



Derbyshire Healthcare  
NHS Foundation Trust

# Annual Report & Accounts 2018/19



Making a  
positive  
difference



Derbyshire Healthcare NHS Foundation Trust  
Annual Report and Accounts 2018/19

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## Chair's foreword

I am delighted to welcome you to the Trust's Annual Report and Accounts for 2018/19.

This report reflects a year of great progress as we have continued to build upon and embed a number of important developments that support our improvement journey; strengthening the services we provide and the governance processes of the Trust.

We have benefitted from stability across our Board of Directors throughout the year. We welcomed Gareth Harry as Director of Business Improvement and Transformation in June. Building upon our focus on equality and diversity, Suzanne Overton-Edwards also commenced a Non-Executive Director placement with the Trust through the NExT Directors' Scheme, which aims to increase the diversity of Board members across the NHS.



This stability has equally been reflected across our Council of Governors throughout the year with a full cohort of active governors in place across all constituencies. We have successfully recruited new governors through election processes and have been pleased to see an increased interest in the roles of our governors, with more candidates standing for election and increased participation in our election processes.

Our membership update on pages 63-71 outlines wider strengthening of the Council of Governors during the year, including an increase in the number of staff governors and a broader review of geographical constituencies.

Throughout the year I have enjoyed a number of opportunities to meet with teams and colleagues working across the Trust, to enable effective two way communication and Board visibility. I continue to make a point of visiting as many front line services as possible, so that my leadership is grounded on the reality of what our staff face every day, and also to ensure that I have a good understanding of the services provided by the Trust.

I have also been delighted to participate in engagement work seeking to promote mental health services and reduce stigma that continues to be associated with some of the services we provide. For example, this included a visit from John Dawkins, Australian MP to discuss and share learning on suicide prevention.

We recognise the importance of the Trust continuing to influence and participate in the work of our local health community as we head towards the development of an integrated care system.

A handwritten signature in blue ink that reads "Caroline Maley". The signature is written in a cursive, flowing style.

Caroline Maley  
Chair

# Chief Executive's introduction

Welcome to the Trust's Annual Report and Accounts for 2018/19.

I am delighted to reflect back on the work and achievements of the Trust over the last year.

2018 was an important year for the NHS nationally as we celebrated 70 years since the introduction of the NHS. Together with joining in with the national celebrations (which you can read more about on page 90) we also held a number of events locally; engaging with our staff, communities and people who use our services.

For Derbyshire Healthcare it was an equally important year. We demonstrated significant progress through our comprehensive inspection with the Care Quality Commission (CQC), with improvements noted across the majority of services since the last inspection in 2016. Whilst we remained in the 'requires improvement' category, overall our results improved; with eight domain areas moving from requires improvement to good.

2018/19 was a key year for staff engagement, building on our ongoing priority to develop a positive and open culture amongst the Trust's 2586 colleagues. We held our first ever staff conference and have made significant progress in embedding new ways of communicating and engaging with colleagues across the Trust. We were pleased to receive some initial recognition of this focus in February 2019 through the publication of our improved staff survey results which, whilst we still have a lot to do, demonstrated progress across each domain.

It has also been an important year for our work on equality and diversity. We introduced a new, ground-breaking BME reverse mentoring scheme and have reformed and revitalised many of our staff networks such as those for our LGBT+, BME colleagues and colleagues with disabilities. This focus has been a real highlight for me this year and I have felt very privileged for colleagues to share their experiences with me and wider Board colleagues, reflecting the true vibrancy and diversity of our staff. This is a real asset for our organisation and I really value the insight and changes this focus has brought about.

2018/19 has been a busy year, with a number of challenges including increased demand for our services, alongside tackling a number of ongoing recruitment pressures. We have also celebrated a number of highlights – we have received additional funding to extend our community based perinatal services and will be providing new community based forensic support over the next financial year. You can read more about the Trust's highlights throughout these pages.

We continue to work closely with our partner health and social care colleagues across Derbyshire to improve our joined up care. Following the publication of the NHS Long Term Plan in January 2019, I look forward to working with our commissioners to explore how we can reflect the national investment in mental health services at a local level going forwards.



A handwritten signature in blue ink, appearing to read 'Ifti Majid'. The signature is fluid and cursive, with a long horizontal stroke extending to the right.

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 21-36.*

## Overview of performance

2018/19 was a positive year for the Trust on many fronts, as we continued to improve our services and governance processes. The Trust has continued to perform well against many of its key indicators, with maintenance or improvements across many of the Trust's services.

However, there were a number of pressures and challenges experienced throughout the year, as each one of our service areas experienced a marked increase in demand. We anticipate that the number of referrals received will continue to steadily increase over time, in line with population growth.

Over the next six months the Trust will progress with the development of a revised clinical strategy for working age and older adult community mental health services. This will take place alongside a process of operational and clinical restructure to facilitate these changes.

This increase in activity was particularly seen across the Trust's acute mental health services, where we saw a growing number of out of area placements throughout the year, as our inpatient beds could not accommodate the local need for acute mental health care. The Trust is an active member of a regional learning collaborative that is focused on supporting a reduction in out of area placements.

Within the Trust a number of initiatives are in place to optimise bed use and free up capacity, which include a complex case panel meeting that has been established to review patients with a length of stay over 50 days. Waiting lists have continued to grow as local demand for the services we provide has continued to exceed the commissioned capacity levels.

Focused work and ongoing conversations also continue to take place with our commissioners in order to reduce current waiting times for CAMHS and paediatric services. We are also working to reduce high caseloads across the Trust's health visiting staff.

Alongside this increase in activity, the Trust continued to experience difficulties in recruiting clinical staff to a number of service areas. This is a problem we have faced for a number of years and an issue that NHS trusts across the country are experiencing, as there is a growing shortage of mental health nurses, health visitors, Consultants and wider specialist staff. These workforce challenges place significant pressures on the Trust and the ways in which we can move at pace to achieve our strategic objectives and performance targets throughout the year.

Whilst these workforce issues remain a challenge, we have started to reap benefits of the innovative recruitment work the Trust has been participating in, in order to attract clinical staff. We have increased our online and social media presence, with the aim to target relevant healthcare professionals and share greater information about what it is like to work for Derbyshire Healthcare. We have also successfully supported wider international recruitment opportunities.

Whilst there continue to be a number of vacant posts across the Trust (in our inpatient areas in particular), overall the number of vacancies has reduced and we have also successfully reduced our use of agency personnel throughout the year which is a significant achievement.

Over 2019/20 we will continue to look for new ways to recruit clinical staff, offering bespoke placements and recruitment approaches and look to expand our use of innovative posts such as nursing apprentices and advanced clinical practitioners. We will also focus further on attendance at work, look at new ways to reduce sickness absence rates and invest in our wellbeing offer as we know these are key areas that will support an increase in staff retention.



In respect of operational staffing and corporate management, recent NHS workforce statistics confirm that our levels are low when compared with other organisations; confirming the Trust has less personnel supporting these key areas than other comparable trusts.

Prior to the CQC inspection in 2018, the Trust had identified a particular requirement to focus on our acute mental health services and an Urgent Care Improvement Plan was developed to prioritise improvements in this area. Leadership within our acute services was also identified as a key issue during the inspection and actions were built into the plan to address this. Progress and delivery against the plan has been reported to the Trust Board throughout the year and a positive impact has been seen as a result of leadership support and role-modelling.

Going forwards our focus is on embedding these changes across our acute mental health services to sustain improvements. The Trust has also committed to work towards the Royal College of Psychiatry assessment, with a target date of May 2019 to attain this.

We have seen the development of a number of new services throughout the year, which I have confidence will bring great benefits to Derbyshire residents going forward.

Our concerns about a lack of community based forensic support started to be addressed with initial funding to develop a new service towards the end of the financial year, supporting people who have committed an offence whilst being mentally unwell, in addition to an adjacent forensic service for people with learning disabilities. We have also continued to work closely with colleagues at Derbyshire Constabulary through the development of a new Joint Engagement Team (JET), which aims to bring together police and community mental health services to provide co-ordinated support for people with complex mental health needs, with the aim to reduce unnecessary contact with emergency services.

To date we have seen success from our new and innovative ways of working. The Dementia Rapid Response Teams (DRRT), which provide focused support within people's homes, have successfully reduced hospital admissions and have been heralded as a positive example of new ways of working across the Derbyshire health and social care system.

At the start of 2019, the Trust introduced a structured programme of work to develop our improvement strategies for each of our clinical areas. The initial engagement events for each area brought together frontline clinicians, patients and carers to consider a common purpose for each service and identify ways to improve the service and ensure it can adapt to the needs of patients over the coming three to five years. In line with our work supporting Joined Up Care Derbyshire, this will form a key part of the Trust's improvement work over the forthcoming year as we continue to look at new and innovative ways to best support those who use our services.

This programme of work takes place alongside a wider review of the Trust's Strategy, where we have sought to simplify our strategic objectives to make them easy to use, so colleagues and teams can clearly identify how they contribute to the achievement of the Trust objectives.

In discussion with colleagues as this report was being developed, the refreshed strategy outlines the three Trust priorities:

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

Further engagement on this strategic refresh will take place during 2019/20 with the revised Trust Strategy being confirmed later in the year.



Ifti Majid  
Chief Executive  
23/5/19



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

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

During the year, following commissioner investment, a new directorate started to be developed for the Trust's emerging forensic service line.

## Neighbourhood mental health services

The Trust's neighbourhood mental health 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 mental health services include the clinical support offered through our inpatient (bedded) care in 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
- Ward based older people's mental health services based at London Road Community Hospital in Derby, a specialist dementia ward on the Kingsway Hospital site in Derby and two Dementia Rapid Response Teams (North and South) 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.

## **Children's services**

Our children and young people's services support individuals and families living across the city of Derby and southern 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. 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 and Burton Teaching Hospitals NHS Foundation Trust
- Specialist services for children within Derby and southern 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 southern Derbyshire including a hospital liaison service based at the Royal Derby Hospital and an eating disorders service
- Breakout – young people's substance misuse service
- Children's safeguarding service.

## **Central services**

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

- Learning Disabilities (LD) 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); our LD strategic health facilitation team also advises GPs, pharmacists, dentists and other health professionals across Derbyshire on the best ways to support people with learning disabilities
- 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 for adults
- Perinatal (mother and baby) 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 community learning disability services, which are provided across Derby and southern Derbyshire.



## Vision and values

### The Trust vision is:

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

### Our values

The Trust's vision is underpinned by four key values, which 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 for Derbyshire Healthcare.

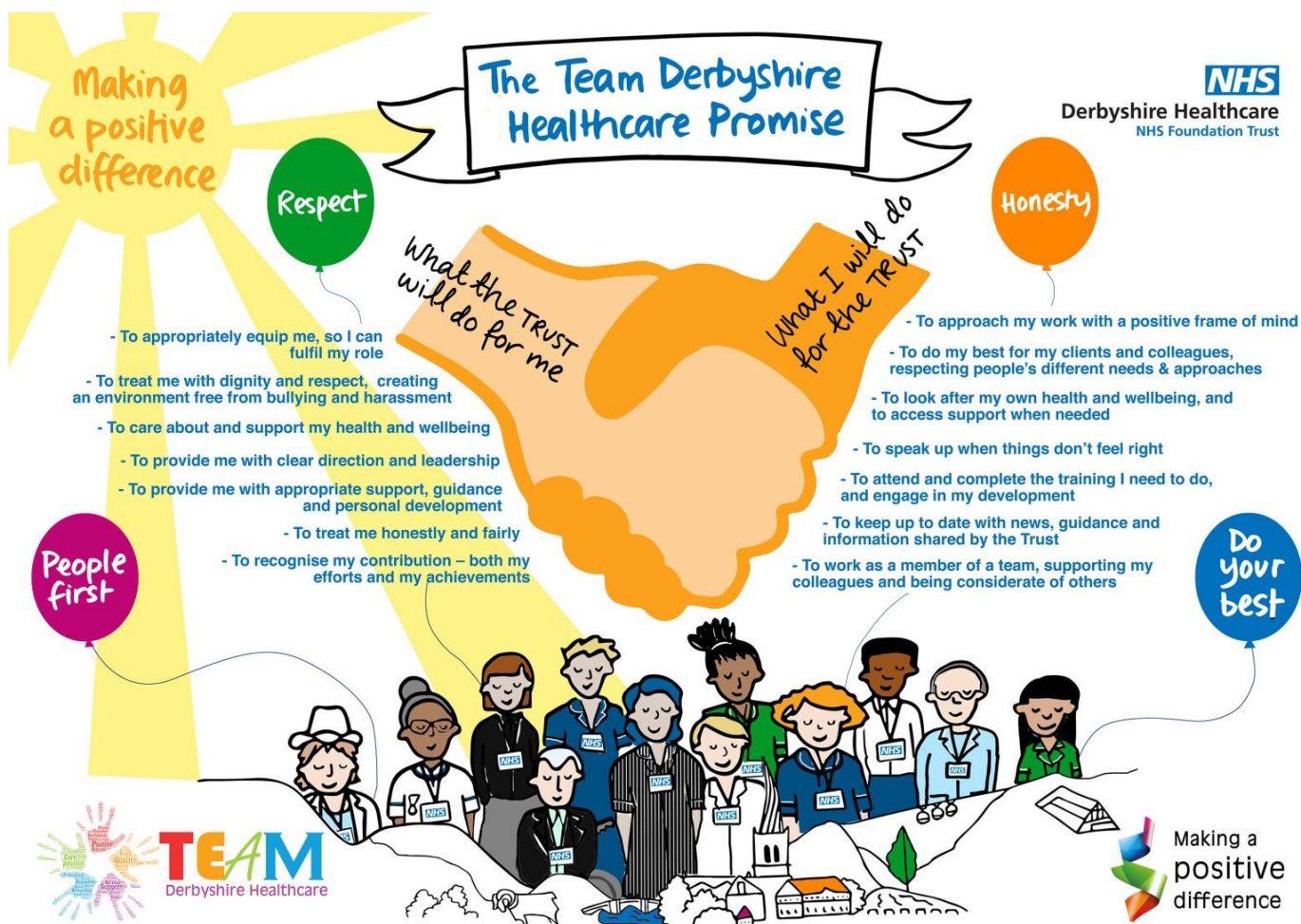
For more information on the Trust's continuing development of its strategic priorities and the strategy refresh for 2019/20, please see page 18.

## The Derbyshire Healthcare Promise

In December 2018 we developed a new Team Derbyshire Healthcare Promise. The Promise – which brings together an agreed set of commitments about what employees can each expect from the Trust, and give in return – was co-produced with staff, following a participative engagement exercise at the Trust’s first staff conference in September 2018.

The two sets of commitments sit alongside a handshake – reflecting the agreement that is being made by Trust colleagues through the launch of the Team Derbyshire Healthcare Promise. Set amongst a sunny Derbyshire landscape, where we are all working to make a positive difference, the Promise brings all colleagues together, no matter what their role or position within the Trust. The balloons represent each of the four Trust values, which underpin the Promise commitments.

Going forwards, the Team Derbyshire Healthcare Promise is now being woven into our People Services processes; supported by a new series of leadership development sessions focused on strengthening our collective leadership approach.





## 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 are regularly reviewed:

### 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.

Towards the end of the 2018/19 financial year, the Trust started a wider refresh of the Trust Strategy, looking to simplify our strategic objectives for 2019/20 to make them clear and easy to use, so colleagues and teams can simply identify how they contribute to the achievement of the Trust objectives in their day to day roles.

Further engagement on this strategic refresh will take place during 2019/20 with the revised Trust Strategy being confirmed later in the year.



## **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).

Since 2016 a number of developments have taken place, which has meant it is important to update the strategy to make it appropriate to our colleagues and external stakeholders. Nationally the launch of the NHS Long Term Plan in January 2019 has an impact on all services provided by the Trust, with some great opportunities for service improvement, but equally we need to seek clarity on the challenges we face together in this new environment.

It is important we continue to refresh our strategy given that the Trust's Board of Directors have recognised the absolute need to focus on 'people first'; with a strong focus on colleagues who work in the Trust. We are clear that only by doing this can we together create a culture that supports and shares continuous improvement, learns from mistakes and promotes innovation. There is much evidence that there is a clear link between a happy and contented workforce and improved patient care.

Things are changing in our wider health and social care environment too, including a focus on delivering care as close to home as possible, more collaboration across clinical pathways and a focus on prevention; we need to take all these factors into account when working together to refine and improve how we deliver our services.

The proposed strategy refresh outlines three Trust priorities:

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

Further engagement on this strategic refresh will take place during 2019/20 with the revised Trust strategy being confirmed later in the year.

### **Clinical improvement strategies**

During the first months of 2019, the Trust introduced a programme of work to develop our improvement strategies for each of our clinical areas. A series of engagement events are bringing together frontline clinicians, patients and carers to consider a common purpose for each area and identify ways to improve the services and ensure they can adapt to meet the needs of patients over the coming three to five years.

This programme will form an important part of the Trust's improvement work over the forthcoming year as we continue to look at new and innovative ways to best support those who use our services and work collaboratively with partners across the local healthcare economy.

## **Significant governance and regulatory events during the year**

Over the last three years the Trust has focused on significantly improving its governance processes; we have successfully sustained and embedded this following a comprehensive Governance Improvement Action Plan (GIAP) undertaken during 2016/17. Following this, in May 2017 the Trust was moved into segment 2 of NHS Improvement's Single Oversight Framework, where it has remained to date. This framework groups trusts according to the level of support they need across a number of different criteria. Segment 2, which is the segment that the vast majority of NHS providers are in, confirms there are no significant concerns with the Trust.

### **Comprehensive CQC inspection**

The Trust received a formal comprehensive inspection from the CQC between May - June 2018, with a report published on 27 September. The Trust's overall rating remained 'requires improvement'.

The report reflected significant progress, with improvements recognised across the majority of services since the last CQC inspection in 2016. On the whole our results improved, with eight service areas moving from 'requires improvement' to 'good'. The Trust's organisation-wide ratings across each domain remained consistent, despite the improvements noted within each area. The one exception was the 'well led' domain, which increased to 'requires improvement'.

A warning notice was put in place during the inspection, regarding the completion and recording of timely patient observations. The CQC re-visited the Trust in August 2018 to review progress in this area and reported that they were pleased with our responsiveness and the new hand-held devices that had been introduced, in addition to policy and practice adherence. A further visit in September confirmed that the CQC was satisfied the Trust had taken appropriate measures and the warning notice was lifted.

The report reflected important improvements including our work focused on equality and diversity, and the knowledge our staff have of the Mental Health Act, Mental Capacity Act and recording of capacity and consent. It also reflected good discharge planning, an increase in compliments and a good complaints management system.

Colleagues also shared with inspectors that they felt increasingly better respected, supported and valued in the Trust. The report highlighted that staff were familiar with and supported the ethos of our refreshed vision and values and that there had been significant improvement in the stability of the Trust Board.

However, the Trust's acute mental health services received a lower rating in 2018 than in previous inspections. Following feedback from the CQC, the Trust committed to increase its pace in implementing improvements across our inpatient services. Feedback from the inspection highlighted a particular requirement to focus on leadership across our acute services. The Trust has placed considerable focus on providing support and improvement to acute inpatient services through the Urgent Care Improvement Plan. Progress against the plan is reported regularly to Trust Board, outlining the interventions and effectiveness of this programme and the positive impact that has been seen as a result of leadership support and role-modelling. Our priority is now on embedding changes into practice. Local leadership presence and oversight has been strengthened, allowing direct senior management input to step back, encouraging ownership and sustainability. We continue to support pace and focus through work towards the Royal College of Psychiatry assessment, with a May 2019 target date to attain this.

Further visits were made by the CQC in December 2018 and commissioners in NHS Involvement in January 2019 acknowledged progress had been made in this area. The CQC undertook a further formal follow-up inspection visit in March 2019. The draft report found that whilst the Trust's acute services had made some improvements, not enough progress had been made. The overall Trust rating of 'requires improvement' remains in place.

### **Changes to the Board of Directors**

Gareth Harry commenced in post as substantive Director of Business Improvement and Transformation (a non-voting Director role) on 1 June 2018, following the departure of Lynn Wilmott-Shepherd, Interim Director of Strategic Development.

Samantha Harrison, Director of Corporate Affairs and Trust Secretary left the Trust on 31 March 2019.

Details of the Trust's Board of Directors are outlined in full in the Directors' Report.

### **Going concern disclosure**

The Trust accounts at page 213 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 Trust's performance is monitored using a series of online dashboards which update every night, giving an almost real-time picture of performance. An integrated performance report is provided to the Trust Board every month to provide greater understanding of issues impacting on performance (including workforce, finance, operational delivery and quality performance) and to provide assurance of actions being taken to mitigate these issues. In addition, each operational division undertakes an Executive Director-led performance review every two months.

The Trust also periodically undertakes benchmarking to review its performance compared with other similar organisations. This provides a more rounded view of performance in the context of the wider health system.

For example, although our funded clinical staffing levels are low per 100,000 population in comparison with other organisations, we are still managing to perform well against the annual CPA (Care Programme Approach) review target. The Trust achieved 96% compliance with completing annual CPA reviews, which placed us in the upper quartile when compared with other Trusts nationally. Compliance rates nationally ranged from 2% to 100%. At 14%, the Trust's proportion of patients on CPA was slightly below that national average of 17%.

### Performance monitoring

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, quality and workforce performance. Further information on the Trust's workforce is also outlined in the Staff Report on pages 99-117 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) were introduced across each of the Trust's divisions (Campus, Neighbourhood, Children's and Central Services) during 2017/18 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. They 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.

Operational and clinical staff from each division present regular performance and quality presentations to senior managers, enabling a full review, with healthy interactive discussion. This provides an opportunity for focused, detailed review, positive challenge and the opportunity to seek additional corporate support in resolving challenges.

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 an integrated 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. Personal service user or carer experiences are also regularly presented to the Trust Board. 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 – from 1 April 2019 part of the combined NHS Derby and Derbyshire CCG) 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).

Discussion of key risks and how they are managed by the Trust is outlined in the Annual Governance Statement, on pages 125-138 of this Annual Report.

### **Cubley Court takes residents to the seaside – in Derby!**

Trust staff at the Cubley Court dementia unit in Derby threw a seaside-themed party in July 2018 for residents and their carers.



Staff dressed up, posed alongside seaside cardboard cut-outs and there was a mini-beach, music, donkeys, an ice cream van, seaside games and even fish and chips prepared by the Trust's catering team (see pictures).



For the Cubley Court residents it brought back lots of happy memories. One carer said: "I haven't seen my uncle so happy for years. It's brought him back to me. I'm thrilled."

## Key themes in Trust performance 2018/19

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

We continue to experience a high level of acute inpatient admissions which leads to us regularly seek out of area beds. We are aware that this can be a challenging experience for patients who are placed long distances away from families and that this is not conducive to positive recovery. We have a number of initiatives in development that we anticipate will contribute to reducing the number of out of area beds we use over the next year.

We are also introducing the Royal College of Psychiatry inpatient standards across all our acute wards to help to benchmark and improve the care we provide.

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

## Operational performance summary

In 2018/19 the Trust performed strongly against the majority of performance measures, despite experiencing a number of challenges throughout the year. The national shortage of nursing and medical staff continues to impact on vacancies and capacity, which affects waiting lists and length of stay. A high level of demand for beds throughout the year resulted in a number of out of area placements. The Trust is continuing to work on reducing out of area acute bed usage in order to provide care closer to home.

There is currently no local provision for inpatient psychiatric intensive care which means patients will continue to be placed out of area for this service. Increasing demand for community services has also placed pressure on our mental health teams - both on those supporting young people and those supporting adults and older adults – and on children's community services.

The Trust has been working on reducing the time taken to be seen by community paediatrics and, while significant progress has been made this financial year, further work will be required in 2019/20 in order to reduce waits to an acceptable level. Despite the pressures faced, the Trust continues to achieve all the NHS Improvement Single Oversight Framework targets (see below).

Derbyshire Healthcare measures its performance using a range of indicators, both those prescribed by NHS Improvement in the Single Oversight Framework and those agreed locally which form part of the Trust's contracts with our commissioners. The key performance measures are as follows:

### a) NHS Improvement Single Oversight Framework targets

As a Foundation Trust we are required to comply with the targets set out in the NHSI Single Oversight Framework (SOF). The SOF sets out how NHSI oversee NHS trusts and NHS foundation trusts, using one consistent approach. It helps them to determine the type and level of support that Trusts need to meet these requirements. This financial year all NHSI targets have been achieved as illustrated below:

NHS I Targets - Single Oversight Framework	Target	Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18	
CPA 7 Day Follow Up	95%	47	100%	52	96%	54	100%	63	94%	49	100%	60	95%
Data Quality Maturity Index (DQMI) - MHSDS Data Score	95%	23,612	97%	23,822	97%	23,831	97%	24,157	97%	24,137	97%	23,811	97%
IAPT Referral to Treatment within 18 weeks	95%	670	100%	713	100%	683	100%	705	100%	681	100%	693	100%
IAPT Referral to Treatment within 6 weeks	75%	670	95%	713	96%	683	97%	705	96%	681	98%	693	97%
EIP RTT Within 14 Days - Complete	53%	19	100%	30	83%	21	86%	25	84%	29	86%	20	85%
EIP RTT Within 14 Days - Incomplete	53%	15	93%	11	73%	11	82%	17	94%	10	80%	11	91%
Patients Open to Trust In Employment	N/A	23,613	11%	23,822	11%	23,831	11%	24,157	11%	24,137	11%	23,811	11%
Patients Open to Trust In Settled Accommodation	N/A	23,613	64%	23,822	63%	23,831	63%	24,157	62%	24,137	62%	23,811	62%
Under 16 Admissions To Adult Inpatient Facilities	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
IAPT People Completing Treatment Who Move To Recovery	50%	652	55%	682	54%	659	59%	679	60%	650	53%	664	50%
Out of Area - Number of Patients Non PICU	N/A	11	N/A	8	N/A	13	N/A	13	N/A	22	N/A	25	N/A
Out of Area - Number of Patients PICU	N/A	23	N/A	26	N/A	24	N/A	13	N/A	14	N/A	16	N/A
Out of Area - Average Per Day Non PICU	N/A	4.5	N/A	4.0	N/A	6.2	N/A	6.2	N/A	15.4	N/A	13.4	N/A
Out of Area - Average Per Day PICU	N/A	14.1	N/A	15.6	N/A	14.2	N/A	7.9	N/A	8.1	N/A	9.1	N/A

	Target	Oct-18		Nov-18		Dec-18		Jan-19		Feb-19		Mar-19	
<b>NHS I Targets - Single Oversight Framework</b>													
CPA 7 Day Follow Up	95%	77	97%	75	97%	64	91%	69	99%	58	97%	61	97%
Data Quality Maturity Index (DQMI) - MHSDS Data Score	95%	24,321	97%	23,993	97%	23,806	97%	24,108	97%	23,926	97%	24,043	96%
IAPT Referral to Treatment within 18 weeks	95%	722	100%	814	100%	574	100%	764	100%	624	100%	699	100%
IAPT Referral to Treatment within 6 weeks	75%	722	98%	814	98%	574	98%	764	97%	624	98%	699	97%
EIP RTT Within 14 Days - Complete	53%	29	90%	16	88%	20	90%	27	74%	17	94%	16	100%
EIP RTT Within 14 Days - Incomplete	53%	14	86%	13	85%	16	81%	10	80%	9	100%	15	93%
Patients Open to Trust In Employment	N/A	24,321	10%	23,993	11%	23,806	11%	24,108	10%	23,926	10%	24,043	10%
Patients Open to Trust In Settled Accommodation	N/A	24,321	61%	23,993	61%	23,806	61%	24,108	60%	23,926	59%	24,043	58%
Under 16 Admissions To Adult Inpatient Facilities	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
IAPT People Completing Treatment Who Move To Recovery	50%	687	55%	774	55%	539	51%	734	51%	602	57%	665	55%
Out of Area - Number of Patients Non PICU	N/A	24	N/A	20	N/A	13	N/A	20	N/A	19	N/A	21	N/A
Out of Area - Number of Patients PICU	N/A	19	N/A	17	N/A	17	N/A	23	N/A	24	N/A	27	N/A
Out of Area - Average Per Day Non PICU	N/A	15.0	N/A	10.0	N/A	6.8	N/A	6.7	N/A	7.3	N/A	10.0	N/A
Out of Area - Average Per Day PICU	N/A	10.3	N/A	7.7	N/A	9.2	N/A	11.8	N/A	13.0	N/A	15.3	N/A

A key area for focused improvement work is the provision of out of area acute inpatient beds. This year the Trust has implemented “red to green” which is an inpatient ward approach to assist in ensuring patient needs are met more effectively by eliminating unnecessary delay. This work is ongoing and in the forthcoming year a programme of service enhancements is being planned with the overarching aim of more patients being cared for locally.

### b) Contractual targets

The Trust has a number of targets and performance measures agreed locally with commissioners which form part of our contract, as outlined below. Many of these targets have an underlying clinical rationale, for example seven day follow-up refers to timely contact with patients who have just been discharged from hospital when their clinical risk is known to escalate.

28 day re-admission provides a check that patients are not being discharged prematurely from inpatient (hospital) settings in the course of their recovery. The Trust has recently been audited around management of the 18 week referral to treatment access standard, with positive outcomes and some improvements planned. Whilst we perform well against the current standard, NHS England proposes to improve access which will provide local challenge and review of current systems.

	Target	Apr-18		May-18		Jun-18		Jul-18		Aug-18		Sep-18	
<b>Locally Agreed</b>													
CPA Settled Accommodation	90%	2,759	96%	2,726	97%	2,719	96%	2,698	96%	2,678	96%	2,681	96%
CPA Employment Status	90%	2,759	98%	2,726	98%	2,719	98%	2,698	97%	2,678	97%	2,681	97%
Patients Clustered not Breaching Today	80%	14,668	77%	14,643	76%	14,652	77%	14,672	76%	14,554	76%	14,339	75%
Patients Clustered Regardless of Review Dates	96%	15,716	93%	15,730	93%	15,711	93%	15,767	93%	15,704	93%	15,528	92%
7 Day Follow Up – All Inpatients	95%	104	96%	112	94%	101	98%	110	95%	103	97%	115	96%
Ethnicity Coding	90%	23,612	94%	23,822	94%	23,831	94%	24,157	94%	24,137	94%	23,811	94%
NHS Number	99%	5,336	100%	10,896	100%	16,397	100%	22,186	100%	27,166	100%	32,653	100%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	2,759	96%	2,726	95%	2,719	96%	2,698	96%	2,678	95%	2,681	95%
Clostridium Difficile Incidents	<=7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Schedule 6 Contract</b>													
Consultant Outpatient Appts Trust Cancellations	5%	4,141	8%	4,617	7%	4,617	12%	4,847	13%	4,095	13%	4,646	13%
Consultant Outpatient Appointments DNAs	15%	2,820	16%	3,215	16%	3,077	18%	3,068	16%	2,631	17%	2,955	16%
Under 18 Admissions To Adult Inpatient Facilities	0%	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Outpatient Letters Sent in 10 Working Days	90%	2,731	90%	2,919	89%	2,799	87%	2,824	85%	2,486	87%	2,688	86%
Outpatient Letters Sent in 15 Working Days	95%	2,731	93%	2,919	93%	2,799	91%	2,824	91%	2,486	92%	2,688	91%
Inpatient 28 Day Readmissions	10%	122	8%	127	12%	115	6%	120	3%	120	3%	123	6%
MRSA - Blood Stream Infection	0%	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Mixed Sex Accommodation Breaches	0%	0	N/A	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A
Discharge Email Sent in 24 Hours	98%	122	80%	127	72%	115	75%	120	70%	120	83%	123	83%
Delayed Transfers of Care	0.8%	397	0.84%	414	2.1%	398	2.5%	400	1.9%	407	1.6%	396	0.83%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	295	95%	293	94%	281	95%	294	95%	325	93%	320	95%



Locally Agreed	Target	Oct-18		Nov-18		Dec-18		Jan-19		Feb-19		Mar-19	
CPA Settled Accommodation	90%	2,679	96%	2,659	96%	2,615	95%	2,630	95%	2,617	95%	2,602	94%
CPA Employment Status	90%	2,679	97%	2,659	97%	2,615	97%	2,630	97%	2,617	96%	2,602	96%
Patients Clustered not Breaching Today	80%	14,427	73%	14,270	72%	14,073	71%	14,212	71%	14,008	72%	13,971	74%
Patients Clustered Regardless of Review Dates	96%	15,729	92%	15,681	91%	15,451	91%	15,655	91%	15,498	90%	15,417	91%
7 Day Follow Up – All Inpatients	95%	113	97%	121	97%	103	94%	127	97%	93	97%	107	98%
Ethnicity Coding	90%	24,321	93%	23,993	92%	23,806	92%	24,108	91%	23,926	91%	24,043	89%
NHS Number	99%	39,054	100%	44,747	100%	49,036	100%	55,012	100%	60,407	100%	65,895	100%
CPA Review in last 12 Months (on CPA > 12 Months)	95%	2,679	97%	2,659	96%	2,615	97%	2,630	96%	2,617	95%	2,602	95%
Clostridium Difficile Incidents	<=7	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
18 Week RTT Greater Than 52 weeks	0	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
<b>Schedule 6 Contract</b>													
Consultant Outpatient Appts Trust Cancellations	5%	5,233	7.36%	4,645	11.67%	3,515	9.27%	4,866	12.95%	4,489	15.99%	4,679	12.67%
Consultant Outpatient Appointments DNAs	15%	3,623	15.52%	3,050	15.85%	2,281	16.96%	3,172	16.56%	2,837	15.69%	3,014	15.96%
Under 18 Admissions To Adult Inpatient Facilities	0%	0	N/A	0	N/A	1	N/A	0	N/A	0	N/A	0	N/A
Outpatient Letters Sent in 10 Working Days	90%	3,093	85.32%	2,711	86.24%	2,076	85.55%	2,837	91.51%	2,517	91.42%	2,408	92.34%
Outpatient Letters Sent in 15 Working Days	95%	3,093	92.73%	2,711	91.11%	2,076	92.77%	2,837	95.73%	2,517	94.68%	2,408	97.30%
Inpatient 28 Day Readmissions	10%	128	7.81%	131	3.82%	115	9.57%	142	4.93%	109	4.59%	118	3.39%
MRSA - Blood Stream Infection	0%	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Mixed Sex Accommodation Breaches	0%	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
Discharge Email Sent in 24 Hours	98%	128	82.81%	131	76.34%	115	86.09%	142	87.32%	109	92.66%	118	94.92%
Delayed Transfers of Care	0.8%	404	0.01%	403	0.3%	386	0.7%	423	1.0%	365	1.2%	379	2.0%
18 Week RTT Less Than 18 Weeks - Incomplete	92%	275	93%	264	96%	287	93%	274	95%	302	96%	331	96%

## Health visiting

The performance of our health visiting service 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 against the two coverage targets, which relate to babies being seen and their breastfeeding status being reviewed at key intervals. On occasion the 100% target has been exceeded. This is a result of infants being brought into Derby city for the checks from out of area.



## Quality performance

Our clinical and operational performance has been solid over the past year, with further information outlining how our care metrics have been achieved outlined within our Quality Report.

This year has been a year of new ideas and developments. It has included the opening of a new Community Forensic service, the implementation of a Dementia Rapid Response Team for the north of the county and a redesigned Kedleston Unit, with significant investment in this building to fully comply with building standards.

Child and Adolescent Mental Health Services (CAMHS) have implemented a care pathway model and aligned staff more closely to clinical pathways. The highlight for our Complex Children's Health service this year has been winning a Health Service Journal award for their innovative and collaborative partnership approach to QB (Quantitative Behaviour) testing, a way of assessing the core symptoms of attention deficit hyperactivity disorder (ADHD). In December 2018, our children's services also introduced STAMP (Supporting Treatment and Appropriate Medication in Paediatrics) and we expect to see this clinical quality improvement to continue to flourish in 2019.

Learning Disabilities services have continued to be redesigned to a new model of team design and a refined focus. Implementing the learning disability and autism improvement standards are key to our future clinical improvements and are core to our future success in these services. To help with this, we have the excellent support of our experts by experience: employees who have showcased their talents to implement the project STOMP – stopping over medication of people with a learning disability, autism or both with psychotropic medicines (STOMP). This is a national project involving many different organisations that are helping to stop the over use of these medicines, and helping people to stay well and have a good quality of life.

A new service model for substance misuse care in Derby city commenced on 1 April 2018. The new service offers a stronger focus on recovery – for example, the Drink Down group helps individuals to take control of their alcohol dependence, and offers a proactive approach to individuals who are rough sleeping and have dependence needs, reaching out to help them gain the confidence to seek help.

The consortium continues to grow its psychological education programme and has seen significant increases in activity and life-changing outcomes for people in their care. Its approach to identifying high risk individuals according to their physical healthcare profile is a contemporary and positive approach to risk profiling. This has been coupled with active work with primary care to share records, improving the speed of communication. This improved responsiveness and effectiveness should have clear benefits for the safety of our population.

The Trust is proud to remain the main provider of drug and alcohol services in the city and county. These partnership services are demonstrating benefits in quality improvement, through innovative work such as community developments in Ilkeston (in partnership with the County Council) to reinvigorate a listed building and its surrounding green space, and research into helping people return to employment. There has also been improvement in family inclusive practice through the Community Reinforcement Approach and Family Training (CRAFT) model, which supports families at the difficult stage when their loved ones do not wish to access help for their alcohol-related health conditions.

Our approach to improving quality performance has focused on embedding our learning following the 2018 CQC inspection, to develop sustained quality improvements across a range of areas. We have continued to oversee and progress the Trust's action plan, and some of the key areas of sustained focus have been:

- Executive leadership from our Medical Director in embedding and assuring our approach to the Mental Capacity Act, how we assess the quality of assessments of mental capacity and how we are embedding our learning in this area in our inpatient settings
- Executive leadership from our Medical Director with regards to our implementation of the Mental Health Act revisions, embedding our learning in this area
- Executive leadership from our Medical Director in our compliance with physical healthcare standards
- Executive leadership from our Chief Operating Officer ensuring that supervision and appraisals are undertaken and recorded, and working with staff to raise awareness of why supervision is both clinically enabling and restorative
- Executive leadership from our Deputy Chief Executive and Chief Operating Officer (from June 2018) in estates management.

### Trust involvement in national Mental Health Network

Sean Duggan, CEO of the national NHS Confederation Mental Health Network, visited the Trust's services in Derby in September 2018 after Trust Chief Executive Ifti Majid joined the Board of the Network.

The Network is the voice for NHS-funded mental health and learning disability service providers in England, working with government, regulators, opinion formers, media and the wider NHS.

As part of his visit, Sean, with Ifti and Trust Chair Caroline Maley, met senior members of the Trust team.

He heard a presentation about the work of colleagues in Research and Development on the Kingsway Hospital site and viewed the Radbourne Unit, The Beeches and the Kedleston Unit.

*Ifti, Sean and Caroline are pictured with consultant psychiatrist Dr Chinwe Obinwa and senior nurse Rebecca Mace on the Kedleston Unit.*



## 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 commissions an organisation, Quality Health, who also undertake surveys on behalf of the majority of trusts in England. In addition, we take part in the Mental Health Inpatient Survey, again supported by Quality Health.

These national surveys are used to find out about the experience of service users receiving care and treatment from all healthcare organisations and mental healthcare providers. Our results were published on 22 November 2018.

Responses were received from 267 people who received community mental health services from the Trust.

2018 Mental Health Community Service User Survey	Patient response	Compared with other trusts
<b>Planning care</b>	<b>7.0 / 10</b>	<b>About the same</b>
Agreeing care - for having agreed with someone from NHS mental health services what care and services they will receive	5.8 / 10	About the same
Involvement in planning care - for those who have agreed what care and services they will receive, being involved as much as they would like in agreeing this	7.5 / 10	About the same
Personal circumstances - for those who have agreed what care and services they will receive, that this agreement takes into account their personal circumstances	7.5 / 10	About the same
<b>Reviewing care</b>	<b>7.5 / 10</b>	<b>About the same</b>
Care review - for having had a formal meeting with someone from NHS mental health services to discuss how their care is working in the last 12 months	7.2 / 10	About the same
Shared decisions - for those who had had a formal meeting to discuss how their care is working, feeling that decisions were made together by them and the person seen	7.8 / 10	About the same

There was one area where our performance had significantly deteriorated and this was in relation to Individual Placement and Support services, which help people with severe mental illness to find and retain employment. In response to this and due to the significant risks of the current public health funded service being disinvested, we have submitted a joint submission to NHS England for Individual Placement and Support funding. We are optimistic that this bid will be successful in 2019.

A 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 expanded the occupational therapist workforce in 2017/18 by 39%, and in 2018/19 we further revised the model and increased staffing numbers. Previous inpatient survey results referred to a lack of activities available during evenings and weekends. Amongst other outcomes, we are hoping that this area of practice will continue to improve, 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 the Trust's revised approach to inpatient staffing, with a new safer staffing model that encompasses the registered nurses and ward based occupational therapists. In addition we have invested in training new staff in roles such as nursing associates. Our newly qualified nursing associates commenced in March 2019 in a limited

number of areas. They will be given the opportunity to complete their preceptorship and develop as new members of our healthcare workforce.

### Trust psychologist makes national list with book on postnatal depression

A book on postnatal depression by a Trust clinical psychologist appeared in libraries nationwide in June 2018, after being chosen as one of the best books on understanding and managing your mental health.

Michelle Cree's book 'The Compassionate Mind Approach to Postnatal Depression: Using Compassion Focused Therapy to Enhance Mood, Confidence and Bonding' was selected to be part of the Reading Well Books on Prescription scheme after being recommended by health professionals and tried and tested by people with experience of living with the condition.

Reading Well Books on Prescription is a national scheme that helps people to understand and manage their health and wellbeing using self-help reading. The scheme is endorsed by numerous health organisations including the Royal College of Psychiatrists.

Michelle's book was chosen to appear on the mental health list. The book builds on the work that Derbyshire Healthcare has done in recent years on compassion focused therapy.

Michelle (pictured) said: "I was really chuffed as it is people with lived experience who have picked the book; that makes it feel like one of the biggest accolades you can have."



## Performance against quality priorities

Details of our quality priorities for 2018/19 are outlined below. More information on these priorities and associated performance can be found in the Trust's Quality Report, which can be accessed on pages 139 - 212 of this Annual Report.

A summary of key findings are:

### **Priority 1: Physical healthcare**

This continues to be a priority area for the Trust. We are concerned about current gaps in our physical healthcare provision, and an example of our response to this is the recruitment of the 'physical health in mental health' workers to focus on this in our Neighbourhood Teams. Progress with regards to our approach to physical healthcare for those with severe mental ill health can be found below in the Priority 2 section. In other areas of the Trust, we continue to make strong progress with regards to reducing the waiting list to see a speech and language therapist in our learning disabilities service, electro-cardiograms (ECGs) are being implemented within substance misuse services, and monitoring systems are now in place to ensure physical health is monitored at the point of admission to an inpatient ward or crisis service. Our electronic patient record is being reviewed to ensure it supports this work, including the potential of using handheld devices to record food and fluid intake on the wards.

### **Priority 2: Deliver all named specific CQUINs or contractual targets**

Overall progress has been strong in several areas of our Commissioning for Quality and Innovation (CQUIN) performance (see page 76 for full details of our CQUIN targets). Notable areas are the significant reduction in the need for attendance to Accident & Emergency for a cohort of previously high users of this service. Our approach to the CQUIN on transition from children's to adult mental health services has been co-produced with young people and their families, with robust questionnaires developed to gather feedback on their experiences. Equally positive has been our acute mental health inpatient colleagues' approach to assessing and offering interventions around a person's alcohol or tobacco use.

Our staff survey has shown some improvement in the three questions that we are required to report on. Whilst there is still further room for improvement, it is encouraging given the ongoing clinical and staffing pressures of the past year. We continue to perform well on the CQUIN focusing on healthy food for patients. This year the results of our flu vaccination programme resulted in our best immunisation rate to date, but this was still significantly below the CQUIN target rate. A review of our approach for 2019/20 will be undertaken, to learn from best practice across the NHS.

With regards to supporting the broader physical healthcare needs of people with severe mental ill health, this remains an ongoing challenge but with some promising developments. We have recruited into defined 'physical health in mental health' roles in the community teams, and continue to engage our primary care colleagues. Results of the National Clinical Audit of Psychosis will not be available until after the publication of this report, but this will show our progress against a sample of our service user population.

### **Priority 3: Relapse reduction and harm reduction**

Our electronic patient record is being reviewed to ensure that all approaches to relapse reduction and harm reduction can be found in one place. Our Liaison and Crisis teams have now merged to improve gate-keeping into hospital and pathways out of hospital. Within our substance misuse services, this is a core part of care planning. In children's services, a 'health passport' for children over six is currently being trialled.

### **Priority 4: Being effective**

Several National Institute for Health and Care Excellence (NICE) guidelines are being evaluated across all divisions in the Trust to ensure their alignment with NICE best practice. Clinical teams reflected on

their consideration of NICE guidelines and quality standards as part of our 'quality visit' programme this year.

**Priority 5: Quality improvement – using your ideas**

The Trust has a new Quality Improvement Strategy, informed by over 400 comments from staff, people who use our services, carers and members of the public. This has been used as the structure within which to plan the current clinically led strategy development workshops, where ideas and innovations across each clinical area of the Trust are shared in order to develop an improvement strategy for each area (see page 9). Quality Improvement projects are being generated by these workshops, and other projects already underway are recognised within them.

**Dance workshop enriches care at the Radbourne Unit**

Dancer Rosa Cisneros and artist Leila Johnston (pictured right and below) led a workshop with service users in the Hope and Resilience Hub at the Radbourne Unit in Derby in August 2018. Leila was Digital Participatory Artist in Residence at Quad in Derby, working with local people experiencing acute mental health problems.



Working with professional dancer Rosa, the service users learned about and engaged in creative activities. At the workshop, Rosa used movements originated by the inpatients and staff to create a dance sequence which she then performed. Leila used some of the technology, including a 360-degree camera, to film Rosa's dance and shared the film within the workshop.

Leila said: "The participatory workshop was extremely rewarding. Rosa and I felt we learned a lot from the participants, and it was a privilege to spend time with them."

Service users and staff said they found the workshop rewarding and enriching. One service user said: "It was amazing, I could watch it all day. I thought I was in the theatre and it makes me really want to go and watch a ballet performance."

A staff member commented: "QUAD has so much to offer, thank you for giving us a glimpse of what happens behind the scenes."



## **Workforce performance**

The Trust employs 2,586 contracted staff and 228 bank staff, serving a diverse and widespread population across both urban and rural areas of Derbyshire.

Throughout 2018/19 the Trust has been working hard to both support staff across the organisation to improve performance and reduce sickness absence, and to develop and support managers and staff in all aspects of employee relations. The key performance indicators detailed in this report are a measure of the progress which has been made during the year and how systems and processes will be developed over time, to further improve performance across the organisation.

### **Staff turnover**

Staff turnover is a key indicator reported at the Trust Board and monitored on a monthly basis through divisional performance reviews along with other people metrics. It is calculated by dividing the number of leavers for the last 12 months by the average headcount for the same period. A healthy turnover figure for the Trust was agreed 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 2018/2019 was 10.31%. This is slightly lower than last year but remains within target. This KPI has been benchmarked against the average mental health and learning disability trust turnover rate, using NHS iView. The national average for turnover for similar NHS trusts is 11.89% and the regional average is 11.07%. In comparison with other mental health and learning disability trusts across the country, we have a more stable workforce overall.

### **Workforce vacancies**

The Trust has continued to face recruitment challenges during 2018/19, in particular the recruitment and retention of Band 5 and 6 mental health nurses and of a number of consultant medical posts. This is especially critical to be able to ensure safer staffing levels. Our recruitment and retention challenges are typical of the national picture.

As part of our drive to recruit colleagues to the Trust, we have invested in a microsite which gives applicants an opportunity to explore more about the organisation as a place to work, with easy access to all of our vacancies. This has been supported by a targeted and far reaching social media campaign and we have also been working with local communities to encourage people to look at Derbyshire Healthcare as a place to work.

During 2018/19 we recruited 327 new starters and by the year end we have had an increase of 93 staff. Our vacancy rate at the end of this financial year is 8.87% in comparison to 2018 where we had a vacancy rate of 5%. One of the key factors is the increase in retirements across the Trust which numbered 72 at the end of March 2019. As part of the retention strategy, "retire and return" options are being explored with staff, depending on the vacancies at that time, and we continue to encourage this option.

### **Staff attendance**

Staff attendance continues to be a challenge, particularly across our inpatient areas. The annual sickness rate for 2018/19 was 5.90% which is 0.52% higher than the previous year. In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust's highest reason for sickness absence and accounted for 31.93% of all sickness absence during March 2019, followed by surgery at 11.10% and other musculoskeletal issues at 7.84%.

As part of the leadership and development programme that began in February 2019, absence management training has been established as a key module that is mandatory for all leaders to attend. Our health and attendance policy has had some changes agreed and enacted in 2018/2019 but there is further work to be done in supporting managers to support staff and improve attendance.



Throughout the year we have focused on further supporting the health and wellbeing of our staff. Following feedback from our employees, a new wellbeing offer was launched in April 2019. Further details of these changes can be seen in the Staff Report on pages 99-117.

### **Appraisals**

The Trust appraisal target rate is 90% and at March 2019 the completion rate was 75.3%. As part of the leadership and development programme for our leaders, a programme of training using the new appraisal process is being rolled out across the Trust. This will be in line with the pay deal negotiated this year across the NHS. Our appraisal has been strengthened to reflect the Trust's Promise (see page 16) and vision and values.

### **Compulsory training**

The Trust has a compliance target rate of 90% and at March 2019 the compliance rate was at 85.59%. We have concentrated on increasing capacity across a range of training elements and in particular focused on inpatient areas where it is always difficult to release staff. This has had some success and we will continue to target those hot spots areas with increased support and resources to be able to drive up compliance rates.

### **Staff development**

The workforce plan for 2019 sets out the steps the organisation will take to develop its workforce in support of the ambitions of Joined Up Care Derbyshire, the local sustainability and transformation partnership (STP). The underlying principle of the plan is based upon the future health and care needs of the local population and requisite skills needed by the workforce to support patients across the system.

We have established a strategic workforce planning methodology that engages with all services, providing teams with a framework to highlight all the key workforce issues. We are utilising population workforce planning methodology to gain a full understanding of our future workforce requirements across both health and social care at "place based" levels across Derbyshire.

Our staff are at the heart of everything we do, so listening to their ideas and suggestions is important so that we can improve how individuals and teams work together and therefore improve services.

The delivery of the Trust's People Strategy is based on a strong commitment to excellence and on our continued development as an innovative teaching, learning and research based organisation. Ensuring we have the right workforce means that we will have flexible, well-trained, highly motivated, diverse and responsive multi-disciplinary teams. Ensuring we have teams that can be mobilised quickly to meet urgent and planned changes in healthcare needs; targeting the right skills, in the right place, at the right time, for the benefit of our patients.

We recognise the important contribution that the voluntary and community sector make in the delivery of care and the promotion of social value. We will continue to work with our partners in these areas, recognising their contribution to developing a sustainable workforce, developing services in partnership with them and working to explore new opportunities for them to make a difference to the wellbeing of our patients.

The implementation of our plans will require effective leadership to ensure that we are confident in our aspirations; to create coherence across the organisation and wider system and to work effectively with partners to co-create solutions and manage complexity, whilst leading with courage and conviction. Leaders will need support and development to help them rise to this challenge and this will need to be underpinned by effective communications and change management. We have embedded the concept of compassionate leadership, reflecting our values, and this will be further developed as part of our new leadership strategy in 2019/20.

### **Key achievements for 2018/19**

The Trust has reconfigured its governance structure around people. It has a People and Culture Committee and a strategic workforce and engagement group that focuses solely on workforce development. This includes overseeing redesign and development of all our essential training for staff.

Workforce committees have been reconfigured, to maximise efforts and we have reviewed and redesigned our essential learning training programme, making an overall upwards trajectory for mandatory training.

We have continued to expand our internship programme for individuals with a learning disability and have worked collaboratively across the system to develop an integrated support worker apprenticeship role across health and social care. We have also worked closely with Health Education England (HEE) and the local workforce action board to secure workforce development funding. The Trust has worked regionally and nationally as one of a number of apprenticeship 'trailblazers' to develop and enhance our apprenticeship offer. As we develop new services and models of care we will use the apprenticeship levy as a key vehicle to equip our staff with the skills and competencies required, whilst also offering opportunities for career progression

We have maximised access to continued professional development (CPD) funding to meet service delivery and transformation requirements and made full use of this funding, based upon service/business priorities.

In support of the Trust's wider recruitment and retention work, we have run a successful 'return to practice' project, which has resulted in returnees obtaining permanent positions within the Trust. The Trust has also introduced maths and English courses to prepare staff to take up further education and/or qualifications.

Our first cohort of Nurse Associates qualified in January 2019, all of whom acquired jobs within the Trust. This achievement was shortly followed by the first cohort of Nurse Apprenticeships commencing their training in March 2019, with nine staff members successfully having gained a place on the programme.

The Trust continues to be recognised for the quality of practice placements provided for pre-registration students. We are committed to providing a learning environment that supports and enables our workforce to attain the right skills, competence and professional capabilities to deliver excellent care in a challenging and changing environment. We will continue to build upon the good work and seek to extend our placement opportunities over the coming year.

### **Workforce priorities for 2019 /20**

Looking forwards into the new financial year we are looking to develop clear career pathways across our clinical and non-clinical workforce. Internal training provision for non-clinical staff and allied healthcare professionals is being enhanced and we will continue to develop a 'learning organisation' approach to ensure we provide high quality education and placements for trainees and students from all disciplines inclusive of school children, people with a learning disability and those who have experienced a period of unemployment.

A new style induction and essential learning programme commenced in April 2019. The Trust is completing the accreditation process to become an accredited training centre and we are further developing our work experience offer, with the ambition to achieve a quality mark for our work experience programme.

We aim to increase awareness amongst our workforce of the principles of using a public health approach to the delivery of care and to create capacity and capability to allow them to fully engage with this approach by embedding health coaching and other public health approaches. We will also be enhancing physical healthcare skills amongst the workforce to enhance care delivery.

We will continue to work with HEE and higher education institutes to increase the range of pre-registration training available for local people, including part time/flexible routes into registered professions. We have plans to review available learning and development funds to implement innovative training solutions to meet workforce development needs, given the significant reduction in health education funding.

We will support our staff to work more efficiently through an enhanced use of technology to deliver learning and development. This will include the use of online training materials, bespoke e-learning and interactive distance learning – for example via tools such as WebEx, Skype and podcasts and through access to virtual library services

The Trust's mentorship model is to be reviewed and we will continue to strengthen our relationship with education providers to meet learning and development requirements and offer high quality student placements to attract new recruits. In addition, we will continue to develop apprenticeship opportunities that assist in the development of new workforce models, to meet the Government public sector target of 2.3%. We look forward to continuing to work with partners to develop new apprenticeship standards and, where successful, take part in relevant initiatives for apprenticeship 'trailblazers'.

