Compulsory training
Our compulsory training compliance rate has averaged at 85% against a target of 90%. Whilst we have pleased with the improvements we have made during the year we have some hot spots which has been due to capacity of sessions, especially in resuscitation and positive and safe training. To improve our performance in these areas we have focused on increasing capacity and availability to in order to achieve future compliance rates.

Staff development
The biggest challenge we have in staffing is with band 5 and 6 mental health nurses in inpatient areas and psychiatrists. Given these challenges and the limit on the use of agency staff the Trust has developed a workforce plan to support the development of alternative role options to provide sustainable solutions. We will continue to actively attract, develop and retain our workforce whilst looking a skills mix across teams. Over the past 12 months we have seen the successful introduction

of ward based Occupational Therapists, expanding this workforce by 42%, who have been supported by investment into Occupational Therapy leadership. We were part of the national pilot programme for the introduction of the new Nursing Associate role which is now being rolled out nationally.

We have focused investment into staff having access to the Care Certificate with a very successful uptake. As part of our Workforce Plan we are trailing a number of new roles working actively to invest our annual apprenticeship levy to support staff to enhance their skills. The other roles we are continuing to explore are:

- Advanced clinical practitioners
- Speciality Mental Health practitioners
- Advanced Pharmacy roles
- Responsible clinician role
- Advanced roles in dementia care
- Masters in Mental Health Nursing
- Nursing Apprenticeships
- Assistant Practitioners.

During the year we invested in Practice Learning Facilitators who are playing a key role in supporting new staff and students to the trust and heling with staff retention programme.

Staff commended for their good DEEDs

Throughout the year, the Trust has celebrated colleagues who are Delivering Excellence Every Day through its DEED award scheme.

Each nominee is featured in the weekly e-bulletin, Weekly Connect, and considered for the DEED colleague of the month award, which is judged by a panel of colleagues and governors.

Monthly winners have shown excellence in all kinds of ways. Suzanne Abbott, a Registered Nurse for the Derby City Neighbourhood Team, was announced as a winner in April 2017.

Her colleague had written: “On a home visit, Suzanne found her client on the floor, non-responsive, not breathing. She called an ambulance and went on to perform CPR until the ambulance crew took over. The client was very poorly, but because of Suzanne’s prompt actions, she is alive.

“This is something we train for, but in reality to cope with this on your own, with no equipment, in a less than perfect environment, and to have a successful outcome is an amazing testament to the professionalism and quality of care given by a fantastic nurse.”

At the Trust’s Delivering Excellence Awards in November 2017, Keeley Argyle (pictured) was named the Trust’s DEED winner of the year for supporting a very isolated individual suffering from the advanced stages of cancer.

Developing our leaders
Over the past 12 months the Trust has focused on developing its leaders through a range of leadership training. We have a focused on ensuring that all Leaders are equipped to manage their people and especially with our Managing People Policy sessions: Health and attendance, capability, grievance and dignity, disciplinary, appraisal and recruitment and selection. We have also offered our leaders training in how to conduct difficult conversations and provided training on how to manage a multi-generational workforce.

Fear of and, in some cases, experiences of abuse or bullying
All our staff have a right to work without fear of intimidation or inappropriate behaviour. We are committed to tackling any instances of bullying and to supporting individuals who raise concerns about bullying within the workplace. It is easy to see how difficulties around bullying can result in a poor working culture and environment. We anticipate that placing a focus on making the Trust a better place to work, will in turn improve the behaviours that support this.

Supporting employees with disabilities
The Trust's commitment and consideration of the equality and diversity of all protected groups, including disabled colleagues, is embedded in all workforce policies. We ensure that equality impact assessments are considered as part of policy development and approval, to ensure that any potential impact on disabled people is taken account of and reasonable adjustments are made to ensure they are not disadvantaged during recruitment and selection processes or training and development opportunities.

For more details about the Trust's focus on its employees, please see the Staff Report on pages 93-110 of this Annual Report.

Trust staff work together to fight the flu bug
The Trust has a strong record of keeping nasty winter bugs and viruses at bay, with zero Clostridium Difficile (CDiff) incidents in 2016/17 and minimal issues with MRSA.

Over the winter we also fought a major campaign against the flu, with free flu vaccinations available for all Derbyshire Healthcare staff at regular clinics through October, November and December 2017, plus the chance for clinical staff to be protected by our team of peer vaccinators.

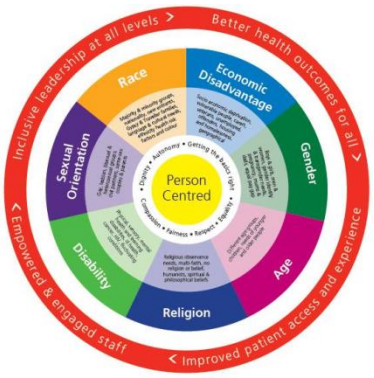
Globally the flu virus accounts for around three to five million causes of serious illness annually and between 250,000 and 500,000 deaths.

Staff could drop in at the flu vaccination clinics without booking in advance, and the fantastic team of peer vaccinators continued to vaccinate clinical staff into January 2018. Take-up of the vaccine across the Trust was up by nearly 12% from last year, with a total of 50.2% of clinical staff vaccinated.

In addition, the Trust's internal campaign to promote flu vaccinations for staff (pictured) was awarded the 'most innovative flu fighter campaign' category at the national NHS Employers' 2018 Flu Fighter Awards. The campaign, which drew on staff feedback from previous years and academic research on behaviour change, encouraged staff to be 'winter warriors' and to think of flu within the context of the wider winter health agenda.

Equality Report

Equality, diversity, inclusion and human rights
This year the Trust has worked hard to be 'consciously' inclusive and a culturally competent organisation. We have taken a strategic approach to demonstrating progress through robust governance through our Equalities Forum, effective performance management within existing mechanisms and national standards such as the Equality Delivery System (EDS2), Workforce Race Equality Standard, and gender pay gap reporting.



Our approach is to be 'positively inclusive' by working with 'due REGARDS' and respect in Derbyshire Healthcare so everyone can be the best they can be.

Our approach enables our leaders to easily and consistently articulate and reinforce our commitment to inclusion, share our REGARDS inclusion brand and our approach with stakeholders. It is based on the principle of person-centred care and treating everyone as a unique individual with different needs, rather than a 'one size fits all' approach.

This is our overarching framework and our way of sharing our ethos and approach to delivering and embedding equality, diversity and inclusion in our organisation. It has been developed following a Board equality development session, which included the production of our Board Equality Action Plan 2017-2019, which clarifies how we will mainstream equality in everything we do and identifies our top six equality objectives or priorities. It is underpinned by our values and delivered and framed using the national NHS equality and diversity performance framework called the Equality Delivery System (EDS2) and four goals.

The Trust's highlights during 2017/18 include:

- As a learning organisation, we have been involved in pioneering action research focused on 'reverse mentoring' to support compassionate and inclusive leadership development, in partnership with University of Nottingham. This intervention will enable senior leaders to gain insight into the lived experience of BME staff and support development of cultural competence, inclusive culture and environment.
- The Trust's BME Staff Network was launched at the annual BME conference to celebrate Black History Month. This included refreshing our terms of reference and career building workshops. This network has continued to grow and is a valued and vital part of our organisation.
- Our Workforce Race Equality Standard (WRES) action plan to help BME people to succeed was developed in partnership with the BME Staff network. Work will continue this coming year to improve progression and development, through a number of positive action initiatives.
- Improving mental health services for Black and Minority Ethnic People Scheme – we engaged and used an asset-based approach to tap into the expertise and knowledge of our local BME communities to help us focus on addressing local ethnic health inequalities.
- Embedding British Sign Language Charter Standards – A health information event for the Deaf community was held on 17 May, 2017 at Derby Deaf Club. The Trust participated in this event, in partnership with Robin Ash, the British Deaf Association and clinical staff.
- Public Sector Equality Duty – The Trust has produced a workforce equality & diversity analysis report, plus a report on understanding our service user, which are both published on the Trust's website.
- The Trust's annual EDS2 plan and grading by stakeholders took place on 27 November 2017 and this year we focused on our Children Services (0-19) and corporate patient experience. A 'you said, we did' action plan has been developed and shared with the stakeholders who

helped grade our services – this included representation from parents, members of the Derby Deaf Club, British Deaf Association, Healthwatch Derby and members of the Trust's Council of Governors.

BME reverse commissioning

Improving services for BME people through reverse commissioning is a tool to assist organisations to better engage with BME communities and address ethnic health inequalities. Derbyshire Healthcare has adopted reverse commissioning to review mental health services provided to its BME community. We established a reverse commissioning group chaired by an independent chair, with participation from leaders from local BME communities and Healthwatch Derby to help effect change. Over the last year we have started to analyse existing data and available evidence to benchmark and identify the needs of BME communities and reduce potential variations. We are looking forward to the next phase which is a focused on implementation through an action planning session delivered in partnership with BME stakeholders to help us drive improvements, identify changes to services and monitor implementation and outcomes.

Lesbian, Gay, Bisexual and Transgender+ (LGBT+) pledge

On 29 November 2017 all members of the Trust Board signed an LGBT+ pledge to demonstrate commitment to reduce discrimination, champion and promote inclusivity for LGBT+ colleagues and service users.

The commitments the Board signed included:

1. We want all our colleagues and service receivers to know we have zero tolerance to all kinds of homophobia, biphobia and transphobia: We will take a stand against all LGBT+ discrimination, victimisation or harassment.

2. We commit to keep up to date with LGBT+ issues and support LGBT+ colleagues and service receivers. We want to know that we are not only meeting our statutory duties to our LGBT+ colleagues, patients and carers but that we are also providing the most inclusive experience we can for LGBT+ people.

3. We will wear our rainbow heart on our sleeves to champion equality and openly promote inclusivity for LGBT+ colleagues and service receivers because we want people to feel confident to be themselves, knowing they will be accepted.

This ambition shows that we wish not only to meet our statutory requirements, but more than that, we wish to seek to provide the best experience we can for our Lesbian, Gay, Bisexual and Transgender colleagues and service receivers.

In February, we marked Lesbian, Gay, Bisexual and Transgender (LGBT+) History Month, which takes place across the world this month to celebrate the lives and achievements of the LGBT+ community. The overall aim of LGBT+ History Month is to promote equality and diversity for the benefit of staff, patients and visitors.

During February the Trust Management Team (TMT) signed a pledge to wear their rainbow hearts on their sleeves and to take a stand against any forms of LGBT+ discrimination, victimisation or harassment (pictured above).

To meet our requirements under the Public Sector Equality Duties (PSED) Equality Act 2010 the Trust has shared with commissioners and published the following on our website:

- Annual Workforce Race Equality Submission to NHS England
- Annual Workforce Equality and Diversity Analysis report
- Annual Understanding our service users report
- Gender Pay Gap Report was published in March 2018 and the Trust has registered with the Government Equalities Office.

Further information about our approach to equality, diversity, inclusion and human rights can be found on our website at: www.derbyshirehealthcareft.nhs.uk/standards/equality-diversity
Implementing the Accessible Information Standard (AIS)
The Trust has enhanced its existing functionality to support the communication and information needs of our service receivers, carers and family members. Currently information related to AIS can be captured across all our electronic patient record systems, which include:

- PARIS (supplied by Civica)

- SystmONE (supplied by The Phoenix Partnership TPP)
- IAPTUS (supplied by Mayden).

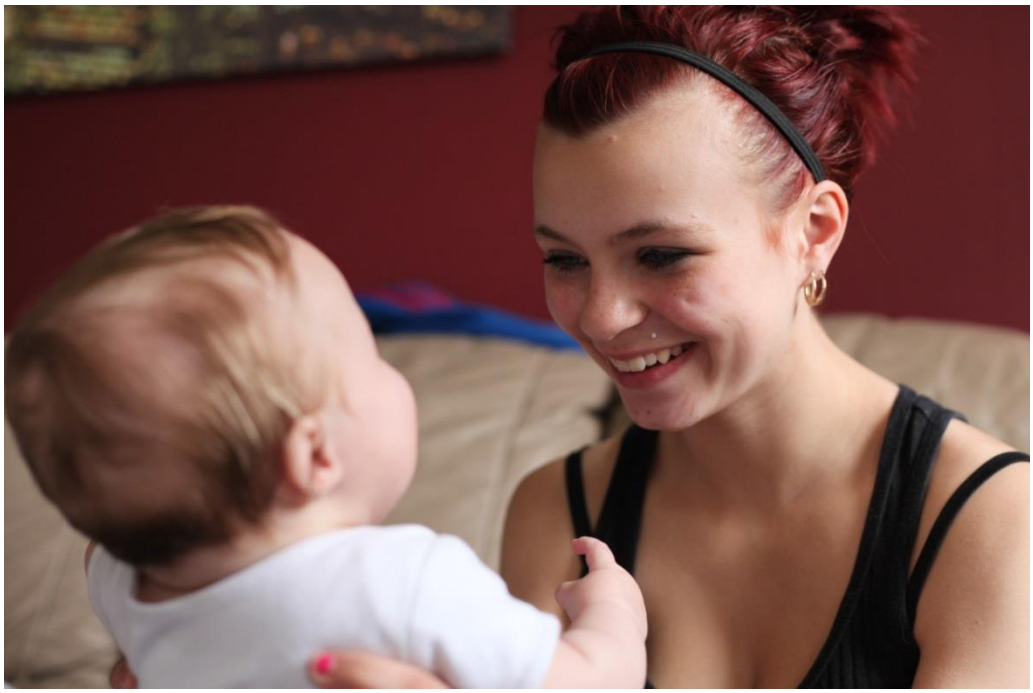
In 2017/2018 the Trust undertook a significant PARIS system upgrade that also included an enhancement for the Accessible Information Standard. Continued work is in place to help support the reporting and monitoring of AIS relation information.

All the above systems have capacity for staff to record information and communication needs in the patient record and have these prioritised as alerts in the patient banner. Furthermore, we have the ability to also flag information and communication needs for carers and family members.

Audit

Accessible information is part of the Trust's audit cycle and specifically within the data accuracy audit, which underpins the Information Governance (IG) Toolkit requirements. This is a phased audit which cycles through all Trust services, with the results being fed back to services. Findings show that AIS information is recorded in relevant patient, carer and family records but that further improvement is needed to further exploit the dedicated functionality.

A future audit is planned by the Trust's Learning Disabilities service to support review and improvement of recording and visibility of AIS information. Learning Disabilities have a long standing commitment to support the information and communication needs of their service receiver population. There are communication care plans and communication toolkits in place across learning disability services.



Supporting our Armed Forces Community
Derbyshire Healthcare publicly demonstrated its support of the Armed Forces Community by signing the Armed Forces Covenant on 28 March 2018. Through signing the pledge the Trust commits to support all current and former serving armed forces personnel who have contact with the Trust whether as patients, staff, carers or the general public.

The Covenant outlines the following pledges:

- No member of the Armed Forces Community should face disadvantage in the provision of healthcare services compared to any other citizen;
- In some circumstances special treatment may be appropriate especially for the injured or bereaved;
- Promoting the fact that we are an armed forces-friendly organisation;
- Seeking to support the employment of veterans and working with the Career Transition Partnership (CTP) and Military Step into Health programme, in order to establish a tailored employment pathway for Service Leavers;
- Striving to provide support services for Service spouses and partners; endeavouring to offer a degree of flexibility in granting special leave before, during and after a partner's deployment;
- Supporting our employees who choose to be members of the Reserve Forces, including by accommodating their training and deployment where possible;
- Offering support, where possible, through our Health Ambassadors programme to our local cadet units, either in our local community or in local schools;
- Seeking to support employees who are cadet force adult volunteers;
- Aiming to support Armed Forces Day and actively demonstrating our support to the armed forces through promotion at Trust run events.

Ifti Majid, Chief Executive and Lieutenant Colonel Duncan Jenkins, Commanding Officer of 162 Regiment, Royal Logistic Corps, signed the declaration at the Trust's public meeting of its Board of Directors. They were also joined by Trust colleagues Helen Raisbeck and Catherine Parker who currently provide services to the Armed Forces Community.

The Modern Slavery and Human Trafficking Act 2015
Modern slavery is a crime and a gross violation of fundamental human rights. It takes various forms, all of which have in common the deprivation of a person's liberty by another in order to exploit them for personal or commercial gain.

We have a zero-tolerance approach to modern slavery and are fully committed to preventing slavery and human trafficking in our corporate activities. We are also committed to ensuring there is transparency in our own business and in our approach to tackling modern slavery throughout our supply chains, consistent with our disclosure obligations under the Modern Slavery Act 2015. We all have a responsibility to be alert to the risks, however small, in our organisation and in the wider supply chain.

Derby city/shire Safeguarding Children Boards (DSCB) and the Trust's internal training cover these issues and staff are able to seek advice and supervision as necessary. These issues are high on the safeguarding agenda for both adults and children. The DSCB cover activity within the vulnerable children sub-group.

In 2017/18 we have supported system partners in criminal investigations into modern slavery, supplying staff in and out of hours to support adults and children who are allegedly involved or connected to criminal activity associated with modern slavery. Our clinical and safeguarding unit staff will continue to support partners with their endeavours.

Financial performance

The Trust's financial performance for the year has been strong, overachieving our control total despite continuing pressures both locally and nationally. Financial performance is reported each month to the Trust Board as part of an integrated performance report and describes both the current and forecast financial position. For 2017/18 the Trust set a financial plan in line with NHSI requirements to deliver a control total surplus of £2.76m excluding impairments (including sustainability funding of £794k).

The actual control total surplus achieved was £5.757m excluding impairments (£5.072m including impairments). The surplus including impairments is shown on page 228 in the statement of comprehensive income.

The over achievement of the planned surplus has been made possible by a combination of factors, predominantly lower cost pressure in the second half of the year for out-of-area placement costs, the benefit of one-off historical disposal receipt and the receipt of additional Sustainability Transformation Fund (STF) income from NHS Improvement.

	Plan *£000*	Actual *£000*	Variance *£000*
Control Total Surplus / (Deficit)	**2,765**	**3,428**	**663**
Additional STF incentive funding	0	2,329	2,329
Control Total Surplus / (Deficit)	**2,765**	**5,757**	**2,992**
Adjustment for allowable impairments	(300)	(685)	(385)
Surplus / (Deficit) reported in accounts	**2,465**	**5,072**	**2,607**

+ Favourable Variance / - Adverse Variance

Our most important financial key performance measures are those that evidence achievement of the planned surplus and delivery of the planned level of risk ratings determined by NHSI (see detail on NHS Improvement's Single Oversight Framework on page 115 of this report).

Ongoing and forecast achievement against these financial key performance measures is checked through a wide range of activities; they range from meetings with individual budget holders to discuss performance against a single budget, to team and divisional reporting and service line reporting, culminating in reporting to Trust Board and the Finance and Performance Committee on the overall performance of the Trust.

Additional key components contributing to the surplus achieved include the delivery of our cost improvement plan, our liquidity, net current assets/liabilities and cash levels (these can be found on the statement of financial position at page 229). It is clearly important to ensure we are able to continue to service our debts by delivering sufficient surplus, our liabilities are included in the accounts at note 1.24 on page 242.

Another important measure is our performance against our capital expenditure plan. We spent £3.7m against a plan of £3.3m. £0.3m of this related to an additional amount of capital funding which was received from the Department of Health and Social Care to fund some IT equipment and services related to cyber security priorities. We routinely review our priorities within the capital programme in order to enable us to address 'people first' priorities, CQC requirements, urgent maintenance and replacements etc. The Trust's base capital plan was entirely funded from Trust internal resources and so did not require borrowings. The additional capital funding referred to above, was part of a national IT initiative.

In terms of long term trends we have generally performed well financially, delivering a surplus (excluding impairments) every year since becoming a Foundation Trust, demonstrating that our

operating profitability is generally strong. In the last two years we have overachieved our planned surplus.

Benchmarking shows profitability to be one of our strongest measures in comparison to our peer organisations. Our weakest comparative measure historically had been liquidity but that has significantly improved year on year. It remains important for us to maintain this at a roughly equivalent level because it is a key indication of our financial resilience against unexpected events requiring cash resources.

It is important for us as an organisation to perform well across all key areas of our Trust activities; namely finance, quality, people and operational delivery. We are proud of our financial stability because it creates the firm foundation from which we can continue to provide the quality achievements described in our Quality Account. We have now reached a level of liquidity that is on par with peers and this now enables us to review the future size and breadth of our capital programme. Therefore, in direct support of our people, quality and operational delivery objectives, we will utilise the bonus STF cash we will receive in 2018/19 to make investments via our capital programme for the benefit of our staff and patients.

Looking forward, we will continue to work with health and social care partners to deliver the Derbyshire Sustainability and Transformation Partnership priorities (as mentioned on page 78).

We monitor performance against our two year operational plan that was submitted to NHSI in March 2017. It remains a stretching plan from a financial perspective. For 2018/19 the planned surplus had been set at £3.022m surplus, however in February 2018 we were notified that this control total surplus has been reduced to a requirement of £2.331m (including allocated STF income).

There were no important events since the end of the financial year affecting the Trust.

The Trust has not undertaken any work overseas during 2017/18.

Trust's expert staff called to the Houses of Parliament

Trust staff visited the Houses of Parliament in 2017 to serve as health experts. Dr Christine Taylor, Consultant in Old Age Psychiatry, gave evidence to the All Party Parliamentary Group on Parkinson's Disease on ways to improve mental health care for this group of patients.

Christine said: "The parliamentary group is specifically looking at the management of anxiety and depression in people with Parkinson's disease. I'm also pressing for a national mental health champion for people with Parkinson's Disease with the charity Parkinson's UK."

And physiotherapists Jackie Danvers and Emma Graham headed to Westminster to showcase what the Trust offers, as part of a national campaign calling for improved access to rehabilitation services.

Emma, who is based at the Light House clinic, said: "We spoke to Erewash MP Maggie Throup about our service and about the CPIP hip screening tool we hope to implement across southern Derbyshire, which will give an early warning about hip dislocation for children with cerebral palsy and therefore prevent painful, costly surgery."

Environmental performance

Sustainability

At Derbyshire Healthcare NHS Foundation Trust we have a Board-approved Estate Strategy that includes our sustainability and environmental considerations. The strategy describes how the environmental sustainability of the Trust's estate will continue to be improved through suitable investment in technology and estate rationalisation. Key areas are:

- Continuing to consider carbon emissions
- Improving the energy performance of existing buildings by investing in efficient plant and equipment
- Use of renewable energy e.g. photo-voltaic panels
- Adopting agile working to optimise building use
- Make efficient use of technology and IT solutions.

Achievement against our Estate Strategy is reported to the Finance and Performance Committee twice a year.

We continue to be mindful of the impact of our activities on the environment and successfully promote activities such as responsible waste management and recycling. We continue to build on our historical successes on optimisation of our estate and use of technology for example with vehicle tracking and hand held devices to optimise the efficiency of job routing for tradespeople to reduce our carbon footprint.

We were accredited by the Carbon Trust standard and were the first NHS Trust to be awarded their longevity award.

We continue to optimise the use of our buildings to help reduce our carbon footprint. For context the table below shows the reducing floor space of the Trust set against the average number of staff.

Context info	2014/15	2015/16	2016/17	2017/18
Floor space (m^2)	50,009	49,314	48,142	46,017
Number of staff	2,409	2,344	2,292	2,496

Trust rated above national average in patient assessments

The Trust scored ratings above the national average in all areas in the Patient-Led Assessments of the Care Environment (PLACE) published in August 2017.

We were rated at 99% for cleanliness (against a national average of 98.4%); 91% for food (average of 89.7%); 93.5% for privacy, dignity and wellbeing (average of 83.7%); 96.2% for condition, appearance and maintenance (average of 94%); 89.5% for dementia (average of 76.7%); and 92.4% for disability (average of 82.6%).

The PLACE programme of assessment is an annual appraisal of the non-clinical aspects of NHS and independent healthcare settings, undertaken by teams made up of staff and members of the public (known as patient assessors).

PLACE assessments look at quality against common guidelines and standards to assess the environment's cleanliness, food and hydration provision, the extent to which the provision of care with privacy and dignity is supported, and whether the premises are equipped to meet the needs of people with dementia or with a disability.

Information governance

The Trust has continued its compliance with the Information Governance Toolkit for 2017/18 with 98% of staff undertaking relevant training during the year. This keeps us at the forefront of our category (mental health trusts) and will maintain our overall rating of 'satisfactory'; demonstrating that we have reached level two or above in all attainments.

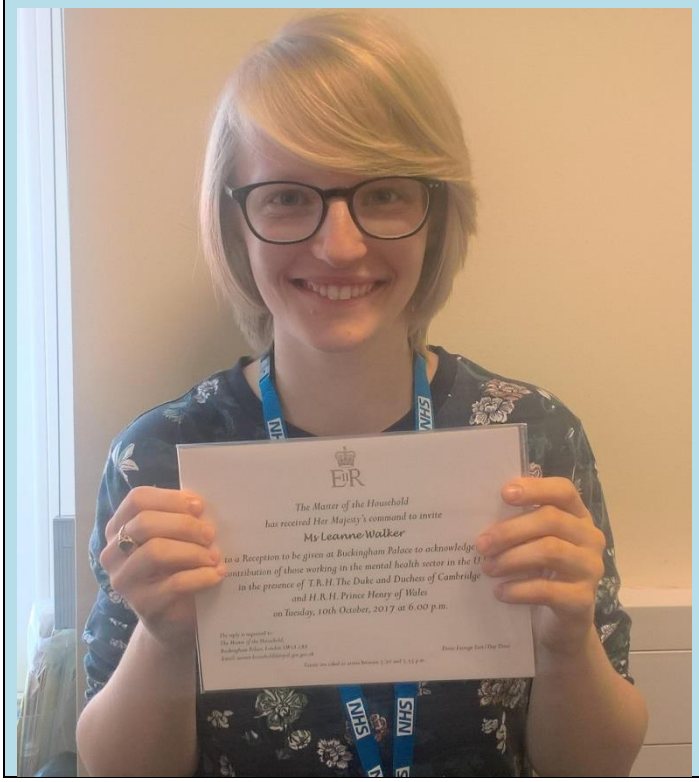
The Information Governance Toolkit is the Trust's information governance mandatory and yearly statement of compliance. It is the national standard and measures the policies, processes and procedures that we have in place to ensure compliance with the information governance agenda and gives assurances that we effectively and lawfully manage information correctly. The Information Governance Committee has met regularly throughout the year and compliance with the review and update of policies has been maintained and remains at 100% at year end.

To date and within this financial year we have had no reportable level-two serious incidents which have required action from the Information Commissioner's Office (ICO).

There were four complaints against the Trust accepted by the ICO's office:

- One related to a staff request for information under the Data Protection Act. This has been concluded, with no sanctions imposed on the Trust.
- Two related to a dispute over the content of a patient record. These have both been concluded, with no sanctions imposed on the Trust.
- One related to a delay in a patient request for information under the Data Protection Act. This has been concluded, with no sanctions imposed on the Trust.

Leanne goes to Buckingham Palace to meet the Royals



Young Derbyshire mental health worker Leanne Walker went to Buckingham Palace to meet the Duke and Duchess of Cambridge and Prince Harry on World Mental Health Day in October 2017 to mark her outstanding contribution to the sector.

Between the ages of 15 and 19, Leanne used CAMHS in Derby to help her with mental health issues. Leanne, now in her 20s, then volunteered within her local service to help shape and improve it. She was offered a position with Great Involvement Future Thinking and also works part-time for Derbyshire Healthcare as a young person consultant and expert by experience.

She said: "Derby CAMHS has opened up so many opportunities for me in my life and I will remain forever grateful for that. The 15-year-old me would never have thought that I'd be sitting here doing what I am doing today."

Social, community and human rights issues including information about Trust policies and effectiveness of those policies

A focus on neglect
Neglect is currently a priority area for the Trust and its partners in Derby and Derbyshire. There has been sustained emphasis on this area. Building upon work undertaken in 2016 this has continued into this annual period. There is a sustained need to focus the quality and consistency of work in Derby with families where neglect is known or suspected at an early stage. An audit also highlighted little evidence that practitioners had received specific training to work with complex cases of neglect.

The DSCB developed a multi-agency Neglect Strategy for Derby and agreed the action plan to address issues raised by the thematic audit. The Derby Safeguarding Children Board agreed that neglect would be a priority area for the coming year to drive forward improvement and our organisation has contributed to that system response to our community. Our Safeguarding committee membership has become increasingly concerned about the increasing levels of Child poverty in Derby and the feedback from our local authority for the rising levels of children on a Child Protection plans. The Trust is again taking an active role in this multi-agency process. A gap analysis of the National Institute for Clinical Effectiveness (NICE) guidance on neglect has been completed internally; the outcome is very positive and we have continued to embed that work in 2017/18.

The internal level three Safeguarding Children training is in line with new guidance called 'the triannual review' which highlights the accumulative impact of neglect has been very well received by staff. In 2017 we have also been exploring our focus with our community with presentations from the Derby City Director of Public Health on her annual report through the life experiences of two Derby families and what that means for our community and development, we have used that intelligence and information to realign our current Trust strategy.

Female Genital Mutilation (FGM)
A multi-agency task and finish group has been overseeing the arrangements to safeguard children in Derby and Derbyshire at risk of female genital mutilation (FGM). Action has been taken to implement revised local procedures and to publicise the new mandatory reporting duties that became law during the year. This was publicised across all agencies and emphasised within the health and education sectors. The Trust has been part of this process and has widely raised awareness amongst all staff, providing guidance, attending team/professional meetings and updating electronic systems. We have been monitoring all cases through our DATIX reporting systems and confirming all cases through our Safeguarding submissions. The information is published in our collective data in the Safeguarding Children's annual board reports

Child Sexual Exploitation (CSE)
This is a priority area for partners in Derby. The DSCB CSE Annual Report sets out the impact of the local strategy against the three priority areas identified in the Government CSE action plan (prevention, protection and prosecution) and analysis of evidence indicating the scale and nature of CSE in Derby.

The CSE Annual Report sets out how the strategy has impacted on outcomes for young people and the effectiveness of multi-agency arrangements in Derby. The Trust's CAMHS, Child and Family (school health) and Looked After Children teams play a significant part within the multi-agency arrangements.

In terms of prevention, schools and education settings provide a key role in helping young people keep themselves safe from CSE. The Trust's child and family teams support school staff and young people within the school and community settings. The CSE Risk Assessment Toolkit is in place and colleagues are aware and familiar with the use of the tool. All partner agencies are required to identify CSE champions within their agency who complete a range of training throughout the year. We have maintained our champions model within the Trust and members of the Safeguarding Children Team are members of the various sub-groups of the DSCB.

In terms of protection, our teams continue to respond to requests for CSE meetings and support a number of young people through CSE strategy meetings. These strategy meetings are evaluated on an ongoing basis to see whether a young person and their family understand why the meeting has been called and whether they feel supported and listened to.

In terms of prosecution, the Trust supports the work of the Child Exploitation Investigation Unit, which provides a force wide response to CSE. The Trust has also had an involvement in providing support to victims of non-recent abuse and hosted an interagency trauma conference to support the development of this interagency strategy for Derby city and Derbyshire. We have also worked with partners with an open letter of support to young people or adults who have experienced Child Sexual Exploitation who are not in a period of their life that they are able to progress a criminal conviction. This is to offer psychological support and an open door to services when it is the right time for the person.

Anti-bribery
The Trust has a Counter Fraud and Bribery Policy in place, which details our commitment to the proper use of public funds. It also outlines roles and responsibilities for the prevention of fraud in addition to the approach to be taken regarding matters of suspected financial crime. It relates to all forms of fraud and bribery and is intended to provide direction and help to employees who may identify suspected fraud and/or bribery. This policy provides a framework for responding to suspicions of fraud, advice and information on various aspects of fraud and implications of an investigation.

Accountability report

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

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

Ifti Majid
Chief Executive

24/5/18

Directors' report

During 2017/18 the Trust Board comprised the following members:

Caroline Maley, Chair
Term of office: 14 September 2017 – 13 September 2020
A qualified chartered accountant by background, Caroline brings to her role more than 30 years of experience across the NHS, private sector and education. Her most recent executive role was as Chief Operating Officer for the National College for School Leadership, where she oversaw all corporate services and was a member of the strategic leadership team. She was previously Chief Executive of Derbyshire Health United, the out-of-hours medical services provider in Derbyshire, and has held non-executive roles within higher education and the private sector. Upon her initial commencement as a Trust Non-Executive Director in January 2014, Caroline was the Trust's Senior Independent Director (SID) and chaired the Trust's Audit and Risk Committee. In January 2017, she was appointed Acting Chair and chaired the Trust's Remuneration and Appointments Committee. Caroline was appointed as the Trust's substantive Chair, following a competitive recruitment process, on 14 September 2017.

Dr Julia Tabreham, Deputy Chair
Term of office: 7 September 2016 – 6 September 2019
Julia, a South Derbyshire resident, was appointed Non-Executive Director on 7 September 2016. She then became the Trust's Deputy Chair on 1 November 2016. Julia began her career in banking and then moved into the voluntary sector in 1992 to establish the Carers' Federation, where she was Chief Executive until her retirement in 2016. As part of this role Julia delivered NHS advocacy services in the patient and public involvement agenda. In addition to her role with the Carers Federation, Julia has been a Non-Executive Director in the NHS since 2000 and has a PhD in offender health. Since October 2016 Julia has chaired the Trust's Quality Committee.

Ifti Majid, Chief Executive (from 6 October 2017)
Ifti qualified as a Registered Mental Health Nurse in 1988, training at St George's Hospital in London. He has held a range of clinical posts in adult mental health services, both in acute inpatient and community settings, and has held operational management posts in Nottinghamshire and Derbyshire. Ifti joined the Trust in 1997 and was appointed the Trust's Chief Operating Officer/Deputy Chief Executive in January 2013. He became the Trust's Acting Chief Executive on 26 June 2015 and was formally appointed to this position on 6 October 2017.

Other Non-Executive Directors

Margaret Gildea
Term of office: 7 September 2016 – 6 September 2019
Margaret is a practised HR professional with 30 years' experience in increasingly senior roles at Rolls-Royce plc, culminating in being the company director of learning and development and divisional executive vice-president of HR. Since 2009 Margaret has worked as a freelance HR consultant specialising in areas such as strategy development, leadership and organisation design. She has coupled this with other Board appointments and is currently a Non-Executive Director for Derwent Living. On 1 January 2017, Margaret became the Trust's Senior Independent Director (SID), serving as an alternative point of contact for governors and directors when they have concerns or when it would be inappropriate to contact the Chair or Chief Executive. Since October 2016 Margaret has also chaired the Trust's People and Culture Committee. Since November 2016 she has served as the Non-Executive Director 'Freedom to Speak Up' lead.

Geoff Lewins
Term of office: 1 December 2017 – 30 November 2020
Geoff Lewins was appointed as a Non-Executive Director from 1 December 2017.
A qualified accountant by background, Geoff has a particular responsibility to chair the Trust's Audit and Risk Committee. Geoff has more than 30 years' experience in finance, IT and governance, having recently worked as Director of Financial Strategy for Rolls-Royce. He is also a Trustee of The Arkwright Society, an educational charity devoted to the rescue of industrial heritage buildings in Derbyshire. Geoff has been appointed for a three-year term of office.

Dr Anne Wright
Term of office: 11 January 2017 to 10 January 2020
Anne has a public health and GP practice background. She has experience at director and consultant level in Public Health medicine in the NHS as well as in local government. She has developed public health strategy and led strategically in large organisations. Anne has also worked in general practice in the UK and overseas. Anne's most recent substantive post was as Consultant of Public Health with Derby City Primary Care Trust, where she worked on reducing emergency admissions. In 2011 Anne became a magistrate and in 2013 she began to serve on social security tribunals as a medical panel member. Since January 2017 Anne has served as chair of the Trust's Mental Health Act and Safeguarding Committees. She is the Non-Executive Director safeguarding lead and also leads on mortality and learning from deaths.

Richard Wright MBE
Term of office: 18 November 2016 to 17 November 2019
Richard brings significant business experience to his role as Non-Executive Director. He is an Executive Director at Sheffield Chamber of Commerce and chair of the Sheffield UTC Multi Academy Trust. Richard, who lives in Nottinghamshire, is committed to working with organisations that can have a significant impact on his local population and he is particularly interested in exploring the opportunities and challenges the Trust has to tackle. Since November 2016 Richard has chaired the Trust's Finance and Performance Committee.

Barry Mellor was a Non-Executive Director up to 31 December 2017.

Other Executive Directors:

Carolyn Green, Executive Director of Nursing and Patient Experience
Carolyn has worked as a mental health nurse since 1995. Working in the west and south of London, she has 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 is committed to personalised care recovery principles and seeks to involve people with lived experiences of mental health services in her service evaluation, education and quality improvement programmes. Carolyn was appointed in February 2014.

Mark Powell, Chief Operating Officer (from 20 November 2017)
Mark has a breadth of NHS experience, developed over 15 years working in numerous senior roles. He joined the Trust after serving as Executive Director of Operations at Burton Hospitals NHS Foundation Trust. Upon his appointment at Derbyshire Healthcare in March 2015, Mark led the Trust's business and transformation functions and wider partnership work across the city and county, and was responsible for procurement and contracting. On 1 October 2016, Mark was appointed as Acting Chief Operating Officer and on 20 November 2017, following a full recruitment and selection process, Mark was appointed the substantive Chief Operating Officer. He is responsible for leading the delivery of Trust services and operational performance.

Dr John Sykes, Executive Medical Director
Dr John Sykes qualified at Sheffield University Medical School in 1981 and became a Member of the Royal College of Psychiatrists in 1985. He was previously a Lecturer in Psychiatry at Sheffield University and was appointed as consultant in old age psychiatry in 1989. John was Chair of the Medical Staff Committee of North Derbyshire's Community Health Care Services NHS Trust before being appointed to his first Medical Director post in 1999. He became the Trust's Executive Medical Director in June 2006. John is the executive lead for safety and has led several educational workshops on 'learning the lessons' and developing a 'safety culture' during 2017/2018.

Claire Wright, Executive Director of Finance and Deputy Chief Executive
Claire has been a fully qualified management accountant since 1999 and worked in the private sector before joining the NHS Graduate Training Scheme in 1995. During her time in the NHS, Claire has performed roles in both acute and mental health provider organisations, in finance and wider management roles. Appointed Executive Director of Finance in October 2012, Claire is also the Trust's lead director for estates and facilities. Claire was appointed the Trust's Deputy Chief Executive from 6 March 2017 and, during 2017/18, was identified as the Board LGBT+ champion.

Other Directors who attend the Trust Board:

Samantha Harrison, Director of Corporate Affairs/Trust Secretary
Sam leads on corporate governance, board assurance, legal affairs, stakeholder engagement, and communications and involvement. She is the Trust lead for compliance and the principal contact for our regulators, NHS Improvement and the Care Quality Commission. Sam is a qualified Chartered Company Secretary with a Masters in Business Administration and has more than 25 years' experience of working within the NHS, across local, regional and national bodies.

Amanda Rawlings, Director of People and Organisational Effectiveness
Amanda joined Derbyshire Healthcare on 5 September 2016 and, from 1 April 2018, leads an integrated workforce and organisational development team between Derbyshire Healthcare and Derbyshire Community Health Services (DCHS). Amanda joined the

NHS in April 2007, having previously spent her career in the private sector; mainly for Caterpillar – Perkins Engines Co Limited and British Sugar. Amanda has an MSc in Management, and is a fellow of the Chartered Institute of Personnel and Development.

Lynn Wilmott-Shepherd, Interim Director of Strategic Development

Lynn has worked within the health and care sector since 2003 having been selected on to the Gateway to Leadership programme. She has worked at a senior level in a variety of roles comprising strategy, planning, performance, business development, operations, commissioning and transformation. Lynn has experience of working within both provider and commissioner organisations incorporating acute, community, mental health, adult social services and clinical commissioning groups (CCGs). In her role as Interim Director of Strategic Development, Lynn is responsible for contracting and tendering, procurement and transformation.

Over the past two years, the Trust has undertaken extensive non-executive director recruitment. As a result, with the exception of the Trust Chair, all Non-Executive Directors are serving their first term. The balance of skills and expertise has been reviewed through this period of recruitment. Non-Executive Directors are members of the Board and Board Committees and therefore retain significant independence from the operational management of the Trust. There are no links or directorships that could materially interfere with the exercise of independent judgement. No individual or group of individuals dominates the Board's decision-making. Taking into account the criteria set out in the Foundation Trust Code of Governance, the Trust Board has determined that all of the Trust's Non-Executive Directors are considered to be independent and provide an independent view on strategic issues, performance, key appointments and hold the executive directors to account. The Trust's Senior Independent Director is Margaret Gildea, who was appointed to the Trust and the role in line with the Trust's Constitution.

Details of the skills, expertise and experience of the individual Executive Directors can be found in the biography section above. Throughout the year the Remuneration and Appointments Committee has sought to ensure the Board has a wide range of skills in order to fulfil its duties effectively. This has been a key consideration in the recruitment of new Executive and Non-Executive Director posts during the year.

Supporting Board diversity

In March 2018 the Trust's Board of Directors welcomed Avtar Johal (pictured), who will be working with the Board through the NExT director scheme that seeks to improve Board diversity and support the next generation of talented people from black, Asian and minority ethnic (BAME) communities to become Non-Executive Directors in the NHS.

Avtar will be working with the Trust for six months and will be supported by Non-Executive Directors Julia Tabreham and Margaret Gildea. He will attend and observe committees of the Boardand seek to gain a range of experience about the role of the Non-Executive Director.

Register of interests
It is a requirement that the Chairman, Board members and Board level directors who have regularly attended the Board during 2017/18, 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 Director of Corporate Affairs/Trust Secretary.

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 follows overleaf.

Declaration of Interests Register 2017/18 (at 31 March 2018)

NAME	INTEREST DISCLOSED	TYPE
Margaret Gildea Non-Executive Director	• Director, Organisation Change Solutions Limited • Non-Executive Director, Derwent Living	(a, b)
Geoff Lewins Non-Executive Director	• Director/Part Owner, Woodhouse May Ltd • Director, Arkwright Society Ltd	(a, b)
Ifti Majid Chief Executive	• Kate Majid (spouse) Chief Executive of the Shaw Mind Foundation which is a global mental health charity	(a, d)
Caroline Maley Trust Chair	• Director – C D Maley Ltd • Trustee – Vocaleyes Ltd. • Governor, Brooksby Melton College	(a, b) (a, d) (a, d)
Mark Powell Chief Operating Officer	• Chair of Governors, Brookfield Primary School, Mickleover, Derby	(e)
Amanda Rawlings Director of People and Organisational Effectiveness	• Director of People and Organisational Effectiveness, Derbyshire Community Healthcare Services (DCHS) • Co-optee Cross Keys Homes, Peterborough	(a, d)
Dr Julia Tabreham Deputy Trust Chair and Non-Executive Director	• Non-Executive Director, Parliamentary and Health Service Ombudsman • Director of Research and Ambassador Carers Federation • Elective member for CHETWYND, the Toton and Chilwell Neighbourhood Forum representing the community's interest in the HS2 high speed rail project.	(a) (d)
Dr John Sykes Medical Director	• Undertakes paid assessments of patients at the request of the local authorities under the Mental Health Act and Mental Capacity Act and acts likewise for solicitors representing patients.	(e)
Richard Wright Non-Executive Director	• Executive Director, Sheffield Chamber of Commerce • Chair Sheffield UTC Multi Academy Trust • Board Member, National Centre of Sport and Exercise Medicine Sheffield	(a) (a) (a)
Lynn Wilmott-Shepherd Interim Director of Strategic Development	• Substantive position is Director of Commissioning and Delivery, NHS Erewash Clinical Commissioning Group	(d)

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

(a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those dormant companies).
(b) Ownership or part ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the NHS.
(c) Majority or controlling shareholdings in organisations likely or possibly seeking to do business with the NHS.
(d) A position of authority in a charity or voluntary organisation in the field of health and social care.
(e) Any connection with a voluntary or other organisation contracting for National Health Services, or hold a position of authority in another NHS organisation or commercial, charity, voluntary, professional, statutory or any other body which could be seen to influence decisions you take in your NHS role.

Details of any political donations
Derbyshire Healthcare NHS Foundation Trust has made no political donations during 2017/18.

Better Payment Practice code
The Better Payment Practice Code requires the payment of undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later, for 95% of all invoices received by the Trust. The Trust has a policy of paying suppliers within 30 days of receipt of a valid invoice and has paid (by number) 94.7% of non-NHS invoices and 93% of NHS invoices within this target. The Trust did not pay any interest under the Late Payment of Commercial Debts (Interest) Act 1998. Derbyshire Healthcare NHS Foundation Trust has complied with the cost allocation and charging guidance issued by HM Treasury.

	31 March 2018		31 March 2017	
	Number	**£000**	Number	£000
Total Non-NHS trade invoices paid in the year	**15,321**	**31,208**	18,443	29,958
Total Non NHS trade invoices paid within target	**14,510**	**28,320**	17,690	26,668
Percentage of Non-NHS trade invoices paid within target	**95%**	**91%**	96%	89%
Total NHS trade invoices paid in the year	**1,014**	**15,038**	1,023	14,580
Total NHS trade invoices paid within target	**943**	**13,783**	943	13,397
Percentage of NHS trade invoices paid within target.	**93%**	**92%**	92%	92%

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
Please see the Annual Governance Statement for further disclosures relating to NHS Improvement's well-led framework.

Disclosure to auditors
On 24/5/18 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.

Our Trust Board meets monthly to discuss the business of the organisation. This meeting is 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, its policies and actions as set out in the codes of conduct and accountability issued by the Secretary of State. In order to discharge its responsibilities for the governance of the Trust, the Board has established a number of Committees of the Board as described on page 57-59.

The Board of Directors ensures compliance with the principles, systems and standards of good corporate governance and has regard to guidance issued by NHS Improvement 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 360 degree 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 and feedback is shared with the Council of Governors. Initial feedback for the Chair took place in August 2017, after an initial six months acting into the role. This feedback was discussed with the Lead Governor, shared with the Chair and was taken to the Governors Nomination and Remuneration Committee.

Following substantive appointment, the Chair's objectives for 2017/18 were also set and agreed, which will form part of her next evaluation and appraisal scheduled for September 2018.

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 page 48-51.

Meetings of the Board of Directors
The Board of Directors held 10 regular meetings during 2017/18:

	Actual attendance	Possible attendance
Non-Executive Directors:		
Caroline Maley	10	10
Dr Julia Tabreham	9	10
Margaret Gildea	9	10
Geoff Lewins	3	3
Barry Mellor	6	7
Dr Anne Wright	9	10
Richard Wright	9	10
Executive Directors:		
Ifti Majid	10	10
Claire Wright	9	10
Dr John Sykes	9	10
Carolyn Green	10	10
Mark Powell	9	10
Samantha Harrison	9	10
Amanda Rawlings	8	10
Lynn Wilmott-Shepherd	10	10

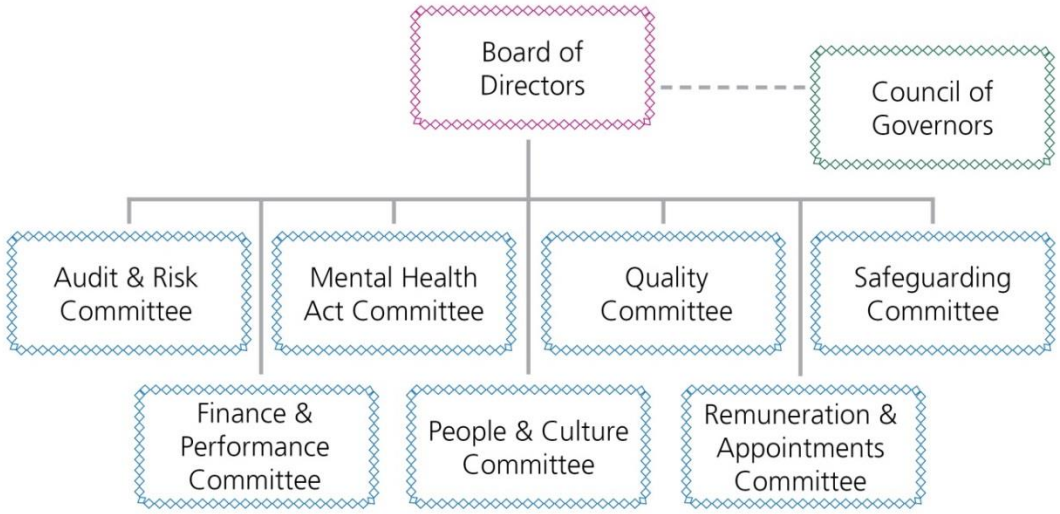
Directors' expenses

	2017/18	2016/2017
Number of directors	15	21
Number of directors receiving expenses for the year	14	17
Aggregate sum of expenses paid to directors in the year (£00)	£139	£157

Values shown in £00 – actual amount paid £13,938 (2016/17: £15,664).

Committees of the Board of Directors

Trust governance structure



Non-Executive Directors are represented on all the 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 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 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 for 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 Board Assurance Framework, Annual Report, Quality Report, Annual Governance Statement and progress with internal and external audit plans. It also receives updates on losses and compensation payments, exit payments, hospitality and sponsorship, tenders and waivers, debtors and clinical audit.

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

The Committee assesses the effectiveness of the external audit process by undertaking the self-assessment 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.

Our Audit and Risk Committee comprises the following Non-Executive Director members:

- Geoff Lewins (Chair from January 2018)
- Margaret Gildea
- Julia Tabreham.

Barry Mellor was also a member and chaired the committee up to December 2017.