We will be seeking new funding streams to support CPD (continued professional development) activity and supporting services to develop new workforce roles to meet emerging care models. A priority is to develop new roles to meet the changing priorities for our medical workforce, such as clinical associate psychologists, advanced clinical practitioners and physician associates.

Work will continue to align ESR (Electronic Staff Record) competencies for roles and we will focus on further developing and embedding our revised wellbeing offer to colleagues, to ensure people have access to a range of new support mechanisms. You can read more about these developments in the Staff Report on pages 99-117.

The Trust is committed to reducing its gender pay gap and is actively seeking to progress in this work in the years ahead. In order to support our work in this area we have applied to be part of a research programme, run by the Government Equalities Office and the Behavioural Insights Team, to improve gender equality in the workplace. The Trust's Deputy Chief Executive, Claire Wright, has been identified as the executive lead for women, as part of our wider equalities work. Claire has launched a programme to actively seeking views from staff about what it is like being a woman working for the Trust, in addition to wider conversations about the gender pay gap and related issues including clinical excellence awards amongst our consultant body.

### **Leadership development programme**

The Trust recently launched a new leadership and management strategy, which has a range of programmes to build both our leadership and management skills across the Trust. The strategy focuses on providing assurance that we have an offer in place across the Trust to develop leaders who can role model compassionate, inclusive and collaborative behaviours for improvement. All staff who lead people and services have or will be attending a half-day leadership masterclass.

Our development programme provides an opportunity for Trust leaders and managers to learn about leadership and management, to understand the Trust's vision, values and leadership expectations and to test out leadership challenges and explore what support is needed. The Team Derbyshire Healthcare Promise (see page 16) is also integral to all these conversations.

Following this training, leaders are then invited to a number of management masterclasses such as health and attendance management, disciplinary and investigation training, performance management training, courageous conversations, recruitment and selection and appraisal training.

### **Tackling bullying and harassment in the workplace**

At the end of 2018 a series of workshops was launched, designed to foster an environment that is free from bullying and harassment. Following this, a further set of workshops have invited colleagues from

across the organisation to shape the response and develop a robust response to bullying and harassment.

Feedback from these sessions will further develop the Trust's Dignity at Work Policy and the resources around this. The Trust is committed to tackling any instances of bullying, harassment or intimidation and to support all staff who raise concerns.

**For more details about the Trust's focus on its employees, please see the Staff Report on pages 99-117 of this Annual Report.**

### Trust commits to Dying to Work Charter

In June 2018 the Trust added its name to the Dying to Work Charter, aimed at helping employees who become terminally ill at work.

Ifti Majid, Chief Executive, said: "We are pleased to confirm the Trust's support for the Dying to Work charter. As an NHS employer, the Trust is committed to supporting any colleague who becomes terminally ill. Through signing the charter we hope to raise greater awareness of this



initiative across our workforce, partner agencies and local communities. We also seek to ensure we are doing all we can to support any colleague who receives a terminal diagnosis while working for the Trust."

MP Pauline Latham said: "I am delighted that Derbyshire Healthcare NHS Foundation Trust has committed to the Dying to Work Charter. My constituent Jacci Woodcock's ongoing work on this campaign has been inspirational. I admire her great dignity and determination."

The Charter is part of the TUC's wider Dying to Work campaign which is seeking greater security for terminally ill workers where they cannot be dismissed as a result of their condition.

Dying to Work was taken forward by the TUC following the case of Jacci Woodcock, an area sales manager from Derbyshire who was forced out of her job three years ago after being diagnosed with terminal breast cancer.

*Pictured at the signing of the charter are (from left) MP Pauline Latham, Trust Staff-side Chair Lee Fretwell, Trust Chair Caroline Maley, Jacci Woodcock, Trust Chief Executive Ifti Majid, TUC Policy and Campaigns Officer Rob Johnston.*

## Equality Report

This year we have made a significant impact in achieving our goal to be positively inclusive and facilitate a culture where everyone can thrive. We have focused our efforts on genuinely engaging and building three diverse colleague networks; for BME and LGBT+ colleagues and colleagues with a disability. Executive sponsors have been identified for each of the networks to champion and support the networks.

We have revitalised our inclusion and human rights approach and aligned it to the refreshed Trust values, so that everyone has the opportunity to be the best they can be.

During 2018/19 the Trust experienced the following highlights:



### **Inclusive and compassionate leadership**

On 2 November 2018, leaders working across the Trust's services were invited to attend an inclusive and compassionate leadership workshop with guest speaker, Rasheed Ogunlaru. The workshop included group tasks around the themes of consciousness, compassion, commitment, progress, mindfulness and action steps.

### **Board development - unconscious bias**

In March 2019 the Trust's Board of Directors had the opportunity to participate in an experiential learning opportunity focusing on unconscious bias. The Board was joined by colleagues from our three staff networks, enabling impactful and challenging conversations.

### **Reverse mentoring**

Throughout the year, the Trust has successfully implemented and celebrated the Reverse Mentoring for Equality, Diversity and Inclusion (ReMEDl) scheme, in partnership with the University of Nottingham.

The project aims to promote and educate leaders about issues relating to diversity, equality and inclusion. It supports an understanding of equality that will enable leaders to influence meaningful understanding, engagement and change within the Trust regarding the experiences of staff from different groups. The scheme has seen members of the Trust's Executive Leadership Team paired up with BAME (Black, Asian and Minority Ethnic) mentors from within the Trust, with whom they have had regular meetings over a six month period.



In February a celebration event was held for the Reverse Mentoring scheme, where mentors presented their mentees with certificates to commemorate the occasion (pictured above). The mentors were presented with certificates in return.

Going forwards the Reverse Mentor steering group will start planning the next programme, which may involve having two cohorts running simultaneously, one with mentors from the BAME community and one with mentors from wider equality strands, such as disability and sexual orientation.

Mentor Tray Davidson, Youth and Community Worker for Derbyshire Early Intervention in Psychosis Service, said: "I feel that the programme has given me more confidence in allowing me to 'speak my truth' when meeting up on cultural and diverse issues that are very close to our hearts. Finding possible solutions to make our working environment more inclusive will have a positive impact on the people that use our services."

## Inclusive leadership

Claire Wright, Deputy Chief Executive and Director of Finance has been involved in several diversity projects this year, including the national Future Focused Finance (FFF) event to launch their Diversity Workstream. FFF is a national initiative to enable NHS finance professionals to influence decision making in support of high-quality patient services. Their Diversity workstream is an important aspect in ensuring that finance teams identify, nurture and support talented individuals from all backgrounds. The day outlined the plans, targets and ambitions for the programme and included presentations on data related to equality, diversity and inclusion, which showed that there is a lot of work to do to make sure that finance functions (and all of our NHS services and teams) are as diverse as they should be.



Claire Wright and June Sarpong, the keynote speaker at the diversity event for FFF.

Claire highlighted the need to focus on all areas of diversity and protected characteristics in her speech at the event, and also stressed the importance of addressing the broader issues related to equality, diversity and inclusion, as well as keeping a sharp focus on individuals and communities. Also an LGBT+ Champion at the Trust, Claire shared some of the work being done for LGBT+ inclusion, including the recent conference, staff network and wider LGBT+ promotion in the Trust.

Claire also shared some insight into the Trust's Reverse Mentoring programme, run in conjunction with the University of Nottingham. As a mentee, Claire shared her perspectives on what she had learned from her BME mentor and the next steps for the programme. The purpose of the programme is to promote awareness of equality and to be able to influence meaningful understanding of lived experience of our staff from different groups. The programme was encapsulated in a case study for the FFF website, where the reverse mentors and mentees shared their experiences of the scheme.

Claire has been featured in the national 'Healthcare Finance' magazine twice; in September 2018 talking about the LGBT+ conference and again in December 2018 with the diversity article, where they focused on her speech at the diversity event and on the Trust's work on LGBT+ inclusion and the Reverse Mentoring programme.

## Transgender Day of Remembrance

The Trust marked the Transgender Day of Remembrance in November; observed annually to remember those whose lives have been lost in acts of anti-transgender violence.

Members of the Trust Executive Leadership Team joined colleagues to mark the day by displaying the flag of the transgender community at the Trust's headquarters in Derby (pictured right).



## Equality Delivery System 2

The Equality Delivery System (EDS) is a national equality improvement toolkit designed to help local NHS organisations, in discussion with local stakeholders, to review and improve their performance for patients, communities and staff in respect to all nine characteristics protected by the Equality Act 2010.

An EDS review of the Trust's children's services was held in November 2018, demonstrating our commitment to continuous improvement in delivering an inclusive service and providing evidence that we have listened and acted on the recommendations of the community.

The follow-up grading from this review and feedback has been positive and demonstrated that staff and members of the community think the progress made by the service is 'very good'.

### **Improving mental health services for Black and Minority Ethnic People Scheme**

Throughout the year the Trust's work on reverse commissioning continued, engaging via an asset based approach to tap into the expertise and knowledge of our local BAME communities to help us focus on addressing local ethnic health inequalities.

### **Disability Confident Leader**

The focus of this national scheme is to ensure that disabled people and those with long term health conditions have the opportunities to fulfil their potential and realise their aspirations as employees within the Trust. For more information please see page 105 of the Staff Report.

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

- Annual Workforce Race Equality Submission to NHS England
- Annual Public Sector Equality Duty Report (understanding our service users and workforce diversity)
- Gender Pay Gap Report – published on in March 2018 and 2019
- We have started to prepare for Workforce Disability Equality Standard.



### **Developing our colleague networks**

Throughout the year the Trust has supported the revamp and introduction of a number of staff networks, to support and outline our commitment to colleagues in respect of our REGARDS (Race and Ethnicity, Economic and Social Disadvantage, Gender, Age, Religion, Belief and Spirituality, Disability, Sexual Orientation) characteristics. Each of the networks is supported by an Executive Director, as lead sponsor.

- **BME Colleague Network**

The BME Network has been growing over the course of the year. The network has welcomed many guest speakers to inform members on organisational progress related to issues raised in the network. These include presentations about recruitment and progression to discuss the need for diversity on recruitment panels, a report by the Employee Relations team on dignity at work, disciplinary and grievance policies and how changes can be implemented. The BME Network is currently planning a BME Conference on 25 September 2019, which will include reviewing the Workforce Race Equality Standard metrics and holding the Trust to account in closing the gaps. The Reverse Mentoring programme, conducted in conjunction with the University of Nottingham, was a

highlight of the network’s year with seven members of the BME Network mentoring Executive Directors.

- LGBT+ Network**

The LGBT+ Network is growing and constantly recruiting new members. The network has been active in organising promotional materials including lanyards and banners printed with the rainbow flag for use at induction, Pride and other events to promote LGBT+ inclusion among staff, patients and service users. The network held its first ever LGBT+ mini conference called ‘Alliances for solidarity - LGBT+’ in May 2018. A further LGBT+ conference is scheduled for June 2019, with a workshop and presentation planned by the Chair and Vice-Chair on health and wellbeing.

- Disability and Wellness Network:**

The Disability and Wellness Network was set up in November 2018 and welcomes new members to every meeting. The network is currently working with the Trust’s health and wellbeing team on relaunching the Wellness Recovery Action Plan for staff, which will then be cascaded to managers either through appraisals, supervisions or one-to-one meetings. The network is also looking at ways to encourage people to declare disabilities on our Electronic Staff Record (ESR) and to further promote the group – including with new members of staff at Trust induction. The network is working with the Trust to complete the Workforce Disability Equality Standard, to help us make a difference to disabled staff and ensure that all receive reasonable adjustment.

*“Joining the Disability and Wellness staff network group and meeting fellow members has shown me that I am not alone and that even with a disability I am still capable and important, which has empowered me to make a difference. This has enabled me to become Vice Chair of the group, to champion our members and to help promote Trust-wide change in our approach to equality, diversity and inclusivity. I am proud to work for DHCFT and to be able to be a part of this important work.”*

Amy Williams, Vice-Chair



Further information about our approach to equality, diversity, inclusion and human rights can be found on our website at: [www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)





## Trust Chief Executive strengthens voice of BAME colleagues

Trust Chief Executive Ifti Majid has been active over the last year in roles aimed at strengthening the voice of BAME (Black, Asian and Minority Ethnic) colleagues in the NHS.

This has included high-profile roles such as being named in March 2019 as co-chair of a new network launched by the NHS Confederation to help BAME leaders in England be heard and support health and care organisations to meet the needs of all communities. Ifti also spoke at the Confederation's conference in March 2019, giving a Provider CEO view on Brexit, with a focus on inclusion and diversity.



In July 2018, the NHS launched a recruitment drive run by NHS England and the Department of Health and Social Care, reaching out to South Asian communities to highlight the range of opportunities available in the NHS, and Ifti was one of its spokespeople.

He said at the time: "I am delighted to support this recruitment campaign. I've worked as a mental health nurse in the NHS, and I know from personal experience the many benefits of a varied approach to mental healthcare delivered by people who really understand different cultures.

"I know that in some South Asian communities there can still be stigma around mental health issues and the presence of health professionals from a similar background can make all the difference to people seeking help and support."

In September 2018 Ifti took part in a podcast series as one of six inspiring leaders who explored their experiences of leadership as BAME individuals. The podcasts were brought together by the NHS Confederation Mental Health Network; that same month Ifti was announced as joining the Network's Board.

The series was featured in a Health Service Journal article about pioneering black and minority ethnic leaders within the NHS. Ifti was quoted as saying: "Something I wondered in my early career is 'where are those role models? Where do I look up there and see people like me?'"

And in October 2018 Ifti spoke out after an NHS ethnicity pay analysis revealed ethnicity pay gaps within the NHS, most starkly among senior, non-clinical managers.

He said: "The work of trusts and the Government for stronger BAME equality across the NHS is not just important for staff, but also has a key role to play for patients and the commissioning of services.

"Those moving up the career ladder should have role models to aspire to, demonstrating there are no barriers to their progression, but similarly patients should be able to receive healthcare that is delivered by those who understand them and their communities. This will achieve greater representation for the BAME population on all sides of the NHS."

*Pictured – Ifti Majid, Chief Executive speaks at a national conference on the Trust's introduction of the BME reverse mentoring scheme.*

## **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.

The Trust has a zero-tolerance approach to modern slavery and is fully committed to preventing slavery and human trafficking in our corporate activities. We are 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.

Learning and development provided by Derbyshire Safeguarding Children Board (DSCB) and the Trust's internal training programme cover these issues. Guidance on reporting modern slavery is also available on both the Children and Adult Safeguarding Board websites, the Trust's intranet and staff are able to seek advice and supervision as necessary.

In 2018/19 we have continued to work collaboratively with partners in the multi-agency safeguarding hub to ensure initial reports of modern slavery and trafficking are processed to provide a co-ordinated and consistent response to the individual or individuals at risk.

We continue to support criminal investigations into modern slavery, providing staff in and out of office hours to support adults and children who are allegedly involved or connected to criminal activity associated with modern slavery and trafficking. Our staff will continue to support partners with their endeavours and the issues remain high on the safeguarding agenda for both adults and children.



## Financial performance

The Trust's financial performance for the year has been strong. We met our control total despite continuing pressures both locally and nationally and as a result we received additional Provider Sustainability Fund (PSF) income from NHS Improvement which further increased our surplus. 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 2018/19 the Trust set a financial plan in line with NHSI requirements to deliver a control total surplus of £2.331m excluding impairments (including sustainability funding of £1.117m).

The actual control total surplus achieved was £3.8m. The surplus is shown on page 223 in the statement of comprehensive income.

	Plan	Actual	Variance
	£000	£000	£000
<b>Control Total Surplus / (Deficit)</b>	<b>2,331</b>	<b>2,335</b>	<b>4</b>
Additional PSF bonus		1,430	1,430
<b>Surplus / (Deficit) reported in accounts</b>	<b>2,331</b>	<b>3,765</b>	<b>1,434</b>

+ 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 123 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, 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 224). 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 238.

Although we achieved cost improvement savings of £4.5m, we did so with a mixture of ongoing and one-off savings. £3m of the savings were one-off in nature which means the amounts saved will need to be found again in 2019/20.

Another important measure is our performance against our capital expenditure plan. We spent £4.7m against a plan of £3.6m. £1.0m 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 Provider Digitalisation programme and 2020 WiFi Secondary Care programme.

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.

Our financial performance benchmarks well with profitability being a strength. In addition, we have built strong cash reserves and liquidity measures are strong. Liquidity is important for financial resilience against unexpected events requiring cash resources, but this must be balanced with ensuring cash is appropriately utilised on capital programme requirements.

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. This review will include considering the best value use of any additional 'bonus' cash we will receive in 2019/20 in support of Trust and clinical strategies.

Looking forward, we will continue to work closely with health and social care partners to deliver the Derbyshire Sustainability and Transformation Partnership priorities (as mentioned on page 83).

We will monitor performance against our operational plan that was submitted to NHSI in March 2019. It is a stretching plan from a financial perspective, for 2019/20 the planned surplus had been set at £1.4m surplus which includes £1.185m Provider Sustainability Fund 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 2018/19.

### **Operation Winter Coat keeping children warm this winter**

No child should be going through the winter without a good, warm winter coat. This was the thought that prompted the Trust's Health Visiting Team to launch Operation Winter Coat in the Autumn of 2018.

The project saw poster appeals and pleas on Facebook asking for the people of Derby to donate outgrown winter coats that would fit children aged from babies to teenagers.

The response was amazing. Facebook posts reached up to 50,000 people and were shared hundreds of times. In total more than 1,500 clean, used and wearable winter coats were donated and passed on to needy families in the inner-city area of Derby served by the Rosehill Health Visiting Team.

Health Visitor Marie White (pictured with some of the coats donated), who organised the appeal, said: "Families in our area cannot afford to provide basic clothing for their children and some children do not attend school during the winter months because they do not have a winter coat to keep them warm. Operation Winter Coat was amazing, and I can only thank everyone who was involved."



## Environmental performance

### Sustainability

The Trust is committed to managing its environmental performance and endeavouring to achieve continuous development in line with current legislation. To achieve this, the Trust considers its environmental performance and sustainability in numerous forms, but is driven by two key Board approved documents; the Estates Strategy and the Sustainable Development Management Plan (SDMP). These documents outline how the Trust will use its resources effectively and efficiently in line with the NHS Sustainable Development Unit guidance, and invest in the future through appropriate technology and estate to enhance long term sustainability and viability.

Key areas of development throughout the year have included:

- Consideration of carbon emissions and managing these in line with national targets
- Use of renewable energy, e.g. solar and photovoltaic (PV)
- Investment in IT solutions, to support agile working
- Responsible waste management
- Corporate embedding of agile working to optimise the estate and reduce the Trust's footprint.

The Trust has continued to reduce its use of floor space, in line with these ambitions:

Context info	2014/15	2015/16	2016/17	2017/18	2018/19
Floor space (m <sup>2</sup> )	50,009	49,314	48,142	46,017	45,464
Number of staff	2,409	2,344	2,292	2,496	2,586

The Trust has also committed further resources to manage its sustainability commitments stated in the SDMP and to undertake significant works to evidence compliance against the 17 elements described with the Trust's Sustainable Development Management Plan 2019-2025, utilising the NHS Sustainable Development Unit's 'Sustainable Development Assessment Tool (SDAT)'.

### Five star catering!

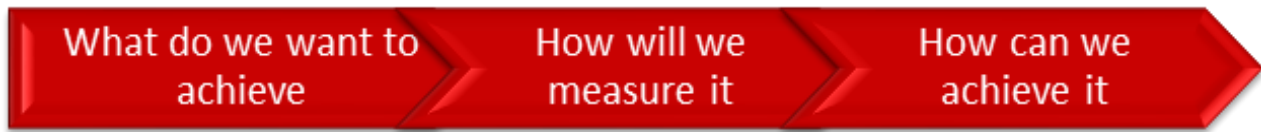
The Trust's Catering teams at Kingsway Hospital (pictured right) and the Radbourne Unit in Derby were given a five-star hygiene rating by Derby City Council environmental health inspectors in March 2019.



The inspectors' feedback was that the teams' approach was "Excellent... Staff should be congratulated on such a clean and hygienic kitchen." No issues were identified by the inspectors and therefore no recommendations were made in terms of actions required.

That means service users and colleagues can be sure that meals are being prepared in the most hygienic conditions possible.

The SDMP follows criteria set by the NHS Sustainable Development Unit and the excerpt below describes the philosophy being followed by the Trust:



What do we want to achieve	How will we measure it	How can we achieve it
<ul style="list-style-type: none"> <li>• To ensure that sustainability is embedded within organisational strategy and processes, and that we deliver, monitor and report on progress supported by a nominated Board level sustainability lead</li> <li>• Realisation of environmental gain</li> <li>• Enhance health and wellbeing</li> <li>• Being future ready.</li> </ul>	<ul style="list-style-type: none"> <li>• Assess sustainability using the Sustainable Assessment Tool (SDAT) score in line with targets</li> <li>• Carry out annual sustainability surveys to measure staff awareness levels.</li> </ul>	<ul style="list-style-type: none"> <li>• Maintain an ambitious and up to date strategy and report performance six monthly to the Trust Management Team (TMT) and annually to the Board</li> <li>• Enable staff, patients and visitors to provide regular feedback and suggestions to improve sustainability performance</li> <li>• Establish a healthy estate with a greater focus on improving the environmental determinants of health such as food, active travel, green space, air quality and biodiversity.</li> </ul>

Further to this, 2018/19 saw improvements over recent years with more to be developed in 2019 and going forwards.

Key areas of focus include:

- Registration with the NHS Sustainable Development Unit
- Dedicated resource committed to energy management
- Procurement of energy assessments to determine and develop new energy consumption reduction strategies
- Nomination of a sustainability champion
- Investigation into further waste reduction strategies
- Review of Health Outcomes Travel Too (HOTT) for viability
- Continued review of UK climate projections to ensure Trust awareness
- Development of sustainability key performance information in line with the NHS Sustainable Development Unit's assessment tool.

## **Data security and protection**

Throughout 2018/19 the Trust has continued to implement and embed standards of excellence in information governance. Results of the 2017/18 Information Governance Toolkit, announced during 2018/19, placed the Trust as the best performing NHS trust of its type regarding data security and protection and this was recognised within the CQC inspection report.

In November 2018 an internal auditor review was conducted for GDPR (General Data Protection Regulations) readiness and KPMG found that the Trust was fully prepared to meet the requirements of GDPR. The Trust continues to monitor changes to data protection laws in the UK to ensure compliance is maintained.

A subsequent internal audit by 360 Assurance gave significant assurance against the evidence gathered for the 2018/19 toolkit submission, which has now been completed. A major focus of the toolkit is cyber security, and the Trust's Data Security and Protection (DS&P) team are working closely with the Trust's IM&T department to ensure the best cyber security practices and measures remain in place across the Trust.

The Trust's DS&P team has approached the data security function on a proactive basis; to treat all expected standards as a minimum, which will be exceeded wherever possible. For example, we are required to show 95% of staff are compliant in data security training in a 12 month period. We have worked to ensure we can show this target once a quarter, and never drop below 90% staff compliance.

In addition, the team has successfully responded to over 250 Datix reports, and each is used to help improve our understanding of the data needs of the Trust and prevent repeated incidents through sharing learning and best practice. Of these, there was one incident reportable to the Information Commissioner's Office (ICO) during 2018/19, however the Trust's prompt response and internal actions led the ICO to confirm that there was no need for any additional action and that they have closed the incident.

Looking forward, a DS&P business plan is in place for 2019/20. The proactive approach continues with a change to how the DS&P team works with other staff; in addition to providing advice when asked, the team will focus on the data security needs of the staff to offer a positive and proactive service. The team will go beyond simply telling staff what not to do, and will meet teams in their environment, understanding how they use data and focusing on what staff can do with data.

The DS&P team recognises that the three biggest causes of data incidents concern fax machines, e-mails and lost paperwork left in old locations. The team will work to reduce these incidents, with the ultimate goal of zero incidents of this type.

### **Freedom of Information**

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

During the financial year, the Trust received 483 requests for information and responded to 421 within the 20 working day time limit. The Trust received no requests for an internal review of the way it handled requests for information. The Trust has not been referred to the ICO for the way it handles or processes requests.

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

It has been a significant year in this critical area of our organisational governance, with increases in safeguarding activity. This is a national trend. The Human Rights Act came into effect in October 2000 in the UK and all public authorities, including NHS organisations, have an obligation to respect and promote people's human rights.

The Human Rights Act is underpinned by the core values of fairness, respect, equality, dignity and autonomy for all. These values are at the heart of high quality health and social care and for the past five years, the Department of Health, British Institute of Human Rights (BIHR) and our NHS Trust has been implementing it and ensuring those safeguards are in place.

### **Disclosures made to IAPT (Improving Access to Psychological Therapy) Services**

Many people who access IAPT, sometimes known as talking therapies, can be accessing mental health services for the first time in their lives. Some individuals contact the service and, within one or two contacts, have disclosed non-recent abuse. In these circumstances, each case is reviewed with the service user, with more complex cases being brought to the attention of the Safeguarding Adults lead. A key issue has been in maintaining an individual's contact with services so that they get the support they need when they have experienced and disclosed non-recent abuse. Where the risk from a non-recent perpetrator is still current - that is, the person is still living and is known to have access to children and/or adults at risk - IAPT staff will work with the service user to report this, either through the children's safeguarding policy and procedures or anonymously via Crimestoppers. At this point we hope that the person remains engaged with services and we actively encourage this, but unfortunately this is not always the case; sometimes individuals disengage and then re-engage at a later date, while others disengage completely. Where risks are not imminent and the service user is reluctant to disclose more than superficial information, the balance moves towards prioritising the need to remain in therapy and be psychologically supported. The right to autonomy and to have access to treatment is also balanced with the need to protect others from harm.

### **Making safeguarding personal - implementing the Care Act**

The Trust's Safeguarding Unit is often contacted by staff asking for advice where they have already put person-centred safety plans in place. Equally, even in cases where the person may be presenting with risks, it is clear that their care team have balanced their risk and vulnerability profile to formulate a plan. Our Safeguarding Adults Link Workers have strengthened the relationship between our Safeguarding Unit and our adult mental health teams. We hear stories from practice illustrating some very complex cases where they have worked with the person and partner services to develop good, person-centred care plans going forward. This includes supporting situations where the person may be presenting with risks, and then ensuring that our responses to risk and vulnerability are robustly incorporated into any plan. The Trust has representation on the county's Safeguarding Adults sub-groups and particularly the Customer Inclusion sub-group, which is constantly looking at ways of capturing feedback with regards to outcomes and effectiveness. This is one of the key principles and fundamentals of the Care Act.

### **Non-recent abuse**

Non-recent abuse has been a high profile issue in recent years and Derbyshire has not been immune to this, having had a high profile case which involved a number of interagency organisations to provide appropriate support to our community. The Trust has been a key partner in supporting survivors who raised concerns about their care, treatment and experiences at Aston Hall Hospital in the 1960s and 1970s, for which an independent assurance report was published by Derbyshire Safeguarding Children's Board in July 2018.

The Trust's approach to this was greatly influenced by trauma-informed practice. In October 2017 the Trust and Derbyshire Police hosted a first Trauma Network Conference. It was repeated again in



February 2019 with each event being attended by over 100 professionals representing various agencies.

### **A focus on intra-familial sexual abuse**

In March 2019 the Trust and local authority colleagues received a joint targeted inspection focused on intra-familial child sexual abuse. Child sexual abuse in the family environment is defined as sexual abuse perpetrated or facilitated in or out of the home, against a child under the age of 18, by a family member, or someone otherwise linked to the family context or environment, whether or not they are a family member.

The inspection looked at multi-agency arrangements for responding to all forms of child abuse, neglect and exploitation at the point of identification, the quality and impact of assessments, planning and decision-making in response to notifications and referrals, protecting children and young people at risk of a specific type (or types) of harm, the support and care of looked after children (children in care) and/or care leavers, the use of policies and procedures, leadership and management of this work and the effectiveness of the multi-agency safeguarding partner arrangements. The inspectors were from Ofsted, CQC, Her Majesty's Inspectorate of Prisons (HMIP) and Her Majesty's Inspectorate of Constabulary and Fire & Rescue Services (HMICFRS).

The multi-agency teams inspected and did a deep dive into the identification and appropriate response of agencies, both single agency and from a multi-agency perspective. At the time of producing this report, the Trust has not received the report or outcome of this inspection. However, the Trust and its partners are committed to implement any learning identified, to ensure continuous improvement for our children and families and we will continue to implement our trauma-informed principles in our care.

### **Anti-bribery**

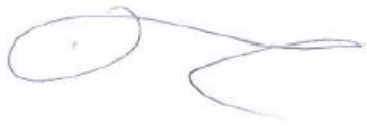
The Trust has an anti-bribery and counter fraud policy in place, which was reviewed by the Trust's incoming Counter Fraud service provider in January 2019. Further details about the Trust's commitment to anti-bribery and counter fraud can be found on page 112 of this report.



## 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  
23/5/19



# Directors' report

During 2018/19 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 over 30 years of experience across the NHS, private sector and education. Her most recent executive role was as Chief Operating Officer for the National College for School Leadership, where she oversaw all corporate services and was a member of the strategic leadership team. Caroline was previously Chief Executive of Derbyshire Health United, the out-of-hours medical services provider in Derbyshire, and has held non-executive roles within higher education and the private sector. Upon her initial commencement as a Trust Non-Executive Director in January 2014, Caroline was the Senior Independent Director (SID) and chaired the Audit and Risk Committee. In January 2017, she was appointed Acting Chair and chaired the Remuneration and Appointments Committee. Caroline was appointed as the substantive Chair on 14 September 2017.



**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 the position of Chief Executive on 6 October 2017. Ifti is also the Board's BAME champion.

## 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

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 plc. He is also a Trustee of The Arkwright Society, an educational charity devoted to the rescue of industrial heritage buildings in Derbyshire.



### **Dr Anne Wright**

Term of office: 11 January 2017 - 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 - 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 is committed to working with organisations that can have a significant impact on the local population and he is particularly interested in exploring the opportunities and challenges the Trust has to tackle. Since November 2016 Richard has chaired the Trust's Finance and Performance Committee.

## Other Executive Directors:



**Carolyn Green**, Executive Director of Nursing and Patient Experience

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



**Mark Powell**, Chief Operating Officer

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



**Dr John Sykes**, Executive Medical Director

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



**Claire Wright**, Executive Director of Finance and Deputy Chief Executive

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

## Other Directors who attend the Trust Board:



**Samantha Harrison**, Director of Corporate Affairs/Trust Secretary (up to 31 March 2019)

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 also the Trust's Senior Information Risk Owner (SIRO), overseeing data security and protection. A fellow of the Institute of Company Secretaries and Administrators, with a Masters in Business Administration, Sam has 30 years' experience of working within the NHS, across local, regional and national bodies.



**Gareth Harry**, Director of Business Improvement and Transformation (from 1 June 2018)

Gareth joined the Trust from his role as Interim Director of Contracting and Performance for the Derbyshire Clinical Commissioning Groups (CCGs) and Executive Lead for Hardwick CCG. A resident of Derbyshire, Gareth has also previously held posts within NHS England and NHS East Midlands.



**Amanda Rawlings**, Director of People Services and Organisational Effectiveness

Amanda joined Derbyshire Healthcare on 5 September 2016 and, since 1 April 2018, has led an integrated workforce and organisational development team (People Services) 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; she worked for companies including 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 (up to 1 June 2018).

### Supporting Board diversity

In January 2019 the Trust welcomed Suzanne Overton-Edwards (pictured right), who is participating in a placement with the Trust through the NExT Directors' Scheme, which aims to increase the diversity of Board members across the NHS.

Suzanne, who has a background in further education across London and Leicester, has also participated in the NExT Directors' Scheme at Nottinghamshire Healthcare NHS Trust. She is currently a Board member of the Leicester Lesbian Gay Bisexual and Transgender Centre and is a Trustee at Phoenix, a charity in Leicester for independent cinema, art and digital culture.



This is the second placement the Trust has had under the scheme – following Avtar Johal (pictured left), who participated in the scheme through a placement with the Trust during 2018.



Over the past few 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.

### **Register of interests**

It is a requirement that the Chair, Board members and Board level directors who have regularly attended the Board during 2018/19, and current members, should declare any conflict of interest that arises in the course of conducting NHS business.

The Chair and Board members declare any business interests, positions of authority in a charity or voluntary bodies in the field of health and social care, and any connections with a voluntary or other body contracting for NHS services. These are formally recorded in the minutes of the Board, and entered into a register, which is available to the public. Directorships and other significant interests held by NHS Board members are declared on appointment, kept up to date and included in the Annual Report.

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

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



## Declaration of interests register 2018/19 (at 31 March 2019)

Name	Interest disclosed	Type
<b>Margaret Gildea</b> Non-Executive Director	<ul style="list-style-type: none"> <li>Director, Organisation Change Solutions Limited</li> <li>Non-Executive Director, Derwent Living</li> </ul>	(a, b) (a)
<b>Carolyn Green</b> Director of Nursing & Patient Experience	<ul style="list-style-type: none"> <li>Husband employed by Derbyshire Probation Service</li> </ul>	(d)
<b>Gareth Harry</b> Director of Director of Business Improvement & Transformation	<ul style="list-style-type: none"> <li>Chairman, Marehay Cricket Club</li> <li>Member of the Labour Party</li> </ul>	(d) (e)
<b>Geoff Lewins</b> Non-Executive Director	<ul style="list-style-type: none"> <li>Director, Arkwright Society Ltd</li> </ul>	(a, b)
<b>Ifti Majid</b> Chief Executive	<ul style="list-style-type: none"> <li>Board Member NHS Confederation Mental Health Network</li> <li>Kate Majid (spouse) Chief Executive of the Shaw Mind Foundation which is a global mental health charity</li> </ul>	(e) (a, d)
<b>Mark Powell</b> Chief Operating Officer	<ul style="list-style-type: none"> <li>Chair of Governors, Brookfield Primary School, Mickleover, Derby</li> </ul>	(e)
<b>Amanda Rawlings</b> Director of People and Organisational Effectiveness (DHCFT)	<ul style="list-style-type: none"> <li>Director of People and Organisational Effectiveness, Derbyshire Community Healthcare Services (DCHS)</li> <li>Co-optee Cross Keys Homes, Peterborough</li> </ul>	(e) (e)
<b>Dr Julia Tabreham</b> Deputy Trust Chair and Non-Executive Director	<ul style="list-style-type: none"> <li>Non-Executive Director, Parliamentary and Health Service Ombudsman</li> <li>Director of Research and Ambassador Carers Federation</li> </ul>	(a) (d)
<b>Dr John Sykes</b> Medical Director	<ul style="list-style-type: none"> <li>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</li> </ul>	(e)
<b>Richard Wright</b> Non-Executive Director	<ul style="list-style-type: none"> <li>Executive Director, Sheffield Chamber of Commerce</li> <li>Chair Sheffield UTC Multi Academy Trust</li> <li>Board Member, National Centre of Sport and Exercise Medicine Sheffield</li> </ul>	(a) (a) (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 2018/19.

### Better Payment Practice code

The Better Payment Practice Code requires the Trust to aim to pay all undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later.

	31 March 2019		31 March 2018	
	Number	£000	Number	£000
Total Non-NHS trade invoices paid in the year	<b>13,790</b>	<b>30,420</b>	15,321	31,208
Total Non NHS trade invoices paid within target	<b>13,281</b>	<b>28,717</b>	14,510	28,320
Percentage of Non-NHS trade invoices paid within target	<b>96%</b>	<b>94%</b>	95%	91%
Total NHS trade invoices paid in the year	<b>976</b>	<b>12,469</b>	1,014	15,038
Total NHS trade invoices paid within target	<b>896</b>	<b>11,578</b>	943	13,783
Percentage of NHS trade invoices paid within target	<b>92%</b>	<b>93%</b>	93%	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 13 May 2019 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, 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 60-62.

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 using a process which is agreed by the Nominations and Remuneration Committee and in which the full Council of Governors are encouraged to participate. This feedback, for the period September 2017 – August 2018 was discussed with the Lead Governor, shared with the Chair and was taken to the governors' Nomination and Remuneration Committee in November 2018 and reported on to the Council of Governors.

Progress against the Chair's objectives for 2018/19 was reviewed and the objectives for 2019/20 were set and agreed, which will form part of her next evaluation and appraisal scheduled for September 2019.

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

Members of the Board of Directors are outlined in the Directors' report on pages 51-54.

### Meetings of the Board of Directors

The Board of Directors held nine regular meetings during 2018/19:

	Actual attendance	Possible attendance
<b>Non-Executive Directors:</b>		
Caroline Maley	9	9
Dr Julia Tabreham	4*	9
Margaret Gildea	8	9
Geoff Lewins	9	9
Richard Wright	8	9
Dr Anne Wright	8	9
<b>Executive Directors:</b>		
Ifti Majid	9	9
Claire Wright	9	9
Dr John Sykes	8	9
Carolyn Green	8	9
Mark Powell	9	9
Samantha Harrison	9	9
Amanda Rawlings	9	9
Gareth Harry	8	8
Lynn Wilmott-Shepherd	1	1

\*extended absence due to long term period of ill health.

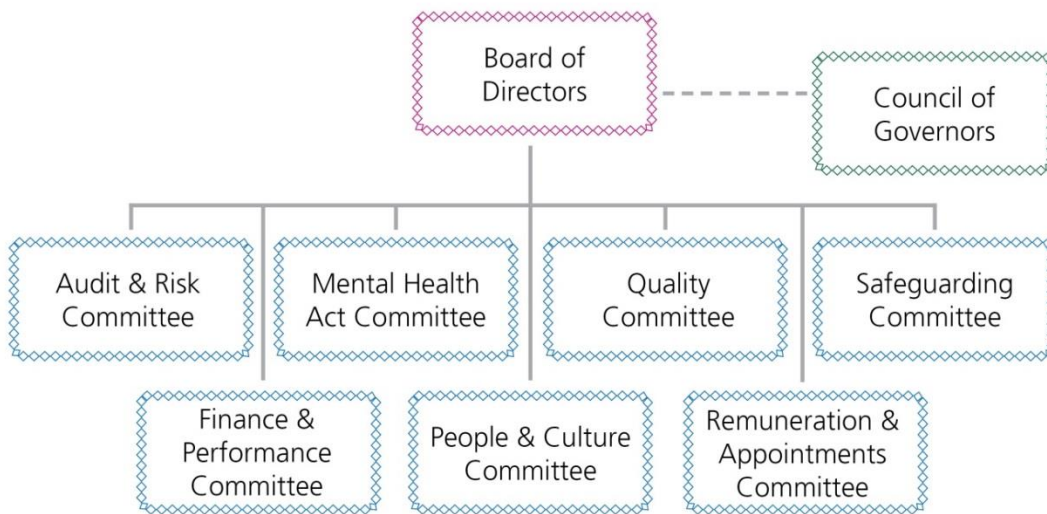
### Directors' expenses

	2018/19	2017/18
Number of Directors	16	15
Number of Directors receiving expenses for the year	13	14
Aggregate sum of expenses paid to directors in the year (£00)	£127	£139

Values shown in £00 – actual amount paid £12,694 (2017/18: £13,938).

# Committees of the Board of Directors

## Trust governance structure



Non-Executive Directors are represented on all Board Committees.

### Audit and Risk Committee

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

The Audit and Risk Committee is responsible for ensuring the establishment and maintenance of an effective system of integrated governance, risk management and internal control, across the whole of the organisation's activities in support of the organisation's objectives. It achieves this by:

- Ensuring that there is an effective internal audit function providing appropriate independent assurance to the Audit and Risk Committee, Chief Executive and Board
- Reviewing the work and findings of the external auditor
- Reviewing the findings of other significant assurance functions, both internal and external to the organisation
- Reviewing the work of other committees within the organisation, whose work can provide relevant assurance to the Audit and Risk Committee's own scope of work
- Requesting and reviewing reports and positive assurances from Directors and managers on the overall arrangements for governance, risk management and internal control
- Reviewing and approving the Annual Report and financial statements (as a delegated responsibility of the Board) and ensuring that the systems for financial reporting to the Board, including those of budgetary control, are subject to review as to the completeness and accuracy of the information provided.

The Audit and Risk Committee reports to the Board of Directors on an annual basis on its work in support of the Annual Governance Statement, specifically commenting on whether the Board Assurance Framework is fit for purpose and governance arrangements are fully integrated.

The Audit and Risk Committee throughout the year considers external audit reports, internal audit reports and counter fraud progress reports. All audit outcomes are overseen by monitoring the delivery of internal and external audit report recommendations. The Trust has an internal audit function which is referenced in the terms of reference of the Audit and Risk Committee. A review of the effectiveness of internal and external audit took place during the year, alongside assurance on counter fraud. During the

year the Committee oversaw the reappointment of Grant Thornton as external auditors and appointed 360 Assurance for internal audit and Counter Fraud services (as outlined on page 112).

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

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

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

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

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

- Geoff Lewins (Chair)
- Julia Tabreham
- Anne Wright.

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

	Actual attendance	Possible attendance
Geoff Lewins	6	6
Dr Julia Tabreham	3*	6
Anne Wright	5	6

\*extended absence due to long term period of ill health.

Senior Independent Director, Margaret Gildea attended one meeting during the year (the meeting held on 15 January 2019) to supplement NED member attendance.

### **Finance and Performance Committee**

This Committee oversees and gains assurance on all aspects of financial management and operational performance, including contract compliance, commercial decisions and cost improvement reporting. The Committee also oversees the Trust's business development, commercial strategies, estate strategy and workforce resource planning (prior to review by the People and Culture Committee). 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.

### **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, 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 93.

### **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; it provides a formal link to the Local Authority Safeguarding Children and Safeguarding Adults Boards and promotes a proactive and preventative approach to safeguarding.

### **People and Culture Committee**

This Committee supports the organisation to achieve a well-led, values-driven positive culture. The Committee provides assurance to the Board that the appropriate structures, processes and systems are in place to ensure an effective, capable workforce to meet the Trust's current and future needs. This 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.



Members of ELT with Stacy Johnson from the University of Nottingham.

## 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 planning and ensure that the Trust operates in a way that fits with its purpose and authorisation; this is done through the full Council of Governors meetings where the Directors report to governors on Trust performance.

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

Governors participate in the Trust's quality visits where they join a group of wider professionals to visit the Trust's services and provide vital feedback about services whilst learning about our services and engaging with staff.

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 2018/19 are outlined on pages 66-67 of this report, alongside their attendance at the Council of Governors meetings. The Council of Governor meetings continue to be well attended by governors.

### Key developments during 2018/19

During 2018/19 governors contributed to and approved the following:

- Revised governor Code of Conduct, which outlines key expectations of all governors
- Governor task and finish groups focusing on membership engagement, the Trust's website and development of the 2019/20 Annual Members' Meeting
- Development of a governor membership engagement action plan
- Development of a governor engagement log, capturing responses from Trust members and the public to develop into themes to raise with Non-Executive Directors
- Governor Annual Effectiveness Survey
- Appointment of the Trust's external auditor in September 2018
- Participated in the refresh of the Strategic Plan in October 2018
- Crib sheet of frequently asked questions as a tool for governors to use in their engagement activities.

Developing effective relationships with the Board has continued to be a priority for the year. The Council of Governors has met jointly with the full Board of Directors during the year. A joint development session between the Council of Governors and Trust Board took place in October 2018 to review the Trust's Strategy. A further joint session has been planned for October 2019.

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

Governors participated in an annual effectiveness survey, the results of which were presented to the Governance Committee in October 2018 and were reported to the Council of Governors in November 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. The survey is in the process of being reviewed by governors and will be undertaken again in August 2019.

The Trust produces 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 2019 which focused on membership and engagement. In March 2019, the Trust hosted NHS Providers governor regional workshop which included sharing good practice on working in partnership with stakeholders, relationships with the Trust Board and engaging with members and the public. The Chair and Lead Governor presented a case study on the development of effective relationships between the Board and Council of Governors which was positively received. Membership engagement is a priority for governors and will continue to be so in 2019/20.

The interests of patients and the local community are represented by the Council of Governors. Governors are encouraged to interface with local consultative forums, voluntary organisations, Patient Participation Groups and their members 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 continued in these roles in line with their terms of office as public governors. Carole Riley's term of office came to an end on 20 March 2019, and the process to replace this role will be discussed by governors in April.

#### **Electing new governors to the Council**

Elections for governors have taken place during the year and the Trust has 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. This year the Trust held elections in June 2018 and March 2019 and all seats were contested.

#### **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 of training and development with sessions taking place on a quarterly basis. Governors have been actively involved in the development of training and development programmes, taking into account the statutory roles of governors and with the aim of ensuring governors are supported in effectively delivering their duties. All governors are encouraged to attend the training and development sessions, areas for development have included information governance; equality, diversity and inclusion; the Mental Health Act; an update on Derbyshire's Clinical Commissioning Groups (CCGs); and a dedicated session on mental health awareness.

In October 2018, governors had the opportunity to discuss planning for 2019/20 and beyond through a joint training session with the Board. This resulted in a refresh of the Trust's strategy. In April 2019 governors had a facilitated session on the annual 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 2018/19**

The Council of Governors met six times during 2018/19. Individual attendance by governors is shown in the table on pages 66-67.

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 2018/19.

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: [dhcft.membership@nhs.net](mailto:dhcft.membership@nhs.net)

The Trust would like to thank all individuals who have volunteered their time as members of the Council of Governors during 2018/19.



## Summary attendance by governors at meetings of the Council of Governors 2018/19

	Title	First name	Surname	Number of COG meetings attended (out of possible number of meetings)	Term of office
<b>Constituency – Public</b>					
<b>Amber Valley</b>	Mr	John	Morrissey	6/6	1/2/14 – 31/1/17 1/2/17 – 31/1/20
<b>Amber Valley</b>	Mrs	Karen	Smith	3/6	2/6/18 – 1/6/21
<b>Bolsover and North East Derbyshire</b>	Mr	Martin	Rose	2/6	8/11/17 – 7/11/20
<b>Bolsover and North East Derbyshire</b>	Ms	Nicki	Morley	1/2	2/6/18 – 4/10/18
	Mr	Rob	Poole	1/3	1/11/18 – 1/6/21
<b>Chesterfield</b>	Mrs	Lynda	Langley	6/6	21/3/16 – 20/3/19
	Mrs	Lynda	Langley	0/0	21/3/19 – 20/3/22
<b>Chesterfield</b>	Mr	Adrian	Rimington	1/6	3/4/18 – 30/9/20
<b>Derby City East</b>	Mrs	Gillian	Hough	4/6	21/3/16 – 20/3/19
	Mrs	Julie	Lowes	0/0	21/3/19 – 20/3/22
<b>Derby City East</b>	Mrs	Carole	Riley	5/6	21/3/16 – 20/3/19
	Mr	Bob	Macdonald	0/0	21/3/19 – 20/3/22
<b>Derby City West</b>	Mrs	Christine	Williamson	6/6	1/2/18 – 30/9/19
<b>Derby City West</b>	Rev	Moira	Kerr	4/6	1/2/11 – 31/1/14 1/2/14 – 31/1/17 1/2/17 – 31/1/20
<b>Erewash</b>	Mrs	Shelley	Comery	3/6	21/3/16 – 20/3/19
		VACANT*			
<b>Erewash</b>	Mr	Shirish	Patel	5/6	1/9/17 – 30/9/19
<b>South Derbyshire</b>	Mr	Kevin	Richards	4/6	1/2/17 – 31/1/20
<b>High Peak and Derbyshire Dales</b>	Mr	Rick	Cox	0/0	8/11/17 – 30/04/18
	Ms	Ann	Grange	2/4	2/6/18 – 21/1/19
	Ms	VACANT			22/1/19 – 4/3/19
	Ms	Carol	Sherriff	0/0	5/3/19 – 1/6/21

<b>High Peak and Derbyshire Dales</b>	Ms	VACANT Marie	Varney	3/5	23/3/18 – 1/6/18 2/6/18 – 1/6/21
<b>Surrounding Areas</b>	Mrs	Rosemary	Farkas	5/6	21/3/16 – 20/3/19
	Mrs	Rosemary	Farkas	0/0	21/3/19 – 20/3/22
<b>Constituency – Staff</b>					
<b>Administration and Allied Support Staff</b>	Miss	Kelly	Sims	5/6	15/3/16 – 1/6/18 2/6/18 – 1/6/21
<b>Administration and Allied Support Staff</b>	Mrs	Lesley	Hayes	0/0	2/6/18 – 29/6/18
	Mr	Tony	Longbone	2/4	4/7/18 – 1/6/21
<b>Allied Professions</b>	Mrs	April	Saunders	4/6	26/9/14 – 26/9/17 27/9/17 – 27/9/20
<b>Medical and Dental</b>	Dr	Jason	Holdcroft-Long	4/6	1/2/17 – 31/12/18
		VACANT			1/1/19 – 20/3/19
	Dr	Farina	Tahira	0/0	21/3/19 – 20/3/22
<b>Nursing and Allied Professions**</b>	Mrs	Sarah	Gray	0/0	21/3/16 – 19/3/18
<b>Nursing</b>	Mrs	Joanne	Foster	4/5	2/6/18 – 1/6/21
<b>Nursing</b>	Mr	Al	Munnien	5/5	2/6/18 – 1/6/21
<b>Constituency – Appointed</b>					
<b>Derby City Council</b>	Cllr	Robin	Turner	1/1	24/5/17 – 3/5/18
	Cllr	Roy	Webb	4/5	19/6/18 – 18/6/21
<b>Derbyshire County Council</b>	Cllr	Jim	Perkins	3/6	12/9/17 – 11/9/20
<b>Derbyshire Voluntary Action</b>	Mr	Roger	Kerry	4/6	28/11/17 – 27/11/20
<b>Derbyshire Mental Health Forum</b>	Mrs	Angela	Kerry	6/6	28/11/17 – 27/11/20
<b>University of Derby</b>	Dr	Paula	Holt	2/2	3/12/12 – 2/12/15 3/12/15 – 31/7/18
	Dr	Wendy	Wesson	2/4	1/8/18 – 31/7/21
<b>University of Nottingham</b>	Dr	Gemma	Stacey	2/6	14/11/16 – 13/11/19

\*Successfully elected candidate did not proceed to take up post. Process in place to appoint next in line candidate.

\*\*Staff governors representing nursing and allied professions were separated into two separate constituencies from February 2018.

## Governor expenses

	2018/19	2017/18
Number of governors	41	33
Number of governors receiving expenses for the year	18	17
Aggregate sum of expenses paid to governors in the year (£00)	£39	£63

Values shown in £00 – actual amount paid £3,924 (2017/18: £6,281).



## **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 through 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 governors have prioritised membership engagement. A governor task and finish group was established to develop a governor engagement action plan in order to aid member engagement and recruitment opportunities. The governor task and finish group aligned the action plan to the aims and objectives of the Trust's Membership Strategy (2018-2020). The Membership Strategy 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 outlines the key priorities for member recruitment. This is supported through the use of a membership database. During the year the Trust 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.

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

The Trust engages with its members on a regular basis through a monthly e-bulletin called 'Members' News' and through a magazine, 'Connections', which is distributed twice a year. Members are invited to attend Council of Governors meetings and have the opportunity to submit questions in advance of each Council of Governors meeting.

### 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 through the use of demographic data outlined above, will focus our membership recruitment over the forthcoming year, in order to attract a greater diversity of members. The demographics for each public constituency have been shared with governors, in particular with public governors.

### Membership figures at 31 March 2019

Constituency	Number of members 2018/19	Number of members 2017/18
Public	6140	6199
Staff	2591	2496
Total	8636	8695

Members can contact governors via the Derbyshire Healthcare website, [www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk) or email [dhcft.governors@nhs.net](mailto:dhcft.governors@nhs.net)



## Membership highlights from our volunteers

*"It has been a privilege to serve as a public governor for Chesterfield for three years. I have attended and positively contributed to Council of Governors and Governance Committee meetings. To ensure a deeper understanding of the workings of the Trust I have observed Board meetings, which in turn has allowed me to hold the Non-Executive Directors to account."*

"To ensure I have met with constituents, I have visited several groups in the area, taking any concerns they have to the Council for discussion. I have found these visits both humbling and worthwhile."

*"I have really enjoyed working with other governors as the appointed governor for the voluntary sector this year. We are developing the ways we all engage with our members and communities and I feel we are stronger when we work together like this."*

"My family had experience of the services Derbyshire Healthcare NHS Foundation Trust provides and I was a member for three or four years before I decided to 'give something back' and I stood as a governor. What began as a good idea grew into life-changing reality as I attended engagement events, training on a variety of subjects, quality visits and meetings with the Trust and I enjoyed every minute of it. The excitement and energy which I gained from being a governor spilled over into my day to day life and inspired me to return to work part time, which fitted in well with my new governor duties. If you have the time to spare, like attending meetings and talking to others but most importantly are interested in the services the Trust provides, then possibly being a governor could be just the thing for you."

*"I feel as though I am very privileged to be governor for the Trust. People took the time to vote for me to represent them and be their voice. It is so rewarding to me, going out to events and meeting members of the public and recruiting new members. I relish the workshops and courses the Trust put on for us as it helps me understand the Trust and its working and the relevant units within. I hope that when I go out to engage with the public I am well enough informed to help direct them to where they need to be and get the information and help they require."*

"I have been overwhelmed by our service users and carers and the tenacity they have had in challenging, sometimes successfully, both cuts to services and to their own organisational funding. It has been a privilege to stand with them as a governor."



## 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 as published by the CQC. These quality standards continue to define the expectations of our services. During our quality 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 and interpretation of the quality impact of different measures. Additional measures this year include health visitor caseload, more detail on the community waiting list and more granular detail with regards to physical healthcare checks on access to services, and when entering a Place of Safety (Section 136 of the Mental Health Act)
- We have embedded a new 'quality of data' assessment tool, as part of our assurance processes
- In addition, we have 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 quality. At the end of each meeting issues to be escalated to the 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, share good practice and maintain links between Board members and the front line is through a series of quality visits. These visits aim to 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 representing commissioners, clinicians, senior managers, governors, Non-Executive Directors, 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 on the work of the team is a key aspect of these visits, either from patients and carers for clinical teams, or from colleagues for non-clinical teams. This year the Trust also trialled a new method of shortlisting for the annual quality awards, with a team of people representing operational and corporate colleagues, supported by a Trust governor, reviewing the content and outcome of each quality visit and scoring them against the Trust values. This shortlist will then go out to Trust-wide vote, in preparation for the quality awards ceremony planned for June 2019.

This year's quality visit programme focused on how teams have approached improving the quality of their service, particularly in response to problems or challenges that they have faced. Clinical teams were asked to showcase at least one presentation on interventions underpinned by National Institute for Health and Care Excellence (NICE) guidelines. All teams were also asked to present outcome data. We will be reviewing the 2018 quality visit programme before we commence Season 10 in 2019/20.

### How the Trust has had regard to NHS Improvement's quality governance framework

Over 2018/19, 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 (EPR) system. The Trust's EPR has developed additional clinical dashboards and tools to



improve patient care, including the patient observation boards within inpatient areas. These technological solutions are helping to ensure safe care through supportive observations in our mental health services. The redesign of the seclusion pathway alerts our clinical staff to the clinical standards that are required, and when, and includes our new Section 136 clinical standards (in our mental health team Places of Safety) in acute services. All these developments are changing our ability to ensure effective care and have real-time audits of compliance and quality.

The Trust's own internal reviews and quality visits and our regulators' inspection reports have enabled our services to learn lessons where necessary improvements have been identified, where we have strong performance, and where areas have excelled. This learning has been shared across the Trust through award events, showcasing, and through our systems and structures. We have visited other NHS trusts, used benchmarking and frequently reviewed and compared our practices to other organisations to adopt their best practice and build upon it, with our community of Derbyshire in mind.

We have strengthened our performance management structures through the Trust Management Team (TMT) 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 TMT meeting has been a key piece of our architecture in integrating our clinical and operational performance management. We have seen improvements in performance and we will continue to ensure that quality and operational delivery are developing as one.

Our inpatient bed stock requires significant capital investment to upgrade its double rooms and the dormitory accommodation in some older adult and working age adult mental health beds. The Trust is considering options for development, in line with the estates strategy. In addition to local Derbyshire capital funds, we may require national capital funding to fully achieve our vision of single gender, single rooms with en-suite facilities and significant space for our people and families. We have achieved this in our rebuild and redesign of the Kedleston Unit; with its ground floor garden space, gym and activity area, this is the type of accommodation that we aspire to provide for all people using our inpatient services.

### **The commissioning gaps that impact upon patient safety and effectiveness**

This year has seen a period of investment in local mental health services and the Trust acknowledged the work that has been undertaken by our commissioners in meeting the Mental Health Investment Standard. The impact of this focus an investment in mental health services is a positive development for our community.

The Trust continues to hold a number of residual risks, similar to many other parts of the UK health and public health services. Locally these gaps include our children's services and the capacity to meet the paediatric 18 week waiting time. Our compliance with Special Educational Needs and Disabilities (SEND) health plans has identified a range of clinical needs, which create subsequent pressures on our physiotherapy and occupational therapy services. Following activity reviews and benchmarking, these services have been found to have a commissioning deficit.

The impact of the county having no Child and Adolescent Mental Health Service (CAMHS) Tier 4 inpatient provision continues to impact upon the Trust, with Derbyshire children being admitted to CAMHS units across the country. Our families understandably report that this is not ideal for their patient experience. We hope that the investment in a neighbouring trust's services for CAMHS in Nottingham will reduce this risk and we are keen to see the impact of any new services opening.

We welcomed Derbyshire's interagency response for the need to invest in a commissioned forensic community mental health - this has been resolved with an initial investment, and we hope that as the service develops, it will expand to meet the significant clinical need. We are aware that there are a number of people currently receiving support outside of Derbyshire and we are pleased that we can now start to make some headway in supporting these individuals to make the next step in their recovery closer to home.

The Trust Board regularly receives patient stories, which have included experiences relating to the impact and lack of access to secondary care psychological therapy and this continues to be a significant concern for individuals on a waiting list to access therapy. Some progress in 2019 resulted in reductions to our waiting times and we will continue to work in partnership with our commissioners to explore what else we can do for our patients requiring psychological therapy.

Our adult Eating Disorders service is small for the population, which is a significant risk to delivering the optimum outcomes for adults. The Trust Board has listened to patient and staff experiences and the pressure this places on individuals. There is a gap between the expectation of the service against the Management of Really Sick Patients (MARSIPAN) guidance requirements and the commissioned service. This Eating Disorder service was subject to a learning review over five years ago, where recommendations included partial investment and further monitoring by commissioners relating to further investment requirements. This has not occurred to date and we hope to work with commissioners to locally deliver priorities as outlined in the NHS Long Term Plan.

The Trust's Learning Disability service has a small Transforming Care Service. The key principles of the Learning Disabilities and Autism standards, particularly for individuals with high risk needs and a need for community stabilisation, is to ensure individuals do not spend time in medium or low secure accommodation or in a locked door rehabilitation service. A modest investment has been made but this will not meet the national aspirations as outlined in the NHS Long Term Plan, or the life outcome for many of these individuals who are placed across the country. Derbyshire achieved its Transforming Care target, however there is still further work needed to align medium term population changes in profound and multiple learning disabilities, which we need to work in partnership with our commissioners to plan and model significant changes in demand in our future.

Our Autism assessment service is generally meeting all required standards. This area has been monitored by the team and the Trust's Board of Directors and there are a number of new referrals for individuals seeking an assessment for a potential Autism diagnosis as an adult. This is partially due to Autism training that has been rolled out across the Trust and highlighted in national campaigns. There remains an established gap in the Derby and Derbyshire Clinical Commissioning Group's service provision between the number of referrals and service capacity. We are currently non-complaint with the recommended timescale for a 12 week wait to assessment and hope to work in partnership with commissioners in 2020 to respond to the changes in the review of the Statutory Autism Act.

There is an increase in violent crime in the UK and our local communities reflect this social change. The increasing levels of co-existing substance misuse and violence in the public are well documented, and this is being experienced in our acute wards. Whilst our staff are responding to these challenges, there is a substantial increase in clinical need for psychiatric inpatient care and Psychiatric Intensive Care Unit (PICU) use. Colleagues have identified clinical risks, and the Trust has requested external investigations to find solutions to significant incidents. A key factor is the lack of a local accessible PICU. We have written to commissioners to explore alternative options and would like to find a joint solution with our system partners that reduces the number of Derbyshire patients travelling out of area to access a PICU bed, when a local offer might reduce clinical and individuals risks and improve patient experience. An interim position with providers close to Derbyshire has been identified and we will explore in 2020 how we can further improve our pathways to support our individuals and families.

The Trust's community mental health teams have also continued to receive an increasing number of referrals. This commissioning gap is well known and accepted by commissioners. Our challenge as a Derbyshire community is to manage the clinical commissioning risks to support the demands of our community. We believe the Mental Health Investment Standard and new national monies aligned to the NHS Long Term Plan will begin to make headway into supporting our core community services.

### Disclosures relating to quality governance

There is clear consistency between the Annual Governance Statement, the opening statements to this report from our Chair and Chief Executive, the outcomes of our regulatory inspections and the Trust's CQC current overall rating of 'requires improvement'. The Trust continues to have a number of services with significant capacity and demand pressures, as a result of our population and community needs. This is particularly evident in children's services and mental health services. These pressures are influenced by the Trust continuing to have some historical commissioning gaps.

### 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.

Overall, our approach to CQUINs has remained quality focused. We have reported all that is required and, as this report was produced, were receiving end of year confirmation as to our performance from both our local and national commissioners. We are anticipating an overall strong performance, with any areas of partial achievement being in areas where we predicted there might be some challenge.

### Art therapy group uncovers creative talent

Creative talent has been uncovered at the Trust's Kedleston Unit through a weekly therapy group.

The Recovery Group run by the Occupational Therapy team at the Kedleston Unit on the Kingsway Hospital site in Derby has been focusing on the artistic talent of the unit's service users.

And to mark Occupational Therapy Week 2018, the unit's OT team, including OT Amanda Alston (pictured far right) and OT Assistant Gemma Burrows (pictured centre), staged an exhibition of the work of several of the artists. The display included paintings, drawings and pastels as well as designs by service users for the cover of a folder to be used in the unit.



There was also a display of the work produced through the group's 'upcycling' project, where service users improve old and unloved items of furniture such as chests of drawers and tables, giving them new life and a new look.

One service user commented: "I find painting a great release and I really enjoy the art sessions."

**Our CQUINs for 2018/19 were as follows:**

Improvement of health and wellbeing of NHS staff
Healthy food for NHS staff, visitors and patients
Improving the uptake of flu vaccinations for front line staff
Improving physical healthcare to reduce premature mortality in people with a serious mental illness (SMI): cardio metabolic assessment and treatment for patients with psychoses
Improving physical healthcare to reduce premature mortality in people with SMI: collaborating with primary care clinicians
Improving services for people with mental health needs who present to A&E
Transitions out of children's and young people's mental health services (CYPMHS)
Preventing ill health by risky behaviours - tobacco screening
Preventing ill health by risky behaviours - tobacco brief advice
Preventing ill health by risky behaviours - tobacco referral and medication screening
Preventing ill health by risky behaviours - alcohol screening
Preventing ill health by risky behaviours - alcohol brief advice or referral
Recovery colleges for medium and low secure patients
Reducing restrictive practices within adult low and medium secure services
Discharge and resettlement from specialised mental health in-patient services
Perinatal mental health training

For further information on the Trust's delivery of CQUINs during the year, please see the Quality Report.

## **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 – this has been a continuing priority for the Trust and clinical progress in this project has been strong into 2018/19
2. Dementia awareness raising sessions across Derbyshire – these were well received and were noted in a Healthwatch report on Derbyshire services in 2018 and have continued to receive positive feedback
3. Suicide prevention and reduction activities to challenge stigma and raise awareness of the need to talk and seek help – we have continued these activities, which have included a series of very powerful events held at football stadiums in 2018 (see page 78), and we have seen improvements in the Derbyshire suicide rates
4. Eastern European-focused health clinics in substance misuse services – addressing the needs of this population
5. The continuing commitment to smoke-free environments for our patients, carers and staff, including an initiative to introduce 'e-burns' (high security disposable e-cigarettes) as part of our response. This work is ongoing, in line with the national agenda to reduce the harmful effects of smoking in our population.

## **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.

The Trust has continued to work to identify measures to be used to evidence the quality of patient care and patient experience, using validated tools such as the Short Warwick-Edinburgh Mental Well-being Scale (SWEMWBS) and Recovering Quality of Life (ReQoL) questionnaire, which are available in our electronic patient record. There has been evidence of their use as highlighted by Trust teams through quality visit presentations in 2018.

As the Trust completes its roll out of electronic patient care records, these outcome measures will be used to measure the impact and outcome of Trust services. They are also complemented by the routine use of specific outcome tools in Children's Services, Child and Adolescent Mental Health Services and Substance Misuse Services, and by the outcome measures brought by our expanded allied health professional workforce. We have seen some progress in the use of outcome measures and further work is required to sustain this continuous quality improvement.

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

- The Trust's Executive Leadership Team has enabled services to develop 'investment to save' schemes. This has included authorising some services to over-recruit against establishment (allocated number of posts), to ensure continual growth and a positive impact on service waiting times. This over-recruitment continues to be in place for some named Neighbourhood

community mental health teams, for the functional response team in our older adult mental health service and for acute care services. Over-recruitment has also occurred in Children's Services to undertake successful waiting time reduction initiatives, with occupational therapists and physiotherapy teams working in partnership and delivering group interventions that have significantly reduced waiting times for children.

- The Executive Leadership Team have authorised significant investment in the estate and in a backlog maintenance programme. This has paid dividends in the lived experience of some of our service users and their outcomes, as demonstrated in our above average Patient Led Assessments of the Care Environment (PLACE) scores. This investment has taken place in both patient and staff areas. A key investment in car parking has been made at multiple sites.

**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.**

### Trust colleagues spread the word about World Suicide Prevention Day

Trust colleagues gave up their time to attend five local football matches to raise awareness of World Suicide Prevention Day on 10 September 2018.

Volunteers went to matches at Alfreton Town FC's Impact Arena (pictured right), Chesterfield FC's Proact Stadium, Belper Town FC's Christchurch Meadow, Sheffield FC's BT Local Business Stadium in Dronfield and Derby County FC's Pride Park Stadium on 8, 15 and 18 September.



They started conversations with fans arriving at the matches and handed out leaflets and contact cards. The theme for the day was 'working together to prevent suicide', with the message that it is vital to look out for one another and support friends, relatives, co-workers and neighbours.

The World Suicide Prevention Day matches were delivered through a partnership involving Derbyshire County Council, the Samaritans, Derbyshire Healthcare NHS Foundation Trust, Derbyshire Mental Health Forum, Derby City Council and other local organisations.

## **New and/or revised services**

There have been a number of changes to the services provided by the Trust during 2018/19, with the following areas being de-commissioned during the year:

- The Trust was served notice on its continence service for children, effective from 1 May 2019 following a procurement exercise
- Commissioners ceased funding for the Trust's provision of a Primary Mental Health Worker (PMHW) service effective from 1 April 2019. This was following a redesign of the service, with the Specialist Community Advisor (SCA) service model pilot being extended across Derbyshire
- Commissioners also gave notice to cease the Trust's Emotional Wellbeing Service for Children and Young People. The service was initially a pilot as part of the 'Future in Mind' local plan and the CCG have undertaken a procurement exercise for elements of this and other services to support schools and colleges
- The Trust has been holding conversations with commissioners for a number of years about the service model currently in operation at The Light House, which provides support for children with complex health needs. As a result, the Trust has taken the difficult decision to withdraw its services from The Light House and our nursing provision will stop at the end of May 2019.

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

- EHSSIS is a newly commissioned Enhanced Home Support Service in CAMHS. Its aim is to work with young people who may require admission to a CAMHS unit to see if they can provide enhanced support at home to prevent admission. If a young person is admitted, they can work to help smooth a transition to community based services. The service has been mobilising over the year
- The Trust received funding to develop a new community forensic service, for people who have offended whilst being mentally unwell. The service, which was previously identified as being a gap in the services the Trust is commissioned to provide, started in its initial phase in February 2019, with the team providing specialist forensic support for individuals who would previously have been seen through the Trust's neighbourhood teams. Whilst dependent on commissioning arrangements, it is anticipated that while the team's caseload will initially be quite small, the service will grow over time, extending and encompassing a higher caseload.
- NHS England funding was awarded to the Trust to extend and develop mental health care for mothers and mothers-to-be across Derby and Derbyshire in May 2018. The money is being used to extend the availability of specialist perinatal mental health community services, especially in the north of the county. More women across Derbyshire can now access high-quality interventions and support for themselves, their babies and families. The funding means increased numbers of perinatal community psychiatric nurses, specialist consultant and perinatal nursery nurses.
- For IAPT services, we have developed a new partnership with IESO Digital Health UK, which provides online therapy as part of our IAPT offer.

## Compliments and complaints

The Trust's Patient Experience team is the central point of contact for people to provide feedback and raise concerns about the services provided by the Trust. The team sits within the Nursing and Patient Experience directorate.

The team's aim is to provide a swift response to concerns or queries raised and to ensure a thorough investigation takes place when required, with complainants receiving comprehensive written responses including being informed of any actions taken.

We are aware that there have been issues providing timely responses to some of our complaints during the year and we are working closely 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.

Comparison of contacts through the year:

	2018/19*	2017/18
<b>Compliments</b>	1684	1245
<b>Concerns</b>	475	451
<b>Complaints</b>	197	192
<b>Total</b>	2356	1888

\*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 197 formally investigated complaints 22 were upheld in full, 58 upheld in part, 48 not upheld, six complaints closed without investigations and 63 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 2018/19, the Patient Experience team experienced a long period of staffing issues but this has now been resolved and robust processes are now in place to support staff to provide timely responses to complaints and concerns with the result being a much improved service to people who raise concerns and make complaints about our services.

### Parliamentary and Health Service Ombudsman

During the year, the Trust discussed nine cases with the Parliamentary and Health Service Ombudsman. One investigation is being undertaken and eight have been assessed. Of the eight assessments, five cases have been closed with no further action.



### Comparison of concerns, complaints and compliments by top issues raised

The most common form of concern raised in 2018/19 was in regard to appointment delays/cancellations. However in 2017/18 the biggest issue related to the availability of services.

Concerns 2018/19
Appointments (e.g. delays and cancellations)
Availability of services/activities/therapies
Care planning
Staff attitude
Concerns 2017/18
Availability of services/activities/therapies
Staff attitude
Appointments (e.g. delays and cancellations)
Care planning

The most common reason for making a complaint in both 2018/19 and also in 2017/18 was in relation to staff attitude.

Complaints 2018/19
Staff attitude
Appointments (e.g. delays and cancellations)
Assessments by staff
Complaints 2017/18
Staff attitude
Availability of services/activities/therapies
Care planning

The top themes from the compliments received in 2018/19 and 2017/18 identify general gratitude for staff and an appreciation for the support/help provided. A high number also comment on the care and kindness shown by our staff.



## Stakeholder relations

The Trust has a strong history of working well with partners across the health and social care economy and provides a number of clinical services in partnership with other providers across the NHS and voluntary sector. We believe that being creative and collaborative in our approach to providing services brings benefits to patients. Wider learning, the sharing of information and expertise helps us to provide the best possible care.

During 2018/19 the Trust was involved in a number of partnerships with colleagues across the health and care system to deliver improved services to our communities.

The Trust is active within the Derbyshire Suicide Prevention Partnership Forum. Using funding from Derbyshire County Council Public Health, we co-ordinate and administer a training scheme where GPs are trained to provide suicide prevention training to other GPs and colleagues in primary care. Since the programme started, over 400 primary care clinicians and frontline staff have been trained in evidence-based interventions to prevent suicide. This partnership approach was shortlisted for an innovation award at the 2018 Health Service Journal Awards.

The Trust is piloting a new partnership approach to co-ordinating care for a small group of people who are intensive users of public services. In the summer, a new team comprising a police officer and a community mental health nurse started to work with six to ten people across Derbyshire who, because of their needs, often receive emergency responses from police, ambulance and crisis teams. By working intensively with these individuals and agreeing care plans with them, all agencies are able to respond in a different way than before, supporting individuals in a more proactive and developmental way. The service will be evaluated in the coming year.

Derbyshire Healthcare continues to be a key partner in a number of services developed and delivered through partnerships with a number of agencies:

- The Trust continues to be the lead provider for the Integrated Children's Public Health service for children and young people aged 0-19, called Derby Integrated Family Health Service. The service, which commenced on 1 April 2016 and brings the Trust together with partners at Ripplez CIC (Community Interest Company) and University Hospitals of Derby and Burton NHS Foundation Trust, has been extended into 2021
- We continue to provide drug and alcohol services in partnership with the charities Phoenix Futures and Aquarius across the city of Derby. A new recovery-focused service model for substance misuse care in the city commenced on 1 April 2018
- For the wider county the Trust is the lead provider of drug and alcohol services with partners at Phoenix Futures, Derbyshire Alcohol Advice Service and Intuitive Thinking Skills. .

The Trust has a close working relationship with our neighbouring trust Derbyshire Community Health Services NHS Foundation Trust (DCHS) through the development of a new joint venture for the provision of People Services (human resources) which commenced on 1 April 2018. Further information on this partnership is outlined in the workforce performance section on pages 32-36 of this report.

The Trust is developing its engagement with stakeholders over the forthcoming year with a new stakeholder bulletin and reputation audit scheduled for the summer of 2019.

## 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) has continued to work together to deliver the things we want to achieve as a system to improve the three gaps as set out in the FYFV:

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

The system appointed a joint STP Programme Director, Vikki Taylor, to co-ordinate the separate workstreams in the programme and to start to take a system-wide approach to operational, strategic and financial planning across the programme and between partner organisations. During 2018/19, Vikki and other members of the STP team started to be hosted by the Trust as an employing organisation and these staff numbers are reflected within the workforce figures included in this report.

The financial challenge faced by the Derbyshire health and care system continued through the course of 2018/19, with the CCGs making progress on the delivery of their Financial Recovery Plan. Increasingly, in 2019/20, the intention from across the STP partners is that these plans will come together to form a single, system-wide savings plan, where all partners will work together to ensure a coordinated and coherent plan to deliver services within the system's financial allocations.

Ifti Majid, the Trust's Chief Executive, continues to lead 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 publication of the NHS Long Term Plan in January pulled together many of these existing strategies into a single approach for the next five years. The workstreams are also taking into account work which has already been delivered in Derbyshire during the initial stages of the STP (2016-18) and the Better Care Closer to Home programme in the north of the county (previously known as 21C).

The mental health workstream in 2018/19 covered four key areas:

- **Mental health primary care** – started to develop new ideas for a wellbeing approach in communities, building on the resources and strength of the voluntary sector and linking with primary care networks. These will be prototyped in two locations in 2019/20. Working closely with Public Health colleagues, the workstream aims 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** – this workstream will increasingly focus in 2019/20 on improving the acute care pathway, reducing the need for out of area placements and improving the utilisation of our inpatient beds at the Radbourne and Hartington Units.
- **Mental health forensic and rehabilitation** – this workstream enabled health services to support an increased number of people in Derbyshire ward based and community settings as an alternative to out of county Locked Rehabilitation placements. This work will be expanded in 2019/20 to further help reduce the number of people in an inpatient rehabilitation facility, ensure better use of the inpatient facilities we have in Derbyshire for people who need it, and provide help in the community for people who have a forensic history and help for people who have complex needs
- **Dementia and delirium** – the workstream delivered a number of successful projects in 2018/19, seeing the development of an 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; and support for people to live in their own homes through a countywide

expansion of the Dementia Rapid Response Teams so that they may 'live well' with dementia. 2018/19 also saw the development and roll out of an online training package for health and care staff to help identify and prevent delirium in dementia. In 2019/20, this workstream will build on this success by linking further into care homes to support initiatives to avoid admissions to secondary care and to support the provision of high quality services at the end of life.

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. The Trust is a key partner in Joined Up Care Derbyshire and remains committed to working as a system to develop services for our communities.

### **Trust doctor to work with Olympic athletes and top football managers**

Trust Consultant Psychiatrist Dr Allan Johnston started two exciting new roles in the world of sport at the beginning of 2019.

He will be helping British athletes in the run-up to the 2020 Tokyo Olympics, and he has been appointed to advise on mental health to the UK's professional football managers and coaches.

Dr Johnston, who is based at Killamarsh Clinic, in January 2019 started a new role as one of four members of an expert panel put together by UK Sport and the English Institute of Sport (EIS) as part of a new mental health strategy aimed at Team GB athletes.

And in February he became the first in-house Consultant Performance Psychiatrist for the League Managers Association (LMA).

His EIS role will see him working with 1,700 athletes involved in the Olympic and Paralympic games in Tokyo 2020 and Paris 2024 and the Winter Olympics in Beijing 2022. He said: "I'm humbled and privileged to join such a talented group of professionals supporting the mental health of our Team GB athletes."

Dr Johnston's appointment to the new LMA role is part of the association's commitment to promoting the wellbeing of all managers and coaches working in the professional game and providing access to the best possible education, advice and support throughout their careers.

Dr Johnston (pictured at Chesterfield FC on World Suicide Prevention Day) said: "I'm hoping to improve the mental healthcare that football managers and coaches receive and use this as a platform to improve mental healthcare in general."



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

- Roger Kerry from North Derbyshire Voluntary Action for his support in the development of EQUAL, the Patients and Carers Forum (see below for more details)
- The experts by experience from the Trust's Psychiatry Teaching Unit who kindly give their time to train our future workforce and for their commitment to raise the voice of service user experience and support in Derbyshire
- North Derbyshire Carers Community and South Derbyshire Carers' Forums, which have continued to make a long-term and outstanding contribution to the Trust's groups and committees, for example the Patient Experience Committee - where they have made a significant contribution to the work of the Trust including the development of 'waiting well' information for families and carers. We would like to offer thanks to Sandra Austin and José Rodgers for supporting our Trust in appointing senior staff and influencing the future of clinical strategies in our organisation
- Mental Health Action Group for its ongoing contribution to the voice of the service user
- 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+ for their support and guidance 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 this year of partnership and collaboration.

### **Equal in voice and experience**

During the year the Trust has been working with patient groups and colleagues from our community and voluntary sector organisations, to develop a new patient council for Derbyshire Healthcare.

Titled EQUAL to represent that we are all equal in voice and experience, it is anticipated the group will formally launch in 2019/20.



## 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 with our local communities seriously and use many different methods for doing so.

Our regular Equality Delivery System (EDS) service reviews are open 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. We have 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 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, and engagement with rural communities, our BAME 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 (including senior leaders such as the 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 places where they can get help or find out more. We have improving relationships with the local media and Trust staff have regularly featured in interviews and reports 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 that people are interested in personally or for their family. Our public dementia 'question and answer' events continue to successfully engage communities all over Derbyshire, providing information and education as well as an opportunity to hear local community views.

### CAMHS Derby stages open day

World Mental Health Day in 2018 was on 10 October and the Trust opened up one of its CAMHS (Child and Adolescent Mental Health Service) buildings for an open day.

Friends, family, carers, students and colleagues went along to the event, which was on the theme of 'Young people and mental health in a changing world'.

CAMHS colleagues, including Expert by Experience Leanne Walker (pictured right), dressed in yellow to mark the occasion.

The open event was at the Derby CAMHS building Temple House in Mill Hill Lane, Derby. Attractions included stalls, cakes, refreshments, a raffle and a CAMHS recruitment stall.



## Wider Patient and Public Involvement (PPI) activities

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

This year our events have included:

- World Mental Health Day – The theme for 2018 was young people’s mental health in a changing world. This instigated the introduction of the Trust’s HART (Health, Awareness, Resilience and Trust) group, which comprises four teams from across the Trust: Early Intervention in Psychosis service, CAMHS, Breakout+ (young people’s drug and alcohol service) and the Healthy Schools service, which includes school nurses. The group now has a schedule of school visits, which launched on 10 October 2018 in recognition of World Mental Health Day. The visits will continue to take place until the end of July 2019. Members from the core team are scheduled to attend parents’ evenings at eight schools across the city, focusing on the emotional wellbeing of secondary school students. The information stall has been extremely popular with students and their parents alike, with practitioners able to signpost young people to where to find help and who to contact for immediate assistance. At the time of this report being prepared, there had been over 1,000 conversations logged to date. The feedback received has also encouraged schools to invite the HART group to continue the visits into the next school year.
- The theme for Mental Health Awareness week 2018 was stress. The Trust supported Liberation Day in Swadlincote, promoting stress awareness and mental wellbeing. Leaflets and posters were also distributed to teams across the Trust, signposting areas of help and hints and tips on reducing stress.
- In recognition of Time to Talk Day, we asked our staff, service users and visitors to have a conversation and a cuppa, to get talking about mental health. A pledge wall was on display in the Trust’s HQ at the Ashbourne Centre, where people were able to write down and display their pledges to reduce the stigma of mental health, as well as pledge to have at least one meaningful conversation about mental health with friends and family on Time to Talk Day. Some of the pledges include:



The Trust participated in several anti-stigma events throughout the year. This included a day in the Indian Community Centre in Derby celebrating Healthwatch Derby’s Chai event, promoting mental health and wellbeing and engaging with this community’s members. We promoted mental health in a positive light, encouraging visitors to be open and accepting of mental health and the stigma attached to it. We also did some wider promotion on social media of Blue Monday in January 2019, giving readers ideas and inspiration to seek help or seek the means to lift their own spirits. For Children’s Mental Health Week, this year’s theme was ‘healthy inside and out’ – during this week the HART group visited two schools, engaging students and parents about being physically as well as mentally healthy and reminding them that the stigma of mental health is reducing and that the wider public and especially their peers and teachers were well prepared to be of assistance to anyone who felt they needed support.

- In line with the Trust's commitment to LGBT+ communities, colleagues attended both Derby & Chesterfield Pride events, discussing any barrier to accessing our services, encouraging membership and promoting employment opportunities within the Trust
- The Trust also participated in a number of other events across the county, engaging with our members and communities. These events included Chaddesden Big One, League of Friends summer fayre, Derby West Indian carnival, Chai with Healthwatch event, a Disability Direct event and a Friends of Normanton – Great Get Together picnic (in aid of the Jo Cox Foundation)
- The Trust also provided some valuable mental health awareness training to MPs' staff during the year. This was found to be invaluable by the staff and they were fully engaged in the training and had very useful questions. We also provided them with a tour of the Kingsway site, led by the Campus staff. This further enhanced their understanding of mental health and the facilities that we provide for those in our care.



Healthy Schools Practitioner (Children's Services) Kate Swindale pictured at Landau Forte College, Derby, with the Trust's HART outreach group.



Trust public governor and membership champion Christine Williamson at South Derbyshire District Council's Liberation Day with organiser Rachel Holmes, dressed for the theme of Edwardian cavalcade.

### **Consultation with local groups and organisations including Overview and Scrutiny Committee**

Derbyshire Healthcare continues to engage with local groups and organisations, including Healthwatch Derby and Derbyshire and Mental Health Together.

The Trust has not been required to undertake any formal consultation or engagement with Overview and Scrutiny Committee colleagues during 2018/19. Commissioners have discussed a number of proposed changes to services provided by the Trust during the year, including conversations regarding a proposal to cease commissioning of psychodynamic psychotherapies. However no firm changes were agreed or finalised.



## Making commitments through our Charters

The Trust has committed to a number of charters over recent years, to demonstrate support to key communities and improve our work in these respective areas. The Charters – and ongoing progress – is outlined below:

- **LGBT+ -** We have an active LGBT+ network chaired by colleague Emma Frudd and vice chair Carol Fordham. The Trust is developing strong links with local LGBT+ voluntary sector organisations and promoting the Trust as an LGBT+ supportive employer. The Trust has a LGBT+ Twitter account, has an active presence at Pride events and has participated in local recruitment events where we have actively demonstrated this commitment. In addition we are rolling out rainbow lanyards so that staff can actively show their support for LGBT+ colleagues and service users
- **Armed Forces Covenant –** We continue to develop our work to support veterans and those in the armed forces. We have recently received the bronze award from the Defence Employer Recognition Scheme (ERS) in recognition of our commitment and support for defence personnel. Please see page 106 for more information
- **Dying to Work –** in June 2018 we confirmed our support for colleagues who have been diagnosed with a terminal illness. This support is outlined in the Trust’s HR policies and procedures. More information is outlined on page 36 of this Annual Report
- **Deaf Charter –** this was the first charter the Trust signed, back in 2015. Since that date we have worked closely with the British Deaf Association and the Derby Deaf Club and made a number of changes – for example improving access to the site and through car parking barriers via text messages, and increasing the range of information we produce in British Sign Language (BSL). This includes our patient experience information and some of the corporate videos we produce. We also ensure we have qualified BSL signers at public meetings, such as the Annual Members’ Meeting (AMM), and encourage attendance and participation from our Deaf communities
- **Treat me well: Implementing the Learning Disability and Autism Standards–** the Trust confirmed its support for this campaign at the Board meeting in July 2018, to transform how the NHS treats people with a learning disability in hospital. Over the year the Trust has refreshed its assessment of the Green Light Toolkit and developed autism boxes, staff training and new self-assessment tools for our environments.

### Children’s Services lead visits No 10 on World Mental Health Day

Scott Lunn, the Trust’s Children’s Services Clinical Lead, was invited to 10 Downing Street (pictured right) as Prime Minister Theresa May announced the country’s first ever Minister for Suicide Prevention on World Mental Health Day in October 2018.

Scott is a member of the national CAMHS (child and adolescent mental health service) collaborative programme board. He has been a member of the national CAMHS clinical expert group and has been involved in national Department of Health projects, helping to design commissioning tools for children and young people’s mental health services.



Scott said: “When the invitation came I didn’t believe it and got our IT department to check it out. The event was a great opportunity for networking. There were between 50 and 100 clinicians, CEOs and international ministers there – I ended up queuing outside with Ghana’s Minister of Health!

“Inside I met the CEO of Beat (an eating disorder charity) who spoke about a real opportunity in peer support models, which were showing great results across parts of the country. I also talked with the director of the World Health Organisation who was very much in favour of parity of esteem between physical and mental health.”

## Celebrating 70 years of the NHS

2018 was a key year for internal and external engagement as the Trust participated in national and local events in celebration of 70 years of the NHS.

Nationally, the Trust Chair and Chief Executive attended events and services at York Minster and Westminster Abbey. They were accompanied by Trust colleagues who had been nominated to attend by their peers.

In April more than 30 colleagues participated in the Derby 10k race, wearing blue t-shirts that promoted the Trust and NHS 70. Locally the Trust's celebrations 'kicked off' in May with an internal five-a-side football tournament which saw teams from a variety of clinical and corporate services compete. The team representing the Radbourne Unit finished as winners, with the Estates team runners-up. Given its success there are plans to repeat the tournament in 2019 as part of the Trust's staff engagement activities.

# 70

YEARS  
OF THE NHS  
1948 - 2018



The Trust held a Big 7Tea in July, as part of the League of Friends annual Summer Fayre. The Trust raised £175 towards its charitable funds through the event, where people were given the opportunity to enjoy a cuppa and a cake to mark the 70<sup>th</sup> birthday.

In August, the Trust held its very first Bake-Off competition and in September, dozens of runners of all ages completed the NHS70 5k Fun Run and Walk at Kingsway Hospital. More than 50 runners and walkers took part, with an array of fancy dress on show.

Runners were asked for donations and £103.86 was raised for the Trust's League of Friends.



# Remuneration report

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



Ifti Majid  
Chief Executive  
23/5/19

## Annual statement on remuneration

### Major decisions/substantial changes to senior managers' remuneration

On 16 January 2019 the Remuneration and Appointments Committee approved the NHSI-recommended 2018/19 pay award for Very Senior Managers – Executive Directors.

This provided a £2,075 increase consolidated into the base salary for Executive Directors whose salaries were below the upper range in the pay ranges provided by NHS Improvement and a non-consolidated payment for one year for Executive Directors who are above the upper range.

The Trust took part in the NHS Providers annual remuneration survey in January 2019 and the full results from this survey are expected to be published in April 2019. In March 2019, the Remuneration and Appointments Committee received the benchmarking report based on the interim results from the remuneration survey and reviewed the current remuneration of members of the Executive Leadership Team in relation to comparable NHS trusts. No action was considered necessary.

The Committee is following the guidance provided by NHSI for managing Executive Director Remuneration.



Caroline Maley  
Chair  
Chair of Remuneration and Appointments Committee

## Senior managers' remuneration policy future policy table:

### Executive Directors

<b>Component</b>	The Remuneration and Appointments Committee oversees the remuneration and terms and conditions of Executive Directors and Senior Managers. The Committee's approach to remuneration is guided by the Executive Director Remuneration Policy which outlines the approach the Trust takes to oversee the salaries and the provisions for other benefits as outlined in remuneration table on pages 95-98.
<b>How this operates</b>	The Terms of Reference of the Remuneration and Appointments Committee outline their responsibility to decide on the level of remuneration for each appointment.
<b>How this supports the short and long term strategic objectives of the Trust</b>	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.
<b>Maximum that can be paid</b>	Pay is outlined in the remuneration table outlined on pages 95-96. 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.
<b>Framework used to assess performance measures that apply</b>	Performance is measured using appraisal processes. Remuneration is not normally linked to the appraisal process.
<b>Provisions for recovery or withholding of payments</b>	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

<b>Component</b>	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.
<b>Additional fees</b>	Not applicable
<b>Other remuneration</b>	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.

NHS Improvement have provided a Very Senior Managers Pay Framework with salary ranges dependent on an NHS trust's size and sector which are the guiding principles that the Remuneration and Appointments Committee follows to determine Senior Managers Pay. The Trust participates annually in the NHS Providers Board remuneration survey and the Remuneration and Appointments Committee reviews the findings.

## Annual Report on Remuneration

### Directors' appointments and contracts

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

Non-Executive Directors including the Trust Chair are subject to fixed term appointments. Details of Non-Executive terms of office are outlined in the Directors' Report on pages 51-54.

### Remuneration and Appointments Committee

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

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

	Actual attendance	Possible attendance
Caroline Maley (Chair)	5	5
Julia Tabreham	2*	5
Margaret Gildea	5	5
Geoff Lewins	5	5
Richard Wright	5	5
Dr Anne Wright	2	5

\*extended absence due to long term period of ill health.

**The details included in the Remuneration report (salary and allowances of Executive and Non-Executive Directors for the year 2018/19 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 2018/19

Title	Name	2018/19						2017/18					
		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	145-150				65-67.5	215-220	140-145				70-72.5	210-215
Deputy Chief Executive & Executive Director of Finance	Claire Wright	120-125				7.5-10	130-135	120-125				60-62.5	180-185
Executive Medical Director	John Sykes * <sup>1</sup>	190-195	2,000				195-200	190-195	2,000				190-195
Executive Director of Nursing & Patient Experience	Carolyn Green	110-115				10-12.5	125-130	110-115				25-27.5	135-140
Chief Operating Officer	Mark Powell * <sup>2</sup>	110-115				10-12.5	125-130	110-115				40-42.5	150-155
Director of People & Organisational Effectiveness	Amanda Rawlings * <sup>3</sup>	60-65	1,900				60-65	60-65	1,200				60-65
Director of Corporate Affairs/Trust Secretary	Samantha Harrison * <sup>4</sup>	90-95				7.5-10	100-105	90-95				25-27.5	115-120
Director of Business Improvement and Transformation	Gareth (David) Harry * <sup>5</sup>	85-90				65-67.5	150-155						
Interim Director of Strategic Development	Lynn Wilmott-Shepherd * <sup>6</sup>	10-15					10-15	85-90					85-90
Chair	Caroline Maley * <sup>7</sup>	50-55					50-55	50-55					50-55
Non-Executive Director	Margaret (Barbara) Gildea	10-15					10-15	10-15					10-15
Non-Executive Director	Julia Tabreham	10-15					10-15	10-15					10-15

Non-Executive Director	Anne Wright	10-15					10-15	10-15					10-15
Non-Executive Director	Richard Wright	10-15					10-15	10-15					10-15
Non-Executive Director	Geoff Lewins <sup>*8</sup>	15-20					15-20	5-10					5-10
Non-Executive Director	Barry Mellor <sup>*9</sup>							10-15					10-15
Band of Highest Paid Director's Total Remuneration (£000)		190-195						190-195					
Median Total Remuneration		28,050						28,746					
Ratio		6.9						6.7					

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 2018/19 was £190,000 - £195,000 (2017/18: £190,000 - £195,000). This was 6.9 times (2017/18: 6.7) the median remuneration of the workforce, which was £28,050 (2017/18: £28,746).

In 2018/19, one employee received remuneration in excess of the highest-paid director (2017/18: zero). Remuneration ranged from £11,536 to £195,849 (2017/18: £6,844 to £191,604).

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 2019. 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 2018/19 was the Executive Medical Director (of which £121,500 related to their clinical role). This is consistent with 2017/18.

In 2018/19 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 (2017/18: one). The Trust Remuneration and Appointments Committee have reviewed this and considers it reasonable as it relates to the Medical Director whose payments cover both clinical and Board duties.

(This disclosure is subject to audit)

\*1 John Sykes - pension frozen 31.05.12

\*2 Mark Powell - Chief Operating Officer from 20.11.17 having served as Acting Chief Operating Officer since 01.10.16 when acting up from Director of Strategic Development

\*3 Amanda Rawlings - Recharge from host employer (Derbyshire Community Health Services) included equating to 50% of total salary. Pension benefits disclosed by employing trust.

\*4 Samantha Harrison - left post 31.03.19

\*5 Gareth (David) Harry - started in post 01.06.18

\*6 Lynn Wilmott-Shepherd - left post 01.06.18. Recharge from host employer (Erewash CCG) included equating to 100% of total salary. Pension benefits disclosed by employing Trust if applicable.

\*7 Caroline Maley - Chair from 14.09.17 having served as Acting Chair from 01.01.17 when acting up from Non-Executive Director

\*8 Geoff Lewins - started 01.12.17

\*9 Barry Mellor - started 16.11.16 and left 31.12.17.

The total taxable benefits reported in the table above of £3.9k all relate to lease car benefits.

**The Trust hosts staff working for Joined Up Care Derbyshire, through a hosting and recharge arrangement as part of the wider STP arrangements. This includes the STP Director, who is not reflected in these tables as they are not a Director of the Trust.**

## Pension benefits 1 April 2018 – 31 March 2019

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 2019 (bands of £5,000)	Lump sum at pension age related to accrued pension at 31 March 2019 (bands of £5,000)	Cash Equivalent Transfer Value at 01 April 2018	Real Increase in Cash Equivalent Transfer Value	Cash Equivalent Transfer Value at 31 March 2019	Employers Contribution to Stakeholder pension (to nearest £00)
		£000	£000	£000	£000	£000	£000	£000	£000
Chief Executive	Ifti Majid	87.5-90	7.5-10	65-70	165-170	1115	201	1349	21
Deputy Chief Executive & Executive Director of Finance	Claire Wright	25-27.5	0-2.5	35-40	85-90	590	91	698	18
Executive Medical Director	John Sykes	0	0	65-70	205-210	0	0	0	0
Executive Director of Nursing & Patient Experience	Carolyn Green	27.5-30	0-2.5	25-30	60-65	368	69	448	16
Chief Operating Officer	Mark Powell	27.5-30	0-2.5	30-35	65-70	378	72	461	16
Director of Corporate and Affairs/Trust Secretary	Samantha Harrison	20-22.5	0-2.5	25-30	65-70	444	67	525	14
Director of Business Improvement and Transformation	Gareth (David) Harry	75-77.5	5-7.5	20-25	50-55	276	93	377	12

### Payments for loss of office

None in 2018/19.

### Payments to past senior managers

None in 2018/19.

# Staff report

The table below outlines the professional categories of staff employed by the Trust and the changes in WTE (whole time equivalent) by category from 2017/18 to 2018/19.

## Workforce profile: Staff numbers

Average number of employees (WTE basis)	2018/19			2017/18		
	Total number	Permanent number	Other number	Total number	Permanent number	Other number
Medical and dental	161	148	14	162	139	23
Ambulance staff	0	0		0	0	
Administration and estates	597	595	2	609	564	45
Healthcare assistants and other support staff	442	442		428	342	86
Nursing, midwifery and health visiting staff	884	876	8	875	836	39
Nursing, midwifery and health visiting learners	2	2		2	2	
Scientific, therapeutic and technical staff	281	279	2	274	271	3
Healthcare science staff	0	0		0	0	
Social care staff	3	3		1	1	
Other	0			0		
<b>Total average numbers</b>	<b>2,372</b>	<b>2,346</b>	<b>26</b>	<b>2,351</b>	<b>2,155</b>	<b>196</b>
Of which:						
Number of employees (WTE) engaged on capital projects	3	3		4	4	

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

## Workforce profile: staff costs

	31 March 2019			31 March 2018		
	Total	Permanently employed	Other	Total	Permanently employed	Other
	£000	£000	£000	£000	£000	£000
Salaries and wages	81,638	79,167	2,471	75,079	72,760	2,319
Social security costs	7,377	7,377	-	6,806	6,806	-
Apprenticeship levy	381	381	-	348	348	-
Employer contributions to NHS Pension Scheme	10,287	10,287	-	9,471	9,471	-
Other pension costs	-	-	-	-	-	-
Other post-employment benefits	-	-	-	-	-	-
Temporary staffing (external bank)	-	-	-	2,864	-	2,864
Temporary staffing (agency/contract)	2,900	-	2,900	3,770	-	3,770
Termination benefits	-	-	-	1	1	-
<b>Total gross staff costs</b>	<b>102,583</b>	<b>97,212</b>	<b>5,371</b>	<b>98,339</b>	<b>89,386</b>	<b>8,953</b>
Of the total above:						
Charged to capital	141			137		
employee benefits charged to revenue	102,442			98,202		
	102,583			98,339		



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

	Headcount	FTE	Workforce %
<b>Trust</b>			
Employees	2586	2248.07	-
<b>Staff group</b>			
Additional Professional Scientific and Technical	215	185.74	8.31%
Additional Clinical Services	433	384.66	16.74%
Administrative and Clerical	507	435.14	19.61%
Allied Health Professionals	169	135.73	6.54%
Estates and Ancillary	162	123.95	6.26%
Medical and Dental	127	111.67	4.91%
Nursing and Midwifery Registered	971	869.18	37.55%
Students	2	2.00	0.08%
<b>Age</b>			
16-20	6	6.00	0.23%
21-30	334	313.62	12.92%
31-40	584	495.16	22.58%
41-50	717	633.14	27.73%
51-60	747	651.15	28.89%
61-70	183	138.20	7.08%
71 & above	15	10.80	0.58%
<b>Disability</b>			
Declared Disability	115	98.60	4.45%
No Declared Disability	2471	2149.48	95.55%
<b>Ethnicity</b>			
White - British	2030	1753.96	78.50%
White - Irish	27	22.49	1.04%
White - Any other White background	40	35.19	1.55%
White Northern Irish	2	1.67	0.08%
White Unspecified	36	32.67	1.39%
White English	3	2.64	0.12%
White Other European	4	3.45	0.15%
Mixed - White & Black Caribbean	17	14.91	0.66%
Mixed - White & Black African	4	3.60	0.15%
Mixed - White & Asian	11	10.55	0.43%
Mixed - Any other mixed background	10	9.20	0.39%
Asian or Asian British - Indian	112	100.11	4.33%
Asian or Asian British - Pakistani	35	32.45	1.35%
Asian or Asian British - Bangladeshi	3	2.37	0.12%
Asian or Asian British - Any other Asian background	10	8.95	0.39%
Asian Punjabi	3	2.24	0.12%
Asian Tamil	1	1.00	0.04%
Asian British	1	1.00	0.04%
Black or Black British – Caribbean	48	43.33	1.86%
Black or Black British - African	56	51.65	2.17%
Black or Black British - Any other Black background	8	7.68	0.31%
Black Nigerian	2	2.07	0.08%
Black British	2	1.40	0.08%
Chinese	2	1.80	0.08%
Any Other Ethnic Group	10	8.21	0.39%
Vietnamese	1	1.00	0.04%
Not Stated	108	92.51	4.18%
<b>Gender</b>			
Female	2068	1764.94	79.97%

	Male	518	483.14	20.03%
<b>Gender breakdown</b>				
	Female Director/CEO	4	4.00	50.00%
	Male Director/CEO	4	4.00	50.00%
	Female Senior Manager Band 8c & above	13	11.04	54.17%
	Male Senior Manager Band 8c & above	11	11.00	45.83%
	Female Employee other	2051	1749.90	80.31%
	Male Employee other	503	468.14	19.69%
<b>Religious belief</b>				
	Atheism	305	270.97	11.79%
	Buddhism	10	8.92	0.39%
	Christianity	964	835.26	37.28%
	Hinduism	26	24.86	1.01%
	Not stated	960	822.38	37.12%
	Islam	38	34.19	1.47%
	Jainism	1	1.00	0.04%
	Judaism	4	3.40	0.15%
	Other	237	211.06	9.16%
	Sikhism	41	36.04	1.59%
<b>Sexual orientation</b>				
	Bisexual	12	11.07	0.46%
	Gay or Lesbian	41	36.83	1.59%
	Heterosexual	1693	1478.73	65.47%
	Not stated	840	721.46	32.48%

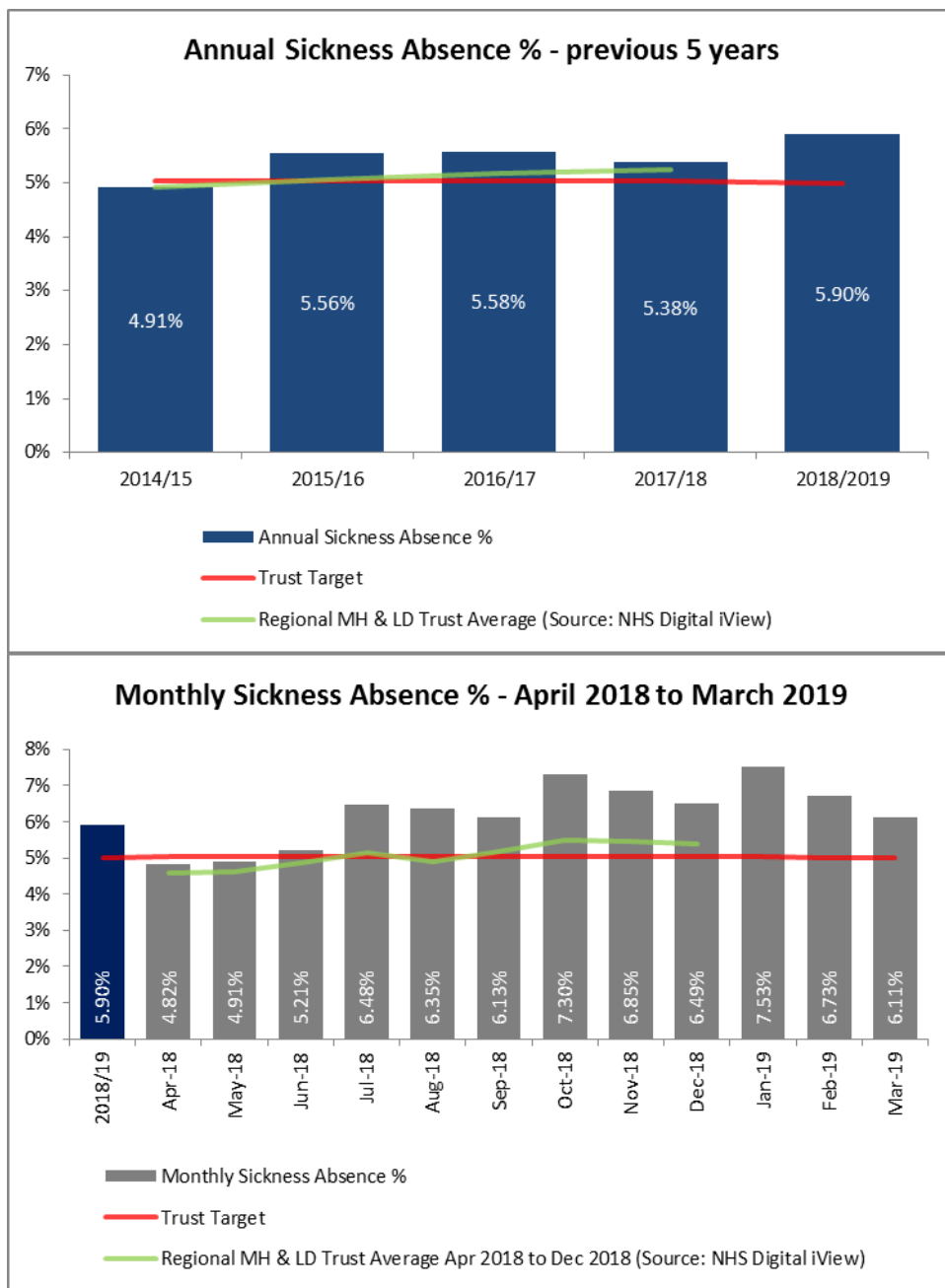


### Sickness absence data

Staff attendance continues to be a challenge, particularly across inpatient areas. The annual sickness rate for 2018/19 was 5.90% which is 0.52% higher than the previous year.

In line with experiences across other NHS trusts nationally, anxiety, stress, depression and/or other psychiatric illnesses remains the Trust’s highest reason for sickness absence and accounted for 31.93% of all sickness absence during March 2019, followed by surgery at 11.10% and other musculoskeletal issues at 7.84%.

Full-time equivalent (FTE) days available	Average number of FTE staff 2018	FTE days lost to sickness absence	Average sick days per FTE
796,441	2,182.03	28,014.02	12.84



## Staff policies and actions applied during the financial year

### Health and wellbeing developments

In 2018 the Trust launched a new staff wellbeing team as part of the People Services joint venture arrangement. This team, consisting of a staff wellbeing lead and two staff wellbeing officers, has focused on reviewing the current wellbeing provision across the Trust. Recommendations have been presented to the Executive Leadership Team to build on the current offer; these proposals have been approved and the new wellbeing programme will provide further mental health support, through counselling provision, along with physiotherapy support for musculoskeletal (MSK) conditions. This launched in April 2019 with self-referral routes for staff into talking therapies and physiotherapy treatment.

The Trust has launched a new offer for staff which consists of bespoke team support and training, one to one wellbeing coaching, a calendar of monthly campaigns focused on pertinent issues for wellbeing and a programme of wellbeing days, which include training on managing stress, building resilience, time management, improving sleep and developing nutrition.

There is also a focus on issues away from work such as finances, where the Trust has partnered with the financial wellbeing organisation Neyber to provide financial support to staff through tailored information and low cost loans. This is complemented by the upcoming launch of a new staff benefits portal, through Vivup, which will provide a host of opportunities for staff to save money on a range of products and services from high street shopping to gym membership.

This offer complements the existing provision which includes monthly Schwartz rounds at the Radbourne and Hartington Units, psychologist-led incident support and the staff flu vaccination campaign. This year the Trust vaccinated more staff than ever before. However our vaccination rate remains lower than our target and significantly lower than other NHS trusts nationwide. We will therefore be reviewing our approach for 2019/20 and investing in further work to understand some of the reasons why our staff are choosing not to be vaccinated.

### Disability Confident employer

The Disability Confident scheme aims to help organisations successfully employ and retain disabled people and those with health conditions. The Trust moved from being a “disability committed employer” to a “disability confident employer” in 2018. The scheme supports organisations through our workforce policies and procedures to be able to support staff (both current and at applicant stage) who may have a disability, ensuring that the right adjustments are in place where necessary.



The Trust has listened to staff across the organisation through both the previous year’s staff survey, pulse checks and feedback from Trade Union representatives and, as a result of this, the Disability and Wellness Staff Network was launched and had its first inaugural meeting in November 2018. Colleagues from across the Trust have joined this network which focuses on physical and mental health conditions and wellness of staff.

The Trust is able to respond to both positive and negative experiences of staff, to support staff to stay well and, if staff find themselves with a condition that is short or long term, there is a priority to support and manage this. The work of the Disability and Wellness Staff Network will enhance the Trust’s new wellbeing offer which launched in April 2019.



## Union facility time

The Trust supports and values the work of its Trade Union (TU) and professional organisation representatives, promoting a climate of active co-operation between representatives, leadership teams and staff at all levels to achieve real service improvement, best patient care and our desire to be an employer of choice. As an organisation we recognise that outstanding practice requires an engaged and valued workforce, and we seek to enhance and maintain these excellent employee relations through early involvement, engagement and intelligence-sharing with our TU partners.

### Relevant union officials

What was the total number of your employees who were relevant union officials during the relevant period?

Number of employees who were relevant union officials during the relevant period	Full-time equivalent employee number
<b>12</b>	<b>8.94</b>

### Percentage of time spent on facility time

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99% or d) 100% of their working hours on facility time?

Percentage of time	Number of employees
0%	<b>2</b>
1-50%	<b>10</b>
51%-99%	-
100%	-

### Percentage of pay bill spent on facility time

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

First Column	Figures
Provide the total cost of facility time	<b>£27,253</b>
Provide the total pay bill	<b>£102,570,678</b>
Provide the percentage of the total pay bill spent on facility time, calculated as: (total cost of facility time ÷ total pay bill) x 100	<b>0.03%</b>

**Paid Trade Union activities**

As a percentage of total paid facility time hours, **how many hours** were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

Time spent on paid Trade Union activities as a percentage of total paid facility time hours calculated as:	
<i>(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) x 100</i>	<b>5%</b>



**Committed to supporting defence personnel**

In March 2019 the Trust received the bronze award from the Defence Employer Recognition Scheme (ERS), in recognition of our commitment and support for defence personnel.

Through this process the Trust pledges to support the armed forces and reservists, including existing or prospective employees who are members of the armed forces community.

We will also promote that the Trust is armed forces-friendly and is open to employing reservists, armed forces veterans (including the wounded, injured and sick), cadet instructors and military spouses/partners.