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

	Possible attendance	Actual attendance
Geoff Lewins	3	3
Dr Julia Tabreham	7	6
Margaret Gildea	7	5
Barry Mellor	5	5

Finance and Performance Committee
This Committee oversees and gains assurance on all aspects of financial management and operational performance, including contract compliance, commercial decisions and cost improvement reporting. The Committee also oversees the Trust's business development, commercial and marketing strategies and its workforce resource planning (prior to review by the People and Culture Committee). 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 DoLS (Deprivation of Liberty Safeguards) applications as a managing authority are appropriately applied. It also monitors related statute and guidance and reviews the reports following Mental Health Act inspections by the CQC.

Quality Committee
This Committee seeks assurance that high standards of care are provided and that adequate and appropriate governance structures, processes and controls are in place to promote safety and quality in patient care. The Committee monitors risks arising from clinical care and ensures the effective and efficient use of resources through evidence-based clinical practice. The Quality Committee is responsible

for agreeing terms of reference and annual work programmes for its supporting sub-committees. It also receives agreed assurance and escalation reports as defined in the forward plan for the Committee. The Committee has continued to meet monthly throughout 2017/18.

Remuneration and Appointments Committee
This Committee decides and reviews the terms and conditions of office of the Trust's Executive Directors and senior managers on locally-determined pay, in accordance with all relevant Trust policies. It is also responsible for the appointment of the Chief Executive Officer, 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. Further details on the Remuneration and Appointments Committee can be found in the Annual Report on Remuneration on page 87.

Safeguarding Committee
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; providing 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 will be 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.

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 Board-level appointments. They are consulted on the Trust's forward plan and ensure that the Trust operates in a way that fits with its purpose and authorisation; this is done via the full Council of Governors meetings where the Directors report to governors on Trust performance.

Governors are invited to attend Trust Board in an observer capacity in order to witness the work of the NEDs and enable governors to hold them effectively to account. They also attend particular groups by request – for example, the Trust's Equality and BME Forums.

Governors have an ongoing participation 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.

Derbyshire Healthcare's Council of Governors is made up of elected 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 2017/18 are outlined on pages 63-64 of this report, alongside their attendance at the Council of Governors meetings.

Key developments during 2017/18
During 2017/18 governors contributed to and approved the:

- Revised governor Code of Conduct, which outlines key expectations of all governors
- Revised policy for engagement between the Trust Board and Council of Governors, which outlines systems and structures to promote a constructive working relationship between the Council of Governors and the Trust Board
- New Membership Strategy 2018-2020, which ensures that mechanisms are in place for governors to effectively engage and communicate with members
- Changes to the Trust's Constitution, which include amending the geographical areas that governors represent, making the Trust's constituencies slightly larger to attract more interest leading to contested elections; increasing staff governors to provide additional capacity; changing the composition of the Council of Governors.

At an extraordinary Council of Governors held in June 2017, governors received and discussed the Board's decision not to continue exploring the Trust's potential merger with Derbyshire Community Health Services NHS Foundation Trust (DCHS).

Developing effective relationships with the Board has continued to be a key priority for the year. The Council of Governors has met jointly with the full Board of Directors during the year and regular informal meetings have taken place between governors and NEDs. A joint development session, led by an external facilitator, for Council of Governors and NEDs was held in November 2017. The development session focused on statutory duties of governors and NEDs – governors holding NEDs to account, and NEDs holding the Board to account.

There have been changes to Board members during the year and governors have taken an active role in the recruitment of one new Non-Executive Director and the appointment of the Chair in September 2017. The Council of Governors agreed a clear process for these appointments with the Nominations and

Remuneration Committee, which was followed during the year, including recruitment support from external recruitment consultants. Both those recommended for appointment were discussed and appointments agreed at public meetings of the Council of Governors.

The Council of Governors also approved the Board's recommendation to the substantive appointment of the Chief Executive in October 2017.

The Chief Executive attends Council meetings with the Chair (who is also the Chair of the Council of Governors) to share the Board's current agenda and forthcoming issues. Other Executive and Non-Executive Directors attend as required. The Lead Governor also receives the agenda for the Trust's private Board meetings.

The Trust has a weekly e-bulletin, 'Governor Connect' that provides governors with regular information about the Trust and opportunities for governors to engage with members of the public. A development session was held in January 2018 which focused on membership and engagement which was a key priority for governors for 2017/18 and will continue to be so in 2018/19.

Governors participated in the annual effectiveness survey, the results of which were presented to the Governance Committee in October 2017 and were reported to the Council of Governors in March 2018. Overall the results were felt to be very positive with a high percentage of respondents agreeing that the relationship between the governors and Trust Chair works well; and that the Council of Governors has sufficient opportunity for contact, and good communication with the Board of Directors – with the Executive Directors and Non-Executive Directors. The survey will be undertaken again in August 2018.

The interests of patients and the local community are represented by the Council of Governors. Governors are encouraged to interface with local consultative forums, Patient Participation Groups (PPGs) and their members to achieve this, and to feedback to the Board of Directors.

Lead and Deputy Lead Governor arrangements
The Lead Governor, John Morrissey and Deputy Lead Governor, Carole Riley were reappointed to these roles for a further term (in line with their terms of office as public governors) at a meeting of the Council of Governors in March 2017.

Electing new governors to the Council
Elections for governors have taken place during the year and we have successfully elected governors to seats that have previously been vacant, were due for re-election as a result of a completed term of office, or where there was a vacancy due to a governor standing down.

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

The governor induction process is supported by a comprehensive programme for training and development, which has also been developed during the year, with sessions taking place on a monthly basis. Influenced by governors, areas for development have included information governance; equality, diversity and inclusion; finance; the Mental Health Act and a dedicated session on the Trust's quality visits and protocol. A meeting has also taken place between governors and commissioners from Erewash Clinical Commissioning Group (CCG) to discuss Wellbeing Erewash – a pilot site approved by NHS England to come up with innovative ways to improve people's health and wellbeing.

In March 2018 governors were involved in refreshing the second year of the Trust's two-year Operational Plan and received assurance that the Board had fulfilled its duties in respect of the planning process and related income assumptions from our contract negotiations.

Meetings of the Council of Governors 2017/18

The Council of Governors met six times during 2017/18. Individual attendance by governors is shown in the table on pages 62-63. In addition, there have been six extraordinary and confidential meetings of the Council of Governors during 2017/18, to discuss issues including the potential merger with DCHS, and the appointment of Trust Board members, including the Chair and Chief Executive.

The Council of Governors has the right (under the NHS Act 2006) to request Directors to attend a Council meeting to discuss specific concerns regarding the Trust's performance. This power has not been exercised during 2017/18.

The Council of Governors and the Board of Directors are committed to developing and maintaining a 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 Communications and Involvement Team. Please telephone: 01332 623700 ext. 31219 or email: membership@derbyshcft.nhs.uk

The Trust's governors signed up the Siddiqui family as members at the annual League of Friends Summer Fayre.

Summary attendance by governors at meetings of the Council of Governors 2017/18

	Title	First name	Surname	Number of COG meetings attended (out of possible number of meetings)	Extraordinary CoG meetings attended (out of possible number of meetings)	Term of office
Constituency – Public						
Amber Valley North	Mr	David **VACANT**	Wilcoxson	1/2	0/1	1/2/17 – 18/9/17
Amber Valley South	Mr	John	Morrissey	6/6	3/3	1/2/14 – 31/1/17 1/2/17 – 31/1/20
Bolsover	Mr	Martin	Rose	3/3	0/0	8/11/17 – 7/11/20
Chesterfield North	Mrs	Lynda	Langley	4/6	2/3	21/3/16 – 20/3/19
Chesterfield South	Mr Mrs Mr	Alan Eber Teresa Adrian	Smith Cresswell Rimington	0/0 0/1 0/0	0/0 0/0 0/0	1/10/16 – 2/5/17 8/11/17 – 9/2/18 3/4/18 – 30/9/20
Derby City East	Mrs	Gillian	Hough	4/6	1/3	21/3/16 – 20/3/19
Derby City East	Mrs	Carole	Riley	5/6	3/3	21/3/16 – 20/3/19
Derby City West	Mrs Mr Mrs	Paula Amran Christine	Lewis Ashraf Williamson	0/1 1/3 1/1	0/0 2/3 0/0	1/10/16 – 6/5/17 1/7/17 – 16/1/18 1/2/18 – 30/9/19
Derby City West	Mrs	Moira	Kerr	5/6	2/3	1/2/11 – 31/1/14 1/2/14 – 31/1/17 1/2/17 – 31/1/20
Derbyshire Dales	Mrs	Ruth L. **VACANT**	Greaves	5/6	1/3	1/2/14 – 31/1/17 1/2/17 – 22/3/18
Erewash North	Mrs	Shelley	Comery	5/6	1/3	21/3/16 – 20/3/19
Erewash South	Mrs Mr	Helen Shirish	Sentance Patel	1/1 3/4	0/1 0/2	1/10/16 – 4/7/17 1/9/17 – 30/9/19
North East Derbyshire		**VACANT**				
South Derbyshire	Mr	Kevin	Richards	4/6	2/3	1/2/17 – 31/1/20
High Peak	Mrs Mr	Alexandra Rick	Hurst Cox	0/1 1/3	0/1 0/0	21/3/16 – 10/7/17 8/11/17 – 7/11/20
Surrounding Areas	Mrs	Rosemary	Farkas	5/6	2/3	21/3/16 – 21/3/19
Constituency – Staff						
Medical and Dental	Dr	Jason	Holdcroft	2/6	1/3	1/2/17 – 1/2/20
Nursing and Allied	Mrs	Sarah	Gray	2/5	1/3	21/3/16 – 19/3/18

Professions						
Nursing and Allied Professions	Mrs	April	Saunders	5/6	1/3	26/9/14 – 26/9/17 27/9/17 – 27/9/20
Administration and Allied Support Staff	Miss	Kelly	Sims	4/6	2/3	15/3/16 – 1/6/18
Constituency – Appointed						
Derby City Council		Diane Robin	Froggatt Turner	0/1 5/6	0/0 1/3	17/2/16 – 24/5/17 24/5/17 – 23/5/20
Derbyshire Constabulary		**VACANT**				
Derbyshire County Council	Cllr Cllr Cllr	Rob Linda Jim	Davison Grooby Perkins	0/1 0/0 3/4	0/0 0/0 0/0	4/3/14 – 31/5/17 13/7/17 – 7/8/17 12/9/17 – 11/9/20
Derbyshire Voluntary Action	Mr	Roger	Kerry	1/2	0/0	28/11/17 – 27/11/20
Derbyshire Mental Health Forum	Mrs	Angela	Kerry	1/2	0/0	28/11/17 – 27/11/20
University of Derby	Dr	Paula	Holt	3/6	2/3	3/12/12 – 2/12/15 3/12/15 – 2/12/18
University of Nottingham	Dr	Gemma	Stacey	5/6	1/3	14/11/16 – 13/11/19

* ‘Extra COG’ represents extraordinary meetings of the Council of Governors

Governor expenses

	2017/18	2016/17
Number of governors	33	29
Number of governors receiving expenses for the year	17	12
Aggregate sum of expenses paid to governors in the year (£00)	£63	£65

Values shown in £00 – actual amount paid £6,281 (2016/17: £6,486).

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 appointed for specific groups of members known as constituencies. Constituencies cover service users, staff, partner organisations and public members.

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

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

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

Member engagement
This year, in response to feedback from our governors, we have sought to understand more about the Trust's membership in order to aid member engagement and recruitment activities.

The additional information we have been requesting from our governors has supported this approach and the Trust has a clear map of its membership in comparison to the communities we serve. We are broadly comfortable that our membership is 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 membership in order to directly shape these activities within their local area.

The Trust engages with its members on a regular basis through a monthly e-bulletin 'Members' News' and 'Connections' magazine which is distributed twice a year. The Council of Governors has introduced a new arrangement this year where members can submit questions in advance of each Council of Governors meeting.

The Trust's Membership Strategy (2018 – 2020) outlines an intention to know more about the membership of the Trust and target communication and engagement appropriately. Through comparing our membership demographics with those of the Derbyshire population, the Membership Strategy (2018-2020) outlines the key priorities for member recruitment. This is supported through the use of a membership database. During the year the Trust's has updated the 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.

Membership recruitment
The Trust continues to be supported by a volunteer Membership Champion, who supports the Involvement Team in recruiting new members across the county. The new insight into our members, achieved by the demographics 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 public governors.

Membership figures at 31 March 2018

Constituency	Number of members 2017/18	Number of members 2016/17
Public	6199	6254
Staff	2496	2401
Total	8695	8655

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

Public governors Christine Williamson, John Morrissey and Shelley Comery at the League of Friends Summer Fayre, July 2017

Membership highlights from our volunteers

“At Chesterfield Pride the characters were so colourful and the temperament and atmosphere were truly amazing and calm. The whole event was fun-fun-fun and we really enjoyed engaging with the LGBT community. We managed to sign up 22 new members and met some really wonderful people.”

“Carers events are very special for me, as I was one for 50 years. I attended the Derbyshire Carers Annual General Meeting and engaged in quite a few conversations with people who have just been told that their loved ones had dementia. We talked to them and gave them the leaflets we had and they walked away very thankful for the interaction we gave them.”

“The League of Friends Summer Fayre is one of my favourite events. This year we were visited by the Siddiqui family from the Channel 4 TV programme Gogglebox. The family talked to all stall-holders and I was really excited to register them as Trust members.”

“It was an honour to be elected as staff governor and to represent my constituency. Within the last year, as well as attending the Council of Governors and Governance Committee, I became a member of the Governors’ Nomination & Remuneration Committee, in which we shortlisted for new Non-Exec Directors and also approved the appointment of the Trust Chair.”

“The past year has been consolidating and reaffirmed that as a Trust we are on the right path. We have gained national acknowledgment of our success and the commitment of our staff. Our next task is to ensure we fill all governor positions and continue to celebrate our success. It is an honour to be a governor with the Trust.”

“I regularly offer staff 1-1 support and am available to lend an ear to them (confidentially) and to help whenever I can with any issues they may have. I have also been an active member of the Engagement Group, which in turn developed the new Staff Forum. It’s through these groups that we aim to improve communication with staff, to allow their voices to be heard, their concerns to acted upon, and to work together with the Board to solve any problems, no matter how big and small, in order to improve all our working lives.”

Governors enjoyed their involvement in Chesterfield Pride in July 2017 and recruited 22 new Trust members.

Enhanced quality governance reporting

The quality standards for Trust services are built into our organisational quality framework. Our organisation has fully embraced the NHS Constitution and the fundamental standards of quality and safety published by the CQC. These quality standards continue to define the expectations of our services andour governor and commissioner visits, these are the standards against which services showcase their clinical and service innovations.

Performance against key health targets
Our Trust has defined its quality priorities. These are connected to the needs of the local population and reflect national priorities:

- Our Trust Board and Quality Committee quality dashboards have been revised, and include a greater narrative interpretation of the quality impact of different measures
- We have invested in a revised quality dashboard, which monitors our quality priorities, our clinical concerns and pressure areas and focuses upon our monthly performance but also the trends in our services
- We have included a new quality of data assessment tool, as part of our assurance processes
- Two new quality metrics which are key to the services we offer have been monitoring community caseloads and our monitoring of acute patients in out-of-area placements outside of Derbyshire. We have seen a substantial reduction in out-of-area bed use and this has been sustained to the end of year.

QUALITY OVERVIEW – MARCH 2018

Sub-set	Metric	Period	Plan	Actual	Trend graph by month (rolling 6 months: Oct 17 - Mar 18)	Trend graph by quarter (last 4 qtrs: Apr 17 - Mar 18)	Quality implications
Safe	No of incidents of moderate to catastrophic actual harm Plan: average last fin yr 2016/17 (month)	Month	29	38			The 12 month trend graph identifies a slight increase. We continue to monitor it, and also monitor how any aspect of this might be attributable to improved reporting.
		Quarter	88	112			
	No of deaths of patients who have died within 12 months of their last contact with DHCFT Data as at 04/04/2018	Month	104	134			The increase in Jan 2018 was due to data parameters expanding to now include deaths of people who are: open to IAPT services; whilst on waiting lists; open to substance misuse services. This has led to an overall increase in the last quarter.
		Quarter	312	460			
	No of serious incidents reported to the CCG	Month	5	6			Following peak reporting in May 2017, no of incidents reported to the CCG has stabilised.
		Quarter	16	19			
	No of episodes of patients held in seclusion	Month	10	29			Significant increase in March 2018 in response to the clinical needs of four individuals on two wards. On one ward, one person was secluded nine times and two people were secluded twice each. On another ward, one person was secluded six times.
		Quarter	30	50			
	No of incidents involving patients held in seclusion	Month	16	31			
		Quarter	47	66			
	No of incidents involving physical restraint	Month	48	77			This is directly linked to the above metric
		Quarter	143	165			
	No of incidents involving prone restraint	Month	10	21			Prone restraint is usually at a time of enforced medication administration via an injection. We would often see an increase in this in line with increased use of seclusion. Prone restraint audit and report for Quality committee in plan for May 2018.
		Quarter	29	41			
	No of incidents of physical assault - patient on patient	Month	12	20			There is a slight increasing trend quarter by quarter on patient to staff physical assault, but a decrease in the trend by month.
		Quarter	37	48			
	No of incidents of physical assault - patient on staff	Month	19	40			
		Quarter	56	103			

In addition, we have also developed a safeguarding clinical practice dashboard, a new development in the Trust to monitor safeguarding performance and any emerging trends.

Overview of arrangements in place to govern service quality

The Quality Committee is the principal committee for overseeing the quality of our services. At the end of each meeting issues to be escalated to Board are summarised by the Chair and recorded.

Quality Visits programme

One way we monitor the quality of the service that the Trust is providing is through a series of Quality Visits. These visits involve every team within the Trust, clinical and non-clinical, and include contributions from service users and carers or family members wherever possible. A Quality Visit panel, made up of two to four representatives, visits each team. Each panel is chaired by a Trust Executive Director, who is accompanied by colleagues from roles of Non-Executive Directors, commissioners, clinicians, senior managers, governors, Heads of Nursing and Lead Professionals.

Quality Visits give teams the opportunity to showcase areas of their practice that they are most proud of. Presenting feedback is a key aspect of these visits, either from patients and carers for clinical teams, or from colleagues for non-clinical teams. This year, teams have also been required to show that they are compliant with performance, workforce and organisational development targets. The results of the Quality Visit are communicated to the team following a moderation week at the end of the season.

This year was another positive year. The collective work in this year's Quality Visit programme focused on 'Think Family' and Triangle of Care, and this focus was a contributory factor in the Trust achieving its second Triangle of Care gold star, in recognition of our commitment to carers and family inclusive practice.

Over 2018, we will be taking the learning from our 2017 Quality Visit programme and realigning our programme based upon our colleagues', commissioners' and governors' feedback. In 2018, our quality visits will also exclusively focus on our new quality priorities (please see below):

Derbyshire Healthcare Quality Priorities 2018 and 2019	Corporate	Children, young people and families	Central Learning Disabilities and other pathways		Central Services Substance Misuse	Mental Health – Campus	Mental Health – Neighbourhoods
Physical Healthcare	Developing EPR and technological solutions to help our teams	Meeting Physical Healthcare Strategy standards Delivering EHCP and conversions as per contract	Meeting Physical Healthcare Strategy standards Supporting the Trust to deliver contractural standards and Lead the Greenlight toolkit	Meeting Physical Healthcare Strategy standards	Meeting Physical Health care Strategy standards Progress and work on the High need support group (157) offering interventions	Meeting Physical Healthcare Strategy standards and the CQUIN requirements for health checks	Meeting Physical Healthcare Strategy standards and the CQUIN requirements for health checks
Deliver all named specific CQUINs or contractual targets	Offer leads for each CQUIN and enable teams to succeed	Complete the CYP Transiton CQUIN and succeed Undertake Autism awareness training	Work on all appropriate CQUINs Undertake Autism awareness training	Work on all appropriate CQUINs Undertake Autism awareness training	Work on all appropriate CQUINs Deliver your TOPS outcomes Undertake Autism awareness training	Work on all appropriate CQUINs Undertake Autism awareness training	Work on all appropriate CQUINs Undertake Autism awareness training
Relapse reduction and harm reduction	Developing EPR and technological solutions to help our teams care plan well	Contribute to one of the following: Achieving Baby Friendly status/ A personal health or family support plan / A plan to reduce deterioration which results in avoidable admission	A well-rounded personal health plan that identifies, prevention and reduction of avoidable admission	A well-rounded personal health plan that identifies, prevention and reduction of avoidable admission	A well rounded psychological and health plan that identifies, relapse signature and prevention reduction of avoidable admission	A well-rounded person-centred health plan that identifies, prevention and reduction of avoidable admission	well rounded health and psychological plan that identifies, relapse signature and prevention reduction of avoidable admission
Being effective Implement existing NICE or best practice / Developing another teams good idea in your team	Revise the Quality Visit programme- to a new model	Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes	Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes	Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes	Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes	Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes	Implement on NICE guideline per team or a named piece of research, best practice from another team and show outcomes
Quality improvement- using your ideas Develop and implement using recommended methodology	Design a new Quality Improvement strategy and define agreed methodology toolkit that can be used	Develop a pathway specific clinical strategy and undertake one QI project	Develop a pathway specific clinical strategy and undertake one QI project	Develop a pathway specific clinical strategy and undertake one QI project	Develop a pathway specific clinical strategy and undertake one QI project	Develop a pathway specific clinical strategy and undertake one QI project. CAMPUS – may use RED to GREEN	Develop a pathway specific clinical strategy and undertake one QI project

How the Trust has had regard to NHS Improvement's quality governance framework
Over 2017/18, the Trust has been focusing upon quality compliance, quality governance, and developing and refining our own internal governance of quality monitoring and quality control.

One of the most significant patient safety improvements a Trust can make is to have a full electronic patient record system. Community services were already using electronic records, and we have invested further in systems to enable us to roll out full electronic patient records throughout the Trust; this went live in our inpatient areas in summer 2017. It will fully transform our quality governance systems to have live data patient outcomes, clinical activity and performance. We have been using this to full effect with additional clinical dashboards and tools to improve patient care, including the patient observation boards within inpatient areas.

Our own internal reviews, Quality Visits and regulator inspection reports have enabled our services to learn lessons where required improvements have been identified and also where we have strong performance. This learning has been shared across the Trust through award events, showcasing, and through our systems and structures. We have seen informal visits to the services by the CQC to the Derby City Neighbourhood Team, Eating Disorders (both children's and adults') services, and Substance Misuse services in Derby city.

We have strengthened our performance management structures through the Trust Management Team meeting and we will further refine our accountability framework to ensure we are driving integrated clinical and operational performance, and therefore can identify early signs of services requiring additional support. The Trust Management Team performance meeting has been a key piece of our architecture in integrating our clinical and operational performance management.

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 'requires improvement'. The Trust continues to have a number of services with significant pressure, as a result of 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 key commissioning gaps. These gaps include how children's services are only commissioned to age 16 in child health in Derby, how as a county there is no CAMHS Tier 4 inpatient provision, the lack of a commissioned forensic community mental health will have a partial solution in 2018 with further developments in 2019 and the lack of access to secondary care psychological therapy. The Trust's community mental health provision is receiving significant levels of referrals, which has seen year on year pressure for several years now. There is some partial investment in this service in 2018 and a partial investment in the adult home treatment and crisis teams which will go some way to mitigating the risks.

Arrangements for monitoring improvements in quality
The Trust has a number of agreed targets in place to monitor improvements in the quality of the care we provide. These are called Commissioning for Quality and Innovation agreements or CQUINs. They are set either nationally, in agreement with NHS England, or locally, in agreement with our CCG commissioners. CQUINs identify a proportion of the Trust's income as being conditional on demonstrating improvements in quality and innovation in specified areas of patient care.

Our CQUINs for 2017/18 were as follows:

CQUIN 1a:	Improvement of health and wellbeing of NHS staff
CQUIN 1b:	Healthy food for NHS staff, visitors and patients
CQUIN 1c:	Improving the uptake of flu vaccinations for front line staff within Providers
CQUIN 3a:	Improving physical healthcare to reduce premature mortality in people with serious mental illness (SMI): Cardio metabolic assessment and treatment for patients with psychoses
CQUIN 3b:	Improving physical healthcare to reduce premature mortality in people with SMI: Collaborating with primary care clinicians
CQUIN 4:	Improving services for people with mental health needs who present to A&E
CQUIN 5:	Transitions out of Children's and Young People's Mental Health Services (CYPMHS)
CQUIN 9a:	Preventing ill health by risky behaviours - tobacco screening
CQUIN 9b:	Preventing ill health by risky behaviours - tobacco brief advice
CQUIN 9c:	Preventing ill health by risky behaviours - tobacco referral and medication screening
CQUIN 9d:	Preventing ill health by risky behaviours - alcohol screening
CQUIN 9e:	Preventing ill health by risky behaviours - alcohol brief advice or referral
MH2	Recovery Colleges for medium and low-secure patients
MH3	Reducing restrictive practices within adult low and medium-secure services
MH4	Discharge and resettlement from specialised mental health inpatient services
	Perinatal mental health training

The above list is in addition to key indicators of quality on the Trust's performance dashboard (see page 21).

Trust registration and engagement with the CQC
The Trust registered with the CQC in 2010 to provide the following regulated activities:

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

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

Patient care activities
The Quality Report details specific patient care activities. This year the Trust has continued to provide its core services and also supported community public health initiatives which include:

1. Cancer screening for people with a learning disability
2. Dementia sessions across Derbyshire to raise awareness
3. Suicide prevention and reduction activities to challenge stigma and raise awareness to men of the need to talk and seek help
4. Carers and cake sessions to support individuals to care
5. Education groups and support for parents of children with suspected additional needs and autism
6. Our continued support of breastfeeding support clinics
7. Our East European focused health clinics.

Monitoring improvements in the quality of healthcare
The Five Year Forward View for Mental Health is clear that there must be a move to payment approaches which have transparency around quality and outcomes, and these should be in place by 2017/18 for adult mental health services. It states that a similar scheme should be introduced across services for children and young people as soon as possible. It recommends national and local outcome measures should be used as part of the payment system.

We have continued to work to identify measures to be used to evidence the quality of patient care and patient experience, and continue to use the Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS), which is available in our electronic patient record.

In 2016/17 the Trust agreed the use of a health patient reported outcome measure, the Recovering Quality of Life (ReQoL). There are two versions of the ReQoL measures. ReQoL-10 contains 10 mental health items and ReQoL-20 contains 20 mental health items. Both versions contain one physical health question. The measures are suitable for use with service users aged 16 and over. They are suitable for use across all mental health populations including common mental health problems, severe and complex and psychotic disorders (clusters 1-17) but not dementia or learning disabilities. ReQoL has been built with reference to all other existing mental health measures including SWEMWBS, and has now also been incorporated into our electronic patient record. Next steps for the Trust will be around embedding ReQoL more routinely into practice.

As the Trust completes its roll out of electronic records these outcome measures will be used to measure the impact and outcome of the Trust services against these validated tools. They are also complemented by the routine use of specific outcome tools in children's services, CAMHS, Substance Misuse Services, and by the outcome measures brought by our expanded Allied Health Professional workforce.

The Trust uses its foundation trust status to develop services to improve patient care in the following ways:

- Foundation trusts have greater financial freedom than standard NHS trusts, and can use this to improve services. The Trust's Executive Leadership Team enables services to develop investment to save schemes, with a particular example of this being the impact of the Dementia Rapid Response Team in the south of the county and the current development of a similar model in the north.
- The Trust is directly accountable to our communities through our members and governors. Our governors have continued to play a strong role in the Trust over 2017/18, and in particular were essential around our decision making and assurances with regards to the proposed merger by acquisition with Derbyshire Community Health Services NHS Foundation Trust, which was not then carried out.

For further information about the Trust's commitment and approach to quality, please see the Performance Report, Quality Report and the Annual Governance Statement, included in this Annual Report.

Journalists attend 'Reporting on Suicide' conference

A total of 32 newspaper editors, journalists and student journalists attended a Reporting on Suicide conference at the University of Derby on 24 April 2017.

Most of those attending the event were newspaper editors from around the country. The Trust's Communications and Research teams were represented, along with two service users who were involved in drafting the Trust's suicide prevention strategy and who took part in the Q&A at the end of the event.

Positive and practical outcomes from the event included an agreement by the editors to add 'help' information at the end of stories, and the setting up of an alert system to remind them to take care when suicide events happen that carry a high danger of contagion.

Journalists graduating from the University of Derby are getting an in-depth understanding about how to report on suicide responsibly. Recent graduates from the university course have gone on to work at BBC Radio Derby, Burton Mail, Derby Telegraph and Peak FM.

New and/or revised services

- Following the outcome of the Better Care Closer to Home consultation in North Derbyshire, the Trust was commissioned to extend its successful Dementia Rapid Response Team (DRRT) across North Derbyshire. The initial phase of this development commenced in February 2018, with a team initially offering DRRT support for communities in the High Peak and Dales. A further team to support Chesterfield residents is in development throughout 2018, with both teams to be fully operational by the end of the calendar year.

- The Derby City Drug and Alcohol Recovery Service was re-tendered in 2017 and in December 2017 the Trust was notified that it had been successful in retaining these services commissioned by Derby City Council. This new service will commence in April 2018 (see pages 79-80 for more details).

- Public Health England has commissioned the Trust to undertake a pilot project for people with alcohol problems from 1 April 2018. The Individual Placement and Support for Alcohol and Drug Dependence (IPS-AD) trial is a randomised controlled trial of the IPS employment support approach for people receiving community treatment for drug and alcohol dependence who are unemployed, conducted in seven local authority areas. The service will be delivered by the Trust's partners Intuitive Thinking Skills.

- In March 2018 Derby City Council's Public Health team notified the Trust that the 0-19 Integrated Public Health Children's Service contract, previously scheduled to run until 31 March 2019, has been extended for an extra year – until 31 March 2020. The Council's Public Health team acknowledged the "continued success and efficiency" of the service and passed on their thanks to the staff involved.

No services were decommissioned during 2016/17.

NHS England funds Liaison service to help the most vulnerable

Derbyshire's Criminal Justice Liaison and Diversion service, commissioned from December 2016, was formally launched in January 2018. The service aims to help people who have mental health, learning disability, substance misuse or other vulnerabilities when they come into contact with the police, probation workers or the courts.

Glyn Thomas, Head of Implementation for the Liaison and Diversion Programme at NHS England, said: "I have been impressed with the level of partnership working across both health and criminal justice sectors in Derbyshire, where the Trust's collaborative approach is seeking to deliver improved patient outcomes and efficiencies within the criminal justice system and to make a contribution to reducing rates of re-offending."

One carer described how the service had helped her daughter when she was in trouble with the police: "The service was a massive support for her, and when she went to court, they supported her through that. She's almost like a different kid. I would totally recommend this service, and all I can do is thank them for everything they have done for me and my daughter."

Compliments and complaints

The 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 and is based in Albany House, Kingsway Hospital. Staff have direct contact with the Chief Executive and Executive Directors and liaise regularly with senior managers.

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.

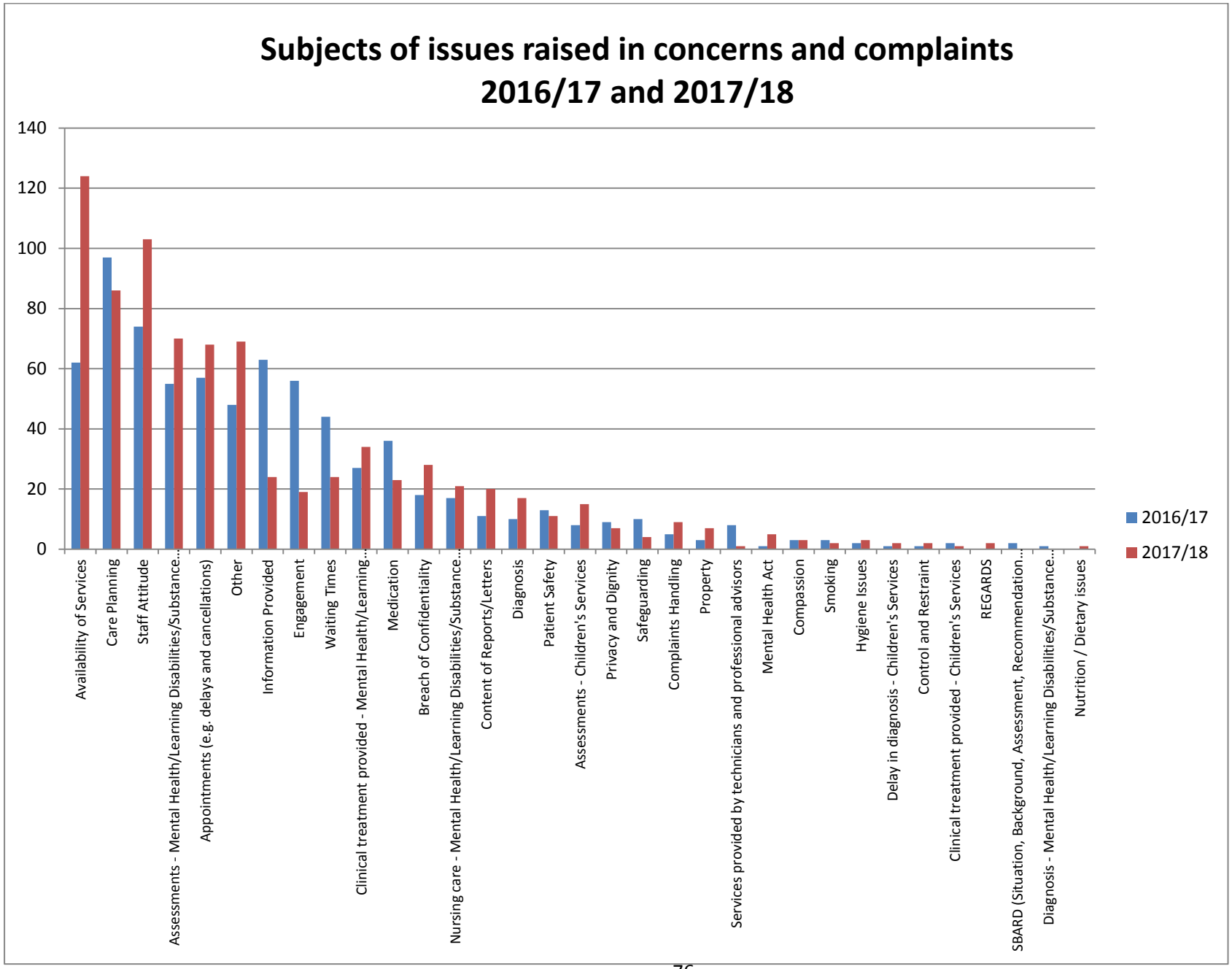
We are aware that there have been issues providing timely responses to some of our complaints during the year and we have worked hard with operational staff to reduce the time taken for investigations. Progress is being monitored and reported on in quarterly reports to the Patient Experience Committee and Quality Committee.

During the year the following contact has been made:

	2017/18*	2016/17
Compliments	1222	1,215
Concerns	451	420
Complaints	191	146

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

Complaints are issues that need investigating and require a formal 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. Of the 191 formally investigated complaints 16 were upheld in full, 83 upheld in part, 36 not upheld and 52 complaints are still being investigated. Four did not require an investigation.


Subjects of issues raised in concerns and complaints
2016/17 and 2017/18
140
120
100
80
60
40
20
0
Availability of Services
Care Planning
Staff Attitude
Assessments - Mental Health/Learning Disabilities/Substance...
Appointments (e.g. delays and cancellations)
Other
Information Provided
Engagement
Waiting Times
Clinical treatment provided - Mental Health/Learning...
Medication
Breach of Confidentiality
Nursing care - Mental Health/Learning Disabilities/Substance...
Content of Reports/Letters
Diagnosis
Patient Safety
Assessments - Children's Services
Privacy and Dignity
Safeguarding
Complaints Handling
Property
Services provided by technicians and professional advisors
Mental Health Act
Compassion
Smoking
Hygiene Issues
Delay in diagnosis - Children's Services
Control and Restraint
Clinical treatment provided - Children's Services
REGARDS
SBARD (Situation, Background, Assessment, Recommendation...
Diagnosis - Mental Health/Learning Disabilities/Substance...
Nutrition / Dietary issues
2016/17
2017/18

Concerns and complaints in relation to availability of services have increased significantly when compared to 2016/17.

Within the 1,216 compliments the themes from the issues raised highlight the general gratitude and appreciation for the support/help provided by staff. A high number also comment on the care, kindness and compassion shown by staff.

During the year the Trust discussed five cases with the Parliamentary and Health Service Ombudsman: two investigations have been undertaken both are ongoing. Three assessments also took place and all three are still ongoing.

Trust praised for ground-breaking policy on sugary drinks
The Trust won national praise this year for its move, two years ago, to ban sales of sugary drinks across its sites.

In December 2017, NHS England called for sugary drinks to be banned from hospital canteens, shops and vending machines if trusts failed to take action to reduce sales.

Almost two thirds of NHS trusts had signed up to a voluntary scheme to slash sales of sugary soft drinks, milkshakes and hot drinks with added sugar syrups, to 10% or less of all beverages sold.

And Derbyshire Healthcare Trust won special mention for making the move two years before. The story was carried in national and local newspapers, including The Sun and The Independent.

Stakeholder relations

The Trust has a good 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 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.

Sustainability and Transformation Partnership – Joined Up Care Derbyshire
In order to deliver the aims of the Five Year Forward View (FYFV) the Derbyshire Sustainable Transformation Partnership (STP) was re-energised in 2017/18 by all organisations agreeing to formally work together through a Memorandum of Understanding. This sets out the principles of how we all work together and the things we want to achieve as a system to improve the three gaps as set out in the FYFV:

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

System leaders agreed a number of priority focus areas with each area being led by a Chief Executive or Local Authority Senior Officer. Ifti Majid, Chief Executive at Derbyshire Healthcare, is the lead for the mental health priority workstream. The workstream aims to deliver many of the areas outlined in national documents such as The Five Year Forward View (2014), Next Steps on the FYFV (2017), The FYFV for Mental Health (2016) and NHS England's Mental Health Delivery Plan 2017/18. The workstreams are also taking into account of work which has already been done in Derbyshire during the initial stages of the STP (2016/17) and the Better Care Closer to Home programme in the north of the county (previously known as 21C).

The mental health workstream covers four key areas:

- **Mental health primary care** – aiming to provide increased primary care capacity to recognise and effectively manage people with mental health needs in their community; greater equity of physical and mental health by ensuring people with a severe mental illness get an annual health check and that people with long-term conditions get to access psychological help

- **Mental health responsive communities** – increased access to specialist treatment in a person's local community; development of a 'mental health' urgent care pathway that allows more people to get timely advice and support and where necessary, treatment; availability of a mental health bed in Derbyshire when it is needed

- **Mental health forensic and rehabilitation** – availability of community services to help reduce the number of people in an inpatient rehabilitation facility; better use of the inpatient facilities we have in Derbyshire for people who need it; help in the community for people who have a forensic history and help for people who have complex needs

- **Dementia and delirium** – equitable community-based memory assessment services across Derbyshire to maintain the rate of diagnosis above two thirds; improved post-diagnostic treatment and support to people; support for people to live in their own homes and 'live well' with dementia; improved specialist mental health support in care homes across Derbyshire and consistent training within care homes to help prevent delirium in dementia.

It is important to note that children's services, CAMHS and learning disabilities are within workstreams specific to those areas. However, the Trust plays an active role in the development of these services.

The financial challenge within Derbyshire remains significant and it is only by transforming the way we work that we can achieve significant savings whilst maintaining the quality of services. Derbyshire Healthcare is a key partner in Joined Up Care Derbyshire and remains committed to working as a system to develop services for our communities.

Partnership approach to improving dementia support

A decision on the Better Care Closer to Home consultation was made in July 2017 and implementation of the programme commenced in August.

As a key partner of the programme, the Trust continues to support implementation and has worked closely with Derbyshire Community Healthcare Services NHS FT (DCHS) and commissioners to assist the transition from inpatient care to community care. The initial DRRT (pictured right) commenced at the beginning of February 2018. Prior to this we had worked with staff from DCHS to ensure that patients were supported during the transition. There are four phases to the implementation of the DRRT and these will conclude late 2018.

The introduction of the DRRT, based on evidence of the successful implementation in the south of the county, will enable a significant proportion of people to be supported within their home environments, thereby reducing hospital admissions.

The proposals outlined plans to reduce the number of beds for people with dementia in North Derbyshire and to develop two DRRTs to provide alternative community-based support.

Partnership work: drug and alcohol services

The Trust successfully led a partnership bid regarding a new tender for combined drug and alcohol services during the year and we are delighted to confirm that this new service will commence in April 2018.

One of the main strengths of the Trust's bid was that it built on the Trust's long-term partnership with Phoenix Futures and Aquarius and the Trust's tender clearly demonstrated that the new service has been re-shaped to meet the ever-changing needs of substance misuse service users in Derby city.

Nationally substance misuse services are facing the challenge of providing treatment and care for an aging population of opiate users with increasingly complex needs, the new service is designed to be responsive to those needs and will focus particularly on engagement and risk management of service users. Recovery will underpin all interventions provided by the service.

The new service is based on three identified phases of the service user journey and will provide treatment dependent on the needs of the service user in each phase:

- Engagement and Recovery - The engagement team will be flexible and responsive to provide interventions according to need and will use intelligence and support from partner agencies such as housing, hostel providers, primary care, Derby Teaching Hospitals NHS Foundation Trust, and outreach provision such as the Proactive Engagement and Enforcement Programme (PEEP). The focus at this stage will be on engagement of service users and minimising risks.

- Treatment and Recovery – Evidence based bio-psychosocial interventions will be delivered according to individual need through joint recovery-based care planning with the service user and their keyworker, with a focus on risk management. Responding to physical healthcare needs will be a key focus including providing interventions from within the service such as ECG's (electrocardiogram), blood-borne virus (BBV) testing and close links with primary and secondary care providers. The service will also continue to provide a specialist needle exchange providing advice to differing populations in treatment, including steroid users and new psychoactive substances users.

- Exit and Recovery – Building recovery capital will be essential for all our service users who are planning to exit treatment. Each service user successfully leaving treatment will have an exit recovery plan detailing sustainable recovery and contingency planning to prevent relapse.

Derby Drug and Alcohol Recovery Service will provide outreach and treatment from our bases at St Andrews House and St Peter's Churchyard as well as from a number of locations in the community including hostels, GP surgeries and probation.

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

- Mental Health Alliance, who have been the lead patient involvement organisation for representing service users and providing a 'patient voice'. We have worked closely with Mental Health Alliance during 2017/18 to ensure we are listening to our patient population and making changes in response to the feedback we receive. Thank you for your contribution to improving Trust services. In 2017, the service was extended to provide additional in-reach expert by experience visits to the Radbourne and Hartington units. We are grateful to the former members of Mental Health Alliance for their continued service to our community and our Trust. The sensitivity and positivity in visiting individuals in our acute services to ask them of their experience of care has been invaluable to improving our services.

- North Derbyshire and South Derbyshire Carers' Forums, which have continued to make a long-term and outstanding contribution to the Trust's groups and committees, for example the Patient Experience Committee -where they have made a significant contribution to reviewing the Trust's Carers strategy - literature, co-supporting our Triangle of Care Level 2 submission and wider information. We would like to offer personal thanks to Sandra Austin and Josie Rodgers for supporting our Trust in appointing senior staff and influencing the future of clinical strategy in our organisation.

- Mental Health Action Group for its ongoing contribution to the voice of the service user and in the transition into the new service model.

- Healthwatch Derby and Healthwatch Derbyshire for their 'enter and view' and service reviews during the year, their extended reviews and for their direct feedback on the voice of our community on how our care is experienced and their ideas on how we can continually improve.

- Derbyshire LGBT+ who the Trust has received support and guidance from on a wide range of LGBT+ inclusivity objectives including training programmes, LGBT+ events and developing a staff network.

Thank you to all our partners and volunteers for their support and contribution during the year.

Engaging with our communities

The Trust's vision and values clearly articulate our shared ambition of putting people first and doing so in a way that is respectful and honest. In line with this we take engaging our local communities seriously and use many different methods for doing so.

Our regular Equality Delivery System (EDS) service reviews are opened up to members from local communities to come and share their feedback on our services, hear evidence and plans from Trust staff and be engaged in EDS service grading. In addition we have specific engagement links with local communities, for example through the Trust's Chief Executive and other senior staff linking with our asylum-seeking community through links with the Red Cross. Our Chief Executive has developed a relationship with the deaf community through Derby Deaf Club and our Deputy Chief Executive has worked closely with the local LGBT+ community over the year, in order to demonstrate the Trust's commitment to improving our services for LGBT+ community and staff.

In addition our governors play a vital role in engaging local members and communities, receiving feedback and sharing developments which are then fed into the Council of Governors or the governors' governance committee. The Trust also has a proactive attendance at a number of community-based venues and events in order to engage with our members, recruit to our membership base and reduce the stigma associated with mental health services. Our activities are often targeted at ensuring a diverse membership and over the last year have included attendance at Pride events in both Derby and Chesterfield, engagement with rural communities, our BME communities and younger people. The Trust also celebrates key events including World Mental Health Day, Time to Talk day and mental health awareness week.

Not all community engagement is face to face and our Trust (and senior leaders such as Chief Executive, Chair and Deputy Chief Executive) has an active presence on social media sites such as Twitter and Facebook where we share information and receive feedback, as well as signposting members of the public to where to get help or find out more. We have improving relationships with local media and have regularly had articles in local press and staff speaking on the radio as a way of sharing information with and prompting feedback from local communities.

We have realised that a great way to engage people is to hold public meetings about topics people are interested in personally or for their family. Our public dementia question and answer session have very successfully engaged communities all over Derbyshire, providing information and education as well as an opportunity to hear local community views.

Consultation with local groups and organisations including Overview and Scrutiny Committee

The Trust continues to engage with local groups and organisations, including Healthwatch Derby and Derbyshire and the new group Mental Health Together. Whilst we have not been required to undertake any formal consultation or engagement with Overview and Scrutiny Committee colleagues this year, senior leaders in the Trust have been engaged in significant formal engagement and consultation linked to cross-organisational change. For example this has included speaking with lobby groups such as Save our NHS about the Joined Up Care Derbyshire plans or large public meetings associated with Better Care Closer to Home in North Derbyshire.

Further evidence of our commitment to continuous engagement with local communities is shown by members of our senior leadership team, including the Chief Executive, undergoing training along with colleagues from Healthwatch Derbyshire in co-production for consultation to support a shared approach to consultation and engagement with local partners.

Wider Patient and Public Involvement (PPI) activities

There have been a number of events throughout the year to engage with members of the public regarding Trust services, recruit new Trust members and reduce the stigma associated with mental health.

Events include:

- International Women's Day – where Trust representatives offered creative activities for the public to participate in
- Langwith Show – the Rhubarb Farm is an agriculture-based environmental social enterprise organisation. Each year the Trust attends this show to reach the rural community in the Bolsover constituency
- Derby & Chesterfield Gay Pride events – the Trust attended both these colourful and vibrant events, revisiting current members and having valuable and insightful conversations with members of the public and prospective new members
- The Trust took part in numerous other events across the county to engage with Trust members, patients and the public. These include activities to recognise Time to Talk day, a carer celebration event, supporting Derby College at their health and wellbeing event, Liberation Day, Deaf Awareness events, the Chaddesden Big One, League of Friends summer fayre, Derby West Indian carnival and the National Citizen Service mental health focused event, arranged by young people participating in the programme.

Pictured (right) David Powell, speaking about the Trust's CAMHS at an NCS event.

Taking a minute to change a life

On World Suicide Prevention Day, 10 September 2017, the Trust joined partners across Derbyshire in promoting the message 'take a minute, change a life'. The Trust reached out to members of the local community to share these messages, engaging with football fans at Chesterfield Football Club's (FC) match against Coventry City on 2 September and at Derby County FC's game against Hull City on 8 September.

In order to measure the impact the of Trust's suicide prevention strategy, colleagues, service users and members of the public were asked to complete a survey on their thoughts and feelings about suicide, and on the Trust's approaches to prevention, training and support.

Pictured left - Dr Allan Johnston and Chester the Mouse at Chesterfield Football Club.

Remuneration report

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

Ifti Majid
Chief Executive

Annual statement on remuneration

Major decisions/substantial changes to senior managers' remuneration
In June 2017 the Remuneration and Appointments Committee received a report on the market comparison of Executive Directors salaries. The Committee made the decision to award the Directors a 1% pay award which is in line with the staff award under Agenda for Change. In addition the Committee agreed revised salary arrangements for the Chief Executive, in line with sector average.

During the financial year the Trust has refreshed its Executive Director Remuneration Policy. The policy outlines how the Trust will ensure it can attract, motivate and retain the high calibre Executive Directors it needs through paying market competitive remuneration packages, taking account of our financial condition and providing value for money for tax payers.

Caroline Maley
Chair
Chair of Remuneration and Appointments Committee

Senior managers' remuneration policy future policy table:

Executive Directors

Component	The Remuneration and Appointments Committee oversees the remuneration and terms of 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 table on pages 88-92.
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 table outlined on pages 88-89. 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 provide for the recovery of sums paid to a Director or for withholding the payments of sums to senior managers.

Non-Executive Directors

Component	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.
Additional fees	Not applicable
Other remuneration	Not applicable

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

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

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

Salary for period of notice
The Committee will usually require Executive Directors to serve their contractual notice period, in which case they will be paid base salary in the usual way. In the event that the Committee agreed to pay in lieu of notice, this would be calculated on the relevant base salary. If exercised, this would mean that the 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 appointment may be terminated by the Council of Governors. A Non-Executive may resign before completion of their term, by giving written notice to the Director of Corporate Affairs/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.

Senior managers' pay is based on the Remuneration Policy. Remuneration comparisons used included NHS Providers national benchmarking data, which was taken into account in setting the level of remuneration for senior manager posts in comparison to near equivalent roles in other, similar organisations.