## Engaging staff

The Trust is committed to creating an open and honest culture, encouraging staff engagement through a wide range of mechanisms and opportunities. Staff engagement and internal communication has been a priority for the Trust throughout 2018/19 as we have sought to work with staff to introduce a new range of approaches to reach colleagues working across all our sites and services, in response to feedback.

We are pleased to recognise the improvements noted in the recent staff survey results, with colleagues reporting feeling increased involvement and being better informed about the work of the Trust.



Focus on our workforce and wider staff engagement will continue to be a priority throughout 2019/20, underpinned by the direct link that effective staff engagement has upon good patient care.

At the start of 2018 the Trust launched a new staff engagement programme called 'Team Derbyshire Healthcare', aimed at improving internal communications and encouraging two-way conversations for staff across the Trust.

The Team Derbyshire Healthcare programme has a number of different elements with the aim to:

- Ensure we understand how teams engage and receive information
- Provide information that is designed specifically for colleagues, with a focus on showcasing and celebrating the work of our teams
- Promote two-way communication and opportunities to receive feedback from staff
- 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 their own cascade processes.

Over the last year, staff have had the opportunity to feed back their ideas and questions through a new monthly Team Brief, and an 'on the road' engagement programme by the Chief Executive to visit colleagues across all Trust sites. Wider staff engagement plans for 2019 will include an Executive Director engagement programme, with each service team being joined by a member of the Executive Leadership Team over the next year.



A new quarterly staff magazine, Team Talk, highlights news, stories and achievements from staff for staff. It is sent out to all locations of the Trust and is also available on the staff intranet site, Connect.

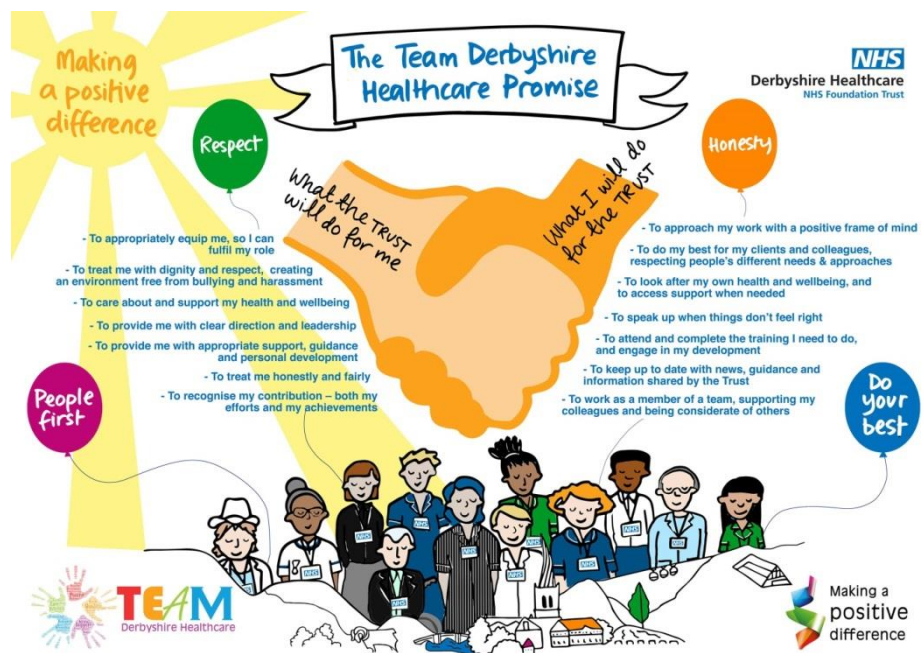
Following feedback from our colleagues, work has commenced on developing a new intranet site and a staff working group has been set up for colleagues to help shape the functionality and look of this site. The development of a new Trust intranet is an internal communications priority for 2019/20.

In September 2018, we held our first staff conference on 'the power of the team'. More than 100 colleagues attended the event (pictured left) and shared examples of best practice, with two key note speakers. Discussions focused on behaviours that helped inspire teams and how we could all capture the 'brilliant basics' and 'magic touches' in our work.

There was overwhelmingly positive feedback from colleagues in attendance. A second staff conference on the theme of 'moving with the times' is planned for 2019.

The staff conference was also pivotal in starting the creation of a new set of expectations - which colleagues chose to call 'The Team Derbyshire Healthcare Promise'. Initially developing as an outcome of the staff conference, all colleagues were given the opportunity to contribute to the Promise and discuss its development in team meetings. This led to a co-created set of expectations –

you can read more about the Team Derbyshire Healthcare Promise on page 16 of this Annual Report. Going forwards in 2019/20 we will embed the principles of the Promise into our workforce and leadership processes, including the Trust's new appraisal documentation that has been shaped by colleagues.



The Trust's Staff Forum celebrated its first birthday in November 2018. The forum continues to meet on a bi-monthly basis, giving staff the opportunity to work with the Executive Leadership Team to discuss decisions affecting the Trust and put forward better ways of working and ideas to improve our services. The forum comprises nominated staff representatives, staff governors, employee network chairs, staffside representatives and the Executive Leadership Team.

Issues that have been raised by the forum over the last year include e-learning support, mileage and expenses, staff development and email etiquette.

A significant achievement for the forum relates to an issue raised on behalf of colleagues who have high travel mileage through working in community settings, and the reduced rate of reimbursement for those who travel more than 5,000 business miles each year under Trust policy. Following conversations with the Staff Forum, an alternative process for reimbursing mileage has been agreed with the Joint Negotiating and Consultation Committee to ensure fairness for these colleagues.

The Trust's Delivering Excellence Awards took place in November 2018, with a record number of nominations being received across all categories. The work of Trust staff and volunteers was recognised at a special afternoon tea awards ceremony. Colleagues with 40 years' experience of working for the NHS were also acknowledged at the event.

A new staff bulletin, the 'Radbourne Round Up' has been introduced to improve local communication channels, initially for colleagues based at the Radbourne Unit. Due to the success of this bulletin, a further version is being created for colleagues at the Hartington Unit and wider campus services during 2019.

Informal opportunities for staff engagement took place during the year, focused on the Trust's celebrations of 70 years of the NHS. Further information about the year's NHS 70 activities is included on page 90 of this Annual Report.

A staff feedback survey was undertaken in January and February 2019 to evaluate the staff engagement and internal communication processes developed during the year. This feedback supported the

approaches introduced to date and provided valuable feedback to help further shape activities for the coming year. This will include further development of the Trust's monthly recognition of teams and individuals.

### **Involving staff in the performance of the Trust**

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

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

### **Freedom to Speak Up**

Staff are encouraged to raise any concerns they may have with their line manager, with anyone else in their management line, or directly with our Freedom to Speak Up Guardian (FTSUG). Staff are also able to contact Executive Directors, the Chief Executive or lead Non-Executive Director for Speaking Up. Outside the organisation, there are a range of external bodies which staff may approach and contact details are outlined in the Trust's Raising Concerns/Speaking Up at Work (Whistleblowing) Policy.

The role of Freedom to Speak Up Guardian has been promoted widely through internal communication routes including staff bulletins, Trust-wide email, posters across Trust sites, payslip notifications, staff computer screen savers, face to face meetings and team presentations. The Trust's commitment to Speaking Up and the Freedom to Speak Up Guardian's role is also highlighted at Trust corporate induction which all new staff attend.

For those finding it difficult to speak up or who may want to raise concerns anonymously, a PO Box address had been established and promoted, where individuals may choose to write to the FTSUG directly. The Trust's Raising Concerns/Speaking up (Whistleblowing) Policy was updated in 2018 to ensure that the process to manage any concern raised is clearly defined and to incorporate updated CQC guidance.

### **How feedback is given to those who speak up**

The Trust aims to deal with any concern promptly and without unreasonable delay and keep those who speak up informed and supported throughout the process. The Trust recognises that in exceptional circumstances timescales may need to be extended by either party, and these are mutually agreed.

Our aim is to:

- Acknowledge the concern in writing within five working days after the day on which it is received
- Upon conclusion/investigation the individual should be informed of the outcome through feedback, following which a feedback letter outlining any action will be provided in writing within five working days.

### **How we ensure staff who do speak up do not suffer detriment**

If a concern is raised, the Raising Concerns/Speaking Up at Work (Whistleblowing) Policy is clear that the member of staff will not be at risk of losing their job or suffering any form of reprisal as a result. The Trust will not tolerate any attempt to bully an employee into not raising a concern. Any such behaviour would be a breach of our Trust values and, if upheld following investigation, could result in disciplinary action. Provided that the staff member is acting in good faith it does not matter if they are mistaken or if there is an innocent explanation to the concerns. Of course, we do not extend this assurance to someone who may maliciously raise a matter they know is untrue.

We work to ensure that our staff will feel supported and comfortable raising a concern openly; however we do understand that there may be occasions where a staff member may wish to remain anonymous. We can keep their identity confidential, if they choose to, unless required to disclose it by law, for example by the Police.



## Protecting staff

### Health and safety performance

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

13 incidents occurred during 2018/19 which were reported to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) 2013. Of the 13 incidents, four were specified injury (fractured bone) and nine 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	Non compliant	Compliant	Total required	% of overall required compliant
Fire safety level 1 and 2 (on an annual basis)	160	2410	2570	93.77%
Fire warden	27	159	186	85.48%
Health and safety awareness	473	2099	2572	81.61%

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

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

### Occupational health

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

## Countering fraud and corruption

The Trust's counter fraud service was provided by KPMG until December 2018 and then provided by 360 Assurance from then on. There was a thorough handover from one provider to another and at all times we had in place a nominated 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 Counter Fraud Authority 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/Speaking Up at Work ("Whistleblowing") Policy and procedures in place which are communicated to staff – for example, through Trust information systems, newsletters and training. In March 2019 the Director of Finance presented a report to Audit and Risk Committee describing overall lessons learned from counter fraud and bribery cases and the expanded counter fraud meeting arrangements to increase oversight and support continuous improvement and learning. In line with best practice, we have also recorded the risk related to counter fraud, bribery and corruption as a standalone operational risk on our Trust risk system, Datix.

During 2018/19 the Trust used 37 days of counter fraud activity, across the following areas:

Area	KPMG days	360 days	Total days
Strategic Governance (assessment and reporting)	4	5	9
Inform and involve (awareness training, publicity, liaison)	9.5	2	11.5
Prevent and deter (issue alerts, review policies, provide guidance)	9.5	1	10.5
Hold to account (investigations)	3	3	6
<b>Total days</b>	<b>26</b>	<b>11</b>	<b>37</b>

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

At its March 2019 meeting the Audit and Risk Committee confirmed that it is assured that sufficient control and management mechanisms in relation to counter fraud, bribery and corruption are present, in line with NHS Counter Fraud Authority standards.



### Expenditure on consultancy

As shown in note 7 to the accounts, consultancy fees incurred in 2018/19 were £0 (2017/8: £43,011).

### Off-payroll arrangements

The Trust's policy on the use of off-payroll is to use by exception. Having conducted an internal audit review of our high-cost off-payroll arrangements in 2015/16, and introduced additional oversight and reporting to Executive Directors and the Finance and Performance Committee on such engagements, the Trust did not have any off-payroll engagements in 2018/19.

**Table 1: All off-payroll engagements as of 31 March 2019, for more than £245 per day and last for longer than six months**

Number of existing engagements as of 31 March 2019	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 2018 and 31 March 2019, 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 2018 and 31 March 2019	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 2018 and 31 March 2019**

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	9

**Exit packages**

Exit package cost band	Number of compulsory redundancies	Number of other departures agreed	Total number of exit packages by cost band
<£10,000			
£10,001 - £25,000			
£25,001 - £50,000			
£50,001 - £100,000			
£100,001 - £150,000			
£150,001 - £200,000			
>£200,000			
<b>Total number of exit packages by type</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Total resource cost (£000)</b>	<b>0</b>	<b>0</b>	<b>0</b>

## NHS Staff Survey

The Trust's staff survey results for 2018 show an increased engagement score and consistent improvement overall, with progress noted across all domains in comparison to the results from last year.

The 2018 NHS England Staff Survey results were conducted between Monday 1 October and Friday 30 November 2018. 1,284 Trust employees completed the survey giving a 54% response rate, compared to the average of 45% of all NHS trusts and foundation trusts, and our previous response rate of 44.8% in 2017.

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

From 2018 onwards, the results from questions are grouped to give scores in ten indicators. The indicator scores are based on a score out of ten for particular questions with the indicator score being the average of those.

Scores for each indicator together with that of the survey benchmarking group of Combined Mental Health/Learning Disability and Community trusts are presented below:

	2018/19		2017/18		2016/17	
	Trust	Benchmarking group	Trust	Benchmarking Group	Trust	Benchmarking Group
Equality, diversity & inclusion	9.2	9.2	9.0	9.2	9.0	9.2
Health & wellbeing	6.2	6.1	6.0	6.1	6.0	6.2
Immediate managers	7.2	7.2	7.1	7.1	7.0	7.1
Morale	6.3	6.2	N/A	N/A	N/A	N/A
Quality of appraisals	5.4	5.5	5.1	5.4	5.1	5.4
Quality of care	7.2	7.4	7.2	7.4	7.2	7.5
Safe environment – bullying & harassment	8.3	8.2	8.2	8.3	8.1	8.2
Safe environment – violence	9.5	9.5	9.5	9.5	9.5	9.5
Safety culture	6.6	6.8	6.3	6.7	6.2	6.7
Staff Engagement	6.9	7.0	6.8	7.0	6.7	7.0

Full survey results are also shared with staff on our intranet site and via our all staff weekly email, Weekly Connect. All these channels help to feed into the detailed action plan to address areas where the survey shows we need to improve.



Using the findings from the NHS Staff Survey 2018, we are focusing on ‘quality of care’ and ‘safety culture’ as the two priority areas for improvement during 2019. The information above shares how the Trust has communicated with our staff about the Staff Survey results. From this an action plan was developed, focused on continuing our work programme on equality, diversity and inclusion, launching a new health and wellbeing offer and progressing our leadership and management strategy. A new appraisal process has been developed and we have a clear focus on eradicating bullying and harassment, protecting staff from violence and aggression and listening to staff on how we improve the quality of care we provide. We are committed to progressing this plan in the knowledge that if we get these key issues right, they will result in a better working environment for all.

Smaller focus area workstreams will be developed to consider the questions where scores were both below average and worse than 2017 and wider comments. This includes training and development, harassment, bullying or abuse at work from service users, colleagues or managers.

The Trust triangulates its staff survey feedback alongside other people metrics to gather insight to areas where we need to focus on increasing staff engagement and involvement. This will ensure that we are able to align focus areas into current work programmes, in order to ensure the issues highlighted in the 2018 NHS Staff Survey are captured and swiftly addressed.

Progress on our priorities and targets to improve staff satisfaction in each of these areas will be reported to the People and Culture Committee.



## Pulse Checks

Pulse Checks, incorporating the Staff Friends and Family Test (FFT), were launched in 2015 to give quick, anonymous feedback on how well staff feel they are being managed, engaged and supported. They are undertaken on a quarterly basis and the Trust is seeing quarterly improvement in its participation rates.

The positive impact that high staff engagement can have on other key performance indicators – such as attendance, patient safety and productivity – is recognised and well researched. It also shows leaders how well they are engaging with their teams to deliver the results we need, primarily around quality care for our patients.

We encourage all our staff to complete the 10-question Pulse Check to test the mood and wellbeing of employees and teams. This helps us pinpoint where and how we need to give extra support and intervention on a rolling basis to maintain staff morale.

## Staff Friends and Family Test questions

Question	% likely to recommend the Trust (extremely likely / likely)			
	Jan – Mar 2018	Apr – Jun 2018	Jul – Sep 2018	Jan – Mar 2019
Recommend the organisation for care or treatment?	73%	74%	74%	76%
Recommend the organisation as a place to work?	61%	61%	61%	65%

## Additional questions

Question	Jan – Mar 2018	Apr – Jun 2018	Jul – Sep 2018	Jan – Mar 2019
Care of patients/service users is the Trust's top priority	80%	77%	76%	80%
I am able to make suggestions to improve the work of my team/department	78%	79%	77%	79%
There are frequent opportunities for me to show initiative in my role	74%	73%	72%	74%
I am able to make improvements happen in my area of work	67%	67%	65%	68%
I think that it is safe to speak up and challenge how things are done	62%	61%	63%	65%
I look forward to going to work	61%	61%	58%	62%
I am enthusiastic about my job	73%	75%	72%	75%
Time passes quickly when I am working	78%	80%	78%	77%

### Service user leads Reverse Advent appeal to collect for Radbourne Unit

Hampers of gifts brought festive joy to inpatients in the Radbourne Unit in December 2018 thanks to former service user Emily's successful Reverse Advent appeal.

Since 2015 Emily (pictured left) has organised a similar appeal each December, after spending time at the Radbourne Unit in Derby and realising that some of her fellow service users were missing out on nice toiletries and extra treats.

Each day in December Emily and her family and friends bought items that would be of use by patients in the Unit, from toiletries or edible treats to items to entertain and keep their minds positively occupied.

Trust colleagues, carers and service users also donated items, as did local churches and students and staff from the Mental Health Nursing team at the University of Derby.

Emily said: "When I spoke with the Trust about making the Reverse Advent project bigger and better for 2018, never in my wildest dreams could I have imagined just how big the project would get. I was totally overwhelmed by the generosity of those who donated."

The gifts were sorted and packed into hampers by Emily, helped by service users and staff on the Radbourne Unit, and taken to the wards on Christmas Eve. Emily was assisted by Trust Chief Executive Ifti Majid and Chief

Operating Officer Mark Powell (pictured centre and right, respectively). Gifts were also collected for hospital patients on wards at other Trust hospital sites.



## Disclosures set out in the NHS Foundation Trust Code of Governance

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

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

### Requirements under the code for disclosure

The Trust discloses compliance with the Code of Governance where annual disclosure in the Annual Report is required. Those marked 'additional' are not in the Code, but are added by the Annual Reporting Manual to supplement the requirements. 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 is regularly reviewed by the Trust Board and Council of Governors.
A.1.2	Details of the Board of Directors and their attendance at Board and committee meetings	Details of the Trust's Board of Directors and their attendance at meetings during the year are included in the Directors' Report.
A.5.3	Details of the Council of Governors, constituencies and nominated Lead Governor	This information is held in the section titled Council of Governors.
Additional	Attendance at Council of Governors meetings	Attendance by individual governors is outlined in the section titled Council of Governors.
B.1.1	Independence of Non-Executive Directors	This is outlined in the Directors' Report.

Reference	Requirement	Disclosure/additional information
B.1.4	Description of each Director's skills, expertise and experience. Statement as to Board's balance, completeness and appropriateness for the FT	This detail is outlined in the Directors' Report.  The Remuneration and Appointments Committee reviewed the structure, size and composition of the Board during the year to ensure that there is a broad mix of skills, knowledge, experience and diversity.
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 and Nominations and Remuneration Committee (governors).
Additional	Explanation if neither external search consultancy nor open advert is used to appoint Chair or NED	No Trust Chair or NED appointments were made in year.
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	A joint development session between the Council of Governors and Trust Board took place in October 2018 to review the Trust's Strategy. The session included discussions and feedback on the Trust's visions and values, and a progress update on quality improvement, engagement, financial sustainability, operational delivery and strategy planning.
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.
B.6.2	External evaluation of the Board and/or governance of the Trust	There has been no external evaluation during the year.



Reference	Requirement	Disclosure/additional information
C.1.1	Directors' responsibility for preparing the Annual Report and approach to quality governance	This is included in the Accountability Report and the Annual Governance Statement.
C.2.1	Review of the effectiveness of internal controls	This is outlined in the Annual Governance Statement.
C.2.2	Details of internal audit function	This is outlined in the Annual Governance Statement.
C.3.5	Council of Governors' position on appointment, reappointment or removal of external auditor	Governors were actively involved in the reappointment of the Trust's external auditors during the year.
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.
Additional	Register of interests for governors and directors	A register of interests for Board members is included in the Directors' Report. A register of interests for the Council of Governors is available on request, as outlined in the Council of Governors section of this report.

Reference	Requirement	Disclosure/additional information
B.2.2	Directors on the Board of Directors and governors on the Council should meet the fit and proper persons test described in the provider licence.	Each Director has signed a Fit and Proper Persons self-declaration and has undergone a Fit and Proper Persons Test, as outlined in the Trust's policy. This process has not been undertaken for governors following guidance issued by CQC in January 2018, although DBS checks are undertaken.

The Board of Directors confirms that in relation to those provisions within the Code of Governance for which the Trust is required to 'comply or explain', the Trust was compliant throughout the year to 31 March 2019 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 (NHSI)'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 1 to 4, where '4' reflects providers receiving the most support, and '1' reflects providers with maximum autonomy. A foundation trust will only be in segments 3 or 4 where it has been found to be in breach or suspected breach of its licence.

### Segmentation

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

Providers in this segment are offered support in one or more of the five themes but they are not in breach of licence and NHSI considers that formal action is not needed. The support is targeted in order to help move the provider to segment 1. Providers need to be rated as good with CQC in order to be eligible to be classed in segment 1.

This segmentation information is the Trust's position at 31 March 2019. 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 '1' to '4', where '1' 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 may not be the same as the overall finance score.

Area	Metric	2018/19 scores				2017/18 scores			
		Q4	Q3	Q2	Q1	Q4	Q3	Q2	Q1
Financial sustainability	Capital service capacity	2	2	2	2	1	2	2	2
	Liquidity	1	1	1	1	1	1	1	1
Financial efficiency	Income and expenditure margin	1	1	1	1	1	1	1	1
Financial controls	Distance from financial plan	1	1	1	1	1	1	1	1
	Agency spend	1	1	2	1	2	2	3	2
<b>Overall scoring</b>		<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>2</b>	<b>1</b>

The Trust has continued to improve its agency spend against the agency ceiling set by NHSI. In 2018/19 the total agency expenditure in the Trust was within the overall ceiling set by NHSI.

## 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
- Confirm that the annual report and accounts, taken as a whole, is fair, balanced and understandable and provides the information necessary for patients, regulators and stakeholders to assess the NHS foundation trust's performance, business model and strategy
- Prepare the financial statements on a going concern basis.

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

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



Ifti Majid  
Chief Executive  
23 May 2019

# Annual Governance Statement

1 April 2018 – 31 March 2019

## 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 2019 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 staff and managers.

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

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

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

- The Chief Executive has overall responsibility for maintaining a sound system of internal control that supports the achievement of the Board's policies, aims and objectives, whilst safeguarding funds and assets.
- The Director of Corporate Affairs/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 BAF. Day-to-day responsibility for risk management is discharged through the designated accountability of other Executive Directors.
- The Director of Nursing and Patient Experience is the joint executive lead for quality and patient safety, responsible for patient involvement, safeguarding, infection control and professional

standards for nursing and Allied Health Professional staff. They have delegated responsibility for the risk management and assurance function.

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

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

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

#### Risk management training

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

During 2018/19 the Trust has implemented a tiered risk management training programme for all staff, following a recommendation from the Deloitte 'well led' review completed in early 2018. This training programme comprises the following elements:

- Board development/BAF training
- Health and Safety Risk training
- Investigating Incidents, Complaints, Claims and Report Writing training
- Reporting and Learning from Incidents –e-learning
- Datix training for teams (Datix is the Trust's risk recording system)
- New Datix handlers/general one-to-one training

Uptake is monitored and reported to the Health and Safety Committee and People and Culture Committee, and monitored through operational lines.

In addition, many of the courses in the training directory support effective risk management and delivery of the Risk Management Strategy. Examples include:

- Major incident response
- Safeguarding – children and adult
- Safety planning and suicide awareness
- Data security and protection
- Infection control
- Medicines management courses
- Fire – awareness and fire warden
- First aid at work
- Fall prevention
- Manual handling
- ‘Positive and safe’ and ‘promoting safer therapeutic services’

Where relevant, training includes examples of learning from risks and incidents and how teams/wards can develop local learning. In February 2019 the Board undertook a facilitated session with internal auditors 360 Assurance on risk benchmarking and developing the 2019/20 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 themes within new or updated policies and procedures; a data security and protection bulletin containing information on information governance risk awareness and learning the lessons from incidents; and a ‘Practice Matters’ publication which focuses on learning and sharing best practice.

## **The risk and control framework**

### Identification, evaluation and control of risks

The Risk Management Strategy details the identification of risk to the Trust and its evaluation and control and is supported by a range of policies and procedures. These include the Risk Assessment Procedure; Untoward Incident Reporting and Investigation Policy and Procedures; Being Open and Duty of Candour Policy and Procedures; Safety Needs Assessment and Management of Safety Needs Policy and Procedure; Learning from Deaths Procedure; and Raising Concerns/Speaking Up 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 incident reporting, complaints, claims analysis, internal and external inspection and audit reports. Risk evaluation is completed using a single risk matrix to determine impact and likelihood of risk realisation with grading of risk resulting from the overall matrix score. Risk control and treatment plans identify responsibility and authority for determining effectiveness of controls and development of risk treatment plans and actions.

All risks, 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 (depending on the rating of the risk identified). During 2018/19 the notification for reviews of risk assessments has been automated, resulting in a significant improvement in the percentage of risks in date for review.

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

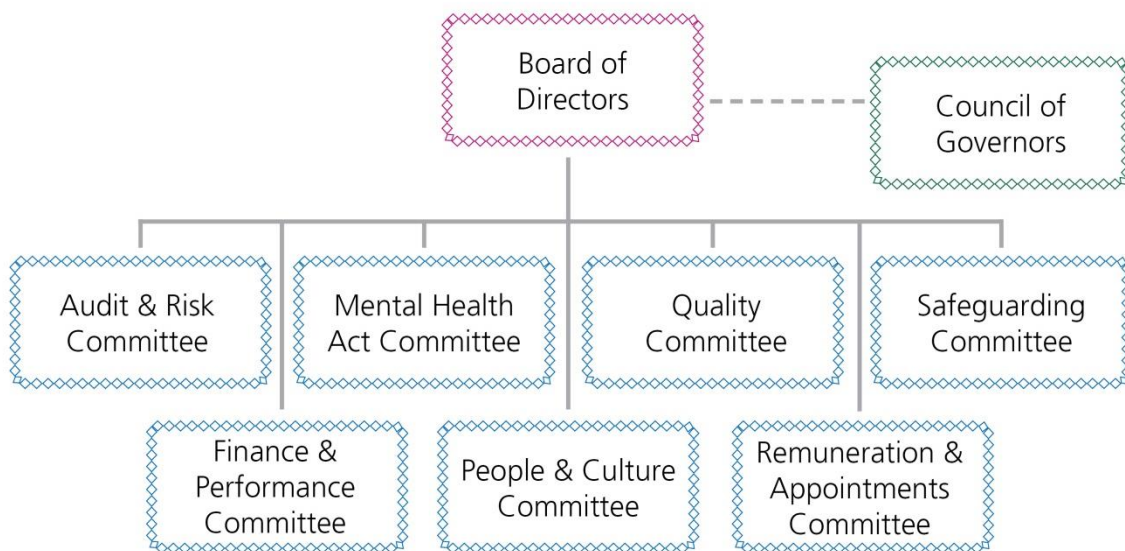
Incident reporting is openly encouraged and supported by an online incident reporting form, accessible to all staff, which includes a link to 'frequently asked questions'. The Patient Safety and Risk Management stand at the Trust's monthly staff corporate induction focuses on reporting and learning from incidents and an e-learning package to support reporting and learning from incidents has been developed in house. An update of this e-learning will take place during 2019/20. 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 to ensure learning is disseminated throughout the organisation, and summary reports are provided to the Quality Committee including assurance of action plans being completed.

Quality governance arrangements

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

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

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



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

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



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

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

All Board Committees – that is, 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. A 'quality dashboard' providing further detail and comment on a range of quality-related indicators has been further developed during 2018/19 and is reviewed monthly by the Quality Committee.

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 content.

The Trust has a comprehensive annual quality visit programme, involving Board members, governors and stakeholders, which includes planned visits to every ward and team that provides a service. 74 quality visits were undertaken during 2018/19, with some visits carried out with joint teams. 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 in place procedures to ensure that information is handled with appropriate regard to its sensitivity and confidentiality, which are available to all staff and which all staff are required to follow.

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

- A Senior Information Risk Owner (SIRO) who is the Trust's Director of Corporate Affairs/Trust Secretary, and a Caldicott Guardian (the Medical Director) at Board level
- Annually completed Data Security and Protection 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 Data Security and Protection compulsory training
- Information governance incidents reviewed by the Data Security and Protection Committee at each meeting
- Significant work to ensure ongoing compliance with the implementation of the General Data Protection Regulations (GDPR) which came into effect from 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 2018/19 General Data Protection Regulation Review completed by internal auditors KPMG concluded the Trust had in place several well designed controls to mitigate key risks, and good practice in operations. Six areas for development were identified in the report, and all associated actions have been completed.

**Major risks**

Major strategic risks are identified in year through the BAF processes. As at 31 March 2019 these risks are as follows:

<b>Major risks to achievement of Trust’s strategic objectives for 2018/19, as at 31 March 2019</b>	
<b>Risk description</b>	<b>Residual risk rating</b>
There is a risk that the Trust will fail to provide standards for safety and quality required by our Board, 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 healthcare for patients	High
There is a risk that the Trust will fail to redesign the Care Programme Approach processes, which may impact upon the quality of care provided to patients and their carers	Moderate
There is a risk that, if the Trust doesn’t 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 and wellbeing of staff which may affect the safety and quality of patient care	Moderate
There is a risk that the Trust fails to deliver its financial plans	Moderate
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	Moderate
There is a risk that the Trust will not be able to retain, develop and attract 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 patients by not introducing new workforce models and provide sufficient training to reskill staff	High
There is a risk that the Trust will not improve the acute inpatient flow of patients through our services	Extreme

The full details of these risks, including the controls and assurances in place and the actions identified and progress made in mitigating the risk, are shown in the BAF. Full detail of the BAF has been reported to the Audit and Risk Committee and Board five times during 2018/19.

The major risks proposed for the Board Assurance Framework for 2019/20 are identified as follows:

<b>Major risks to achievement of Trust's strategic objectives for 2019/20, as at 31 March 2019</b>	
Risk description	Current risk rating
There is a risk that the Trust will fail to provide standards for safety and effectiveness required by our Board	High
There is a risk that the Trust estate does not comply with regulatory and legislative requirements	High
There is a risk that the Trust will not be able to retain, develop and attract enough staff to protect their wellbeing to deliver high quality care	Extreme
There is a risk that the Trust fails to deliver its financial plans	Extreme
There is a risk that the Trust fails to influence external drivers (such as the STP and Brexit) to engage effectively in enhancing service models	High

A summary of the themes from significant operational risks on the Trust's Risk Register (identified as at 31 March 2019) is as follows:

<b>Themes of major operational risks identified through risk register review and escalation processes as at 31 March 2018</b>	
Risk description	Current risk rating
Staffing levels: in relation to inpatient wards, medical staff including trainees, eating disorder services, speech and language therapy, psychology, CAMHS, children's therapy services, community paediatricians, mental health triage	High/Extreme
Compliance with training: specifically in relation to positive and proactive training	High
Delivery of physical healthcare CQUIN	Extreme
Commissioning risks associated with: admission criteria for eating disorder services; care co-ordination capacity in neighbourhood teams; lack of older adult crisis services	High
Data accuracy: electronic patient record	High
Work-related stress and risk of violence and aggression	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.

#### Assessment against NHS Improvement Well Led Framework

In January 2018 the Trust received its final report from Deloitte LLP, which concluded their external 'well led' governance review. The report outlined clear progress in a number of key areas alongside confidence from Deloitte that the Trust was on track to continue with current performance and make 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 of information.

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 as meaning that the Trust is partially meeting expectations in each service but also that there is confidence in our ability to deliver the highest or 'green' level of performance (that meets or exceeds expectations) in the near future. The outcome from the review was presented to the Board in January 2018 and oversight of actions to address recommendations was assigned to Board Committees. Each discussed this at their March 2018 Committee meetings and details were agreed with respect to lead Executive Director, operational committee (where relevant) and the operational oversight committee (either Trust Management Team or Executive Leadership Team) to ensure that there would be pace and progress to address the recommendations raised. Each Committee followed up progress as required with six-monthly formal progress reporting in October 2018, with a subsequent assurance report to the Board in November 2018 confirming where actions were on track or escalating those areas which had not been completed to timeframe. All Committees reviewed further progress in January/February 2019 with a final report to Board in March 2019 confirming the position one year on from receipt of the report.

#### 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.

Following a breach in the Foundation Trust licence in February 2016, and subsequent external independence assurance of implementation of a Governance Improvement Action Plan during 2016/17, 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. The Trust confirmed ongoing compliance with FT governance licence conditions at the Board meeting in May 2018.

#### Compliance with CQC registration requirements

Over the last three years the Trust has focused on significantly improving its governance processes; with a successfully sustained and embedded Governance Improvement Action Plan. Following this progress, in May 2017 the Trust was moved into segment 2 of NHS Improvement's Single Oversight Framework where it has remained to date. This framework groups NHS trusts according to the level of support they need across a number of different criteria. Segment 2, which is the segment that the vast majority of NHS providers are in, confirms there are no significant concerns with the Trust.

#### **Comprehensive CQC inspection**

The Trust received a formal comprehensive inspection from the CQC between May and June 2018, with a report published on 27 September. The Trust's overall rating remained 'requires improvement'.

The report reflected significant progress, with improvements recognised across the majority of services since the last CQC inspection in 2016. Overall results improved, with eight domain areas moving from 'requires improvement' to 'good'. The Trust's ratings across each domain remained consistent, despite the improvements noted within each area. The one exception was the 'well led' domain, which went up to 'requires improvement'.

A warning notice was put in place during the inspection, regarding the completion and recording of timely patient observations. The CQC re-visited the Trust in August 2018 to review progress, and their feedback was positive. A further visit in September confirmed the CQC was satisfied the Trust had taken appropriate measures and that the warning notice was lifted.

However, the Trust's acute mental health services received a lower rating in 2018 than in previous inspections. Following feedback from the CQC, the Trust committed to increase its pace in implementing improvements across our inpatient services. Further visits have been made by the CQC throughout the year and have acknowledged progress in this area. The CQC undertook a further formal follow-up inspection visit in March 2019. The draft report found that whilst the Trust's acute services had made some improvements, not enough progress had been made. The overall Trust rating of 'requires improvement' remains in place.

Feedback from the inspection highlighted a particular requirement to focus on leadership across our acute services. The Trust has placed considerable focus on providing support and improvement to acute inpatient services through the Urgent Care Improvement Plan.

Progress against the plan is reported regularly to Trust Board, outlining the interventions and effectiveness of this programme and the positive impact that has been seen as result of leadership support and role-modelling. The focus is now on embedding changes into practice. Senior leadership presence and oversight has been strengthened, allowing direct senior management input to step back, encouraging ownership and sustainability.

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

The Trust has continued in year to sustain and build upon the actions arising from the Governance Improvement Action Plan as business as usual and has completed actions to address recommendations from the Deloitte external independent governance review. 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 which has been developed during the year to introduce a matrix approach to CQC essential standards. The Remuneration and Appointments Committee has reviewed the composition of the Trust Board including skill mix and qualifications, with the People and Culture Committee overseeing 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 Executive Director of Finance and Deputy Chief Executive on behalf of the Trust Board.

#### Embedding of risk management

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

The Trust is a learning organisation, where staff are encouraged to report incidents honestly and openly through an online incident reporting form, with incidents escalated and managed depending on their grade and subject category. Learning is evidenced at a team, service line and Trust wide level through feedback on incident forms, serious incident investigation reports and 'Blue Lights' (staff communications for urgent risks). The Trust recognises and acknowledges there have been improvements in the Trust's safety culture, as evidenced in the 2018 Staff Survey, but that further developments are still required. This has been identified as one of the five key focus area workstreams to take forward in response to the survey.

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

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

#### Safe, sustainable and effective staffing

The Board received a report on workforce strategies and staffing systems in relation to the 'Developing Workforce Safeguards' recommendations, to assure the Board that staffing processes are safe, sustainable and effective. It was concluded that due to the newness of the standards there was limited assurance on compliance. All workforce information is present in our electronic systems with internal governance processes in place to monitor completeness. The Trust will further embed systematic compliance checks including spot check audits to ensure the consistency of these outputs. The Trust has received significant assurance on a number of the self-assessment indicators with actions agreed in areas such as mandatory training, refinement of business process for DBS and a redefined workforce safety report to the People and Culture Committee, enabling full compliance to be achieved during 2019/20. Monitoring of progress against these actions will be presented to the Board of Directors monthly as part of the enhanced reporting suite within the Integrated Performance Report.

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

#### Managing Conflicts of Interest

The Trust has published an up-to-date register of interests for decision-making staff within the past 12 months (October 2018), as required by the 'Managing Conflicts of Interest in the NHS' guidance and the Trust's own Conflicts of Interest Policy. Decision-making staff have been defined as those holding budgets throughout the organisation and members of the Board, who have a declaration of interests register published alongside Board meeting papers each month.

#### NHS Pension Scheme

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

#### Equality, diversity and human rights

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

#### Carbon reduction delivery plans

The Trust has undertaken risk assessments and has a sustainable development management plan in

place which takes account of UK Climate Projections 2018 (UKCP18). The Trust ensures that its obligations under the Climate Change Act and the Adaptation Reporting requirements are complied with.

### **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 Report).

Financial performance ratings have been generally strong and there has been further 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).

External auditors are satisfied that the Trust has made proper arrangements for securing economy, efficiency and effectiveness in its use of resources.

### **Information governance**

During 2018/19 one incident required reporting to the Information Commissioner's Office (ICO). This was reported via the Data Security & Protection Toolkit (formerly the IG Toolkit). The incident involved a member of staff potentially accessing personal information of other members of staff. The ICO reviewed the case and concluded no further action by them was required. Their decision was based on:

- The ICO being unable to pursue the incident as a criminal investigation
- The Trust informing the ICO that they were taking the incident seriously and had implemented remedial measures, namely raising it as a serious incident and instigating an internal review.

The ICO made two recommendations in response to the incident and these have both been implemented in full.

### **Annual Quality Report**

The Board of Directors is 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 2018/19 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 and 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 continue to be part of the Integrated Performance Report and in-house validation work provides assurance to the Finance and Performance Committee on

the validity of the majority of operational indicators. Overall responsibility for data quality has been confirmed as part of the remit of Audit and Risk Committee during the year with routine reporting agreed for the 2019/20 Committee forward plan. The Committee has received assurance on follow up of actions identified in the previous internal audit report and a further audit has been undertaken in year with respect to 'data quality – referral to treatment' - which has been issued with significant assurance. 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:

- Is responsible for independently overseeing the effectiveness of the Trust's systems for internal control and for reviewing the structures and processes for identifying and managing key risks
- Is responsible for reviewing the establishment and maintenance of effective systems of internal control
- Is responsible for reviewing the adequacy of all risk- and control-related statements prior to endorsement by the Board
- In discharging its responsibilities takes independent advice from the Trust's internal auditor 360 Assurance and Grant Thornton (external auditors).

Internal audit:

The Trust has had two internal auditors during the year, KPMG from 1 April 2018 to 30 November 2018 and 360 Assurance from 1 December 2018 to 31 March 2019.

The headline internal audit opinion provided by KPMG is as follows:

#### Overall opinion

Our overall opinion for the period 1 April 2018 to 30 November 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 headline Internal Audit opinion provided by auditors 360 Assurance is as follows:

#### Overall opinion

Our overall opinion for the period 1 December 2018 to 31 March 2019 is of **Significant Assurance** for the Trust which means there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.

The basis for forming this opinion is informed by the completion by the Trust's internal auditors KPMG of five audits with the following assurance ratings:

- Four with significant assurance with minor improvement opportunities
  - IT general controls
  - HR compliance: recruitment
  - Divisional governance
  - Paris implementation and governance.
- One with partial assurance with improvements required
  - HR compliance: acting up.

A further two reviews have been completed on:

- GDPR
- Sickness absence review: counter fraud.

There have been no reports issued with no assurance. Auditors KPMG stated that they are satisfied that the Trust's management team have taken the outcomes of the individual reviews seriously and identified appropriate and robust actions to address the issues identified.

Internal auditors 360 Assurance have completed four further internal audits with the following assurance ratings:

- All with significant assurance
  - Data security and protection
  - Data quality: KPI testing 'referral to treatment'
  - Key financial systems and integrity of the ledger and financial reporting
  - Risk management.

My review is also informed by:

- CQC follow-up visits to individual service areas following the May 2018 CQC comprehensive inspection, and subsequent reporting
- Registration with the CQC
- Regular visits from the Mental Health Act arm of the CQC
- NHSI's compliance return and governance statements
- Compliance with NHSI's Single Oversight Framework
- Audit reports received during the year following on from the internal audit and external audit plans and fraud risk assessment agreed by the Trust's Audit and Risk Committee
- External assurance received on the governance arrangements within the Trust following completion of the Deloitte three phase external independent governance review reported to the Trust Board in January 2018, which resulted in an overall 'amber-green' rating for all areas of focus. Also oversight and assurance received by the Board on completion of actions to address recommendations arising from the review such that they are embedded in business as usual of the Trust.

The following gaps in control were identified:

- There were no significant gaps in control or significant internal control issues identified during 2018/19. The Trust continued to implement robust processes to address all recommendations arising from reviews undertaken
- We await formal feedback from the recent acute core CQC follow-up inspection undertaken in March 2019 and will address any gaps identified through this review.

## Conclusion

No significant internal control issues have been identified.

Signed

A handwritten signature in blue ink, consisting of a large, stylized 'I' followed by a series of loops and a long horizontal stroke.

Ifti Majid  
Chief Executive

Date: 23/5/19

# Quality Report

## Part 1: Statement on quality from the Chief Executive

I am pleased to present our Quality Report for the financial year 2018/19. The report is the opportunity for our Board to look back and offer a view as to the quality of the healthcare that we have provided over the year, to reflect on some of our key achievements and to think about our priorities for the coming year for our communities. This is an annual report, and in it we note our formal regulatory requirements, areas that we see as high quality and innovative care and areas that we have found challenging. I cannot think of an area of the Trust that has seen reduced demand over the year, this including our mental health, children's, substance misuse and learning disability services. Alongside this, we share the national challenge around recruitment and retention. Overall, our vacancy rate as a Trust is very healthy, supported by many new initiatives such as targeted use of social media and front line staff attending career fairs. In spite of this, there are still clear hot spots on the ground where staffing challenges are very much felt.

During the past year we received a comprehensive inspection from the Care Quality Commission. Whilst our headline rating remains 'requires improvement', it is important to read behind that to the detailed feedback provided to our hard working teams. The report highlighted a number of significant improvements that have taken place across the majority of services since the last inspection in 2016 and overall our results have improved, with eight domain areas moving from 'requires improvement' to 'good', and three 'outstanding' ratings for community mental health services for children and young people. The 'inadequate' rating for our acute wards for adults of working age is disappointing for everyone and clearly a challenge, but one that colleagues have responded to very positively indeed. It is important to remember that the staff in these services were still awarded 'good' for caring, something that tallies with the passion I see and hear from colleagues in our adult acute care services.

If ever I'm asked what keeps me awake at night, it is usually the ever increasing demand for our services leading to waiting times for people to access our services. This, along with care planning, how we assess risk and mental capacity must remain a key priority for us moving forward. We are also still challenged by some of our recruitment processes, as we seek to get the right people, in the right place, at the right time, as quickly and smoothly as possible. Within the environment that we find ourselves operating in, we remain committed to the requirement for collaboration in the broader healthcare system. We have very clear examples of the positive outcomes that are achieved by meeting people's needs earlier in the pathway and in partnership with other providers, these being our approach to the High Impact User population in Accident and Emergency, the implementation of our Dementia Rapid Response Teams and the Joint Engagement Team (a pilot project joint working between Derbyshire Healthcare Foundation Trust and Derbyshire Police).

We welcome the NHS Long Term Plan and the continued focus it has on our portfolio of services, and I note we are at a pivotal point in the way we deliver healthcare. As one of our quality priorities, we have launched our clinically led strategy development work-streams and our leadership and management internal development programme, to move us further towards a culture of collaboration and continuous quality improvement, whilst at the same time defining our response to the Long Term Plan. Our staff survey has seen a 9% increase in responses and there is evidence of early growth in improvement in some areas, in particular our fair approach to career progression and staff sense of being valued. We remain committed to staff wellbeing as the way of supporting high quality care. Whilst we continue to recognise our areas of high pressure, celebration events associated with the celebration of NHS70 such as fun runs, bake offs, the summer fete and Big 7Tea Party were an important part of how we work together as Team Derbyshire Healthcare.

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**  
1 April 2019

# 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 2019 (the "Quality Report") and certain performance indicators contained therein against the criteria set out in the 'NHS foundation trust annual reporting manual 2018/19' and additional supporting guidance in the 'Detailed requirements for quality reports 2018/19' (the 'Criteria').

## Scope and subject matter

The indicators for the year ended 31 March 2019 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
- Inappropriate out-of-area placements for adult mental health services.

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 2018/19' 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 2018/19' 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 2018/19'; 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 2018/19' and supporting guidance and the six dimensions of data quality set out in the "Detailed requirements for external assurance for quality reports 2018/19".

We read the Quality Report and consider whether it addresses the content requirements of the 'NHS foundation trust annual reporting manual 2018/19' 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 2018 to 23 May 2019;
- papers relating to quality reported to the Board over the period 1 April 2018 to 23 May 2019;
- feedback from NHS Derby and Derbyshire Clinical Commissioning Group dated 24/04/2019;
- feedback from governors dated 16/04/2019;
- feedback from local Healthwatch organisations dated 02/05/2019 (Healthwatch Derby), and 09/05/2019 (Healthwatch Derbyshire);

- the Trust's complaints report published under regulation 18 of the Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009, dated 07/05/2019;
- the national patient survey dated 22/11/2018;
- the national staff survey dated 26/02/2019;
- the Head of Internal Audit's annual opinion over the Trust's control environment dated 30/04/2019; and
- the Care Quality Commission's inspection report dated 28/09/2018.

We consider the implications for our report if we become aware of any apparent misstatements or material inconsistencies with these 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 2019, 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 2018/19' and supporting guidance to the categories reported in the Quality Report; and
- reading the documents.

A limited assurance engagement is narrower 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 2018/19' 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 and is subject to separate terms and conditions. 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 2019:

- 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 2018/19' 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 2018/19'; and
- the indicators in the 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 2018/19' and supporting guidance.

*Grant Thornton UK LLP*

Grant Thornton UK LLP  
Chartered Accountants  
The Colmore Building  
20 Colmore Circus  
Birmingham  
B4 6AT

24 May 2019



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

### 2.1 Priorities for improvement in 2019/20

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 2019/20. These are a continuation of the priorities from 2018/19.

Priority 1: Physical healthcare					
<p><b>Examples of what this will look like</b></p> <ul style="list-style-type: none"> <li>• Meeting Physical Healthcare Strategy standards</li> <li>• Delivering EHCP (Education Health and Care Plan) and conversions as per contract (Children's Services)</li> <li>• Meeting Commissioning for Quality and Innovation (CQUIN) requirements for health checks</li> <li>• Developing Electronic Patient Record (EPR) and technological solutions to help our teams</li> </ul>					
<p><b>How we plan to measure physical healthcare:</b></p>					
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	<p>Agree minimum standards for each pathway and undertake a baseline measure</p> <p>Set trajectory for improvement against baseline measure</p>	<p>Agree minimum standards for each pathway and undertake a baseline measure</p> <p>Delivering compliance with annual health checks and lead the Greenlight Toolkit action plan and complete actions</p>	<p>Agree minimum standards for each pathway and undertake a baseline measure (admission and Lester).</p> <p>Set trajectory for improvement against baseline measure</p>	<p>Meeting Physical Healthcare Strategy standards and the CQUIN requirements for annual health checks</p> <p>Agree minimum standards for each pathway and undertake a baseline measure</p>	<p>Meeting Physical Healthcare Strategy standards</p> <p>Progress and work on the High Need Support Group (157) offering interventions</p>

**Priority 2: Deliver all named specific CQUINs or contractual targets**

**Examples of what this will look like:**

- 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 CQUINs and focus upon flu inoculations (75%)  Undertake autism awareness training	Work on all appropriate CQUINs and focus upon flu inoculations/ A&E reductions and risky behaviours  Undertake autism awareness training	Work on all appropriate CQUINs and focus upon flu inoculations/ A&E reductions and risky behaviours  Undertake autism awareness training	Deliver your TOPs outcomes.  Undertake autism awareness training

### Priority 3: Relapse reduction and harm reduction

#### Examples of what this will look like

- 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 signatures and prevention and reduction of avoidable admission	A well-rounded psychological and health plan that identifies relapse signatures and prevention and reduction of avoidable admission

#### Priority 4: Being effective

##### Examples of what this will look like:

- Implement one National Institute for Health and Care Excellence (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 5: Quality improvement (QI) – using your ideas

##### Examples of what this will look like:

- 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
- Develop and implement using recommended methodology

##### How we plan to measure quality improvement:

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 teams 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

## Priorities for improvement from the 2017/18 Quality Report and our progress against these:

### Priority 1: Physical healthcare examples of progress during 2018/19:

#### Children, young people and families

Our practice for naso-gastric feeding against policy has been reviewed. CAMHS have an Occupational Therapist in post and are recruiting a band 6 in order to deliver the enhanced care pathway. Their primary role will be to provide additional support to those already open to CAMHS.

#### Learning Disabilities (Central)

The dysphagia waiting list has a long and short-term plan to mitigate risk, but remains a service risk/priority. The waiting is now decreasing and a fixed term Speech and Language Therapist (with dysphagia training) has been recruited to support this work. The Strategic Health Facilitation Team supports local GP practices to provide Annual Health Checks (AHCs).

#### Mental health inpatient

Physical healthcare monitoring systems are in place to provide assurance that any gaps in care are being addressed including regular health checks, the Lester tool (our approach to physical health care for people with severe mental ill-health) and NEWS (for early warning signs of physical health deterioration). A Paris (EPR) solution for physical health assessment on inpatient clerking-in proforma is still under development. We seek to continue our strong performance around assessment and intervention for alcohol and cigarette use on admission to inpatient wards. Liver scanning is taking place in the Liaison Team.

Ward based Occupational Therapists are connecting with the physical health agenda and the importance of physical activity. There is a current review of physical health checks on admission, led by the Heads of Nursing, and a recent focus on 136 Suite physical health assessment. Recreation Workers are now in post working within Jackie's Pantry at the Radbourne Unit, to improve access to activities, including physical exercise.

To recognise physical health deterioration, prior to the Derbyshire Early Warning System (DEWS) being replaced by the National Early Warning Score (NEWS2), those patients who have a raised DEWS score are now having notifications sent to the physical health care team and Heads of Nursing. The physical healthcare lead is currently auditing a random selection of patients for the actions completed when DEWS score is raised.

The new International Dysphagia Diet Standardisation Initiative (IDSSI) guidance is to be implemented from 1 April with a 'Champions' model used to train a selection of staff members.

A Standard Operating Procedure (SOP) for dysphagia screening and initial management has been agreed with Speech and Language Therapy (SLT) for older peoples' services acknowledging the link between dysphagia and dementia. This SOP includes a screening tool for use on admission to the service and an escalation flowchart for referral to SLT and modified diet/fluids.

An SOP for inter-organisation transfer has been developed to support the return of patients admitted to the acute hospitals for assessment and treatment.

#### Mental health community

This remains an on-going challenge, but with some promising developments. We have recruited into defined 'physical health in mental health' roles in the community teams and continue to engage our primary care colleagues. Results of the National Clinical Audit of Psychosis will not be available until after the publication of this report, but this will show our progress against a sample of

our service user population. The Lester tool pilot is now complete in Early Intervention and the Dementia Rapid Response service now has a pharmacy technician. A new tool has been developed to capture baseline physical health observations when service users are admitted.

### **Central Services/Substance Misuse**

Liver scanning is in place in the Substance Misuse teams. The Derbyshire Recovery Partnership has offered training sessions for Trust staff around low level alcohol interventions. Health Improvement Team (HIT) nurses have begun to provide targeted three-monthly physical health assessments for the high risk service user cohort.

The inpatient Physical Health Policy has been reviewed and perinatal section has been updated with reference to Royal College of Psychiatrists' guidelines.

### **Corporate**

We have reviewed the structure of our current electronic record system with regards to physical healthcare. We continue to develop this and are also now developing a hand held device for recording food and fluids.

## **Priority 2: Deliver all named specific CQUINs or contractual targets** **Examples of progress during 2018/19:**

### **Children, young people and families**

The transition CQUIN from children's to adults' mental health services has been co-produced with young people and their families, with robust questionnaires developed to gather feedback on their experiences. There has been strong achievement throughout the year.

### **Learning Disabilities (Central)**

The team have experienced some recent challenges with the autism training, but we understand that this is now addressed.

### **Mental health inpatients**

- There has been a significant reduction in the need for attendance at Accident & Emergency for a cohort of previously high users of this service. Our acute mental health inpatient colleagues have taken an approach of assessing and offering interventions around a person's alcohol or tobacco use.
- Staff health and wellbeing – Improvements have been identified in the uptake of supervision.
- Implementation of a Police Community Support Officer (PCSO) on the Hartington Unit to offer support and advice to all staff and patients during difficult situations.
- Healthy food – Healthy food options are available for both staff and patients.
- Flu vaccinations – Flu vaccinations are available for all staff, with drop -in clinics held on each campus site in order to improve accessibility. Vaccinators and Peer Vaccinators are also going around all wards to promote uptake.
- Physical healthcare – Several work streams are currently in progress to improve the quality of physical observations and the frequency and quality of recording. This also includes the implementation of bitesize training by medical staff to nursing and nursing assistant staff to improve education on physical healthcare and conditions. A pilot is current underway on Tansley Ward where a junior doctor is carrying out weekly in-house drop-in physical health clinics for patients to access.
- Tobacco and alcohol screening and interventions for all people admitted to services have shown improved performance over the year, with fully compliant performance across the

reported period.

- We have improved access to training for all staff, with audits in place to provide assurance.
- A weekly physical observations report is produced to ensure all patients have received initial physical observations at the point of admission.
- The weekly physical observations report is also produced to ensure all patients have had physical observations completed within the last seven days
- Recovery College in Low Secure services – this is now in place and being accessed by inpatients at the Kedleston Unit.
- Reducing restrictive practice in Low Secure services – this is reviewed on a weekly basis within the multi-disciplinary meeting. There is a very low use of seclusion and restraint on the unit and positive feedback from patients and carers.
- Discharge and resettlement in Low Secure services – a pathway is being developed to improve the journey of patients from low secure services back into the community. This includes the establishment of a new community forensic team.