Annual Report on Remuneration

Directors' appointments and contracts

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

Non-Executive Directors including the Trust Chair are subject to fixed term appointments. Details of Non-Executive terms of office are outlined in the Directors' Report on pages 48-49.

Remuneration and Appointments Committee

The role of the Committee is to ensure there is a formal and transparent procedure for developing policy on Executive Director remuneration and for agreeing the remuneration packages of individual Directors. The Committee is also responsible for identifying and appointing candidates to fill all the Executive Director positions on the board. The Committee has met 12 times throughout the year.

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

	Possible attendance	Actual attendance
Caroline Maley (Chair)	12	12
Dr Julia Tabreham	12	9
Margaret Gildea	12	10
Barry Mellor	10	5
Richard Wright	12	11
Dr Anne Wright	12	8
Geoff Lewins	2	1

The details included in the Remuneration report (salary and allowances of Executive and Non-Executive Directors for the year 2017/18 and pension benefits) plus the fair pay multiple, payment for loss of office and payments to past senior managers are subject to audit.

Salary and allowances of Executive and Non-Executive Directors for the year 2017/18

		2017/18						2016/17					
	Name	Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)	Salary and Fees (in bands of £5,000)	All taxable benefits (to the nearest £100)	Annual performance-related bonuses (in bands of £5,000)	Long-term performance-related bonuses (in bands of £5,000)	All pension-related benefits (in bands of £2,500)	Total (in bands of £5,000)
Chief Executive	Ifti Majid *[1]	140-145				70-72.5	210-215	135-140				87.5-90	220-225
Deputy Chief Executive & Executive Director of Finance	Claire Wright *[2]	120-125				60-62.5	180-185	115-120				27.5-30	140-145
Executive Medical Director	John Sykes *[3]	190-195	2,000				190-195	190-195	2,300				195-200
Executive Director of Nursing & Patient Experience	Carolyn Green	110-115				25-27.5	135-140	110-115				67.5-70	175-180
Chief Operating Officer	Mark Powell *[4]	110-115				40-42.5	150-155	105-110				37.5-40	145-150
Acting Director of Operations	Carolyn Gilby *[5]							45-50				52.5-55	100-105
Director People & Organisational Effectiveness	Amanda Rawlings*[6]	60-65	1,200			15-17.5	75-80	30-35				10-12.5	45-50
Director of Workforce and Organisational Development and Culture	Jayne Storey*[7]							50-55				12.5-15	65-70
Director of Corporate Affairs/Trust Secretary	Samantha Harrison *[8]	90-95				25-27.5	115-120	85-90				277.5-280	365-370
Interim Director of Corporate Affairs	Jenna Davies *[9]							5-10					5-10
Interim Director of Strategic Development	Lynn Wilmott-Shepherd *[10]	85-90				40-42.5	125-130	35-40				35-37.5	70-75
Chair	Caroline Maley *[11]	50-55					50-55	20-25					20-25
Interim Chair	Richard Gregory *[12]							35-40					35-40

Non-Executive Director	Margaret Gildea *[13]	10-15					10-15	5-10					5-10
Non-Executive Director	Barry Mellor *[14]	10-15					10-15	5-10					5-10
Non-Executive Director	Julia Tabreham *[15]	10-15					10-15	5-10					5-10
Non-Executive Director	Anne Wright *[16]	10-15					10-15	0-5					0-5
Non-Executive Director	Richard Wright *[17]	10-15					10-15	0-5					0-5
Non-Executive Director	Geoff Lewins *[18]	5-10					5-10						
Non-Executive Director	Maura Teager *[19]							10-15					10-15
Non-Executive Director	Philip Harris *[20]							5-10					5-10
Non-Executive Director	James Dixon *[21]							5-10					5-10
Band of Highest Paid Director's Total Remuneration (£000)		190-195						195-200					
Median Total Remuneration		28,746						28,462					
Ratio		6.7						6.9					

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

The banded remuneration of the highest-paid director in Derbyshire Healthcare NHS Foundation Trust in the financial year 2017/18 was £190,000 - £195,000 (in 2016/17 it was £195,000 - £200,000). This was 6.7 times (in 2016/17: 6.9) the median remuneration of the workforce, which was £28,746 (in 2016/17: £28,462).

In 2017/18, zero employees received remuneration in excess of the highest-paid director (in 2016/17: also zero).

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

In accordance with NHSI's Annual Reporting Manual, the calculation for the Fair Pay Multiple disclosure is based on full-time equivalent staff of the Trust at the reporting period end date on an annualised basis.

It is therefore derived from staff costs of Derbyshire Healthcare NHS Foundation Trust as at 31 March 2018. It is calculated using costs for employed staff in post at that date (with any part time salaries grossed up to full time equivalent).The resulting combined list of salary figures was sorted into ascending order of value to identify the middle (median) value in the range. The most highly paid director during 2017/18 was the Executive Medical Director (of which £120,500 related to their clinical role). This is consistent with 2016/17.

In 2017/18 there was one senior manager paid more than the £150,000 threshold used in the Civil Service for approval by the Chief Secretary to the Treasury, as set out in guidance issued by the Cabinet Office (2016/17 : one). The Trust Remuneration and Appointments Committee has reviewed this and considers it reasonable as it relates to the Executive Medical Director whose payments cover both clinical and Board duties.

(This disclosure is subject to audit)

*1 Ifti Majid - Chief Executive from 6/10/17 having served as Acting Chief Executive since 26/6/15 when acting up from Chief Operating Officer

*2 Claire Wright - existing Executive Director of Finance with additional role of Deputy Chief Executive from 6/3/17

*3 John Sykes - pension frozen 31/5/12

*4 Mark Powell - Chief Operating Officer from 20/11/17 having served as Acting Chief Operating Officer since 1/10/16 when acting up from Director of Strategic Development

*5 Carolyn Gilby - left 30/9/16

*6 Amanda Rawlings - started in post 5/9/16. Recharge from host employer (DCHS) included equating to 50% of total salary

*7 Jayne Storey - left 31/8/16

*8 Samantha Harrison - started in post 4/4/16

*9 Jenna Davies - left post 30/4/16

*10 Lynn Wilmott-Shepherd - started in post 9/11/16. Recharge from host employer (Erewash CCG) included equating to 100% of total salary

*11 Caroline Maley - Chair from 14.09.17 having served as Acting Chair from 1/1/17 when acting up from Non-Executive Director

*12 Richard Gregory - left 31/12/16

*13 Margaret Gildea - started 7/9/16

*14 Barry Mellor - started 16/11/16 and left 31/12/17

*15 Julia Tabreham - started 07.09.16. Deputy Chair from 1/11/16

*16 Anne Wright - started 11/1/17

*17 Richard Wright - started 18/11/16

*18 Geoff Lewins - started 1/12/17

*19 Maura Teager - left 30/3/17

*20 Philip Harris - left 31/8/16

*21 James Dixon - Deputy Chair from 1/4/16 until leaving 17/11/16

The total taxable benefits reported in the table above of £3.2k all relate to lease car benefits.

Pension benefits 1 April 2017 – 31 March 2018

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 2018 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2018 (bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2017	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2018	Employers Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£000	£000	£000	£000
Chief Executive	Ifti Majid	90-92.5	5-7.5	60-65	160-165	985	120	1115	20
Deputy Chief Executive & Executive Director of Finance	Claire Wright	77.5-80	5-7.5	35-40	85-90	500	81	587	18
Executive Medical Director	John Sykes	0	0	65-70	205-210	0	0	0	0
Executive Director of Nursing & Patient Experience	Carolyn Green	40-42.5	0-2.5	25-30	60-65	321	44	368	16
Chief Operating Officer	Mark Powell	55-57.5	2.5-5	25-30	65-70	320	52	375	16
Director of Corporate Affairs/Trust Secretary	Samantha Harrison	37.5-40	0-2.5	25-30	65-70	394	46	444	13
Director People & Organisational Effectiveness	Amanda Rawlings	0-2.5	0-2.5	10-15	30-35	204	25	232	9
Interim Director of Strategic Development	Lynn Wilmott-Shepherd	52.5-55	7.5-10	25-30	85-90	597	82	685	12

Payments for loss of office

None in 2017/18.

Payments to past senior managers

None in 2017/18.

Staff report

2017/2018 has been another busy year for our Trust and staff. We have increasing demands for our services and our staff continue to rise the challenge. There is a national shortage in a number of professional occupations and staff retention, recruitment and engagement has been our big priority throughout the year. The Trust Board has made 'people first' its top priority.

Workforce profile: Staff numbers

Average number of employees (WTE basis)	2017/18 Total Number	2017/18 Permanent Number	2017/18 Other Number	2016/17 Total Number	2016/17 Permanent Number	2016/17 Other Number
Medical and dental	**162**	139	23	**162**	138	24
Ambulance staff	**0**	0		**0**		
Administration and estates	**609**	564	45	**519**	450	69
Healthcare assistants and other support staff	**428**	342	86	**473**	379	94
Nursing, midwifery and health visiting staff	**875**	836	39	**843**	797	46
Nursing, midwifery and health visiting learners	**2**	2		**4**	4	
Scientific, therapeutic and technical staff	**274**	271	3	**291**	282	9
Healthcare science staff	**0**	0		**0**		
Social care staff	**1**	1		**0**	0	
Other	**0**			**0**		
Total average numbers	**2,351**	**2,155**	**196**	**2,292**	**2,050**	**242**
Of which:						
Number of employees (WTE) engaged on capital projects	**4**	4		**6**	6	

Workforce profile: Staff costs

	31 March 2018			31 March 2017		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	**75,079**	**72,760**	**2,319**	71,220	70,170	1,050
Social security costs	**6,806**	**6,806**	**-**	6,636	6,615	21
Apprenticeship levy	**348**	**348**	**-**	-	-	
Employer contributions to NHS Pension Scheme	**9,471**	**9,471**	**-**	9,293	9,191	102
Other pension costs	**-**	**-**	**-**	-	-	-
Other post-employment benefits	**-**	**-**	**-**	-	-	-
Temporary staffing (External Bank)	**2,864**	**-**	**2,864**	4,598	-	4,598
Temporary staffing (Agency/Contract)	**3,770**	-	**3,770**	5,002	-	5,002
Termination benefits	**1**	**1**	**-**	50	50	-
Total Gross Staff Costs	**98,339**	**89,386**	**8,953**	96,799	86,026	10,773
Of the total above:						
Charged to Capital	**137**			204		
Employee benefits charged to revenue	**98,202**			96,595		
	98,339			96,799		

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

	Headcount	Fte	Workforce %
Trust			
Employees	2494	2157.85	
Staff Group			
Add Prof Scientific and Technic	199	173.22	7.98%
Additional Clinical Services	401	349.09	16.08%
Administrative and Clerical	511	437.50	20.49%
Allied Health Professionals	166	132.20	6.66%
Estates and Ancillary	154	116.53	6.17%
Medical and Dental	128	110.50	5.13%
Nursing and Midwifery Registered	931	834.81	37.33%
Students	4	4.00	0.16%
Age			
16-20	6	6.00	0.24%
21-30	287	265.97	11.51%
31-40	571	483.32	22.89%
41-50	721	630.68	28.91%
51-60	730	637.25	29.27%
61-70	167	125.83	6.70%
71 & above	12	8.80	0.48%
Disability			
Declared Disability	124	106.68	4.97%
No Declared Disability	2370	2051.17	95.03%
Ethnicity			
White - British	1932	1662.34	77.47%
White - Irish	27	22.49	1.08%
White - Any other White background	50	42.79	2.00%
White Northern Irish	1	0.67	0.04%
White Unspecified	42	38.36	1.68%
White English	1	0.64	0.04%
White Traveller	1	1.00	0.04%
White Other European	4	3.41	0.16%
Mixed - White & Black Caribbean	15	13.87	0.60%
Mixed - White & Black African	4	3.60	0.16%
Mixed - White & Asian	11	10.55	0.44%
Mixed - Any other mixed background	9	8.60	0.36%
Asian or Asian British - Indian	107	93.56	4.29%
Asian or Asian British - Pakistani	35	31.80	1.40%
Asian or Asian British - Bangladeshi	3	2.37	0.12%
Asian or Asian British - Any other Asian background	9	8.52	0.36%
Asian Punjabi	3	2.13	0.12%
Black or Black British - Caribbean	48	42.53	1.92%
Black or Black British - African	49	43.23	1.96%
Black or Black British - Any other Black background	9	8.48	0.36%
Black Nigerian	1	1.07	0.04%
Black Unspecified	1	1.00	0.04%
Chinese	1	0.80	0.04%
Any Other Ethnic Group	10	9.09	0.40%
Not Stated	121	104.95	4.85%
Gender			
Female	1984	1681.08	79.55%
Male	510	476.77	20.45%
Gender breakdown			
Female Director/CEO	3	3.00	50.00%
Male Director/CEO	3	3.00	50.00%

	Female Senior Manager Band 8c & above	15	12.17	55.56%
	Male Senior Manager Band 8c & above	12	12.00	44.44%
	Female Employee other	1966	1665.91	79.85%
	Male Employee other	495	461.77	20.11%
Religious Belief				
	Atheism	284	249.31	11.39%
	Buddhism	13	12.12	0.52%
	Christianity	969	838.24	38.85%
	Hinduism	29	26.78	1.16%
	Not stated	884	754.46	35.45%
	Islam	39	34.07	1.56%
	Jainism	1	1.00	0.04%
	Judaism	3	2.40	0.12%
	Other	231	204.22	9.26%
	Sikhism	41	35.25	1.64%
Sexual Orientation				
	Bisexual	11	10.17	0.44%
	Gay	20	18.63	0.80%
	Heterosexual	1655	1439.38	66.36%
	Not stated	791	674.84	31.72%
	Lesbian	17	14.83	0.68%

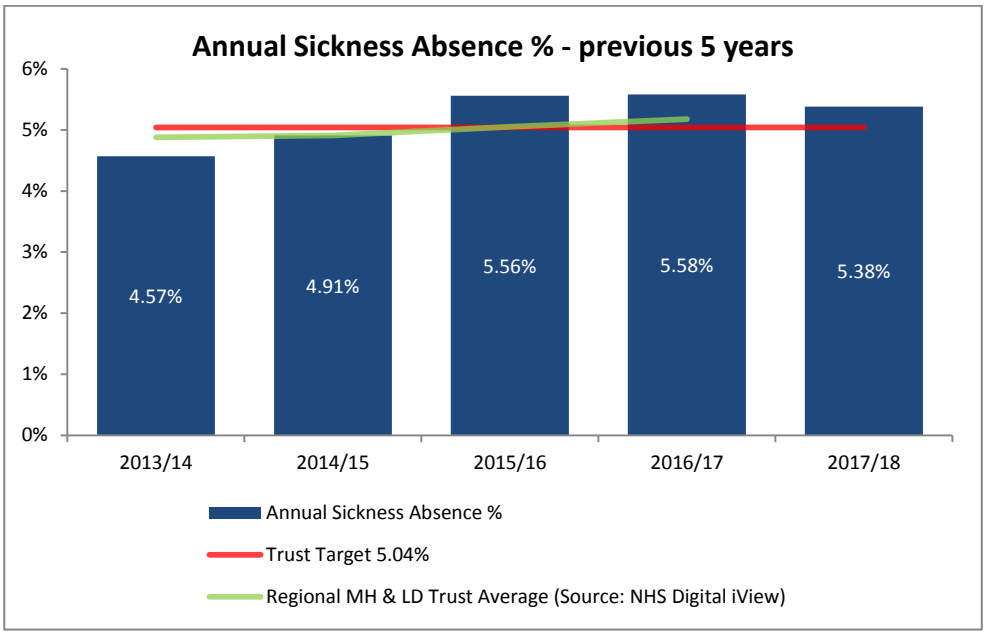
*An additional two (female) members of the current Board of Directors are not directly employed by the Trust and are therefore not reflected in these numbers.

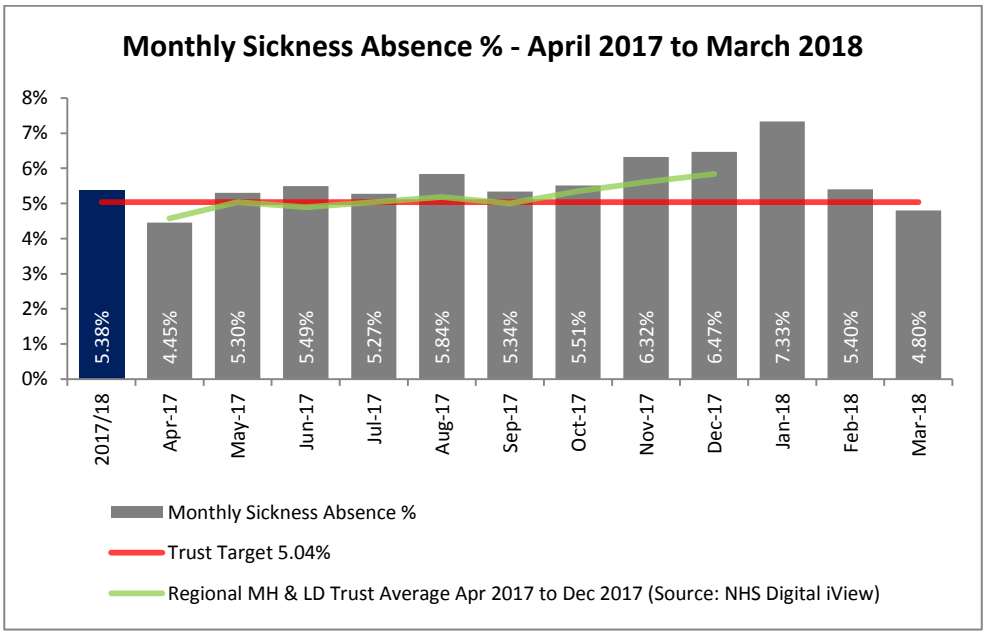
Sickness absence data

Number of days lost to sickness – January to December 2017

This data was provided by NHS Improvement and covers January to December 2017. It is therefore not directly comparable to the annual and monthly sickness data below, which covers the full 2017/18 financial year.

Full-time equivalent (FTE) days available	Average number of FTE staff 2017	FTE days lost to sickness absence	Average sick days per FTE
766,686	2,101	42,202	12.4





Staff policies and actions applied during the financial year

Supporting disabled employees

The Trust is proud to be a Disability Confident Employer (previously known as two ticks). As a Disability Confident Employer we ensure that full and fair consideration is given to application for employment by disabled people with due regard to their particular aptitudes and abilities. These include the Trust's recruitment and selection, job share, training, new employee, volunteer and work experience placement policies.

A full suite of workforce policies and procedures are embedded within the Trust to provide a comprehensive framework for supporting employees and managers. The Trust continues to review and develop workforce policies through a process of involvement, engagement and consultation.

We have a policy working group which includes our staff side partners and we actively work together to ensure all our employment policies meet the needs of our diverse workforce and enable us to provide an inclusive and engaging place to work. Each policy has an Equalities Impact Assessment. Over the past year we have focused on providing our managers with the training they need to be able to manage to our policies. We also ensure that staff and managers across the organisation are notified of key changes and developments to policies by a variety of methods including the delivery of management development sessions, communication through management team meetings and an all-staff policy bulletin.

Health and Wellbeing developments for our staff during 2017

Our one-stop shop was launched. Works Perks is our dedicated site for all staff to access a whole host of wellbeing and employment information. This site is also available externally via the Trust's website to assist in the recruitment of new staff.

We recognise the impact of physical wellbeing on mental wellbeing. Our healthy living tab, on Work Perks, includes a programme of exercise opportunities available to Trust staff. During 2017 we also ran a short programme of Nordic walking.

2017 saw the relaunch of Schwartz Rounds in both the north and south of the county. The mental wellbeing of our staff is key to the provision of quality patient care. Our monthly Schwartz Rounds aim to provide emotional care and a safe outlet for all staff.

We enhanced our occupational health provision to include access to mental health support for staff through the provision of a psychologist and community psychiatric nurse.

The Trust's involvement team held two events for staff to celebrate World Mental Health Day; one at the Hartington Unit in Chesterfield and one at Kingsway Hospital in Derby. The theme this year was mental health in the workplace. Amongst a whole host of activities and information, a wall of gratitude provided an opportunity for staff to share positive and supportive messages with each other. This proved very popular and comments included:

Trust Involvement volunteer and public governor Christine Williamson engages with staff during World Mental Health Day 2017.

"I'm grateful for every day I wake up as I'm blessed with the opportunity to do something good."

"Thank you for acknowledging us. Thank you for your appreciation."

"Happy to see so many staff involved in a very worthwhile day to raise awareness."

Research Nurse Graham Spencer wins Schwartz Shining Star award

Trust mental health nurse Graham Spencer won a national award for his work to help nursing and other colleagues deal with the stresses of the job.

Research Nurse Graham was awarded the accolade of Schwartz Shining Star at the organisation's community conference in Manchester in February 2018.

A proud Graham, who is based in the Centre for Research and Development in Derby, said: "Winning the award was quite possibly the highlight of the 28 years I've worked in the NHS so far! I'd like to say a huge thank you all for the fantastic teamwork that led to it."

Schwartz Rounds involve clinical and non-clinical staff coming together to discuss the emotional and social aspects of working in healthcare. The Trust was the first mental health care provider in the world to stage the Rounds, which are held at a different Trust venue each month.

Engaging staff

The Trust is passionately committed to creating an open culture and improving all areas of staff engagement. This has been a key objective for the Trust over 2017/18 and staff engagement will continue to be a priority over forthcoming years, as reflected in the Trust's refreshed strategy.

In the summer of 2017 a one-off, Trust-wide, survey took place, issued by the Chief Executive. Titled 'Working together and feeling connected', feedback outlined the reasons why people first chose to work for the NHS and Derbyshire Healthcare and the changes staff want to see, that would make a real difference to their roles at work.

As a result of the survey and our continuing focus on improving internal engagement, the Trust last year launched a new colleague engagement programme to implement some of these ideas.

The programme has been titled 'Team Derbyshire Healthcare' as it is only by working together, and listening to each other, that we can achieve our vision of making a positive difference in people's lives. The imagery of the Team Derbyshire Healthcare logo includes the key words and phrases that were used by staff in response to the survey.

A paper outlining the Trust's new approach to colleague engagement was discussed at the Trust's Board of Directors in November 2017. This paper outlined a new internal communication approach and mechanisms to be introduced across the Trust during 2018 and beyond.

To improve colleague engagement, it is important that staff see changes being made, in response to their feedback. The Team Derbyshire Healthcare Programme has a number of different elements, designed to achieve the following:

- Promote two-way communication and opportunities to receive feedback from staff
- Understand how teams currently engage and receive information
- Provide information that is designed specifically for colleagues, with a focus on showcasing the work our teams do
- Recognise and reward staff in a meaningful way
- Provide clarity about the expectations of colleagues and the importance of staff accessing corporate information sent out by the Trust
- Provide specific briefings to leaders, to support their role and own cascade processes.

As part of the programme, staff have been given the opportunity to have a two-way conversation with senior management through a new, monthly Team Brief system. An 'on the road' engagement schedule has been launched for the Chief Executive to visit colleagues across all Trust sites, a new closed Facebook group has been developed for use amongst Trust colleagues and, in March 2018, a new staff magazine, Team Talk, was launched.

Over the forthcoming year the Trust intends to further develop its approach to colleague engagement through the development of a new intranet site and the launch of the Trust's first staff conference.

Involving staff

Over the past 12 months we have focused on enhancing staff engagement and involvement as part of building Team Derbyshire Healthcare and 'people first'. We have strengthened our working relationship with the Trade Union colleagues and together have focused on a number of key workforce priorities.

Working with our Engagement Group we have launched a Staff Forum that involves representatives from across the Trust working with the Executive Leadership Team to discuss and address the things that matter most to staff. The forum has had three meetings and the main topics that have been discussed have been staff retention, recruitment, development and IT.

During the year we have increased our management training and relaunched our leadership engagement process with the Team Derbyshire Healthcare leaders. These are now quarterly and are focused development sessions for leaders on key aspects leadership.

The Trust's Medical Director, as executive lead for safety, has also led several educational workshops on 'learning the lessons' and developing a 'safety culture' during 2017/2018.

Members of the Board of Directors regularly visit Trust sites and services to liaise with teams. Pictured (right) staff governor Sarah Gray introduces Caroline Maley, Trust Chair, to the Trust's CAMHS team.

Involving staff in the performance of the Trust

All Trust employees have access to information regarding the performance of the Trust. The Trust Board papers are publicly available on the Trust's website and Trust staff are encourage to engage in the live Tweets that are posted during the meeting.

Staff teams are also given an opportunity to discuss operational performance issues with the Board. Every Trust Board meeting features a 'deep dive' into a particular service and colleagues

working within the service are invited to attend the meeting and suggest possible changes and improvements.

The integrated performance report is discussed during meetings of the Trust Management Team and key discussions and decisions taken by the Trust Board are disseminated to all staff through a new Team Briefing process that was introduced in January 2018. This enables staff to understand the Trust's priorities and challenges, and better become involved in shaping the Trust's performance.

Staff have also been involved in events and conferences during the year, including a number of internal events focused on nursing colleagues. In the summer of 2017 the Trust's Medical Director held focused learning events following independent investigations that had taken place into previous mental health homicides. These events received positive feedback and colleagues reflected positively on this new learning style.

Staff are encouraged to recognise the performance of their peers through the Trust's annual Delivering Excellence Awards. Approximately 100 nominations were received in advance of the awards ceremony in December 2017, which were considered by a judging panel that included two experts by experience. The awards were presented alongside the 'DEED' (Delivering Excellence Every Day) of the year winner and special recognition for colleagues with 40 years' experience of working in the NHS.

14 year old William Buchanan was the winner of the Trust's 'Volunteer of the Year' award in 2017, for his commitment to raise money for children at The Light House in Derby. William was presented his award at the Delivering Excellence Awards by Trust Chief Executive Ifti Majid and Deputy Lead Governor Carole Riley.

Freedom to Speak Up

As part of our work to develop an effective speaking up culture, we have a Freedom to Speak Up Guardian who works two days per week in this role. The Guardian has worked with a range of staff teams to provide training and increase awareness and support staff who raise concerns. We work as part of a regional network to ensure support for the role and sharing of best practice and have participated in national events led by the National Guardian's office. Oversight of our work in this area continues through the Audit and Risk Committee and also the People and Culture Committee to ensure feedback is aligned with wider staff engagement feedback and we can share learning.

Pulse Checks
In addition to the annual NHS Staff Survey, the Trust conducts a quarterly Pulse Check survey of ten questions which includes the Staff Friends and Family Test (FFT) - where staff are asked if they would recommend the Trust as a place to work or a place to receive treatment.

The Trust conducted three pulse check surveys over the year and the annual Staff Survey during September 2017 and December 2017. It was pleasing to note an increase in the level of positive feedback from Trust colleagues, reflecting that the focus on staff engagement and improving the working environment for our teams is making steps to make Derbyshire Healthcare a more attractive place to both work and receive treatment.

Pulse Check results during 2017

Questions	March 2017	June 2017	Sept 2017
How likely are you to recommend this organisation to friends and family if they needed care or treatment?	70%	73%	73%
How likely are you to recommend this organisation to friends and family as a place to work?	51%	58%	59%
Survey response rates	22.4%	17.8%	20.5%

Protecting staff

Health and safety performance
Work continues on providing evidence of key standards being met in accordance with the Health and Safety at Work Act 1974, the Manual Handling Operations Regulations 1992, the Regulatory Reform (Fire Safety) Order 2005, and NHS Protect Security Management Standards.

Derbyshire Healthcare is currently in the process of realigning itself with NHS England/HSE (Health and Safety Executive) Guidance with regards to security management as NHS Protect has now dissolved.

Four incidents occurred during 2017/18 which were reported to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013). This is a reduction in figures from 2016/17 when there were eight RIDDOR incidents. The four incidents from 2017/18 included one specified injury (fractured wrist) and three resulted in over seven days' absence from work.

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

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

Competence name	Target group	Compliant	Non-compliant	Compliant %	Non-compliant %
Fire safety (all staff every two years)	2464	2184	280	88.64%	11.36%
Health and safety awareness (three yearly, all staff)	2465	1899	566	77.04%	22.96%
Moving and handling and basic back level 1 (three yearly)	2461	2017	444	81.96%	18.04%

The Trust will continue to promote this important training to ensure that as many staff as possible are compliant and can perform their role safely.

The Trust has a robust monitoring process in process in place through health and safety audits, fire risk assessments and security crime reduction surveys, the results of which are shared with the Health and Safety Committee and the Trust's Quality Committee every six months.

Occupational health

The Trust continued to provide a range of wellbeing and occupational health benefits to staff. During the year these included the services of a staff liaison manager, 24/7 telephone support and access to counselling through an employee assistance scheme, health and wellbeing promotion, counselling and other support services. Through our occupational health contract the Trust provides immunisations and vaccinations, health screening, health surveillance, management referral, self-referral, support for inoculation injuries and health checks.

The Trust also offered free flu vaccinations to all frontline staff, to protect them and their patients, colleagues, friends and family from this potentially deadly virus. More frontline staff than ever before – 50.2% took advantage of the free flu jab this year. This was a rise of 12% from the previous year.

Countering fraud and corruption

The Trust's counter fraud service is provided by KPMG. They provided our Local Counter Fraud Specialist (LCFS). The LCFS works 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 Protect guidance and Provider Standards.

The Trust has agreed to take all necessary steps to counter fraud affecting NHS-funded services and will maintain appropriate and adequate arrangements and policies to detect and prevent fraud and corruption. We have a counter fraud, bribery and corruption policy and a raising concerns at work (whistleblowing) policy and procedures in place which are communicated to staff – for example, through Trust information systems, newsletters and training.

During 2017/18 the Trust used 51 days of counter fraud activity, across the following areas:

- Strategic governance (assessment and reporting) – 21 days
- Inform and involve (awareness training, publicity, liaison) – 11 days
- Prevent and deter (issue alerts, review policies, provide guidance) – 8 days
- Hold to account (investigations) – 11 days.

The Trust's Audit and Risk Committee receives regular updates from the LCFS in order to gain appropriate assurance around our counter fraud work programme.

Expenditure on consultancy
As shown in note 7 to the accounts, consultancy fees incurred in 2017/18 were £43,011. The majority of this related to Integration Project costs for the Trust's potential merger with DCHS.

Off-payroll arrangements
Derbyshire Healthcare NHS Foundation Trust's policy on the use of off-payroll is to use by exception. Having conducted an internal audit review of our high-cost off-payroll arrangements in 2015/16, and introduced additional oversight and reporting to Executive Directors and the Finance and Performance Committee on such engagements, the Trust did not have any off-payroll engagements in 2017/18.

Table 1: All off-payroll engagements as of 31 March 2018, for more than £245 per day and last for longer than six months

Number of existing engagements as of 31 March 2018	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: For all new off-payroll engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018, for more than £245 per day and that last for longer than six months

Number of new engagements, or those that reached six months in duration, between 1 April 2017 and 31 March 2018	0
Of which:	
Number assessed as within the scope of IR35	
Number assessed as not within the scope of IR35	
Number engaged directly (via PSC contracted to trust) and are on the trust's payroll	
Number of engagements reassessed for consistency/assurance purposes during the year	
Number of engagements that saw a change to IR35 status following the consistency review	

Table 3: For any off-payroll engagements of Board members, and or senior officials with significant financial responsibility between 1 April 2017 and 31 March 2018

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.	8

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	1	18	19
£10,001 - £25,000		2	2
£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	1	20	21
Total resource cost (£000)	1	96	97

Staff Survey

The Trust has identified staff engagement as a key priority and has introduced a number of new mechanisms and approaches for achieving this. In addition, the Staff Survey is an important tool for hearing from our staff about what we are getting right and what needs improving.

2017 NHS Staff Survey
The Trust asked all eligible staff to complete the Staff Survey this year. For the second time, the Trust used a mixed mode approach this year when conducting the NHS Staff Survey, that is, 80% online and 20% postal. 1020 employees completed and submitted the survey, giving a 44.8% response rate. Last year our response rate was 39%;the number of staff completing the survey was 858. This compares with 32% for the worst-performing mental health/community trusts and 63% for the best-performing. The average response rate nationally is 45%.

Response rate				
	2016/17 (previous year)	**2017/18 (current year)**		**Trust improvement / deterioration**
	Trust	**Trust**	**Benchmarking group average**	
Response rate	39%	44.8%	45%	5.8%

2017 NHS Staff Survey: areas of improvement and deterioration
The 2017 NHS Staff Survey results show that we still need to continue to make improvements.

Compared to the 2016 survey we are:

- Significantly better on eight questions
- Significantly worse on two questions
- No significant difference on 78 questions.

Compared to other trusts we are:

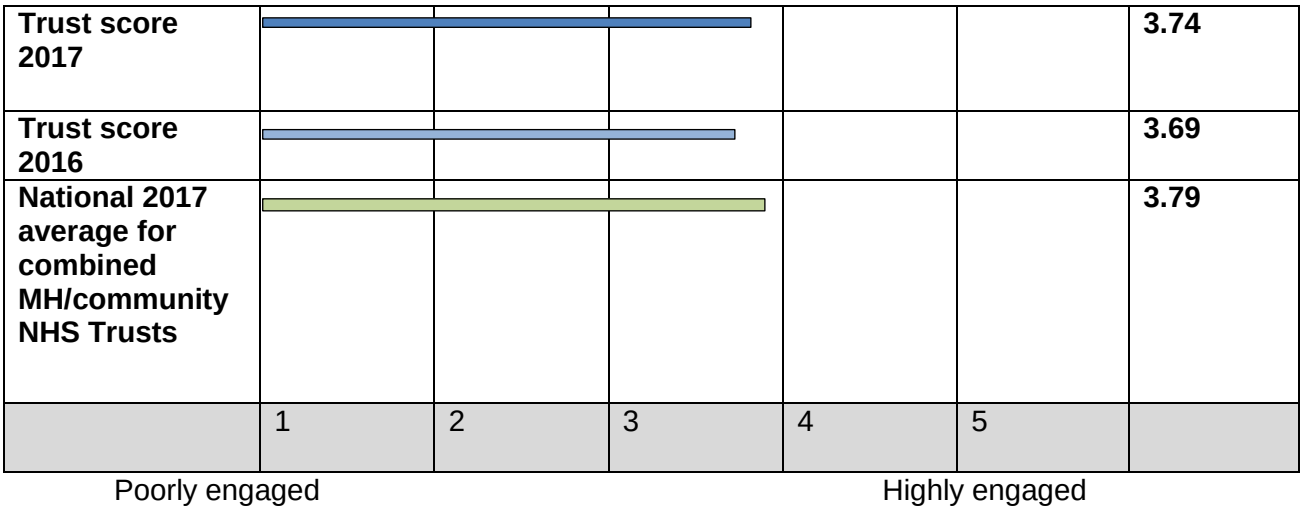
- Significantly better than average on two questions
- Significantly worse than average on 36 questions
- The scores were average on 50 questions.

We have two areas where staff experience has improved:

- Percentage of staff reporting good communication between senior management and staff up 6% to 30%
- Staff recommendation of the organisation as a place to work or receive treatment (shown as a score out of 5) up from 3.47 to 3.58.

2017 NHS Staff Survey: overall engagement

Using the results of a number of key findings from the survey, each NHS trust is given a score out of five that is an overall indicator of staff engagement. A score of one indicates that staff are poorly engaged – with their work, team and trust – and a score of five indicates that staff are highly engaged. As the table below shows, the Trust's score of 3.74 was an increase on last year's engagement score of 3.69 and is slightly lower than average when compared with trusts of a similar type.



Staff engagement score – the higher the score, the better

2017 NHS Staff Survey: best and worst scores

The table below shows the five areas of the Staff Survey for which the Trust compares most favourably with other combined mental health/learning disability and community trusts in England.

Top five ranking scores				
	2016/17 (previous year)	**2017/18 (current year)**		**Trust improvement / deterioration**
	Trust	**Trust**	**Benchmarking group (Trust type) average**	
Percentage of staff satisfied with the opportunities for flexible working patterns	63%	63%	58%	0%
Percentage of staff experiencing physical violence from staff in last 12 months (the lower the score, the better)	1%	1%	2%	0%
Percentage of staff witnessing potentially harmful errors, near misses or incidents in last month	23%	22%	23%	1%

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months	28%	26%	26%	2%
Percentage of staff working extra hours	72%	71%	71%	1%

The table below shows the five areas of the Staff Survey for which the Trust compares least favourably with other combined mental health / learning disability and community trusts in England.

Bottom five ranking scores				
	2016/17 (previous year)	**2017/18 (current year)**		**Trust improvement / deterioration**
	Trust	**Trust**	**Benchmarking group (Trust type) average**	
Effective use of patient / service user feedback (score out of 5)	3.42	3.44	3.69	0.02
Quality of non-mandatory training, learning or development (score out of 5)	3.99	3.99	4.06	0%
Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion	75%	78%	86%	3%
Fairness and effectiveness of procedures for reporting errors, near misses and incidents	94%	90%	92%	-4%
Staff confidence and security in reporting unsafe clinical practice (score out of 5)	3.49	3.56	3.72	0.7

Taking action

Working with the Staff Forum and the Engagement Group, the following areas of focus were identified

as being those that would have the biggest impact on the Trust. Supported by our People and Culture Committee and Trust Board we will be prioritising our focus on the following areas over the next six months:

- Improving retention, recruitment and selection
- Supporting staff with their health and wellbeing
- Developing our management and leadership skills and knowledge
- Zero tolerance to bullying and harassment
- Focusing on development opportunities for staff (including succession planning).

We have just developed and are preparing to launch a three-year People Strategy aligned to our refreshed Trust Strategy which has these priority areas as key aspects to focus on. To develop the strategy the focus areas and priorities have been developed and agreed with our Executive Team, People and Culture Committee, Staff Forum and Engagement group. The Engagement Group will be asked to help with the operational aspects of agreeing key actions and focus, whilst the People and Culture Committee on behalf of the Trust Board will oversee the delivery of the People Strategy and Staff Survey actions.

Over the last year we have developed two key feedback mechanisms that will help the Trust identify if we are making progress:

- We have the Staff Forum with over 30 staff representatives from across the Trust who work with Executive Directors on the key things that matter to staff. The forum provides a very powerful mechanism on how staff are feeling and what needs focus.
- We have a quarterly ten-question Staff Survey that we ask all staff to complete which provides rapid feedback on how staff are feeling and measures staff engagement.

Derbyshire's very own Psychiatric Trainer of the Year

Dr Subodh Dave, Consultant Psychiatrist and Clinical Teaching Fellow at the Trust, was named Psychiatric Trainer of the Year at 2017's Royal College of Psychiatrists awards in November.

Subodh, who is works at the Radbourne Unit in Derby, was nominated by four trainees (and a colleague) who felt they had benefited from his teaching and were inspired to specialise in psychiatry as a result.

His nomination for this prestigious national award said: "Subodh is a dynamic, well-informed, hardworking yet down-to-earth well-respected clinician and teacher who engages with trainees of all levels. He is a fabulous clinician (his patients vouch for this); he loves teaching and is truly inspirational."

Subodh said: "I am immensely humbled by this recognition. It feels strange to be given an award for doing something that you love anyway! This award really reflects the work put in by my colleagues in the Psychiatry Teaching Unit and by other clinical colleagues. I am very grateful to them for their hard work and am also grateful to the Trust for its unstinting support for medical and healthcare education."

Disclosures set out in the NHS Foundation Trust Code of Governance

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

The information in this report about our compliance or explanations for non-compliance with the Code of Governance is subject to review by the 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. The table below outlines reasons for the areas where the Trust does not fully comply. 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 reviewed during the year with a revised policy being agreed at the Council of Governors in December 2017 and at a Board Development session in January 2018. For further details, please see the section on the 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 on 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.

Reference	Requirement	Disclosure/additional information
B.1.1	Independence of Non-Executive Directors.	This is outlined in the Directors' Report.
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. As part of the process to appoint to substantive roles, the Remuneration 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.
Additional	Brief description of length of NED appointments, and how they may be terminated.	Non-Executive Director appointments are made for a period of three years. 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.	Please see the section on the work of the Remuneration and Appointments Committee.
Additional	Explanation if neither external search consultancy nor open advert is used to appoint Chair or NED.	Appointments were made during the year for a substantive Trust Chair and a new NED. Appointments were made to both roles through the use of an external search consultancy and open advertising as part of the recruitment process.
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 refresh of the Trust's Operational Plan through a development workshop in March 2018. The refreshed Trust strategy was discussed at a meeting on the Council of Governors on 21 March 2018.
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 Board has continued its external governance review programme, completing phase 2 and phase 3 undertaken by Deloitte, who have no other connection to the Trust.
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	Not applicable during 2017/18. The external audit contract was last put to tender in 2012. A tender will be going out for contract in 2018/19.
C.3.9	Detail on the work of the Audit Committee	Please 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.	Please 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 on page 62.
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 Trust complies with section 7 of the NHS Foundation Trust Code of Governance.

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 2018 in respect of those provisions of the Code which had effect during that time, save exceptions and explanations outlined in the table above.

NHS Improvement's Single Oversight Framework

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

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

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

The Single Oversight Framework applied from Quarter three of 2016/17. Prior to this, Monitor's Risk Assessment Framework (RAF) was in place. Information for the prior year and first two quarters of 2016/17 relating to the RAF has not been presented as the basis of accountability was different. This is in line with NHS Improvement's guidance for annual reports

Segmentation

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

Providers in this segment are offered support in one or more of the five themes but they are not in breach of licence and NHSI considers that formal action is not needed. The support is targeted in order to help move the provider to segment one. Providers need to be rated as good with CQC in order to be eligible to be classed in segment one.

This segmentation information is the Trust's position at 31/3/18. Current segmentation information for NHS Trusts and foundation trusts is published on the NHS Improvement website.

Finance and use of resources

The finance and use of resources theme is based on the scoring of five measures from 'one' to 'four', where 'one' reflects the strongest performance. These scores are then weighted to give an overall score. Given that finance and use of resources is only one of the five themes feeding into the Single Oversight Framework, the segmentation of the Trust disclosed above might not be the same as the overall finance score here.

Area	Metric	2017/18 scores				2016/17 scores	
		Q4	Q3	Q2	Q1	Q4	Q3
Financial Sustainability	Capital Service capacity	1	2	2	2	2	2
	Liquidity	1	1	1	1	1	1
Financial Efficiency	Income and expenditure margin	1	1	1	1	1	1
Financial Controls	Distance from financial plan	1	1	1	1	1	1
	Agency spend	2	2	3	2	4	4

Overall Scoring	**1**	**1**	**2**	**1**	**3**	**3**

The Trust has an improving position with regard to controlling agency expenditure sufficiently so that we keep within our agency ceiling value. In 2017/18 agency expenditure did exceed the ceiling value but not to the extent that it has had an overriding 'limiting factor' impact on the finance score rating which is what happened in 2016/17.

Statement of Chief Executive's responsibilities as the accounting officer of Derbyshire Healthcare NHS Foundation Trust

The NHS Act 2006 states that the chief executive is the accounting officer of the NHS foundation trust. The relevant responsibilities of the accounting officer, including their responsibility for the propriety and regularity of public finances for which they are answerable, and for the keeping of proper accounts, are set out in the NHS Foundation Trust Accounting Officer Memorandum issued by NHS Improvement.

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

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

- observe the Accounts Direction issued by NHS Improvement, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis
- make judgements and estimates on a reasonable basis
- state whether applicable accounting standards as set out in the NHS Foundation Trust Annual Reporting Manual (and the Department of Health Group Accounting Manual) have been followed, and disclose and explain any material departures in the financial statements
- ensure that the use of public funds complies with the relevant legislation, delegated authorities and guidance and
- prepare the financial statements on a going concern basis.

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

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

Ifti Majid
Chief Executive
24 May 2018

Annual Governance Statement (AGS)
1 April 2017 – 31 March 2018

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 2018 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 service users 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 managers and staff.

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 Director of Corporate Affairs and Trust Secretary supports the Chief Executive in their role as the Accounting Officer of the organisation and has responsibility for risk in relation to the corporate governance framework, compliance and assurance including the Board Assurance Framework. Day-to-day responsibility for risk management is discharged through the designated accountability of other Executive Directors.

- The Director of Nursing and Patient Experience is the joint executive lead for quality and patient safety, responsible for patient involvement, safeguarding, infection control and professional standards for nursing and Allied Health Professional staff. They have delegated responsibility for the risk management and assurance function.

- The Medical Director is also the joint executive lead for quality and patient safety, and is responsible for the professional standards of medical staff within the Trust, serious incidents and information governance.

- The Deputy Chief Executive and Director of Finance has delegated responsibility for risks associated with the management, development and implementation of systems of financial risk management.

- The Chief Operating Officer has delegated responsibility for risks associated with operational management including overall emergency planning and resilience and business continuity.

- The Interim Director of Strategic Development has delegated responsibility for risks relating to the external environment and local commissioning and partnership working, commercial and business development, strategy development and organisational transformation.

- The Director of People and Organisational Effectiveness has delegated responsibility for risk associated with the delivery of effective Human Resources function including workforce planning, staff welfare, recruitment and retention.

- The Trust Chair and Non-Executive Directors exercise non-executive responsibility for the promotion of risk management through participation in the Trust Board and its Committees. They are responsible for scrutinising systems of governance and have a particular role in this Trust for chairing Board Committees.

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

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

Risk management training

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

Many of the courses in the Training Directory support effective risk management and delivery of the Risk Management Strategy (such as safeguarding, safety planning). However courses with a specific focus on risk management include:

Risk assessment and incident management:

- Incident and Risk Management Awareness for Managers
- General Risk Assessment
- Investigating Incidents, Complaints, Claims and Report Writing.

Clinical:

- Safety Planning
- Suicide Awareness and Response
- Control and restraint

Health and Safety:

- Health and Safety Awareness
- Fire Safety Awareness
- Fire Warden
- First Aid at Work
- Moving and Handling
- PSTS (Promoting Safer Therapeutic Services)

General system use and support:

- 1-1 training for new incident/risk Handlers
- Datix team sessions

All training includes examples of learning from risks and incidents and how teams / wards can develop local learning from their risks and incidents. In February 2018 the Board undertook a facilitated session with internal auditors KMPG on risk management and benchmarking, and developing the 2018/19 Board Assurance Framework.

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 messages within new or updated policies and procedures; Information Governance learning the lessons communications, and a 'Practice Matters' publication which focuses on learning. From March 2018 The Trust has also introduced a 'Learning the Lessons' section in the Trust-wide monthly team brief which outlines information on lessons learned from serious incidents and complaints.

The risk and control framework

Identification, evaluation and control of risks

The Risk Management Strategy details the identification of risk to the Trust and its evaluation and control and is supported by a range of policies and procedures. These include the: Risk Assessment Procedure; Untoward Incident Reporting and Investigation Policy and Procedures; Being Open & Duty of Candour Policy and Procedures; Safety Needs Assessment and Management of Safety Needs Policy and Procedure; Learning from Deaths Procedure; and Raising Concerns at Work ('Whistleblowing') Policy and Procedures. In addition the Risk Management Strategy supports the implementation of the Corporate Governance Framework and Health and Safety Policy.

Risk identification is undertaken both proactively via risk assessments and reactively via incidents, 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, including those related to the Board Assurance Framework, are detailed on a single electronic Trust wide risk register (Datix). The exception is for risk assessments relating to individual service users which are recorded on patient record systems, and those relating to individual staff arising from workplace assessments. The risk register has inbuilt ward/team, divisional and corporate level risk registers reporting from this central hub and notification through automated escalation of risks dependent upon 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/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 clearly articulated within the document.

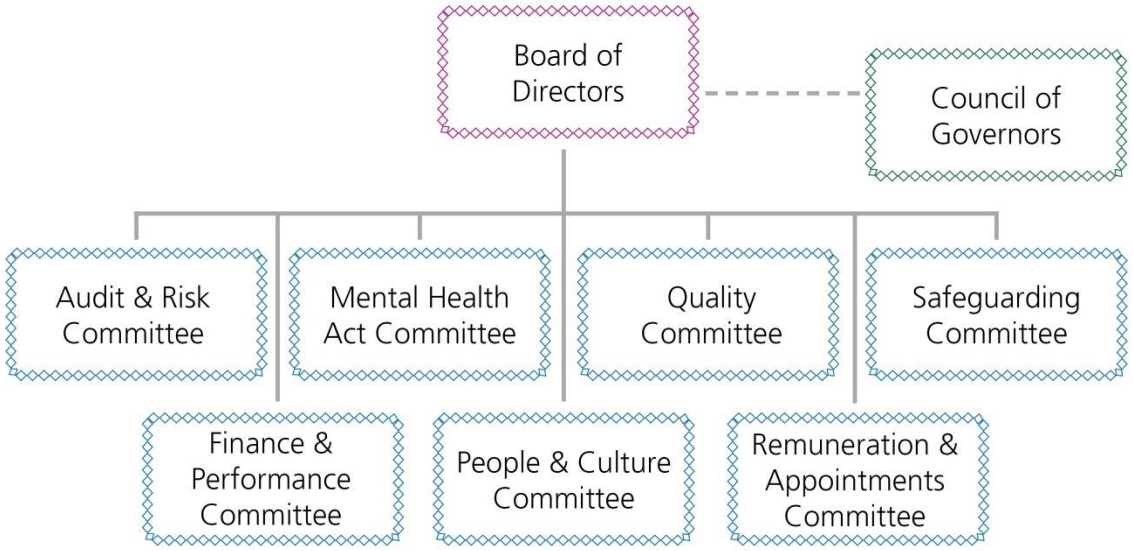
Incident reporting is openly encouraged and supported by an online incident reporting form, accessible to all staff. This has been enhanced during 2017/18 with a 'Frequently Asked Questions' link from the incident form and the Patient Safety/Risk Management stand at the Trust's staff monthly corporate induction has been revised to focus on reporting and learning from incidents. 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 Serious Incident Group and summary reports are provided to the Quality Committee including assurance of action plans being completed. During 2017/18 an Executive arm of the Serious Incident Group has commenced to support an increased focus on learning from serious incidents and ensure this learning is disseminated throughout the organisation

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 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 team. The Trust has a Nursing and Patient Experience Directorate to support quality governance in the Trust.

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


Board of Directors
Council of Governors
Audit & Risk Committee
Mental Health Act Committee
Quality Committee
Safeguarding Committee
Finance & Performance Committee
People & Culture Committee
Remuneration & Appointments Committee

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 i.e. 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 i.e. Finance and Performance Committee, Mental Health Act Committee, People and Culture Committee, Remuneration and Appointments Committee, Quality Committee 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 a monthly Integrated Performance Report (IPR) which incorporates quality indicators for specific service lines and quality metrics, as well as metrics around finance, workforce and performance. During 2017/18 the IPR has been subject to ongoing review and development by the Board of Directors to further develop trends analysis, triangulate data and outline trajectories for continued improvement.

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

The Trust has a comprehensive annual quality visit programme, involving Board members, Governors and stakeholders, which includes planned visits to every ward and team that provides a service. 69 quality visits were undertaken during 2017/18, with some visits carried out with joint teams this year. At each visit Board members are able to understand how teams function, gather local intelligence, see local innovations through showcases and seek soft intelligence to supplement the Board's regular data and feedback face to face about compliance with key performance indicators and staff opinion on the services they lead.

The Trust has in place a number of routine audit and compliance processes to ensure clinical standards of practice. In addition there is a bi-monthly meeting with the Trust's local CQC inspectors where a provider report is submitted and reviewed, together with reporting on progress against Mental Health Act Inspections, targeted inspections and informal visits over the year.

Data security risks

The Trust recognises that it is trusted by service users with sensitive personal information; and the Trust's obligation is to handle that information as carefully as the service user would themselves, together with the legal obligations put in place by Schedule 3 of the Data Protection Act 1998.

The Board has put into 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 information governance risks:

- A Senior Information Risk Owner (SIRO) who is the Trust's Director of Corporate Affairs & Trust Secretary, and Caldicott Guardian (Medical Director) at Board level
- Annually completed Information Governance Toolkit, with reported outcomes to the Audit and Risk Committee and Board of Directors
- Clear identification of information asset owners who have undergone training for their role and undertaken risk assessment for their respective assets
- High uptake of Information Governance compulsory training
- Information Governance incidents reviewed by the Information Governance Committee at each meeting
- Significant work in preparation for the implementation of the General Data Protection Regulations (GDPR) in May 2018
- Compared to all other mental health trusts, the Trust has achieved one of the highest ratings of compliance with the Information Governance Toolkit in each of the last five years.

The 2017/18 Information Governance Toolkit Review completed by internal auditors KPMG identified one low rated action and gave an assurance rating of *significant assurance*.

Major risks

Major strategic risks are identified in year through the Board Assurance Framework processes. As at 31 March 2018 these risks are as follows:

Major risks to achievement of Trusts strategic objectives for 2017/18, as at 31 March 2018	
Risk description	Residual risk rating
Failure to achieve clinical quality standards required by our regulators which may lead to harm to service users	High
Failure to achieve clinical quality standards required by our regulators in relation to providing effective care for our patients	High
Failure to fully comply with the statutory requirements of the Mental Health Act (MHA) Code of Practice and the Mental Capacity Act (MCA)	High
Risk of inadequate systems to ensure business continuity is maintained in the event of a major incident	Moderate
Inability to deliver system wide change due to changing commissioner landscape and financial constraints within the health and social care system	Extreme
Ability to attract and retain high quality clinical staff across all professions	Extreme
There is a risk to staff engagement and wellbeing by the Trust not having supportive and engaging leaders	High
There is a risk that the Trust does not operate inclusively and may be unable to deliver equity of outcomes for staff and service receivers	Moderate
Potential turnover of board members	Low
Failure to deliver financial plans	Moderate
Failure to deliver internal transformational change at pace	High

The full details of these risks including: controls and assurances in place; actions identified and progress made in mitigating the risk are shown in the Board Assurance Framework. This has

been reported to the Audit and Risk Committee and Board five times during 2017/18. Risks remaining high or extreme have been carried forward into 2018/19, in addition new risks have been identified and mitigated risks closed. As a result the major risks proposed for the Board Assurance Framework for 2018/19 are identified as follows:

Major risks to achievement of Trust's strategic objectives for 2018/19 (as at 31 March 2018)	
Risk description	Initial risk rating
There is a risk that the Trust will fail to provide standards for safety and quality required by our Board, and as set out in the Health and Social Care Act 2009 and measured through the CQC's regulatory process	High
There is a risk that the Trust will fail to provide full compliance with the Mental Health Act (1983) and Mental Capacity Act (2005)	High
There is a risk that the Trust will fail to develop systems and processes to deliver safe and effective physical health care for patients	High
There is a risk that if the Trust does not engage our workforce and create an environment where they experience the aims and values of the Trust, there will be a negative impact on the morale and health & wellbeing of staff which may affect the safety and quality of patient care	High
There is a risk that the Trust fails to deliver its financial plans	Extreme
There is a risk that the Trust fails to influence Joined Up Care Derbyshire (the 'system') to effectively engage in enhancing service models for children, and people with mental health problems, learning disabilities, or issues with substance misuse	High
There is a risk that the Trust will not be able to recruit and retain enough staff in specific teams to deliver high quality care	Extreme
There is a risk that the Trust will fail to gain the confidence of staff to maintain a modern and effective electronic patient record system	High
There is a risk that the Trust will be unable to meet the needs of service users by not introducing new workforce models and provide sufficient training to reskill staff.	High
There is a risk that the Trust will not deliver quality improvement (QI) to improve the flow of patients through our services and increase quality and efficiency	High

A summary of the themes from significant operational risks on the Trust's Risk Register (identified as at 31 March 2018) is as follows:

Themes of major operational risks identified through risk register review and escalation processes, as at 31 March 2018	
Staffing levels. Risks specifically raised in relation to staffing in: neighbourhood teams including medical, CAMHS, children's therapies, paediatricians, Radbourne Unit, support to special schools. Over occupancy of offices at Dovedale Day Hospital	High
Delay in learning disability dysphagia referrals	Extreme
Commissioning risks associated with: the withdrawal of police support for inter-facility transport of patients; admission criteria for eating disorder services; Ivy House school nursing contract; and medical support for sexual abuse referrals.	High
Lack of investment in medicines management workforce and services	High

All operational risks 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 senior operational managers, and overseen by the Senior Assurance Support meeting quarterly.

The 2017/18 Board Assurance Framework and Risk Management audit completed by KPMG identified one moderate and one low rated recommendation and gave an assurance rating of *significant assurance with minor improvement opportunities*. The report concluded that the Trust has embedded risk management arrangements throughout the organisation.

Assessment against NHS Improvements' 'Well Led' Framework

In January 2018 the Trust received its final report from Deloitte, which concluded their external Well Led review. The report outlines clear progress in a number of key areas alongside confidence from Deloitte that the Trust is on track to continue with current performance and make even further progress within a short timeframe.

The review focused on four key areas:

- Vision, strategy and planning
- Management of risks, issues and performance
- Learning, continuous improvement and innovation
- Reporting.

The Trust received an amber/green rating in each area, which was broadly in line with the Trust's own self-assessment in these areas. Amber/green is defined in the report that the Trust is partially meeting expectations in each domain but also that there is confidence in our ability to deliver the top green performance (that meets or exceeds expectations) in the near future.

Compliance with the NHS Foundation Trust licence condition 4 (FT governance)

The Trust is required to have continuous compliance with the conditions in the Licence issued by NHSI, including Condition FT4 related to ensuring that the highest standards of corporate governance are operated in the Trust.

The Trust developed a Governance Improvement Action Plan during 2016/17. This was subject to external independent assurance, following which NHS Improvement issued a compliance certificate on 24 May 2017, confirming that the Trust was free from licence breaches and fully compliant with FT licence conditions. This certificate of compliance also results in the Trust being moved into Segment 2 under NHS Improvement's Single Oversight Framework. This framework groups trusts according to the level of support they need across a number of different criteria. Segment 2 confirms there are no longer any significant concerns with the Trust and is the segment that the majority of NHS providers are in.

Compliance with CQC registration requirements

The Trust received a planned inspection of its services by the CQC in June 2016. Following the visit, the CQC issued a warning notice (under Section 29a of the Health and Social Care Act 2008) which outlined the necessity for the Trust to improve in a number of key areas, including some aspects of seclusion, physical interventions, our application of the Mental Capacity Act and processes for rapid tranquilisation. The CQC also commented on some aspects of our leadership and culture, including equality and diversity.

Significant progress was made throughout 2016/17 and, on 22 March 2017, the Trust received confirmation from the CQC that the Trust was no longer under enforcement action and the previous warning notice had been lifted in full.

The Trust has not received a further comprehensive inspection from the CQC during 2017/18 but received notification in February 2018 that a future inspection visit will take place in Spring/Early Summer of 2018.

Assurance regarding validity of the Corporate Governance Statement, required under NHS Foundation Trust condition 4(8)(b)

The Trust has continued in year to implement the actions arising from the Governance Improvement Action Plan and assurance has been reported to the Trust Board (November 2017 and March 2018) to confirm that actions are embedded in business as usual for the organisation. This includes a focus on ensuring good governance practice is implemented through adherence to good corporate governance guidance, robust Board and Committee governance structures and clear lines of accountability.

The Board oversees effective implementation of systems and processes which are scrutinised by Board Committees, with escalations made to the Board where appropriate. Quality Leadership is overseen by the Board and assurance on quality of care is provided through the Quality Committee. The Board regularly receives a Quality Position statement at each Board meeting and details in quality dashboards outlining performance against key metrics. The Remuneration and Appointments Committee has reviewed the composition of the Trust Board including skill mix and qualifications, with People and Culture Committee overseeing workforce issues relating to the wider workforce.

The Trust has in place a Local Operating Procedure (LOP), the purpose of which is to enable the completion of the in-year monthly compliance return templates submitted to NHSI. The LOP describes the data validation processes in place which ensure data quality and gives detailed step by step instruction of how to contribute to the completion of the template report. This process is coordinated by the Finance Team and the monthly compliance returns are signed off by the Director of Finance on behalf of the Trust Board.

Embedding of risk management

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

The Trust is a learning organisation, whereby staff are encouraged to report incidents honestly and openly through an online incident reporting form, with incidents escalated and managed dependent upon their grade and subject category. Learning is evidenced at a team, service line and trust wide level through feedback on incident forms, serious incident investigation reports and 'Blue Lights' (staff communications for urgent risks).

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

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

harassment and victimisation and any other conduct that is prohibited under the Equality Act 2010; advances equality of opportunity between people who share a relevant protected characteristic and people who do not share it; fosters good relations between people who share a relevant protected characteristic and those who do not share it.

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. Key ways in which public stakeholders are involved include:

- Range of processes for receiving and learning from service user and carer feedback
- Council of Governors and its governance structure
- The Trust's engagement with commissioners, Overview and Scrutiny Committees and HealthWatch
- Consultation on the Quality Account.

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

As an employer with staff entitled to membership of the NHS Pension Scheme, control measures are in place to ensure all employer obligations contained within the Scheme regulations are complied with. This includes ensuring that deductions from salary, employer's contributions and payments into the Scheme are in accordance with the Scheme rules, and that member Pension Scheme records are accurately updated in accordance with the timescales detailed in the Regulations.

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

The Foundation Trust has undertaken risk assessments and Carbon Reduction Delivery Plans are in place in accordance with emergency preparedness and civil contingency requirements, as based on UKCIP 2009 weather projects, to ensure that this organisation's obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

Review of economy, efficiency and effectiveness of the use of resources
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 Committee. External Audit services report on the accuracy and appropriateness of the Trust statutory reports (Annual Report and Accounts including quality account/report).

Financial performance ratings have been generally strong and there has been an improvement in the agency metric since last year.

Overall, the Trust is in Segment two of NHSI's Single Oversight Framework (where one indicates highest level of Trust autonomy and four indicates that the Trust is in special measures). The Trust's segmentation has improved since last year due to the fact we are no longer under enforcement action with regulators.

External auditors have revised their assessments of the value for money opinion upwards since last year and they have confirmed that they are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Information Governance

During 2017/18 there were no reportable level two serious incidents which have required action from the Information Commissioner's Office (ICO). However, there has been an incident reported to NHS Digital via the Information Governance Toolkit. This is at Level 1 and involved a senior manager leaving confidential paper information within a laptop bag that was not stored securely and was found by another team member.

There were four concerns against the Trust accepted by the ICO's office:

- One related to a staff request for information under the Data Protection Act. This has been concluded, with no sanctions imposed on the Trust.
- Two related to a dispute over the content of a patient record. These have both been concluded, with no sanctions imposed on the Trust.
- One related to a delay in a patient request for information under the Data Protection Act. This has been concluded, with no sanctions imposed on the Trust.

Annual Quality Report

The Directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations 2010 (as amended) to prepare Quality Accounts for each financial year. NHSI (in exercise of the powers conferred on Monitor) has issued guidance to NHS Foundation Trust Boards on the form and content of annual Quality Reports which incorporate the above legal requirements in the *NHS Foundation Trust Annual Reporting Manual*.

The annual Quality Report is published as part of the Trust's Annual Report. The annual Quality Report for 2017/18 has been developed in accordance with national guidance and its development has been led by the Executive Director for Nursing and Patient Experience and overseen by the Quality Committee.

Steps are taken to ensure the Quality Report is a fair and reflective presentation of the quality of care provided by the Trust. To achieve this the final draft of the Quality Report is presented to the Council of Governors, the Audit & Risk Committee and the Quality Committee, as part of ensuring that the content is representative and aligned to other performance and quality measures, Board minutes and papers. This includes papers relating to quality reported to the Board, feedback from partner organisations, service user and staff surveys, Trust policies and plans that assure the quality of care provided including intelligence from any visits from the CQC. External auditors independently audit as part of their Quality Report work, oversee the process and review the draft and final version of the Quality Report.

With regards to data accuracy, data quality kite marks are now part of the Integrated Performance Report and in-house validation work has been undertaken which provided assurance to the Finance and Performance Committee on the validity of the majority of operational indicators. In addition external auditors support the Governors to choose a local indicator to independently audit, as a proxy measure of accuracy of broader data.

Review of effectiveness

As Accounting Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review of the effectiveness of the system of internal control is informed by the

work of the internal auditors, clinical audit and the executive managers and clinical leads within the NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. I have drawn on the content of the quality report attached to this Annual Report and other performance information available to me. My review is also informed by comments made by the external auditors in their management letter and other reports. I have been advised on the implications of the result of my review of the effectiveness of the system of internal control by the Board of Directors, the Audit and Risk Committee, and Quality 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:

- 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
- Responsible for reviewing the establishment and maintenance of effective systems of internal control
- 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 KPMG and Grant Thornton (external auditors).

Internal Audit:

The headline Internal Audit opinion provided as follows:

Overall opinion
Our overall opinion for the period 1 April 2017 to 31 March 2018 is that **significant with minor improvements assurance** can be given on the overall adequacy and effectiveness of the Trust's framework of governance, risk management and control.

The basis for forming this opinion is informed by the completion by the internal auditors of six reviews, with the following assurance ratings:

- One with significant assurance
  - Information Governance Toolkit
- Four with significant assurance with minor improvement opportunities
  - BAF and Risk Management
  - Payroll Analytics
  - Purchase Ledger Analytics
  - Mental Capacity Act
- One with partial assurance with improvement required
  - Data Quality – KPI assurance

In addition the Fraud Risk Assessment completed by the Local Counter Fraud Specialist identified a number of areas of good practice, with 10 recommendations for further development, nine of medium priority and one low priority.

My review is also informed by:

- CQC follow up visits to individual service areas following the June 2016 CQC comprehensive inspection, and subsequent reporting. This followed the confirmation from CQC that the Trust was clear of enforcement action (applied following the comprehensive inspection) from March 2017
- Registration with the CQC
- Regular visits from the Mental Health Act arm of the CQC
- NHSI's Compliance Return and Governance Statements
- Compliance with NHSI's Single Oversight Framework
- Audit reports received during the year following on from the Internal Audit and External Audit Plans and Fraud Risk Assessment agreed by the Trust's Audit and Risk Committee
- External Assurance received on the implementation of our GIAP (Deloitte phase 2 review) and subsequent confirmation of full FT licence compliance issued by NHSI on 24 May 2017
- External assurance received from Deloitte in their phase 3 governance review of remaining Well-Led Framework criteria which resulted in an overall 'amber-green' rating for all areas of focus.

The following gaps in control were identified:

- There were no significant gaps in control or significant internal control issues identified during 2017/18. The Trust continued to implement robust processes to address all recommendations arising from reviews undertaken
- The phase 3 Well-Led Framework governance independent external review undertaken by Deloitte included further revisiting areas highlighted in phases 1 and 2 of their work which showed that further progress was required, namely divisional governance and performance management and progress of implementation of People Plan and structure. The outcome of the phase 3 review (reported in Jan 2018) confirmed that the required progress had been made
- The Trust continues to finalise the completion and embedding of a small number of actions arising from the CQC comprehensive inspection, June 2016.

Conclusion
No significant internal control issues have been identified.

Signed

Ifti Majid
Chief Executive Date: 24 May 2018

Quality Report

Part 1:
Statement on quality from the Chief Executive

I am pleased to present our Quality Report for the financial year 2017/18. The report is the opportunity for our Board to look back over the year, to reflect on some of our key achievements, to think about our priorities for the coming year, and to offer a view as to the quality of the healthcare that we have provided over the year. This is an annual report, and in it we note our formal regulatory requirements, areas that we have found challenging and areas that we see as high quality and innovative care for our communities.

In my role I have a clear view of the significant value of our staff and their commitment to patient care, irrespective of their role in the organisation. I was heartened to see this reflected in aspects of the staff survey, in particular staff feeling more engaged with the Trust, more connected with senior leaders, and better able to recommend the Trust as a place to work. Whilst there has been some improvement in areas of staff wellbeing, the level of improvement is lower than we want, and so staff wellbeing is a clear focus for all of us as we enter the next financial year.

We have seen several innovative developments over the year. These include the Family First model, a flexible and responsive approach to meet the needs of vulnerable families, supporting them to have a healthy pregnancy, to become a knowledgeable, responsive and sensitive parent and to develop positive health, social and economic outcomes for parents and their children. We have implemented the Red2Green initiative, a visual way of helping to minimise the number of days in hospital that do not directly contribute to that person's discharge. This is also reducing our need to admit people to hospital outside of the county, so when we do need to admit we can more often keep people in a hospital nearer home. We also have an innovative new partnership between the Trust and three third sector providers: Derbyshire Alcohol Advice Service (DAAS), Phoenix Futures and Intuitive Thinking Skills (ITS). This creates an integrated and coordinated drug and alcohol system for the first time in Derbyshire.

Over the coming year we will continue our review of Neighbourhood services. Other developments will include the anticipated Community Forensic Pathway and how we hope to use the Mental Health Investment Standard monies to augment our mental health community and crisis teams. We remain committed to working with our partners across the system to support the clinical model for Derbyshire, as part of our shared ambition to increase community resilience and offer more people the option of being cared for as close to home as possible.

I confirm that to the best of my knowledge, the information contained in this document is accurate. Grant Thornton will audit this report in accordance with relevant audit standards.

Ifti Majid
Chief Executive
30 March 2018

Independent practitioner's limited assurance report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust on the Quality Report

We have been engaged by the Council of Governors of Derbyshire Healthcare NHS Foundation Trust to perform an independent limited assurance engagement in respect of Derbyshire Healthcare NHS Foundation Trust's Quality Report for the year ended 31 March 2018 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and additional supporting guidance in the 'Detailed requirements for quality reports 2017/18' (the 'Criteria').

Scope and subject matter

The indicators for the year ended 31 March 2018 subject to the limited assurance engagement consist of the national priority indicators as mandated by NHS Improvement:

- Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a National Institute for Health and Care Excellence (NICE) approved care package within two weeks of referral; and
- Improving access to psychological therapies (IAPT): waiting time to begin treatment (from IAPT minimum dataset): within six weeks of referral.

We refer to these national priority indicators collectively as the 'Indicators'.

Respective responsibilities of the directors and Practitioner

The directors are responsible for the content and the preparation of the Quality Report in accordance with the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance issued by NHS Improvement.

Our responsibility is to form a conclusion, based on limited assurance procedures, on whether anything has come to our attention that causes us to believe that:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been the subject of limited assurance in the Quality Report are not reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance and the six dimensions of data quality set out in the 'Detailed requirements for external assurance for quality reports 2017/18'.

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance, and consider the implications for our report if we become aware of any material omissions.

We read the other information contained in the Quality Report and consider whether it is materially inconsistent with:

- Board minutes for the period 1 April 2017 to 24 May 2018;

- papers relating to quality reported to the Board over the period 1 April 2017 to 24 May 2018;
- feedback from commissioners dated 03/05/2018;
- feedback from governors dated 28/04/2018;
- feedback from local Healthwatch organisations dated 25/04/2018 and 30/04/2018;
- the Trust's complaints report published under regulation 18 of the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, dated 04/05/2018;
- the national patient survey dated 01/08/2017;
- the national staff survey dated 26/03/2018; and
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 03/05/2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with those documents (collectively, the "documents"). Our responsibilities do not extend to any other information.

The firm applies International Standard on Quality Control 1 (Revised) and accordingly maintains a comprehensive system of quality control including documented policies and procedures regarding compliance with ethical requirements, professional standards and applicable legal and regulatory requirements.

We are in compliance with the applicable independence and competency requirements of the Institute of Chartered Accountants in England and Wales (ICAEW) Code of Ethics. Our team comprised assurance practitioners and relevant subject matter experts.

This report, including the conclusion, has been prepared solely for the Council of Governors of Derbyshire Healthcare NHS Foundation Trust as a body, to assist the Council of Governors in reporting Derbyshire Healthcare NHS Foundation Trust's quality agenda, performance and activities. We permit the disclosure of this report within the Annual Report for the year ended 31 March 2018, to enable the Council of Governors to demonstrate they have discharged their governance responsibilities by commissioning an independent assurance report in connection with the indicators. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Council of Governors as a body, and Derbyshire Healthcare NHS Foundation Trust for our work or this report, except where terms are expressly agreed and with our prior consent in writing.

Assurance work performed

We conducted this limited assurance engagement in accordance with International Standard on Assurance Engagements 3000 (Revised) 'Assurance Engagements other than Audits or Reviews of Historical Financial Information' issued by the International Auditing and Assurance Standards Board ('ISAE 3000'). Our limited assurance procedures included:

- evaluating the design and implementation of the key processes and controls for managing and reporting the indicators
- making enquiries of management

- limited testing, on a selective basis, of the data used to calculate the indicators tested against supporting documentation
- comparing the content requirements of the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is smaller in scope than a reasonable assurance engagement. The nature, timing and extent of procedures for gathering sufficient appropriate evidence are deliberately limited relative to a reasonable assurance engagement.

Limitations
Non-financial performance information is subject to more inherent limitations than financial information, given the characteristics of the subject matter and the methods used for determining such information.

The absence of a significant body of established practice on which to draw allows for the selection of different, but acceptable, measurement techniques that can result in materially different measurements and can affect comparability. The precision of different measurement techniques may also vary. Furthermore, the nature and methods used to determine such information, as well as the measurement criteria and the precision of these criteria, may change over time. It is important to read the Quality Report in the context of the criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

The scope of our limited assurance work has not included governance over quality or non-mandated indicators, which have been determined locally by Derbyshire Healthcare NHS Foundation Trust.

Our audit work on the financial statements of Derbyshire Healthcare NHS Foundation Trust is carried out in accordance with our statutory obligations. This engagement will not be treated as having any effect on our separate duties and responsibilities as Derbyshire Healthcare NHS Foundation Trust's external auditors. Our audit reports on the financial statements are made solely to Derbyshire Healthcare NHS Foundation Trust's members, as a body, in accordance with paragraph 24(5) of Schedule 7 of the National Health Service Act 2006. Our audit work is undertaken so that we might state to Derbyshire Healthcare NHS Foundation Trust's members those matters we are required to state to them in an auditor's report and for no other purpose. Our audits of Derbyshire Healthcare NHS Foundation Trust's financial statements are not planned or conducted to address or reflect matters in which anyone other than such members as a body may be interested for such purpose. In these circumstances, to the fullest extent permitted by law, we do not accept or assume any responsibility to anyone other than Derbyshire Healthcare NHS Foundation Trust and Derbyshire Healthcare NHS Foundation Trust's members as a body, for our audit work, for our audit reports, or for the opinions we have formed in respect of those audits.

Conclusion

Based on the results of our procedures, as described in this report, nothing has come to our attention that causes us to believe that, for the year ended 31 March 2018:

- the Quality Report is not prepared in all material respects in line with the Criteria set out in the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance;
- the Quality Report is not consistent in all material respects with the sources specified in NHS Improvement's 'Detailed requirements for external assurance for quality reports 2017/18'; and
- the indicators in the Quality Report identified as having been subject to limited assurance have not been reasonably stated in all material respects in accordance with the 'NHS foundation trust annual reporting manual 2017/18' and supporting guidance.

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25/05/2018

Part 2:
Priorities for improvement and statements of assurance from the board

2.1 Priorities for improvement in 2018/19

The report is required to start with a description of the areas for improvement in the quality of relevant health services that the Trust intends to provide or sub-contract in 2018/19.

Our priorities for improvement for 2018/19

Derbyshire Healthcare Quality Priorities 2018/19	
Priority	**Examples of what this will look like**
Physical healthcare	• Meeting Physical Healthcare Strategy standards • Delivering EHCP (Education Health and Care Plan) and conversions as per contract (Children's Services) • Meeting CQUIN requirements for health checks • Developing Electronic Patient Record (EPR) and technological solutions to help our teams

How we plan to measure physical healthcare:

Corporate	Children, young people and families	Learning Disabilities (Central)	Mental health inpatient	Mental health community	Central Services/ Substance Misuse
Developing EPR and technological solutions to help our teams	Agree minimum standards for each pathway and undertake a baseline measure. Set trajectory for improvement against baseline measure.	Agree minimum standards for each pathway and undertake a baseline measure. Delivering compliance with annual health checks and lead the Greenlight Toolkit action plan and complete actions	Agree minimum standards for each pathway and undertake a baseline measure (admission and LESTER). Set trajectory for improvement against baseline measure	Meeting Physical Healthcare Strategy standards and the CQUIN requirements for annual health checks. Agree minimum standards for each pathway and undertake a baseline measure	Meeting Physical Healthcare Strategy standards. Progress and work on the High Need Support Group (157) offering interventions

Priority	Examples of what this will look like
Deliver all named specific CQUINs or contractual targets	• Complete the Children and Young People (CYP) Transition CQUIN and succeed • Undertake Autism awareness training • Work on all other appropriate CQUINs • Deliver your TOPs (Treatment Outcomes Profile) outcomes (Substance Misuse Services).

How we plan to measure CQUINs and contractual targets:

Corporate	Children, young people and families	Learning Disabilities (Central)	Mental health inpatient	Mental health community	Central Services /Substance Misuse
Offer leads for each CQUIN and enable teams to succeed	Complete the CYP Transition CQUIN and enable teams to succeed. Undertake Autism awareness training	Work on all appropriate CQUIN and focus upon flu inoculations (75%). Undertake Autism awareness training	Work on all appropriate CQUIN and focus upon flu inoculations/ A&E reductions and risky behaviours. Undertake Autism awareness training	Work on all appropriate CQUIN and focus upon flu inoculations/ A&E reductions and risky behaviours. Undertake Autism awareness training	Deliver your TOPS outcomes. Undertake Autism awareness training

Priority	Examples of what this will look like
Relapse reduction and harm reduction	• Contribute to one of the following: Achieving Baby Friendly status/A personal health or family support plan/A plan to reduce deterioration which results in avoidable admission (Children's Services) • A well-rounded personal health plan that identifies prevention and reduction of avoidable admission • Develop Electronic Patient Record and technological solutions to help our teams care plan well

How we plan to measure relapse reduction and harm reduction:

Corporate	Children, young people and families	Learning Disabilities (Central)	Mental health inpatient	Mental health community	Central Services/ Substance Misuse
Develop Electronic Patient Record and technological solutions to help our teams care plan well	Contribute to one of the following: achieving Baby Friendly status/a personal health or family support plan/a plan to reduce deterioration which results in avoidable admission	A well-rounded personal health plan, that identifies prevention and reduction of avoidable admission	A well-rounded person-centred health plan, that identifies prevention and reduction of avoidable admission	A well-rounded health and psychological plan that identifies relapse signature and prevention and reduction of avoidable admission	A well-rounded psychological and health plan that identifies relapse signature and prevention and reduction of avoidable admission

Priority	Examples of what this will look like
Being effective Implement existing NICE or best practice/developing another team's good idea in your team	• Implement one NICE guideline per team or a named piece of research or best practice from another team and show outcomes • Revise the Quality Visit programme to a new model

How we plan to measure being effective:

Corporate	Children, young people and families	Learning Disabilities (Central)	Mental health inpatient	Mental health community	Central Services/ Substance Misuse
Revise the Quality Visit programme to a new model	Implement one NICE guideline per team or a named piece of research, or best practice from another team and showcase it	Implement one NICE guideline per team or a named piece of research, or best practice from another team and showcase it	Implement one NICE guideline per team or a named piece of research, or best practice from another team and showcase it	Implement one NICE guideline per team or a named piece of research, or best practice from another team and showcase it	Implement one NICE guideline per team or a named piece of research, or best practice from another team and showcase it

Priority	Examples of what this will look like
Quality improvement-using your ideas Develop and implement using recommended	• Develop a pathway-specific clinical strategy and undertake one quality improvement project • Design a new Quality Improvement Strategy and define agreed methodologies that can be used

methodology	

How we plan to measure quality improvement (QI):

Corporate	Children, young people and families	Learning Disabilities (Central)	Mental health inpatient	Mental health community	Central Services/ Substance Misuse
Design a new Quality Improvement Strategy and define agreed methodology	Develop a pathway-specific clinical strategy and undertake one QI project	Develop a pathway-specific clinical strategy and undertake one QI project	Develop a pathway-specific clinical strategy and undertake one QI project. CAMPUS – may use Red2Green	Develop a pathway-specific clinical strategy and undertake one QI project	Develop a pathway-specific clinical strategy and undertake one QI project

Our priorities for improvement from the 2016/17 Quality Report, and our progress against these:

Quality priority	Our progress against this priority during 2017/18
Well led **Trust-wide** **NHS staff health and wellbeing** – through a number of health-related behaviour modifications **1a Staff survey** – **HR and teams** **1b Sugary snacks and food, led by estates** **1c Flu vaccinations**	**CQUINs 1a, 1b, 1c: Improvement of health and wellbeing of NHS staff** Staff wellbeing is the vehicle through which all quality care is delivered. This CQUIN provides clear expectations of how we approach both the physical and the mental health of our staff. **CQUIN 1a: Staff survey** This aspect is based solely on our staff survey, and we needed to achieve a five percentage point improvement in two out of the following three questions in the staff survey, in comparison to our performance in 2015. A particular challenge for us was that our performance in these questions in 2015 was significantly better than in 2016, so this gave us a greater challenge to achieve it. Our scores for each question are in the tables below. **Question 9a: Does your organisation take positive action on health and wellbeing?** Providers were expected to achieve an improvement of 5% points in the answer "yes, definitely" compared to baseline staff survey results or achieve 45% of staff surveyed answering "yes, definitely". **2015** | **2016** | **2017** | **Average 2017** 35% | 24% | 25% | 32%

Question 9b: In the last 12 months have you experienced musculoskeletal problems (MSK) as a result of work activities? Providers were expected to achieve an improvement of 5% points in the answer "no" compared to baseline staff survey results or achieve 85% of staff saying 'no'. Below are the 'yes' answers.

2015	2016	2017	Average 2017
17%	18%	20%	21%

Question 9c: During the last 12 months have you felt unwell as a result of work-related stress? Providers were expected to achieve an improvement of 5% points in the answer "no" compared to baseline staff survey results or achieve 75% of staff surveyed answering "no". Below are the 'yes' answers.

2015	2016	2017	Average 2017
42%	43%	41%	40%

Progress against this priority

The question on whether our organisation takes positive action on health and wellbeing shows a small improvement on last year but a continuing lower score in comparison to 2015 and also national scores for equivalent Trusts. Musculoskeletal problems show some deterioration but remain below the average for similar Trusts, whilst we see a slightly improving picture in relation to work-related stress.

Whilst this is a mixed picture as an indicator of staff wellbeing, in addition to the work undertaken around staff wellbeing by the Workforce and Organisational Development department, there is an ongoing focus on the value of supervision and improving the rate of supportive, reflective supervision available to our staff. We are also aware that this has been a year of significant change for many staff around such as work base and team stability, so this will have affected these scores.

CQUIN 1b: Sugary snacks and food

This requires us to continue these previous initiatives from 2016/17:

a.) The banning of price promotions on sugary drinks and foods high in fat, sugar or salt
b.) The banning of advertisements on NHS premises of sugary drinks and foods high in fat, sugar or salt
c.) The banning of sugary drinks and foods high in fat, sugar or salt from checkouts
d.) Ensuring that healthy options are available at any point including for those staff working night shifts.

For 2018/19 we are also expected to introduce the following changes to food and drink provision:

	a.) 70% of drinks lines stocked must be sugar free (less than 5 grams of sugar per 100ml). In addition to the usual definition of Sugar Sweetened Beverages (SSBs) it also includes energy drinks, fruit juices (with added sugar content of over 5g) and milk based drinks (with sugar content of over 10grams per 100ml). b.) 60% of confectionery and sweets do not exceed 250 kcal. c.) At least 60% of pre-packed sandwiches and other savoury pre-packed meals (wraps, salads, pasta salads) available contain 400kcal (1680 kJ) or less per serving and do not exceed 5.0g saturated fat per 100g. **Progress against this priority** We are anticipating that this priority will be achieved, together with much of what is required for next year already addressed. **CQUIN 1c: Improving the uptake of flu vaccinations for front-line clinical staff** 2017/18 – Expected achievement of an uptake of flu vaccinations by frontline clinical staff of 70%. 2018/19 – Expected achievement of an uptake of flu vaccinations by frontline clinical staff of 75%. This relates to the number of front-line healthcare workers (permanent staff and those on fixed contracts) who have received their flu vaccination by 28 February 2018. We can include staff who receive it from such as their GP or practice nurse. This is a public health initiative, both to keep our staff well and able to work, and also to reduce the opportunity for spread of any flu virus from our staff to others, including patients. **Progress against this priority** Our performance against this is much improved, with just over 50% of staff accepting the vaccination. Planning is already under way for how we promote and engage our colleagues in this for next year to improve our performance further.
Effective **Adult mental health** **b) Improving physical healthcare to reduce premature mortality in people with serious mental illness (SMI)**	**CQUIN 3a: Improving physical healthcare to reduce premature mortality in people with serious mental illness (SMI)** The rationale for this priority is that people with severe mental illness (SMI) are at increased risk of poor physical health, and their life expectancy is reduced by an average of 15–20 years mainly due to preventable physical illness. Two thirds of these deaths are from avoidable physical illnesses including heart disease and cancer, mainly caused by smoking. There is also a lack of access to physical healthcare for people with mental health problems. This requires a significant amount of data capture around physical health assessment, together with appropriate interventions for any indicators of ill-health, e.g. high blood pressure or high cholesterol. If any of these questions on the form are omitted or erroneous, the entire form fails. The requirement is that we demonstrate cardio metabolic assessment

	and (importantly) treatment for patients with psychosis in the following clinical areas: **Inpatients** 90% of people who have been admitted to the ward for at least seven days **Patients on CPA in all community-based mental health services** 65% of people who have been on the team caseload for a minimum of 12 months **Early intervention in psychosis services** 90% of people as per these teams' annual national service-specific self-assessment specification **Progress against this priority** Nationally, this is a challenging priority for providers to achieve, partly due to the detailed complexity of what is required when performance is audited. There has been much learning for our Trust this year. We are aware that we have pockets of strong physical health care, e.g. the London Road clinic, Chesterfield Central Neighbourhood Team's links with the Spireites initiative, the work offered by our colleagues in Early Intervention in Psychosis Teams. However, whilst what these teams offer is of great value, in many cases they do not quite answer each and every detailed requirement of the CQUIN. There is now a group, chaired by Dr Mark Broadhurst, Deputy Medical Director, overseeing all this work, but it remains a challenge. Current performance against this priority was recently reviewed as part of a national audit. These results have not been published at the time of writing. Much work has been undertaken in a range of teams over the year, but the audit results will focus on completeness of each and every aspect of the requirements being met. Therefore, early intelligence is that we will not meet these targets, and so work is already under way to plan for improved performance next year.
Safe **Adult mental health – liaison, Neighbourhoods and key services working in partnership** **c) Improving services for people with mental health needs who present to A&E**	**CQUIN 4: Improving services for people with mental health needs who present to A&E** This priority is about ensuring that people presenting at A&E with mental health needs have these met more effectively through an improved, integrated service, reducing their future attendances at A&E in line with improvement in capacity in our community services and the continued positive work of our effective mental health liaison teams. Working in partnership with our acute trust colleagues and other providers (primary care, police, ambulance, substance misuse, social care, voluntary sector), we aim to reduce by 20% the number of attendances to A&E for those within a selected cohort of frequent attenders who would benefit from mental health and psychosocial interventions, and establish improved services to ensure this reduction is sustainable. **Progress against this priority** There has been good partnership working towards this across the

	county and the Trust has been a strong partner in this work. All requirements have been achieved so far, and a final audit at the end of the year will review the clinical impact of all the work undertaken. There is also now planning for next year, as the focus broadens expectations of reduced A&E attendance to beyond the cohort and into a broader population of people with a primary mental health problem.
Responsive **CAMHS and adult mental health** d) **Transitions out of children and young people's mental health services (CYPMHS/CAMHS)**	**CQUIN 5: Transitions out of children's and young people's mental health services (CYPMHS/CAMHS)** This priority aims to incentivise improvements to the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CYPMHS) into adult mental health services, other CCG commissioned services or primary care. This involves evidence of joint plans between services, surveys of young people with monies apportioned to how well we score on these surveys. **Progress against this priority** This has been approached creatively by our CAMHS colleagues, with much of the required developments, e.g. the creation of an audit to review the family experience of the transition, produced in partnership between young people, parents and our staff. We have achieved all requirements so far, and are optimistic that performance when audited will be strong and will meet our own and our commissioners' expectations. One potential area of concern that might potentially impact on experience is if the young person is trying to transition into a working age adult neighbourhood team, bearing in mind the current time taken to access some of these.
Effective **Adult mental health** – **18+ inpatient services** **e) Preventing ill health by risky behaviours – alcohol and tobacco**	**CQUINs 9a to 9e: Preventing ill health by risky behaviours – alcohol and tobacco** This CQUIN seeks to help deliver on the objectives set out in the Five Year Forward View (5YFV), particularly around the need for a '…radical upgrade in prevention…' and '…incentivising and supporting healthier behaviour'. The proposal also supports delivery against the 5YFV in how it is supporting people to change their behaviour to reduce the risk to their health from alcohol and tobacco. There are five parts to this CQUIN: **9a:** **Tobacco screening:** the percentage of unique adult patients who are screened for smoking status AND whose results are recorded (unique meaning that we exclude any repeat admissions) **9b:** **Tobacco brief advice:** the percentage of these patients who smoke AND are given very brief advice **9c:** **Tobacco referral and medication offer:** the percentage of these patients who are smokers AND are offered referral to stop smoking services AND offered stop smoking medication. **9d:** **Alcohol screening:** the percentage of unique adult patients who are screened for drinking risk levels AND whose results are recorded **9e:** **Alcohol brief advice or referral:** the percentage of unique patients who drink alcohol above lower-risk levels AND are

	given brief advice OR offered a specialist referral. **Progress against CQUINs 9a to 9e** This initially brought significant challenges and concerns for us around accessing the relevant sample for data screening, together with gaps in ward staff awareness of where in the electronic patient record system this would be recorded. Whilst recognising that we needed to report accurate data and improvement, these challenges have been approached through a combination of a focus on quality improvement and a focus on robust data. As a result, from a starting point of a high level of variance in performance, we are now much more confident in the approach to this on the wards and our ability to subsequently report our performance accurately.
Safe **G) Deliver specific NON CQUIN requirements Sign up to safety**	'Sign up to Safety' is a national patient safety campaign announced in March 2014 by the Secretary of State for Health. In signing up, the Trust has committed to strengthen patient safety by making initial pledges against each domain and describing the actions the Trust will undertake in response to the five campaign pledges (as detailed below). **1. To implement cardio-metabolic assessment and treatment for patients with psychoses in the following areas (as in the aforementioned CQUINs 3a and 9a to 9e)** As mentioned earlier, whilst this is a challenging pledge to meet all the expectations of, we have strong and creative progress in some areas around physical health assessment and interventions, with a plan to share this good practice across the Trust over 2018/19. As part of this pledge we now have a Physical Healthcare Strategy, and we have appointed a Clinical Skills Tutor in physical healthcare to develop staff around physical healthcare, including nutrition and hydration. As mentioned earlier, we are reporting quarter-by-quarter improvement in assessing and offering interventions to our inpatients around smoking and alcohol. **2. Reducing the number of suicides** The Suicide Prevention Strategy has been completed and is described elsewhere in this report in Part 3. Safety planning (the Trust's approach to risk assessment and risk management) training has been continuing, and clinical staff have been actively involved in adapting and amending our safety planning tool to ensure it meets clinical need. An amended version for CAMHS is being piloted, and was developed in partnership with staff, young people and parents using CAMHS services. Colleagues in our Centre for Research and Development continue to co-ordinate the East Midlands Self-harm and Suicide Research Network. **3. Reduce violence through an initiative called 'Positive and Safe'** We have now implemented a Positive and Safe Strategy, and we continue to audit if we have offered a de-brief to any of our service users who have spent time in our seclusion room. Seclusion training for doctors is planned, and we have implemented the bi-monthly Positive and Safe Steering Group.

	4. Safety in transition from CAMHS to adult mental health services (as in the aforementioned CQUIN 5) Our progress in this will be monitored via the same audits that are in place for CQUIN 5. The results of these will be published at the end of Quarter four, but initial expectations are positive. **5. Reduction in the number of patient safety incidents** Our external auditors have identified that in comparison to other similar Trusts we have a relatively low number of recorded incidents. Therefore, to offer assurance of a healthy reporting culture of all incidents, not just patient safety, we are spending time with areas of low incident reporting to review their approach. The Trust's Risk Management Team continues to support clinical areas in providing reports to enable analysis of themes and tends and identify any changes required as a result of incidents, risks or complaints. We are also exploring different ways of supporting teams to learn lessons from incidents. As part of this we have relaunched 'Practice Matters', a Trust publication that offers an overview and examples of learning from incidents, complaints or compliments. Another example is how our Medical Director hosted an event where he guided a large group of staff through the learning from a local homicide involving someone who used our services.
Effective **NICE guidelines**	Our goals from this year's review of NICE processes were: • People using our services receive NICE-guideline-informed interventions • We have processes that make it as easy as possible for staff to provide these interventions • That as part of routine practice, we support our staff to provide NICE-guideline-informed interventions when in their judgement it is clinically appropriate to do so, and when it is the service user's preference Some specific guidelines have been mapped within their respective clinical areas, with self-assessment guiding subsequent service planning. These include, but are not limited to: i. Looked after children and young people ii. Transition from children's to adults' services for young people using health or social care services iii. Eating disorders: recognition and treatment **Progress of the NICE Steering Group** A monthly NICE Steering Group has been established, a multi-disciplinary group that represents all divisions. The Terms of Reference for this group are in line with those expected from the NICE 'Into practice' guide Members of this group are prioritising guidance to be reviewed for compliance within the Trust, and also supporting Divisions in setting their own priorities of guidelines for compliance review. As an example, colleagues in Children's and Central Divisions have elected to review three guidelines each. All these reviews are being completed using the baseline audit tool supplied by NICE, to ensure

	that we have a clear and evidence-based system. We will be overseeing these compliance reviews centrally and are progressing with the development of an electronic database for how we monitor this. Within the NICE Steering Group we also monitor emerging guidance for compliance review, and opportunities for involvement in consultations around NICE Guidelines and NICE Quality Standards. As an example, we have recently submitted a co-ordinated response on behalf of the Trust to the consultation on the draft NICE Guideline on Decision-making and Mental Capacity. One agreed initial compliance assessment priority is the NICE Guideline for Psychosis and Schizophrenia in Adults, given the prevalence of this in our service user population and the national quality improvement focus for this population, including physical healthcare. Colleagues in Campus and Neighbourhood Divisions have elected to review this jointly, given the shared pathway. **Summary of progress against this priority** The Trust now has a structure to oversee assessments of compliance with appropriate NICE clinical practice guidelines. Some guidelines are being prioritised and these will be the ones mapped first. Given the number of existing and emerging guidelines that apply to the Trust, moving to a position of full compliance will not be achievable in the short term. However, how the NICE Steering Group prioritises guidelines to review in line with clinical need or organisational priority will help to mitigate any current risks, as will the structure now available to capture existing or current reviews that were being undertaken individually in teams but were previously not centrally held or reported.
Caring **Autism** All staff to have access to and undertake **autism awareness training**	"Improving training around autism is at the heart of the autism strategy for all public service staff but particularly for those working in health and social care. This includes not only general autism awareness training, but also different levels of specialist training for staff in a range of roles, where this is needed to fulfil their responsibilities and for those who wish to develop their knowledge of autism" (*Statutory guidance for Local Authorities and NHS organisations to support implementation of the Adult Autism Strategy 2015*). Commissioners set us a target to achieve 50% of all staff undertaking Autism Awareness Training by the end of 2017/18 to increase to 75% of all staff by 2018/19. As at 15 March 2018, 1,594 of our staff have completed this training, therefore our performance against this target is 65.2%.

2.2 Statements of assurance from the board

This section is a series of statements from the Board for which the format and information required is set out in regulations and therefore it is set out verbatim.

1.	During 2017/18 Derbyshire Healthcare NHS Foundation Trust provided and/or sub contracted four relevant health services. The Trust provided NHS services to children, young people and families, people with learning disabilities, people experiencing mental health problems, and people with substance misuse problems.

1.1	Derbyshire Healthcare NHS Foundation Trust has reviewed all the data available to them on the quality of care in all of these relevant health services.