### Mental health community

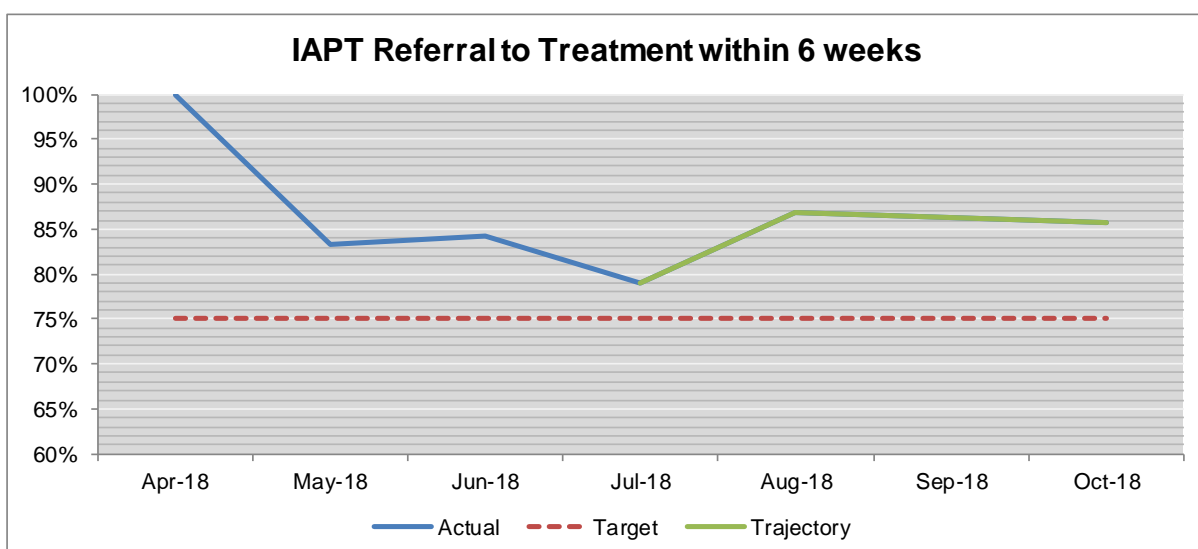
Work on the physical health agenda will help to support CQUIN expectations around physical healthcare. Neighbourhood teams are working with our Liaison teams to support the attendance at A&E of high intensity users of services. CQUIN 3b (physical health – communicating with primary care) is progressing fairly well, in spite of some of our challenges in engaging GPs across the full footprint of the Trust. CQUIN 3a (physical health assessment and intervention for people with severe mental ill health) remains a concern. The introduction of Physical Health in Mental Health practitioners should support this. Local clinics are being reviewed as per Lester compliance and Early Intervention in Psychosis (EIP) teams are part of a pilot to implement this in full.

### Central Services/Substance Misuse

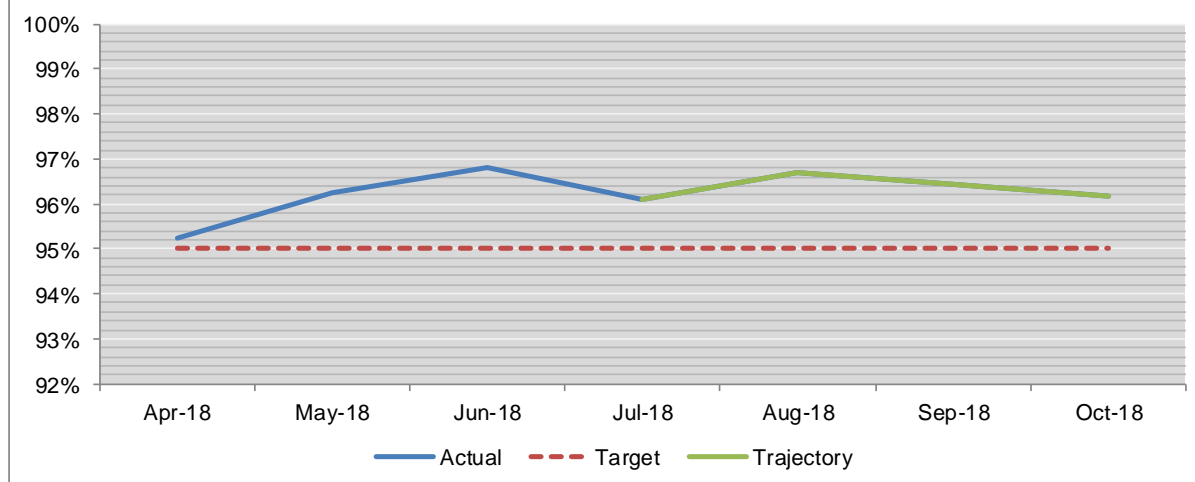
A new Proactive Engagement & Enforcement Programme (PEEP) includes closer work between Derby Substance Misuse Service's new outreach services and Liaison teams to support further admission avoidance for alcohol and drug High Intensity Users (HIUs).

NHSE CQUIN MH1 perinatal training: 80% of staff have now completed the Video Interaction Guidance (VIG) training (80% target). There are a further two training sessions provided to Improving Access to Psychological Therapies (IAPT) colleagues working in the south, Neighbourhood teams and midwives.

Examples of performance of our IAPT services are in the following tables:



### IAPT Referral to Treatment within 18 weeks



In published national data, 89.4% of people waited less than six weeks and 98.9% waited less than 18 weeks to enter treatment. The Trust was in the top 32% of performers for the six-week target and joint top performer for the 18-week target. Waiting lists are monitored regularly to ensure the targets are met.

#### Corporate

We have continued to support teams to achieve and report on expected CQUINs. Our staff wellbeing survey has shown improvement of between 2% and 4% in the three questions that we are required to report on. Whilst this is less than we would hope for, it is encouraging given the ongoing clinical and staffing pressures of the past year. Our healthy food for patients CQUIN continues to go well. The final results for our flu vaccination programme show a figure of 54%, a 4% improvement on last year. We will be reviewing our approach for 2019/20 to increase uptake.

Leads and support staff are identified for each CQUIN. Staff health and well-being CQUIN 1a (stress, musculoskeletal injury) and 1c (flu jabs): Continued annual promotion of flu jabs and local clinics facilitated at team bases where possible. A CQUIN scorecard has been developed.

### Priority 3: Relapse reduction and harm reduction Examples of progress during 2018/19

#### Children, young people and families

A health passport for over six-year-olds is currently being trialled, with a pilot from January 2019.

#### Learning Disabilities (Central)

There are some challenges around the development of a rounded care plan as LD services are currently managed in professional lines. Not all professions use the terminology of care plans and not all service users see all professions. However, care plans are delivered in an easy read format, including pictorially when required, and the electronic care record has been updated to accommodate accessible care plans that can be scanned in and easily found.



### **Mental health inpatient**

- A daily quality monitoring report is now in place
- Weekly quality report on visual observations – performance and recording monitoring
- Weekly care plan report – information on last seven days
- Weekly clinical meetings on Hartington and Radbourne Units
- Implementation of a Complex Risk Panel on both units which occurs monthly
- Training on personality disorder is being offered to staff
- A new safety assessment trial has commenced in March 2019. The content of the new assessment has been driven by staff comments, a CAMHS pilot and evidence-based practice.

### **Mental health community**

Crisis, contingency and staying well planning work is underway. This is including frontline clinicians from a variety of teams including Crisis Resolution Home Treatment Team and support from the Electronic Patient Record (EPR) team. A wellbeing plan that summarises the care plan, staying well plan and safety plan has been developed for use. The Safety Plan has been reviewed and is currently being piloted across community and inpatient teams.

The PARADES Bipolar psychoeducation group (Psycho-education, Anxiety, Relapse, Advance Directive Evaluation) has started running in the Erewash Neighbourhood Team with interest from other neighbourhood teams to start their own groups later this year. It is likely to start in Bolsover in April/May. Derby City and Chesterfield are also exploring how to begin delivering this.

### **Central Services / Substance Misuse**

This is a core part of care planning in this clinical area.

### **Corporate**

Care planning standards work is underway and national standards will be cross-referenced. The wellbeing plan development work is also underway with colleagues in Information Management and Technology - this will feed into the Care Programme Approach review and improvements. This will be a document that summarises a person's care plan, early warning signs of relapse and risk management plan. The summaries are populated from the original source documents, and have been structured and written to support a shared understanding between people in our care, family members and our staff.

## **Priority 4: Being effective**

### **Examples of progress during 2018/19:**

#### **Children, young people and families**

NICE guidelines are reviewed at the Clinical Reference Group on a monthly basis with work underway in service lines to contribute to action plan updates for the Clinical and Operational Assurance Team meeting. Reviews of looked-after children and young people (PH28) and attention deficit hyperactivity disorder (CG72) have been completed.

#### **Learning Disabilities (Central)**

Several NICE Guidelines are being evaluated in Learning Disability services to assess their alignment with NICE. The Strategic Health Facilitation Team is supporting the STOMP (Stop Over Medicating People who have learning disabilities with psychotropic medication) agenda by raising awareness and closely working with partners to provide resources to partners and develop a video for NHS England.

### **Mental health inpatient**

Both Neighbourhood and Campus Divisions have chosen to focus on reviewing alignment with the NICE Guideline for Psychosis and Schizophrenia in Adults. This initially started well, but was interrupted by CQC preparations and then the team feeling overwhelmed with the task of reviewing this.

A task and finish group has been arranged to develop the psychosis-based care pathways in line with best practice and NICE guidelines; this is due for completion by June 2019.

### **Mental health community**

Both Neighbourhood and Campus Divisions have chosen to focus on reviewing our alignment with the NICE Guideline for Psychosis and Schizophrenia in Adults. This initially started well, but was interrupted by CQC preparations and then the team feeling overwhelmed with the task of reviewing this.

A task and finish group has been arranged to develop the psychosis based care pathways in line with best practice and NICE guidelines; this is due for completion by June 2019.

The Trust's Occupational Therapists are working with NHS England to support the evaluation of the Long Term Condition Questionnaire.

### **Central Services/Substance Misuse**

The accreditation of both our inpatient and community perinatal mental health services (see elsewhere in this report) is a strong example of progress in this area. Work is underway to review alignment with NICE Guidelines in Substance Misuse.

### **Corporate**

The Quality Visit programme was reviewed and updated for 2018/19, further to consultation with staff who participated in these visits. It will be reviewed again as we proceed towards the 2019/20 season.

## **Priority 5: Quality improvement – using your ideas**

### **Examples of progress during 2018/19:**

#### **Children, young people and families**

Participation strategy – work is underway to look at the involvement of children, young people and parents in gathering feedback on the services they receive.

#### **Learning Disabilities (Central)**

The Strategic Health Facilitation Team has developed a website with all the appropriate information to support GPs in providing the LD Annual Health Check (AHC). The team has also developed easy read templates for GPs to use and has provided training. This has led to an increase of up to 33% of service users accessing health screening, including cancer screening.

#### **Mental health inpatient**

All acute inpatient services are participating in the development work required to Royal College of Psychiatrists Accreditation for Inpatient Mental Health Standards (AIMS). The Red2Green patient flow initiative is also being revitalised across inpatient care.

An acute inpatient Complex Care Panel has been commenced to review service users who present with high risk and/or have complex needs. Within the Kingsway campus older persons' service, a complex patient case review has commenced on the male ward; this multi-disciplinary review

focuses on those patients with the most complex needs and allows for dedicated time on specific areas of care to inform formulation and care delivery.

Accreditation for Inpatient Mental Health Services-Older People's Services (AIMS-OP): work has begun to benchmark the Trust's older adult inpatient service against identified best practice standards with a view to working towards accreditation and continuing to drive improvement.

There has been a review of supportive observations within in-patient environment for people with organic illness: a 'Zonal Nursing' pilot has been proposed and agreed with a plan for implementation.

Investment has been agreed to trial the Reminiscence Interactive Therapeutic Activities (RITA) system. This will see the opportunity to improve the diversity and responsiveness to patient interests across the unit, supported by the ward based Recreation Workers.

### **Mental health community**

An example of a Quality Improvement (QI) project is Neighbourhood City Team C, who are using a QI process to develop a nurse-led clinic. This has been launched and early indicators are that it is having a positive impact on secondary waiting lists for all disciplines. This and other QI examples from other teams are to be gathered and supported. There are further opportunities for QI models to be used as part of the Neighbourhood Review task and finish groups. Work is being completed to improve duty processes; this is starting with the Chesterfield Team with a view to extending across the division.

### **Central Services / Substance Misuse**

Eating disorder services are agreeing a new outcome tool with clinicians, with joint development of Key Performance Indicators (KPIs).

### **Corporate**

A Quality Improvement Strategy has been developed and agreed. Within this, approved Quality Improvement approaches are identified and listed. The next steps are how we integrate this strategy into improvement initiatives.

## **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 2018/19 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.
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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.
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1.2	The income generated by the relevant health services reviewed in 2018/19 represents 90% of the total income generated from the provision of relevant health services by Derbyshire Healthcare NHS Foundation Trust for 2018/19.
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## National Clinical Audits and National Confidential Enquiries

### Participation in clinical audits and national confidential enquiries

2.	During 2018/19, seven national clinical audits and one national confidential enquiry 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	<p>The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust was eligible to participate in during 2018/19 are as follows:</p> <ol style="list-style-type: none"> <li>1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 6d: Assessment of the side effects of depot antipsychotics</li> <li>2. POMH-UK Topic 7f: Monitoring of patients prescribed lithium</li> <li>3. POMH-UK Topic 18a: Prescribing clozapine</li> <li>4. National Clinical Audit of Anxiety and Depression (NCAAD)</li> <li>5. National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP) spotlight audit</li> <li>6. Falls and Fragility Fracture Audit Programme: National audit of inpatient falls</li> <li>7. National Clinical Audit of Anxiety and Depression Psychological Therapies Spotlight Audit</li> <li>8. National confidential inquiry into suicide and homicide by people with mental illness.</li> </ol>
2.3	<p>The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in during 2018/19 are as follows:</p> <ol style="list-style-type: none"> <li>1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 6d: Assessment of the side effects of depot antipsychotics</li> <li>2. POMH-UK Topic 7f: Monitoring of patients prescribed lithium</li> <li>3. POMH-UK Topic 18a: Prescribing clozapine</li> <li>4. National Clinical Audit of Anxiety and Depression (NCAAD)</li> <li>5. National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP) spotlight audit</li> <li>6. Falls and Fragility Fracture Audit Programme: National audit of inpatient falls</li> <li>7. National Clinical Audit of Anxiety and Depression Psychological Therapies Spotlight Audit</li> <li>8. National confidential inquiry into suicide and homicide by people with mental illness.</li> </ol>
2.4	<p>The national clinical audits and national confidential enquiries that Derbyshire Healthcare NHS Foundation Trust participated in, and for which data collection was completed during 2018/19, 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.</p> <ol style="list-style-type: none"> <li>1. POMH-UK (Prescribing Observatory for Mental Health-UK) Topic 6d: Assessment of the side effects of depot antipsychotics – 234/420, 56%</li> <li>2. POMH-UK Topic 7f: Monitoring of patients prescribed lithium – 97/120, 81%</li> <li>3. POMH-UK Topic 18a: Prescribing clozapine – 44/44, 100%</li> <li>4. National Clinical Audit of Anxiety and Depression (NCAAD) – 44/50, 88%</li> <li>5. National Clinical Audit of Psychosis Early Intervention in Psychosis (NCAP EIP) spotlight audit – 189/189, 100%</li> <li>6. Falls and Fragility Fracture Audit Programme: National audit of inpatient falls – 0/0 currently and dependent on number of fractured neck of femur occurring during audit period</li> </ol>

	<p>7. National Clinical Audit of Anxiety and Depression Psychological Therapies Spotlight Audit – case note review 70/70, 100%; therapist survey 29/41, 71%; service user survey currently 21/100 21%.</p> <p>8. National confidential inquiry into suicide and homicide by people with mental illness - 16/19, 84%</p>
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2.5	The report of one national clinical audit was reviewed by the provider in 2018/19 and Derbyshire Healthcare NHS Foundation Trust intends to take the following actions to improve the quality of healthcare provided:
2.6	<b>POMH-UK Topic 18a: Prescribing clozapine</b>
2.7	Actions for improvement include:
2.8	<ul style="list-style-type: none"> <li>• Dissemination of results to the areas that participated in the audit</li> <li>• Update the Trust Clozapine guideline</li> <li>• Physical health requirements specified in clozapine guideline to be aligned with Lester/new Trust guideline</li> <li>• Include off-label use</li> <li>• Monitoring of side effects in section 3 (inpatient initiation) to include for circumstances when titration is completed within two weeks</li> <li>• Add consideration of changes to smoking status</li> <li>• Consider whether daily blood pressure, pulse and temperature (including weekends) should be mandated for every initiation; for those undertaken in outpatients/via the hub the guideline currently requires monitoring on Saturday and Sunday 'according to individual need'. This is also the recommendation of the Maudsley guidelines.</li> <li>• Review the available side effect monitoring tools (existing tool, GASS, GASS-C) and make recommendations for inclusion in the updated guideline.</li> <li>• Consider mandating annual review by a 'senior clinician'. Liaise with primary care regarding improving the accuracy of the Summary Care Record (SCR).</li> </ul>

## Title and improvement actions

<b>1. Nutritional risk screening re-audit</b>	<p>Actions for improvement include: Dissemination of results to the Ward Managers. Further training to be delivered at ward level to support staff completing nutritional risk screening using the Malnutrition Universal Screening Tool (MUST) on Paris and assurance from ward managers/heads of nursing, so that improvement is being made at ward level to improve nutrition risk screening. Nutrition and hydration teaching session delivered on block training to inpatient nursing staff to be updated to incorporate completing nutritional risk screens electronically. Nutrition and Dietetics Team to work with Paris team to improve electronic nutritional screening, including considering the use of an electronic alert system to prompt the named nurse to complete or repeat screening. The Trust will continue to review the choice of an approved nutritional risk screening tool for use in a mental health setting that will identify other nutritional risk factors e.g. obesity, cardiovascular disease and anti-psychotic medication in addition to malnutrition. A nutritional risk screening audit should be repeated in 2018/19 including all inpatient ward and 24-hour care settings.</p>
<b>2. Clinical notes audit - Neighbourhoods</b>	<p>Actions for improvement include: Dissemination of results to the individual Neighbourhood Teams. The CHIME (Connectedness, Hope, Identity, Meaning, Empowerment) framework to be more evident in care</p>

planning. The Trust is to consider a communication strategy in relation to CHIME in order to promote use of the approach across the workforce. Teams are to be encouraged to promote use of Wellness Recovery Action Plans with service users as a tool to facilitate recovery. To improve patients' involvement in contingency planning. Improvements are required in involving patients and families/carers in safety planning. Improvements to be made in care planning and associated recording, including development of Wellness Recovery Action Plans. For staff to ensure advanced decisions are discussed with people and for records to reflect the outcome of discussions.

### **3. Physical health monitoring of patients on Venlafaxine**

Actions for improvement include: Education for all consultants, trainees and other doctors working in community mental health teams to be aware of the guidance regarding Venlafaxine initiation and monitoring. This could be achieved by presenting at local teaching sessions. To ensure correct equipment is available in Community Mental Health (Neighbourhood) Teams (CMHT) locations. For electronic blood pressure cuffs to be available in clinic rooms or patients who require blood pressure to attend clozapine clinic (if convenient) to have their blood pressure taken prior to outpatient appointment (if agreed by the nurse running clozapine clinic). To have an extra box on the clinical letter for any monitoring for medications including blood pressure for venlafaxine and blood tests for clozapine or lithium. To edit the safety box entitled 'Diagnoses' to state both psychiatric and physical conditions to be recorded - this may also act as a prompt for physical health monitoring.

### **4. Documentation of capacity and consent on Paris in Derbyshire Healthcare Foundation Trust CMHTs**

Actions for improvement include: Dissemination of results to all CMHT managers, Service Line Managers and Associate Clinical Directors (ACDs). The results and recommendations to be cascaded to all CMHT staff. For clear and unambiguous advice to be provided to all CMHT members as to the systems in place for recording capacity - if the patient clearly possesses the appropriate capacity to consent to their personalised care plan, then the relevant tick box should be completed to indicate this as capacity can be assumed. In such cases there will therefore be no clinical need to complete a "Record of Capacity to Consent" form - If the patient clearly lacks the capacity to consent to their personalised care plan, then the relevant tick box should be completed to indicate this and it will be imperative to complete a "Record of Capacity to Consent" form to document this. If it is clear that the patient is extremely unlikely ever to regain capacity (e.g. is suffering from severe dementia, a significant learning disability etc.) then there is an option to complete on the "Record of Capacity to Consent" form which indicates this clinical finding and negates the need to fill a full "Record of Capacity to Consent" form on each contact with the patient unless there is a significant change in the patient's presentation or a new, significant intervention is being considered. In such cases a Best Interest decision may need to be considered. If the determination of a patient's capacity to consent is more challenging or contentious, then it is good clinical practice to complete a "Record of Capacity to Consent" form, regardless of the outcome of the capacity assessment. There is now a tick box option within the "Activity by Case notes" section of Paris which allows a CMHT member to acknowledge that a patient does possess capacity but that a "Record of Capacity to Consent" form has been completed to indicate the clinical reasoning behind that decision. 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 (MCA) modules remain available. Continued direct support to all CMHT members from the Medical Capacity Lead and the Practice Development and Compliance Lead for Capacity to allow staff to gain confidence and improve recording efficiency. A further audit of all these capacity assessment standards within DHCFT CMHTs is to be repeated later in the year. Consideration to be given to establishing a similar audit of those CMHTs who were not included in this audit – CAMHS, Children's Services, Substance Misuse Services and Medical Outpatients.

### **5. Documentation of capacity and consent on Paris in DHCFT inpatient units - September 2018 re-audit**

Improvement actions include: Dissemination of the report to all inpatient wards, Area Service Managers,

Associate Clinical Directors (ACDs) and medical staff. ACDs to encourage ward consultants to support junior medical staff in completing capacity forms in a complete and high quality manner. Enhanced training/support is to be made available for all staff on capacity assessments and the means by which they must be recorded on Paris. Further face-to-face teaching sessions are to continue with greater emphasis to be placed on ensuring staff are aware of the existence of the “Capacity Manuals” on Connect (the Trust intranet) and the MCA podcasts, both of which provide clear detail on the means by which capacity should be recorded on Paris. This will be supported by 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 is to be offered to those inpatient units achieving lower audit scores. Specific staff groups are to receive targeted training, especially with regard to the need to assess both the patient’s capacity to consent to assessment and treatment and the means by which this should be accurately and effectively recorded on Paris: this is now established and on-going. Consideration is to be given to streamlining the “Record of Capacity to Consent” forms to make the process of capacity assessment documentation more effective, user friendly and less duplicative. We are also designating the responsibility of assessing and documenting admission and treatment capacities to specific staff groups – e.g. ward doctors (not on-call doctors), admitting nurses etc. A further audit of all the capacity standards is to be repeated in four to six months.

#### **6. Infection control standards: Substance Misuse Teams**

Improvement actions include: Dissemination of audit report to all of the services that participated in the audit. Tools to be reviewed and amalgamated. Naloxone storage/distribution and Adrenaline storage will be added to the tool for all areas, as will counselling, blood spill kits and sharps bin labelling. Red bag provision will be added due to changes in the Trust’s resuscitation policy. The Trust to standardise Rounding of Community services for Health and Safety, Infection Control and service User experience as re-audit In the future.

#### **7. Documentation of Capacity and Consent on Paris in DHCFT CMHTs re-audit**

Improvement actions include: Dissemination of the audit report to all CMHT managers, SLMs and ACDs. The results and recommendations to be cascaded to all CMHT staff. Clear and unambiguous advice to be provided to all CMHT members as to the systems in place for recording capacity. If the patient clearly possesses the appropriate capacity to consent to their personalised care plan, then the relevant tick box should be completed to indicate this as capacity can be assumed. In such cases there will therefore be no clinical need to complete a “Record of Capacity to Consent” form. If the patient clearly lacks the capacity to consent to their personalised care plan, then the relevant tick box should be completed to indicate this and it will be imperative to complete a “Record of Capacity to Consent” form to document this. If it is clear that the patient is extremely unlikely ever to regain capacity (eg is suffering from severe dementia, a significant learning disability, etc) then there is an option to complete on the “Record of Capacity to Consent” form which indicates this clinical finding and negates the need to fill a full “Record of Capacity to Consent” form on each contact with the patient unless there is a significant change in the patient’s presentation or a new, significant intervention is being considered. In such cases a Best Interest decision may need to be considered. If the determination of a patient’s capacity to consent is more challenging or contentious, then it is good clinical practice to complete a “Record of Capacity to Consent” form, regardless of the outcome of the capacity assessment. There is now a tick box option within the “activity by case notes” section of Paris which allows a CMHT member to acknowledge that a patient does possess capacity but that a “Record of Capacity to Consent” form has been completed to indicate the clinical reasoning behind that decision. Consideration will be given to streamlining the “Record of Capacity to Consent” forms to make the process of capacity assessment documentation more effective, user friendly and less duplicative. 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 are also to be made available and on-line MCA modules remain available. Continued direct support is available to all CMHT members from the Medical Capacity Lead and the Practice Development and Compliance Lead for Capacity to allow staff to gain confidence and improve recording efficiency. A further audit of all these capacity assessment standards within DHCFT CMHTs is to be

repeated later in 2019. Consideration is to be given to establishing a similar audit of those CMHTs who were NOT included in this audit – CAMHS, Children’s Services, Substance Misuse Services and Medical Outpatients.

#### **8. Multi-agency audit into procedures for safeguarding medicals for suspected physical abuse**

Improvement actions include: Dissemination of the audit report to the services that participated in the audit to involve them in the solutions for improving practice (Dr Julie Mott, Consultant Paediatric Emergency Medicine, Trust Named Doctor for Safeguarding Children, Royal Derby Hospital, Paula Lieveley, Locality Head of Service, Derbyshire Children’s Social Care and Kate Twells, Multi-Agency Safeguarding Hub Manager, Derby City Council), as well as highlighting the high standards that they are currently achieving in terms of timeliness of arranging and performing child protection medicals. We are making Children’s Social Care teams aware of the likelihood of a longer wait for a medical should it need to be done outside of working hours, and may wish to consider ensuring their referrers are aware of this to encourage referrals as early in the day as is possible once concerns are identified. This will be achieved by sharing the report with Social Care Managers in order that they can disseminate to teams and discuss with their referrers as they feel appropriate.

#### **9. Was not brought**

Improvement actions include: Staff training, ensuring cover on patients’ capacity, analysis and safe guarding consideration. We are highlighting a clear detailed and specific action plan with time scales and changing the language from ‘did not attend’ to ‘was not brought’. We will re-audit and undertake a specific audit to assess capacity documentation. We will agree an action plan in the CAMHS teams of informing the GP and other appropriate professionals of the episodes of not being brought. The need to consider discussion within teams and safeguarding regarding DNA. We will invite Dr Edward Komocki (the capacity team) to the consultant’s meeting and contact the Paris team and suggest a customisation of the capacity option in the appointments outcomes (capacity for over 16s and competence for under 16 year olds). We will disseminate the rethinking “did not attend” video to the CAMHS consultants.

#### **10. Handover information for older adult admissions from the Liaison South Team**

Improvement actions include: Dissemination of results to the Liaison Team following multi-disciplinary team (MDT), to ensure all disciplines see it. E-mail staff to ensure people who are not at the presentation will see it. For the MDT who admit older adults to the psychiatric wards - to document handover information in Paris regarding: Physical healthcare, Physical healthcare medications, Psychiatric medications, Risk assessments, Recommendations of levels of observation, Fluid intake, Recommendations of fluid charts, if appropriate. If fluid intake for example has not been a problem; to document this, so that it demonstrates it has been enquired about. (The same would be true for physical healthcare and physical healthcare medications). To risk assess 100% of admissions. To re-audit in six months and consider repeating the audit to include the North Liaison Team.

#### **11. Use of the graded care profile by 0-19 Children's Services**

Improvement actions include: Level Four Training is being delivered to Managers on Effective Supervision. Standard supervision tools have now been ratified through the Clinical Reference Group (CRG) and are on System One. Positive anecdotal feedback has been received from staff on use of new Supervision Tools. Tools need to be used consistently by Supervisors and support the process of analysis. A new record audit tool has been ratified which was re-designed to support with the process of analysis. There was a lack of analysis/action planning demonstrated in this audit and in serious case reviews. Analysis is imperative to the positive outcomes and safeguarding for children and families, therefore plans have been made to deliver further support on analysis skills to all staff. The proposed new supervision recording document and clinical audit tool will promote standardised record keeping and identify areas of growth for practitioners. The use of supervision contracts will formalise responsibilities for recording and focus on areas based on supervisees’ specific needs/strengths, assets and areas of improvement. The development of new tools into the service, i.e. outcome tools and supervision tools, has only been recent, therefore time is needed to embed into practice. With the



planned reconsolidation of learning for managers and promotion of tools to staff at relevant meetings, this will support an increase in use.

## **12. Therapeutic activity within inpatient mental health services**

Improvement actions include: Each patient dorm/single room to have in place a copy of the ward and recreational activities programme by end of March 2019. We will note if a recreation team is not currently available; although posts are being recruited to. Once the recreation team is established this will form part of the ward activity schedule. This level of structure will meet patients' needs and offer structured daily activity over a seven-day period. In order to continue to establish meaningful patient centred offer, the interest checklist will provide a basis for this. This can be administered by all ward team members. To establish core self-management groups; suggested activities could include wellness planning, anxiety coping skills, mindfulness skills, distress tolerance, a pre-discharge group and behaviour activation. Certain interventions will support everyday coping skills and teams will also seek the viewpoint of the unit's Clinical Psychologist. We will re-visit and review patient specific questions; to agree the focus to include either ward specific or both including unit wide provision. All clinical ward areas are to have a visual seven-day programme of timetabled activity in place, realistically based around current staffing levels. This clearly highlights what is offered and at what time of day. This is easily viewable by all staff and patients in the patient area. In order to deliver this; it is important that this provision is equally prioritised alongside other daily allocated tasks. Recovery boards offer signposting and access to community information that promotes social inclusion and also identifies where more detailed information is accessible in the unit. To discuss with hub team how access to this information can be readily available; perhaps offering a drop in service to ward patients via a booking system than referral based as currently available. This will avoid delay in accessing information resources in a timely manner. All activity groups to include group profiles; these will identify who delivers certain groups and assurance that all staff have the right skills in place. To also adhere to the trust group work policy. To establish a method of recording information e.g. evidence when activity is occurring versus not and to offer assurance at senior level. Teams to continue to maintain currently established feedback methods and establish others if required to capture all patients' views. To measure effectiveness of audit recommendations via a further re-audit recommended in April 2019 and follow up at regular periods.

## **13. Safeguarding Children's Supervision / Advice Audit**

Improvement actions include: the annual completion of Trust Supervision contracts, and presentation of results at the Operational Team Meeting. To have a clearer process of recording action plans from supervision and sharing information with managers. We aim for consistent tools to use in safeguarding supervision, which are accessible on SystemOne. We will support staff with action planning through use of analysis and redesign the recording of supervision document. We aim to give more guidance around clinical safeguarding supervision, as well as managerial, ensuring priority topics are covered. Band 7 and 8 staff/managers attend Level Four training on effective clinical supervision and analysis.

## **14. Clinical audit of section 58 mental health act – updated plan for 2018/19 fifth re-audit**

Improvement actions include: That the audit is presented at the relevant meetings and also to the Trust's Mental Health Act Committee, in order to agree the action plan. Continued use of the Section 58 flow chart incorporated into the reminder letters sent to Responsible Clinicians (RCs) by the MHA Office when Section 58 needs to be considered. To continue with the practice of utilising "MHA Supporters" to engage with all appropriate RCs to encourage compliance with the necessary audit standards. Given the regularity of contact and the supportive relationship between consultants and the Ward Managers of the wards on which they work, to continue engaging the services of 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) to their consultants in a timely manner. To engage the services of relevant ACDs to encourage good practice amongst the ward-based 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 and sharing of the findings

and recommendations of this audit to all inpatient RCs. Given that the Trust is utilising an Electronic Patient Record (EPR) system, the process of electronically documenting all the relevant details needs to be fully incorporated into daily practice. There should be only one location in which consent to treatment with psychotropic medication details are 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 audit will be repeated annually to ensure compliance.

**15. Re-audit on documentation of capacity and consent for Compulsory Treatment Order (CTO) patients**

Improvement actions include: Disseminating findings of this audit to consultants to influence change in practice and the specific criteria for a robust documentation of capacity and consent to treatment which has been completed. Presentation of audit results at the North and South Academic Meetings. For the Mental Health Act Office to notify the Responsible Consultant to complete the form in EPR whenever they receive a CTO form for at least next six months to one year. The MHA Office is to ensure comprehensive completion of CTO forms designed by Dr Edward Komocki on Paris and by escalating any issues to the appropriate Responsible Consultant.

**16. Discharge summaries for patients who have been discharged from Ward 34 (Radbourne Unit)**

Improvement actions include: for the results of the audit to be shared with the medics on Ward 34. The current template for discharge summaries to be updated. Junior doctors to be educated about the importance of and standard required for the discharge summaries in their initial meeting with Clinical Supervisor at the start of their placement. Each member of the medical team is to have a protected admin time each week (minimum of half a day) to dedicate to completing at least two discharge summaries. To improve accountability among junior doctors for completion of discharge summaries. To re-audit in nine months after all of the actions have been implemented.

**17. Safety Plan and Care Plan audit**

Improvement actions include: presenting the audit findings at the CAMHS management meeting and to disseminate information to Consultants and teams to highlight the areas that need improving to facilitate the enhancement of the delivered and documented standard of care (Dr McPhail). To present the audit findings to the Safety Planning Group for further discussion and debate. To re-audit using the same data source to check improvement in practice within the next six months (Dr McPhail). To consider training on the expectations around frequency and quality of safety assessments, safety plans and care plans (to consider in team meeting). To consider whether a documented review date could be made a required data field before saving the form (to consider at next divisional meeting when Paris representative present).

3.	The number of patients receiving relevant health services provided or sub-contracted by Derbyshire Healthcare NHS Foundation Trust in 2018/19 that were recruited during that period to participate in research approved by a research Ethics Committee and/or the Health Research Authority – 2,504
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**Embedding research into everyday practice**

This year our clinical services have continued to find ways to embed research into practice and offer research opportunities to colleagues and service users. Our Memory Assessment Service was short-listed as a finalist in the Clinical Research Network: East Midlands Research Awards in the category of ‘significant contribution to research’. This was in recognition of the team’s achievement in ensuring every person seen by the Memory Assessment Service since the past 18

months is being offered the choice to hear about research as part of their routine assessment.

### **Research in care homes**

Improving the lives and health of older people living in care homes is a major UK government priority. The Enabling Research in Care Homes (ENRICH) initiative aims to support care homes to improve the quality of life, treatments and care for all residents. In the last year, we hosted two collaborative ENRICH forums at the Centre for Research and Development, bringing together care home colleagues across Derbyshire and Nottinghamshire to share current research and best practice. These have been a great success and well attended. We have also worked with some of our Derbyshire care homes to deliver two National Institute of Health Research (NIHR) studies.

**Improving the wellbeing of NHS staff** – Working in the NHS can be stressful and this can have an impact on our wellbeing. Researchers at the University of Sussex have been conducting a study to investigate the effectiveness of two online interventions in improving wellbeing and reducing stress among NHS staff. In total, 65 of our clinical colleagues participated in this study using mindfulness-based self-help interventions and accessing online advice and exercises designed to help manage work-related stress.

**Cultural adaptations in clinical interactions** – Researchers from Southern Health NHS Foundation Trust have been leading this study to investigate the extent to which culturally informed interactions (assessment, formulation and treatment) are used by clinicians in engaging people from minority communities and how patients experience these interactions. As a participating organisation this involved our clinical staff (25) and service users of Black and Minority Ethnic (BME) backgrounds (14).

### **Multicentre Study of Self-harm**

The Trust continues to be a partner in the Department of Health funded 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, clinical management, pharmaco-epidemiology and outcomes, including repeat self-harm and suicide. Six new studies were published in high ranking journals by the study team over the past year.

### **HSJ Award finalist**

Derby and Derbyshire Suicide Prevention Partnership Forum was shortlisted for a Health Service Journal award for its work in training local GP practice staff in suicide awareness and responses. Members of the Trust's research team worked with other members of the partnership to create, deliver and evaluate a model of peer-delivered suicide prevention training for all GP care practices across Derbyshire. Feedback from trainees shows increased understanding, confidence and capability. They say they are better equipped and motivated to identify and respond to suicidal thoughts and behaviours in their patients.

### **Working Together Suicide Prevention Conference**

The Suicide Prevention Strategy group, led by members of the research team, hosted a national one day suicide prevention conference at Pride Park Stadium in Derby. The aim of the conference was to highlight why partnership working across communities, healthcare services, the voluntary sector and with individuals is fundamental to suicide prevention. Keynote speakers included international experts in suicide research addressed the importance of such precipitants and protective factors in relation to suicide preventative strategies. Over 100 delegates attended from across the UK.

### **East Midlands Self harm and Suicide Prevention Partnership Forum**

The Research team continue to co-ordinate the East Midlands Self-harm and Suicide Prevention Research Network (EM-SRN). The EM-SRN aims to provide a single point of contact for all professionals, to encourage greater collaboration across the region and facilitate the sharing and implementation of research and best practice. In January 2019, the team hosted a network event to discuss current key issues e.g. the zero suicide ambition for inpatient areas, and the latest

	research from across the region. Around 50 delegates from across the region attended the event, free of charge.
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4.	A proportion of Derbyshire Healthcare NHS Foundation Trust's income in 2018/19 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 2018/19 and for the following 12-month period are available electronically at [web link is planned as part of new internet development].

The monetary total for income in 2018/19 conditional on achieving quality improvement and innovation goals	£2,813,578
The monetary total for the associated payment in 2017/18	£2,710,443

5. 5.1	<p>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.</p> <p>The Care Quality Commission has taken enforcement action against Derbyshire Healthcare NHS Foundation Trust during 2018/19. On 2 July 2018, Derbyshire Healthcare NHS Foundation Trust received a Section 29a Warning Notice with regards to the following: "Staff did not complete or record observations of patients in a timely way. Staff reported issues with access to electronic devices to record observations at the time. The Care Quality Commission had previously issued a Requirement Notice in relation to this issue following an unannounced inspection of Cubley Male ward on 13 March 2018". The Trust made changes in response and the Warning Notice was lifted on 11 September 2018.</p>
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7.	Derbyshire Healthcare NHS Foundation Trust has not participated in any special reviews or investigations by the CQC during the reporting period. Although not a special review, we did have a targeted inspection in 2018 which reviewed the Radbourne Unit, which gave the CQC some assurance that there was an improving picture. The report was published in January 2019 and is available on the CQC website. This resulted in some improvement actions.
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8. 8.1	<p>Derbyshire Healthcare NHS Foundation Trust submitted records during 2018/19 to the Secondary Uses Service for inclusion in the hospital episode statistics, which are included in the latest published data.</p> <p>The percentage of records relating to admitted patient care which included the patient's:</p> <ul style="list-style-type: none"> <li>i. Valid NHS number – 99.8%</li> <li>ii. General Medical Practice Code – 100%</li> </ul> <p>The percentage of records relating to outpatient care which included the patient's</p> <ul style="list-style-type: none"> <li>i. Valid NHS number – 100%</li> <li>ii. General Medical Practice Code – 100%</li> </ul>
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9 The Information Governance (IG) Toolkit is now the Data Security & Protection Toolkit, and the % reference has disappeared. The old IG toolkit assessed performance against three levels: 1, 2 and 3. The new toolkit does not include levels and instead requires compliance against assertions and mandatory evidence items. The Trust increased its score of 98% completion during 2017-18 to 100% completion in 2018-19.

Derbyshire Healthcare NHS Foundation Trust's Data Security and Protection Assessment Report overall score for 2018/19 was graded Satisfactory (so a **green** rating).

10  
10.1

Derbyshire Healthcare NHS Foundation Trust was not subject to the Payment by Results clinical coding audit during 2018/19 by the Audit Commission. We now have mandatory scores and advisory targets. The table shows the new scoring system. Previously the percentage scores equated to Level 0 (not achieved) Level 1 (under achieved) Level 2 (satisfactory) and Level 3 as the top attainment. We achieved well above both the mandatory and advisory targets.

	Mandatory	Advisory	Trust score
Primary diagnosis correct	>= 85%	>= 90%	98%
Secondary diagnosis correct	>= 75%	>= 80%	94.53%
Primary procedure correct	>= 85%	>= 90%	100%
Secondary procedure correct	>= 75%	>= 80%	100%

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, within 2018/19 there has also been the continued use of a Data Quality kite mark to help provide the Trust Board with the necessary assurance around the Main Trust Performance Operational Indicators and there is an embedded six-monthly data assurance audit cycle in place.

**Further actions:**

- Continued integration between our electronic patient record systems so that demographics for service receivers are synchronised and up to date.
- Enhancement of the new online information system, a single reference point to show all the different services and electronic patient record systems and paper records 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, messaging Primary Care systems directly).

- 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 a wider inclusive approach to improve carer information, family members and other associated 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 Data Security and Protection mandatory induction and refresher training and Trust compliance levels.
- 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 Data Security mandatory and yearly training results and remove barriers to this aspiration.

## Mortality data

Chief Executive Ifti Majid has overall responsibility for the implementation of the Learning from Deaths Policy and Medical Director Dr John Sykes is responsible for acting as Patient Safety Director, taking responsibility for the learning from deaths agenda. Anne Wright is the appointed Non-Executive Director who also oversees the learning from deaths agenda.

### Process

The Trust employs a Mortality Technician who is responsible for extracting the data from the NHS Spine on a daily basis (Monday to Friday), regarding deaths of patients who are currently open to services, or have been open to services within the last six months. From this, a Trust mortality database is populated. Each case is assessed by the Mortality Technician using the 'red flags' for incident reporting and mortality review, to determine if the death should be reported as an untoward incident or should be subject to scrutiny by the Mortality Review Group (see red flags below).

### Red flags for deaths to be reviewed by the Mortality Review Group

When a death does not meet the criteria for reporting under the *Untoward Incident Reporting and Investigation Policy and Procedure* (as detailed below), the scrutiny of the death will be undertaken in line with this procedure. Every six months a selection of red flags are chosen by the Mortality Review Group.

'Red flags' for mortality review are as follows:

- Referral made, but patient not seen prior to death
- Patient referred to services, then assessed and, discharged without referral onto other mental health services (including liaison team)
- Patient diagnosed with a severe mental illness
- Death of patient on clozapine
- Death of patient on olanzapine

- Anti-psychotic medication
- Substance misuse death
- Patient only seen as an outpatient
- Patient with a long term physical condition
- Patient in chronic pain
- Deaths up to six month post-discharge
- Patient on end of life pathway, subject to palliative care
- Patient died while on an out of area transfer
- Patients whose care plan was not reviewed in the six months prior to their death
- Patient whose risk plan and or safety plan was not in place or updated as per policy, prior to death
- Death listed for review at inquest
- Death of a patient with an eating disorder.

Deaths identified as 'red flag' in terms of mortality are reviewed using a Trust mortality developed tool through case note reviews completed by medical and mental health nursing colleagues. Information for these reviews is taken from the EPR. To date the Trust has completed 117 case note reviews since the initiation of the process in 2017. Over the period 2018/19, 70 case note reviews have concluded at point of writing, and of these six relate to deaths within this reporting period. During case note reviews, recommendations may be made which could include referral into the Serious Incident Process.

On review through the Serious Incident process an investigation may be commissioned. When an investigation is commissioned under this process the review team is independent to the team concerned/involved in the patient's care.

### **Red flags' for deaths to be reported as untoward incidents (Datix)**

An incident form (Datix) must be completed if the death meets any of the following criteria listed below. In these cases the process outlined in the *Untoward Incident Reporting and Investigation Policy and Procedure* must be followed:

'Red flags' for deaths to be reported as untoward incidents (Datix)

Any patient open to services within the last six months who has died and meets any of the following criteria:

- Homicide – perpetrator or victim
- Domestic homicide - perpetrator or victim
- Suicide/self-inflicted death, or suspected suicide
- Death following overdose
- Death whilst an inpatient
- Death of any inpatients who died within 30 days of discharge from a Trust ward
- Death following an inpatient transfer to an acute hospital
- Death of a patient on a section of the Mental Health Act or Deprivation of Liberty authorisation
- Death of a patient following absconson from an inpatient unit
- Death following a physical restraint
- Death of a patient with a learning disability
- Substance misuse death (interim position)
- Death of a patient where there has been a complaint by family, carer or Ombudsman, or if staff have raised a significant concern about the quality of care provision to that person

- Death of a child (and will also likely be subject to scrutiny by the Child Death Overview Panel)
- Death of a patient open to a safeguarding procedures at the time of death, which could be related to the death
- Death of a patient with historical safeguarding concerns, which could be related to the death
- Death where a previous Coroner's Regulation 28 (Prevention of Future Deaths) has been issued
- Death of a staff member whilst on duty
- Death of a child under the age of 18 of a current or previous service user, who has died in suspicious circumstances
- Where an external organisation has highlighted concerns following the death of a patient, whether they were open to the Trust at time of death or not.

Dependant on the detail of the serious incident, review teams will consider family engagement on a case by case basis, in conjunction with the Family Liaison Team. In the majority of cases the Family Liaison Team initiates contact with family to offer either family an involvement in the review or feedback on the outcome, dependent on family wishes. Where family members have identified a wish for involvement or feedback, they are supported and updated throughout the process. All investigations commissioned through the serious incident process are instructed within the terms of reference to consider this point, as well as the involvement of other external providers such as General Practitioners.

As with family involvement, the Trust is now moving towards feedback to external providers when involved in the review process. In cases where a death meets external reporting requirements a full report will be submitted to commissioners and all additional enquiries addressed. To date, since 1 April 2018 there are have been 47 investigations concluded in relation to deaths under the Serious Incident process. Of these, 15 relate specifically to incidents which occurred during 2018/19. All reviews are given consideration to Duty of Candour and actively seek to identify issues early on in the process. All serious incident investigations are reviewed via either the Operational Serious Incident Group or the Executive Serious Incident Group.

27.1	<p>During 2018/19, 1878 of Derbyshire Healthcare NHS Foundation Trust's patients died. This comprised the following number of deaths which occurred in each quarter of that reporting period:</p> <ul style="list-style-type: none"> <li>• 495 in the first quarter;</li> <li>• 458 in the second quarter;</li> <li>• 558 in the third quarter;</li> <li>• 367 in the fourth quarter</li> </ul>
27.2	<p>Six case record reviews and 15 investigations have been carried out in relation to 1,878 of the deaths included in item 27.1.</p> <p>In three 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:</p> <ul style="list-style-type: none"> <li>• 0 in the first quarter</li> <li>• 3 in the second quarter</li> <li>• 7 in the third quarter</li> <li>• 11 in the fourth quarter</li> </ul> <p>A further 44 investigations are on-going</p>



27.3	<p>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.</p> <p>In relation to each quarter, this consisted of:</p> <ul style="list-style-type: none"> <li>• None representing 0% for the first quarter</li> <li>• None representing 0% for the second quarter</li> <li>• None representing 0% for the third quarter</li> <li>• None representing 0% for the fourth quarter</li> </ul> <p>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.</p>
27.4	<p>The Mortality Review Group has case reviewed 130 deaths. This was undertaken by a multi-disciplinary team and established that of the 130 deaths reviewed, 0 have been classed as due to problems in the care provided to that patient and three have 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 are covered by the following 'red flags':</p> <ul style="list-style-type: none"> <li>• Patient referred to services, then assessed and, discharged without referral onto other mental health services (including liaison team)</li> <li>• Patient diagnosed with a severe mental illness</li> <li>• Patient only seen as an outpatient</li> <li>• Patient taking anti-psychotic medication</li> </ul> <p>Initial analysis of death notification information shows the most common causes of death are:</p> <ul style="list-style-type: none"> <li>• Alzheimer's dementia/vascular dementia</li> <li>• Old age</li> <li>• Ischaemic heart disease</li> </ul>
27.5	<p>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.</p> <p>Examples of actions taken and that will be taken:</p> <ol style="list-style-type: none"> <li>1. Review of blood-borne virus policy.</li> <li>2. Review and audit of Safety Box use on the Paris electronic patient record system.</li> <li>3. Review of communication practices between inpatient areas and community teams.</li> <li>4. Review standards, training and audit relapse prevention plans with community mental health teams</li> <li>5. Explore with commissioners with regards to the commissioning of a community forensic team and the potential risks and benefits of this model of practice.</li> <li>6. Advice to be provided for nursing and medical staff in relation to patients suffering from health anxiety and referral for cognitive behavioural therapy (CBT).</li> <li>7. Discussion with commissioners regarding specific services/pathways for individuals</li> </ol>

- with a diagnosis of personality disorder.
8. Review the number of funded care programme approach co-ordinators in community teams benchmarked against comparable trusts per hundred thousand population.
  9. Review expected standards of practice for patients on a Community Treatment Order. Complete a Trust-wide audit of these revised standards and then monitor via a six-monthly audit cycle.
  10. Education/information on the referral process to Improving Access to Psychological Therapies (IAPT) for inpatient areas.
  11. All services contracted to provide IAPT services should be given training and read-only access to Paris.
  12. For interagency communication to be improved so information can be shared in a timely manner.
  13. Review of home leave care plan to include explicit completion of parent/carer contact or to actively state why not required.
  14. To clarify in the seclusion policy the reasons why all seclusions are to be detailed as moderate harm.
  15. To consider developing new incorporating within training already provided a module about the Mental Health Act paperwork linked to seclusion, including seclusion exception reporting and the seclusion policy.
  16. To share with commissioners the impact and access of community based psychological therapy for interfamilial childhood trauma.
  17. Where there are co-morbid complex physical health issues in someone with a severe mental illness, the care plan and safety plan must reflect any concerns or risk related to the management of that physical health need. This includes any concerns around medication.
  18. To identify the threshold for Forensic Service input and method of referral and dissemination of information.
  19. To gain an understanding of the issues related to being a veteran and our responsibilities with regard to the Armed Forces Covenant.
  20. Development of a Safeguarding Protocol which would include details regarding how to access safeguarding advice and support which would complement information already available via the Safeguarding intranet page.
  21. The process for managing 'Front Door Presentations' to Psychiatric Units needs to be clarified and reviewed.
  22. An offer of psychiatric advice around complex medication issues should form part of the discharge information sent to primary care for patients who have a severe mental illness.
  23. There is a waiting list for psychological therapy, for Eye Movement Desensitisation Reprogramming (EMDR). Review with commissioners potential solutions to reduce the waiting time.
  24. A team awareness raising session regarding the frequent revisiting of a service user's decision to withhold information from family and carers using the 'Advanced Planning for People with Bipolar Disorder Guide' from the East Midlands Academic Health Science Network, and also the 'Sharing information with family and carers' booklet and the 'Advance Statement about information sharing and involvement of family carers'.
  25. To review the multi-disciplinary team (MDT) documentation processes with regard to the decision making actions when there are patient safety concerns. This should take into account the immediate action taken by medical colleagues, care co-ordinators and supervisors.
  26. For Trust staff who work in out of hours services (mental health triage hub, Crisis team) to have access to IAPTUS notes (a care record system for psychological therapy services) as read-only.
  27. Trust to ensure development of clinical standards for personality disorder and a robust Personality Disorders Pathway and appropriate training for staff and teams.

28. For the MHA Office to develop a system of escalation for confirmation that sections are invalid.
29. Ensure family are involved in assessments and decision making processes wherever possible, in line with Think Family and Triangle of Care approach, and also making sure that support is offered to carers and children
30. Review of the Care Programme Approach (CPA) policy in terms of transfer between secondary services to provide clarity. Transition policy to be updated to include process in the event of a dispute between services in transition. Clarity required for services regarding dispute resolution in transition.
31. If it is considered that withholding a prescription is in the interest of safety for a service user, then prior to this decision being made it is imperative that this is discussed with a consultant, senior practitioner or manager; all options need exploring before coming to this decision.
32. Discuss the importance of using the analgesic ladder to manage pain in older people with dementia. Review use of pain management tools.
33. The Eating Disorder Team to facilitate a reflective session with the Neighbourhood teams in relation to managing eating disorder patients and timely referrals.
34. To review the monitoring and communication process to patients with suicidal thoughts following the administration of medication where there are known suicidal side effects.
35. Develop an operational policy that clarifies the roles and responsibilities of the organisation, teams and individuals in the delivery of care to forensic patients in the community.
36. The development of a Trust infrastructure that supports staff in providing safe, effective care to community forensic patients.
37. Clinical guidelines that reflect the specific needs of forensic patients in the community, including CPA and risk management.
38. A programme of education and training that reflects the expertise required working with community forensic patients.
39. A clinical supervision framework that ensures clinicians have routine access to professionals with clinical expertise in forensic care.
40. To explore the development of eating disorder awareness training package to the relevant Trust teams.
41. Eating Disorder Service to raise with Management of Really Sick Patients with Anorexia Nervosa (MARSIPAN) lead and Derby Hospitals Mental Health Steering Group, the need to establish joint protocols for patients to be directed to appropriate support/services, and joint clinics and/or regular review meetings.
42. Discuss with the multidisciplinary team the importance of adopting a broader approach to advanced decision making which is discussed in conjunction with do not attempt resuscitation (DNAR) decisions.
43. Where Social Care are involved with a client, a multi-disciplinary team and multi-agency meeting should be arranged once a year or more frequently if required due to significant change in accordance with CPA guidelines. CPA Review to be multi-disciplinary and multi-agency where relevant.
44. The Trust requires an adequately commissioned community forensic team that addresses the gaps identified within this report, so that community forensic care is safe and effective.
45. Consideration should be given to whether Section 37 or Section 41 patients discharged into the community should ever be transferred directly to non-forensic, generic teams, or whether all such cases should at least initially be under the care of a forensic psychiatrist.
46. Develop the role of end of life link workers or champions on the ward, to promote a culture of positive end of life care.
47. To request commissioners to review contracts to include direction as to the expected level of discharge information and the timeliness of the communication from private

	providers.
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27.6	<p>An assessment of the impact of the actions described in item 27.5 which were taken by the provider during 2018/19.</p> <p>Over the last 12 months, in response several of these actions we are establishing a Community Forensic Mental Health Team, and have already recruited to some posts. There has been a review of our CPA process and this is ongoing, informed by these actions. There has been an adjustment in thresholds for recovery and maintenance treatments in substance misuse services, in line with learning around links with heightened risk of death for those on lower dose maintenance treatment.</p> <p>We have been working to implement the Physical Healthcare Strategy and there has been significant investment in establishment, including the creation of a physical healthcare clinic in the north of the county, together with enhancements to community mental health teams. There have also been extensive developments of the electronic patient care records system to accommodate recording of physical healthcare assessments and interventions.</p> <p>We have invested in Oxehealth patient monitoring. This is the use of an optical sensor to remotely measure a person's pulse and breathing rate without disturbing them.</p> <p>We have reviewed and updated our approach to Safety Planning, with new formats agreed and informed by front line practitioners. Complex Case Reviews have been established within inpatient units, to review how we are approaching people in our care who present with higher levels of risk.</p>
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27.7	70 case record reviews and 47 investigations were completed after 1 April 2018, which related to deaths which took place before the start of the reporting period.
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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).
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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.
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### 2.3 Reporting against core indicators:

13	<p><b>Seven-day follow-up for those on CPA</b></p> <p>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.</p> <p>Numerator: Number of patients on the CPA who were followed up within seven days after discharge from psychiatric inpatient care.</p> <p>Denominator: Total number of patients on CPA discharged from psychiatric inpatient care.</p>
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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, embedding a patient-focused care approach, ensuring patient safety and mitigating risk.