1.2	The income generated by the relevant health services reviewed in 2017/18 represents 91% of the total income generated from the provision of relevant health services by Derbyshire Healthcare NHS Foundation Trust for 2017/18

National Clinical Audits & National Confidential Enquiries
Participation in clinical audits and national confidential enquiries

2	During 2017/18 four national clinical audits and two national confidential enquiries covered relevant health services that Derbyshire Healthcare NHS Foundation Trust provides

2.1	During that period Derbyshire Healthcare NHS Foundation Trust participated in 100% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

2.2	The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust was eligible to participate in during 2017/18 are as follows: 1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 17a: Use of depot/Long Acting Injectable (LAI) antipsychotic medication for relapse prevention 2. POMH-UK Topic 15b: Prescribing valproate for bipolar disorder 3. POMH-UK Topic 16b: Topic Rapid tranquillisation 4. National Clinical Audit of Psychosis (NCAP) 5. National Confidential Enquiry into Patient Outcome and Death: Young People's Mental Health study 6. National confidential inquiry into suicide and homicide by people with mental illness

2.3	The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in during 2017/18 are as follows: 1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 17a: Use of depot/Long Acting Injectable (LAI) antipsychotic medication for relapse prevention

	2. POMH-UK Topic 15b: Prescribing valproate for bipolar disorder 3. POMH-UK Topic 16b: Topic Rapid tranquillisation 4. National Clinical Audit of Psychosis (NCAP) 5. National Confidential Enquiry into Patient Outcome and Death: Young People's Mental Health study 6. National confidential inquiry into suicide and homicide by people with mental illness

2.4	The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2017/18, are listed below alongside the number of cases submitted to each audit or enquiry as a percentage of the number of registered cases required by the terms of that audit or enquiry. 1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 17a: Use of depot/Long Acting Injectable (LAI) antipsychotic medication for relapse prevention - 32/32, 100% 2. POMH-UK Topic 15b: Prescribing valproate for bipolar disorder 23/23, 100% 3. POMH-UK Topic 16b: Topic Rapid tranquillisation - the data collection for this audit is currently under way. The intention will be to enter 100% of patients identified. 4. National Clinical Audit of Psychosis (NCAP) – 166/200, 83% 5. National Confidential Enquiry into Patient Outcome and Death: Young People's Mental Health study – 21/21, (100% - sample for case selection) 6. National confidential inquiry into suicide and homicide by people with mental illness – (8/8, 100%)

2.5 2.6 2.7 2.8	The reports of two national clinical audits were reviewed by the provider in 2017/18 and Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided: **POMH-UK Topic 16a: Rapid tranquillisation** Actions for improvement include dissemination of audit results by Medical Director to relevant Consultants and the Medicine Matters newsletter sent to relevant wards. Actions taken around debrief and review for implementation via Positive and Safe Group. Liaison with the Paris Electronic Patient Records, team to have available post-injection physical monitoring forms (these are currently paper). Assurances of monitoring as part of ward audit brought to Medicines Safety every quarter with local re-audit of prescribing with vignettes every six months. **Topic 1g & 3d: Prescribing high-dose and combined antipsychotics** Actions for improvement include wide dissemination to feed back audit results and actions for improvement, to be able to identify high-dose antipsychotics on PARIS, Electronic Patient Records, and as such need for e-prescribing. For Care Plans to be in place on PARIS for high-dose patients and mechanisms to be established at the PARIS Clinical Reference Group by which they can be readily identified. Assurance that as part of the inpatient clerking process ECGs are routinely being performed. The Drugs and Therapeutics Committee supports the proposal of the PARIS Clinical Reference Group to reconfigure capturing/reporting of physical monitoring. To determine the feasibility of carrying out the audit in Neighbourhoods through Neighbourhood COAT. For senior inpatient prescribers to review prescribing on their ward with a specialist pharmacist, working with Heads of Nursing to support the implementation of weekly prescribing meetings at ward level (this is also an action relating to rapid tranquilisation). The reports of 21 local clinical audits were reviewed by the provider in 2017/18 and

Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:

Title	Improvement actions
1. Staff documentation of their roles, responsibilities and actions when involved in the child protection safeguarding process	Actions for improvement include dissemination of results to the Safeguarding Team including presentation of results at the safeguarding team meeting. Dissemination to the wider Trust community. Named nurses/advisers to lead for their respective localities to highlight areas for improvement at locality meetings, and to coordinate delivery of their respective safeguarding supervision sessions to act as a training forum covering the process of completing the forms comprehensively. The Chair of Safeguarding Operational Meeting to receive assurance by monitoring use of safeguarding supervision sessions as training forums to improve compliance. A new safeguarding unit to be developed within the SystmOne electronic patient record system in order to allow for comprehensive completion of safeguarding plans. To re-audit in order to establish that recommendations have been implemented and are established as best practice and look at the possibility of CAMHS inclusion.
2. On-call response time re-audit	Actions for improvement include dissemination of results to old-age consultants at the monthly consultant meeting and also to ward managers for discussion in team meetings, to encourage nursing staff to escalate any delays in contacting the Doctor on-call. Ward managers for old-age psychiatry wards (Kingsway) to use results of audit in ward meetings to reiterate policy of escalation to on-call consultant if no response from duty doctor within 20 minutes. Switchboard to be reminded if a Doctor is off site where telephone reception could be a problem (London Road Community Hospital/Royal Derby Hospital and Kingsway site). This will also be highlighted by the doctor explaining out-of-hours working at Junior Doctors induction.
3. Re-audit of Discharge documentation from Outpatients Department	Actions for improvement include dissemination of results to all Community Mental Health Teams/Consultants and presentation of the audit at the Trust Medical Advisory Committee. Development of an outpatient discharge summary template on PARIS with the PARIS Development Team. All Consultants to use this when discharging patients from out-patient clinics to GPs. This is for use when someone is completely discharged from service. Junior doctors to be made aware of the outpatient discharge summary template during induction/supervision. To re-audit in order to assess effectiveness of PARIS template in improving discharges from service.
4. Families'	Actions for improvement include dissemination of results to the

knowledge of and contribution towards their safeguarding plan	Safeguarding team and presentation at the Safeguarding Team Meeting as well as circulation to the wider Trust community. Named Nurses/Advisers to lead for their respective localities to highlight areas for improvement at Locality Meetings; and to coordinate delivery of their respective Safeguarding Supervision sessions to act as a training forum covering the process of completing the forms comprehensively. The Chair of the Safeguarding Operational Meeting to receive assurance by monitoring use of Safeguarding Supervision sessions as training forums to improve compliance. A new Safeguarding Unit to be developed within SystmOne to in order to allow for comprehensive completion of safeguarding plans. To re-audit in order to establish recommendations have been implemented and are established as best practice and look at the possibility of CAMHS inclusion.
5. Documentation of capacity and consent on PARIS in DHCFT inpatient units	Improvement actions include dissemination of the report to all inpatient wards, Area Service Managers, Associate Clinical Directors and medical staff. Enhanced training/support for all staff on capacity assessments and the means by which they must be recorded on PARIS. Further face-to-face teaching sessions to be made available. On-line Mental Capacity Act modules to be reviewed and streamlined. Continued direct support to all staff on inpatient units from the Medical Capacity Lead and the practice development and compliance lead for capacity, to allow staff to gain confidence and improve recording efficiency. Specific support to be offered to those inpatient units achieving lower audit scores. Specific staff groups to receive targeted training, especially with regard to the need to assess and record both the capacity to consent to assessment and for treatment. Also ensuring correct recording of "Referral ID" codes for each inpatient to allow all capacity entries appropriately. A formal decision to be made and disseminated determining which staff member is expected to take responsibility for the assessing and recording of capacity to consent to admission and capacity to consent to treatment, especially among junior doctors. Email prepared for Medical Director to send out to all junior staff detailing responsibilities. To re-audit in order to establish recommendations have been implemented and are established as best practice.
6. Documentation of Capacity and Consent on Paris in DHCFT community mental health	Improvement actions include dissemination of audit report to all community team managers, Area Service Managers and Associate Clinical Directors. In addition, reminding all staff not to use paper forms to record capacity. Cascade to all community team members the agreed advice as to the process of both performing and recording the assessment of capacity in

teams	community patients. Clear and unambiguous advice to be provided to all community team members as to the methods and systems in place for recording capacity. Enhanced training/support for all staff on capacity assessments and the means by which they must be recorded on Paris. Further face-to-face teaching sessions to be made available. On-line Mental Capacity Act modules to be reviewed and streamlined; continued direct support to all staff on inpatient units from the Medical Capacity Lead and the Practice Development and Compliance Lead for Capacity to allow staff to gain confidence and improve recording efficiency. Specific support to be offered to those inpatient units achieving lower audit scores. To re-audit in order to establish that recommendations have been implemented and are established as best practice with consideration to be given to establishing a similar audit of those community teams who were not included in this audit – CAMHS, children's services, substance misuse services and medical outpatients.
7. Infection control standards: CAMHS	Improvement actions include: Sandpits should only be used for therapeutic reasons. CAMHS to agree use and evidence this and keep to a minimum. If not required, to be disposed of. CAMHS to standardise approach to infection control across all sites to prevent variation occurring and reduce risk of infections occurring. CAMHS to agree & maintain standards/action points above and implement across all sites. A re-audit schedule is to be agreed.
8. Infection control standards: Special Schools	Improvement actions include: Completion of previous actions from audits to be added to the survey form to capture in subsequent audits. In discussion with the Trust Infection Control Committee (TICC) and Managers of Special Schools, to decide on frequency of audit and self-completion by staff. TICC to decide and recommend which actions raised by the audit can be met through the Trust and which through the schools.
9. Referral criteria to CRHTT	Improvement actions include: Dissemination of results to the teams/referrers identified in the audit in order to encourage debate and discussion for further improvement in performance. Presentation of the audit results at the Crisis Resolution Home Treatment Team (CRHTT) meeting. Visiting GPs to discuss the audit results and how to improve the referral process and develop referral criteria – doctors to visit the city and county GPs. Producing a survey to determine and collate what the expectations are of the referrers from the CRHTT. Produce an online questionnaire that will be e-mailed to the referrers. Developing an aide memoire or process chart to help referrers

	when considering whether patients are suitable for referral to the CRHTT. To refer to existing available documentation in order to see whether this is sufficient, can be adapted or whether something new is required. To re-audit in order to establish that recommendations have been implemented and are established as best practice.
10. Evaluation of patient information provision and the use of Nicotine Replacement Therapy in adult mental health inpatients	Improvement actions include: Dissemination of results to the Campus and Neighbourhoods Associate Clinical Directors, the Deputy Medical Director and Medical Educators for further distribution. Nicotine Replacement Therapy audit presentation to doctors/healthcare professionals Trust-wide and Friday afternoon doctors' educational meeting. Smoke-free audit presentation inviting ward managers of inpatient wards. Recommend staff participate in smoking cessation training, an e-learning module on Connect available, covering how to correctly prescribe and supply alternative therapies to smoking. Recognising early in an admission whether a patient smokes and what can be done to mitigate their inability to smoke in hospital - Added section on PARIS form for patients being referred for hospital admission by the community/crisis teams. Early provision of nicotine replacement therapy +/- counselling to assist patients in reducing their nicotine requirement which is currently already in place, performed by ward doctors, pharmacists and nurses. A printed information source for patients about the types and benefits of different types of nicotine replacement. Smoking leaflets with advice about quitting are already available - a supply should be printed and available on the ward.
11. Identification of Adverse Childhood Experiences of new inpatient admissions	**I**mprovement actions include: To generate debate on what constitutes a reasonable personal/biographical history by discussions amongst doctors at an appropriate forum/meeting. After discussion at the Hartington Unit Teaching Programme/Audit Meeting, the outcomes to be fed back to the schools of psychiatry that cover Derbyshire and that in turn feed into the Education Committee of the Royal College of Psychiatrists. Dissemination audit and action plan to the doctors at the Hartington Unit (Morton, Tansley & Pleasley Wards) and Radbourne Unit (Wards 33, 34, 35, 36 and the Enhanced Care Ward) and Campus and Neighbourhoods Area Service Managers as well as the Associate Clinical Directors. Presenting the audit at the Junior Doctors' Meeting. To explain the adverse childhood experiences study (many were present during a lecture on this early in the year) and the importance of ensuring our personal histories are more in-depth and include explicitly asking about the 10 childhood traumatic experiences.

	To re-audit in order to establish recommendations have been implemented.
12. Is the physical wellbeing of patients with an eating disorder assessed adequately in line with current guidelines?	Improvement actions include: Dissemination of report and action plan to the CAMHS Eating Disorder Team. Presenting to the Eating Disorder Team using audit findings to reinforce and increase the awareness of the importance of physical health and adhering to Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) guidelines. To devise a standard proforma for use by Eating Disorder professionals at CAMHS. The audit was presented and discussed at the CAMHS Consultant Meeting on 19/7/17 to gain consensus on this recommendation. Once the proforma has been devised the PARIS Development Team will be asked to help create this. To be discussed and implemented via the PARIS Development Team. To re-audit in order to establish that recommendations are embedded.
13. Section 17 of the Mental Health Act leave documentation re-audit	Improvement actions include: Dissemination of results to areas that participated in audit and to the Associate Clinical Directors and Medical Education Leads. Presentation of audit at the Hartington Unit clinical governance meeting. Address issues of Section 17 (S17) forms being completed by Nurses and then signed by a doctor by ensuring multi-disciplinary teams discuss the decision and risk-related issues and make a decision and then the RC (Responsible Clinician) completes the S17 based upon this collective decision to raise at MHAC in order to agree remedial action(s). Amending the electronic S17 form on PARIS to indicate a multi-disciplinary discussion and decision was made prior to the S17 being initiated. Refinement to the S17 electronic record so that form is intuitive and helpful to all clinicians and emphasis of the use of the electronic form. Wards to have electronic whiteboard screens that prompt/alert clinicians on different aspects of patients' stay e.g. S17 leave review date, Mental Health Act status, T3/T2 status (patient's consent to treatment or not), etc. Since the form is now electronic, the review dates might get missed and there isn't a physical paper form to cross out. The electronic whiteboard will prompt staff when S17 leave has expired so it will have to be reviewed. The Hartington Unit has had screens for six months. Rollout under way (Radbourne, Kingsway and London Road Community Hospital). Practicality and application to be discussed at the Mental Health Act Committee Meeting of taking photographs of patients when they are admitted for identification purposes (currently done on the older adult dementia wards). The patient can decline, but this makes identification to the police easier if a patient absconds whilst on leave. To re-audit or

	audit as to whether multi-disciplinary team meetings are happening prior to S17 being completed.
14. Physical health monitoring of patients on Clozapine	Improvement actions include: To create a checklist that focuses on the areas of poor compliance, to reference when treating patients with psychosis and schizophrenia. This would be for patients not just on Clozapine. Screening checklists to be placed on clinic room walls. To ask all inpatient medical staff at the point of patient discharge to book a follow-up appointment with the Physical Healthcare Clinic in Derby City within three months. The Consultant lead has actioned this as part of the 'physical health handover on discharge in patients commenced on antipsychotic medication' audit. An email was sent to consultants covering the Derby city area in the first instance.
15. Venous Thromboprophyl-axis Older Adults	Improvement actions include: Dissemination of audit outcome to Cubley Court and Ward 1 staff. Presentation at the postgraduate meeting. Focussing on the venous thromboembolism (VTE) admission statement. To have VTE discussed at the north and south inductions. As no facility exists to provide blood tests at London Road Community Hospital or Kingsway site the junior doctors are to be made aware that they need to do the bloods urgently and prescribe Enoxaparin if a patient were to become eligible for prophylaxis. To work with the PARIS development team to make changes to the clerking proforma in order to reduce the admission clerking burden. Consultant Lead to work with PARIS Developer. VTE assessment split into three steps. If the patient scores negative in the first step (mobility), steps two and three won't appear in the VTE assessment ends for those patients. This will be the case in 90% of patients who have normal mobility and so these assessments will be complete with one tick box. Assessments will be required dependent on positive patient scores. To re-audit.
16. Establish the quality of Safeguarding Children and Clinical Supervision	Improvement actions include: Presentation of results at the Operational Team Meeting. Managers to ensure all staff have a supervision contract completed. Each Locality Manager to lead for their respective localities to utilise locality meetings as forums to highlight the areas of improvement. Consistent tools to use in clinical supervision, accessible on SystmOne. Supervisors to promote and use ratified supervision tools. Clinical record audit tool – supporting staff with analysis of records and identifying areas of record keeping that need improvement. Supervisors to audit clinical records with practitioners in supervision. Re-design recording of supervision document. Give more guidance on

	clinical and managerial supervision, ensuring priority topics are covered. To present draft supervision record to the Clinical Reference Group. Band 7 & 8, 0 -19 staff/managers to attend level four training on effective clinical supervision (ensure consistent approach to supervision within service). Consolidation of supervision training/workshop for managers. To deliver workshop revisiting tools and exploring challenges and successes. To develop a training package to improve understanding and implementation of analysis in record keeping and supervision for delivery to 0 -19 staff.
17. Clinical audit of section 58 mental health act – updated plan for 2017/18 fourth re-audit	Improvement actions include: Disseminate results to inpatient Responsible Clinicians (RCs). Continued use of the Section 58 flow chart incorporated into the reminder letters. The Mental Health Act (MHA) Office to continue providing reminder letters to relevant RCs at appropriate times. To continue with the practice of utilising "MHA Supporters" to engage with RCs. Continue engaging the ward managers to act as "MHA supporters" with copies of "prompt letters" being sent to them at the relevant time so they can provide regular reminders of the need to complete the process (especially in regard to the early securing of a Second Opinion Appointed Doctor (SOAD)). Consultant Lead to attend Medical Management Committee meeting to disseminate results and arrange plan of support for inpatient RCs. To continue the electronic alert on PARIS that reminds clinicians what they need to discuss with the patient when consenting them to treatment and of the need to record evidence effectively. There should be only one location in which consent to treatment with psychotropic medication details is recorded – the "consent to treatment with psychotropic medication" section of the "capacity and consents" stem within the "central index". Regular and clear indicators and reminders should be utilised to ensure all RCs are aware of and follow this process and of the need to acknowledge formally a referral to a SOAD in the relevant PARIS section. The development of a failsafe to avoid breaches of the MHA where patients do not have a T2/T3 or Section 62 of the MHA [which allows for emergency treatment of a detained patient]**.** The MHA office has a system in place to remind RCs and advise them accordingly if the forms are not received and inform the ward and community team staff accordingly and advise them not to administer any further medication until the correct paperwork is in place. Provide assurance on improvements through annual audits. A re-audit towards the end of 2019.
18. Physical activity in Care	Improvement actions include: Dissemination via Medical Staff Committee. Presentation of poster at physical health in

	Programme Approach (CPA) care plans	psychiatry meeting. Although there are various interventions under way looking at improving the recording of physical health observations, the physical activity question remains unanswered. There is a national initiative called Moving Medicine, from Public Health England, and the different Royal Colleges are being approached about the promotion of physical activity. Propose to set up, in this context, a national survey of psychiatrists (a copy of one done by Public Health England last year for GPs) as part of this. This will focus on exercise and physical activity and the immense potential benefits this can bring both for our patients' physical health and also the growing evidence for mental health, e.g. in depression studies coming up with effect sizes of 0.8. To re-audit.
19.	Patient awareness of smoke-free Trust status	Improvement actions include: Evaluation of patient information provision and the use of Nicotine Replacement Therapy in adult mental health inpatients
20.	Self-harm in Older Adults in DHCFT; Liaison North	Improvement actions include: Present audit at the Campus Clinical and Operational Assurance Team (COAT) meeting. Disseminate and promote discussion of key findings to the Mental Health Liaison Team (MHLT) at team meeting and via email. Any action required to be managed through 'internal' operational/clinical processes. To disseminate key findings to the older adult community team managers and older adult functional ward (North) via email for wider dissemination to their teams. Dissemination of aide memoire to MHLT, older adults community team, older adults functional wards and consultant lead to disseminate at junior doctor induction. Re-audit of both adults and older adults north and south liaison self-harm assessments in MHLT.
21.	Audit of pre- and on-admission assessments of capacity to consent to admission and treatment on a Derbyshire Old Age Psychiatry functional ward	Improvement actions include: Disseminate results to participating services via email including link to Mental Capacity Policy. There is now a standardised form on Paris ("Record of Capacity to Consent" in the "Consents and Capacity" section of PARIS) and an accompanying manual to explain its use has been launched for all the medical staff. Training on assessment of capacity to become part of mandatory training/the induction process, as well as interplay between the Mental Health Act and Mental Capacity Act. Providing patients with information on admission relating to their capacity to consent. If patients are not clerked in at all this needs to be reported as an incident on Datix by the Ward Manager. To re-audit in order to establish recommendations have been implemented.

3	The number of patients receiving relevant health services provided or sub-contracted

	by Derbyshire Healthcare NHS Foundation Trust in 2017/18 that were recruited during that period to participate in research approved by a research ethics committee – 1,543.

4	A proportion of Derbyshire Healthcare NHS Foundation Trust's income in 2017/18 was conditional on achieving quality improvement and innovation goals agreed between Derbyshire Healthcare NHS Foundation and any person or body they entered into a contract, agreement or arrangement with for the provision of relevant health services, through the Commissioning for Quality and Innovation payment framework.
4.2	Further details of the agreed goals for 2017/18 and for the following 12-month period are available electronically at [weblink is being explored].

The monetary total for income in 2017/18 conditional on achieving quality improvement and innovation goals	£2,710,443
The monetary total for the associated payment in 2016/17	£2,648,944

5 5.1	Derbyshire Healthcare NHS Foundation Trust is required to register with the Care Quality Commission and its current registration status is a registered organisation assessed as Requires Improvement overall. Derbyshire Healthcare NHS Foundation Trust has no conditions on registration. The Care Quality Commission has not taken enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2017/18.

7	Derbyshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period.

8. 8.1	Derbyshire Healthcare NHS Foundation Trust submitted records during 2017/18 to the Secondary Uses Service for inclusion in the hospital episode statistics, which are included in the latest published data. The percentage of records relating to admitted patient care which included the patient's: i. Valid NHS number - 99.7% (based on April 2017 – November 2017 published dashboard) ii. General Medical Practice Code – 100% (based on April 2017 – November 2017 published dashboard) The percentage of records relating to outpatient care which included the patient's i. Valid NHS number - 100% (based on April 2017 – November 2017 published dashboard) ii. General Medical Practice Code – 100% (based on April 2017 – November 2017 published dashboard)

9	Derbyshire Healthcare NHS Foundation Trust's Information Governance Assessment Report overall score for 2017/18 was 98% and was graded Satisfactory (so a green rating)

10	Derbyshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2017/18 by the Audit Commission. However, the Trust underwent the annual clinical coding audit as part of the V14.1 IG Toolkit and attained the highest Level Three score.

11	Derbyshire Healthcare NHS Foundation Trust will be taking the following actions to improve data quality: We continue to strive to achieve high quality, consistent information via increased integration between systems, both internal and external, and will include use of the summary care record as a source. We run continued campaigns to ensure awareness of the importance of ensuring our data is accurate, benchmarking other Trusts and learning from exemplars. The Trust's Data Quality Policy will continue to be implemented, with the following aims: • To ensure that there is a shared understanding of the value of high-quality data on improving service delivery and quality and outcomes of care • To ensure that the focus of improving data quality is on preventing errors being made wherever possible; • To ensure that regular validation, feedback and monitoring processes are in place to identify, investigate and correct data errors when they occur. • The policy has also been updated around the Accessible Information Standards. • Following internal audit recommendations the Trust has implemented a new data assurance and data quality kite mark process. This is based on Trust performance dashboard indicators and covers: o Granularity o Timeliness o Audit o Source o Validation o Completeness o Sign Off **Further actions:** • Integration between our electronic patient record systems so that demographics for service receivers are synchronised and up to date • Introduction of a new online information system, a single reference point to show all the different services and electronic patient record systems involved for the patient. This is accessible directly from within an electronic patient record. • Integration with external organisations and enhanced used of secure electronic processes (e.g. automating test results) • Enhanced use of the National SPINE and update of our electronic patient record systems • Continued and improved use of existing data quality and performance management exception reporting • Improved records and supervision audit functionality supporting minimum standards and Accessible Information Standard, Dual Diagnosis (links between mental health and drug and alcohol services) as well as wider inclusive approach to improve carer information, family members and other associate people • Continued and improved use of external data quality reports and

	benchmarking to maintain high standards • Improved registration and data collection forms to help capture information for new patients as well as capturing changes and confirming current information for existing patients • To improve Information Governance mandatory and yearly training results and remove barriers to this aspiration.

Mortality data

The following data presents the Trust position around deaths and serious incidents. We are looking at similar information published by other Trusts and a regional meeting is planned. Lincolnshire, for example, reported 834 deaths compared to our 2,282 in the same period. However, direct comparisons cannot be made due to differences in Trusts' portfolio of services and the variation in background demographic profiles.

We investigate all deaths which seem untoward including of course suicides, homicides and inpatient deaths. There are many more deaths, particularly in older people and in those with learning disability that would be expected due to physical co-morbidities at that age. We are undergoing case reviews of selected cases and, for example, are scrutinising deaths where there may have been delay in speech and language therapy assessments in patients with a learning disability. We are working with NHS Digital to obtain the cause of death for all our patients so we can compare this against the demographic background patterns of death on a geographical basis. This will tell us whether our patients are dying prematurely compared to their population cohort. This will inform public health information and we have had preliminary discussions with public health about this. We have modified a tool for the review of deaths in this way and will be looking at the Royal College of Psychiatrists' version which has recently been published and to which we contributed.

We think the most relevant comparison is between the death rates of our patients (broken down into such as different clinical groups according to age, gender, ethnicity and diagnosis) and that of the rate of the background population from which they come. This will only be possible when we obtain the data of Cause of Death for all our patients from NHS Digital, as has been applied for. Once we have obtained the data we will link with public health colleagues in Derbyshire and Derby city as discussed at the Trust Board.

As regards death in the older population we are often engaged with people until their death through our dementia and liaison services, and therefore we would expect this population to form part of our overall death rate.

We will pilot the Mortality Review Tool published by the Royal College of Psychiatrists, comparing this to the one we have developed locally. The Mortality Reviews completed to date have given assurance based on an absence of concerns – one issue of Learning Disability Speech And Language Therapy assessments was picked up by the external Learning Disabilities Mortality Review (LeDeR) Programme, and are a draw on existing commissioned resources.

It takes a senior nurse and doctor 30 minutes to complete a review supported by admin colleagues who take considerably longer to prepare these and process the outcome. A review of 100 deaths would take a senior nurse and doctor a week to complete and administration would take significantly longer as they also have to take part in the reviews. Once we have completed the pilot phase a decision will be required as to whether we roll out the process, its scale and how this can be resourced. We will discuss this with other similar trusts to benchmark our approach.

The main learning from our reviews of deaths is that systems and processes to prevent deterioration and crises are far more likely to be effective than acute interventions based on risk assessments. This is because in mental health it is inherently unreliable to try and predict rare events such as suicides in individual cases. There will be many false negatives with adverse outcomes in apparently low risk patients, and false positives which could lead to risk adverse practices which would be paradoxically ineffective or could even increase the risk. Our priority initiatives such as the review and relaunch of the Care Programme Approach, the development of safety planning and improvements in physical healthcare are therefore likely to save more lives than specific interventions in acute situations. This is not to say, of course, that we would not attempt to meet the needs of patients in crisis and do so regularly, e.g. through the application of the Mental Health Act. Our approach to risk assessment to underpin safety planning highlights the importance of seeing the patient in the context of their own life story with emphasis on historical risk factors, current risk factors and mitigation and diagnosis leading to a formulation including contingency plans. Communication is key, particularly with family and carers where the patient allows. We have also engaged in broader public health awareness through our suicide prevention strategy.

In order to enhance prevention we are developing a compassionate approach with our staff which we hope will engage them and be transmitted through patient care. A compassionate approach decreases stigma for patients suffering from mental illness and therefore helps enhance access. Following serious incidents, we approach investigations using compassionate principles to support staff and bereaved families. The compassionate approach is underpinned with clear lines of responsibility and accountability. In addition, we have a robust system of ensuring that individual clinicians and teams engage in reflective practice and quality improvement based on feedback from individual serious incident investigations.

27.1	During 2017/18, 2,472 of Derbyshire Healthcare NHS Foundation Trust's patients died (to be updated at year end). This comprised the following number of deaths which occurred in each quarter of that reporting period: • 638 in the first quarter; • 576 in the second quarter; • 578 in the third quarter; • 680 in the fourth quarter

27.2	31 case record reviews and 39 investigations have been carried out in relation to 2,472 of the deaths included in item 27.1. In 2 cases a death was subjected to both a case record review and an investigation. The number of deaths in each quarter for which a case record review or an investigation was carried out was: • 12 in the first quarter • 11 in the second quarter • 9 in the third quarter • 38 in the fourth quarter A further 46 investigations are ongoing.

27.3	None, representing 0% of the patient deaths during the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. In relation to each quarter, this consisted of: • None representing 0% for the first quarter • None representing 0% for the second quarter • None representing 0% for the third quarter • None representing 0% for the fourth quarter These numbers have been estimated using an amended form based on a national review tool called PRISM. The Trust has developed a Mortality Review Group which has been focusing on developing the systems and processes to support review and learning from deaths. This tool was chosen by The Mortality Review Group in preference to The Structured Judgement Review tool, as it was decided that the latter did not meet the requirements for mental health case note reviews. The Prism tool is a structure to support a multi-disciplinary review of a person's case records, to determine if there might have been any problems in health care, including acts of omission (inactions) or acts of commission (affirmative actions), to help us consider the proportion of any deaths that are avoidable.

27.4	The Mortality Review Group has case reviewed 37 deaths. This was undertaken by a multi-disciplinary team and it established that of the 37 deaths reviewed, 36 have been classed as unavoidable and 1 has been sent for further investigation under the Untoward Incident Reporting and Investigation Policy and Procedure. The Mortality Review Group is currently reviewing deaths of patients who fall under the following 'red flags': • Patient on end of life pathway, subject to palliative care • Anti-psychotic medication • Referral made, but patient not seen prior to death • Death of patient on Clozapine. Initial analysis of death notification information shows the most prevalent causes of death are: • Alzheimer's Dementia • Old Age • Pneumonia.

27.5	Below are examples of the recommendations following the review of deaths, through either the Untoward Incident Reporting and Investigation Policy and Procedure or Learning from Deaths Procedure. These recommendations are monitored by the Patient Safety Team. Actions taken and that will be taken: 1. Briefing to be circulated regarding 'Duty of Candour' and the MHA 1983: Code of Practice (Department of Health, 2015),'patients should be fully involved in decisions about care, support and treatment', and that the 'views of families, carers and others should be fully considered when taking decisions'.

	2. Inpatient teams to be re-briefed on the principles of Clinical risk management and relapse planning, specifically in relation to inpatient care planning and discharge planning. 3. Inpatient team to be briefed on record keeping standards, specific involvement of patient and views of carers. 4. The Clinical and Operational Assurance Teams to consider/review the communication problems identified in the report between the Inpatient and Outpatient team and advice as to systems that need to be in place to overcome/address potential communication barriers 5. The Clinical and Operational Assurance Teams to consider the need for identifying patients who due to their complexity require a comprehensive case summary to inform clinicians in situations (frequent occurrence) when it would not be possible to review all records in the timespan available, for example, admitting doctors/nurses 6. Confirmation required in relation to requirements for the Trust when a patient has a diagnosis of Hepatitis C positive and our responsibilities to notify statutory bodies 7. To review the arrangements within the team where the Care Co-ordinator is a part-time worker 8. Access across both Paris and SystmOne electronic patient care records for all children's services staff to be considered 9. A communication system in the team to be considered which is consistent and includes a back-up to ensure the team know messages have been received such as a 'read message' response set up as a default on the email system for all clinicians 10. Consideration needs to be given to maximum caseloads and workload in general and the impact of this 11. Liaison Team Wi-Fi and accessibility to main computer to be reviewed 12. It is recommended that CRHTT (Crisis Resolution Home Treatment Team) develops how it offers support and makes contact with families and carers at assessment, including an information leaflet 13. The depth and assessment of suicidal thoughts needs exploration alongside consideration of protective factors when assessing suicidal ideation 14. Exploration of consent regarding families and carer with the service receiver, especially when a person has not given consent to contact 15. To approve an Operational Policy for Liaison South 16. To scope the possibility of being able to share information between Paris and SystmOne for community patients 17. The lead for Positive and Proactive Support Training to review the training requirements for all Rehabilitation services 18. Service planning for people with highly complex non-psychosis mental illness to be included in the responsive communities sustainability and transformation plan 19. The purpose and quality of inpatient admissions to be addressed collectively through the Bed Optimisation Project and the CRHTT review 20. To review policy in relation to relapse signature and guidance on relapse reduction, care planning and reviewing clinical history 21. Possibility of an information sharing agreement to be pursued with Pennine Care Trust. This would include reciprocal system access 22. Learning review to discuss importance of exploring family/carer concerns regarding relapse indicators, when it is advisable to access previous paper records and reciprocal communication with other organisations that work with service users on clinician caseloads 23. Scope an improvement project with three outcomes: (i) Staff support in

	waiting list management; (ii) Improvement on patient flow and discharge; (iii) Improvement work on support worker role including scope of practice on what work cannot be undertaken 24. Information sharing from Derbyshire Constabulary in relation to the Peer Review has been identified as an issue and will need to be addressed within the multi-agency partnership 25. For Substance Misuse services to undertake an audit to establish if physical health monitoring is undertaken on assessment and at least annually, which would include staff ensuring annual reviews have been completed via the GP 26. It is recommended that there is greater exploration around family involvement when a person is open to CRHTT. There needs to be a change with regards to viewing family involvement on a continuum rather than a 'yes or no' answer 27. Scope the possibility of a message system built into PARIS which is easily accessible and which flags up urgent messages 28. Liaison Team South to utilise a standard assessment proforma 29. Consider the notification system for MHA expiry of detention as well as the regularity of reviews of the Safety Assessment for inpatients 30. Revisit policies in relation to transfer, both operationally and clinically, to ensure that they include systems – particularly in relation to communication that would mitigate against such gaps in care occurring in the future 31. Paris to develop a way of tracking actions related to admission or care stays 32. Reiteration of standards for assessment of Waterlow Score as an assessment for Tissue Viability as per Trust policy 33. Body Map to be completed within four hours of admission

27.6	An assessment of the impact of the actions described in item 27.5 which were taken by the provider during the reporting period. In line with other Trusts, we are at the beginning of our learning journey around the impact of our actions with regards to learning from deaths. So far we have identified areas where lessons could be learned e.g. smoking cessation initiatives in nursing homes, but have found nothing untoward in any individual case. We have applied to NHS Digital to have information regarding the cause of death in all our patients and they have appointed a case manager and reviewed our Information Governance and declared that they are satisfied with this. Once we have this information we will be able to benchmark causes of death in patients with mental ill health compared to that of the background population in each locality. Learning from deaths will be a particular focus for 2018/19.

27.7	13 case record reviews and 25 investigations were completed after 1 April 2017, which related to deaths which took place before the start of the reporting period.

27.8	None representing 0% of the patient deaths before the reporting period are judged to be more likely than not to have been due to problems in the care provided to the patient. This number has been estimated using an amended form based on a national review tool called PRISM (see section 27.3 for further detail)

27.9	None representing 0% of the patient deaths during 207/18 are judged to be more likely than not to have been due to problems in the care provided to the patient.

2.3 Reporting against core indicators

13	**Seven-day follow-up for those on CPA** This is included as an indicator in response to concerns that the highest risk of suicide for a person discharged from psychiatric inpatient care is within the first seven days after discharge. Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the seven-day follow-up indicator based on the national guidance / descriptors. Numerator: Number of patients on the care programme approach (CPA) who were followed up within seven days after discharge from psychiatric inpatient care. Denominator: Total number of patients on CPA discharged from psychiatric inpatient care. Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by continuing to work to maintain our performance and ensure that all patients discharged from our inpatient care on CPA are followed up within seven days.

CPA seven day follow-up					
Indicator	End of 2015/16	End of 2016/17	End of 2017/18	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
The percentage of patients on Care Programme Approach who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period	96.98%	96.48%	98.68% (against a target of 95%)	95.94% (Quarter three national publication)	100% and 69.2% by region (Quarter three national publication)

https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/

17	**Crisis gatekeeping** Crisis gatekeeping ensures that least restrictive and community-based options to support the person at home are explored before a hospital admission is agreed. Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the crisis gatekeeping indicator based on the national guidance/descriptors. Numerator: Number of admissions to acute wards that were 'gate kept' by the Crisis

	Resolution and Home Treatment teams; Denominator: Total number of admissions to acute wards; Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve this percentage, and so the quality of its services, by continuous monitoring to maintain the high performance against this indicator.

Crisis gatekeeping					
	End of 2015/16	End of 2016/17	End of 2017/18	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period.	100%	98.87%	99.74 (against a target of 95%)	98.3% (Quarter three national publication)	100% and 84.3% (Quarter three national publication)

19	**Twenty-eight day re-admission rates (aged 16 and over)** Whilst we try to ensure hospital admissions do not go on for any longer than is required, if a person is discharged too quickly, or if plans are not robustly put in place or resources are not available to support that person after discharge, then this can make it more likely that they will be readmitted to hospital quite quickly. Derbyshire Healthcare NHS Foundation Trust considers that this data is as described for the following reasons: It calculates the re-admission rates based on the national guidance/descriptors. Numerator: Number of re-admissions to a Trust hospital ward within 28 days from their previous discharge from hospital; Denominator: Total number of finished continuous inpatient spells within the period; Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services, by continuing to monitor and develop pathways of care. Whilst our percentage of people re-admitted within 28 days remains lower than in 2015/16, we note a slight increase here in comparison to 2016/17. One area that might challenge our progress on this is our current waiting times for a care co-ordinator in our Neighbourhood Teams, and therefore the waiting time for a person to access a comprehensive package of after-care. Our neighbourhood teams continue to work to find best ways forward within commissioned resources, and there is a current broad review of Neighbourhood Services.

Twenty-eight day re-admission rates (aged 16 and over)					
Indicator	End of 2015/16	End of 2016/17	End of 2017/18	National average	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts
28-day re-admission rates for patients aged 16 and over	9.85%	8.25%	9.1%	Not available	Not available

22 **Community Mental Health Survey**

The Trust's 'Patient experience of community mental health services' indicator score with regard to a patient's experience of contact with a health or social care worker during the reporting period was 7.3, which is deemed to be 'about the same as other Trusts'. The Trust considers that this data is as described for the following reason: it is provided by an external organisation whom we commission to undertake the survey. Derbyshire Healthcare NHS Foundation Trust has taken the following actions: the Trust will promote the Friends and Family test as a way of monitoring our progress. Also, the Trust is third out of all Trusts surveyed nationally with regards with regards to the question: "Overall view of mental health services – feeling that overall they had a good experience"

Benchmarking Network

Quality

While productivity and cost are important considerations, the safety and quality of services remains of central importance as a benchmarking theme. A wide range of quality metrics are available in the mental health benchmarking toolkit, and providers may find it useful to consider the findings in this section of the tool.

The score for community patient satisfaction comes from the National CQC survey, results of which are published on its website. The question asks *"Overall view of mental health services - feeling that overallthey had a good experience"*. This metric has ranged from 69% to 73% in recent years. This year's position is 70.1%.

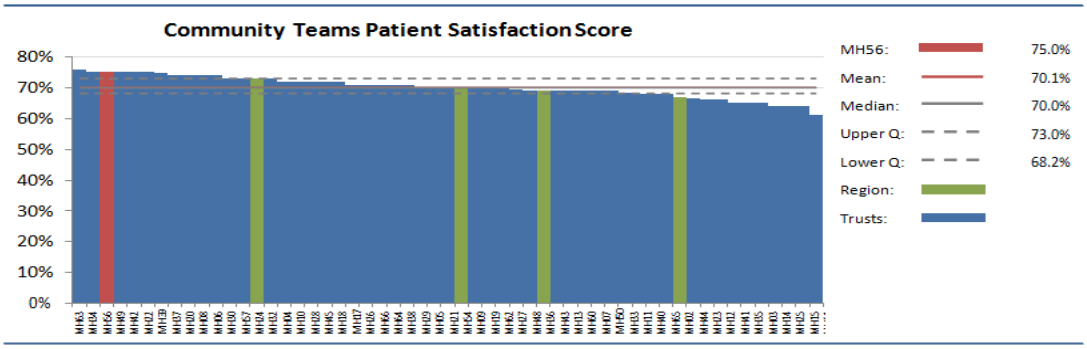


Figure 106

An alternative measure newly introduced to mental health providers is the NHS Friends and Family Test. This question asks *"How likely are you to recommend to friends and family if they needed similar care or treatment?"*

The average position this year was 85.3% would be likely or extremely likely to recommend.

25	The number and, where available, rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Patient Safety Incidents reported by Derbyshire Healthcare NHS Foundation Trust to the National Reporting and Learning System (NRLS) between 1 April 2017 and 30 September 2017

Patient Safety Incidents per 1,000 bed days	1,533 incidents reported during this period = reporting rate of 34.76 incidents per 1,000 bed days

Degree of harm of the patient safety incidents reported to the NRLS between 1 April 2017 and 30 September 2017

Degree of harm indicated as a percentage of the total number of incidents reported.

None	Low	Moderate	Severe	Death
72.7% (1,115)	17.7% (272)	5.8% (89)	2% (31)	1.7% (26)

Source: https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-21-march-2018/

The Trust considers that this data is as described for the following reason: it is taken directly from the Health and Social Care Information Centre.

Derbyshire Healthcare NHS Foundation Trust data for the number and rate of patient safety incidents reported within the Trust during the reporting period, and the number and percentage of such patient safety incidents that resulted in severe harm or death.

Information sourced from https://improvement.nhs.uk/resources/organisation-patient-safety-incident-reports-27-september-2017/

We have reported our national benchmarks in suicide, sudden death and homicide rates.

Part 3:
Other information

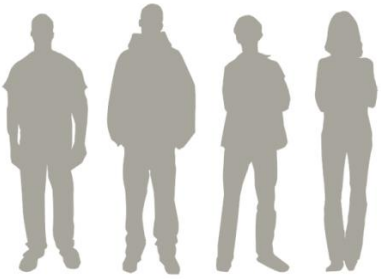
Activity data during 2017/18

1,471
inpatient admissions

80,340
referrals received

The Trust cared for **3,023** babies born in Derby City

39,504
adults treated at any one time



75,857 people seen

271
inpatients beds

69,7014
attended contacts

65,618
children treated at any one time

12,874
face to face follow-ups for those in our Learning Disability services

This section looks back over the last 12 months and reports on the quality of care that we have provided. It will detail an overview of the quality of care offered by the Trust based on performance in 2017/18, with a minimum of three indicators chosen for each of the following:

1. Patient safety
2. Clinical effectiveness
3. Patient experience

Patient Safety

Suicide prevention

The Trust identified 10 priorities for 2016-2018 as part of the Suicide Prevention Strategy, which were informed by consultation with stakeholders, and influenced by both the national and regional strategy developed with Public Health Derbyshire. Progress against these priorities is monitored via a clinical dashboard that is reviewed monthly at the Suicide Prevention Strategy Group.

The 10 priorities

1. To develop a strategic approach to self-harm across all areas of the Trust
    a. e.g. raising awareness and providing education around self-harm and the increased risk of future suicide
2. To support frontline workers with suicide prevention training
    a. As at 31 December 2017 we have trained 70.08% of the eligible staff, which already exceeds our target of 69% for March 2018.
3. To offer suicide preventing safety planning and means restriction to individuals experiencing suicidal thoughts
    a. once they have completed the connecting with people training, practitioners are licensed to use the associated evidence-based clinical tools. Work is under way to add these to our electronic patient record systems.
4. To increase identification of and relationship between physical health conditions amongst individuals with depression and other long-term mental health needs
    a. The relationship between physical health and mental health is well-established and a priority for the Trust in other forums. There are effective communication systems between forums to share progress.
5. Exchange information about high-risk locations and methods in Derbyshire with the Derbyshire Suicide Prevention Strategic Framework and wider groups
    a. partnership working with colleagues in such as Network Rail, British Transport Police, ambulance services, the police, local authority colleagues and public health.
6. To reduce access to means in healthcare and other settings, especially opportunities for hanging and strangulation
    a. working in partnership with the Trust's Health and Safety Manager
7. To promote staff education and awareness of importance of supporting those bereaved by suicide including staff
    a. The first colleague, carer and service receiver surveys were undertaken within September 2017

8. To use opportunities like World Suicide Prevention Day (WSPD) to build community resilience
    a. The Chesterfield FC vs Coventry FC Fixture on 02/09/17 accessed a potential crowd of 5,167. At half time the club screened a suicide prevention video made by the players from a script we developed
    b. The Derby County FC vs Hull City FC on Friday 08/09/17 accessed a crowd of 25,346
9. To use communications approaches to promote support available to those in distress and those concerned about an individual e.g. World Suicide Prevention Day
    a. The communication team has worked to improve how suicide is reported, with newspapers now regularly including crisis telephone numbers and rarely describing the means of suicide.
10. Reduce staff stigma – staff to feel able and supported to be open about their own mental health and wellbeing
    a. e.g. Schwartz Rounds, "a structured forum where all staff, clinical and non-clinical, come together regularly to discuss the emotional and social aspects of working in healthcare…..evidence shows that staff who attend Rounds feel less stressed and isolated with increased insight and appreciation of others' roles"

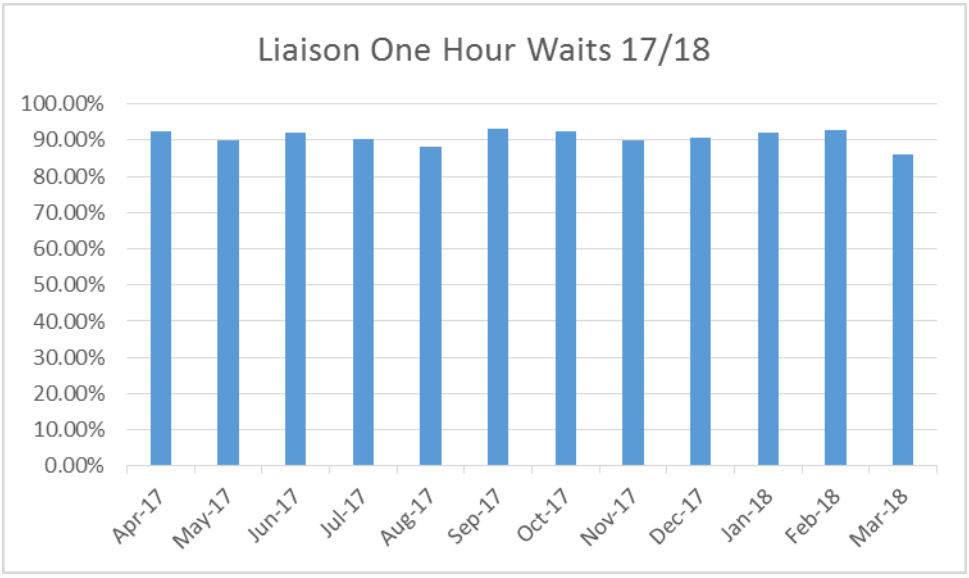
The Trust continues to be a partner in the Multicentre Study of self-harm in England alongside the University of Oxford and the University of Manchester. The aim of this programme of research is to conduct a series of related studies on the epidemiology, causes, clinical management, outcome and prevention of self-harm.

Psychiatric Liaison Team responsiveness

Our accredited Psychiatric Liaison Teams at the Royal Derby Hospital and Chestefield Royal Hospital provide comprehensive advice, support and a signposting service, where potential mental health and/or drug and alcohol issues are identified. Following referral from a health professional in Accident and Emergency (A&E) or an inpatient ward within the general hospital, the team will offer an evidence-based intervention, assessment and discharge process that covers all aspects of mental health. The longer a person is waiting in A&E or in a bed within the general hospital clearly the less positive their experience will be. Also, research shows that untreated mental health issues can lead to people spending longer in hospital and to poorer physical health outcomes. Working in partnership with other clinical colleagues, the Liaison Teams are making sure that patients get the right help, at the right time, in the right place. They also provide a vital educational resource to staff throughout the hospital to raise awareness and understanding of mental health needs and recognising the signs and symptoms. The teams' continuing performance around seeing people referred within one hour is depicted in the tables below:

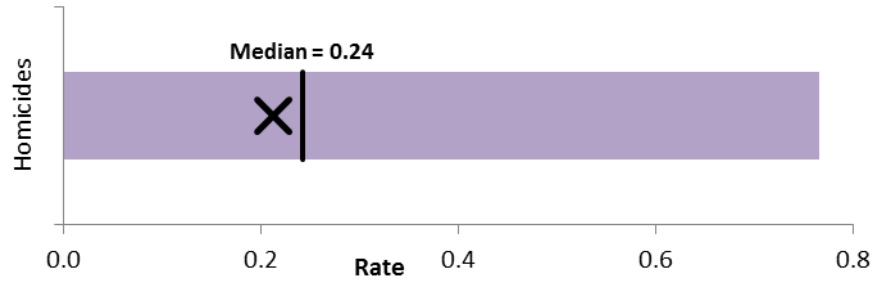
Month	Number of A&E Liaison Referrals	Number of referrals seen within one hour	% of referrals seen within one hour
Apr-17	364	336	92.31%
May-17	405	364	89.88%
Jun-17	374	344	91.98%

Jul-17	385	348	90.39%
Aug-17	343	302	88.05%
Sep-17	310	289	93.23%
Oct-17	332	307	92.47%
Nov-17	345	311	90.14%
Dec-17	355	321	90.42%
Jan-18	358	330	92.18%
Feb-18	331	307	92.75%
Mar-18	407	351	86.24%



Serious incidents and quality initiatives in 2017

The annual national suicide and homicide enquiry published report scorecard is presented here:



The national scorecard reports data through the year of conviction not the year of the offence or occurrence. Mental health homicides are analysed over three-year periods to see trends. The chart is a longer period to show the incidence over a longer period, due to the lower number of occurences.

There was a cluster of mental health related homicides in the Trust in 2017. The details of these cases cannot be published in depth due to on-going police investigations and/or court proceedings.

These coincided with the publication of the NHS England commissioned independent reports into two historical homicides from 2010 and 2013. Since then NHS England has commissioned an independent report into a near-miss homicide following concerns raised by the Trust around prison releases in 2016 and has been raising with our lead commissioners the commissioning gaps and the lack of a dedicated community forensic team in Derbyshire. Commissioners have recently confirmed that there will now be funding available to establish such a service in 2018.

The mainstay of homicide prevention in general services is the Care Programme Approach underpinned by capacity assessments, risk assessments and safety planning. Our approach to CPA has been revised to be fully compliant with the latest guidelines and implementation will be supported by training, compliance checks and audit. In 2018 we are going further to review a new model of practice.

There has been a significant improvement in the application of the Mental Capacity Act in inpatient units following extensive practice development and quality improvement measures. The focus is now shifting to the community.

Safety planning has been rolled out and is progressing with real-time feedback and development from clinical staff to ensure longitudinal analysis of risk. The focus is now shifting to compliance checking and audit to continually improve clinical practice. The risk profile of individuals is key to effective clinical management and national mental health patient homicides are analysed to demonstrate risk history. It is evident that individual risk profiling is not a preventative strategy in homicides as a substantial level of individuals have a risk profile but would be statistically unlikely to go onto commit this level of crime. In addition, just over 30% of cases had no previous history of a forensic offence (Prison or Forensic service). However, over a decade, more than 80% of cases had co-morbid substance misuse and mental health conditions.

Table 2: Characteristics of patient homicide offenders in England (2005-2015)

	Number =641 Number	%
Demographic features:		
Age: median (range)	32 (13-83)	
Male	548	85
Not currently married	301 /375	80
Living alone	102 /338	30
Unemployed/on long-term sick	301 /366	82
Black and minority ethnic group	122	19
Homeless	26 /349	7
Behavioural features:		
History of self-harm	308	50
History of violence	332	53
Any previous convictions	469	77
History of alcohol misuse	455	73
History of drug misuse	489	78
Abnormal mental state at the time of offence	229	36
Offence variables:		
Age of victim: median (range)	43 (0-89)	
Male victim	438	68
Victim was a stranger	93	16
Sharp instrument used	345	56
Final Outcome:		
Murder	325	51
Manslaughter (diminished responsibility)	104	16
Manslaughter (other including provocation, self-defence)	196	31
Infanticide	4	1
Unfit to plead/not guilty by reason of insanity	12	2
Sentencing Outcome:		
Prison	468	73
Hospital order (with or without restriction)	153	24
Other non-custodial sentence	17	3

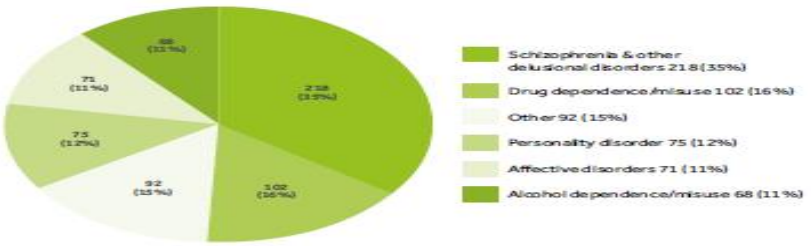


Figure 32: Patient homicide in England: primary psychiatric diagnosis

46

The above initiatives are supported by development of the electronic patient record and consideration is being given to the appointment of a Chief Clinical Information Officer (CCIO). In addition, there has been specific work around aspects of the Mental Health Act with the forensic focus.

- All Sections 37/41s have been audited and re-audited as part of a quality improvement cycle. This work has been presented to the Mental Health Act Committee and its new operational group. A register of people subject to Section 37/41 is held by the Mental Health Act office.
- Ongoing compliance checking with community treatment orders has seen an improvement in compliance and a re-audit is due in the next few months.
- Consultant caseload reviews have been conducted in those areas where homicides clustered and recommendations for a 'healthy caseload' approach is being made to the Trust Management Team and will inform the neighbourhood review and medical workforce review.
- In addition, there has been a peer review of our overall processes and oversight commissioned from a forensic psychiatrist and Medical Director and a Nurse Consultant with extensive experience in Serious Incidents investigations.
- The outcome of the individual serious incident investigations is on trajectory for completion.

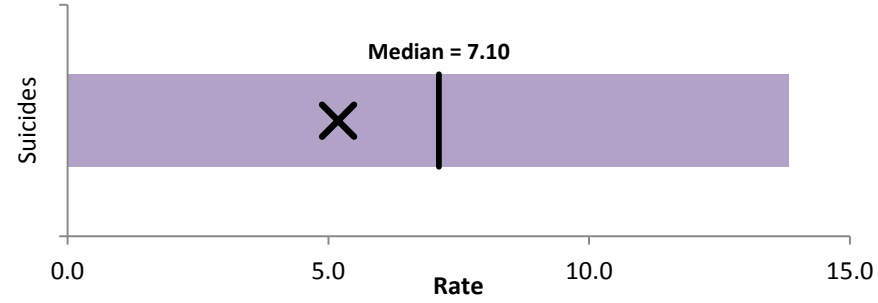
The Executive Lead for this work is Dr John Sykes and it will be monitored in the Quality Committee.

National benchmarking on very serious incidents in the Trust

Trust Scorecard: Derbyshire Healthcare NHS Foundation Trust

Suicide

The figures give the range of results for mental health providers across England, based on the most recent available figures: 2013-2015 for suicides, homicides and sudden unexplained deaths (SUD), 2016-17 for people on the Care Programme Approach (CPA), 31 October 2016 – 31 October 2017 for non-medical staff turnover and 2012-17 for trust questionnaire response rates. 'X' marks the position of Derbyshire Healthcare NHS Foundation Trust. Rates have been rounded to the nearest 1 decimal place and percentages to whole percentage numbers.

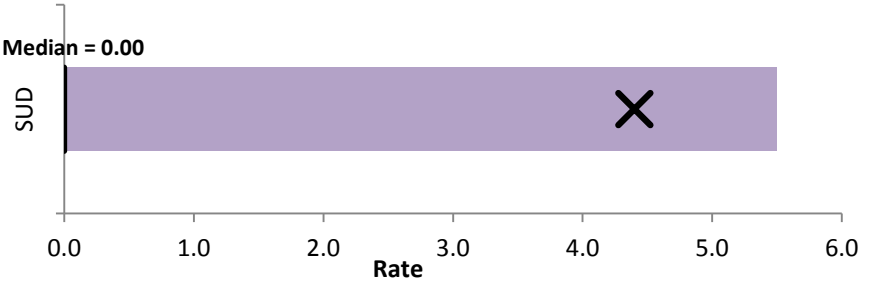


Suicide rate

The suicide rate in your Trust was 5.1 (per 10,000 people under mental health care) between 2013-15.

Sudden unexplained death (SUD)

All individuals who die on an inpatient mental health ward are identified from the Hospital Episode Statistics (HES) database. From these data, we identify the clinician who had been caring for each patient. Based on the information from the clinician, we determine whether the patient meets the criteria for inclusion in the study. Where the patient meets the criteria, detailed clinical information about their care is collected.



Sudden unexplained deaths (SUD)

The SUD rate was 4.4 (per 10,000 hospital admissions) between 2013-15.

Clinical effectiveness

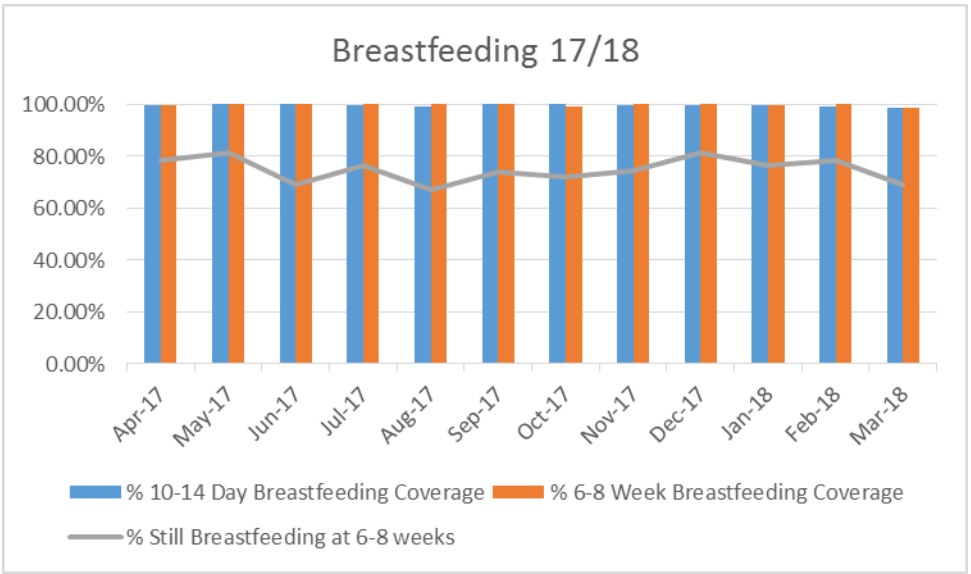
Breastfeeding

Through the work of our Health Visitor colleagues, we support the right of all parents to make informed choices about infant feeding. All parents have the right to make informed choices on

how to feed their baby, and all our staff will support parents in their decisions. Breastfeeding is the healthiest way to feed a baby and we recognise the important benefits which health breastfeeding provides for both the mother and the baby. As part of encouraging new mothers to breastfeed, we share ways in which we help mothers to breastfeed successfully and all the midwifery and health visiting teams have been specially trained to help mothers to breastfeed their baby.

Within the next year the service is looking to recruit a Senior Infant Feeding Lead who will explore mechanisms for increasing the prevalence data further. Our sustained progress month on month is as shown in the tables below. Please note that >100% can be reflected due to data recording and also moves between Local Authority areas:

Month	% 10-14 day breastfeeding coverage	% 6-8 week breastfeeding coverage	% still breastfeeding at 6-8 weeks
Apr-17	99.59%	99.63%	78.21%
May-17	100.43%	100.45%	81.40%
Jun-17	100.00%	100.44%	69.01%
Jul-17	99.65%	100.35%	76.28%
Aug-17	99.24%	100.00%	66.89%
Sep-17	100.00%	100.00%	73.79%
Oct-17	100.75%	99.33%	71.76%
Nov-17	99.60%	100.41%	74.67%
Dec-17	99.58%	100.37%	81.21%
Jan-18	99.60%	99.60%	76.39%
Feb-18	99.07%	100.00%	78.57%
Mar-18	98.61%	98.77%	69.03%



The Dementia Rapid Response Team (DRRT)

In the Trust, we saw an opportunity to redesign our services. We developed this over 2014 and 2015 into a service model, were unable to secure funding from our commissioners so we pump-primed the service ourselves and tested the model.

In response to its effectiveness, it was later fully funded by our Clinical Commissioning Groups in the south of the county and then in 2018 we are expanding to the north of the county.

The purpose of the Dementia Rapid Response Team is to respond quickly to people who have dementia illness, who are experiencing some degree of crisis or difficulty and who require health intervention. The intent is to reduce the need for hospital admission and therefore reduce hospital bed numbers.

The Team works in a person's own home (this may be a nursing or residential home) providing prompt interventions (treatments) aimed at resolving the individual's immediate difficulties and improving their situation. The main purpose of the service is the provision of care and treatment at home for people with dementia who are experiencing an acute difficulty. Treatment at home enables the patients to have a new option for treatment, which is sensitive to an individual's needs and wishes and which can prevent the need for hospital admission.

There are clear benefits in home treatment for people with dementia. Treatment at home can more readily involve carers and can prevent the disorientation of leaving a familiar environment. It can promote the patient's independence, enhancing the prospect of re-enablement, and enables retention of control. In certain situations it may not be possible for the patients to remain at home and admission to hospital is necessary. The service provides multi-disciplinary assessment and treatment and works jointly with local services carried out in the person's own home (or residential home or nursing home). Once a person is accepted by the team, assessments, interventions and treatments will be informed by evidence-based best practice (from research and associated guidance including that provided by the National Institute for Health & Care Excellence)

The Dementia Rapid Response Team works with patients who have a diagnosis of dementia (or 'a working diagnosis'), who are registered with a South Derbyshire GP and who are experiencing some degree of crisis or difficulty affecting their wellbeing. Older Adult Community Mental Health Teams act as a gatekeeper to referrals from primary care. Referrals are also accepted from:

- Community Mental Health Teams
- Inpatient Wards
- The Psychiatric Liaison Teams within Accident & Emergency Departments.

Some of the DRRT Achievements

- At the time of this report, the team had supported 1018 individuals in total.
- Reduction in unnecessary admissions to hospital
- Reduced length of stay in hospital
- Provision of timely assessments and treatment

- Improved care in all care environments
- New ways of working
- Better coordination of care
- Collaborative working between professionals
- Provide alternative support in the community
- Education and support for carers.

Feedback about the team, gathered through the NHS Friends and Family Test, has been very positive: 98% of people who have completed the Friends and Family Test survey to date have said they are likely or extremely likely to recommend the service.

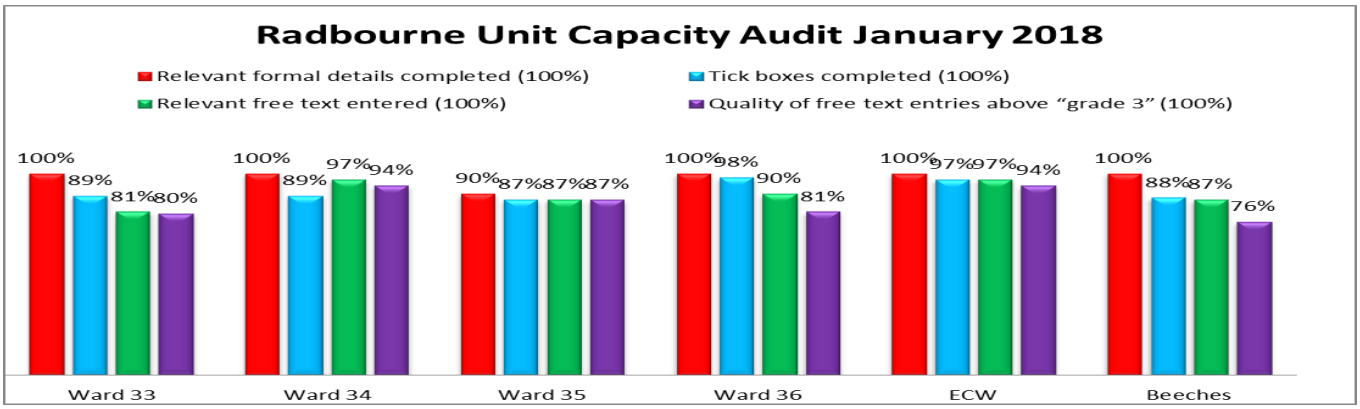
These are other comments recorded by carers:

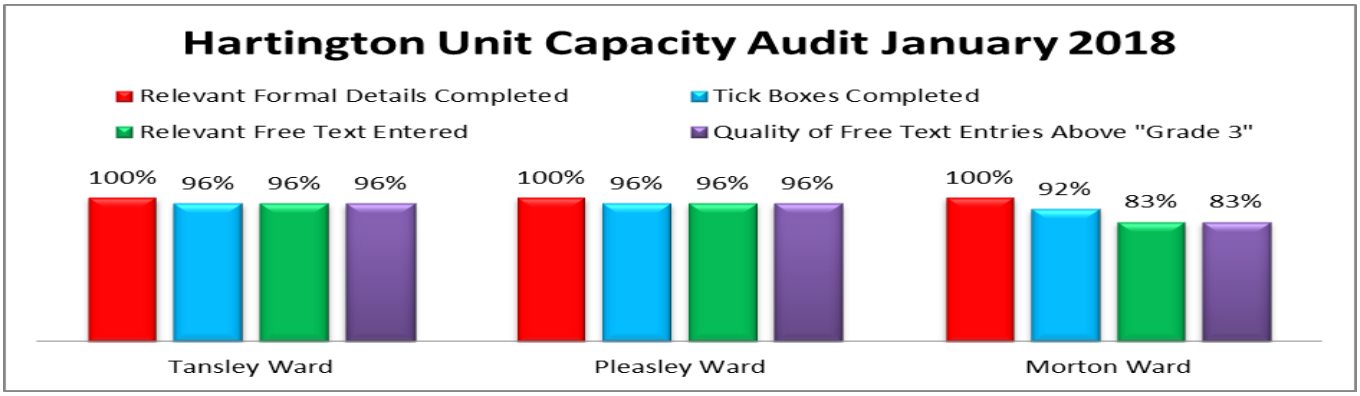
- Without your help and understanding we wouldn't have coped.
- All your services have been outstanding.
- Thank you to the entire team
- Good communicators
- A great team that helped manage the situation without medication
- Keep informed about their care.

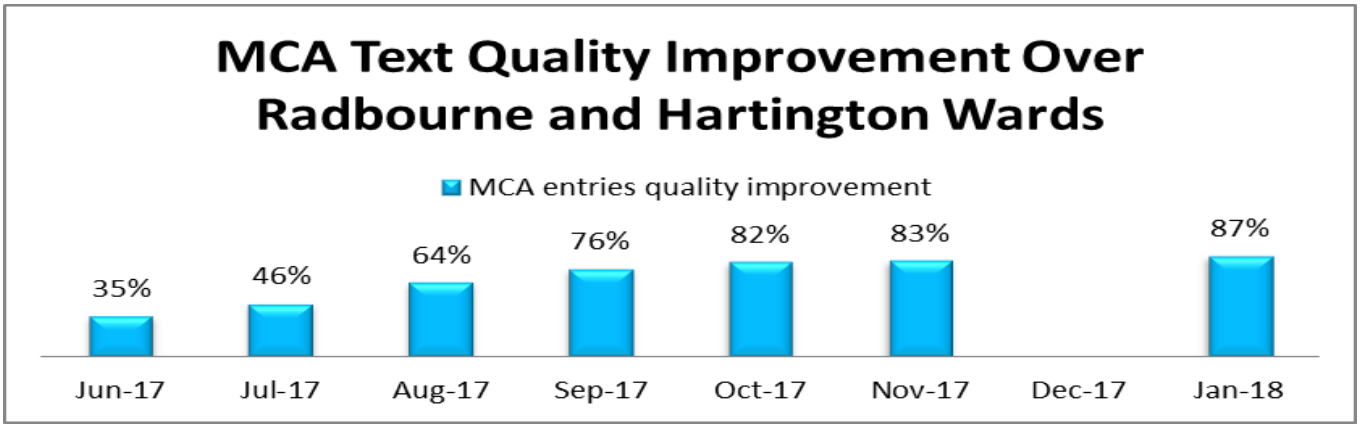
In addition, the team has received more than 190 written compliments since April 2015 for the quality of its work. The team was so effective, that one of our wards, a 14-bed unit, was emptied and had no clinical referrals within six months of the DRRT opening. The staff were retained in our extended DRRT service and in other areas. In addition, our dementia wards have reduced occupancy to less than 80%.

The clinical application of the Mental Capacity Act

This has been a particular and sustained focus for the Trust over 2017/18, which has included not only audits of the presence of assessments of capacity, but also the quality of these assessments. Within the graphs below, you will see both presence of assessments of capacity, and also reporting of those deemed to be at 'grade three" or above, so therefore of an acceptable quality.







We can also confirm the following on the Kingsway site wards:

- Scores are comparable with those achieved during full audit of Sept/Oct 2017. Apart from one instance, scores on all measures were either maintained or improved on second and third reviews
- All wards scored 100% for the QUALITY of their free text entries (i.e. on average each ward scored higher than 3 or above, the score for quality which is deemed acceptable). Throughout the audit period the span of average quality scores ranged from 3.13 – 4-75 with a mean of 3.88
- Of the staff groups completing the “Record of Capacity to Consent” EPR forms, junior medical staff scored within the lower ranges of the rating scale in the earlier spot checks. Since then it is to be noted that the standard of entries made by junior doctors had improved. Consultants, nurses, psychologists and physiotherapists continue to show high rates of compliance with all audit scores

Significant progress has been made with inpatient practice and will be reported to the Mental Health Act Committee in February. The evidence suggests that improvement in clinical practice can be brought about by a combination of:

- Policy revision
- Development of electronic patient records and relevant training to facilitate application of new policy and procedures
- Compliance checks and audits with timely feedback and support of clinicians through coaching to improve their performance

Next steps

- Continued support and training for all staff to maintain generally positive results led by clinical leads.

- Further encouragement to junior medical staff to promote better quality free text entries
- Continuing positive feedback to staff for the above progress
- A similar approach to that described above will now be applied to community teams

The Family First Model

As part of its 0-19 years integrated public health nursing contract, Derby City Council commissioned an Intensive Home Visiting programme, focused on reaching and supporting vulnerable pregnant families with a range of health needs. It had been recognised at stakeholder pregnancy pathway meetings that not all vulnerable first-time parents meet the criteria for the Family Nurse Partnership programme and a more equitable, flexible and responsive approach to service delivery was required to meet the needs of vulnerable families.

The Family First Model was developed through shared learning of Public Health Nurses, Health Visitors, School Nurses and Family Nurses. Most importantly, service users have been involved in all workshops. This process was to ensure the service was responsive to best quality practice and service user need. Commissioners were consulted and involved in service development, and this approach has allowed practitioners and service users to have ownership.

The aims are to ensure that Family First time parents:

1. Have a healthy pregnancy
2. Become a knowledgeable, responsive and sensitive parent
3. Develop positive health, social and economic outcomes for parents and their children.

Impact of partnership working - reflections

- It's the sharing of skills, workforce development and expertise between Family Nurse Partnership and the 0-19 service
- It's a strengthening of relationships
- Promoting innovative practice
- Enhancing practice and client's experience
- Promotes a more equitable service for families within the city

- It is a consistent approach within the workforce.

There was a lot of concern re the roll-out of the new model of practice and this featured in the June 2016 comprehensive visit.

The voice of our staff, now:

- Change in delivery style for universal contacts
- Increased morale and job satisfaction
- Professional development
- New group work initiated within the Children's Centre for antenatal contact which has improved partnership working
- Better understanding of and relationships with specialised services within 0-19 partnerships
- Supervision - Using the new tools (vulnerability matrix and the seven Ps) has enhanced supervision sessions and directly impacted on the positive outcomes for families
- Child protection contacts have more focus with the use of PIPE (Partners in Parenting Education) tool
- The tools have enabled the Trust to start an antenatal group at a local Children's Centre. This has benefited the clients by increasing their knowledge base before the baby is born. It has also promoted partnership working with the Children's Centre and increased the access antenatal clients have to their centres

Impact on the Family First model for parent(s)

- These tools have been used within the Family First model and also some universal contacts

- The families report that they really like this delivery style as they are able to participate in the games and let the practitioner know what they have learned. It is easier for them to say if they do not understand an aspect of the visit
- Information is elicited from the client to check their understanding of topics
- New information is being delivered in a fun way.

Impact on workforce - Mobilisation of knowledge

- Staff members have been curious to explore the different ways of working - enhanced team morale
- Enhanced the quality of visits they offer for both practitioner and clients
- Job satisfaction increased
- Team dynamics improved
- Enabled a new way of working - further developments of model to explore a second tier relating to the healthy child programme contents, enabling the family first style to reach more families within the 0-19 service.

Additional information

This service is having positive outcomes following substantial re-modelling and a significant period of instability and change for our teams. This feedback is starting to show stability and positivity, and this has been achieved through the solid and effective leadership of managers in the Children's Division.

External feedback

Derby has been recognised as taking a lead on integration and partnership working by Professor Derek Ward, Family Nurse Partnership National Unit and National research Clinical psychologist Dr Crispin Day. A new Consultant level Social worker and Lead for Children's and CAMHS has also been appointed.

The Steroid Clinic within Substance Misuse Services

In response to this emerging problem, colleagues in Substance Misuse Services have achieved the following outcomes (some of the numbers are an approximation but are an accurate reflection of the work undertaken):

- There are 150 clients currently accessing the needle exchange
- This is an average of two visits per year to access needle exchange for these 150 clients
- Since February 2017 when the Steroid Clinic started, 72 appointments have been offered
- Out of these 72 appointments, 55 have been booked
- Out of these 55 appointments, all have had Blood Pressure checked and blood tests
- Blood Borne Virus testing has been offered with a 25% uptake of this
- 100% of clients who were tested for Blood Borne Virus were followed up and received their results
- Two client's GPs were contacted due to serious health concerns following physical examination
- Since August 2017 when the service first began to offer electrocardiograms (ECGs), 15 clients have received an ECG – no follow-up was required
- Since starting, 16 hours of outreach have been offered at two gyms
- During outreach, 10 – 15 clients were seen during each two-hour session
- Outreach has predominantly focused on blood pressure monitoring and steroid advice.

Patient experience

Moves at night: an audit and review of all patient transfers falling outside of working hours

Out-of-hour transfers are patient moves between the hours of 22:00hrs and 08:00hrs. Any moves between these times may result in significant compromise for the patient in terms of comfort and provision. For these reasons, it is important that we are able to assure that these moves only occur if there is a clear clinical rationale and no safer alternative.

Moves can occur for a variety of reasons and can include moves between wards on the same unit, moves between wards on Trust sites, transfers to and from Trust wards and local units and transfers to and from external provider units some distance away. In order to provide assurance that these moves are exceptional rather than routine, our entire out-of-hour transfers dating from June 16 until July 17 were audited and reviewed. This totalled 13 incidents recorded.

Findings:

- Two moves were found to have been inputted as out of hours but the records clearly indicated that the transfers had taken place within usual working hours
- Of the remaining 11, three were individuals being returned to their respective beds by police following a period of being absent without leave. Five transfers were to areas of increased security such as the Enhanced Care Ward or a Psychiatric Intensive Care Unit as an urgent response to risk.
- Two transfers were following the ceasing of seclusion. These moves were facilitated as soon as it was safe to return the patient to their own bed, so they fell outside of working hours.
- Only one transfer was found to be due to bed pressure to ensure safe admission or care and this occurred at 19:50hrs, so before 22.00hrs.
- The final transfer out of hours which was not justified clinically was dictated by another Trust and so was outside our control. It is noted that our clinicians argued for it to be delayed until the morning but this request was denied.

In conclusion, through this audit it is evidenced that all moves facilitated by ourselves have a clear rationale and offer no safer alternative than to transfer out of hours. It is further reassured that the one case whereby no clinical rationale can be found to transfer out of hours was instigated by a different area and our clinicians made every attempt to delay this.

Safewards

A group of 18 managers, clinicians and medics from the Northern Zeeland Mental Health Services in Denmark visited the Hartington Unit in Chesterfield in November 2017 to discuss and explore the use of the Safewards methodology across the unit. Safewards is a model explaining variation in conflict and containment that uses 10 easy interventions to pre-empt and reduce conflict in clinical settings. The team approached the staff at the Hartington unit following a previous visit by colleagues from the Southern Region of Denmark. Clinical practice in Denmark

has higher levels of restraint and use of mechanical methods and they were interested in the Safewards methodology to try and change this practice.

The team at Chesterfield was led by Vicki Miller, one of the lead nurses on the unit. She coordinated a programme that looked at the baseline theories of Safewards, had visits to the wards and discussion with patients (all patients had been asked if they wanted to meet the group and if they were happy with them participating in the activities), attending mutual help meetings and mindfulness groups and a question and answer session.

The Danish visitors were also given some of the debrief balls that assist with debriefing sessions held after restraint or seclusion incidents. The balls have questions printed on the surface that prompt and support the conversation and exploration of the incident. Staff are encouraged to use these to enable discussion and to move away from superficial issues to those that might have a deeper impact on their wellbeing and clinical practice.

The team from Denmark was very complimentary about what they had seen and keen to look at how they could implement the Safewards methodology. Vicki Miller and Dave Harrison (Practice Development & Compliance Lead for Restrictive Practice/Positive and Proactive Tutor) will be remaining in contact with them to offer support and advice.

Complaints and compliments

The 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 any actions taken.

We are aware that there have been issues providing timely responses to some of our complaints during the year and we have worked hard with operational staff to reduce the time taken for investigations. Progress is being monitored and reported on in quarterly reports to the Patient Experience Committee and Quality Committee.

During the year the following contact has been made:

	2017/18	2016/17	2015/16
Compliments	1222	1,215	1,016
Concerns	451	420	352
Complaints	191	146	115

Complaints are issues that need investigating and require a formal 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. Of the 191 formally investigated

complaints 16 were upheld in full, 88 upheld in part, 40 not upheld, five complaints closed without investigations and 42 complaints are still being investigated.

Themes from compliments received reflect general gratitude and appreciation for support provided. A high number comment on the care, kindness and compassion of Trust staff.

During the year, the Trust discussed five cases with the Parliamentary and Health Service Ombudsman. Two investigations are being undertaken and three are being assessed to see if they will proceed.

Actions taken to improve the timeliness of complaints responses
Over 2017/18, the Trust has implemented more robust escalation procedures and supported investigating staff by providing timely reminders of expected timeframes. The Trust has also utilised extra staff to complete the chronologies of complaints for the investigating officers as a way of reducing their workload. There is now a more engaged process between the Patient Experience department and senior operational managers, with the result being a much improved service to people who make complaints about our services.

Comparison of concerns and complaints by top subjects 2016/17 and 2017/18:
Concerns and complaints in relation to availability of services have increased compared to 2016/17.

Themes from compliments received reflect general gratitude and appreciation for support provided. A high number comment on the care, kindness and compassion of our staff. For a full breakdown on the issues raised through our concerns and complaints, please see page 76 of the Trust's Annual Report.

During the year, the Trust discussed five cases with the Parliamentary and Health Service Ombudsman. Two investigations have been undertaken, three are being assessed to see if they will proceed.

Community mental health survey

Derbyshire Healthcare NHS Foundation Trust ranks as the third highest performing trust in the country with regards to patient satisfaction. This is all the more impressive given the known pressures in our community teams and the relatively limited third sector alternative services compared to other regions. In the graph overleaf, the Trust is represented by the vertical red line, MH56.

Quality

While productivity and cost are important considerations, the safety and quality of services remains of central importance as a benchmarking theme. A wide range of quality metrics are available in the mental health benchmarking toolkit, and providers may find it useful to consider the findings in this section of the tool.

The score for community patient satisfaction comes from the National CQC survey, results of which are published on its website. The question asks *"Overall view of mental health services - feeling that overallthey had a good experience"*. This metric has ranged from 69% to 73% in recent years. This year's position is 70.1%.

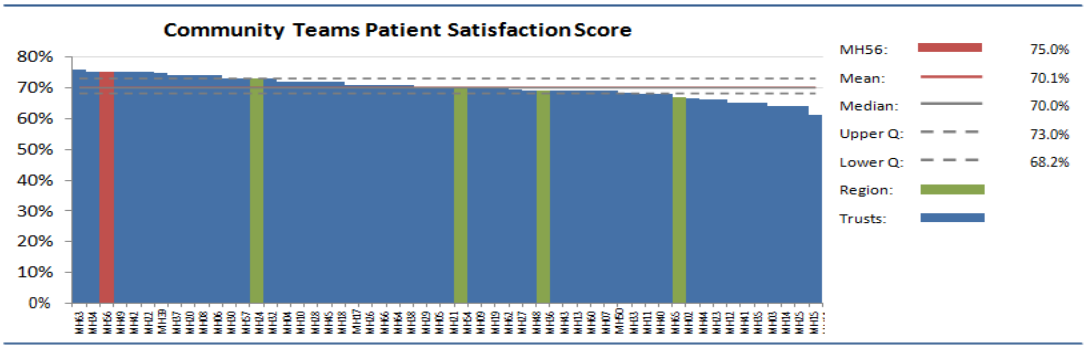


Figure 106

An alternative measure newly introduced to mental health providers is the NHS Friends and Family Test. This question asks *"How likely are you to recommend to friends and family if they needed similar care or treatment?"*

The average position this year was 85.3% would be likely or extremely likely to recommend.

Adverse childhood experiences

Adverse childhood experiences (ACE) is an increasingly used term which describes the experience of range of adversity in childhood including abuse, neglect but also parental substance misuse, parental separation or incarceration, parental mental illness and living in care.

How common is this?

Living through abuse and trauma is more common than often previously recognised. The World Health Organisation reports that 20% of girls and up to 10% of boys experience sexual abuse in their childhood. In some specialist services, prevalence rates are often much higher, for instance 75% of women and men in substance misuse services report abuse and trauma in their lives (WH0 2014).

It is now a well-researched and robust finding that survivors of trauma and complex trauma are at higher risk of a range of health, mental health and social difficulties (e.g. WHO 2014, Scot PHN 2016). It is important to stress that this does not mean any particular individual survivors will develop these difficulties but that they are at a higher risk and that the more trauma and complex trauma that is experienced by individuals, the higher the risk becomes. It is now well recognised that there is a common pattern of mental health difficulties which has been called Complex Post Traumatic Stress Disorder. Following many years of research this is to be included in the International Classification of Diseases (ISD-11) which is due to be published in 2017.

A recent survey in Wales (2015 Public Health Wales NHS trust), replicated the international research and found that those with four or more experiences of adversity and abuse in childhood were:

- 4 x more likely to be a high-risk drinker
- 6 x more likely to have had or caused an unintended teenage pregnancy
- 6 x more likely to smoke
- 14 x more likely to be a victim of violence
- 15 x more likely to be a perpetrator of violence
- 16 x more likely to have used heroin
- 20 x more likely to be incarcerated

The development of these high-risk health behaviours is easier to understand when viewed through the lens of being a survivor. For individuals affected this is likely to be complex and unique but overall we can start to think about these risky behaviours being a result of the impact of trauma or an attempt to cope with this impact.

Why is this relevant?
Survivors experience two significant areas of difficulty in relation to their health

1. Increased risk of health and social difficulties because of the direct and indirect consequences of their experience

Direct impacts might include; difficulties in developing safe and trusting relationships, post-traumatic stress difficulties, disruptions to education, lack of capacity to develop skills in managing distress and emotional reactions (due to being subjected to 'insurmountable challenges' which overwhelm survivors' coping strategies, particularly for those affected in childhood). Indirect impacts can include; unsafe coping strategies developed to manage their distress, this can include reliance on alcohol or drugs, self-harm and an impact on their eating patterns and all of these can have long-term health and mental health harming consequences. Poorer relationships with others is crucial as we know that safe and supportive relationships are a key predictor of resilience in the face of difficulties, that is, turning insurmountable challenges into manageable ones (Couper and Mackie 2016).

2. Difficulties accessing services or maintaining access with services

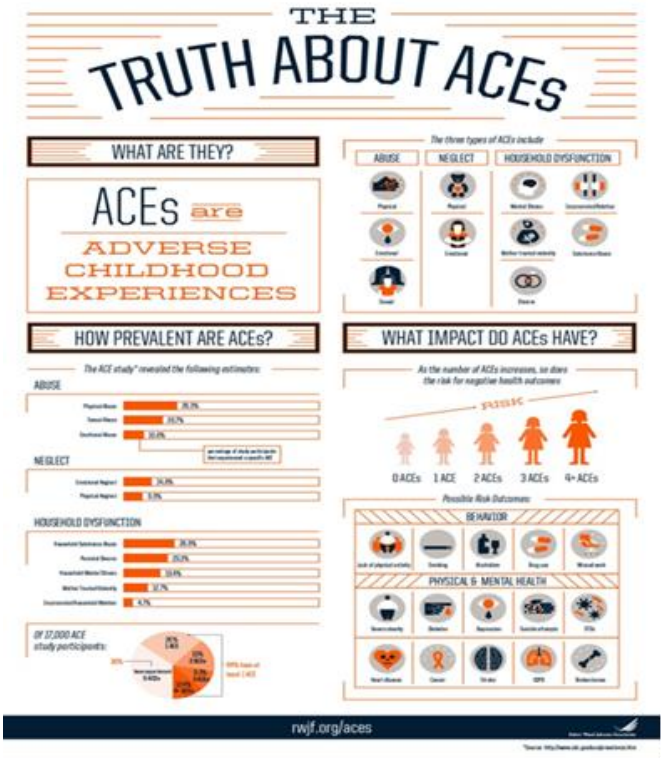
This is again a complex area, but some elements which might be important include difficulties with trusting staff, difficulties with procedures that involve touch, not feeling understood by services and frequent disengagement, for instance difficulties attending appointments. This is a similar concept as outlined in the recent publication on 30 October 2017, Independent enquiry into child sexual abuse Inquiry report, 'Victim and Survivor Voices from the Truth Project'

The report considers some of the accounts of victims and survivors taking part in the Truth Project. It provides the inquiry with insight and information into the child sexual abuse experienced by those coming forward.

This report from the inquiry's research team draws together statistical data from the Truth Project sessions that took place between June 2016 and June 2017. Information contained within the report includes participants' ethnicity, age, and disability status. This information will help us understand if there are sections of society we need to reach so we can engage with a wide range of victims and survivors across England and Wales.

The report looks at participants' experiences of child sexual abuse, as well as its short and longer-term impacts including on socio-economic outcomes and intimate relationships. The report includes comments from a number of participants who speak movingly about their experiences. It includes how victims and survivors have been trying to tell us for decades of their experiences. It includes individuals giving a narrative of talking to agencies, GPs and other professional and not being listened to, individuals often not taking a trauma informed approach and not being able to access psychological therapy, and the longer-term impact upon people of child sexual abuse.
https://www.iicsa.org.uk/news/inquiry-publishes-report-%E2%80%98victim-and-survivor-voices-truth-project%E2%80%99

The interagency trauma conference



The Trust and Derbyshire Police jointly held an interagency trauma-informed conference in October 2017. This was a day to reflect on learning from significant safeguarding incidents that have occurred both nationally and locally. It was to hear from the voice of the expert who has experienced safeguarding investigations by multi-agency reviews, and two very brave individuals shared their lived experiences of abuse and the impact of adverse childhood events.

This event introduced participants to the ACEs research and the Welsh research, and replication of the same findings. This was a powerful day for Police, social care, third sector and health partners to listen and learn from the experience of our safeguarding and police investigations and the experiences of our support services.

Actions from the conference

1. We have agreed, as Team Derbyshire interagency partners, to host a further event 12 months on to review progress. This will be in 2018 and will be at Police Headquarters in Ripley.

2. We have agreed to set up a social media Trauma-Informed Network to share practices from all members of the attendees. In addition, we are linking to schools who have just undertaken some trauma-informed training in education.
3. We have developed a list of areas to work on over the year, based upon conference participants undertaking a quality improvement interagency brainstorm.
4. The learning and ideas will be incorporated into a Derbyshire-wide development of a Strategy and Practice Guidance for staff, to enable survivors of non-recent abuse in childhood to be effectively supported. This will be led by the Clinical Commissioning group.
5. We have agreed that safeguarding training in external partners will be reviewed to include Adverse Childhood Experiences and practice, agreed October 2017, timescale for commencement to be agreed.
6. We will review our own safeguarding training to include ACE thinking and Trauma Informed practice, to be agreed.
7. We will be using the ACE framework in developing CPD for our staff in disclosure and formulation. We will be using this framework in the development of our Physical healthcare strategy, in development October / November 2017.
8. We will be using the ACE framework in analysis and a review of suicide in our Trust as part of mortality analysis, January to March 2018.

Performance against the indicators which are being reported as part of NHS Improvement's oversight for the year. Where any of these indicators have already been reported on in Part 2 of the quality report, in accordance with the quality accounts regulations, they do not need to be repeated here.

Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral

	Number	Actual	Target
EIP RTT Within 14 Days - Complete	264	89.39%	50%
EIP RTT Within 14 Days - Incomplete	169	81.66%	50%

Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas (Chosen as the Quality Indicator for 2017/18 by Trust Governors, as part of the Trust's internal and external audit of data quality checks):

	Actual	Target
a) inpatient wards	11.1%	90%
b) early intervention in psychosis services	25.5%	90%
c) community mental health services (people on care programme approach)	6.7%	65%

The Trust was aware of the challenges that it would face with regards to the performance around cardio-metabolic assessment and expected these results. Plans are in place to significantly improve this performance over 2018/19. These figures are not an indicator that no physical healthcare is being undertaken, but that the entirety of assessment and intervention as per the Lester Tool is not being completed. The EIP is an average of the scores of the two EIP teams.

Improving access to psychological therapies (IAPT): • people with common mental health conditions referred to the IAPT programme will be treated within six weeks of referral • people with common mental health conditions referred to the IAPT programme will be treated within 18 weeks of referral		
	Actual	Target
IAPT – referral to treatment within 18 weeks	99.91%	95%
IAPT – referral to treatment within six weeks	93.64%	75%

Care Programme Approach (CPA) follow-up: proportion of discharges from hospital followed up within seven days
Reported in Part 2, not required to be repeated here

Admissions to adult facilities of patients under 16 years old	
	Number of admissions under 16 years old
2017/18	0

Inappropriate out-of-area placements for adult mental health services (due to unavailability of bed) - bed days by month												
Apr 17	May 17	Jun 17	Jul 17	Aug 17	Sep 17	Oct 17	Nov 17	Dec 17	Jan 18	Feb 18	Mar 18	Average
171	384	172	75	242	243	114	9	0	36	21	82	129.08

Significant variance is observable in this data, with significant improvement in the Trust's use of out of area beds since October 2017. Some of this could be explained by a seasonal variation, but it might also be as a result of an enhanced focus on initiatives such as Red2Green, and other ward-based quality improvements. Red2Green is a visual management system to assist in the identification of wasted time in a patient's journey. This approach is used to reduce internal and external delays. This is a significant improvement in the quality and safety of our services as we have less than one patient out of area at any given period. Emergency admisison to enable immediate safety and rapid transfer or direct admission to Derbyshire is now the norm within our Trust.

Additional information

Out-patient letters

In response to feedback from the Governors with regard to the 2015/16 Quality Report: "In future reports we would like to see improvements in the performance on outpatient letters". As at end of February 2018:

	2016/17	2017/18	Target

Outpatient letters sent in 10 working days	87.28%	88.36	90.00%
Outpatient letters sent in 15 working days	93.88%	94.12	95.00%

Given the volume of letters that we produce (between approx 2,500 and 3,000 a month) even this relatively small percentage increase is a meaningful improvement, and it is clearly a step towards the Trust target for each measure. Challenges remain, however, and will be influenced by such as the volume of administrative work that comes with changes in locum consultant cover.

Friends and Family Test

The Friends and Family Test asks people if they would recommend the services they have used to others who are close to them if they were also in need of similar care and treatment. It offers a range of responses to choose from, and when combined with supplementary follow-up questions, provides an indicator of good and poor patient experience. The results of the Friends and Family Test are published each month by NHS England.

Of note this year is the reduced number of responses in comparison to the last year. Front line staff are keen to explore how to improve this, and have requested a mechanism for this to be completed via such as a mobile phone, and this, along with how else we might promote this is being explored. We also plan to build a particular focus on the Friends and Family test into a revised Quality Visit model.

Month	No. F&F Surveys	No. With Recommendation of Likely/Extremely Likely	%
Apr-17	69	59	85.51%
May-17	104	85	81.73%
Jun-17	76	57	75.00%
Jul-17	73	63	86.30%
Aug-17	62	54	87.10%
Sep-17	58	52	89.66%
Oct-17	49	42	85.71%
Nov-17	74	57	77.03%
Dec-17	41	35	85.37%
Jan-18	60	52	86.67%
Feb-18	56	46	82.14%
Mar-18	81	66	81.48%
Total 17/18	**803**	**668**	**83.19%**
Total 16/17 for Comparison	**1475**	**1262**	**85.56%**

Child & Adolescent Mental Health Services (CAMHS)

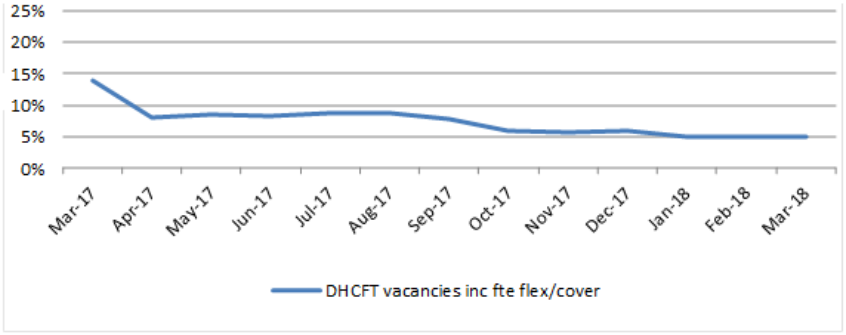
Colleagues in CAMHS community teams and in the CAMHS RISE Team (Rapid Intervention, Support and Empowerment), have shown effectiveness in reducing admissions as shown in the table below.

	Number of admissions	Average length of stay
2014/15	56	106
2015/16	106	56
2017/18	52	68

Staffing levels, recruitment and retention

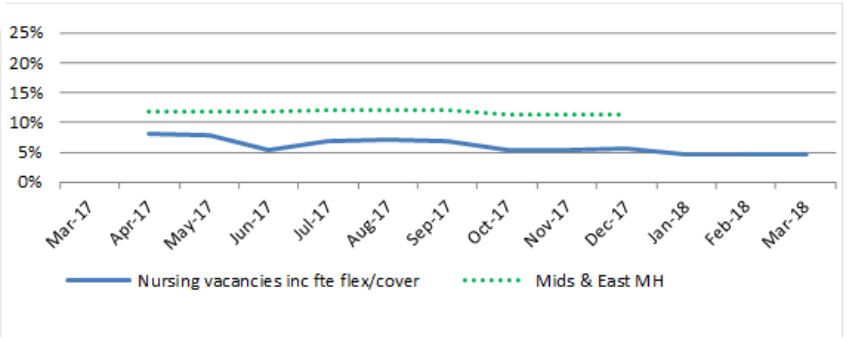
VACANCIES

Mar-18 **5.00%** ↗
Trust



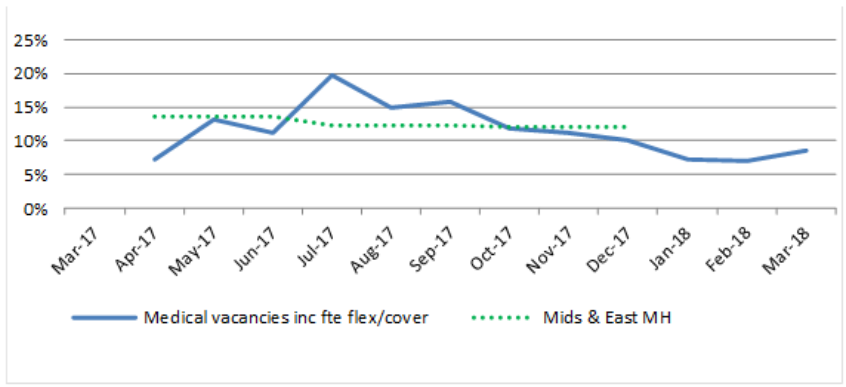
Mar-18 **4.69%** ↗
Qualified Nursing

NHS	10.30%
National MH	11.10%
Mids & East MH	11.20%



Mar-18 **8.66%** ↗
Medical

NHS	7.90%
National MH	12.00%
Mids & East MH	12.10%



Several initiatives to assist recruitment are in place and further developments are planned, including:

- Recruitment fairs · University link working encouraging students to commit to posts on completion of studies
- Local advertising · Enhanced Nurse placement support offered by practice facilitators
- Block advertising
- Exploration of recruitment overseas
- Retire and return scheme
- Review of advertisements and “attractors”

This is resulting in some recruitment to all areas including inpatients, but there are options to move on to other Trust areas and staff are opting to move from inpatients for posts in community settings. This has always been a recruitment pathway, but the pace of movement is much faster

currently. Skill mixing has been implemented in the inpatient areas, for example Occupational Therapists working within ward numbers and work continues to develop alternative options. Schwartz rounds are embedded in practice as part of supporting emotional wellbeing for staff, and psychology drop in/consultation sessions have been established.

Whilst recognising our strong position around overall vacancy rates, we are acutely aware of staffing pressures in particular teams and in particular staff groups and the impact of vacancies upon the service and team morale. There are recruitment challenges around nursing and medical staff, a challenge that is shared with Trusts across the country. However, over the past year, 100 more staff joined the Trust than left, and we plan to build on this further via our focus on staff wellbeing, and via the Trust's continuing review of roles and skills to ensure alignment with the needs of our population.

Investing in our staff – The Care Certificate

The Care Certificate was introduced in April 2015 and is now the expectation of all those working as healthcare assistants and adult social care workers. It was created as a result of the Cavendish Review which was published in July 2013. This review was part of the response to the Francis Inquiry into the failings of care at the Mid-Staffordshire NHS Trust.

The Cavendish Review found that the training and development of healthcare assistants and adult social care workers was often not consistent or good enough. A new 'Certificate of Fundamental Care' was created to improve this, resulting in the Care Certificate. It covers the learning outcomes, competencies and standards of behaviour that must be expected of support workers in health and social care. It aims to make sure that you are caring, compassionate and provide quality care in your work. It builds on and replaces the earlier induction programmes: Common Induction Standards (CIS) and National Minimum Training Standards (NMTS).

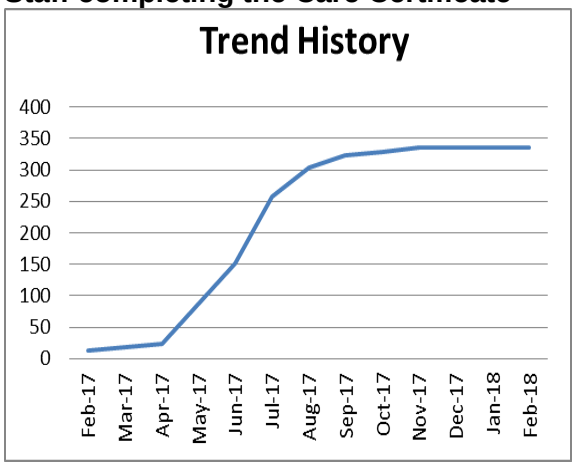
The investment in training in our support workforce was raised as a concern by our health regulator, specifically around uptake of the Care Certificate. A Care Certificate market stall is now available for all new healthcare support workers where they can meet the Care Certificate Facilitator who will give them information on the Care Certificate Framework and the 15 standards, and the Code of Conduct for Health and Social Care Support Workers, and also the Care Certificate Workshop. The workshop includes:

- The Care Certificate and how it can support staff in their career development, their role and in identifying knowledge gaps
- Interactive activities including group discussions and videos
- Covers nine of the Care Certificate standards.
- Team participation using the Care Certificate game, which is an innovative practical learning tool endorsed by Health Education England
- Sharing experiences of compassion, care, dignity and values in their day to day work and to help the Trust provide the best care possible to patients and carers
- Identify compassionate behaviours that reflect the Code of Conduct for Healthcare Support Workers
- Good and bad practice
- Lessons learnt from the Francis Report
- Complete the e-learning so they are compliant (if they have previous care experience)

This includes group discussions about understanding your role, duty of care and the following videos:

1. The launch of the Care Certificate
2. Robert Francis - lessons learned interview
3. Dignity - The tale of two wards film depicting good and bad practice in one hospital

Staff completing the Care Certificate



Care and Treatment Review: Systems and processes

Care and Treatment Reviews (CTRs) are part of NHS England's commitment to transforming services for people with a learning disability, autism or both. CTRs are for people whose behaviour is seen as challenging and/or for people with a co-existing mental health condition. They are used by commissioners for people living in the community and in learning disability and mental health hospitals. CTRs are designed to help improve the quality of care people receive in hospital by asking key questions and making recommendations that lead to improvements in safety, care and treatment. They are designed to help improve current and future care planning, including plans for leaving hospital, to help to reduce the amount of time people spend in hospital and help to sort out any problems which can keep people in hospital longer than necessary.

CTRs are carried out by an independent panel of people. This includes an expert by experience (a person with a learning disability or autism, or a family member or carer of someone with lived experience of services). The panel also includes a clinical expert and the commissioner who pays for the person's care. Our responsibility as a Trust is to notify our commissioners when a CTR is required (for example, when a person who meets the above criteria has been referred for inpatient care, or when a learning disability or autism is identified as part of a current inpatient's presentation).

The Trust has developed a Paris functional process designed and launched in 2017/18. This gives the inpatient wards the function to electronically request a CTR to the Trusts' CTR team (overseen by the Service Line Manager in Learning Disabilities) who checks the clinical appropriateness of the person's referral for inpatient care and ensures that the Clinical Commissioning Group is electronically notified. This notification activates a request for a CTR including the date of referral, following up with weekly Winterbourne Assuring Transformation information for submission to NHS England. The electronic system also then runs a report every week based on ICD10 [diagnostic] coding of people detained in hospital under the Mental Health

Act, to ensure that no one who is entitled to a CTR misses out. This is overseen by a CTR team of nurses for accuracy.