### CPA seven day follow-up

Indicator	End of 2016/17	End of 2017/18	2018/2019 (Q1,2 & 3 Published as at 08/05/19)	National provider average (as at 08/05/19)	Highest and lowest scores of NHS Trusts and NHS Foundation Trusts (Q3 as at 08/05/19)
The percentage of patients on CPA who were followed up within seven days after discharge from psychiatric inpatient care during the reporting period	96.48%	98.51%*	96.47% (against a target of 95%)	96.3%	100% and 81.6%

\*please note a variance here with the figure in the 2017/18 Quality Report of 98.68%, due to subsequent data refreshes <https://www.england.nhs.uk/statistics/statistical-work-areas/mental-health-community-teams-activity/>

### 17 Crisis gatekeeping

Crisis gatekeeping ensures that the 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				
Indicator	2017/2018	2018/2019 (Q1, 2 and 3 Published as at 08/05/19)	National provider average (as at 08/05/19)	Lowest and highest scores of providers (Q3 as at 08/05/19)
The percentage of admissions to acute wards for which the Crisis Resolution Home Treatment Team acted as a gatekeeper during the reporting period	99.74%	100.00%	98.30%	78.8% and 100%

19	<p><b>28-day re-admission rates (aged 16 and over)</b></p> <p>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, 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.</p> <p>Numerator: Number of re-admissions to a Trust hospital ward within 28 days from their previous discharge from hospital;</p> <p>Denominator: Total number of finished continuous inpatient spells within the period;</p> <p>Derbyshire Healthcare NHS Foundation Trust has taken the following actions to improve this percentage, and so the quality of its services: continuing to monitor and develop pathways of care.</p> <p>Our percentage of people re-admitted within 28 days has continued to reduce since 2016/17, in spite of some challenging demand and staffing issues within our community mental health teams.</p>
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28-day re-admission rates (aged 16 and over)				
Indicator	2017/2018	2018/2019	National provider average	Lowest and highest scores of providers
28-day re-admission rates for patients aged 16 and over	7.68%*	6.26% (against a target of 10%)	not available	not available

\*Please note a variance here with the figure in the 2017/18 Quality Report of 9.1%, due to subsequent data refreshes

22	<p><b>Community Mental Health Survey</b></p> <p>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 7.2, which is deemed to be 'about the same as other Trusts nationally'. The Trust considers that this data is as described for the following reason: it is provided by an external organisation who we commission to undertake the survey.</p> <p>Derbyshire Healthcare NHS Foundation Trust has taken the following actions: the Trust will continue to promote the 'Friends and Family test' as a way of monitoring our progress, and seek opportunities for service user involvement in pathway development work streams.</p>
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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 01 04 2018 and 30 09 2018.					
Patient safety incidents per 1,000 bed days		1,842 incidents reported during this period = reporting rate of 40.86 incidents per 1,000 bed days			
Degree of harm of the patient safety incidents reported to the NRLS between 01 April 2018 and 30 September 2018					
Degree of harm indicated as a percentage of the total number of incidents reported.					
<b>None</b>		<b>Low</b>		<b>Moderate</b>	
66.7%		27.5%		4.2%	
(1,229)		(507)		(78)	
<b>Severe</b>		<b>Death</b>			
0.4%		1.1%			
(8)		(20)			
Source: <a href="https://improvement.nhs.uk/resources/national-quarterly-data-patient-safety-incident-reports/">https://improvement.nhs.uk/resources/national-quarterly-data-patient-safety-incident-reports/</a>					
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					

We have reported our national benchmarks in suicide, sudden death and homicide rates.

## **Additional considerations**

### **2. Speaking up**

#### **The different ways in which staff can speak up if they have concerns over quality of care, patient safety or bullying and harassment within the Trust:**

Staff can raise any concerns with their line manager, with anyone else in their management line, with colleagues from the Nursing and Quality Directorate, or directly with our Freedom to Speak Up Guardian (F2SUG). The role of the Freedom to Speak Up Guardian has been promoted through communication via the staff newsletters Weekly Connect and Monthly Team Brief, Trust-wide email promotion with posters attached, payslip notification, screen savers and face to face meetings as well as team meeting presentations. There has also been direct communication by letter to service specific areas. The role is also highlighted at Trust Induction for all new staff. For those finding it difficult to speak up or who may want to raise concerns confidentially/anonymously, a PO Box address has been communicated where people may choose to write to the F2SUG directly without exposure. This as yet had not been utilised, but will continue to be promoted as being available.

The Raising Concerns/Speaking Up (Whistleblowing) Policy has been updated to ensure that the process to manage a concern that is raised is clearly defined. Where there is no requirement for terms of reference to be written, the practice of fact finding is defined to enable the concern to be considered against any corroborating evidence, which does not require Terms of Reference to be drawn up.

#### **How feedback is given to those who speak up:**

At each stage of the process we aim to deal with the concern promptly and without unreasonable delay. However, the Trust recognises that in exceptional circumstances timescales may need to be extended by either party. Any extensions must be mutually agreed.

Our aim at each stage is to:

- Acknowledge the concern in writing within five working days after the day on which it is received. (Please note some delays are unavoidable i.e. annual leave or unplanned absence).
- Upon conclusion/ investigation the individual should be informed of the outcome through feedback, following which a feedback letter outlining any action will be provided in writing within five working days.

#### **How we ensure staff who speak up do not suffer detriment:**

If a concern is raised, the Raising Concerns/Speaking up (Whistleblowing) Policy is clear that the member of staff will not be at risk of losing their job or suffering any form of reprisal as a result. The Trust will not tolerate any attempt to bully an employee into not raising any such concern. Any such behaviour would be a breach of our Trust values and if upheld following investigation could result in disciplinary action. Provided that the staff member is acting in good faith (that is, honestly), it does not matter if they are mistaken or if there is an innocent explanation to the concerns. Of course, we do not extend this assurance to someone who may maliciously raise a matter they know is untrue. We hope that our staff will feel supported and comfortable raising a concern openly; however we do understand that there may be occasions where a staff member may wish to remain anonymous or confidential. We can keep their identity confidential, if they choose to, unless we are required to disclose it by law (for example by the Police).



## Conditions of service for NHS Doctors and Dentists in training (England)

“A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account”.

The Trust's plans to reduce gaps in rotas include the following:

1. High quality training to attract trainees.
2. Active involvement of our Guardian of Safe Working with regular feedback from trainees on their work patterns.
3. We have regular engagement events with trainees on their experience in the Trust, for example, in our acute inpatient settings ensuring that any concerns and ideas for improvement are recognised and acted upon.
4. We are trying to fill all gaps as best we can and encourage locums to join the East Midlands or North Humberside training scheme.
5. We are liaising with both of these schemes regarding what we see as the best structure to aid recruitment and retention. We are engaging with regional workforce planners on this.
6. To continue to engage with trainees and to encourage them to understand the purpose and process of exception reporting when this is a valid option.

### Rota gaps over the reporting period:

Time period	Rota gaps
April 2018	13
May 2018	14
June 2018	18
July 2018	25
August 2018	19
September 2018	19
October 2018	18
November 2018	11
December 2018	17
January 2019	17
February 2019	14
March 2019	22

## Part 3: Other information

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 2018/19, with a minimum of three indicators chosen for each of the following:

1. Patient safety
2. Clinical effectiveness
3. Patient experience

### Activity data during 2018/19



**1,477**  
Inpatient admissions



**84,774**  
referrals received

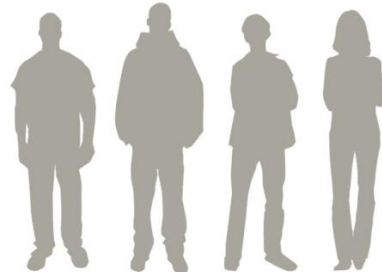


The Trust cared for **3,165**  
babies born in Derby City

**48,984**

adults treated this year

**78,106** people seen



**271**  
inpatients beds



**758,432**  
attended contacts



**71,365**

children treated  
this year

**13,120**

face to face follow-ups for those in  
our Learning Disability services

## Patient safety

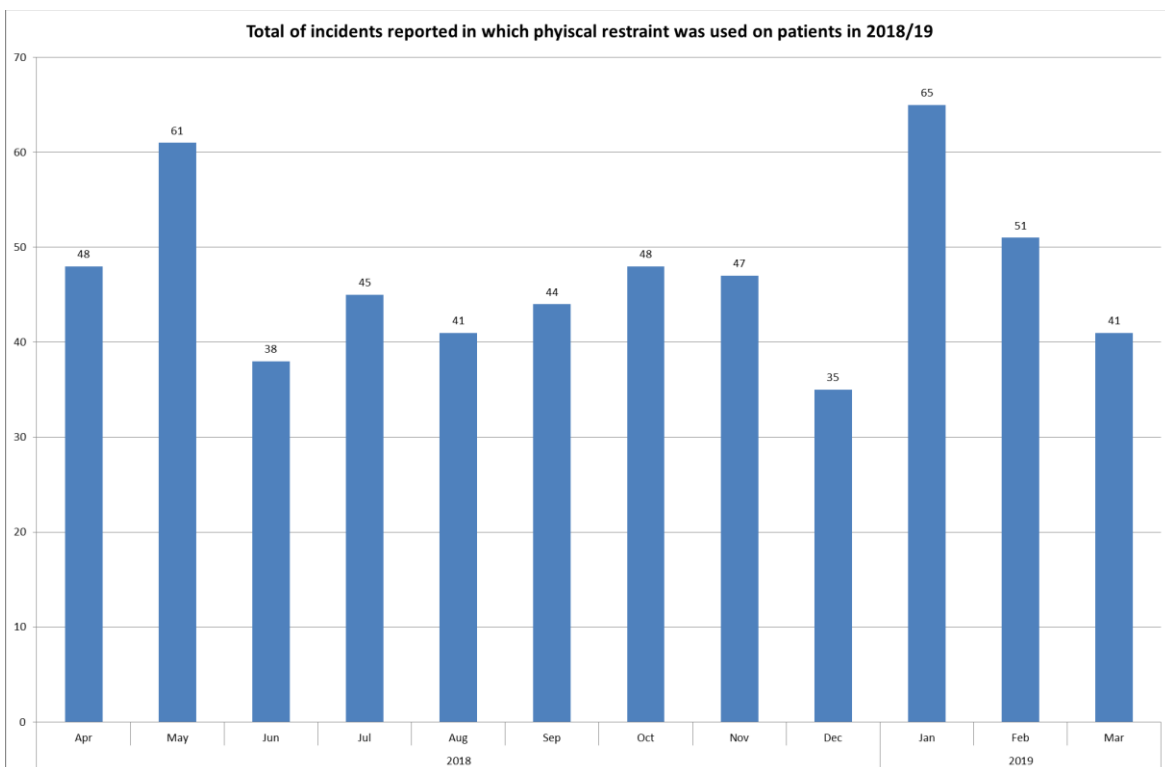
### Patient safety 1: Positive and Safe – reduced use of seclusion and restraint

The Positive and Safe programme aims to end the unnecessary use of restrictive interventions. Our aim as a healthcare provider is to develop a culture where restrictive interventions are only ever used as a last resort, and only then for the shortest possible time. The Trust's Positive and Safe Steering Group has continued to meet and has been able to have service user representation from the Kedleston Unit. Both representatives have lived experienced of being subject to restrictive interventions and are keen to support developments in clinical practice.

Over the year, we have continued to clarify our clinical practice and determine the compliance of our practice against current guidance. A number of audits have been completed that give us data in addition to that gained by reviewing incidents. These include:

- Seclusion audit – looking at de-escalation and the subsequent use of seclusion
- Rapid Tranquillisation (RT) Audit – examining the clinical practice and technique used in RT
- Locked door audit – reviewing the practice of keeping ward doors locked, how this is decided and how it is communicated to both people on the ward and those trying to enter the ward.

As a result of this clarification of practice, we have improved data around the differing practice between the inpatient areas in the north and south, with initial interpretations that this might be attributable to differing demographics of the respective inpatient population, and the presence of seclusion facilities in the south. Below is an example as to the clarity with which we can now see restraint use in the Trust.



## Other initiatives:

- A Police Liaison Officer has been assigned to work closely with the Hartington Unit. The officer attends the weekly clinical review meeting and has developed police relationship with the ward staff and some of the patients. She has worked on improving police visibility across the unit and can identify where relevant sharing of intelligence and information can be of use in managing incidents or people's situations. Work is currently underway to look at replicating this in the Radbourne Unit
- The revised Positive and Safe Management of Violence and Acute Psychological Distress (PMVA) training continues to run but with variable attendance levels. This has been partly attributable to the staffing difficulties over the summer and autumn periods within inpatient areas. Work is underway at the Radbourne Unit to enable staff to be released to attend the training. The bite size simulation training has continued and funding has been given from the Trust's Innovation Fund for a six-month pilot using actors. This has allowed for more realistic incidents to be worked through, that have the elements of surprise and unpredictability that the use of a colleague would not bring
- Older adult services access tactics training, incorporating Strategies in Crisis Intervention and Prevention (SCIP) techniques and Learning Disabilities staff access PACE which also incorporates SCIP. Person centred care is an explicit theme across all modules and the training also looks at the cultural aspects of ward life. Previous sessions have looked at the causes of distress and how language can be used to marginalise people even if this is not done consciously. Feedback on the training is taken from staff on each module and the results have all been positive with staff reporting an improvement in understanding and confidence.
- The use of prone restraint has been reviewed and a report was provided to the Quality Committee in May 2018 that detailed the frequency and context of the use of prone restraint. There will be a further paper in May 2019.
- The audit of staff understanding of seclusion and segregation remains part of the Nursing and Quality Directorate's audit plan and will be completed in 2019.
- Safety pods – a demonstration of safety pods was arranged for 2018. A safety pod is a large bean bag that enables the restraint to take place on the pod itself rather than on the floor. Clinical trials in learning disability and adult mental health services have proved very positive, with fewer restraints leading to seclusion, a reduction in injury to patients and staff and the interventions reported as feeling less traumatic. We are arranging to meet again with the suppliers to look at trialling the pods in a number of different clinical areas.

## Conclusion

The last 12 months have seen a high level of activity looking at restrictive interventions across our clinical areas. We have established a robust audit structure that has given us a sound baseline of data from which to work. We have also identified that we have a number of different areas of work that require a greater degree of improvement than we previously thought. However, we can identify why this is and have work underway to address the concerns. The Positive and Safe group has maintained a close awareness of the practice issues in clinical areas. The group has a work plan that identifies the key points to focus on over the next year and can link this work into the overall work plan for the directorate.

## Patient safety 2: Psychiatric Liaison team responsiveness

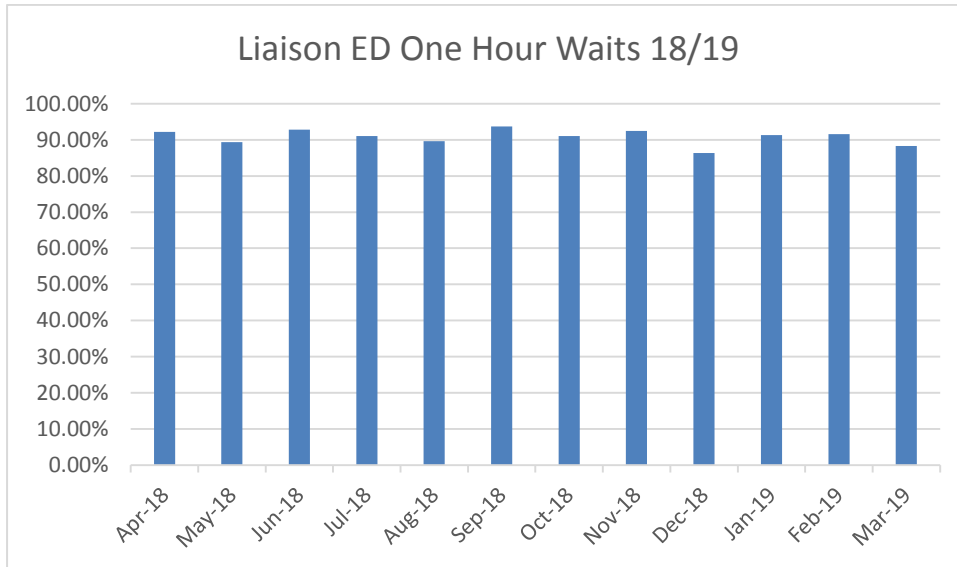
Our colleagues in the North Derbyshire Liaison team provide advice and guidance to hospital staff, external partner organisations, patients, families and carers around mental illness and substance misuse for patients within the Emergency Department and on acute hospital wards. They also provide specialist psychosocial assessments for patients with mental health or substance misuse needs, will support patient discharge with necessary community referral and signposting and will liaise with mental health professionals if the person presenting needs admission to a mental health inpatient ward. Training of hospital staff is a fundamental part of the work, together with ongoing service evaluation and research.

Both teams have been part of the High Impact User (HIU) model. People in this HIU cohort are defined by their repeated attendance at general hospital emergency departments. Locally, this is defined by repeated attendance at emergency departments as either three times in one month or five times in six months. The approach brings multi-agency working, in partnership with acute hospital, police and ambulance colleagues. As an example of the outcome of this work, findings that were reported at the beginning of this financial year (and therefore not possible to include in last year's Quality Report) for our Liaison Team North, show the following results for this cohort of people:

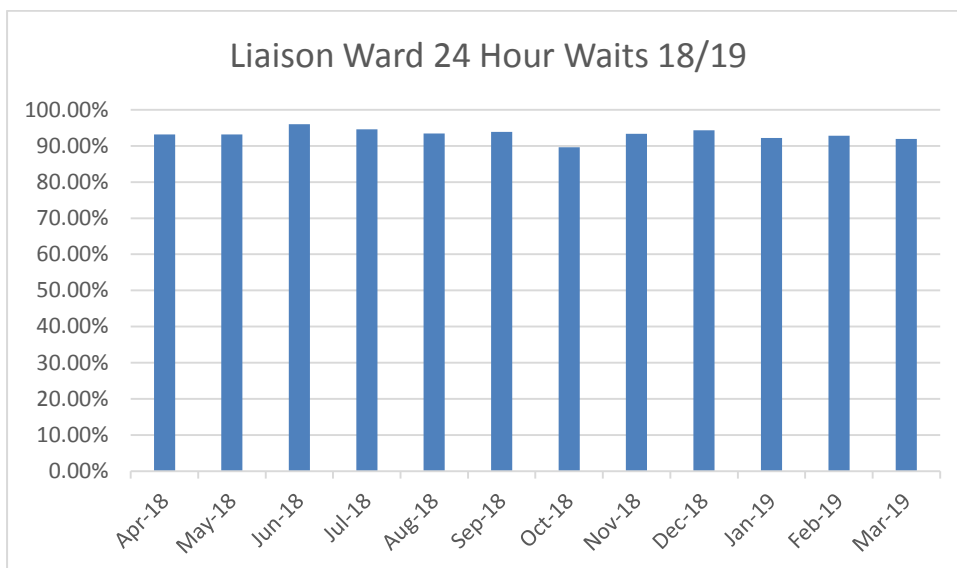
From 1 April 2016 to 31 March 2017 the selected cohort who would benefit from mental health and psychosocial interventions attended the Emergency Department of Chesterfield Royal Hospital on 288 separate occasions. From 1 April 2017 to 31 March 2018 this same cohort attended the Emergency Department of Chesterfield Royal Hospital on 71 separate occasions. This resulted in a reduction of 75%, against a target of 20%.

### Results around overall responsiveness for the teams:

Month	Number of ED liaison referrals	Number one hour wait compliant	%
April 2018	373	344	92.23%
May 2018	480	429	89.38%
June 2018	416	386	92.79%
July 2018	447	407	91.05%
August 2018	445	399	89.66%
September 2018	411	385	93.67%
October 2018	424	386	91.04%
November 2018	413	382	92.49%
December 2018	439	379	86.33%
January 2019	438	400	91.32%
February 2019	403	369	91.56%
March 2019	453	400	88.30%



Month	Number of ward liaison referrals	Number 24-hour wait compliant	%
April 2018	467	435	93.15%
May 2018	413	385	93.22%
June 2018	500	480	96.00%
July 2018	522	494	94.64%
August 2018	366	342	93.44%
September 2018	445	418	93.93%
October 2018	463	415	89.63%
November 2018	494	461	93.32%
December 2018	422	398	94.31%
January 2019	489	451	92.23%
February 2019	448	416	92.86%
March 2019	433	398	91.92%



**Improving services for people with mental health needs who present to A&E (Accident & Emergency)**

This initiative is to ensure that the Trust and local acute hospital providers work together with other partners (such as primary care, IAPT services, police, ambulance, substance misuse, social care, voluntary sector), to ensure that people presenting at A&E with primary or secondary mental health and/or underlying psychosocial needs have these needs met more effectively through an improved, integrated community service offer, with the result that attendances at A&E are reduced. Our goals were a reduction of 20% reduction in A&E attendances for a targeted group of people. Our Psychiatric Liaison Teams, located in Chesterfield and Derby, both surpassing this target by a significant margin. Across the two teams, reductions for the cohorts ranged between 25% and 75%. The Liaison Team North team is specifically mentioned in the Urgent and Emergency Mental Health Pathway Compendium 2018/19, as an example of good practice around the approach to this.

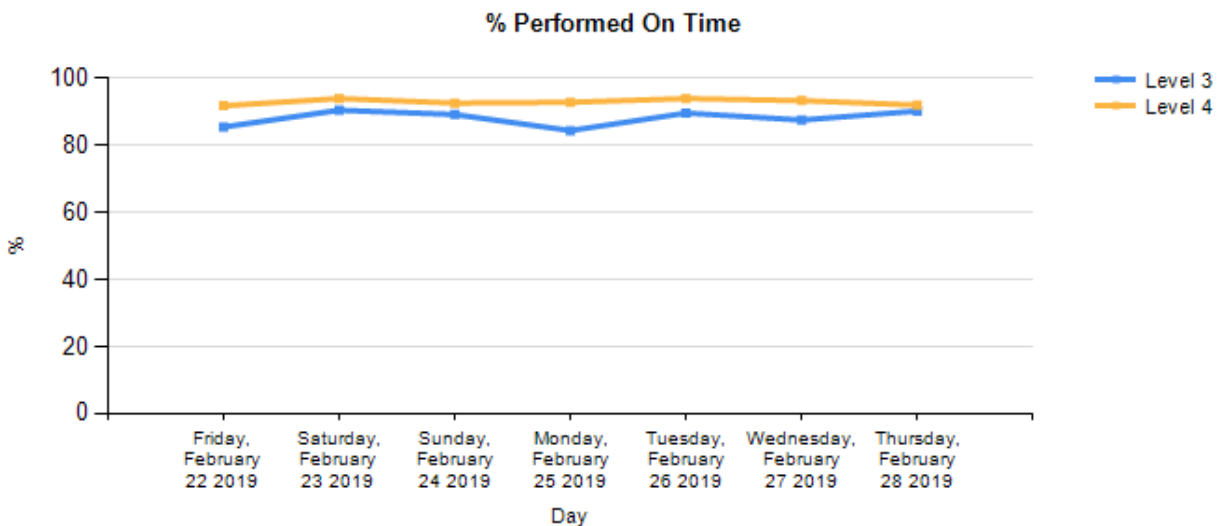
**Patient safety 3: Ward-based supportive observations**

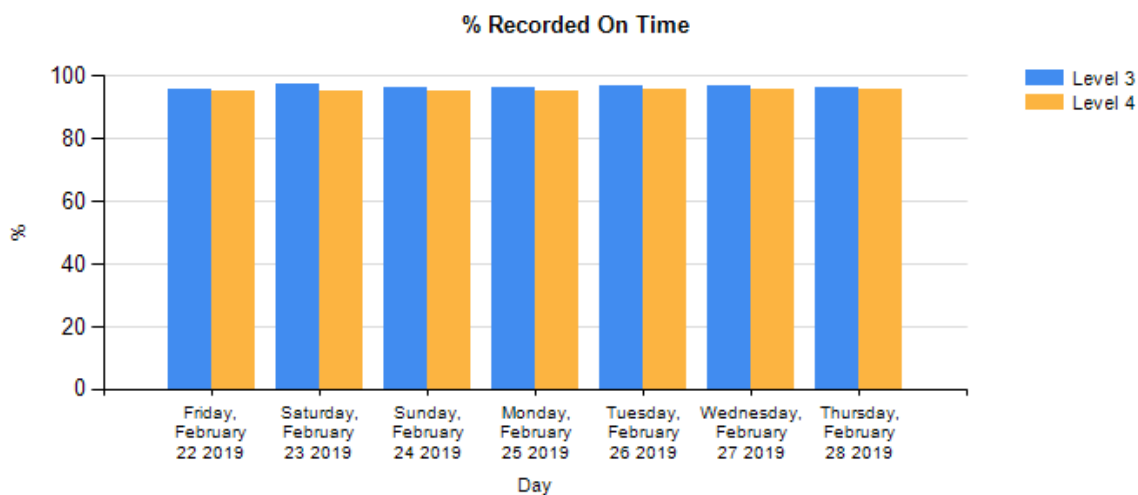
On 2 July 2018, Derbyshire Healthcare NHS Foundation Trust received a warning notice from the Care Quality Commission (as outlined below). The notice identified that:

**“Staff did not complete or record observations of patients in a timely way. Staff reported issues with access to electronic devices to record observations. The Care Quality Commission had previously issued a Requirement Notice in relation to this issue following an unannounced inspection of Cubley Male ward on 13 March 2018.”**

We initially reported our progress on 8 August 2018, and then submitted a further performance report on 5 September of three weeks of practice from 13 August onwards. Following review of this evidence, we were informed by our regulators that they were “satisfied the Trust has taken appropriate measures in response to the warning notice”.

Further to the lifting of the warning notice, we have continued to monitor data daily to assess compliance with observations being recorded as being within the 15-minute time period for Level 3 and the 60-minute time period for Level 4, and our performance measure for undertaking both Level 3 and Level 4 observations has included a five-minute tolerance beyond their respective times. We have also continued to monitor how quickly our front line staff enter the recorded observation into the current system. To build in a tolerance for allowing time for staff to enter the data, our calculations have assumed that a 15-minute gap from the observation to the entry in the person’s care record is acceptable. As an example of current Trust-wide performance, please see the following graphs for data for a recent one week period:





Our front-line colleagues continue to maintain a strong commitment to supportive observations. However, there has also been significant learning for us as a Trust. The plan to introduce handheld devices utilising an ‘app’ to record observations has been well received by staff, but as would be expected in a pilot their introduction was not without teething problems. We are also aware that the devices are only part of the solution, and that our focus remains on the clinical importance of observations as opposed to the technical response.

Whilst on one level, our overall performance has remained consistently strong in the recording of observations, we remain aware of periods of time where it is more of a challenge to record observations within the expected time period. The significant level of detail that is available to the Trust highlights clearly both strong performance and any short-term challenges. We supply each ward manager with a daily run chart as to their performance, to ensure that there is local understanding and response as required. The narrative about the clinical importance of supportive observations has continued to be our focus, and our challenge will be to retain this as we also expect further improving standards of performance.

#### **The hand-held device recording solution**

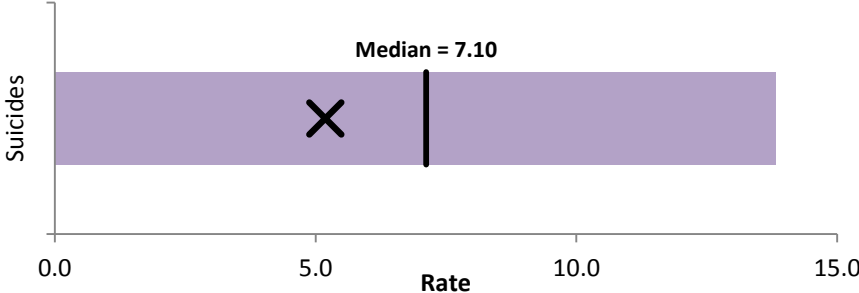
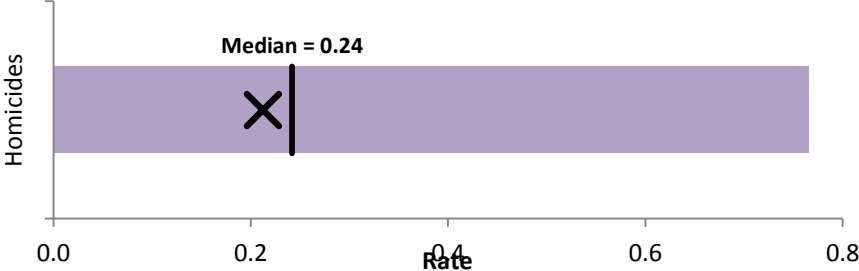
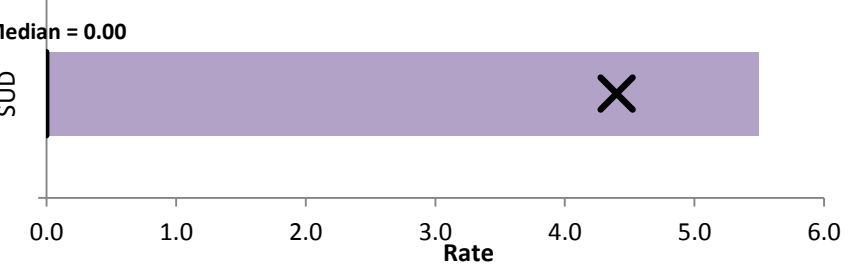
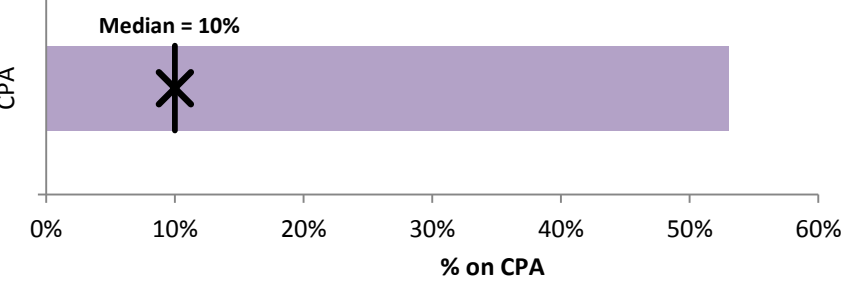
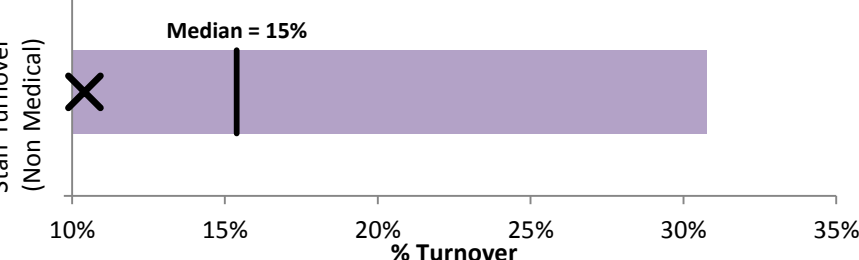
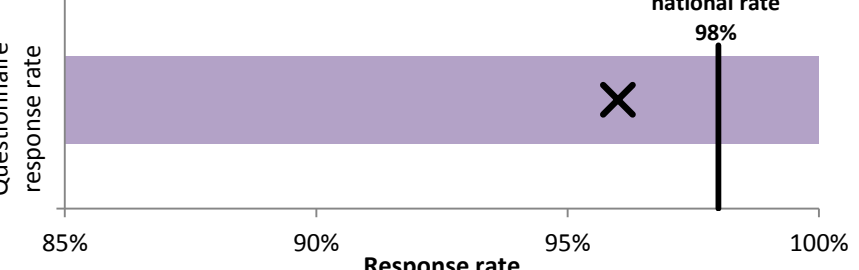
We formally piloted these on the Kingsway site and prior to extending this to the Radbourne, Hartington and London Road sites, we conducted a comprehensive review of their use on the Kingsway wards, as we wanted to thoroughly test them before we shared them Trust wide. Representatives from the Nursing and Quality team and the Information Management and Technology team visited every ward that had been using the devices; we spoke to nurses and healthcare assistants on each ward to gather feedback and suggestions for improvement. From this, it was clear that staff liked the hand held device, but also that it needed some adjustments to make sure it does what we need it to do in all clinical areas. Triangulating the verbal feedback with performance feedback for the wards, we updated the devices and have now rolled them out across all inpatient areas. In response to patient feedback, we have also covered the camera lens to alleviate any anxieties around being photographed, and developed posters to explain to patients what the devices are being used for.

#### **Patient safety 4: National benchmarking on very serious incidents in the Trust**

##### **Trust Scorecard: Derbyshire Healthcare NHS Foundation Trust**

The NCISH Safety Scorecard has been developed in response to the request from our commissioners, the Healthcare Quality Improvement Partnership (HQIP), for benchmarking data to support quality improvement. In particular, whilst we have our own significant level of concern with regards to any suicide or homicide connected to someone in our care, you’ll see in the tables below that in comparison to national figures, our incidents of suicide and homicide are below the median figure.



 <p>A horizontal bar chart showing the distribution of suicide rates. The x-axis is labeled 'Rate' and ranges from 0.0 to 15.0. A purple bar represents the distribution, with a vertical line indicating the median at 7.10. An 'X' marks the Trust's rate at 5.1.</p>	<p><b><u>Suicide rate</u></b></p> <p>The suicide rate in your Trust was 5.1 (per 10,000 people under mental health care) between 2013-15.</p>
 <p>A horizontal bar chart showing the distribution of homicide rates. The x-axis is labeled 'Rate' and ranges from 0.0 to 0.8. A purple bar represents the distribution, with a vertical line indicating the median at 0.24. An 'X' marks the Trust's rate at 0.21.</p>	<p><b><u>Homicide rate</u></b></p> <p>The homicide rate was 0.21 (per 10,000 people under mental health care) between 2013-15.</p>
 <p>A horizontal bar chart showing the distribution of Sudden Unexplained Deaths (SUD) rates. The x-axis is labeled 'Rate' and ranges from 0.0 to 6.0. A purple bar represents the distribution, with a vertical line indicating the median at 0.00. An 'X' marks the Trust's rate at 4.4.</p>	<p><b><u>Sudden unexplained deaths (SUD)</u></b></p> <p>The SUD rate was 4.4 (per 10,000 hospital admissions) between 2013-15.</p>
 <p>A horizontal bar chart showing the distribution of the percentage of patients on CPA. The x-axis is labeled '% on CPA' and ranges from 0% to 60%. A purple bar represents the distribution, with a vertical line indicating the median at 10%. An 'X' marks the Trust's rate at 10%.</p>	<p><b><u>% on CPA</u></b></p> <p>The % of patients on CPA was 10% in 2016-17.</p>
 <p>A horizontal bar chart showing the distribution of non-medical staff turnover. The x-axis is labeled '% Turnover' and ranges from 10% to 35%. A purple bar represents the distribution, with a vertical line indicating the median at 15%. An 'X' marks the Trust's rate at 10%.</p>	<p><b><u>Staff Turnover</u></b></p> <p>Non-medical staff turnover was 10% between 31 October 2016 – 31 October 2017.</p>
 <p>A horizontal bar chart showing the distribution of NCISH questionnaire response rates. The x-axis is labeled 'Response rate' and ranges from 85% to 100%. A purple bar represents the distribution, with a vertical line indicating the national rate at 98%. An 'X' marks the Trust's rate at 96%.</p>	<p><b><u>NCISH questionnaire response rate</u></b></p> <p>You have returned 96% of NCISH questionnaires between 2012-17.</p>

## Clinical effectiveness

### Clinical effectiveness 1: Breastfeeding – baby friendly

Our coverage to promote breastfeeding is good, with work alongside partner agencies to enable peer support for breastfeeding as a way to encourage higher rates with support. Breastfeeding prevalence (as recorded by our service) in the City of Derby is approximately 55% at 10-14 days, and approximately 45% at six - eight weeks. Our Health Visiting teams secured 'Baby Friendly' accreditation status in August 2018.



Within the service we have an infant feeding lead and an infant feeding team who provide breastfeeding support, in addition to the support from the Health Visiting team with regards to one-to-one breastfeeding support in the home, at clinic and breastfeeding clubs within the locality. Our health visiting teams have also delivered support and guidance around the risk of postnatal depression.

### Breastfeeding summary report

10 - 14 days activity	Quarter 1, 2018-2019	Quarter 2, 2018-2019	Quarter 3, 2018-2019	Quarter 4, 2018-2019
<b>Number of infants due for a check</b>	748	833	826	751
Breast fed at 10 days	311	349	311	260
Breast and supplement fed at 10 days	143	159	209	205
<b>Total breastfed</b>	<b>454</b>	<b>508</b>	<b>520</b>	<b>465</b>
Bottle fed at 10 days	285	324	310	282
Not known	9	1	-4	4
<b>10-14 day - Coverage (%)</b>				
<b>Total breastfed Plan</b>	98.00%	98.00%	98.00%	98.00%
<b>Total breastfed Actual</b>	<b>98.80%</b>	<b>99.88%</b>	<b>100.48%</b>	<b>99.47%</b>
Breastfed at 10 days	41.58%	41.90%	37.65%	34.62%
Breast and supplement fed at 10 days	19.12%	19.09%	25.30%	27.30%
Bottle fed at 10 days	38.10%	38.90%	37.53%	37.55%
Not Known	1.20%	0.12%	-0.48%	0.53%
<b>10-14 day - prevalence (%)</b>				
<b>Plan</b>	<b>65.00%</b>	<b>65.00%</b>	<b>65.00%</b>	<b>65.00%</b>
<b>Actual</b>	<b>60.70%</b>	<b>60.98%</b>	<b>62.95%</b>	<b>61.92%</b>

## Clinical effectiveness 2: Dementia Rapid Response Team development in North Derbyshire

The Dementia Rapid Response Teams in North Derbyshire have been established over the last 12 to 14 months in a phased approach. This was to ensure parity of service across the county, and to support the approach of treating people closer to home. There has been an active recruitment process, given that we needed to recruit a complete multidisciplinary team of skilled professionals. The teams are now almost fully recruited and moving towards extended operating hours.

The High Peak and North Dale Team has begun a seven-day service, working from 8am to 8pm Monday to Friday and 9am to 5pm at weekends. The Chesterfield and North East Team has moved to working 8am to 8pm Monday and Friday with a plan to move to weekend working at the beginning of April 2019. The teams have been building relationships with our partners in the community mental health team and inpatient areas, in order to support appropriate transfer between services and strong joint working.

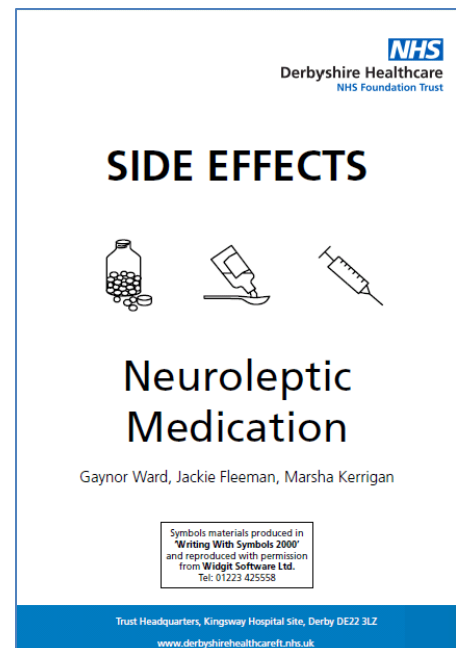
Since the teams' inception there has been a reduction in inpatient bed usage and the teams have also supported a large number of service users and carers who are in 24 hour care. Initial feedback from service users, carers and other stakeholders has been generally very positive, and we look forward to further embedding and developing the teams over 2019/20.

## Clinical effectiveness 3: STOMP and exercising independently in Learning Disability services



Part of the work of the Learning Disability Strategic Health Facilitation team is to support the national campaign: **STop Over Medicating People** who have learning disabilities with psychotropic medication (STOMP). This is a national response to the paper 'Transforming care: A national response to Winterbourne View

Hospital', to improve the quality of life of people with a learning disability from the use of inappropriate psychiatric medication.



### What we have done

- Told carers and people with a learning disability about STOMP
- Informed care services e.g. the local Care Home Forum
- Informed the Medicines Management teams in four Clinical Commissioning Groups
- Informed GPs and Practice Nurses
- Added STOMP to the Learning Disability Clinical Reference Group work plan
- Informed Community Teams Learning Disability
- Worked with Clinical Commissioning Group Pharmacy Teams
- Created new resources – a video for NHS England, and a podcast.

### How do we know what we're doing is making a difference?

- People are getting better reviews and better checks
- We are undertaking audits via Clinical Commissioning Group Pharmacy Technicians
- People with a learning disability are on less medicine or different medicine.

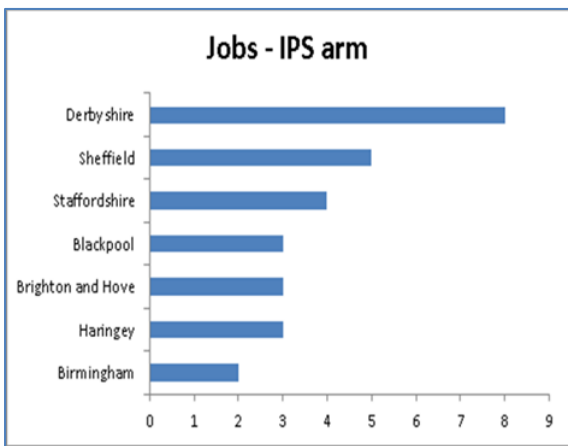
#### Clinical effectiveness 4: Individual Placement and Support in Substance Misuse services

Derbyshire Recovery Partnership is a consortium of four organisations providing recovery based treatment and support to service users experiencing drug and alcohol problems. In collaboration with Derbyshire County Council, it has been awarded the contract by Public Health England to be an Individual Placement and Support (IPS) trial site, this being a two year randomised control trial. Derbyshire Recovery Partnership is one of only six sites in the country to be awarded this contract.

The trial is to provide employment support to a group of service users in treatment with drug and alcohol services. Their outcomes will be compared with a group of service users who will be receiving treatment as usual (TAU). The outcomes measured are the numbers who are in employment in the trial group as opposed to the TAU group.

The staff in the trial are employed by Intuitive Thinking Skills (ITS), one of the Derbyshire Recovery Partnership partners, all of whom have an employment support background. They have worked successfully with the treatment staff within the service to recruit the required numbers of participants.

In comparison to the other trial sites, our performance has been one of the most successful. As at December 2018 we have had 259 referrals, of which 174 have enrolled in the trial. This includes 86 people enrolled into the intervention group and 84 into the control group. The interventions have resulted in 49 interviews, which led to 22 job starts (25% of intervention group). The graphs below detail the activity from the first two quarters of the trial (April – September 2018) in comparison to the other trial sites:



## Clinical effectiveness 5: Mother and baby services accreditation to national scheme

The newly formed county-wide community team for perinatal services has been accredited by the Royal College of Psychiatrists Perinatal Mental Health Care Quality Network. There are very few teams (fewer than five) across the UK who are accredited and there are now 38 teams with the development programme for perinatal services. The accreditation will last until 2020, and the following are extracts from our report and an explanation of the process:

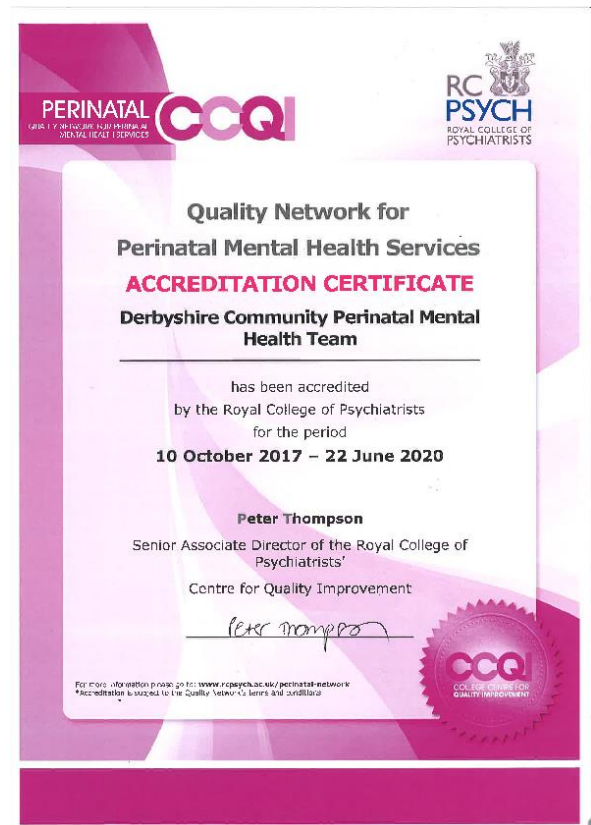
### The accreditation process

There are three main phases of the accreditation review: a detailed self-review, a detailed peer review and a decision about accreditation category and feedback. These reviews are more thorough than the usual quality improvement reviews in that they require more evidence to validate self-ratings and use more information sources and more methods of data collection.

### Types of standards

During the self-review phase, teams measure their performance against the Perinatal Quality Network service standards, and these are then verified at the peer review visit. For the purpose of accreditation these standards comprise of three types:

- **Type 1:** failure to meet these standards would result in a significant threat to patient safety, rights or dignity and/or would breach the law
- **Type 2:** standards that an accredited service would be expected to meet
- **Type 3:** standards that an excellent service should meet or standards that are not the direct responsibility of the service



The Derby City Perinatal Community team is a well-established team who continue to provide a high quality level of care to patients and staff. The team was well prepared for their accreditation visit and keen to be involved and have input into the day. This was the team's first Community Accreditation visit and they are already meeting a large number of the Perinatal Quality Network standards.

## Patient experience

### Patient experience 1: Family liaison:

The Trust is named for best practice nationally in the NHS Resolution publication 'Learning from suicide-related claims: A thematic review of NHS Resolution data' (September 2018, page 108):

"Derbyshire NHS Foundation Trust has led the way in developing a family liaison service with which to support bereaved families through an SI investigation and the inquest process if necessary. The model is based on the concept of family inclusive practice and the knowledge gaps in engaging with families in all

aspects of mental healthcare. The model was created on behavioural family intervention concepts developed in the Lambeth Early Intervention Services in 2001 by the Trust's Director of Nursing and influenced by direct experience of meeting siblings who had not wanted to engage with mental health services due to historical experiences and loss through completed suicide. Following bereavement, the family is offered the services of a family liaison officer (FLO). The FLO acts as the link between the Trust and the family, keeping them informed as to the progress of the SI [serious incident] investigation and supporting them through the inquest process."

From this experience, we have been happy to share our learning and model nationally as other trusts develop a similar model. Likewise, in the recent CQC publication 'Learning from deaths. A review of the first year of NHS trusts implementing the national guidance (March 2019, page 13)', the Trust was commented on for having "...strong processes in place for engaging with bereaved families and carers. Feedback from families about support received from the family liaison team was overwhelmingly positive".

### Patient experience 2: 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 and its 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. In our CQC report last year, our inspectors made reference to how they found that there "was good management of complaints and there was an increase in compliments."

We are aware that there have been issues providing timely responses to some of our complaints during the year and we are working closely 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.

### Comparison of contacts through the year:

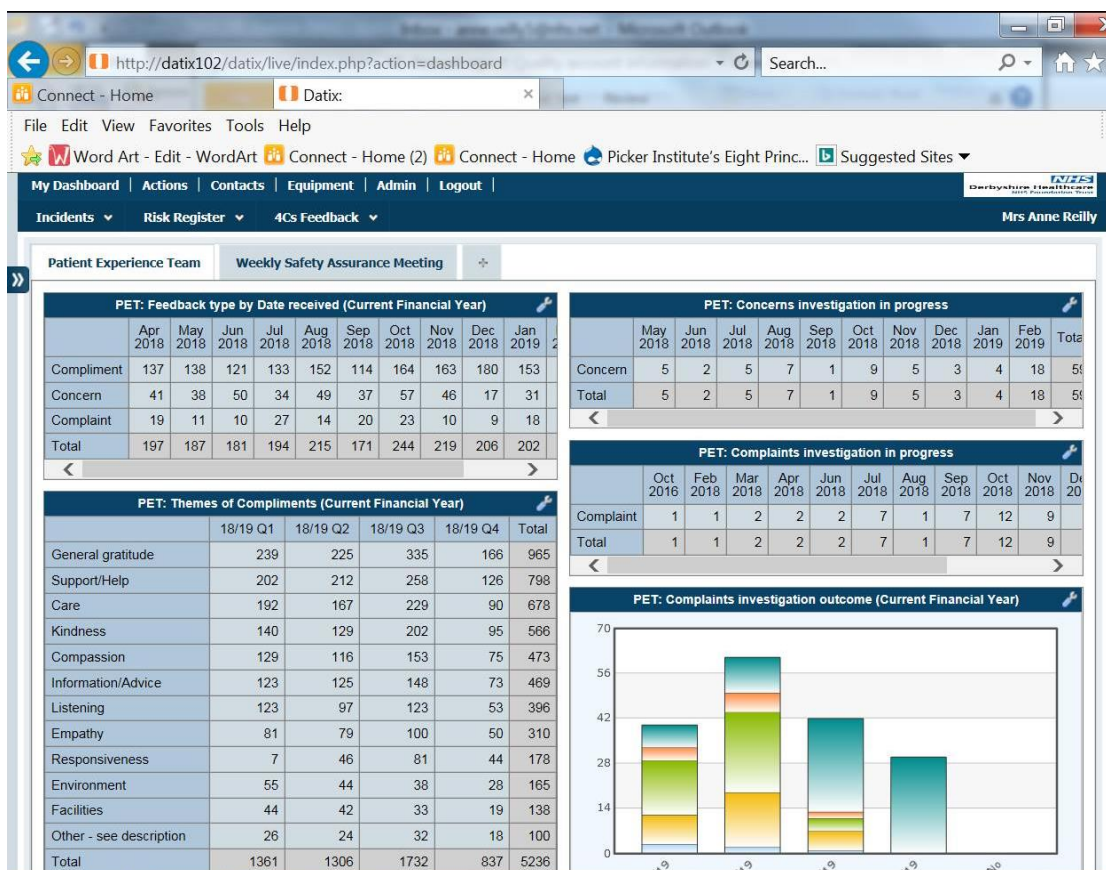
	2016/17	2017/18	2018/19
<b>Compliments</b>	1215	1244	1684
<b>Concerns</b>	420	452	475
<b>Complaints</b>	146	192	197
<b>Total</b>	1781	1888	2356

**Complaints** are issues that need investigating and require a formal response from the Trust and investigations are co-ordinated 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.

Number of complaints	Outcome
22	Upheld in full
62	Upheld in part
50	Not upheld
8	Closed with investigation
55	Still being investigated
197	Total

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 2018-19, the Patient Experience Team experienced a long period of being short staffed for a range of reasons. This has now been resolved and robust processes are in place to support staff to provide timely responses to complaints and concerns. We expect the result to be a much improved service to people who raise concerns and make complaints about our services over 2019/20. In addition, we have developed a dashboard to enable us to track complaints progress much more effectively. An example of what this can look like is below:



**PET: Issues raised in complaints and concerns (Current Financial Year)**

	18/19 Q1	18/19 Q2	18/19 Q3	18/19 Q4	Total
Appointments (e.g. delays and cancellations)	23	48	27	8	106
Abruptness / Rudeness / Unprofessionalism	28	25	23	13	89
Availability of Services / Activities / Therapies	27	16	18	13	74
Care planning	25	17	17	7	66
Assessments by staff in Mental Health/Learning Disabilities/Substance Misuse Services	17	24	16	5	62
Other	9	19	14	10	52
Information provided	14	12	9	7	42
Medication	7	19	8	6	40
Nursing/support care provided by staff in Mental Health/Learning Disabilities/Substance Misuse Services	1	21	12	0	34
Content of report / letter	4	15	7	2	28
Clinical treatment provided by staff in Mental Health/Learning Disabilities/Substance Misuse Services	7	12	5	3	27
Engagement	8	5	6	5	24
Patient Safety	1	2	8	8	19
Breach of Confidentiality	3	4	3	5	15
Waiting times	7	2	2	2	13
Diagnosis	2	10	1	0	13
Safeguarding	2	4	4	2	12
Assessments by staff in Children's Services	4	1	3	3	11
Property	4	0	3	3	10
Mental Health Act	4	1	2	0	7

**PET: Types of outstanding actions**

	Jan 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019
Service Improvement	0	0	2	2	0	0	0	1	1	0
Operational Management / Processes	0	0	0	2	0	0	1	2	0	0
Training and Development	1	1	0	0	0	1	1	0	1	0
Documentation	0	0	1	0	0	0	3	0	0	0
Care Planning / Collaborative Working / Assessment	0	0	0	0	0	0	0	1	2	0
Communication	0	0	1	0	2	0	0	0	0	0
Policy and Procedure	0	0	0	0	0	1	0	2	0	0
Health, Safety and Equipment	1	0	0	0	0	0	0	0	0	0
Safeguarding / Mental Health Act	0	0	0	0	0	0	0	1	0	0
<b>Total</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>5</b>	<b>7</b>	<b>4</b>	<b>0</b>

**PET: Staff named in complaints (Current Financial Year)**

	Apr 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019
Community Psychiatric Nurse	1	0	8	1	1	2	1	1	2
Consultant	0	1	4	2	2	0	1	0	0

### Ombudsman

During the year, the Trust discussed nine cases with the Parliamentary and Health Service Ombudsman. One investigation is being undertaken and eight have been assessed. Five assessments have been closed with no further action.

### Comparison of concerns, complaints and compliments by top issues raised 2017/18 and 2018/19

Issues raised in concerns in 2017/18 related to the availability of services. However, in 2018/19 the top issue raised was in regard to appointment delays/cancellations.

The top subject from complaints raised in 2017/-18 and in 2018/19 was in relation to staff attitude. The top themes from the compliments received in 2017/18 and 2018/19 identify general gratitude for staff and an appreciation for the support/help provided. A high number also comment on the care and kindness shown by our staff.

### Patient experience 3: Community mental health survey:

This annual report is undertaken on our behalf by a company called Quality Health. From a sample of 850 people, our response rate was 33% (270 usable responses). The overall results for the Trust present a mixed picture. The majority of scores are in the intermediate range but there are some scores in both the top and bottom 20% ranges of those in the Quality Health database. As examples, we were the highest scoring Trust nationally with regards to if a mental health worker had checked how the person was getting on with their medicines, but we scored in the median range for being involved in decisions about medication. With regards to the person being told who is in charge of organising their care we scored in the bottom 20%. However, in relation to how well the person's care is organised we scored in the top 20%.

The Trust scores in the top 20% for involving family and friends in care, but in the bottom 20% for about being signposted for support around employment. The results are fed back into services via



the Neighbourhood Clinical and Operational Assurance Team meeting, and our overall results show that we are in line with other Trusts.

Category of experience	Our score	Comparison to other trusts nationally	Nottinghamshire Healthcare NHS Trust	Leicestershire Partnership NHS Trust
Health and social care workers	7.2 / 10	About the same	7.3 / 10	6.4 / 10
Organising care	8.4 / 10	About the same	8.3 / 10	8.1 / 10
Planning care	7.0 / 10	About the same	6.8 / 10	6.2 / 10
Reviewing care	7.5 / 10	About the same	7.2 / 10	6.7 / 10
Changes in who people see	5.9 / 10	About the same	6.3 / 10	6.1 / 10
Crisis care	6.3 / 10	About the same	5.9 / 10	5.8 / 10
Medicines	7.6 / 10	About the same	7.3 / 10	6.8 / 10
NHS Therapies	7.2 / 10	About the same	8.0 / 10	7.6 / 10
Support and wellbeing	4.4 / 10	About the same	4.7 / 10	3.3 / 10
Overall view of care and services	7.1 / 10	About the same	7.6 / 10	6.6 / 10
Overall experience	6.9 / 10	About the same	7.2 / 10	6.1 / 10



## Patient experience 4: Trauma conference in partnership with Police colleagues



# CONFERENCE AGENDA

Derbyshire Healthcare NHS Foundation Trust and Derbyshire Constabulary present:

## Inter-Agency Conference on Trauma

Monday 25<sup>th</sup> February 2018, 9.30am - 4.30pm at The Post Mill Centre, South Normanton, DE55 2EJ

- ❖ **09:45 Welcome and Opening Remarks.**  
Presented by Tina Ndili (DHCFT Assistant Director for Safeguarding Children) and Matt Thompson (T/Detective Superintendent, Head of Public Protection, Derbyshire Constabulary)
- ❖ **10:00 The Derbyshire Trauma Strategy and Guidance for Survivors of Non-Recent Abuse (Overview and current position).**  
Presented by: Michelina Racioppi (Assistant Director for Safeguarding Children/ Lead Designated Nurse – Safeguarding Children).  
**10:45 Refreshment Break**
- ❖ **11:00 Learning from the National Agenda in Safeguarding and Trauma.**  
Presented by Dr Kenny Gibson (Head of Safeguarding, NHS England)  
**12:30 Lunch: networking**
- ❖ **13:00 A strategic overview of high profile non-recent trauma cases- a local complex case - 12 months on.**  
Presented by Karen Billyeald (DHCFT Assistant Director for Safeguarding Adults) & DS Steve Judge (Derbyshire Constabulary)
- ❖ **13:45 Learning from the most important voice. The Truth Project – Data Analysis**  
Presented by Linda Kelsall, Sophia King and Beth Mooney  
**14:45 Refreshment Break**
- ❖ **15:00 Trauma and Neighbourhoods work and learning for others**  
Presented by Paul Langthorne (DHCFT Highly Specialist Clinical Psychologist) & Gina Champion (DHCFT Highly Specialist Clinical Psychologist)
- ❖ **16:00 What next from today? ...and closing statements.**  
Presented by Carolyn Green, (DHCFT Executive Director of Nursing & Patient Experience)

In February 2019, the Trust hosted an inter-agency event on trauma in partnership with Derbyshire Constabulary. This was underpinned by our strategic aims to:

- Promote a culture which embraces the principles of safeguarding children and adults.
- Develop a workforce who are able to recognise the impact of early trauma in early years which can continue into adult life.
- Develop a trauma informed workforce who are able to recognise non recent abuse and support the individual and their families – Think! Family principles.
- Develop a workforce who are aware of adverse childhood experiences and the impact of these on adult life.
- Promote a culture that supports victims of non recent abuse in a way which encompasses honesty, integrity, transparency and learning from adversity.
- Promote clear lines of communication, information sharing and the management of difference in opinions.
- Promote the use of clear multiagency responses to media requests/enquiries/challenge.
- Inform the development and commissioning of services.

A quote from a psychologist colleague who presented at the event was “it was a privilege to be part of and great to see the energy in the room for moving the trauma informed care agenda forwards.”

#### **Patient experience 5: Partnership working with East Midlands Ambulance Service (EMAS)**

In Day Hospital Services, EMAS transport is used for our clientele who don't have transport or have mobility issues to attend our groups. It was highlighted last year that our patients were not prioritised, resulting in journey's being changed or delayed, hence having a negative impact on patient experience. We were concerned that people would be put off from attending our groups due to transport issues, and were keen to develop an improved joint working arrangement between both services.

A colleague from EMAS attended this year's Quality Visit for Day Hospital Services. Trust staff have spent time with ambulance control room staff to gain more insight of the pressures for EMAS and, in return, control room staff will spend a day at the Day Hospital. Working together has had a tangible impact on patient care. There is much improved communication and relationships, and induction for new EMAS transport staff will include a day in the Day Hospitals. We can change the form of transport more easily now and there are some good examples of person centred responses, and examples of how the approach is overcoming the stigma attached to being transported by ambulance. There is also much greater clarity now so patients are aware of waits and reasons. Some issues still remain but they are being actively addressed as part of working together.

# Responsiveness

## Responsiveness 1: Waiting lists:

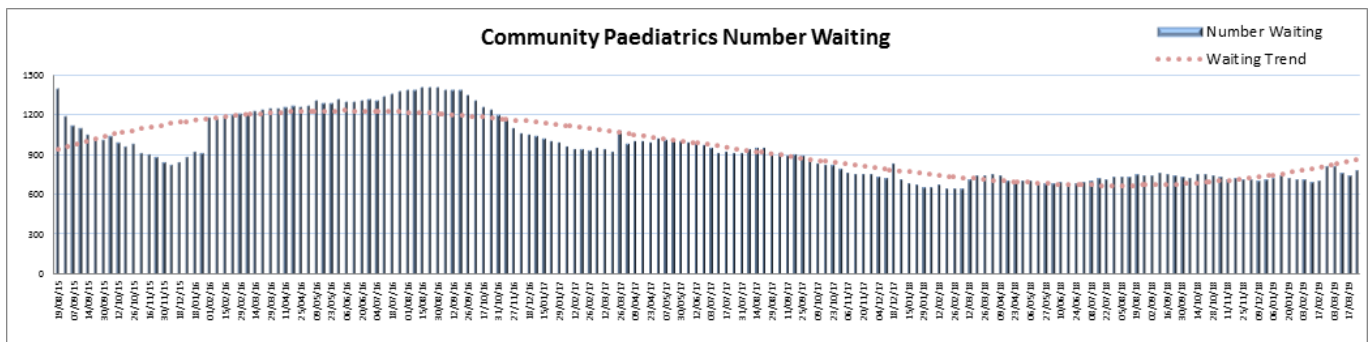
The Paediatric Outpatients service has consistently struggled to cope with demand over many years. Recruitment to community paediatric roles is problematic, with only 9.6% of trainees in paediatric specialities progressing to community based roles. Waiting list initiative short term funding was granted in 2016, which did have an significant impact on the overall size and length of the waiting list to achieve an improved position, however we have reached a plateau, with the number of new referrals received each month continuing to exceed capacity. The effect on the waiting list is an increase in the number of children currently waiting to be seen who have been waiting longer than 18 weeks. As 27 March 2019, the percentage of referrals who have been waiting for longer than 18 weeks currently stands at 38.79% (average across geographical teams). There are 10 children who have been waiting over a year to be seen, identified in two geographical areas.

A national study (Royal College of Paediatrics and Child Health, 2017) found that community paediatric referral to treatment waiting time ranged from six - 33 weeks with an average wait of 14.6 weeks. The Trust's average wait in 2017/18 was 33 weeks, therefore at the top of the national range. Whilst we recruited to one of the vacant posts in community paediatrics in 2018, recruitment remains challenging in this specialist field for Consultant Paediatric posts.

The Neurodevelopmental Pathway was launched in early September 2018 to coincide with the new academic year, to help ensure correct allocation of referrals for children with a neurodevelopmental profile, who have traditionally come to Community Paediatrics but may be better suited in other services. Cases who are more appropriate to clinical psychology have been identified and we have agreement to transfer cases to their care. These referrals make up a considerable element of the workload into paediatrics, but are not its entirety.

The pathway, whilst providing some standardisation and integration of systems and process, has not reduced the rate or volume of referrals; these have correlationally increased over the last year. In October 2018 the average number of referrals being processed through the multi-disciplinary meeting was 37; it has now risen to 70. The appointment of a Neurodevelopmental Co-ordinator has ensured a more timely response to Neurodevelopmental referrals, waiting lists management and ensuring clinical information has been gathered in advance of the appointment. However, the increased numbers of referrals for processing is putting added pressure on the capacity of the systems.

The paediatric team continues to work tirelessly to manage workloads and long waiting times. Doctors have worked additional sessions and across their usual work and geographical team, to support colleagues and manage challenging scenarios. Our longer term performance trend from August 2015 to March 2019 is as shown in the table below:



**3.2 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 referral to treatment (RTT) Within 14 Days - Complete	271	87.45%	53%
EIP RTT Within 14 Days - Incomplete	150	86.67%	53%

**Ensure that cardio-metabolic assessment and treatment for people with psychosis is delivered routinely in the following service areas**

	Actual	Target
a) Inpatient wards	Data not available to report at time of this draft. All sample data has been submitted to the Royal College of Psychiatrist's National Clinical Audit of Psychosis	90%
b) Early intervention in psychosis services		90%
c) Community mental health services (people on care programme approach)		65%

**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
a) Proportion of people completing treatment who move to recovery (from IAPT dataset)	54.62%	50%
b) (i) IAPT – referral to treatment within 18 weeks	99.96%	95%
b) (ii) IAPT – referral to treatment within six weeks	97.14%	75%

**CPA follow-up: proportion of discharges from hospital followed up within seven days**

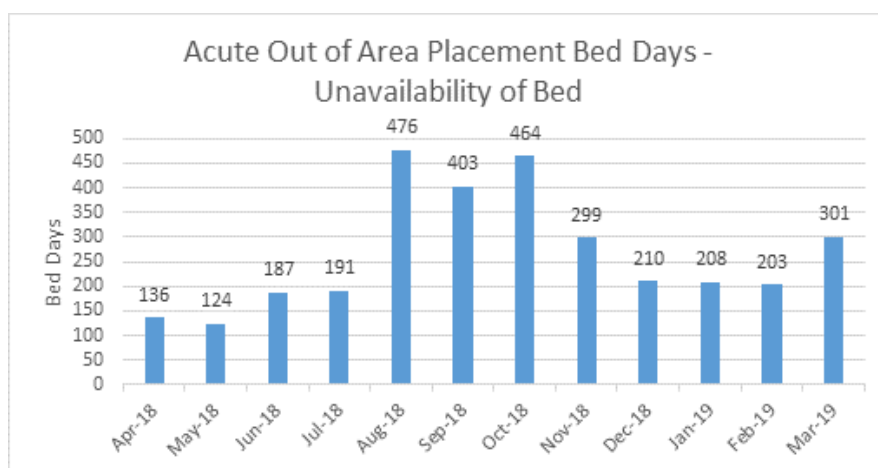
Reported in Part 2, not required to be repeated here

**Admissions to adult facilities of patients under 16 years old**

2018/19	Number of admissions under 16 years old 0
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**Inappropriate out-of-area placements for adult mental health services (due to unavailability of bed) - bed days by month**

Apr 18	May 18	Jun 18	Jul 18	Aug 18	Sep 18	Oct 18	Nov 18	Dec 18	Jan 19	Feb 19	Mar 19	Average bed days
136	124	187	191	476	403	464	299	210	208	203	301	266.83



It is clear that there have been challenges in our inpatient mental health services. Within the Trust a number of initiatives are in place to optimise bed use and free up capacity, which include a complex case panel meeting that has been established to review patients with a length of stay over 50 days and our Red2Green initiative. The latter is as a way of improving patient flow and therefore liberating space on the wards for people who would otherwise be accommodated outside of Derbyshire. The Trust continues to take part in the regional learning and benchmarking collaborative that is focused on supporting Trusts to reduce out of area placements. Our out-of-area bed use in comparison to other providers is highlighted in the following table:

<b>Out of area bed usage (in days)</b>			
<b>Provider</b>	<b>Aug to Oct 2018</b>	<b>Sep to Nov 2018</b>	<b>Direction of travel</b>
Trust D	3,795	3,795	◄►
Trust F	2,665	2,970	▲
Trust P	1,910	1,980	▲
Trust H	2,030	1,785	▼
<b>Derbyshire Healthcare NHS Foundation Trust</b>	<b>1,820</b>	<b>1,640</b>	▼
Trust B	1,295	1,545	▲
Trust N	1,160	1,435	▲
Trust G	590	1,115	▲
Trust K	695	585	▼
Trust O	235	200	▼
Trust Q	80	155	▲
Trust C	215	150	▼
Trust E	510	140	▼
Trust M	25	40	▲
Trust J	15	20	▲
Trust L	50	5	▼
Trust I	0	0	◄►

## Additional information

### Health Service Journal Awards 2018 – winner for Innovation in Mental Health

The Trust has worked in partnership with the East Midlands Academic Health Science Network to spread the use of the QBTest, a pioneering project to support diagnosis of Attention Deficit Hyperactivity Disorder (ADHD). The QB test is a computerised system (alongside traditional observation and interviews) to evaluate the symptoms of ADHD by combining motion tracking analysis with a specifically designed task. The aim of this is to reduce the time it takes to either diagnose or rule out ADHD. Dr Helen Jacques, Consultant Paediatrician, is pictured at the awards ceremony.



### Children and young people initial health assessment improvement work

The initial health assessment is required to take place within 20 working days. As outlined in the statutory guidance all initial health assessments should be completed by a Registered Medical Practitioner (Statutory Guidance: Promoting the health and well-being of looked after children, March 2015). A range of indicators was influencing our ability to respond in a timely way, including increased referral rates, late cancellations by partner providers, children not being brought, limited clinic slot availability, children being out of area and reporting issues.

An improvement plan encompassed recruiting an admin co-ordinator and an additional Community Paediatrician. We arranged increased clinic slots, introduced a new admin and consent process, added reason for delay onto the referral and made a change so that a Specialist Nurse for Children in Care completed the majority of the assessment, aside from exceptional circumstances. In addition, we arranged additional training to improve reporting, and improved communication with local authority colleagues. The outcomes on our performance is as shown below:

Initial Health Assessments Summary													
Compliance	Apr 2018	May 2018	Jun 2018	Jul 2018	Aug 2018	Sep 2018	Oct 2018	Nov 2018	Dec 2018	Jan 2019	Feb 2019	Mar 2019	Total YTD
Compliant	0	0	1	3	3	11	16	16	10	13	13	16	102
Non-Compliant	5	12	16	21	19	14	16	5	6	4	1	3	122
% Compliant	0%	0%	6%	13%	14%	44%	50%	76%	63%	76%	93%	84%	46%
<b>Total</b>	<b>5</b>	<b>12</b>	<b>17</b>	<b>24</b>	<b>22</b>	<b>25</b>	<b>32</b>	<b>21</b>	<b>16</b>	<b>17</b>	<b>14</b>	<b>19</b>	<b>224</b>

### Outpatient letters

In response to feedback from the Council of Governors with regard to the 2015/16 Quality Report: “In future reports we would like to see improvements in the performance on outpatient letters”.

	2016/17	2017/18	2018/19	Target
Outpatient letters sent in 10 working days	87.28%	87.97%	87.68%	90.00%
Outpatient letters sent in 15 working days	93.88%	93.07%	92.83%	95.00%

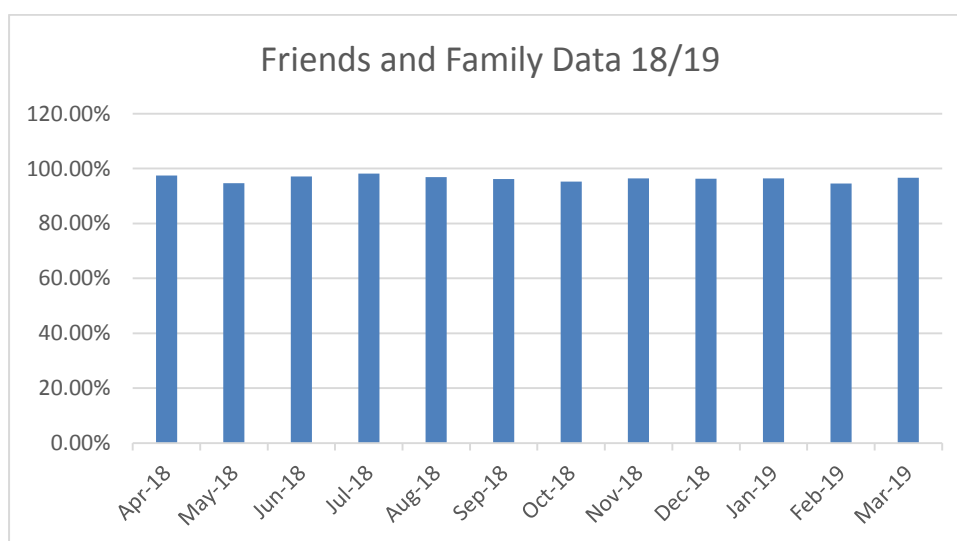
Overall, this is strong performance. However, challenges remain, and will be influenced by such as the volume of administrative work that comes with changes in locum consultant cover.

## 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, and we have also incorporated the expectation of feedback where possible from the Friends and Family test into the revised Quality Visit model.

A significant increase in volume of responses is visible in comparison to last year. This is due to ensuring that feedback from people who use our Improving Access to Psychological Therapies (IAPT) service meets the criteria of the Friends and Family Test so can now be included in our data. However, we also continue to promote this in non-IAPT services.

Month	No. F&F Surveys 2017/18	No. F&F Surveys 2018/19	% of likely / extremely likely to recommend 2017/18	% of likely / extremely likely to recommend 2018/19
Apr	69	397	85.51%	97.48%
May	104	375	81.73%	94.67%
Jun	76	377	75.00%	97.08%
Jul	73	386	86.30%	98.19%
Aug	62	382	87.10%	96.86%
Sep	58	368	89.66%	96.20%
Oct	49	401	85.71%	95.26%
Nov	74	447	77.03%	96.42%
Dec	41	301	85.37%	96.35%
Jan	60	390	86.67%	96.41%
Feb	56	369	82.14%	94.58%
Mar	81	415	81.48%	96.63%
<b>Totals</b>	<b>803</b>	<b>4608</b>	<b>83.19%</b>	<b>96.62%</b>





### **Integrating physical and mental health in long term conditions:**

In 2017/2018 Derbyshire CCG's secured funding for a programme to more closely integrate physical and mental health focusing on people living with long term conditions (LTCs). Based on RightCare information, two conditions were chosen to focus upon; diabetes and respiratory and chronic obstructive pulmonary disease (COPD). Clinicians from three of the providers in Derbyshire (Derbyshire Healthcare NHS Foundation Trust, Derwent Rural Counselling Services and Insight Healthcare) have taken part in this project.

This is the second wave of a national project but is specific to Derbyshire. Clinicians within the service attended LTC specific training provided by Health Education East Midlands at Sheffield and Nottingham Universities in order to work on the project. We appointed a Clinical Lead from within the service and a project manager to oversee the implementation. The service launched as "Fusion" in October 2017 and officially runs to 31 March 2019 when we expect the work to continue as part of our core work in talking therapies. In order to release clinicians to work on the project we appointed trainee Cognitive Behavioural Therapy therapists on a 2:1 ratio funded through NHS England and the Clinical Commissioning Groups. This allowed us to ring-fence time in clinicians' calendars to work with people with the two specific conditions and to work in partnership with physical health clinicians. The physical health clinicians could then refer people with diabetes and respiratory and COPD across Derbyshire via a single point of access set up through Insight Healthcare. There were several aims of the project:

- To trial a single point of access where there are multiple providers, both private and NHS.
- To establish if having a team of therapists across multiple providers works
- The value of linking in with physical health teams and/or co-location Efficacy of therapy when working with those groups of patients
- Whether outcomes are the same or better than the core IAPT service
- Whether the outcomes are the same or better for one particular area of disease
- Whether savings have been made within the wider healthcare system as a result of the integrated models.

"Fusion" specifically received 292 referrals between November 2017 and November 2018 from physical health teams, and core services continued to receive referrals through other referral routes into the service. The physical health team referrals can be broken down as:

<b>Referral Source</b>	<b>Number</b>
Diabetes acute provider (Chesterfield Royal Hospital)	19
Diabetes community providers/nurses	34
Respiratory acute providers (Royal Derby Hospital)	69
Respiratory community providers/nurses/impact	139
Respiratory voluntary sector provider (British Lung Foundation Breatheasy Groups)	2

An evaluation survey amongst clinicians concluded the following outcomes of the project:

- The Single Point of Access was deemed to be a success, however there are competing priorities when working across private and public sector organisations.
- The project worked having a team of therapists from multiple providers.

- Levels of integration between physical health and mental health teams are heavily reliant on “high levels of integration and ‘buy in’ from physical healthcare teams, in particular at a senior management level”.
- The integrated approach was effective for patients and received positive feedback.
- Early indications based on small numbers are that outcomes were not improved against the wider services within the time frame of the study. However, this was not unexpected due to the complexity and co-morbid ongoing physical health problems of this client base.

### **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 Derbyshire undertook a review of our Memory Assessment Service at the end of March 2018. Whilst this is outside of the timescale of this report, it was not possible to reflect this visit in last year’s Quality Report as it went out to consultation on 1 April 2018. Feedback was as follows, and we developed an action plan in response:

- Increase information and communication around all types of dementia and provide clear information on all signs and symptoms.
- Ensure initial concerns around suspected dementia are listened to.
- Work to reduce language barriers to ensure this does not delay diagnosis and to ensure people are fully supported throughout their journey.
- Consider and evaluate the amount of information provided following diagnosis, and to consider whether the information is delivered at the right time.
- Ensure there is opportunity for PLWD (People Living With Dementia), carers and family members to ask questions following the diagnosis:
  - At a later date rather than immediately after diagnosis
  - Ensure carers and family members are able to ask questions around their loved ones diagnosis in private
- Promote the Living Well Programme and the question and answer sessions.

There is a current mental health and crisis survey being undertaken by Healthwatch Derby. At the time of writing this survey has not been completed as it did not close until 28 February 2019. Any results received before the final publication data for the report will be included if available.

### **Selection of Quality Indicators for the Quality Account**

NHS foundation trusts providing mental health services should select indicators to be reviewed by our auditors for assurance around data quality. For 2018/19, our mandated indicators are:

1. Early intervention in psychosis (EIP): people experiencing a first episode of psychosis treated with a NICE-approved care package within two weeks of referral
2. Inappropriate out-of-area placements for adult mental health services

An additional indicator was chosen for data quality audit by the Council of Governors:

3. 100% enhanced Care Programme Approach patients receiving follow-up contact within seven days of discharge from hospital during the reporting period.

This was chosen 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. Therefore, ensuring that we have contact with the person is part of our attempt to reduce this risk. This indicator also aligns with our Relapse Reduction Quality Priority.

<b>DHCFT Trust Performance Dashboard YTD (08/05/19)</b>	<b>No.</b>	<b>%</b>	<b>Target</b>
<b>- NHS I Targets - Single Oversight Framework</b>			
- CPA 7 Day Follow Up	725	96.83%	95.00%
- Data Quality Maturity Index (DQMI) - MHSDS Data Score	287,478	96.47%	95.00%
- IAPT Referral to Treatment within 18 weeks	8,336	99.96%	95.00%
- IAPT Referral to Treatment within 6 weeks	8,336	97.14%	75.00%
- EIP RTT Within 14 Days - Complete	271	87.45%	53.00%
- EIP RTT Within 14 Days - Incomplete	150	86.67%	53.00%
- Patients Open to Trust In Employment	42,503	9.00%	N/A
- Patients Open to Trust In Settled Accommodation	42,503	50.06%	N/A
- Under 16 Admissions To Adult Inpatient Facilities	0	N/A	0
- IAPT People Completing Treatment Who Move To Recovery	7,981	54.62%	50.00%
<i>Physical Health - Cardio-Metabolic - Inpatient</i>	<i>monitored by audits</i>		
<i>Physical Health - Cardio-Metabolic - EI</i>	<i>monitored by audits</i>		
<i>Physical Health - Cardio-Metabolic - on CPA (Community)</i>	<i>monitored by audits</i>		
- Out of Area - Number of Patients Non PICU	209	N/A	N/A
- Out of Area - Number of Patients PICU	243	N/A	N/A
- Out of Area - Average Per Day Non PICU	8.77	N/A	N/A
- Out of Area - Average Per Day PICU	11.33	N/A	N/A
<b>- Locally Agreed</b>			
- CPA Settled Accommodation	31,990	94.30%	90.00%
- CPA Employment Status	31,990	96.43%	90.00%
- Patients Clustered not Breaching Today	172,565	74.40%	80.00%
- Patients Clustered Regardless of Review Dates	187,589	91.99%	96.00%
- 7 Day Follow Up – All Inpatients	1,308	96.33%	95.00%
- Ethnicity Coding	287,478	90.63%	90.00%
- NHS Number	66,115	99.98%	99.00%
- CPA Review in last 12 Months (on CAP > 12 Months)	2,639	95.45%	95.00%
- Clostridium Difficile Incidents	0	N/A	7
- 18 Week RTT Greater Than 52 weeks	0	N/A	0
<b>- Schedule 6 Contract</b>			
- Consultant Outpatient Appointments Trust Cancellations (Within 6 Weeks)	54,391	11.34%	5.00%
- Consultant Outpatient Appointments DNAs	35,794	16.20%	15.00%
- Under 18 Admissions To Adult Inpatient Facilities	1	N/A	0
- Outpatient Letters Sent in 10 Working Days	32,472	87.68%	90.00%
- Outpatient Letters Sent in 15 Working Days	32,472	92.83%	95.00%
- Inpatient 28 Day Readmissions	1,470	6.26%	10.00%
- MRSA - Blood Stream Infection	0	N/A	0
- Mixed Sex Accommodation Breaches	1	N/A	0
- Discharge Email Sent in 24 Hours	1,470	81.70%	98.00%
- Delayed Transfers of Care	4,774	1.24%	0.80%
- 18 Week RTT Less Than 18 Weeks - Incomplete	3,443	94.83%	92.00%
<b>- Fixed Submitted Returns</b>			
18 Week RTT Greater Than 52 weeks	0	N/A	0
18 Week RTT Less Than 18 weeks - Incomplete	4,610	93.71%	92.00%
Mixed Sex Accommodation Breaches	0	N/A	0
Completion of IAPT Data Outcomes	8,386	97.93%	90.00%
Ethnicity Coding	311,013	91.63%	90.00%
NHS Number	66,465	99.98%	99.00%
CPA 7 Day Follow Up	728	96.70%	95.00%

# Annex 1

## The Trust's CQC rating

The result of our 2018 inspection was that the CQC rated our organisation as requiring improvement. Quality improvement work has been undertaken to address the actions from the 2018 visit and from subsequent visits. Our ratings tables are as below:

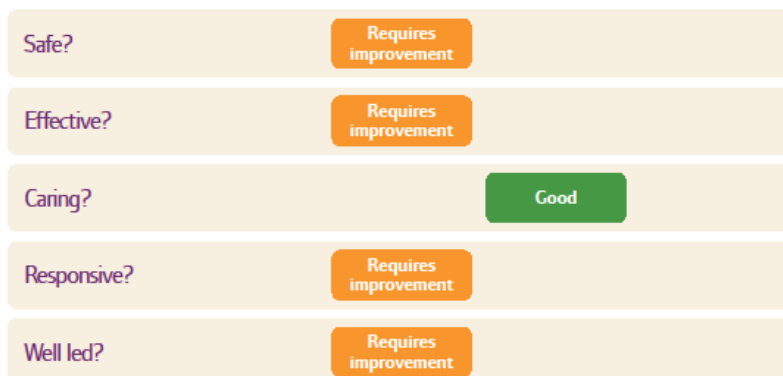


Last rated  
24 January 2019

## Derbyshire Healthcare NHS Foundation Trust



### Are services



The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at [www.cqc.org.uk/provider/RXM](http://www.cqc.org.uk/provider/RXM)  
We would like to hear about your experience of the care you have received, whether good or bad.  
Call us on 03000 61 61 61, e-mail [enquiries@cqc.org.uk](mailto:enquiries@cqc.org.uk), or go to [www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)

Find out what we have changed since we received this rating from CQC:



This detailed ratings poster was retrieved from the CQC website on 20 May 2019. The rating for acute wards for adults of working age is currently missing, as the service was recently being revisited by CQC colleagues. The ratings for these services following our 2018 inspection were Requires improvement for the Effective and Responsive domains, Inadequate for Safe and Well-led, Good for Caring, with an overall rating of Inadequate.

### **CQC actions progress**

The Trust-wide inspection in July 2018 resulted in 91 actions being logged. Along with the seven actions from the Cubley Male visit in March and the Warning Notice served in May, the total actions received in 2018 were 99. Colleagues from Divisions and from Nursing and Quality have been meeting over the past two weeks to review the current level of evidence that has been submitted, and agreed to either sign off actions or agreed that others continue to require specific evidence to provide assurance of improvement. We are making significant headway and remain focussed on delivering on all the areas that we are required to improve.



## Feedback from the Council of Governors

### Governors' Response to the 2018/19 Quality Report

Governors recognised that all areas of the Trust's business are covered in the Quality Report. The view is that overall the report is very balanced, gives clear reasoning and definition, with good clarification of what work is taking place and why. The narrative is supported by the evidence, and the content of the report triangulates with other documents that have been received by the Council of Governors, or that governors are aware have been reviewed by Trust Board.

Issues that stood out for the governors included waiting lists, as probably the most frequently commented aspect of feedback that they receive. An example of this was the section on paediatric waiting times, which was considered to be a transparent representation of the challenges being faced by that service. The governors wished to state that as a Council of Governors they remain concerned about our communities being able to access the care that they need in a timely manner.

Whilst partnership working within our broader health community is mentioned in different sections of the Quality Report, governors fed back that overall the report does not fully do justice to the Trust's high level of engagement across a range of work streams, including as part of Joined Up Care Derbyshire/Derbyshire's Sustainability and Transformation Partnership (STP). Governors recognised the essential value of partnership working when planning and providing healthcare in Derby and Derbyshire.

Governors were pleased to see our contribution to health research, and are interested in exploring the broader undertaking and embeddedness of research beyond our Research and Development department, and the difference this is making to the quality of care we provide.

For next year's Quality Report governors suggested including the following for clarity:

- A separate section for partnership working, including work undertaken as part of Joined Up Care Derbyshire
- Include an additional column showing comparative data from the previous year on the Trust's Performance Dashboard.

**John Morrissey**

**Lead Governor, Derbyshire Healthcare NHS Foundation Trust**

## Feedback from Derby and Derbyshire Clinical Commissioning Group

The Derby and Derbyshire Clinical Commissioning Group (DDCCG) welcome the opportunity to provide a statement in response to the presented draft Quality Account (QA) from Derbyshire Healthcare Foundation Trust (DHcFT). The CCG have worked closely with Derbyshire Healthcare Foundation Trust throughout 2018/19 to gain assurances that the services delivered were safe, effective and personalised to service users. The data presented has been reviewed and is in line with data provided and reviewed through the regular contractual performance meetings and quality assurance meetings.

DDCCG has noted the progress and achievements on the six quality priorities set out last year, which the Trust has rolled over into 2019/20. There are clear examples with relevant evidence to support the statements. Commissioners acknowledge the achievements and the use of national CQUINs to progress the quality priorities over the past 12 months. The Trust acknowledges where there continues to be areas of concern or development. Whilst the priorities have been rolled over to 2019/20, identified concerns do not easily read across to provide assurances that they will be addressed. In 2018/19, Priority 2 identified that CQUIN 3a remained a concern and the introduction of Physical Health in Mental Health practitioners should support this. However, Priority 2 for 2019/20

does not reflect that this will be addressed. Whilst some improvements in the Flu vaccination rates have been observed it would have been beneficial to have more detail as to how the Trust will improve the uptake rates amongst frontline staff in 2019/20. The CCG is keen to see an increase in the uptake next year as part of the national requirements through the CQUIN.

Commissioners agree that the Quality Account provides a good overview of the overall Trust's Strategy, Vision, Values and work that is making a difference in services that DHcFT provides to the local population. Key improvements in enhancing quality, particularly joint working and networking to share quality improvements include hosting the East Midlands Self harm and Suicide Prevention Partnership Forum and participating in the Enabling Research in Care Homes (ENRICH) initiative.

The national and local challenge to recruitment of healthcare staff against a background of increased demand is reflected within the QA, throughout the year the Trust has looked at and implemented a range of alternative employment methods to fill vacancies. It is felt that the Trust has missed an opportunity to highlight the workforce development, including the role of the advanced medical practitioner and Occupational Therapists against a positive retention rate.

The NCISH Safety Scorecard shows that the Trust rate of incidents of suicide and homicide are below the national median figure. Over the past twelve months the organisation has continued its focused work to continue to embed learning from serious incidents and it is of particular note that there were 'nil' never events reported in 2018/19. The recent CQC publication 'Learning from deaths' noted that the Trust has strong processes in place for engaging with bereaved families and carers. Feedback from families about support received from the family liaison team was overwhelmingly positive. This narrative could have been enhanced if the Trust had recognised the work undertaken in relation to embedding the learning from a number of high profile independent homicide investigation reports which were published during 2018/19.

The results of the 2018 CQC inspection and subsequent visits are reflected throughout the Quality Account and the areas requiring improvement. Whilst Commissioners note the overall rating, we recognise the quality improvement work undertaken throughout the year and will continue to be a critical friend to ensure improvements are embedded.

In 2018 the Trust commenced a review of their Neighbourhood Service which proposed to re-introduce Community Mental Health Teams for Adults of Working Age and Community Mental Health Teams for Older People. The changes will address a number of known shortcomings which are likely to need resolving regardless of the future service delivery model. Commissioners felt that this key piece of work should have been covered within the overview of 2018/19 and going forward into 2019/20 to show how the Pathways of Care will offer a more clear meaningful dialogue with stakeholders.

This quality account reflects progress to date and the Commissioners are pleased to endorse the quality account for 2018/19. We look forward to continue working in partnership with DHcFT to support the quality improvements planned for 2019/20.

**Phil Sugden**  
**Assistant Director of Quality - Community**  
**NHS Derby and Derbyshire Clinical Commissioning Group**



## Feedback from Healthwatch Derby

Healthwatch Derby response to DCHFT Quality account 2018/19

Healthwatch Derby has noted that DCHFT have made improvements throughout the year and are working hard to continually improve the experiences of those that use their services. Healthwatch Derby will continue to work in partnership to aid the Trust in their ongoing endeavour.

**James Moore**  
**CEO Healthwatch Derby**

## Feedback from Healthwatch Derbyshire

DHCFT Quality Account – HWD Response:

Healthwatch Derbyshire (HWD) is an independent voice for the people of Derbyshire. We listen to the experiences of Derbyshire residents using health and social care services and give them a stronger say in influencing how local health and social care services are provided.

All of the experiences we collect are shared with the providers and commissioners of the services, who have the power to make change happen.

Experiences from patients and members of the public are collected through our engagement team, which is supported by volunteers. We undertake engagement in two ways:

1. General engagement in which we collect a variety of different experiences on a number of services. Experiences from our general engagement are shared with providers on a regular basis to provide 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.

2. Themed engagement is where we explore a particular topic in more detail and the findings from our themed engagement are analysed and written up into reports which included recommendations for improvement. Service providers and commissioners are asked to respond to the recommendations outlined in the reports.

All of our reports are published onto our website.

We have read the Quality Account for 2018-19 prepared by the Trust with interest. We have considered if, and how the content reflects some of the themes which have emerged in the feedback that HWD has collected during the past year.

A number of themes that we continue to be aware of, are directly addressed in the priorities sections of the Quality Accounts:

- Autism awareness training for all staff
- Relapse reduction and harm reduction
- Children and Young People (CYP) Transition.

The Quality Account highlights the top theme raised as a concern to be around appointment delays and cancellations, HWD welcome any work and efforts planned to help address this issue. At HWD we often hear from people who have had to wait a long time for an appointment, with many explaining they would have liked to have received honest and realistic waiting times from the start and/or if appropriate, if long waits are anticipated to receive appropriate information and signposting support during their waiting period.

By way of summary, during the period April 2018 - March 2019, a total of 43 comments were received about the Trust. We received (11) positive comments, (24) negative comments and (8) mixed comments. The most frequent negative comments were regarding information and communication. The most frequently made positives comments were in relation to the quality of care provided by members of 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 in relation to the experiences of people living with dementia, their carers and family members. This piece of engagement highlighted a number of key themes and findings, to which the Trust provided a detailed response, outlining their actions to improve future experiences.

We look forward to working with the Trust in the year ahead.

Kind regards

**Hannah Morton**  
**Intelligence and Insight Manager**



### **Response to consultation feedback**

The Trust thanks all parties for their comprehensive review of this year's Quality Report. All suggestions for additional sections will be taken into account in the preparation of next year's report.

## 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.

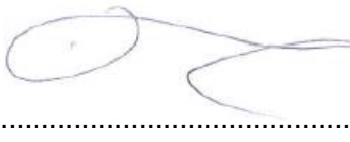
In preparing the quality report, directors are required to take steps to satisfy themselves that:

- The content of the quality report meets the requirements set out in the *NHS foundation trust annual reporting manual 2018/19* and supporting guidance *Detailed requirements for quality reports 2018/19*
- The content of the quality report is not inconsistent with internal and external sources of information including:
  - Board minutes and papers for the period April 2018 to [the date of this statement]
  - papers relating to quality reported to the board over the period April 2018 to [the date of this statement]
  - feedback from commissioners dated 24/04/2019
  - feedback from governors dated 16/04/2019
  - feedback from local Healthwatch organisations dated 02/05/2019 and 09/05/2019
  - the trust's complaints report published under Regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated 07/05/2019
  - the national patient survey 11/2018
  - the national staff survey 12/2018
  - the Head of Internal Audit's annual opinion of the Trust's control environment dated 22/05/2019
  - CQC inspection report dated 28/09/2018
- 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
- 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

23 May 2019.....Date..........Chairman

23 May 2019.....Date..........Chief Executive

# Annual Accounts

The Trust's accounts are prepared in accordance with paragraphs 24 and 25 of Schedule 7 to the NHS Act 2006 and are presented to Parliament pursuant to Schedule 7, paragraph 25 (4) (a) of the National Health Service Act 2006.

# Independent auditor's report to the Council of Governors of Derbyshire Healthcare NHS Foundation Trust

## Report on the Audit of the Financial Statements

### Opinion

#### **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 2019 which comprise the Statement of Comprehensive Income, the Statement of Financial Position, the Statement of Changes in Taxpayers Equity, the Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and International Financial Reporting Standards (IFRSs) as adopted by the European Union, and as interpreted and adapted by the Accounts Directions issued under the National Service Act 2006, the NHS foundation trust annual reporting manual 2018/19 and the Department of Health and Social Care group accounting manual 2018/19.

In our opinion the financial statements:

- give a true and fair view of the financial position of the Trust as at 31 March 2019 and of its expenditure and income for the year then ended;
- have been properly prepared in accordance with International Financial Reporting Standards (IFRSs) as adopted by the European Union, as interpreted and adapted by the Department of Health and Social Care group accounting manual 2018-19; 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.

### 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

#### Financial statements audit

- Overall materiality: £2,600,000, which represents 1.9% of the Trust's gross operating costs (consisting of operating expenses);
- The key audit matters identified was:
  - The occurrence and accuracy of patient care activities income from contract variations and other operating income and existence of associated receivable balances
- We have tested the Trust's material income and expenditure streams and assets and liabilities covering 92% of the Trust's income, 79% of the Trust's expenditure, 98% of the Trust's assets and 70% of the Trust's liabilities

#### Conclusion on the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources

- We identified one significant risk in respect of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources regarding the Trust's long-term financial sustainability (see Report on other legal and regulatory requirements section).

### Key audit matters

The graph below depicts the significant 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

### The occurrence and accuracy of patient care income from contract variations and other operating income and existence of associated receivable balances

The Trust's significant income streams are operating income from patient care activities and other operating income. Approximately 90% of the Trust's income (£134m of £149m) is from patient care activities, including contracts with NHS commissioners and local authorities. These contracts include the rates for, and expected 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. This includes the block contract, which is agreed in advance at a fixed price, and patient care income from contract variations.

Patient care activities provided that are additional to those incorporated in the block contracts with NHS commissioners (contract variations) are subject to verification and agreement of the completed activity 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.

Due to the nature of block contracts we have not identified a significant risk of material misstatement in relation to block contracts.

Other income represents £14m of the Trusts total income. An important element of this revenue is the Provider sustainability Fund (PSF) which is awarded for achieving set financial targets. As such there is a risk that other income recognition in the does not accurately reflect the income received for other services.

We therefore identified the occurrence and accuracy of patient care income from contract variations and other operating income and existence of associated receivable balances as a significant risk, which was one of the most significant assessed risks of material misstatement.

Our audit work included, but was not restricted to:

- Evaluating the Trust's accounting policies for recognition of income from patient care activities and other operating revenue for appropriateness and compliance with the DHSC Group Accounting Manual 2018/19;
- Updating our understanding of the Trust's system for accounting for income from patient care and other operating revenue, and evaluating the design of the associated controls;

In respect of patient care income:

- Testing a sample of patient care income from contract variations to supporting evidence such as invoices and signed agreements to contract variation. In each case, we confirmed that the income belongs to the Trust and is accurately recorded in the financial statements;
- Obtaining the Department of Health and Social Care (DHSC) exception report that details differences in reported income and expenditure and receivables and payables between NHS bodies, and identifying all differences in excess of £300,000. For all differences we corroborated the amounts recorded in the Trust's financial statements to supporting evidence such as correspondence with the other NHS body;
- Confirming if contract receivables have been settled after year-end by confirming to cash receipts and remittance confirmations;

In respect of other operating income:

- Agreeing a sample of income and year end receivables to invoices and cash payment; and
- Agreeing the income recognised in relation to the PSF to NHS Improvement notifications, including the bonus payment award.

The Trust's accounting policy on income recognition is shown in note 1.7 to the financial statements and related disclosures are included in notes 4, 5 and 21.

### Key observations

Our audit work enabled us to conclude that patient care income from contract variations, other operating income and the associated receivable balances are not materially misstated.

## 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.

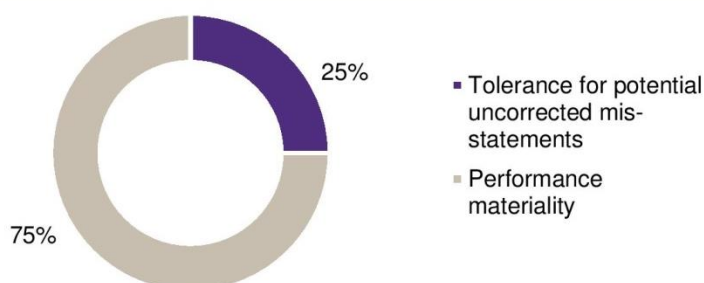
Materiality was determined as follows:

Materiality Measure	Trust
Financial statements as a whole	£2,600,000 which is 1.9% 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 the Trust has expended its revenue and other funding.

Materiality Measure	Trust
	Materiality for the current year is at the same percentage level of gross operating costs as we determined for the year ended 31 March 2018 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 manager remuneration disclosures and £250,000 to the cash equivalent transfer value disclosures of pension entitlement (both included in the Remuneration Report) 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	£130,000 and 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.

#### Overall materiality – Trust



#### An overview of the scope of our audit

Our audit approach was a risk-based approach founded on a thorough understanding of the Trust's business, was risk based and included an evaluation of the Trust's internal controls environment including relevant IT systems and controls over key financial systems. The scope of our audit included:

- obtaining supporting evidence, on a sample basis, for all of the Trust's material income streams covering 92% of the Trust's revenues;
- obtaining supporting evidence, on a sample basis, for 79% of the Trust's operating costs; and
- obtaining supporting evidence, on a sample basis, for property plant and equipment and the Trust's other material assets and liabilities.

There were no key changes in the scope of the current year audit from the scope of the prior year.

#### Other information

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

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

whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we conclude that there is a material misstatement of the other information, we are required to report that fact.

We have nothing to report in this regard.

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 50 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 page 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 does not appropriately address matters communicated by us to the Audit and Risk Committee.

#### **Other information we are required to report on by exception under the Code of Audit Practice**

Under the Code of Audit Practice published by the National Audit Office on behalf of the Comptroller and Auditor General (the Code of Audit Practice) 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 2018/19 or is misleading or inconsistent with the information of which we are aware from our audit. 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 this regard.

#### **Our opinion on other matters required by 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 2018/19 and the requirements of the National Health Service Act 2006; 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 issue a report 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 refer a matter to the regulator under Schedule 10 (6) of the National Health Service Act 2006 because we have reason to believe that the Trust, or a director or officer of the Trust, is about to make, or has made, a decision which involves or would involve the incurring of expenditure that was unlawful, or is about to take, or has begun to take 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 the Chief Executive's responsibilities as the accounting officer [set out on page 124], 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 2018/19, 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 Accounting Officer has been informed by the relevant national body of the intention to dissolve the Trust without the transfer of the Trust's services to another public sector entity.

The Audit and Risk Committee is Those Charged with Governance. Those charged with governance are responsible for overseeing the Trust's financial reporting process.

## **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](http://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 2019.

We have nothing to report in respect of the above matter.

### **Significant risks**

Under the Code of Audit Practice, we are required to report on how our work addressed the significant risks we identified in forming our conclusion on the adequacy of the Trust's arrangements for securing economy, efficiency and effectiveness in its use of resources. Significant risks are those risks that in our view had the potential to cause us to reach an inappropriate conclusion on the audited body's arrangements. The table below sets out the significant risk we have identified. This significant risk was addressed in the context of our conclusion on the Trust's arrangements as a whole, and in forming our conclusion thereon, and we do not provide a separate opinion on this risk.

## Significant risk

## How the matter was addressed in the audit

### Long-term financial sustainability and development of recurrent CIP schemes

The financial health of the wider Derbyshire Health Economy is poor with significant deficits at Derby and Burton Hospitals NHS Foundation Trust and within the Derbyshire Clinical Commissioning Groups. These deficits continue to impact on the funding available to the health economy.

Although the Trust has a strong history of delivering to budget, it has become more reliant in 2018/19 on savings which have been generated from previous non-recurrent Cost Improvement Programmes (CIP) schemes and the robustness of its medium term financial plans and effective working with local partners has become increasingly important. This has increased the risk to the Trust's finances in both 2018/19 and beyond.

We have therefore identified the arrangements in place at the Trust as regards medium-term financial planning and development of recurrent CIP schemes to represent a significant risk.

Our audit work included, but was not restricted to:

- Evaluating how the details in the NHS Long Term Plan are reflected in the Trust's Medium-Term Financial Strategy;
- Evaluating the progress of the Sustainability and Transformation Partnership's 'Joined Up Care Derbyshire' plans in relation to improving the financial health of the wider Derbyshire Health Economy; and
- Assessing the Trust's delivery of CIP schemes during 2018/19 and their nature as recurrent or non-recurrent;

### Key findings

In 2018/19 the trust delivered 94 percent of its planned CIP savings. £2.6 million of the £4.6 million CIPs were non-recurrent in nature.

Of the savings delivered, £2.6m were non-recurrent. The financial outturn for 2018/19 improved the Trust's cumulative position with an in-year surplus of £3.8m, however the impact of financial health of the wider Derbyshire Health Economy means that achieving CIP savings remains challenging for the Trust. CIP remains a key focus for the Trust and this is monitored monthly by both the executive and the Finance and Performance Committee.

The Trust has recognised the need for urgent action in relation to future CIPs and has worked closely with Joined Up Care Derbyshire (JUCD) the Derby and Derbyshire Sustainability and Transformation Partnership (STP) to identify savings which could be implemented by the partners which may support long-term financial sustainability of the Trust

The Trust is working closely with partners to develop more recurrent CIP schemes for 2019/20.

## 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 2006 to 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 2019, 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.

#### **Use of our report**

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.

*M C Stocks*

#### **Mark C Stocks, Key Audit Partner**

for and on behalf of Grant Thornton UK LLP, Local Auditor

#### **Birmingham**

24 May 2019

## Statement of comprehensive income for the period ended 31 March 2019

		2018/19	2017/18
	NOTE	£000	£000
Operating income from continuing operations	4 & 5	<b>148,635</b>	141,119
Operating expenses of continuing operations	7	<b>(140,140)</b>	(133,302)
<b>OPERATING SURPLUS/(DEFICIT)</b>		<b>8,495</b>	7,817
<b>FINANCE COSTS</b>			
Finance income	13	<b>154</b>	48
Finance expense - financial liabilities	15	<b>(3,315)</b>	(2,141)
PDC Dividends payable		<b>(1,621)</b>	(1,602)
<b>NET FINANCE COSTS</b>		<b>(4,782)</b>	(3,695)
<b>SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>3,713</b>	4,122
Other gains and losses		<b>52</b>	950
<b>RETAINED SURPLUS/(DEFICIT) FOR THE YEAR</b>		<b>3,765</b>	5,072
Other comprehensive income		<b>591</b>	5,668
<b>TOTAL COMPREHENSIVE INCOME(EXPENSE) FOR THE YEAR</b>		<b>4,356</b>	10,740

The notes on pages 227 to 271 form part of these accounts.

## Statement of financial position as at 31 March 2019

		31 March 2019	31 March 2018
	NOTE	£000	£000
<b>Non-current assets:</b>			
Intangible assets	17	3,405	2,842
Property, plant and equipment	16	89,672	87,866
Trade and other receivables	21	935	594
<b>Total non-current assets</b>		<b>94,012</b>	91,302
<b>Current assets:</b>			
Inventories	20	166	175
Trade and other receivables	21	5,548	5,051
Non-current assets for sale	25	0	420
Cash and cash equivalents	24	27,443	21,295
<b>Total current assets</b>		<b>33,157</b>	26,941
<b>Current liabilities</b>			
Trade and other payables	26	(15,710)	(12,488)
Borrowings	27	(890)	(898)
Provisions	33	(1,465)	(1,180)
Other liabilities	28	(1,653)	(1,526)
<b>Total current liabilities</b>		<b>(19,718)</b>	(16,092)
<b>Total assets less current liabilities</b>		<b>107,451</b>	102,151
<b>Non-current liabilities</b>			
Borrowings	27	(26,356)	(26,180)
Provisions	33	(2,520)	(2,704)
<b>Total non-current liabilities</b>		<b>(28,876)</b>	(28,884)
<b>Total assets employed:</b>		<b>78,575</b>	73,267
<b>FINANCED BY:</b>			
<b>TAXPAYERS' EQUITY</b>			
Public Dividend Capital		17,370	16,418
Revaluation reserve		42,055	41,462
Other reserves		8,680	8,680
Income and expenditure reserve		10,470	6,707
<b>Total taxpayers' equity:</b>		<b>78,575</b>	73,267

The financial statements on pages 1 to 5 were approved by the Audit and Risk Committee on behalf of the Board on 23 May 2019 and signed on its behalf by:

Signed



Chief Executive



### Statement of changes in taxpayers' equity for the period ended 31 March 2019

	Public Dividend Capital	Revaluation reserve	Other reserves	Income and expenditure reserve	Total reserves
	£000	£000	£000	£000	£000
<b>Taxpayers equity at 1 April 2018</b>	<b>16,418</b>	<b>41,462</b>	<b>8,680</b>	<b>6,707</b>	<b>73,267</b>
Surplus/(deficit) for the year	0	0	0	3,765	3,765
Revaluations	0	593	0	0	593
Public Dividend Capital Received	952	0	0	0	952
Other reserve movements	0	0	0	(2)	(2)
<b>Taxpayers equity at 31 March 2019</b>	<b>17,370</b>	<b>42,055</b>	<b>8,680</b>	<b>10,470</b>	<b>78,575</b>

### 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
<b>Taxpayers' equity at 1 April 2017</b>	<b>16,085</b>	<b>35,794</b>	<b>8,680</b>	<b>1,635</b>	<b>62,194</b>
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
<b>Taxpayers' equity at 31 March 2018</b>	<b>16,418</b>	<b>41,462</b>	<b>8,680</b>	<b>6,707</b>	<b>73,267</b>

## Statement of cash flows for the period ended 31 March 2019

	NOTE	2018/19 £000	2017/18 £000
<b>Cash flows from operating activities</b>			
Operating surplus/deficit from continuing operations		<u>8,495</u>	<u>7,817</u>
<b>Operating surplus/deficit</b>		<u><b>8,495</b></u>	<u><b>7,817</b></u>
<b>Non cash income and expenses</b>			
Depreciation and amortisation		3,772	3,299
Impairments		(436)	1,466
(Increase)/decrease in inventories		9	(14)
(Increase)/decrease in trade and other receivables		(516)	(223)
Increase/(decrease) in trade and other payables		1,689	48
(Increase)/decrease in other current liabilities		127	355
Increase/(decrease) in provisions		<u>92</u>	<u>(156)</u>
<b>Net cash inflow/(outflow) from operating activities</b>		<u><b>13,232</b></u>	<u><b>12,592</b></u>
<b>Cash flows from investing activities</b>			
Interest received		154	48
Purchase of intangible assets		(562)	(410)
Purchase of property, plant and equipment		(3,358)	(3,519)
Sales of property, plant and equipment		<u>476</u>	<u>2,825</u>
<b>Net cash inflow/(outflow) from investing activities</b>		<u><b>(3,290)</b></u>	<u><b>(1,056)</b></u>
<b>Cash flows from financing activities</b>			
PDC capital received		952	333
Capital element of private finance lease obligations		(898)	(902)
Interest element of private finance lease obligations		(1,970)	(1,930)
Interest element of finance lease obligations		(275)	(208)
PDC Dividend paid		<u>(1,602)</u>	<u>(1,640)</u>
<b>Net cash inflow/(outflow) from financing activities</b>		<u><b>(3,793)</b></u>	<u><b>(4,347)</b></u>
<b>Net increase/(decrease) in cash and cash equivalents</b>		<u><b>6,149</b></u>	<u><b>7,189</b></u>
<b>Cash and cash equivalents at beginning of the period</b>		<u><b>21,295</b></u>	<u><b>14,106</b></u>
<b>Cash and cash equivalents at year end</b>	24	<u><b>27,443</b></u>	<u><b>21,295</b></u>

## Notes to the accounts

### 1. Accounting policies and other information

NHS Improvement, in exercising the statutory functions conferred on Monitor, is responsible for issuing an accounts direction to NHS Foundation Trusts under the NHS Act 2006. NHS Improvement has directed that the financial statements of NHS Foundation Trusts shall meet the accounting requirements of the Department of Health and Social Care Group Accounting Manual (DHSC GAM) which shall be agreed with the HM Treasury. Consequently, the following financial statements have been prepared in accordance with the DHSC GAM 2018/19 issued by the Department of Health and Social Care. The accounting policies contained in that manual follow International Financial Reporting Standards to the extent that they are meaningful and appropriate to the NHS, as determined by HM Treasury, which is advised by the Financial Reporting Advisory Board. Where the DHSC Group Accounting Manual permits a choice of accounting policy, the accounting policy that is judged to be the most appropriate to the particular circumstances of the NHS Foundation Trust for the purpose of giving a true and fair view has been selected. The particular policies adopted are described below. These have been applied consistently in dealing with the terms considered material in relation to the accounts.