The Service Line Manager also then attends the inpatient mental health service Red2Green meeting (around patient flow) for feedback and discussion on the TCP cohort and escalates any blockages or delays in the discharge process to the commissioners. The impact of this development has been that we are able to ensure that all people with a known learning disbility being referred for a mental health inpatient admission are then flagged for a Care and Treatment Review.

The Forensic Learning Disability/Autistic Spectrum Disorder Team

This is new investment for the development of a forensic LD/ASD team, which has recently been recruited to. The staff team will include an Approved Clinician, Speech and Language Therapy, Occupational Therapy and Nursing. The team will focus predominantly on the Transforming Care cohort of people who are identified as being expected to be discharged from NHS England Specially Commissioned beds, secure provisions and private beds. The focus of this work will be moving people to a more community-focused package of care within the county.

Dementia training in our older people's wards

"Dementia is a typically progressive clinical syndrome of deteriorating mental function significant enough to interfere with activities of daily living. Impairment in mental function due to dementia is more severe than that expected with normal ageing" (from the Trust's Dementia Diagnosis, Treatment and Management Training resource for nurses). This training includes the most common types of dementia, how dementia affects the brain, and behavioural symptoms that would be expected. Bearing this in mind, it is imperative that staff on our older people's wards have access to such training. On our Kingsway site, see below for an example of what our staff have achieved with regards to compliance with Dementia Level 1 and Level 2 on Cubley Court Male:

Please see below compliance % for

Competence Name	Does not meet requirement	Meets Requirement	Grand Total	Compliance %
383|LOCAL|R Dementia Awareness Level 1 (Once Only)|	2	36	38	94.74%
383|LOCAL|R Dementia Awareness Level 2 (Once Only)|	1	11	12	91.67%

STopping Over-Medication of Patients with Learning Disabilities (STOMPwLD)

Working in partnership with medical colleagues in Derbyshire Community Health Services NHS Foundation Trust, a local audit was undertaken in August 2017 of 42 patients and 98

prescriptions (37 outpatients and five inpatients). Those in the sample were agreed to be reasonably representative of the service. At these reviews, 10% of prescriptions were stopped or reduced.

Derbyshire Recovery Partnership (DRP)

This is our new drug and alcohol treatment service for Derbyshire which started on 1 April 2017. It is an innovative new partnership between the Trust and three third sector providers: Derbyshire Alcohol Advice Service (DAAS), Phoenix Futures and Intuitive Thinking Skills (ITS). This partnership focuses on the existing key strengths of each organisation to create an integrated and coordinated drug and alcohol system for the first time in Derbyshire. The teams are based across Derbyshire, and offer different levels of support from brief advice and harm reduction to intensive structured one-to-one and group work for those requiring support with drug or alcohol issues. Staff are co-located and work to integrated and agreed processes and pathways supported by the Trust's clinical governance structures. Whilst the Trust nursing and prescribing team provides medical interventions, the partner services' work focus on key areas of support for individuals using the same information technology systems, policies and procedures to support quality care. Within the partnership, different partners lead on specific key areas:

- Phoenix Futures has been a partner of the Trust since 2012. Working in partnership with the Trust's medical team, the Phoenix keyworkers provide therapeutic treatment for individuals with drug or alcohol problems, including one-to-ones and group sessions, which work alongside medical treatment as well as specialist services such as needle exchange. The keyworkers are the backbone of the service and work alongside Trust nursing and prescribing staff to form a holistic care package for service users.
- Intuitive Thinking Skills (ITS) employ peers to deliver group work courses with the aim of supporting individuals to develop key life skills and independence, not just from substance misuse but across life in general. The group facilitators have passion for recovery, have a background in addiction or offending and so can use their own learning to support others to make key steps to changing their lives.
- Derbyshire Alcohol Advice Service (DAAS) provides three key elements within the new service: The Hub, a counselling service and a training team. The Hub is the single point of contact for all referrals into the Derbyshire Recovery Partnership. Staff at the Hub provides immediate advice and information and can help individuals to access support for recovery from problematic drug or alcohol use. In addition, DAAS provides a substance misuse counselling service aimed to help service users to understand some of the underlying factors which may have contributed to their substance misuse and help them work through these in order to maximise their long-term recovery. For health professionals the training team provides training in substance misuse. Current training courses include: basic alcohol awareness; substance misuse education; substance misuse brief interventions training; working with families affected by alcohol misuse and working with change-resistant substance misusers.

Support from Healthwatch Derby and Healthwatch Derbyshire

We have continued to have a very positive and constructive relationship with both Healthwatch Derby and Healthwatch Derbyshire. Examples of our contact and feedback are as below:

Healthwatch Derby's visit to London Road Community Hospital, October 2017

The Resource Centre

- Mixture of first-time attendees and veterans of the service - all positive
- No concerns with regards to the service or complaints. Comments were around how good the service was, empathetic, caring and responsive
- One area of negative feedback was the waiting period - Waiting for up to a year for appointments - GP PTS Referral, 18-month wait then finally appointment
- We did hear that patients felt they had no crisis support at weekend going to A&E NHS 111 assessment for over an hour then going to A&E, but there was some consideration if this was more a case of patients not knowing very much about the weekend support rather than it being the case that there is no support.

Wards 1 & 2

- There was a recurring theme in patients not knowing why they were there
- Patients said the service was very good and they felt very safe, cared for, looked after, and 'felt at home'
- People seen 60, people spoken to 55, feedback taken 105.

Healthwatch Derbyshire's visit to Derbyshire Recovery Partnership (Substance Misuse & Alcohol Abuse Services)

Four visits, both announced and semi-announced, were completed to different bases across the county over November 2017. Each took between four and six hours.

Summary of findings and themes across all visits:

- Treatment centre locations are difficult to find on initial visits
- Treatment centres are considered to be easily accessible to clients by public transport but sometimes distance and the costs incurred can be financially challenging
- The buildings used by the treatment centres all, to varying degrees, need further attention to design, disability access, adequacy of facilities, furnishing and general décor
- Access to toilet facilities and refreshments is an issue for clients across most of the treatment centres
- The provision of 'family-friendly' facilities at treatment centres needs review across all sites
- Clients were not always aware of the range of facilities/support that could be accessed within or via the treatment centres
- Clients were complimentary about the support provided by key workers
- Generally, both clients and staff were very satisfied with the service and have noted mainly positive improvements since the new DRP service structures were introduced
- In the main, appointment systems appeared to work satisfactorily for most clients but some issues across sites were raised as concerns
- There appear to be good communication links maintained with GPs
- Key workers acknowledged the benefits to their work that the new DRP service has provided but also sensed that increased workload demands have been created

- The DRP service has withdrawn home visiting for those with alcohol dependency problems which staff state has resulted in reduced attendance of such individuals
- Clients felt comfortable about raising concerns but were not always aware of the procedure for doing so
- There are particularly good rehabilitative/recovery services links from the Ilkeston Treatment Centre.

DHCFT Trust Performance Dashboard 2017/18

DHCFT Trust Performance Dashboard YTD (03/05/18)	No.	%	Target
- NHS I Targets - Single Oversight Framework			
- CPA seven day follow up	610	98.69%	95.00%
- Data Quality Maturity Index (DQMI) - MHSDS Data Score	288,583	96.50%	95.00%
- IAPT referral to treatment within 18 weeks	8,088	99.91%	95.00%
- IAPT referral to treatment within six weeks	8,088	93.64%	75.00%
- EIP RTT within 14 days - complete	264	89.39%	50.00%
- EIP RTT within 14 days - incomplete	169	81.66%	50.00%
- Patients open to Trust in employment	40,919	8.90%	N/A
- Patients open to Trust in settled accommodation	40,919	52.46%	N/A
- Under 16 admissions to adult inpatient facilities	0	N/A	0
- IAPT people completing treatment who move to recovery	7,751	53.21%	50.00%
Physical Health - Cardio-Metabolic - Inpatient	*Currently monitored by audits*		
Physical Health - Cardio-Metabolic - EI	*Currently monitored by audits*		
Physical Health - Cardio-Metabolic - on CPA (Community)	*Currently monitored by audits*		
- Locally Agreed			
- CPA settled accommodation	34,067	96.29%	90.00%
- CPA employment status	34,067	97.71%	90.00%
- Patients clustered not breaching today	181,483	76.40%	80.00%
- Patients clustered regardless of review dates	192,564	94.25%	96.00%
- 7 day follow up – all inpatients	1,319	96.29%	95.00%
- Ethnicity coding	288,583	91.26%	90.00%
- NHS number	63,372	100.00%	99.00%
- CPA review in last 12 months (on CPA > 12 months)	2,860	94.30%	95.00%
- Clostridium Difficile incidents	1	N/A	7
- 18 week RTT greater than 52 weeks	0	N/A	0
- Schedule 6 Contract			
- Consultant outpatient appointments Trust cancellations (within six weeks)	54,234	9.09%	5.00%
- Consultant outpatient appointments DNAs	36,663	15.53%	15.00%
- Under 18 admissions to adult inpatient facilities	1	N/A	0
- Outpatient letters sent in 10 working days	33,231	88.36%	90.00%
- Outpatient letters sent in 15 working days	33,231	94.12%	95.00%
- Inpatient 28 day readmissions	1,484	9.10%	10.00%
- MRSA - blood stream infection	0	N/A	0
- Mixed sex accommodation breaches	0	N/A	0
- Delayed transfers of care	4,594	2.19%	0.80%

- 18 week RTT less than 18 weeks - incomplete	3,565	95.15%	92.00%
- Fixed submitted returns			
18 week RTT greater than 52 weeks	0	N/A	0
18 week RTT less than 18 weeks - incomplete	4,940	94.94%	92.00%
Mixed sex accommodation breaches	0	N/A	0
Completion of IAPT data outcomes	8,015	96.31%	90.00%
Ethnicity coding	288,241	92.05%	90.00%
NHS number	63,969	100.00%	99.00%
CPA 7 day follow up	605	98.51%	95.00%

The Trust's CQC rating

The result of our 2016 inspection was that the CQC rated our organisation as requiring improvement. Ratings for individual areas have been upgraded in response to subsequent announced and unannounced visits, and quality improvement work has been undertaken to address the actions from the 2016 visit and from subsequent visits, as shown in the tables below.

Overall rating for services at this Provider	Requires improvement
Are services safe?	Requires improvement
Are services effective?	Requires improvement
Are services caring?	Good
Are services responsive?	Requires improvement
Are services well-led?	Inadequate

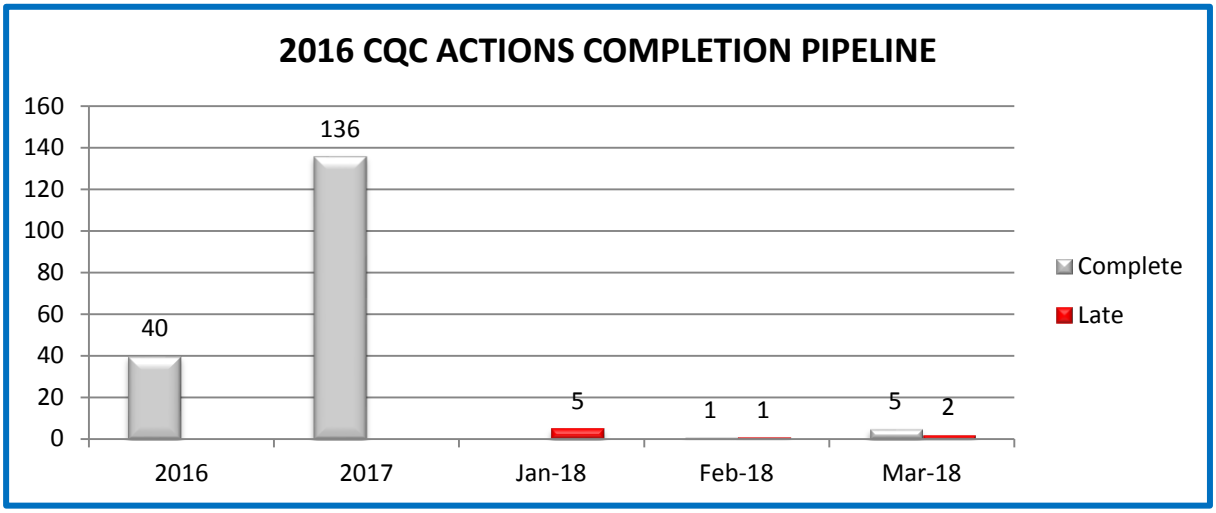
Our clinical service reports

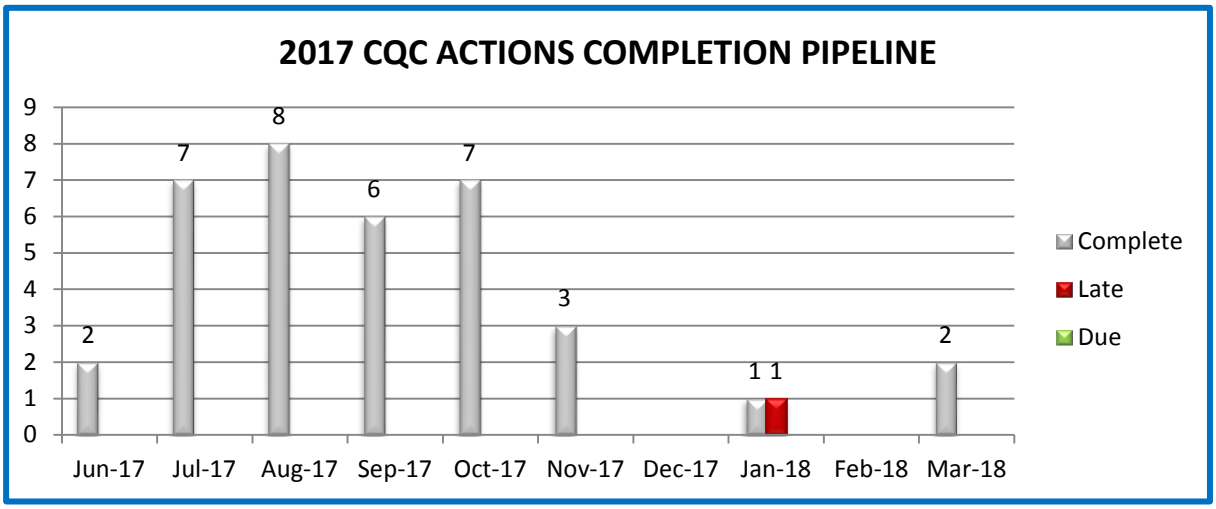
These are the current results for the comprehensive inspection in June and service revisitied and regraded in visits in December (2016) and January (2017).

	Safe	Effective	Caring	Responsive	Well led	Overall
Acute wards for adults of working age and psychiatric intensive care units	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Community health services for children, young people and families	Requires improvement	Good	Outstanding ☆	Requires improvement	Requires improvement	Requires improvement
Community mental health services for people with learning disabilities or autism	Good	Requires improvement	Good	Requires improvement	Good	Requires improvement
Community-based mental health services for adults of working age	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Community-based mental health services for older people	Good	Good	Good	Requires improvement	Good	Good
Forensic inpatient/secure wards	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Long stay/rehabilitation mental health wards for working age adults	Good	Requires improvement	Good	Good	Good	Good
Mental health crisis services and health-based places of safety	Requires improvement	Requires improvement	Good	Good	Good	Requires improvement
Specialist community mental health services for children and young people	Good	Good	Outstanding ☆	Outstanding ☆	Good	Outstanding ☆
Wards for older people with mental health problems	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

CQC actions progress

Our Quality Committee has led the oversight of the assurance systems of improving our practice around completing our CQC actions. Our current performance is as shown below. The data below is sourced from our CQC portal data management system, where we track and upload evidence to provide assurance (status as at 28/2/18). Our ambition is for all these actions to be closed by 31 March 2018.





Quality Visits

The Quality visit programme continued in 2017 and commissioners, non-executive directors and governors were involved in a significant number of our visits. The visits were moderated in October, and quality improvements made by teams were recognised at the annual award event held in December 2017. Between February and October 2017, 69 Quality Visits were undertaken across the Trust, each lasting between two and three hours. Teams being visited were asked to consider their implementation of family inclusive practice and/or Triangle of Care self-assessment, evidence of inclusivity for non-clinical teams, and the level of compliance with performance standards over the previous 12 months. Specifically, supervision, mandatory training and appraisal rates were reviewed.

Five teams did not receive a planned visit. For clinical teams, reasons for asking not to be visited were related to extra-ordinary clinical pressures affecting the team's ability to prepare for or to provide staff for the visit on the day. For non-clinical teams, reasons were relating to the move to the shared services with Derbyshire Community Health Services NHS Foundation Trust.

Visits were underpinned by written guidance, both around expected content of the visit and also how ratings would be calculated for each of the key lines of enquiry.

Over-arching themes across Season 8 Quality Visits

- The commitment of staff to their respective areas was clearly evident
- The value of the service provided to those receiving it was also evident in the feedback on the day
- Supervision statistics were often below the Trust target or not provided. This was attributed to a combination of:
    - Supervision not happening as much as would be expected
    - If it happens, it not being recorded
    - Team workforce data being out of date and including staff no longer in the team
    - Managers not being clear as to how to find this information on the intranet
    - Supervision recording systems not being sensitive to adjust for people on long-term leave
- Mandatory training can be difficult to access, either classroom or e-learning
- Recruitment challenges and managing staffing gaps
- There is an impact on many areas of the current waiting times to access working age adult Neighbourhood services
- Non-mental health areas of our Trust sometimes do not feel particularly part of the organisation. They can feel that the organisation and the developments have very much a mental health focus
- Staff in non-clinical teams also shared a commitment to the experience of the people who use our services
- Administrative colleagues were seen as a key contributor to a well-functioning team
- Where some teams are facing uncertain futures this brought particular concerns for staff
- Where initiatives are being developed, it's important that they are informed by an evidence base, that outcomes are captured and that the views of service users are also captured.
- Generally a need to improve the collation and reporting of the feedback that teams receive, including compliments
- Some challenges with Information Technology systems and compatibility across agencies.

Overall the themed approach of Think Family and family-inclusive practice has supported the Trust in achieving an organisational goal of the external verification of a Level two Triangle of care rating.

Examples of Quality Visits best practice showcases

- Introducing evidence based interventions
- Multi-agency training
- Shared training around clinical skills and expertise
- Developing profession specific roles
- Physical healthcare and health promotion
- Quality Improvement approaches to improving attendance to appointments
- Employment opportunities for people with mental health problems or learning disabilities
- Partnerships between staff, people using Trust services and carers to support service developments
- Training and education for service users and carers
- Raising awareness around mental health in schools and colleges
- Partnership working with community organisations.

The Team Awards – winners and runners up

PROMOTING SAFETY

- **Winner – Criminal Justice Mental Health Liaison Team:** For developing the team to encompass a broader patient base, and also for developing partnership arrangements across a wide variety of agencies. Members have embedded their practice in the police force in response to emergency situations, and have adapted what they are learning from implementing the model
- **The Safeguarding Children Team:** As a result of their ongoing, sustained and high quality work around safeguarding children, and for how they all work together, value and support each other
- **Talking Mental Health Derbyshire:** For triangulating high referral rates, retaining staff through difficult times, reducing their waiting times across all areas whilst not compromising their position regarding quality of care, and for describing a multi-agency approach to safety planning.

HEARING THE PERSON'S VOICE

- **Winner – Chesterfield Central Neighbourhood Team:** For triangulating and evidencing the views of the people who use their service, and for presenting extremely positive feedback around their work with partner providers. The team's presentation covered a range of different ways of hearing what it's like to be supported by them, including written narrative feedback, attendance at the visit from service users and carers, and Friends and Family Test results
- **Morton Ward:** For carefully collating evidence for each domain in the Triangle of Care, for maintaining a focus on quality improvement within a very busy clinical environment, and the description of a person's opportunity to be involved in developing coping strategies and writing their care plan
- **The Strategic Health Facilitation Team for Adults with Learning Disabilities:** For their caring attitude and inclusive way of working with individuals with learning disabilities, their engagement with families, and their approaches to making sure people using services are able to give their feedback.

IMPROVING AND INNOVATING

- **Winner – Kedleston Low Secure Unit:** For working through a programme of impressive improvements across all aspects of care provision, and for doing this in a sustained and methodical manner. The team presented a significant amount of data, in a clear way, to highlight the quality improvement work the ward team members have undertaken. They have shown sustained development on the back of challenges, and they have involved former patients in the development of their Recovery College
- **The Beeches, Perinatal Mental Health:** For introducing examples of innovation including using Skype to allow mothers to read bedtime stories to their children at home, Open Lounge Sundays, where all family members are invited in, and their inclusion of a former inpatient who is now a volunteer in the care team
- **CAMHS County:** For their approach to Waiting Well and to psychological therapy for young people's needs, and their approach to service developments that have been undertaken in partnership with the young people who access the service, family members and staff.

OUTCOMES AND MEASUREMENT

- **Winner – Occupational Therapy & Recreation Service at the Hartington Unit:** For supporting patient flow and evidencing improvement in patient outcome and experience, whilst maintaining a person-centred and skills-based approach. The team have used outcome measures at the beginning and the end of the Food-Mood Group, and identified with people using the group the skills they would like to develop
- **CAMHS Liaison Team (CAMHS RISE):** For presenting data showing that the outcomes achieved were in the best interests of the young people accessing the service and their families. Also, for showing a strong theme of empowerment for the young person, the family, the support systems around them and for the RISE team themselves
- **The Nutrition and Dietetics Team**: For work around Healthy Food Benchmarking against hospital food standards, improved staff awareness of meal preparation for specific dietary needs, and an evaluated project around dietary and food preparation skills.

RESILENCE award (thriving in difficult times)

- **Winner – Liaison Team North:** For developing positive collaborative arrangements with colleagues in the Crisis Team and inpatient unit to ensure patient safety at times of staffing pressures, at the same time as developing a holistic needs assessment and high-impact user clinics. The team this year completed and achieved the Psychiatric Liaison Accreditation Network (PLAN) to assure and improve the quality of service. They have demonstrated a high level of innovation and evidence-based practice, and received very positive feedback from other teams and from people who have used the service
- **High Peak and North Dales Neighbourhood Team:** For their joined duty systems between working age and older adults, reduced work-related sickness, patient feedback, continued links with community projects and for being fully recruited. They maintain business as usual really well, and also manage to innovate
- **Physiotherapy Services, Kingsway:** The team has implemented a data analysis tool to help predict and track changes in capacity and demand for services, therefore allowing them to safely plan caseloads. They described involvement in research, publications, and use of NICE Guidelines.

CLINICAL TEAM OF THE YEAR

Winner – Liaison Team North: For all of the above, and for consistently 'delivering excellence' throughout the year.

NON-CLINICAL TEAM OF THE YEAR

- **Winner – The Finance Team:** For their very integrated approach with operational services and their connectedness to service delivery and the importance of patient experience. The team have offered opportunities to a service user, an apprentice and an undergraduate over the last 12 months, to experience the NHS finance workplace. The team have also developed 'drop in' training for budget holders which has been very much appreciated by operational managers, and also more efficient travel booking.
- **Information Management, Technology & Records Team**: For the outstanding work of the team to support and limit the impact of the cyber-attack on the Trust, and for developing an approach to real-time bed status, linking our clinical systems together, and ward status monitors.
- **Research and Development:** For integrating well within the Trust and with the wider health economy, and for the work they are doing to embed research and evaluation skills

in the Trust, and to embed research into practice, together with their national work on self-harm.

Annex 1: Statements from commissioners, local Healthwatch organisations and Overview and Scrutiny Committees

As part of the process for developing this document, we are required to share the initial draft with a range of third parties and publish their responses. Below are the comments we received:

Feedback from Governors 28 April 2018

The text below is a summary of the discussion with Trust governors at the Governance Committee of 17 April 2018:

Overall comments

The report is seen as thorough, robust, comprehensive, detailed, open and honest. The governors acknowledged the prescribed content, and feel confident that the content is aligned with their knowledge of the Trust, including from other documents or meetings.

Quality priorities

With regards to whether or not the report has the right priorities to have the biggest impact in driving up quality in the Trust, governors feel reassured that the data was available to be able to be included in the report. The Governors ask that a table is added to more clearly show waiting list times, including if this is for a first appointment or a follow up appointment, plus what happens for people who need psychotherapy outside of the IAPT model. Agency spend was discussed, and we agreed that this will be covered in the broader annual report.

Suggestions for the 2018/19 Quality Report

- Waiting times and psychotherapy referrals as described above
- A description with a quality focus as to our performance around recruitment, retention and training
- The governors also ask if we can explore how we might be able to map any potentially hidden diminution of services e.g. twice yearly appointments from four times yearly appointments, that is driven by workload pressures rather than personal choice or reduced clinical need
- Work with other agencies around quality schemes, as part of the Sustainability and Transformation Programme.

Other suggestions

- Theme the best practice from the quality visits.

John Morrissey
Lead Governor, Derbyshire Healthcare NHS Trust

Feedback from Hardwick Clinical Commissioning Group

NHS Hardwick Clinical Commissioning Group (HCCG) is the lead commissioner for Derbyshire Healthcare NHS Foundation Trust on behalf of the four Clinical Commissioning Groups across Derbyshire. A key component of this role is the responsibility of monitoring the quality and performance of services provided by the Trust throughout the year. We welcome the opportunity to provide the narrative on the Quality Report for 2017/18 and provide the following comments:

We note that Derbyshire Healthcare NHS Foundation Trust continues to work constructively and collaboratively with Commissioners throughout the year to provide assurances on a wide range of indicators relating to quality, safety and performance. The trust has an open and transparent culture to safety and welcomes Commissioners' feedback and input. Inclusion in the Quality Visit Programme shows that these values are evident throughout the organisation.

The Trust continues to make good progress in relation to embedding the required actions resulting from CQC inspections in 2016 and 2017. The hard work from staff should be noted and commended, in that the Trust has implemented and embedded more than 200 induvial actions/recommendations. However, it should be noted whilst the ambition was to close all actions by the end of March 2018, there are a number which are overdue and have not been completed in the required timescales. Whilst the overall rating CQC has not changed, over the past 12 months subsequent inspections by the regulators have seen marked improvement in a number of individual services.

During 2017/18 a number of key workstreams were implemented by the Trust in response to service requirements. These included the support of vulnerable families through the Family First model, the commitment to minimise the number of days in hospital with the implementation of the national Red2Green initiative, a review of the Neighbourhood services and partnership working with third sector providers for an integrated drug & alcohol system in Derbyshire.

The Quality Report is an accurate and open account of the progress made against the quality improvements outlined for 2017/18. The report shows that progress has been made in the majority of priorities and recognises that the organisation needs to work with staff to improve their overall wellbeing. Commissioners acknowledge and support the five Quality Priorities identified by the Trust for 2018/19.

In 2017/18 the Trust participated in 100% of national clinical audits and national confidential enquires which covered relevant services provided by the Trust. These included POMH-UK Topic 16b: Topic Rapid tranquillisation, National Confidential Enquiry into Patient Outcome and Death: Young People's Mental Health study and the National confidential inquiry into suicide and homicide by people with mental illness. It was encouraging to note that the organisation followed up on its commitment made the previous year and reviewed two national audits. This has resulted in a number of actions in relation to POMH-UK Topic 16a: Rapid tranquillisation and Topic 1g & 3d: Prescribing high-dose and combined antipsychotics.

Overall the Trust continues to report positively against a number of core national and local quality indicators. The Trust and staff should be commended for once again having 'zero' reported cases of MRSA Mixed Sex Accommodation Breaches and minimal cases (one) of Clostridium Difficile and Admissions of an Under 16 to an Adult Inpatient Facility. Considerable improvements have also been noted in a number of areas including outpatient letters and discharge emails. The Trust

continues to strive to improve key areas, such as Consultant Outpatient Appointment Cancellations and will continue to be monitored by Commissioners.

In line with national requirements, the 2017/18 Quality Report has a dedicated section outlining the work undertaken to understand the mortality data and systems and processes developed to meet the National Quality Board guidance (published March 2017) for Learning from Deaths.

Throughout the year the Trust has continued to face considerable pressure to maintain safe staffing levels within inpatient and community services. The Trust continues to look at alternative means of developing current staff skills sets, including development of the OT role and the continued development of the Nurse Associate role. There is a lack of focus on this key pressure within the report and commissioners feel that this should be reflected in the Quality Report.

Commissioners noted that the Quality Report acknowledges that the Trust has seen issues providing a timely response to some complaints. These have been monitored by Commissioners through contractual meetings and they feel that the report would benefit by highlighting some of the actions taken. This would provide a level of assurance currently missing in this section.

We believe that we have a highly positive relationship with the Derbyshire Healthcare NHS Foundation Trust, and we look forward to further developing this in the pursuit of high quality mental health services for the population of Derbyshire. We will continue to work with the Trust in the monitoring of progress against the priorities outlined in this report.

Phil Sugden
Deputy Director of Quality
NHS Hardwick CCG

3 May 2018

Feedback from Healthwatch Derby

Healthwatch Derby
The Council House
Corporation Street
Derby
DE1 2FS
Telephone: 01332 643989
Email:Samragi.Madden@healthwatchderby.co.uk

25th April 2017

Ms Carolyn Green
Director of Nursing
Derbyshire Healthcare NHS Foundation Trust
Trust HQ
Kingsway, Derby
DE22 3LZ

Dear Carolyn

Re Quality Report 2017/2018

On behalf of Healthwatch Derby, I would like to present our formal response to Derbyshire Healthcare NHS Foundation Trust's Quality Report 2017/2018.

We believe the good work observed during our outreach and observational engagements has been accurately reflected in the comprehensive Quality Report.

Healthwatch Derby has in the course of the last financial year picked up both positive and negative feedback relating to Trust services. I am pleased to report both positives and negatives were welcomed in an open and transparent manner. Where there were learning opportunities the Trust sought to establish contact at once, and listened to concerns and feedback. Strong and effective leadership taking responsibility and being accepting of critical feedback is often a difficult prospect for services in general – in our experience this has actually improved significantly in the last year for the Trust.

Derbyshire Healthcare NHS Foundation Trust is part of Derby city's changing landscape of health and social services aligning to provide a seamless, effective, and responsive service. We are also aware that some functions of the Trust such as Equalities have now merged with Derbyshire Community Health Services Trust. We continue to monitor each service, and provide feedback to all colleagues within established information sharing protocols.

Through our work we have been vocal in projects such as Reverse Commissioning, to highlight the importance of hearing from diverse backgrounds, ages, and varying communities of patients and carers. We have also taken part in the Trust EDS Grading events and provided honest feedback about services under review.

In the last year we undertook a series of outreach engagements, many of which were at the Radbourne Unit at the Royal Derby Hospital site. We have also liaised with the Trust's Breakout Services for young people based at Connexions. We also attended Wards 1&2, as well as the Resource Centre at the London Road Community Hospital site. Through all our outreaches significant feedback was fed directly to the Trust.

Overall the feedback has been very positive from patients and carers. Where there are areas for improvement we have highlighted this, and are pleased to see some of our feedback has been featured as part of the Quality Report.

Healthcare, especially mental healthcare services do not work in a vacuum, and are often dependant on the close integration of other services. Wherever possible Healthwatch Derby has acted as a conduit for information and intelligence exchanges, and championed patient engagement through its forums such as IDEN – Insight Derby Engagement Network. We are also working closely with the Trust's partners Derbyshire Community Health Services to ensure patient voices are not lost between pathways and services. We are pleased to report both Trusts have been very welcoming of patient feedback and all concerns highlighted have been acted upon without any delay. We appreciate the reality of delivering services, and the constraints Trusts have to work within – we are delighted that despite challenges such as funding, changes to services etc, our working partnership has only grown stronger and more robust in the last year.

We therefore look forward to another year of strong partnership work, and our joint efforts to hear from patients, and to improve services for all. If you have any enquiries about this response or require any further information please do not hesitate to contact me directly.

Yours Sincerely

Samragi Madden
Quality Assurance & Engagement Manager Healthwatch Derby

Company Registration Number: 8233546 Registered Office: The Council House, Corporation Street, Derby DE1 2FS

Feedback from Healthwatch Derbyshire 30 April 2018

Healthwatch Derbyshire (HWD) is an independent voice for the people of Derbyshire. We listen to what people like about health and social care services, and what they think could be improved. We share this feedback with those who have the power to make change happen.

We gather experiences from patients and members of the public through a team of Engagement Officers, supported by volunteers and experts by experience. We undertake both 'general engagement' to hear about a variety of different experiences, and 'themed engagement' which we use to explore a particular topic in more detail.

We also deliver Mental Health Together Derby and Derbyshire, working with people with first-hand experience of mental health conditions, and those who care for them. We believe that these are the people best qualified to help shape health and social care services to provide better care in the future.

The findings of our themed engagement work are analysed and written up into reports, which include recommendations for improvement. Service providers and commissioners are then asked to respond to these recommendations. All our reports, including the responses we receive, are published on either the Healthwatch Derbyshire, or Mental Health Together website.

The experiences gathered through our 'general engagement' are fed through to organisations on a regular basis throughout the year to give an independent account of what is working well, and what could be improved. Anyone who shares an experience with HWD is able to request a response, and we encourage organisations to consider responses carefully and indicate where learning has taken place as a result of someone's experience. The Trust replies to these comments thoroughly and with rigour, setting out learning and next steps that will follow.

We have read the Quality Account for 2017/18 prepared by the Trust with interest. We have considered if and how the content reflects some of the topics which have emerged in the feedback that we have collected during the past year. Many of the themes highlighted to us are directly addressed in priorities detailed in the Quality Account, specifically:

- Relapse reduction and harm reduction
- Improving services for people with mental health needs who present at A&E
- Autism awareness training for all staff

The Quality Account also highlights the constructive and positive relationship that we have with the Trust. We have had contact and feedback with the Trust around a programme of Enter and View visits to the Derbyshire Recovery Partnership (Substance Misuse and Alcohol Misuse Services) in January 2018. This piece of work highlighted a range of key themes and findings, to which the Trust has provided a detailed response, including a range of next steps and actions.

We look forward to working with the Trust in the year ahead.

Annex 2: Statement of directors' responsibilities for the quality report

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation trust boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation trust boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- The content of the Quality Report meets the requirements set out in the NHS foundation trust annual reporting manual 2017/18 and supporting guidance
- The content of the Quality Report is not inconsistent with internal and external sources of information including:
    - board minutes and papers for the period 1 April 2017 to 24 May 2018;
    - papers relating to quality reported to the board over the period 1 April 2017 to 24 May 2018;
    - feedback from commissioners dated 03/05/2018;
    - feedback from governors dated 28/04/2018;
    - feedback from local Healthwatch organisations dated 25/04/2018 and 30/04/2018;
    - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 04/05/2018;
    - the national patient survey dated 01/08/2017;
    - the national staff survey dated 26/03/2018; and
    - the Head of Internal Audit's annual opinion of the Trust's control environment dated 03/05/18.

- The Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- The performance information reported in the Quality Report is reliable and accurate
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- The data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review and
- The Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

.....Date.....Chairman

.....Date.....Chief Executive

Annual Accounts

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

Our opinion on the financial statements is unmodified

We have audited the financial statements of Derbyshire Healthcare NHS Foundation Trust (the 'Trust') for the year ended 31 March 2018 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 the related notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and the NHS foundation trust annual reporting manual 2017/18.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2018 and of its expenditure and income for the year then ended; and
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/2018; and
- have been 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 for the audit of the financial statements 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.

Who we are reporting to

This report is made solely to the Council of Governors of the Trust, as a body, in accordance with Schedule 10 of the National Health Service Act 2006. Our audit work has been undertaken so that we might state to the Trust's Council of Governors 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 Trust and the Trust's Council of Governors, as a body, for our audit work, for this report, or for the opinions we have formed.

Conclusions relating to going concern

We have nothing to report in respect of the following matters in relation to which the ISAs (UK) require us to report to you where:

- the Accounting Officer's use of the going concern basis of accounting in the preparation of the financial statements is not appropriate; or
- the Accounting Officer has not disclosed in the financial statements any identified material uncertainties that may cast significant doubt about the Trust's ability to continue to adopt the going concern basis of

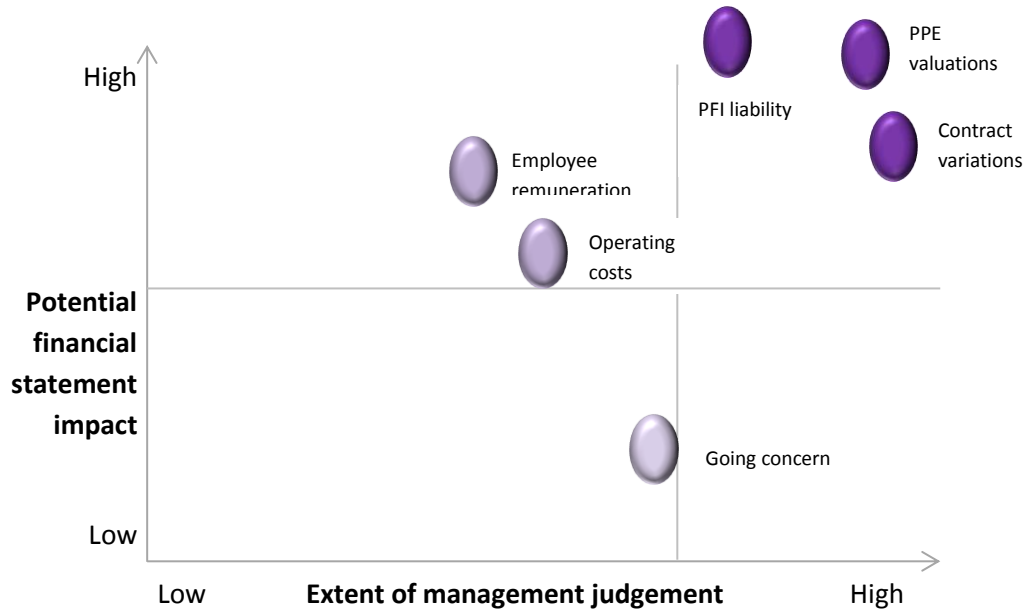
accounting for a period of at least twelve months from the date when the financial statements are authorised for issue.

Overview of our audit approach

- Overall materiality: £2,637,000, which represents 2% of the Trust's gross operating costs (consisting of operating expenses and finance expenses);
- Key audit matters were identified as:
    - The occurrence and accuracy of healthcare income from contract variations

Key audit matters

The graph below depicts the audit risks identified and their relative significance based on the extent of the financial statement impact and the extent of management judgement.



Key audit matters are those matters that, in our professional judgment, were of most significance in our audit of the financial statements of the current year and include the most significant assessed risks of material misstatement (whether or not due to fraud) that we identified. These matters included those that had the greatest effect on: the overall audit strategy; the allocation of resources in the audit; and directing the efforts of the engagement team. These matters were addressed in the context of our audit of the financial statements as a whole, and in forming our opinion thereon, and we do not provide a separate opinion on these matters.

Key Audit Matter	How the matter was addressed in the audit
Risk 1 The occurrence and accuracy of healthcare income from contract variations Approximately 91% of the Trust's income (£128m/£141m) is from patient care activities and contracts with NHS commissioners and local authorities. These contracts include the rates for and level of patient care activity to be undertaken by the Trust. The Trust recognises patient care activity income during the year based on the completion of these activities. Patient care activities provided that are additional to those incorporated in these contracts (contract variations) are subject to verification and agreement by the commissioners. As such, there is the risk that income is recognised in the accounts for these additional services that is not subsequently agreed to by the commissioners. We therefore identified the occurrence and accuracy of healthcare income from contract variations as a key audit matter.	Our audit work included, but was not restricted to: • evaluating the Trust's accounting policy for recognition income from patient care activities for appropriateness; • gaining an understanding of the Trust's system for accounting for income from patient care activities and evaluate the design of the associated controls; • obtaining copies of all signed contracts with commissioners above our "tolerable error" (£1.978m) and a schedule of all variations to those contracts; • confirming annual amounts and payment mechanisms to signed contracts; • testing a non-statistical sample of contract variations back to supporting evidence. In all cases, we ensured that income properly belongs to the trust, is accurately recorded and accounted for in the right year. • testing a further sample of income arising from smaller contract transactions back to supporting evidence • reviewed the DH Mismatch Report and identified any unmatched items above NAO threshold (£300k). Where mismatches were identified we investigated using prime documents. We confirmed balances and reviewed correspondence with the mismatched organisation; • reconciling work from above procedures to the figures in the accounts; • confirming prior to audit sign-off if contract variances have been settled in cash and consider seeking management representations for any large monetary amounts not settled prior to sign-off. The Trust's accounting policy on healthcare income, including its recognition is shown in note 1.7 to the financial statements and related disclosures are included in note 4. **Key observations** Our audit work did not identify any issues in relation to the occurrence and accuracy of contract variations.

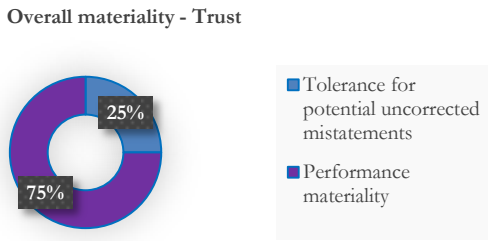
Our application of materiality

We define materiality as the magnitude of misstatement in the financial statements that makes it probable that the economic decisions of a reasonably knowledgeable person would be changed or influenced. We use materiality in determining the nature, timing and extent of our audit work and in evaluating the results of that work.

Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£2,637,000 which is 2% of the Trust's gross operating costs. This benchmark is considered the most appropriate because we consider users of the financial statements to be most interested in how it has expended its revenue and other funding. Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2017 as we did not identify any significant changes in the Trust or the environment in which it operates.
Performance materiality used to drive the extent of our testing	75% of financial statement materiality
Specific materiality	We applied a specific level of materiality of £100,000 to the senior officer remuneration disclosures; and £250,000 to the cash equivalent transfer value disclosures of pension entitlement due to the public interest in these disclosures and the statutory requirement for these to be made
Communication of misstatements to the Audit and Risk Committee	£132,000. In addition we will communicate misstatements below that threshold that, in our view, warrant reporting on qualitative grounds.

The graph below illustrates how performance materiality interacts with our overall materiality and the tolerance for potential uncorrected misstatements.



An overview of the scope of our audit

Our audit approach was based on a thorough understanding of the Trust's business and is risk based and included an interim visit to evaluate the Trust's internal control relevant to the audit including relevant IT systems and controls over key financial systems.

Other information

The Accounting Officer is responsible for the other information. The other information comprises the information included in the Annual Report set out on pages 6 to 222, 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 of the Trust obtained in the course of our work including that gained through work in relation to the Trust's arrangements for securing value for money through economy, efficiency and effectiveness in the use of its resources or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of this other information, we are required to report that fact.

We are required to consider whether the Annual Governance Statement does not meet the disclosure requirements set out in the NHS foundation trust annual reporting manual 2017/18. We are not required to consider whether the Annual Governance Statement addresses all risks and controls or that risks are satisfactorily addressed by internal controls.

We have nothing to report in these regards.

In this context, we also have nothing to report in regard to our responsibility to specifically address the following items in the other information and to report as uncorrected material misstatements of the other information where we conclude that those items meet the following conditions:

- Fair, balanced and understandable set out on page 48 in accordance with provision C.1.1 of the NHS Foundation Trust Code of Governance – the statement given by the directors that they consider the Annual Report and financial statements taken as a whole 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, is materially inconsistent with our knowledge of the Trust obtained in the audit; or
- Audit and Risk committee reporting set out on pages 59 to 60 in accordance with provision C.3.9 of the NHS Foundation Trust Code of Governance – the section describing the work of the Audit and Risk Committee is materially inconsistent with our knowledge obtained in the audit.

Our opinion on other matters required by the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) is unmodified

In our opinion:

- the parts of the Remuneration Report and the Staff Report to be audited have been properly prepared in accordance with IFRSs as adopted by the European Union, as interpreted and adapted by the NHS foundation trust annual reporting manual 2017/18 and the requirements of the National Health Service Act 2006[1]; and
- based on the work undertaken in the course of the audit of the financial statements and our knowledge of the Trust gained through our work in relation to the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources, the other information published together with the financial statements in the Annual Report for the financial year for which the financial statements are

prepared is consistent with the financial statements.

Matters on which we are required to report by exception

Under the Code of Audit Practice we are required to report to you if:

- we have reported a matter in the public interest under Schedule 10 (3) of the National Health Service Act 2006 in the course of, or at the conclusion of the audit; or
- we have referred a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we had reason to believe that the Trust, or a director or officer of the Trust, was about to make, or had made, a decision which involved or would involve the incurring of expenditure that was unlawful, or was about to take, or had taken a course of action which, if followed to its conclusion, would be unlawful and likely to cause a loss or deficiency.

We have nothing to report in respect of the above matters.

Responsibilities of the Accounting Officer and Those Charged with Governance for the financial statements

As explained more fully in the Statement of Accounting Officer's responsibilities set out on page 117, the Chief Executive, as Accounting Officer, is responsible for the preparation of the financial statements in the form and on the basis set out in the Accounts Directions included in the NHS foundation trust annual reporting manual 2017/18, 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.

In preparing the financial statements, the Accounting Officer is responsible for assessing the Trust's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the Trust lacks funding for its continued existence or when policy decisions have been made that affect the services provided by the Trust.

The Audit and Risk Committee is Those Charged with Governance.

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.

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 other legal and regulatory requirements – Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Matter on which we are required to report by exception - Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

Under the Code of Audit Practice we are required to report to you if, in our opinion we have not been able to satisfy ourselves that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018.

We have nothing to report in respect of the above matter.

Responsibilities of the Accounting Officer

The Accounting Officer is responsible for putting in place proper arrangements for securing economy, efficiency and effectiveness in the use of the Trust's resources.

Auditor's responsibilities for the review of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

We are required under paragraph 1 of Schedule 10 of the National Health Service Act 2006to be satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources and to report where we have not been able to satisfy ourselves that it has done so. 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 review in accordance with the Code of Audit Practice, having regard to the guidance on the specified criterion issued by the Comptroller and Auditor General in November 2017, as to whether in all significant respects, the Trust had proper arrangements to ensure it took properly informed decisions and deployed resources to achieve planned and sustainable outcomes for taxpayers and local people. The Comptroller and Auditor General determined this criterion as that necessary for us to consider under the Code of Audit Practice in satisfying ourselves whether the Trust put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources for the year ended 31 March 2018, and to report by exception where we are not satisfied.

We planned our work in accordance with the Code of Audit Practice. Based on our risk assessment, we undertook such work as we considered necessary to be satisfied that the Trust has put in place proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

Report on other legal and regulatory requirements – Certificate

We certify that we have completed the audit of the financial statements 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 Stocks

Mark Stocks
Partner
for and on behalf of Grant Thornton UK LLP

The Colmore Building
20 Colmore Circus
Birmingham B4 6AT

25 May 2018

Statement of comprehensive income for the period ended 31 March 2018

		2017/8	2016/17
	NOTE	**£000**	£000
Operating income from continuing operations	4 & 5	**141,119**	135,934
Operating expenses of continuing operations	7	**(133,302)**	(129,411)
OPERATING SURPLUS/(DEFICIT)		**7,817**	6,523
FINANCE COSTS			
Finance income	13	**48**	31
Finance expense - financial liabilities	15	**(2,141)**	(2,132)
PDC Dividends payable		**(1,602)**	(1,581)
NET FINANCE COSTS		**(3,695)**	(3,682)
SURPLUS/(DEFICIT) FOR THE YEAR		**4,122**	2,841
Other gains and losses		**950**	0
RETAINED SURPLUS/(DEFICIT) FOR THE YEAR		**5,072**	2,841
Other comprehensive income		**5,668**	(4,687)
TOTAL COMPREHENSIVE INCOME (EXPENSE) FOR THE YEAR		**10,740**	(1,846)

The notes on pages 232-273 form part of these accounts.

Statement of financial position as at 31 March 2018

		31 March 2018	31 March 2017
	NOTE	**£000**	£000
Non-current assets:			
Intangible assets	17	**2,842**	2,806
Property, plant and equipment	16	**87,866**	84,825
Trade and other receivables	21	**594**	589
Total non-current assets		**91,302**	88,220
Current assets:			
Inventories	20	**175**	161
Trade and other receivables	21	**5,051**	4,201
Non-current assets for sale	25	**420**	750
Cash and cash equivalents	24	**21,295**	14,106
Total current assets		**26,941**	19,218
Current liabilities			
Trade and other payables	26	**(12,488)**	(12,053)
Borrowings	27	**(898)**	(902)
Provisions	33	**(1,180)**	(1,343)
Other liabilities	28	**(1,526)**	(1,171)
Total current liabilities		**(16,092)**	(15,469)
Total assets less current liabilities		**102,151**	91,969
Non-current liabilities			
Borrowings	27	**(26,180)**	(27,036)
Provisions	33	**(2,704)**	(2,739)
Total non-current liabilities		**(28,884)**	(29,775)
Total assets employed:		**73,267**	62,194
FINANCED BY:			
TAXPAYERS' EQUITY			
Public Dividend Capital		**16,418**	16,085
Revaluation reserve		**41,462**	35,794
Other reserves		**8,680**	8,680
Income and Expenditure reserve		**6,707**	1,635
Total taxpayers' equity:		**73,267**	62,194

The financial statements on pages 228-231 were approved by the Audit and Risk Committee on behalf of the Board on the 24 May 2018 and signed on its behalf by:

Signed …… (Chief Executive)

Statement of changes in taxpayers' equity for the period ended 31 March 2018

	Public Dividend capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers' equity at 1 April 2017	**16,085**	**35,794**	**8,680**	**1,635**	**62,194**
Surplus/(deficit) for the year	**0**	**0**	**0**	**5,072**	**5,072**
Impairments	**0**	**(564)**	**0**	**0**	**(564)**
Revaluations	**0**	**6,232**	**0**	**0**	**6,232**
Public Dividend capital received	**333**	**0**	**0**	**0**	**333**
Taxpayers' equity at 31 March 2018	**16,418**	**41,462**	**8,680**	**6,707**	**73,267**

Statement of changes in taxpayers' equity for the period ended 31 March 2017

	Public Dividend capital	Revaluation reserve	Other reserves	Income and expenditure Reserve	Total reserves
	£000	£000	£000	£000	£000
Taxpayers' Equity at 1 April 2016	**16,085**	**40,451**	**8,680**	**(1,176)**	**64,040**
Surplus/(deficit) for the year	**0**	**0**	**0**	**2,841**	**2,841**
Impairments	**0**	**(5,216)**	**0**	**0**	**(5,216)**
Revaluations	**0**	**500**	**0**	**0**	**500**
Other reserve movements	**0**	**59**	**0**	**(30)**	**29**
Taxpayers' equity at 31 March 2017	**16,085**	**35,794**	**8,680**	**1,635**	**62,194**

Statement of cash flows for the period ended 31 March 2018

	NOTE	2017/18 £000	2016/17 £000
Cash flows from operating activities			
Operating surplus/deficit from continuing operations		**7,817**	6,523
Operating surplus/deficit		**7,817**	**6,523**
Non cash income and expenses			
Depreciation and amortisation		**3,299**	3,354
Impairments		**1,466**	626
(Increase)/decrease in inventories		**(14)**	0
(Increase)/decrease in trade and other receivables		**(223)**	(1,180)
(Increase)/decrease in other assets		**0**	79
Increase/(decrease) in trade and other payables		**48**	322
(Increase)/decrease in other current liabilities		**355**	(302)
Increase/(decrease) in provisions		**(156)**	426
Net cash inflow/(outflow) from operating activities		**12,592**	**9,848**
Cash flows from investing activities			
Interest received		**48**	31
Purchase of intangible assets		**(410)**	(260)
Purchase of property, plant and equipment		**(3,519)**	(3,174)
Sales of property, plant and equipment		**2,825**	0
PFI lifecycle prepayments (cash outflow)		**0**	0
Net cash inflow/(outflow) from investing activities		**(1,056)**	**(3,403)**
Cash flows from financing activities			
PDC capital received		**333**	0
Capital element of private finance lease obligations		**(902)**	(824)
Interest element of private finance lease obligations		**(1,930)**	(1,876)
Interest element of finance lease obligations		**(208)**	(218)
PDC Dividend paid		**(1,640)**	(1,620)
Net cash inflow/(outflow) from financing activities		**(4,347)**	**(4,538)**
Net increase/(decrease) in cash and cash equivalents		**7,189**	**1,907**
Cash and cash equivalents at beginning of the period		**14,106**	12,198
Cash and cash equivalents at year end	24	**21,295**	**14,106**

Notes to the accounts

1. Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health Group Accounting Manual (DH GAM) which shall be agreed with the HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DH GAM 2017/18 issued by the Department of Health. 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 DH Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be the most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with the terms considered material in relation to the accounts.

1.1 Going concern

The annual report and accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

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 formal valuation during the financial year ending 31 March 2015. This resulted in an increase in asset valuations, reflecting the trend in market prices. The valuation was based on prospective market values at 31 March 2015, which has been localised for the Trust's estate. The Trust has formal valuations where assets have been classified as "available for sale" during the period, note 25. In 2017/18 indexation factor has been applied to reflect the increase in prices.

Intangible assets estimation
The Trust has two types of intangible assets:

- Smaller projects which involve the development of existing systems, which is spent and capitalised in year
- Intangible assets with a significant carrying value which have been developed over several years and accounted for in assets under construction. When the system goes live, a full fair value review is undertaken and only the costs directly attributable to the development are capitalised, all other costs are impaired or allocated to revenue.

Provisions estimation
The Trust holds a provision for pensions and by its nature this includes a degree of uncertainty in respect of timings and amount, due to the uncertainty over life expectancy. Future liability is calculated using actuarial values, note 33.

1.6 Transfer of functions
As public sector bodies are deemed to operate under common control, business reconfigurations within the DH group are outside the scope of IFRS 3 *Business Combinations.* Where functions transfer between two public sector bodies, the GAM requires the application of 'absorption accounting'. Absorption accounting requires that entities account for their transactions in the period in which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

1.7 Revenue
The main source of revenue for the Trust is contracts with commissioners in respect of healthcare services. Revenue in respect of services provided is recognised when, and to the extent that, performance occurs, and is measured at the fair value of the consideration received. Where a patient care spell is incomplete at the year end, revenue relating to the partially completed spell is accrued and agreed with the commissioner.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

1.8 Employee benefits

Short-term employee benefits

Salaries, wages and employment-related payments are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

Retirement benefit costs

NHS Pensions
Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

NEST
The Trust offers a second NEST pensions scheme for employees who do not want to be in the NHS Pension Scheme but want to be auto enrolled in a pension.

This pension is free for employers to use and the employee pays a 1.8% contribution and a management charge of 0.3% a year. The scheme then invests the employee's contribution to support the pension payments on their retirement.

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

1.10 Value Added Tax
Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

1.11 Corporation Tax
The Trust has determined that it has no corporation tax liability, based on the NHS Foundation Trust undertaking no business activities.

1.12 Property, plant and equipment

Recognition
Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and

- The item has an individual cost of at least £5,000 or collectively, a number of items have a cost of at least £5,000 and individually have cost more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

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.

Valuation
All property, plant and equipment assets are measured initially at cost, representing the costs directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management.

All assets are measured subsequently at valuation. An item of property, plant and equipment which is surplus with no plan to bring it back into use is valued at current value under IFRS 13, if it does not meet the requirement of IAS40 of IFRS 5 Assets Held for Sale.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their re-valued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses. Revaluations are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period, in years where a revaluation does not take place, an indexation factor is applied.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

HM Treasury has adopted a standard approach to depreciated replacement cost valuations based on modern equivalent assets and, where it would meet the location requirements of the service being provided, an alternative site can be valued.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees but not borrowing costs, which are recognised as expenses immediately, as allowed by IAS 23 for assets held at fair value. Assets are re-valued and depreciation commences when they are brought into use.

New fixtures and equipment are carried at depreciated historic cost as this is not considered to be materially different from fair value, their useful economic life is evaluated on purchase and the asset is written off over their remaining useful lives on a straight line basis.

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 are reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of ‘other impairments’ are treated as revaluation gains.

Revaluation gains and losses
Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the “Statement of Comprehensive Income” as an item of “other comprehensive income”.

De-recognition
Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use.

This condition is regarded as met when the sale is highly probable, the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to the income and expenditure reserve. Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment that are due to be scrapped or demolished do not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

1.13 Intangible assets

Recognition
Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when:

- it is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- where the cost of the asset can be measured reliably, and
- Where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at cost. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset. Expenditure on research is not capitalised: it is recognised as an operating expense in the period in which it is incurred. Internally generated assets are recognised if, and only if, all of the following have been demonstrated:

- the technical feasibility of completing the intangible asset so that it will be available for use
- the intention to complete the intangible asset and use it
- the ability to sell or use the intangible asset
- how the intangible asset will generate probable future economic benefits or service potential the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Assets are capitalised in the month following the completion of the project, allowing time for final invoices to be received and accurate costs to be capitalised.

Measurement
Intangible assets are recognised initially at cost, comprising all directly attributable costs needed to create, produce and prepare the asset to the point that it is capable of operating in the manner intended by management.

Subsequently intangible assets are measured at current value in existing use. Where no active market exists, intangible assets are valued at the lower of depreciated replacement costs and value in

use where the asset is income generating. Revaluations gains and losses and impairments are treated in the same manner as for property, plant and equipment. An intangible asset which is surplus with no plan to bring it back into use is valued at fair value under IFRS13, if it does not meet the requirement of IAS 40 of IFRS 5 Assets Held for Sale.

Intangible assets held for sale are measured at the lower of their carrying amount or “fair value less costs to sell”.

Amortisation
Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

1.14 Donated, government grant and other grant-funded assets
Donated and grant-funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor imposes a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant-funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

1.15 Private Finance Initiative (PFI) transactions
PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury’s FReM, are accounted for as “on-Statement of Financial Position” by the Trust. In accordance with IAS17, the underlying assets are 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 is recorded under the relevant expenditure headings with ‘operating expenses’.

PFI asset
The PFI assets are recognised as property, plant and equipment, when they come into use. The assets are measured initially at fair value in accordance with the principles of IAS 17. Subsequently, the assets are measured at fair value, which is kept up to date in accordance with the Trust’s approach for each relevant class of asset in accordance with the principles of IAS 16.

PFI assets, liabilities and finance costs
The PFI assets are recognised as property, plant and equipment when they come into use. The assets are measured initially at fair value or, if lower, at the present value of the minimum lease payments, in accordance with the principles of IAS 17. Subsequently, the assets are measured at current value in existing use.

A PFI liability is recognised at the same time as the PFI assets are recognised. It is measured initially at the same amount as the initial value of the assets and is subsequently measured as a finance lease liability in accordance with IAS 17.

An annual finance cost is calculated by applying the implicit interest rate in the lease to the opening lease liability for the period, and is charged to 'Finance Costs' within the Statement of Comprehensive Income.

The element of the annual unitary payment that is allocated as a finance lease rental is applied to meet the annual finance cost and to repay the lease liability over the contract term.

The element of the annual unitary payment increase due to cumulative indexation is treated as contingent rent and is expensed as incurred.

Lifecycle replacement
Components of the asset replaced by the operator during the contract ("lifecycle replacement") are capitalised where they meet the Trust's criteria for capital expenditure. They are capitalised at the time they are provided by the operator and are measured initially at cost.

The element of the annual unitary payment allocated to lifecycle replacement is pre-determined for each year of the contract from the operator's planned programme of lifecycle replacement. Where the lifecycle component is provided earlier or later than expected, a short-term finance lease liability or prepayment is recognised respectively.

Where the fair value of the lifecycle component is less than the amount determined in the contract, the difference is recognised as an expense when the replacement is provided. If the fair value is greater than the amount determined in the contract, the difference is treated as a "free" asset and a deferred income balance is recognised. The deferred income is released to the operating income over the shorter of the remaining contract period or the useful economic life of the replacement component.

Assets contributed by the Trust to the operator for use in the scheme
Assets contributed for use in the scheme continue to be recognised as items of property, plant and equipment in the Trust's Statement of Financial Position.

Other assets contributed by the Trust to the operator
Assets contributed (e.g. cash payments, surplus property) by the Trust to the operator before the asset is brought into use, which are intended to defray the operator's capital costs, are recognised initially as prepayments during the construction phase of the contract. When the asset is made available to the Trust, the prepayment is treated as an initial payment towards the finance lease liability and is set against the carrying value of the liability.

1.16 Leases
Leases are classified as finance leases when substantially all the risks and rewards of ownership are transferred to the lessee. All other leases are classified as operating leases.

The Trust as lessee
Property, plant and equipment held under finance leases are initially recognised, at the inception of the lease, at fair value or, if lower, at the present value of the minimum lease payments, with a matching liability for the lease obligation to the lessor. Lease payments are apportioned between finance charges and reduction of the lease obligation so as to achieve a constant rate on interest on the remaining balance of the liability. Finance charges are recognised in calculating the Trust's surplus/(deficit).

Operating lease payments are recognised as an expense on a straight-line basis over the lease term. Lease incentives are recognised initially as a liability and subsequently as a reduction of rentals on a straight-line basis over the lease term.

Contingent rentals are recognised as an expense in the period in which they are incurred. Where a lease is for land and buildings, the land and building components are separated and individually assessed as to whether they are operating or finance leases.

The Trust as lessor
Amounts due from lessees under finance leases are recorded as receivables at the amount of the Trust's net investment in the leases. Finance lease income is allocated to accounting periods so as to reflect a constant periodic rate of return on the Trust's net investment outstanding in respect of the leases.

Rental income from operating leases is recognised on a straight-line basis over the term of the lease. Initial direct costs incurred in negotiating and arranging an operating lease are added to the carrying amount of the leased asset and recognised on a straight-line basis over the lease term.

1.17 Inventories
Inventories are valued at the lower of cost and net realisable value. The cost of inventories is measured using the First In, First Out cost formula.

1.18 Cash and cash equivalents
Cash is cash in hand and deposits with any financial institution repayable without penalty on notice of not more than 24 hours. Cash equivalents are investments that mature in 3 months or less from the date of acquisition and that are readily convertible to known amounts of cash with insignificant risk of change in value.

In the Statement of Cash Flows, cash and cash equivalents are shown net of bank overdrafts that are repayable on demand and that form an integral part of the Trust's cash management. Cash and bank balances are recorded at current vales.

1.19 Provisions
Provisions are recognised when the Trust has a present legal or constructive obligation as a result of a past event, it is probable that the Trust will be required to settle the obligation, and a reliable estimate can be made of the amount of the obligation. The amount recognised as a provision is the best estimate of the expenditure required to settle the obligation at the end of the reporting period, taking into account the risks and uncertainties. Where a provision is measured using the cash flows estimated to settle the obligation, its carrying amount is the present value of those cash flows using HM Treasury's discount rates.

Early retirement provisions are discounted using HM Treasury's pension discount rate of 0.10% (2016/17: 0.24%) in real terms.

1.20 Clinical negligence costs
NHS Resolution, formerly NHS Litigation Authority, operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 33 to the Trust accounts, however is not recognised.

1.21 Non-clinical risk pooling
The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

1.22 Contingencies

Contingent liabilities are not recognised, but are disclosed in note 34.1, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in note 34.2 where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

1.23 Financial assets

Financial assets are recognised when the Trust becomes party to the financial instrument contract 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 the asset has been transferred. Financial assets are initially recognised at fair value. Fair value is determined by reference to quoted market prices where possible, otherwise by valuation techniques.

The effective interest rate is the rate that exactly discounts estimated future cash receipts through the expected life of the financial asset, to the initial fair value of the financial asset.

Financial assets are classified into the following categories: financial assets at fair value through profit and loss, held to maturity investments, available for sale financial assets, and loans and receivables. The classification depends on the nature and purpose of the financial assets and is determined at the time of initial recognition.

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.

Held to maturity investments

Held to maturity investments are non-derivative financial assets with fixed or determinable payments and fixed maturity, and where there is a positive intention and ability to hold to maturity. After initial recognition, they are held at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Loans and receivables

Loans and receivables are non-derivative financial assets with fixed or determinable payments that are not quoted in an active market. After initial recognition, they are measured at amortised cost using the effective interest method, less any impairment. Interest is recognised using the effective interest method.

Available for sale financial assets

Available for sale financial assets are non-derivative financial assets that are designated as available for sale or that do not fall within any of the other three financial asset classifications. They are

measured at fair value with changes in value, other than impairment losses, taken to Other Comprehensive Income. Accumulated gains or losses are recycled to the Statement of Comprehensive Income on de-recognition.

Impairment
At the end of the reporting period, the Trust assesses whether any financial assets, other than those held at 'fair value through profit and loss', are impaired. Financial assets are impaired and impairment losses recognised if there is objective evidence of impairment as a result of one or more events that occurred after the initial recognition of the asset and that have an impact on the estimated future cash flows of the asset.

For financial assets carried at amortised cost, the amount of the impairment loss is measured as the difference between the asset's carrying amount and the present value of the revised future cash flows discounted at the asset's original effective interest rate. The loss is recognised in expenditure.
If, in a subsequent period, the amount of the impairment loss decreases and the decrease can be related objectively to an event occurring after the impairment was recognised, the previously recognised impairment loss is reversed through expenditure to the extent that the carrying amount of the receivable at the date of the impairment is reversed does not exceed what the amortised cost would have been had the impairment not been recognised.

1.24 Financial liabilities
Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged – that is, the liability has been paid or has expired.

Loans from the Department of Health are recognised at historic cost. Otherwise, financial liabilities are initially recognised at fair value.

Financial guarantee contract liabilities
Financial guarantee contract liabilities are subsequently measured at the higher of:

- the amount of the obligation under the contract, as determined in accordance with IAS 37 *Provisions, Contingent Liabilities and Contingent Assets*, and
- the premium received (or imputed) for entering into the guarantee less cumulative amortisation.

Financial liabilities at fair value through profit and loss
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 liabilities at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in the Trust's surplus/deficit. The net gain or loss incorporates any interest payable on the financial liability.

Other financial liabilities
After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method, except for loans from Department of Health, which are carried at historic cost. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the net carrying amount of the financial liability. Interest is recognised using the effective interest method.

1.25 Public dividend capital
Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the secretary of State can issue new PDC to, and require repayments of the PDC from, the Trust. PDC is recorded at the value received

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities except for

(i) donated assets (including lottery funded assets)
(ii) average daily cash balances held with the Government Banking Services and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relates to short-term working capital facility
(iii) PDC dividend receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occurs as a result of the audit of the annual accounts.

1.26 Foreign currencies

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise. Foreign currency transactions are negligible.

1.27 Third party assets

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in note 39 to the accounts.

1.28 Losses and special payments

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note 40 is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

1.29 Research and development

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Statement of Comprehensive Income on a systematic basis over the period expected to benefit from the project. It should be re-valued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

1.30 Gifts

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

1.31 Accounting standards that have been issued and have not yet been adopted

The DH GAM does not require the following Standards and Interpretations to be applied in 2017-18. These standards are still subject to HM Treasury FReM adoption, with IFRS 9 and IFRS 15 being for implementation in 2018-19, and the government implementation date for IFRS 16 and IFRS 17 still subject to HM Treasury consideration.

- IFRS 9 *Financial Instruments* – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 15 *Revenue from Contracts with Customers* – Application required for accounting periods beginning on or after 1 January 2018, but not yet adopted by the FReM: early adoption is not therefore permitted
- IFRS 16 *Leases* – Application required for accounting periods beginning on or after 1 January 2019, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRS 17 *Insurance Contracts* – Application required for accounting periods beginning on or after 1 January 2021, but not yet adopted by the FReM: early adoption is not therefore permitted.
- IFRIC 22 *Foreign Currency Transactions and Advance Consideration* – Application required for accounting periods beginning on or after 1 January 2018.
- IFRIC 23 *Uncertainty over Income Tax Treatments* – Application required for accounting periods beginning on or after 1 January 2019.

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 £127,864k, including £108,664k from Clinical Commissioning Groups (CCGs).

	2017/18	2016/17
	£000	£000
Clinical Income	127,864	124,233
Non Clinical Income	13,303	11,701
Pay	(98,330)	(96,669)
Non Pay	(38,715)	(36,424)
Surplus/(deficit)	**4,122**	**2,841**

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

	2017/18	2016/17
	£000	£000
Southern Derbyshire CCG	**64,998**	63,173
North Derbyshire CCG	**23,819**	23,135

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)

	2017/18	2016/17
	£000	£000
NHS Trusts	**0**	0
Clinical Commissioning Groups and NHS England	**113,025**	110,582
Foundation Trusts	**104**	115
Local Authorities	**14,692**	13,452
Non-NHS Other	**43**	84
	127,864	124,233

4.2 Income from patient care activities (class)

	2017/18	2016/17
	£000	£000
Cost and volume contract income	**5,917**	8,915
Block contract income	**101,637**	96,262
Other clinical income from mandatory services	**367**	359
Community income	**19,943**	18,697
	127,864	124,233

As part of the NHS Provider licence and the Continuity of Services Condition the Trust has a significant proportion of patient care activities designated as Commissioner Requested Services. The total income from Commissioner Requested Services is contained in note 4.3.

4.3 Income from Commissioner Requested Services

Out of the services provided by the Trust through the main Commissioner contract for Mental Health including Child and Adolescent Mental Health Services (CAMHS), Learning Disabilities and Children's Services, a significant proportion (66%) are deemed through the contract to be Commissioner Requested Services.

The value of the income for those Commissioner Requested Services is £93m. All other income stated in the accounts is generated from non-Commissioner Requested Services.

	2017/18	2016/17
	£000	£000
Commissioner requested services	**92,569**	84,611
Non-commissioner requested services	**48,550**	51,323
Total income	**141,119**	135,934

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 investments and the rebasing of the contract income.

4.4 Overseas Visitors

The Trust has not invoiced or received any income from overseas visitors.

5. Other operating income

	2017/18	2016/17
	£000	£000
Research and development	**361**	329
Education and training	**4,540**	4,214
Staff costs	**719**	674
Profit on disposal of land and buildings	**0**	0
Other revenue	**4,512**	4,748
Sustainability and Transformation Fund*	**3,123**	1,736
	13,255	11,701
Other revenue includes:		
Estates recharges	**0**	20
PFI land contract	**60**	60
Catering	**171**	180
Property rentals	**0**	13
Pharmacy sales	**2,206**	2,327
Services to specialist schools	**531**	526
Services to other NHS Providers	**1,421**	1,529
Other income elements	**123**	93
	4,512	4,748

Income from the sale of goods is Nil.

*The Trust received STF Income from NHS England, notified via NHS Improvement (NHSI). NHSI instructed Trusts in receipt of the STF Income that it could not be spent. It therefore increased the Trust surplus to the same value.

6. Income

	2017/18	2016/17
	£000	£000
From rendering of services	**141,119**	**135,934**
From sale of goods	**0**	**0**

7. Operating expenses	**2017/18**	2016/17
	£000	£000
Services from NHS foundation trusts and trusts	**3,034**	3,342
Services from CCGs and NHS England	**188**	146
Purchase of healthcare from non NHS bodies	**8,238**	7,002
Employee expenses - non-executive directors	**129**	124
Employee expenses - staff and executive directors	**98,201**	96,545
Drug costs	**4,344**	4,017
Supplies and services - clinical (excluding drug costs)	**203**	212
Supplies and services - general	**813**	763
Establishment	**3,729**	3,093
Research and development - (not included in employee expenses)	**0**	1
Transport	**1,500**	1,320
Premises - business rates payable to local authorities	**643**	618
Premises	**2,776**	3,286
Rentals from operating leases	**2,217**	1,738
Increase/(decrease) provision	**166**	921
Depreciation on property, plant and equipment	**2,925**	3,029
Amortisation of intangible assets	**374**	325
Impairments of property, plant and equipment	**1,466**	439
Impairments of Intangibles	**0**	187
Audit services- statutory audit	**50**	47
Internal Audit	**48**	53
Clinical negligence costs	**330**	307
Legal fees	**101**	226
Consultancy costs	**43**	121
Training, courses and conferences	**576**	383
Car parking and security	**54**	6
Redundancy	**1**	50
Hospitality	**14**	20
Insurance	**37**	27
Other services, e.g. external payroll	**340**	324
Losses, ex gratia and special payments	**8**	8
Other	**753**	731
	133,302	129,411

8. Operating leases

8.1 As lessee

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

Payments recognised as an expense	**2017/18**	2016/17
	£000	£000
Minimum lease payments	**2,217**	1,738
	2,217	1,738

The figures above include lease car payment and are reflected net, during the period the Trust has received employee contributions equating to £308k (2016/17 £305k).

	2017/18			2016/17
Total future minimum lease payments	**Buildings**	**Other**	**Total**	Total
	£000	**£000**	**£000**	£000
Payable:				
Not Later than one year	**1,618**	**577**	**2,195**	1,218
Between one and five years	**5,911**	**524**	**6,435**	5,242
After five years	**16,017**	**0**	**16,017**	12,891
Total	**23,546**	**1,101**	**24,647**	19,351

Total future sublease payments expected to be received: £nil

8.2 As lessor

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

9. Employee costs and numbers

9.1 Employee costs

	2017/18 Total	2016/17 Total
	£000	£000
Salaries and wages	**75,079**	70,420
Social Security costs	**6,806**	6,636
Apprenticeship levy	**348**	0
Employer contributions to NHS Pension Scheme	**9,471**	9,293
Other Pension Costs	**0**	0
Other post-employment benefits	**0**	0
Temporary Staffing (Bank and Locums)	**2,864**	5,397
Temporary Staffing (Agency and Contract)	**3,770**	5,003
Termination benefits	**1**	50
Employee benefits expense	**98,339**	96,799
Of the total above:		
Charged to Capital	**137**	204
Employee benefits charged to revenue	**98,202**	96,595
	98,339	96,799

There have been six cases of early retirements due to ill health in year at a value of £328k (2016-17 – one case at £57k).

9.2 Average Whole Time Equivalent of people employed

	2017/18 Total WTE	2016/17 Total WTE
Medical and dental	**162**	162
Administration and estates	**609**	519
Healthcare assistants and other support staff	**428**	473
Nursing, midwifery and health visiting staff	**875**	843
Nursing, midwifery and health visiting learners	**2**	4
Scientific, therapeutic and technical staff	**274**	291
Social care staff	**1**	0
Total	**2,351**	2,292
Of the above:		
Number of whole time equivalent staff engaged on capital projects	**4**	6

9.3 Exit packages

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS Guidance. Exit costs are accounted for in full in the year the Trust has legally committed to or appropriately provided for the departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS pension scheme. Ill-health retirement costs are met by the NHS pension scheme.

During the period the Trust incurred exit costs for employees and these are reported in the Trust's Annual Report in accordance with the annual reporting requirements.

9.4 Management costs

	2017/18	2016/17
	£000	£000
Management costs	**8,196**	7,895
Income	**141,119**	135,934
Management costs as a percentage of total Trust income is	**5.81%**	5.81%

10. Pension costs

Past and present employees are covered by the provisions of the two NHS Pension Schemes. Details of the benefits payable and rules of the schemes can be found on the NHS Pensions website at www.nhsbsa.nhs.uk/pensions. Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State 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 2018, is based on valuation data as 31 March 2017, updated to 31 March 2018 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 last published actuarial valuation undertaken for the NHS Pension Scheme was completed for the year ending 31 March 2012. The Scheme Regulations allow for the level of contribution rates to be changed by the Secretary of State for Health, with the consent of HM Treasury, and consideration of the advice of the Scheme Actuary and employee and employer representatives as deemed appropriate.

11. Better Payment Practice Code

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The data relating to this is published in the Annual Report.

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

No payments were made in respect of the Late Payment of Commercial Debt (Interest) Act 1998.

13. Finance income

Finance income was received in the form of bank interest receivables totalling £48k (2016/17 £31k).

14. Other gains and losses

There has been a gain of £950k in year, this related to a contract clause on a sale of land.

15. Finance costs

	2017/18	2016/17
	£000	£000
Finance Lease Costs	**208**	219
Interest on obligations under PFI contracts:		
- main finance cost	**1,334**	1,376
- contingent finance cost	**596**	499
Unwinding of discount	**3**	38
Total interest expense	**2,141**	2,132

16. Property, plant and equipment

2017/18	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	**Total**
	£000	£000	£000	£000	£000	£000	£000	**£000**
Cost or valuation:								
At 31 March 2017	15,860	70,495	1,928	1,602	138	5,664	2,173	**97,860**
Additions	0	1,082	1,914	0	0	301	15	**3,312**
Impairments	0	(564)	0	0	0	0	0	**(564)**
Reclassifications	0	1,309	(1,766)	114	0	88	230	**(25)**
Revaluations	0	6,232	0	0	0	0	0	**6,232**
Transferred to disposal group as asset held for sale	(1,336)	(539)	0	0	0	0	0	**(1,875)**
Disposals	0	0	0	(171)	0	(2,435)	(172)	**(2,778)**
At 31 March 2018	**14,524**	**78,015**	**2,076**	**1,545**	**138**	**3,618**	**2,246**	**102,162**
Depreciation								
At 31 March 2017	0	6,238	0	1,210	70	4,133	1,384	**13,035**
Provided during the year	0	2,325	0	111	7	332	150	**2,925**
Impairments	0	1,111	25	0	0	0	0	**1,136**
Reclassifications	0	0	(25)	0	0	0	0	**(25)**
Revaluations	0	0	0	0	0	0	0	**0**
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	**0**
Disposals	0	0	0	(168)	0	(2,435)	(172)	**(2,775)**
At 31 March 2018	**0**	**9,674**	**0**	**1,153**	**77**	**2,030**	**1,362**	**14,296**
Net Book Value at 31 March 2018	14,524	68,341	2,076	392	61	1,588	884	**87,866**

	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	**Total**
Net book value	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	14,524	31,970	2,076	392	61	1,588	884	**51,495**
Finance lease	0	1,238	0	0	0	0	0	**1,238**
PFI	0	35,133	0	0	0	0	0	**35,133**
Total at 31 March 2018	**14,524**	**68,341**	**2,076**	**392**	**61**	**1,588**	**884**	**87,866**

16.1 Revaluation reserve balance for property, plant and equipment

	Land	**Buildings**	**Total**
	£000	**£000**	**£000**
At 31 March 2017	12,795	22,999	**35,794**
Movements	0	5,668	**5,668**
At 31 March 2018	**12,795**	**28,667**	**41,462**

16.2 Property, plant and equipment

2016/17	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	**Total**
	£000	£000	£000	£000	£000	£000		**£000**
Cost or valuation:								
At 31 March 2016	14,759	70,609	1,778	1,580	63	5,767	2,196	**96,752**
Additions	0	757	1,799	22	0	513	30	**3,121**
Impairments	0	(5,216)	0	0	0	0	0	**(5,216)**
Reclassifications	0	1,284	(1,649)	0	75	78	48	**(164)**
Revaluations	15	485	0	0	0	0	0	**500**
Transferred to disposal group as asset held for sale	1,086	2,959	0	0	0	0	0	**4,045**
Disposals	0	(383)	0	0	0	(694)	(101)	**(1,178)**
At 31 March 2017	**15,860**	**70,495**	**1,928**	**1,602**	**138**	**5,664**	**2,173**	**97,860**
Depreciation								
At 31 March 2016	0	3,920	0	1,093	56	4,551	1,288	**10,908**
Provided during the year	0	2,425	0	117	14	276	197	**3,029**
Impairments	0	275	164	0	0	0	0	**439**
Reclassifications	0	0	(164)	0	0	0	0	**(164)**
Revaluations	0	0	0	0	0	0	0	**0**
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	**0**
Disposals	0	(382)	0	0	0	(694)	(101)	**(1,177)**
At 31 March 2017	**0**	**6,238**	**0**	**1,210**	**70**	**4,133**	**1,384**	**13,035**
Net Book Value at 31 March 2017	15,860	64,257	1,928	392	68	1,531	789	**84,825**

	Land	Buildings excluding dwellings	Assets under construction and payments on account	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	**Total**
Net book value	£000	£000	£000	£000	£000	£000	£000	**£000**
Owned	15,860	26,845	1,928	392	68	1,531	789	**47,413**
Finance Lease	0	1,177	0	0	0	0	0	**1,177**
PFI	0	36,235	0	0	0	0	0	**36,235**
Total at 31 March 2017	**15,860**	**64,257**	**1,928**	**392**	**68**	**1,531**	**789**	**84,825**

16.3 Revaluation reserve balance for property, plant and equipment

	Land	**Buildings**	**Total**
	£000	**£000**	**£000**
At 31 March 2016	12,780	27,671	**40,451**
Movements	15	(4,672)	**(4,657)**
At 31 March 2017	**12,795**	**22,999**	**35,794**

16.4 Valuation
Indexation was applied to the Trust's land and buildings, the indices were provided by the DVS Property Specialists in 2017/18. Assets were valued at market value for land and non-specialised buildings or at depreciated replacement cost for specialised buildings. Indexation increased the asset values by £6,076k.

As part of the 2017/18 review, the Kedleston Unit was revalued by DVS Property Specialists after having capital spent on it, to extend and refurbish the unit. The market value increased by £156k, however the additional works led to an impairment of £756k.

16.5 Economic life of property, plant and equipment

The following table shows the range of estimated useful lives for property, plant and equipment assets

	Max life Years	**Min life Years**
Land	100	5
Buildings excluding dwellings	100	5
Plant and machinery	15	5
Transport equipment	15	5
Information technology	10	5
Furniture and fittings	15	5

16.6 Property plant and equipment: Commissioner requested services
No commissioner requested services properties were sold in 2017/18.

17. Intangible assets

2017/18	Software licences (purchased)	Information Technology (internally generated)	Assets under construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2017	1,571	2,942	42	**4,555**
Additions purchased	285	92	33	**410**
Disposals	(17)	(1)	0	**(18)**
At 31 March 2018	**1,839**	**3,033**	**75**	**4,947**
Amortisation				
At 1 April 2017	604	1,145	0	**1,749**
Provided during the year	146	228	0	**374**
Disposals	(17)	(1)	0	**(18)**
At 31 March 2018	**733**	**1,372**	**0**	**2,105**
Net Book Value at 31 March 2018	**1,106**	**1,661**	**75**	**2,842**
Net Book Value				
Owned	1,106	1,661	75	**2,842**
Finance lease	0	0	0	**0**
PFI	0	0	0	**0**
Total at 31 March 2018	**1,106**	**1,661**	**75**	**2,842**

17.1 Intangible assets

2016/17	Software Licences (purchased)	Information Technology (internally generated)	Assets under construction	Total
	£000	£000	£000	£000
Cost or valuation:				
At 1 April 2016	1,410	2,817	231	**4,458**
Additions purchased	115	125	4	**244**
Reclassifications	46	0	(193)	**(147)**
At 31 March 2017	**1,571**	**2,942**	**42**	**4,555**
Amortisation				
At 1 April 2016	451	933	0	**1,384**
Provided during the year	113	212	0	**325**
Impairments	40	0	147	**187**
Reclassifications	0	0	(147)	**(147)**
At 31 March 2017	**604**	**1,145**	**0**	**1,749**
Net Book Value at 31 March 2017	**967**	**1,797**	**42**	**2,806**
Net Book Value				
Owned	967	1,797	42	**2,806**
Finance lease	0	0	0	**0**
PFI	0	0	0	**0**
Total at 31 March 2017	**967**	**1,797**	**42**	**2,806**

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18. Impairments

Impairments have arisen in year due to several factors; the main charge in Property Plant and Equipment was the revaluation of the Kedleston Unit following capital works and the writing down of two surplus properties to market value, ready for sale. In year there have been impairments of £2,030k, £1,466k has been charged to income and expenditure and the remainder has been charged to the revaluation reserve.

		2017/18	2016/17
	Note	**£000**	£000
Impairments for property, plant and equipment (PPE)		**2,030**	5,655
Impairments for intangibles		**-**	187
Total impairments		**2,030**	**5,842**
Impairments written to income and expenditure (I&E)	7	**1,466**	626
Impairment written to revaluation reserve	16	**564**	5,216
		2,030	5,842
Impairments written to I&E			
Over specification of assets - PPE		**756**	367
Over specification of assets - intangibles		**0**	187
Abandonment of assets in the course of construction		**25**	0
Changes in market price		**685**	72
Total		**1,466**	626
Impairment written to revaluation reserve			
Revaluation of assets		**564**	5,216
Total		**564**	5,216

19. Commitments

19.1 Capital commitments

The Trust does not have any capital commitments as at 31 March 2018.

20. Inventories

20.1 Inventories

	2017/18	2016/17
	£000	£000
Finished goods	**175**	161
Total	**175**	161
Of which held at net realisable value:	**0**	0

20.2 Inventories recognised in expenses

	2017/18	2016/17
	£000	£000
Inventories recognised as an expense in the period	**2,436**	2,335
Write-down of inventories (including losses)	**0**	0
Reversal of write-downs that reduced the expense	**0**	0
Total	**2,436**	2,335

21. Trade and other receivables

21.1 Trade and other receivables

The great majority of trade is with Clinical Commissioning Groups, as commissioners for NHS patient care services. As Clinical Commissioning Groups are funded by Government to buy NHS patient care services, no credit scoring of them is considered necessary.

	Current	**Non-current**	Current	Non-current
	2017/18	**2017/18**	2016/17	2016/17
	£000	**£000**	£000	£000
Trade receivables	**4,078**	**0**	3,315	0
Provision for the impairment of receivables	**(49)**	**0**	(45)	0
Prepayments and accrued income	**586**	**594**	515	589
VAT receivables and Taxes	**365**	**0**	184	0
Other receivables	**71**	**0**	232	0
Total	**5,051**	**594**	4,201	589

21.2 Receivables past their due date but not impaired

	2017/18	2016/17
	£000	£000
By up to 60 days	**1,077**	1,219
By 61 days to 180 days	**132**	678
By more than 180 days	**2**	27
Total	**1,211**	1,924

Invoices are raised on a 30-day payment term basis.

21.3 Provision for impairment of receivables

	2017/18	2016/17
	£000	£000
Opening balance	**(45)**	(51)
Amount utilised	**3**	14
(Increase)/decrease in receivables impaired	**(7)**	(8)
Balance at 31 March	**(49)**	(45)

22. Other financial assets

There are no other financial assets as at 31 March 2018.

23. Other current assets

There are no other current assets as at 31 March 2018.

24. Cash and cash equivalents

	31 March 2018	31 March 2017
	£000	£000
Balance at 31 March	**14,106**	12,198
Net change in period	**7,189**	1,908
Balance at period end	**21,295**	14,106
Made up of		
Cash with Government banking services	**21,249**	14,063
Commercial banks and cash in hand	**46**	43
Cash and cash equivalents as in statement of cash flows	**21,295**	14,106

25. Non-current assets held for sale	**Land**	**Buildings**	**Total**
	£000	**£000**	**£000**
Balance at 31 March 2017	**250**	**500**	**750**
Plus assets classified as held for sale in the year	**1,336**	**539**	**1,875**
Disposals	**(1,336)**	**(539)**	**(1,875)**
Impairments	**0**	**(330)**	**(330)**
Balance at 31 March 2018	**250**	**170**	**420**

	Land	Buildings	Total
	£000	£000	£000
Balance at 31 March 2016	**1,336**	**3,459**	**4,795**
Plus assets classified as held for sale in the year	**250**	**500**	**750**
Assets held for sale no longer meet criteria	**(1,336)**	**(3,459)**	**(4,795)**
Balance at 31 March 2017	**250**	**500**	**750**

25. Non-current assets held for sale (cont.)
Assets have been declared as available for sale because they have been considered as part of the Trust's overall review of its estate, the operating requirements have been deemed surplus to the Trust Board. Only one building is included as held for sale. Another building was transferred to held for sale in quarter one of 2017 and sold in March 2018 at Net Book Value.

26. Trade and other payables

	2017/18	2016/17
	£000	£000
NHS payables	**1,552**	2,997
Trade payables – capital	**1,053**	666
Other Trade payables	**3,520**	3,638
Taxes payables	**824**	756
Other payables	**1,528**	1,440
Social Security costs	**1,065**	798
Accruals	**2,946**	1,758
Total	**12,488**	**12,053**

The Trust does not have any non-current liabilities.

Related parties include:
£1,364k outstanding pensions contributions at 31 March 2018, last year these were included in other payables (31 March 2017 £1,318k). These were paid in April 2018.

27. Borrowings

	Current	**Non-current**	Current	Non-current
	2017/18	**2017/18**	2016/17	2016/17
	£000	**£000**	£000	£000
Finance lease	**0**	**1,250**	0	1,210
PFI liabilities	**898**	**24,930**	902	25,826
Total	**898**	**26,180**	902	27,036

The Trust has a PFI contract with Arden Partnership to operate and service buildings to provide patient care and clinical support services. The contract is due to expire during 2039. The finance lease relates to St Andrews House, the contract is due to expire during 2037.

28. Other liabilities

	Current 2017/18 £000	Current 2016/17 £000
Deferred income	**1,526**	1,171
	1,526	1,171

The Trust has no other liabilities.

29. Finance lease obligations

The Trust has one finance lease, this is St Andrews House in Derby which is used to provide clinical and admin services.

Details of the lease charges are below:

	2017/18 £000	2016/17 £000
Not later than one year	**168**	168
Later than one year, not later than five years	**672**	672
Later than five years	**2,403**	2,571
Sub total	**3,243**	3,411
Less: interest element	**(1,993)**	(2,201)
Total	**1,250**	1,210

The Trust is committed to pay per the above table.

30. Finance lease receivables

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

31. Private Finance Initiative contracts

31.1 PFI schemes on-Statement of Financial Position

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

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

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

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

	2017/18	2016/17
	£000	£000
Not later than one year	**2,186**	2,235
Later than one year, not later than five years	**8,120**	8,253
Later than five years	**32,083**	34,135
Sub total	**42,389**	44,623
Less: interest element	**(16,561)**	(17,895)
Total	**25,828**	26,728

31.2 Charges to expenditure

The total charged in the period to expenditure in respect of the service element of on-statement of financial position PFI contracts was £996k (prior year £961k). In year £163k was released from the Lifecycle prepayment to revenue (£29k in 2016/17)

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

	2017/18	2016/17
	£000	£000
Not later than one year	**1,001**	965
Later than one year, not later than five years	**4,053**	3,906
Later than five years	**17,004**	17,452
Total	**22,058**	22,322

The Trust's PFI model is updated for inflation each year, the 2017/18 figures below shows the Trust's commitments if a 2.5% RPI increase is applied each year:

	2017/18	2016/17
	£000	£000
Not later than one year	**1,026**	989
Later than one year, not later than five years	**4,423**	4,264
Later than five years	**23,977**	24,955
Total	**29,426**	30,208

31.3 Future Unitary Payments

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

2017/18	Within one year £000	Two-five years £000	Over five years £000	**Total £000**
Operating Costs	1,026	4,423	23,977	**29,427**
Financing Expenses	1,939	7,818	35,976	**45,733**
Capital Repayments	898	3,394	21,536	**25,828**
Lifecycle costs	338	2,246	11,275	**13,859**
Total	**4,201**	**17,881**	**92,764**	**114,846**

2016/17	Within one year £000	Two-five years £000	Over five years £000	**Total £000**
Operating Costs	989	4,264	24,955	**30,208**
Financing Expenses	1,909	7,672	37,555	**47,136**
Capital Repayments	902	3,358	22,470	**26,729**
Lifecycle Costs	270	2,028	11,733	**14,031**
Total	**4,070**	**17,321**	**96,713**	**118,104**

32. Other financial liabilities

The Trust has no other financial liabilities.

33. Provisions

	2017/18 Current £000	**2017/18 Non-Current £000**	2016/17 Current £000	2016/17 Non-Current £000
Pensions relating to other staff	**192**	**2,704**	192	2,739
Legal claims	**144**	**0**	106	0
Redundancy	**0**	**0**	33	0
Other	**844**	**0**	1,012	0
Total	**1,180**	**2,704**	1,343	2,739

	Pensions relating to other staff	Legal claims	Redundancy	Other	Total
	£000	£000	£000	£000	£000
At 1 March 2017	**2,931**	**106**	**33**	**1,012**	**4,082**
Arising during the period	**67**	**70**	**0**	**57**	**194**
Change in discount rate	**102**	**0**	**0**	**0**	**102**
Used during the period	**(192)**	**(27)**	**(29)**	**(31)**	**(279)**
Reversed unused	**(15)**	**(5)**	**(4)**	**(194)**	**(218)**
Unwinding of discount	**3**	**0**	**0**	**0**	**3**
At 31 March 2018	**2,896**	**144**	**0**	**844**	**3,884**
Expected timing of cash flows:					
Within one year	**192**	**144**	**0**	**844**	**1,180**
Between one and five years	**767**	**0**	**0**	**0**	**767**
After five years	**1,937**	**0**	**0**	**0**	**1,937**
	2,896	**144**	**0**	**844**	**3,884**

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 provision for the working time directive and other general Trust provisions.

£951k is included in the provisions of NHS Resolution at 31/3/2018 in respect of clinical negligence liabilities of the Trust (31/3/2017 £832k).

34. Contingencies

34.1 Contingent liabilities
There are no contingent liabilities as at 31 March 2018.

34.2 Contingent assets
Contingent assets are disclosed where a possible asset exists as a result of past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Trust's control. Contingent assets are disclosed only where the future inflow of economic benefit is considered to be probable. The Trust has one contingent asset that relates to a contract clause in a sale of land, the timing is currently unknown.

35. Financial instruments

35.1 Financial assets

	2017/18	2016/17
	Loans and receivables	Loans and receivables
	£000	£000
Trade receivables	**4,032**	3,469
Cash at bank and in hand	**21,295**	14,106
Total at 31 March	**25,327**	17,575

35.2 Financial liabilities

	2017/18	2016/17
	Other	Other
	£000	£000
Trade payables	**10,599**	10,499
PFI and finance lease obligations	**27,078**	27,938
Total at 31 March	**37,677**	38,437

IFRS 7 requires the Foundation Trust to disclose the fair value of financial liabilities. The PFI scheme is a non-current Financial Liability where the fair value is likely to differ from the carrying value. The Trust has reviewed the current interest rates available on the market and if these were used as the implicit interest rate for the scheme the fair value of the liability would range from £25,633k to £28,321k.

35.3 Financial risk management
Financial reporting standard IFRS 7 requires disclosure of the role that financial instruments have had during the period in creating or changing the risks a body faces in undertaking its activities. Because of the continuing service provider relationship that the NHS Trust has with clinical commissioning groups and the way those clinical commissioning groups are financed, the Trust is not exposed to the degree of financial risk faced by business entities. Also financial instruments play a much more limited role in creating or changing risk than would be typical of listed companies, to which the financial reporting standards mainly apply. Financial assets and liabilities are generated by day-to-day operational activities rather than being held to change the risks facing the Trust in undertaking its activities.

The Trust's treasury management operations are carried out by the finance department, within parameters defined formally within the Trust's standing financial instructions and policies agreed by the board of directors. Trust treasury activity is subject to review by the Trust's internal auditors.

Currency risk
The Trust is principally a domestic organisation with the great majority of transactions, assets and liabilities being in the UK and sterling based. The Trust has no overseas operations. The Trust therefore has low exposure to currency rate fluctuations.

Interest rate risk
100% of the Trust's financial assets and 100% of its financial liabilities carry nil or fixed rates of interest. Derbyshire Healthcare NHS 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 2018 are in receivables from customers, as disclosed in the trade and other receivables note.

Liquidity risk
The Trust's cash flows are mainly stable and predictable. Operating costs are incurred under contracts with clinical commissioning groups, which are financed from resources voted annually by Parliament. The Trust funds its capital expenditure from internally generated sources. The Trust has access to a working capital facility of £9.3m which is available as and when required, although it has not used this facility in the accounting period. The Trust is not, therefore, exposed to significant liquidity risks.

36. Events after the reporting period
There were no post-balance-sheet events for the period ending 31 March 2018.

37. Audit fees

The analysis below shows the total fees paid or payable for the period in accordance with the Companies (Disclosure of Auditor Remuneration and Liability Limitation Agreements) Regulations 2008 (SI 2008/489).

	2017-18 £000	2016-17 £000
External audit fees		
Statutory audit services	42	39
Non audit services	8	8
Total	**50**	**47**
Other audit fees		
Internal audit services	48	53
Counter fraud	16	18
Total	**64**	**71**

The non-audit work relates to the review of the Trust's Quality Report.

38. Related party transactions

Derbyshire Healthcare NHS Foundation Trust is a public benefit corporation authorised by NHS Improvement - the Independent Regulator for NHS Foundation Trusts. All NHS Foundation Trusts are independent bodies which are not controlled by the Secretary of State. The Trust has considered whether or not the working relationships it has with any NHS bodies and Government departments and agencies meet the definition of a related part under IAS 24.

The value of transactions with government bodies and other related parties with which the Trust has had material dealings and which therefore require disclosure are:

2017/18	**Income**	**Expenditure**	**Receivables**	**Payables**
	£000	**£000**	**£000**	**£000**
Related parties with other NHS bodies	124,871	11,825	4,031	2,694
2016/17				
Related parties with other NHS bodies	119,391	13,426	2,260	3,809

During the financial period, there are three Board Members who have had related parties with NHS organisations,

- Ifti Majid's wife worked for North Derbyshire CCG until November 2017
- Amanda Rawlings holds a shared director post with Derbyshire Community Health Services NHS Foundation Trust,
- Lynn Wilmott-Shepherd is on secondment from Erewash CCG.

No other 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 it is 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:

Southern Derbyshire Clinical Commissioning Group
North Derbyshire Clinical Commissioning Group
Hardwick Clinical Commissioning Group
Erewash Clinical Commissioning Group
Derby Teaching Hospitals NHS Foundation Trust
Derbyshire Community Health Services NHS Foundation Trust
NHS England
Health Education England
Chesterfield Royal Hospital NHS Foundation Trust
Sheffield Health and Social Care NHS Foundation Trust
NHS Business Authority
NHS Shared Business Services

In addition, the Trust has had a number of material transactions with other Government Departments and other central and local Government bodies. Most of these transactions have been with Derby City Council and Derbyshire County Council.

The Trust has also received payments from a number of charitable funds. The members of the NHS Trust Board are also the Trustees for the Charitable Funds held in trust for Derbyshire Healthcare which is managed by Derbyshire Community Health Services NHS Foundation Trust. The audited accounts for the Funds Held on Trust are available from the Communications Department.

The Register of Interests is available from the Legal Department.

39. Third party assets

The Trust held £86k cash and cash equivalents at 31 March 2018 (£100k 31 March 2017) 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 2017).

40. Losses and special payments

There were 24 cases of losses and special payments worth £38k (2016/17 - there were 22 cases totalling £44k).

	2017/18 Total number of cases Number	**2017/18 Total value of cases £000**	2016/17 Total number of cases Number	2016/17 Total value of cases £000
Cash losses	**3**	**1**	3	0
Overseas visitors	**0**	**0**	1	14
Bad debts and claims abandoned	**3**	**3**	0	0
Loss of stock	**1**	**5**	1	7
Special payments				
- compensation payments	**7**	**27**	9	21
- ex gratia payments	**10**	**2**	8	2
	24	**38**	22	44

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 2017/18 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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