#### 1.1 Going Concern

The Annual Report and Accounts have been prepared on a going concern basis. Non-trading entities in the public sector are assumed to be going concerns where continued provision of a service in the future is anticipated, as evidenced by inclusion of financial provision for that service in published documents.

#### 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 2018/19 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 exiting systems, which is spent and capitalised in year
- Intangible assets with a significant carrying value which have been developed over several years and accounted for in assets under construction. When the system goes live, a full fair value review is undertaken and only the costs directly attributable to the development are capitalised, all other costs are impaired or allocated to revenue.

#### **Provisions estimation**

The Trust holds a provision for pensions and by its nature this includes a degree of uncertainty in respect of timings and amount, due to the uncertainty over life expectancy. Future liability is calculated using actuarial values, note 33.

### **1.6 Transfer of functions**

As public sector bodies are deemed to operate under common control, business reconfigurations within the DHSC group are outside the scope of IFRS 3 *Business Combinations*. Where functions transfer between two public sector bodies, the GAM requires the application of 'absorption accounting'. Absorption accounting requires that entities account for their transactions in the period in which they took place. Where assets and liabilities transfer, the gain or loss resulting is recognised in the Statement of Comprehensive Net Expenditure, and is disclosed separately from operating costs.

### **1.7 Revenue**

The transition to IFRS 15 has been completed in accordance with paragraph C3 (b) of the Standard, applying the Standard retrospectively recognising the cumulative effects at the date of initial application.

In the adoption of IFRS 15 a number of practical expedients offered in the Standard have been employed. These are as follows:

- As per paragraph 121 of the Standard the Trust will not disclose information regarding performance obligations part of a contract that has an original expected duration of one year or less
- The Trust is to similarly not disclose information where revenue is recognised in line with the practical expedient offered in paragraph B16 of the Standard where the right to consideration corresponds directly with value of the performance completed to date
- The FReM has mandated the exercise of the practical expedient offered in C7(a) of the Standard that requires the Trust` to reflect the aggregate effect of all contracts modified before the date of initial application.

Revenue in respect of goods/services provided is recognised when (or as) performance obligations are satisfied by transferring promised goods/services to the customer and is measured at the amount of the transaction price allocated to those performance obligations. At the year end, the Trust accrues income relating to performance obligations satisfied in that year. Where the Trust's entitlement to consideration for those goods or services is unconditional, a contract receivable will be recognised. Where entitlement to consideration is conditional on a further factor other than the passage of time, a contract asset will be recognised. Where consideration received or receivable relates to a performance obligation that is to be satisfied in a future period, the income is deferred and recognised as a contract liability.

The main source of income for the Trust is contracts with commissioners for health care services. A performance obligation relating to delivery of a spell of health care is generally satisfied over time, as healthcare is received and consumed simultaneously by the customer as the Trust performs it. The customer in such a contract is the commissioner, but the customer benefits as services are provided to their patient. Even where a contract could be broken down into separate performance obligations, healthcare generally aligns with paragraph 22(b) of the Standard entailing a delivery of a series of goods or services that are substantially the same and have a similar pattern of transfer. At the year end, the Trust accrues income relating to activity delivered in that year where a patient care spell is incomplete.

Government grants are grants from government bodies, other than income from commissioners or Trusts, for the provision of services. Where a grant is used to fund revenue expenditure, it is taken to the Statement of Comprehensive Income to match that expenditure.

The value of the benefit received when accessing funds from the Government's apprenticeship service is recognised as income at the point of receipt of the training service. Where these funds are paid directly to an accredited training provider, the corresponding notional expense is also recognised at the point of recognition for the benefit.

Where income is received for a specific activity that is to be delivered in the following year, that income is deferred.

Income from the sale of non-current assets is recognised only when all material conditions of sale have been met, and is measured as the sums due under the sale contract.

In accordance with IFRS 15 the Trust has reviewed its income streams. The Trust's income is largely received from commissioners via block contracts for the provision of services. These service requirements are agreed on an annual basis, with no carry-over to future years, therefore this standard is not expected to have a material impact in 2018/19. Block contract income is received each month for the services that have been provided that month. Cost per Case income is received each month for activity that has been provided during that

period. Income received from DHSC related to AfC pay award was received in the same time period that the costs were incurred.

Education and training income mainly relates to salary of trainees and is received on a monthly basis to contribute to the salaries paid in that period. Income received in relation to future training provision is deferred as per the requirements of IFRS15. Income from Pharmacy sales is accounted for in the period the items that have been sold in. Provider Sustainability Fund (PSF) income is received as performance targets are achieved and the Trust meets its financial control total.

## **1.8 Employee Benefits**

### **Short-term employee benefits**

Salaries, wages and employment-related payments, including payments arising from the apprenticeship levy, are recognised in the period in which the service is received from employees, including non-consolidated performance pay earned but not yet paid. The cost of leave earned but not taken by employees at the end of the period is recognised in the financial statements to the extent that employees are permitted to carry forward leave into the following period.

### **Retirement benefit costs**

#### **NHS Pensions**

Past and present employees are covered by the provisions of the NHS Pensions Scheme. The scheme is an unfunded, defined benefit scheme that covers NHS employers, General Practices and other bodies, allowed under the direction of the Secretary of State, in England and Wales. The scheme is not designed to be run in a way that would enable NHS bodies to identify their share of the underlying scheme assets and liabilities. Therefore, the scheme is accounted for as if it were a defined contribution scheme: the cost to the NHS body of participating in the scheme is taken as equal to the contributions payable to the scheme for the accounting period.

For early retirements other than those due to ill health the additional pension liabilities are not funded by the scheme. The full amount of the liability for the additional costs is charged to expenditure at the time the Trust commits itself to the retirement, regardless of the method of payment.

The Schemes are subject to a full actuarial valuation every four years and an accounting valuation every year.

#### **NEST**

The Trust offers a second NEST pensions scheme for employees who do not want to be in the NHS Pension Scheme but want to be auto enrolled in a pension.

This pension is free for employers to use and the employee pays a 1.8% contribution and a management charge of 0.3% a year. The scheme then invests the employee's contribution to support the pension payments on their retirement.

## **1.9 Expenditure on other goods and services**

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

## 1.10 Value Added Tax

Most of the activities of the Trust are outside the scope of VAT and, in general, output tax does not apply and input tax on purchases is not recoverable. Irrecoverable VAT is charged to the relevant expenditure category or included in the capitalised purchase cost of fixed assets. Where output tax is charged or input VAT is recoverable, the amounts are stated net of VAT.

## 1.11 Corporation Tax

The Trust has determined that it has no corporation tax liability, based on the Trust undertaking no business activities.

## 1.12 Property, plant and equipment

### Recognition

Property, plant and equipment is capitalised if:

- It is held for use in delivering services or for administrative purposes
- It is probable that future economic benefits will flow to, or service potential will be supplied to, the Trust
- It is expected to be used for more than one financial year
- The cost of the item can be measured reliably; and
- The item has an individual cost of at least £5,000 or collectively, a number of items have a cost of at least £5,000 and individually have cost more than £250, where the assets are functionally interdependent, they have broadly simultaneous purchase dates, are anticipated to have simultaneous disposal dates and are under single managerial control; or
- Items form part of the initial equipping and setting-up cost of a new building, ward or unit, irrespective of their individual or collective cost.

Where a large asset, for example a building, includes a number of components with significantly different asset lives, the components are treated as separate assets and depreciated over their own useful economic lives.

### Valuation

All property, plant and equipment is measured initially at cost, representing the cost directly attributable to acquiring or constructing the asset and bringing it to the location and condition necessary for it to be capable of operating in the manner intended by management. Assets that are held for their service potential and are in use are measured subsequently at their current value in existing use. Assets that were most recently held for their service potential but are surplus are measured at fair value where there are no restrictions preventing access to the market at the reporting date management.

Land and buildings used for the Trust's services or for administrative purposes are stated in the Statement of Financial Position at their re-valued amounts, being the fair value at the date of revaluation less any subsequent accumulated depreciation and impairment losses.

Revaluations of property plant and equipment are performed with sufficient regularity to ensure that carrying amounts are not materially different from those that would be determined at the end of the reporting period, in years where a revaluation does not take place, an indexation factor is applied.

Fair values are determined as follows:

- Land and non-specialised buildings – market value for existing use
- Specialised buildings – depreciated replacement cost.

Properties in the course of construction for service or administration purposes are carried at cost, less any impairment loss. Cost includes professional fees 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.

IT equipment, transport equipment, furniture and fittings, and plant and machinery that are held for operational use are valued at depreciated historic cost where these assets have short useful economic lives or low values or both, as this is not considered to be materially different from current value in existing use.

An increase arising on revaluation is taken to the revaluation reserve except when it reverses impairment for the same asset previously recognised in expenditure, in which case it is credited to expenditure to the extent of the decrease previously charged there. A revaluation decrease that does not result from a loss of economic value or service potential is recognised as an impairment charged to the revaluation reserve to the extent that there is a balance on the reserve for the asset and, thereafter, to expenditure. Impairment losses that arise from a clear consumption of economic benefit should be taken to expenditure. Gains and losses recognised in the revaluation reserve are reported as other comprehensive income in the Statement of Comprehensive Income.

### **Subsequent expenditure**

Where subsequent expenditure enhances an asset beyond its original specification, the directly attributable cost is capitalised. Where subsequent expenditure restores the asset to its original specification, the expenditure is capitalised and any existing carrying value of the item replaced is written-out and charged to operating expenses.

### **Depreciation, amortisation and impairments**

Freehold land, properties under construction, and assets held for sale are not depreciated. Otherwise, depreciation and amortisation are charged to write off the costs or valuation of property, plant and equipment and intangible non-current assets, less any residual value, over their estimated useful lives, in a manner that reflects the consumption of economic benefits or service potential of the assets. The estimated useful life of an asset is the period over which the Trust expects to obtain economic benefits or service potential from the asset. This is specific to the Trust and may be shorter than the physical life of the asset itself. Estimated useful lives and residual values are reviewed each year end, with the effect of any changes recognised on a prospective basis. Assets held under finance leases are depreciated over their estimated useful lives.

At each reporting period end, the Trust checks whether there is any indication that any of its tangible or intangible non-current assets have suffered an impairment loss. If there is indication of an impairment loss, the recoverable amount of the asset is estimated to determine whether there has been a loss and, if so, its amount. Intangible assets not yet available for use are tested for impairment annually.

In accordance with the *GAM*, impairments that arise from a clear consumption of economic benefits or of service potential in the asset are charged to operating expenses. A compensating transfer is made from the revaluation reserve to the income and expenditure reserve of an amount equal to the lower of (i) the impairment charged to operating expenses; and (ii) the balance in the revaluation reserve attributable to that asset before the impairment.

An impairment that arises from a clear consumption of economic benefit or of service potential is reversed when, and to the extent that, the circumstances that gave rise to the loss is reversed. Reversals are recognised in operating expenditure to the extent that the asset is restored to the carrying amount it would have had if the impairment had never been recognised. Any remaining reversal is recognised in the revaluation reserve. Where, at the time of the original impairment, a transfer was made from the revaluation reserve to the



income and expenditure reserve, an amount is transferred back to the revaluation reserve when the impairment reversal is recognised.

Other impairments are treated as revaluation losses. Reversals of 'other impairments' are treated as revaluation gains.

### **Revaluation gains and losses**

Revaluation gains are recognised in the revaluation reserve, except where, and to the extent that, they reverse a revaluation decrease that has previously been recognised in operating expenses, in which case they are recognised in operating income.

Revaluation losses are charged to the revaluation reserve to the extent that there is an available balance for the asset concerned, and thereafter are charged to operating expenses.

Gains and losses recognised in the revaluation reserve are reported in the "Statement of Comprehensive Income" as an item of "other comprehensive income".

### **De-recognition**

Non-current assets are classified as held for sale if their carrying amount will be recovered principally through a sale transaction rather than through continuing use.

This condition is regarded as met when the sale is highly probable the asset is available for immediate sale in its present condition and management is committed to the sale, which is expected to qualify for recognition as a completed sale within one year from the date of classification.

Non-current assets held for sale are measured at the lower of their previous carrying amount and fair value less costs to sell. Fair value is open market value including alternative uses.

The profit or loss arising on disposal of an asset is the difference between the sale proceeds and the carrying amount and is recognised in the Statement of Comprehensive Income. On disposal, the balance for the asset on the revaluation reserve is transferred to the income and expenditure reserve. Following reclassification, the assets are measured at the lower of their existing carrying amount and their "fair value less costs to sell". Depreciation ceases to be charged. Assets are de-recognised when all material sale contract conditions have been met.

Property, plant and equipment that are due to be scrapped or demolished do not qualify for recognition as held for sale. Instead, it is retained as an operational asset and its economic life is adjusted. The asset is de-recognised when it is scrapped or demolished.

## **1.13 Intangible assets**

### **Recognition**

Intangible assets are non-monetary assets without physical substance, which are capable of sale separately from the rest of the Trust's business or which arise from contractual or other legal rights. They are recognised only when:

- It is probable that future economic benefits will flow to, or service potential be provided to, the Trust
- Where the cost of the asset can be measured reliably, and
- Where the cost is at least £5,000.

Intangible assets acquired separately are initially recognised at cost. Software that is integral to the operating of hardware, for example an operating system is capitalised as part of the relevant item of property, plant and equipment. Software that is not integral to the operation of hardware, for example application software, is capitalised as an intangible asset.

Expenditure on research is not capitalised: it is recognised as an operating expense in the

period in which it is incurred. Internally-generated assets are recognised if, and only if, all of the following have been demonstrated:

- The technical feasibility of completing the intangible asset so that it will be available for use
- The intention to complete the intangible asset and use it
- The ability to sell or use the intangible asset
- How the intangible asset will generate probable future economic benefits or service potential the availability of adequate technical, financial and other resources to complete the intangible asset and sell or use it
- The ability to measure reliably the expenditure attributable to the intangible asset during its development.

Assets are capitalised in the month following the completion of the project, allowing time for final invoices to be received and accurate costs to be capitalised.

### **Measurement**

Intangible assets acquired separately are initially recognised at cost. The amount initially recognised for internally-generated intangible assets is the sum of the expenditure incurred from the date when the criteria for recognition are initially met. Where no internally-generated intangible asset can be recognised, the expenditure is recognised in the period in which it is incurred.

Following initial recognition, intangible assets are carried at current value in existing use by reference to an active market, or, where no active market exists, at the lower of amortised replacement cost (modern equivalent assets basis) and value in use where the asset is income generating. Internally-developed software is held at historic cost to reflect the opposing effects of increases in development costs and technological advances. Revaluations and impairments are treated in the same manner as for property, plant and equipment.

### **Amortisation**

Intangible assets are amortised over their expected useful economic lives in a manner consistent with the consumption of economic or service delivery benefits.

#### **1.14 Donated, government grant and other grant funded assets**

Donated and grant funded property, plant and equipment assets are capitalised at their fair value on receipt. The donation/grant is credited to income at the same time, unless the donor imposes a condition that the future economic benefits embodied in the grant are to be consumed in a manner specified by the donor, in which case, the donation/grant is deferred within liabilities and is carried forward to future financial years to the extent that the condition has not yet been met.

The donated and grant funded assets are subsequently accounted for in the same manner as other items of property, plant and equipment.

#### **1.15 Private Finance Initiative (PFI) transactions**

PFI transactions which meet the IFRIC 12 definition of a service concession, as interpreted in HM Treasury's FReM, are accounted for as "on-Statement of Financial Position" by the Trust. In accordance with IAS17, the underlying assets are 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 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 values.

## **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 0.29% (2017/18: 0.10%) in real terms.

### **1.20 Clinical negligence costs**

NHS Resolution, formerly NHS Litigation Authority operates a risk pooling scheme under which the Trust pays an annual contribution to NHS Resolution, which, in return, settles all clinical negligence claims. Although NHS Resolution is administratively responsible for all clinical negligence cases, the legal liability remains with the Trust. The total value of clinical negligence provisions carried by NHS Resolution on behalf of the Trust is disclosed in note 33 to the Trust accounts, however is not recognised.

### **1.21 Non-clinical risk pooling**

The Trust participates in the Property Expenses Scheme and the Liabilities to Third Parties Scheme. Both are risk pooling schemes under which the Trust pays an annual contribution to the NHS Resolution and in return receives assistance with the costs of claims arising. The annual membership contributions, and any "excesses" payable in respect of particular claims are charged to operating expenses when the liability arises.

### **1.22 Contingencies**

Contingent liabilities are not recognised, but are disclosed in note 34.1, unless the probability of a transfer of economic benefits is remote. Contingent liabilities are defined as:

- Possible obligations arising from past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the entity's control; or
- Present obligations arising from past events but for which it is not probable that a transfer of economic benefits will arise or for which the amount of the obligation cannot be measured with sufficient reliability.

Contingent assets (that is, assets arising from past events whose existence will only be confirmed by one or more future events not wholly within the Trust's control) are not recognised as assets, but are disclosed in note 34.2 where an inflow of economic benefits is probable.

Where the time value of money is material, contingent liabilities and contingent assets are disclosed at their present value.

### **1.23 Financial assets**

Financial assets are recognised when the Trust becomes party to the contractual provision of the financial instrument or, in the case of trade receivables, when the goods or services have been delivered. Financial assets are derecognised when the contractual rights have expired or when the asset has been transferred and the Trust has transferred substantially all of the risks and rewards of ownership or has not retained control of the asset.

Financial assets are initially recognised at fair value plus or minus directly attributable transaction costs for financial assets not measured at fair value through profit or loss. Fair value is taken as the transaction price, or otherwise determined by reference to quoted market prices, where possible, or by valuation techniques.

Financial assets are classified into the following categories: financial assets at amortised cost, financial assets at fair value through other comprehensive income, and financial assets at fair value through profit and loss. The classification is determined by the cash flow and business model characteristics of the financial assets, as set out in IFRS 9, and is determined at the time of initial recognition.

### **Financial assets at fair value through other comprehensive income**

Financial assets measured at fair value through other comprehensive income are those held within a business model whose objective is achieved by both collecting contractual cash flows and selling financial assets and where the cash flows are solely payments of principal and interest.

### **Financial assets at fair value through profit and loss**

Financial assets at fair value through profit and loss are held for trading. A financial asset is classified in this category if it has been acquired principally for the purpose of selling in the short-term. Derivatives are also categorised as held for trading unless they are designated as hedges.

Embedded derivatives that have different risks and characteristics to their host contracts, and contracts with embedded derivatives whose separate value cannot be ascertained, are treated as financial assets at fair value through profit and loss. They are held at fair value, with any resultant gain or loss recognised in calculating the Trust's surplus or deficit for the year. The net gain or loss incorporates any interest earned on the financial asset.

### **Impairment**

For all financial assets measured at amortised cost or at fair value through other comprehensive income (except equity instruments designated at fair value through other comprehensive income), lease receivables and contract assets, the Trust recognises a loss allowance representing expected credit losses on the financial instrument.

The Trust adopts the simplified approach to impairment, in accordance with IFRS 9, and measures the loss allowance for trade receivables, contract assets and lease receivables at an amount equal to lifetime expected credit losses. For other financial assets, the loss allowance is measured at an amount equal to lifetime expected credit losses if the credit risk on the financial instrument has increased significantly since initial recognition (stage 2), and otherwise at an amount equal to 12-month expected credit losses (stage 1).

HM Treasury has ruled that central government bodies may not recognise stage 1 or stage 2 impairments against other government departments, their executive agencies, the Bank of England, Exchequer Funds, and Exchequer Funds' assets where repayment is ensured by primary legislation. The Trust therefore does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies. Additionally, the Department of Health and Social Care provides a guarantee of last resort against the debts of its arm's length bodies and NHS bodies (excluding NHS charities), and the Trust does not recognise loss allowances for stage 1 or stage 2 impairments against these bodies.

For financial assets that have become credit impaired since initial recognition (stage 3), expected credit losses at the reporting date are measured as the difference between the asset's gross carrying amount and the present value of the estimated future cash flows discounted at the financial asset's original effective interest rate. Any adjustment is recognised in profit or loss as an impairment gain or loss.

### **1.24 Financial liabilities**

Financial liabilities are recognised when the Trust becomes party to the contractual provisions of the financial instrument or, in the case of trade payables, when the goods or services have been received. Financial liabilities are de-recognised when the liability has been discharged – that is, the liability has been paid or has expired.

### **Financial liabilities at fair value through profit and loss**

Derivatives that are liabilities are subsequently measured at fair value through profit or loss, Embedded derivatives that are not part of a hybrid contract containing a host that is an asset within the scope of IFRS 9 are separately accounted for as derivatives only if their economic characteristics and risks are not closely related to those of their host contracts, a separate instrument with the same terms would meet the definition of a derivative, and the hybrid contract is not itself measured at fair value through profit or loss.

### **Other financial liabilities**

After initial recognition, all other financial liabilities are measured at amortised cost using the effective interest method. The effective interest rate is the rate that exactly discounts estimated future cash payments through the life of the asset, to the amortised cost of the financial liability. In the case of DHSC loans that would be the nominal rate charged on the loan.

### **1.25 Public dividend capital**

Public dividend capital (PDC) is a type of public sector equity finance based on the excess of assets over liabilities at the time of establishment of the predecessor NHS Trust. HM treasury has determined that PDC is not a financial instrument within the meaning of IAS 32.

At any time, the secretary of State can issue new PDC to, and require repayments of the PDC from, the Trust. PDC is recorded at the value received.

A charge, reflecting the cost of capital utilised by the Trust, is payable as public dividend capital dividend. The charge is calculated at the rate set by HM Treasury (currently 3.5%) on the average relevant net assets of the Trust during the financial year. Relevant net assets are calculated as the value of all assets less the value of all liabilities except for:

- (i) Donated assets (including lottery funded assets)
- (ii) Average daily cash balances held with the Government Banking Services and National Loan Fund (NLF) deposits, excluding cash balances held in GBS accounts that relates to short-term working capital facility
- (iii) PDC dividend receivable or payable.

The average relevant net assets are calculated as a simple average of opening and closing relevant net assets.

In accordance with the requirements laid down by the Department of Health (as the issuer of PDC), the dividend for the year is calculated on the actual average relevant net assets as set out in the "pre audit" version of the annual accounts. The dividend thus calculated is not revised should any adjustment to net assets occurs as a result of the audit of the annual accounts.

### **1.26 Foreign currencies**

The Trust's functional currency and presentational currency is sterling. Transactions denominated in a foreign currency are translated into sterling at the exchange rate ruling on the dates of the transactions. At the end of the reporting period, monetary items denominated in foreign currencies are retranslated at the spot exchange rate on 31 March. Resulting exchange gains and losses for either of these are recognised in the Trust's surplus/deficit in the period in which they arise. Foreign currency transactions are negligible.

### **1.27 Third party assets**

Assets belonging to third parties (such as money held on behalf of patients) are not recognised in the accounts since the Trust has no beneficial interest in them. However, they are disclosed in note 39 to the accounts.

### **1.28 Losses and special payments**

Losses and special payments are items that Parliament would not have contemplated when it agreed funds for the health service or passed legislation. By their nature they are items that ideally should not arise. They are therefore subject to special control procedures compared with the generality of payments. They are divided into different categories, which govern the way that individual cases are handled.

Losses and special payments are charged to the relevant functional headings in expenditure on an accruals basis, including losses which would have been made good through insurance cover had the Trusts not been bearing their own risks (with insurance premiums then being included as normal revenue expenditure).

However the losses and special payments note 40 is compiled directly from the losses and compensations register which reports on an accrual basis with the exception of provisions for future losses.

### **1.29 Research and development**

Research and development expenditure is charged against income in the year in which it is incurred, except insofar as development expenditure relates to a clearly defined project and the benefits of it can reasonably be regarded as assured. Expenditure so deferred is limited to the value of future benefits expected and is amortised through the Statement of Comprehensive Income on a systematic basis over the period expected to benefit from the project. It should be re-valued on the basis of current cost. The amortisation is calculated on the same basis as depreciation, on a quarterly basis.

### **1.30 Gifts**

Gifts are items that are voluntarily donated, with no preconditions and without the expectation of any return. Gifts include all transactions economically equivalent to free and unremunerated transfers, such as the loan of an asset for its expected useful life, and the sale or lease of assets at below market value.

### **1.31 Accounting Standards that have been issued and have not yet been adopted**

The DHSC GAM does not require the following IFRS Standards and Interpretations to be applied in 2018/19. These Standards are still subject to HM Treasury FReM adoption, with IFRS 16 being for implementation in 2019-20, and the government implementation date for IFRS 17 still subject to HM Treasury consideration.

- 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. This standard has been deferred until 2020/21.
- 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 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 £134,437k, including £113,171k from Clinical Commissioning Groups (CCGs).

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Clinical income	<b>134,437</b>	127,864
Non clinical income	<b>14,198</b>	13,255
Pay	<b>(101,778)</b>	(98,330)
Non pay	<b>(38,362)</b>	(34,972)
Operating surplus/(deficit)	<b>8,495</b>	7,817

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

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Southern Derbyshire CCG	<b>66,463</b>	64,998
North Derbyshire CCG	<b>25,306</b>	23,819

## 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)

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
NHS England	<b>4,747</b>	4,361
Clinical Commissioning Groups	<b>113,171</b>	108,664
Local Authorities	<b>14,817</b>	14,692
Department of Health and Social Care	<b>1,583</b>	0
Foundation Trusts	<b>86</b>	104
NHS other	<b>33</b>	43
	<b>134,437</b>	127,864

#### 4.2 Income from patient care activities (class)

	2018/19	2017/18
	£000	£000
Cost and volume contract income	6,428	5,917
Block contract income	105,650	101,637
Other clinical income from mandatory services	532	367
Community income	20,186	19,896
Other clinical income	1,641	47
	<u>134,437</u>	<u>127,864</u>

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 (65%) are deemed through the contract to be Commissioner Requested Services. The value of the income for those Commissioner Requested Services is £96m. All other income stated in the accounts is generated from non-Commissioner Requested Services.

	2018/19	2017/18
	£000	£000
Commissioner Requested Services	96,181	92,569
Non-Commissioner Requested Services	52,454	48,550
Total income	<u>148,635</u>	<u>141,119</u>

The classification of commissioning requested services (CRS) is based on a review that was carried out by commissioners in 2016/17. The change in value of CRS is due to new investments and service developments.

#### 4.4 Overseas visitors

The Trust has not invoiced or received any income from overseas visitors.

## 5. Other operating income

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Research and development	<b>366</b>	361
Education and training	<b>4,818</b>	4,540
Staff costs	<b>505</b>	719
Profit on disposal of land and buildings	<b>0</b>	0
Other revenue	<b>5,962</b>	4,512
Provider Sustainability Fund (PSF)*	<b>2,547</b>	3,123
	<b>14,198</b>	13,255

Other revenue includes:

Estates recharges	<b>3</b>	0
PFI land contract	<b>67</b>	60
Catering	<b>176</b>	171
Operating lease rental	<b>107</b>	0
Pharmacy sales	<b>1,991</b>	2,206
Services to specialist schools	<b>595</b>	531
Services to other NHS Providers	<b>2,164</b>	1,421
Other income elements	<b>859</b>	123
	<b>5,962</b>	4,512

\*The Trust received PSF Income from NHS England, notified via NHS Improvement (NHSI). NHSI instructed Trusts in receipt of the PSF Income that it could not be spent. It therefore increased the Trust surplus to the same value.

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

	<b>2018/19</b>
	<b>£000</b>
Revenue recognised in the reporting period that was included within contract liabilities at the previous period end	1,393
Revenue recognised from performance obligations satisfied (or partially satisfied) in previous periods	0

## 6. Income

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
From rendering of services	<b>148,635</b>	141,119
From sale of goods	<b>0</b>	0

<b>7. Operating expenses</b>	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Services from NHS Bodies	4,655	3,222
Purchase of healthcare from non NHS bodies	9,951	8,239
Employee expenses - Non-Executive Directors	128	129
Employee expenses - Staff and Executive Directors*	101,650	97,021
Drug costs	4,781	4,344
Supplies and services - clinical (excluding drug costs)	313	203
Supplies and services - general	774	813
Establishment	3,283	3,729
Research and development *	709	625
Transport	2,067	1,500
Premises - business rates payable to local authorities	655	643
Premises	2,872	2,776
Rentals from operating leases	2,357	2,217
Increase / (decrease) provision	267	166
Depreciation on property, plant and equipment	3,257	2,925
Amortisation of intangible assets	515	374
Impairments of property, plant and equipment	(436)	1,466
Audit services- statutory audit	48	50
Internal audit	43	48
Clinical negligence costs	378	330
Legal fees	245	101
Consultancy costs	0	43
Training, courses and conferences*	563	1,131
Car parking and security	22	54
Redundancy	0	1
Hospitality	14	14
Insurance	30	37
Other services, e.g. external payroll	363	340
Losses, ex gratia & special payments	9	8
Other	627	753
	<b>140,140</b>	<b>133,302</b>

\*Staff costs relating to research and development and training have been split out from staff costs and are shown against research and development and training in the comparison year and in year costs.

## 8. Operating leases

### 8.1 As lessee

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

<b>Payments recognised as an expense</b>	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Minimum lease payments	<u><b>2,357</b></u>	<u>2,217</u>
	<u><b>2,357</b></u>	<u>2,217</u>

The figures above include lease car payment and are reflected net, during the period the Trust has received employee contributions equating to £306k (2017/18 £308k).

<b>Total future minimum lease payments</b>	<b>2018/19</b>		2017/18	
	<b>Buildings</b>	<b>Other</b>	<b>Total</b>	Total
	<b>£000</b>	<b>£000</b>	<b>£000</b>	£000
Payable:				
Not Later than one year	<b>1,835</b>	<b>412</b>	<b>2,247</b>	2,195
Between one and five years	<b>6,103</b>	<b>246</b>	<b>6,349</b>	6,435
After five years	<b>15,420</b>	<b>0</b>	<b>15,420</b>	16,017
Total	<u><b>23,358</b></u>	<u><b>658</b></u>	<u><b>24,016</b></u>	24,647

Total future sublease payments expected to be received: £nil

### 8.2 As lessor

During 2018/19 the Trust agreed a deed of variation and sublease relating to an empty ward in order to enable another Trust to occupy the ward for winter pressures activity on a short term basis. The income of £107k can be seen in note 5. The future lease receipt due is £48k.

## 9. Employee costs and numbers

9.1 Employee costs	2018/19	2017/18
	Total	Total
	£000	£000
Salaries and wages	81,638	75,079
Social security costs	7,377	6,806
Apprenticeship levy	381	348
Employer contributions to NHS pension scheme	10,287	9,471
Temporary staffing (External Bank)*	-	2,864
Temporary staffing (agency and contract)	2,900	3,770
Termination benefits	-	1
<b>Employee benefits expense</b>	<b>102,583</b>	<b>98,339</b>
Of the total above:		
Charged to capital	141	137
<b>Employee benefits charged to revenue</b>	<b>102,442</b>	<b>98,202</b>
	<b>102,583</b>	<b>98,339</b>

There have been six cases of early retirements due to ill health in year at a value of £276k (2017/18 – six cases at £328k).

\*External Bank was brought in house in 2018/19 and the costs sit in salaries and wages, social security costs and NHS pension scheme.

9.2 Average Whole Time Equivalent of people employed	2018/19	2017/18
	Total	Total
	WTE	WTE
Medical and dental	161	162
Administration and estates	597	609
Healthcare assistants and other support staff	442	428
Nursing, midwifery and health visiting staff	884	875
Nursing, midwifery and health visiting learners	2	2
Scientific, therapeutic and technical staff	281	274
Social care staff	3	1
Other	-	-
<b>Total</b>	<b>2,372</b>	<b>2,351</b>
Of the above:		
Number of whole time equivalent staff engaged on capital projects	3	4

The above numbers are based on the average Whole Time Equivalents across the financial year. The workforce numbers reported in the annual report are based on headcount numbers recorded between the start and end of the financial years.

### 9.3 Exit packages

Redundancy and other departure costs have been paid in accordance with the provisions of the NHS guidance. Exit costs are accounted for in full in the year the Trust has legally committed to or appropriately provided for the departure. Where the Trust has agreed early retirements, the additional costs are met by the Trust and not by the NHS 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

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Management costs	<b>8,817</b>	8,196
Income	<b>148,635</b>	141,119
Management costs as a percentage of total Trust income is	<b>5.93%</b>	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](http://www.nhsbsa.nhs.uk/pensions). Both are unfunded defined benefit schemes that cover NHS employers, GP practices and other bodies, allowed under the direction of the Secretary of State for Health 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 2019, is based on valuation data as 31 March 2018, updated to 31 March 2019 with summary global member and accounting data. In undertaking this actuarial assessment, the methodology prescribed in IAS 19, relevant FReM interpretations, and the discount rate prescribed by HM Treasury have also been used.

The latest assessment of the liabilities of the scheme is contained in the report of the scheme actuary, which forms part of the annual NHS Pension Scheme Accounts. These accounts can be viewed on the NHS Pensions website and are published annually. Copies can also be obtained from The Stationery Office.

#### b) Full actuarial (funding) valuation

The purpose of this valuation is to assess the level of liability in respect of the benefits due under the schemes (taking into account recent demographic experience), and to recommend contribution rates payable by employees and employers.

The latest actuarial valuation undertaken for the NHS Pension Scheme was completed as at 31 March 2016. The results of this valuation set the employer contribution rate payable from April 2019. The Department of Health and Social Care have recently laid Scheme Regulations confirming that the employer contribution rate will increase to 20.6% of pensionable pay from this date.

The 2016 funding valuation was also expected to test the cost of the Scheme relative to the employer cost cap set following the 2012 valuation. Following a judgment from the Court of Appeal in December 2018 Government announced a pause to that part of the valuation process pending conclusion of the continuing legal process.

#### **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 £154k (2017/18 £48k).

#### **14. Other gains and losses**

There has been a gain of £52k in year, this related to a contract clause on a sale of land.

#### **15. Finance costs**

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Finance lease costs	<b>228</b>	208
Other finance lease costs	<b>1,108</b>	0
Interest on obligations under PFI contracts:		
- main finance cost	<b>1,288</b>	1,334
- contingent finance cost	<b>682</b>	596
Unwinding of discount	<b>9</b>	3
<b>Total interest expense</b>	<b><u>3,315</u></b>	<u>2,141</u>

The finance lease was revalued in 2018/19 following a market rate rent review.



## 16. Property, plant and equipment

	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
<b>2018/19</b>								
<b>Cost or valuation:</b>								
<b>At 31 March 2018</b>	14,524	78,015	2,076	1,545	138	3,618	2,246	<b>102,162</b>
Additions	0	243	3,060	0	18	713	0	<b>4,034</b>
Impairments	0	0	0	0	0	0	0	<b>0</b>
Reclassifications	0	1,002	(1,426)	0	0	108	316	<b>0</b>
Revaluations	0	593	0	0	0	0	0	<b>593</b>
Disposals	0	0	0	(260)	(8)	(192)	(3)	<b>(463)</b>
<b>At 31 March 2019</b>	<b>14,524</b>	<b>79,853</b>	<b>3,710</b>	<b>1,285</b>	<b>148</b>	<b>4,247</b>	<b>2,559</b>	<b>106,326</b>
<b>Depreciation</b>								
<b>At 31 March 2018</b>	0	9,674	0	1,153	77	2,030	1,362	<b>14,296</b>
Provided during the year	0	2,602	0	105	8	381	161	<b>3,257</b>
Impairments	0	0	115	18	0	0	0	<b>133</b>
Reclassifications	0	0	0	0	0	0	0	<b>0</b>
Reversal of impairments	0	(569)	0	0	0	0	0	<b>(569)</b>
Disposals	0	0	0	(260)	(8)	(192)	(3)	<b>(463)</b>
<b>At 31 March 2019</b>	<b>0</b>	<b>11,707</b>	<b>115</b>	<b>1,016</b>	<b>77</b>	<b>2,219</b>	<b>1,520</b>	<b>16,654</b>
<b>Net book value at 31 March 2019</b>	14,524	68,146	3,595	269	71	2,028	1,039	<b>89,672</b>

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	<b>Total</b>
Net book value	£000	£000	£000	£000	£000	£000	£000	<b>£000</b>
Owned	14,524	32,574	3,595	269	71	2,028	1,039	<b>54,100</b>
Finance lease	0	1,759	0	0	0	0	0	<b>1,759</b>
PFI	0	33,813	0	0	0	0	0	<b>33,813</b>
<b>Total at 31 March 2019</b>	<b>14,524</b>	<b>68,146</b>	<b>3,595</b>	<b>269</b>	<b>71</b>	<b>2,028</b>	<b>1,039</b>	<b>89,672</b>

#### 16.1 Revaluation reserve balance for property, plant and equipment

	Land	Buildings	Total
	£000	£000	£000
At 31 March 2018	12,795	28,667	41,462
Movements		593	593
At 31 March 2019	<b>12,795</b>	<b>29,260</b>	<b>42,055</b>

## 16.2 Property, plant and equipment

	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
<b>2017/18</b>								
<b>Cost or valuation:</b>								
<b>At 31 March 2017</b>	15,860	70,495	1,928	1,602	138	5,664	2,173	<b>97,860</b>
Additions	0	1,082	1,914	0	0	301	15	<b>3,312</b>
Impairments	0	(564)	0	0	0	0	0	<b>(564)</b>
Reclassifications	0	1,309	(1,766)	114	0	88	230	<b>(25)</b>
Revaluations	0	6,232	0	0	0	0	0	<b>6,232</b>
Transferred to disposal group as asset held for sale	(1,336)	(539)	0	0	0	0	0	<b>(1,875)</b>
Disposals	0	0	0	(171)	0	(2,435)	(172)	<b>(2,778)</b>
<b>At 31 March 2018</b>	<b>14,524</b>	<b>78,015</b>	<b>2,076</b>	<b>1,545</b>	<b>138</b>	<b>3,618</b>	<b>2,246</b>	<b>102,162</b>
<b>Depreciation</b>								
<b>At 31 March 2017</b>	0	6,238	0	1,210	70	4,133	1,384	<b>13,035</b>
Provided during the year	0	2,325	0	111	7	332	150	<b>2,925</b>
Impairments	0	1,111	25	0	0	0	0	<b>1,136</b>
Reclassifications	0	0	(25)	0	0	0	0	<b>(25)</b>
Revaluations	0	0	0	0	0	0	0	<b>0</b>
Transferred to disposal group as asset held for sale	0	0	0	0	0	0	0	<b>0</b>
Disposals	0	0	0	(168)	0	(2,435)	(172)	<b>(2,775)</b>
<b>At 31 March 2018</b>	<b>0</b>	<b>9,674</b>	<b>0</b>	<b>1,153</b>	<b>77</b>	<b>2,030</b>	<b>1,362</b>	<b>14,296</b>
<b>Net book value at 31 March 2018</b>	14,524	68,341	2,076	392	61	1,588	884	<b>87,866</b>

	Land	Buildings excluding dwellings	Assets under construction	Plant and machinery	Transport equipment	Information technology	Furniture and fittings	<b>Total</b>
	£000	£000	£000	£000	£000	£000	£000	<b>£000</b>
Owned	14,524	31,970	2,076	392	61	1,588	884	<b>51,495</b>
Finance lease	0	1,238	0	0	0	0	0	<b>1,238</b>
PFI	0	35,133	0	0	0	0	0	<b>35,133</b>
<b>Total at 31 March 2018</b>	<b>14,524</b>	<b>68,341</b>	<b>2,076</b>	<b>392</b>	<b>61</b>	<b>1,588</b>	<b>884</b>	<b>87,866</b>

### 16.3 Revaluation reserve balance for property, plant and equipment

	Land	Buildings	Total
	£000	£000	£000
<b>At 31 March 2017</b>	12,795	22,999	35,794
<b>Movements</b>	0	5,668	5,668
<b>At 31 March 2018</b>	<b>12,795</b>	<b>28,667</b>	<b>41,462</b>

## 16.4 Valuation

Indexation was applied to the Trust's land and buildings, the indices was provided by the DVS Property Specialists in 2018/19. 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 £593k.

## 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

	<b>Max Life Years</b>	<b>Min Life Years</b>
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 2018/19.

## 17 Intangible assets

	Software licences (purchased)	Information Technology (internally generated)	Assets under construction	Total
2018/19	£000	£000	£000	£000
<b>Cost or valuation:</b>				
<b>At 31 March 2018</b>	<b>1,839</b>	<b>3,033</b>	<b>75</b>	<b>4,947</b>
Additions purchased	207	301	570	<b>1,078</b>
Reclassifications	98	0	(98)	<b>0</b>
<b>At 31 March 2019</b>	<b>2,144</b>	<b>3,334</b>	<b>547</b>	<b>6,025</b>
<b>Amortisation</b>				
<b>At 31 March 2018</b>	<b>733</b>	<b>1,372</b>	<b>0</b>	<b>2,105</b>
Provided during the year	197	318	0	<b>515</b>
<b>At 31 March 2019</b>	<b>930</b>	<b>1,690</b>	<b>0</b>	<b>2,620</b>
<b>Net book value at 31 March 2019</b>	<b>1,214</b>	<b>1,644</b>	<b>547</b>	<b>3,405</b>

All Intangible assets are classed as owned.

## 17.1 Intangible assets

	Software licences (purchased)	Information Technology (internally generated)	Assets under construction	Total
2017/18	£000	£000	£000	£000
<b>Cost or valuation:</b>				
<b>At 31 March 2017</b>	1,571	2,942	42	<b>4,555</b>
Additions purchased	285	92	33	<b>410</b>
Disposals	(17)	(1)	0	<b>(18)</b>
<b>At 31 March 2018</b>	<b>1,839</b>	<b>3,033</b>	<b>75</b>	<b>4,947</b>
<b>Amortisation</b>				
<b>At 31 March 2017</b>	604	1,145	0	<b>1,749</b>
Provided during the year	146	228	0	<b>374</b>
Disposals	(17)	(1)	0	<b>(18)</b>
<b>At 31 March 2018</b>	<b>733</b>	<b>1,372</b>	<b>0</b>	<b>2,105</b>
<b>Net book value at 31 March 2018</b>	<b>1,106</b>	<b>1,661</b>	<b>75</b>	<b>2,842</b>

## 18. Impairments

Impairments of £133k have arisen in year, £115k of which was due to capitalising property, plant and equipment and writing off assets that were over specified. The remaining £18k impairment arose as obsolete assets were written off. The reversal of impairments has arisen following the review of St Andrews market rent review and the asset being revalued and some previous impairments were re-analysed based on this review.

	Note	2018/19 £000	2017/18 £000
Impairments for property, plant and equipment		133	2,030
Reversal of Impairments for property, plant and equipment		<u>(569)</u>	0
Total Impairments		<u>(436)</u>	2,030
Impairments written to I&E	7	(436)	1,466
Impairment written to Revaluation Reserve	16	<u>0</u>	<u>564</u>
		<u>(436)</u>	<u>2,030</u>
Impairments written to I&E			
Over specification of assets - PPE		(436)	756
Over specification of assets - Intangibles		0	0
Abandonment of assets in the course of construction		0	25
Changes in market price		<u>0</u>	<u>685</u>
<b>Total</b>		<u>(436)</u>	<u>1,466</u>
Impairment written to Revaluation Reserve			
Revaluation of assets		<u>0</u>	<u>564</u>
<b>Total</b>		<u>0</u>	<u>564</u>



## 19. Commitments

### 19.1 Capital commitments

The Trust does not have any capital commitments as at 31 March 2019.

## 20. Inventories

### 20.1 Inventories

	2018/19 £000	2017/18 £000
Finished goods	166	175
<b>Total</b>	<b>166</b>	<b>175</b>
Of which held at net realisable value:	<b>0</b>	<b>0</b>

### 20.2 Inventories recognised in expenses

	2018/19 £000	2017/18 £000
Inventories recognised as an expense in the period	2,623	2,436
<b>Total</b>	<b>2,623</b>	<b>2,436</b>

## 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.

	2018/19 £000	2017/18 £000
<b>Current</b>		
Contract receivables*	4,896	0
Trade receivables (comparative only)*	0	4,078
Allowance for impaired contract receivables/assets*	(31)	0
Allowance for other impaired receivables	0	(49)
Prepayments (non-PFI)	562	586
PDC dividend receivable	52	71
VAT receivable*	25	139
Other receivables*	44	226
<b>Total current trade and other receivables</b>	<b>5,548</b>	<b>5,051</b>

\*Receivables split out for more transparency.

	2018/19 £000	2017/18 £000
<b>Non-current</b>		
PFI lifecycle prepayments	935	594
<b>Total non-current trade and other receivables</b>	<b>935</b>	<b>594</b>
<b>Of which receivables from NHS and DHSC group bodies:</b>		
Current	3,730	4,031
Non-current	0	0
	<b>3,730</b>	<b>4,031</b>

\*Following the application of IFRS 15 from 1 April 2018, the Trust's entitlements to consideration for work performed under contracts with customers are shown separately as contract receivables and contract assets. This replaces the previous analysis into trade receivables and accrued income. IFRS 15 is applied without restatement therefore the comparative analysis of receivables has not been restated under IFRS 15.

## 21.2 Allowances for credit losses 2018/19

	Contract receivables and contract assets £000	All other receivables £000
<b>Allowances as at 1 April 2018 - brought forward</b>		
Impact of implementing IFRS 9 (and IFRS 15) on 1 April 2018	0	49
Transfers by absorption	49	(49)
New allowances arising	0	0
Reversals of allowances	(18)	0
<b>Allowances as at 31 March 2019</b>	<b>31</b>	<b>0</b>

## 21.3 Provision for impairment of receivables – comparative only

	2017/18 £000
<b>Opening balance</b>	(45)
Amount utilised	3
(Increase)/decrease in receivables impaired	(7)
<b>Balance at 31 March 2018</b>	<b>(49)</b>

## 22. Other financial assets

There are no other financial assets as at 31st March 2019.

## 23. Other current assets

There are no other current assets as at 31 March 2019.

## 24. Cash and cash equivalents

	<b>31 March 2019</b>	31 March 2018
	<b>£000</b>	£000
Balance at 31 March	<b>21,295</b>	14,106
Net change in period	<b>6,148</b>	7,189
<b>Balance at period end</b>	<b>27,443</b>	21,295
<b>Made up of</b>		
Cash with Government banking services	<b>27,403</b>	21,249
Commercial banks and cash in hand	<b>40</b>	46
<b>Cash and cash equivalents as in statement of cash flows</b>	<b>27,443</b>	21,295

**25. Non-current assets held for sale**

	<b>Land</b>	<b>Buildings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
Balance at 31 March 2018	<b>250</b>	<b>170</b>	<b>420</b>
Disposals	<b>(250)</b>	<b>(170)</b>	<b>(420)</b>
Balance at 31 March 2019	<b>0</b>	<b>0</b>	<b>0</b>

	<b>Land</b>	<b>Buildings</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>
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

## 26. Trade and other payables

	Current 2018/19 £000	Current 2017/18 £000
NHS payables*	1,577	1,408
Trade payables - capital	2,586	1,053
Trade payables - Non NHS	4,316	3,520
Accruals*	3,465	3,090
Taxes payables	896	824
Social Security costs	1,140	1,065
Other payables	1,730	1,528
<b>Total</b>	<b>15,710</b>	<b>12,488</b>

\*Accruals with NHS bodies are shown in the accruals line in 2018/19 and the 2017/18 amounts restated.

The Trust does not have any non-current liabilities.

Other payables include:

£1,430k outstanding pensions contributions at 31 March 2019 (31 March 2018 £1,346k). These were paid in April 2019.

## 27. Borrowings

	Current 2018/19 £000	Non-current 2018/19 £000	Current 2017/18 £000	Non-current 2017/18 £000
Finance lease	30	2,286	0	1,250
PFI liabilities	860	24,070	898	24,930
<b>Total</b>	<b>890</b>	<b>26,356</b>	<b>898</b>	<b>26,180</b>

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 2018/19 £000	Current 2017/18 £000
Deferred income	1,653	1,526
	<b>1,653</b>	<b>1,526</b>

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:

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Not later than one year	<b>228</b>	168
Later than one year, not later than five years	<b>912</b>	672
Later than five years	<b>3,306</b>	2,403
Sub total	<b>4,446</b>	3,243
Less: interest element	<b>(2,130)</b>	(1,993)
<b>Total</b>	<b>2,316</b>	1,250

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:

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Not later than one year	<b>2,104</b>	2,186
Later than one year, not later than five years	<b>7,902</b>	8,120
Later than five years	<b>30,196</b>	32,083
Sub total	<b>40,202</b>	42,389
Less: interest element	<b>(15,273)</b>	(16,561)
<b>Total</b>	<b>24,930</b>	25,828

### 31.2 Charges to expenditure

The total charged in the period to expenditure in respect of the service element of on-statement of financial position PFI contracts was £1,038k (prior year £996k). In year £0k was released from the Lifecycle prepayment to revenue (£163k in 2017/18).

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

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Not later than one year	<b>1,042</b>	1,001
Later than one year, not later than five years	<b>4,220</b>	4,053
Later than five years	<b>16,557</b>	17,004
<b>Total</b>	<b>21,819</b>	22,058

The Trust's PFI model is updated for inflation each year, the 2018/19 figures below shows the Trust's commitments if a 2.5% RPI increase is applied each year:

	<b>2018/19</b>	2017/18
	<b>£000</b>	£000
Not later than one year	<b>1,069</b>	1,026
Later than one year, not later than five years	<b>4,605</b>	4,423
Later than five years	<b>23,034</b>	23,977
<b>Total</b>	<b>28,708</b>	29,426

### 31.3 Future unitary payments

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

<b>2018/19</b>	Within 1 year £000	2-5 years £000	Over 5 years £000	<b>Total</b> <b>£000</b>
<b>Operating costs</b>	1,069	4,605	23,034	<b>28,708</b>
<b>Financing expenses</b>	1,969	7,957	34,612	<b>44,538</b>
<b>Capital repayments</b>	860	3,347	20,723	<b>24,930</b>
<b>Lifecycle costs</b>	455	2,617	10,596	<b>13,668</b>
<b>Total</b>	<b>4,353</b>	<b>18,526</b>	<b>88,965</b>	<b>111,844</b>

2017/18	Within 1 year £000	2-5 years £000	Over 5 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
<b>Total</b>	<b>4,201</b>	<b>17,881</b>	<b>92,764</b>	<b>114,846</b>

### 32. Other financial liabilities

The Trust has no other financial liabilities.

### 33. Provisions

	<b>Current</b>	<b>Non-current</b>	<b>Current</b>	<b>Non-current</b>
	<b>2018/19</b>	<b>2018/19</b>	<b>2017/18</b>	<b>2017/18</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
Pensions relating to other staff	<b>193</b>	<b>2,520</b>	192	2,704
Legal claims	<b>125</b>	<b>0</b>	144	0
Redundancy	<b>0</b>	<b>0</b>	0	0
Other	<b>1,147</b>	<b>0</b>	844	0
<b>Total</b>	<b>1,465</b>	<b>2,520</b>	<b>1,180</b>	<b>2,704</b>



	<b>Pensions: early departure costs</b>	<b>Pensions: injury benefits*</b>	<b>Legal claims</b>	<b>Other</b>	<b>Total</b>
	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>£000</b>
<b>At 31 March 2018</b>	<b>274</b>	<b>2,622</b>	<b>144</b>	<b>844</b>	<b>3,884</b>
<b>Arising during the period</b>	<b>23</b>	<b>72</b>	<b>66</b>	<b>615</b>	<b>776</b>
<b>Change in discount rate</b>	<b>0</b>	<b>(33)</b>	<b>0</b>	<b>0</b>	<b>(33)</b>
<b>Used during the period</b>	<b>(30)</b>	<b>(163)</b>	<b>(7)</b>	<b>(15)</b>	<b>(215)</b>
<b>Reversed unused</b>	<b>(43)</b>	<b>(18)</b>	<b>(78)</b>	<b>(297)</b>	<b>(436)</b>
<b>Unwinding of discount</b>	<b>1</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>At 31 March 2019</b>	<b>225</b>	<b>2,488</b>	<b>125</b>	<b>1,147</b>	<b>3,985</b>
<b>Expected timing of cash flows:</b>					
<b>Within one year</b>	<b>30</b>	<b>163</b>	<b>125</b>	<b>1,147</b>	<b>1,465</b>
<b>Between one and five years</b>	<b>117</b>	<b>649</b>	<b>0</b>	<b>0</b>	<b>766</b>
<b>After five years</b>	<b>78</b>	<b>1,676</b>	<b>0</b>	<b>0</b>	<b>1,754</b>
	<b>225</b>	<b>2,488</b>	<b>125</b>	<b>1,147</b>	<b>3,985</b>

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 relating to employee claims.

£2,723k is included in the provisions of the NHS Resolution at 31/3/2018 in respect of clinical negligence liabilities of the Trust (31/03/2018 £951k).

\* In 2018/19 the analysis of provisions has been revised to separately identify provisions for injury benefit liabilities. In previous periods, these provisions were included within pensions relating to other staff.

## 34. Contingencies

### 34.1 Contingent liabilities

There are no contingent liabilities as at 31 March 2019.

### 34.2 Contingent assets

Contingent assets are disclosed where a possible asset exists as a result of past events whose existence will be confirmed only by the occurrence of one or more uncertain future events not wholly within the Trust's control. Contingent assets are disclosed only where the future inflow of economic benefit is considered to be probable. The Trust has one contingent asset that relates to a contract clause in a sale of land, the timing is currently unknown.

## 35. Financial instruments

### 35.1 Carrying values of financial assets

	Held at amortised cost £000	Total book value £000
<b>Carrying values of financial assets as at 31 March 2019 under IFRS 9</b>		
Trade and other receivables excluding non-financial assets	4,896	4,896
Cash and cash equivalents at bank and in hand	<u>27,443</u>	<u>27,443</u>
<b>Total at 31 March 2019</b>	<b><u>32,339</u></b>	<b><u>32,339</u></b>

### Comparatives prepared under IAS39

	2017/18
	Loans and receivables
	£000
Trade receivables	4,032
Cash at bank and in hand	<u>21,295</u>
Total at 31 March 2018	<u>25,327</u>

### 35.2 Carrying value of financial liabilities

IFRS 9 Financial Instruments is applied retrospectively from 1 April 2018 without restatement of comparatives. As such, comparative disclosures have been prepared under IAS 39 and the measurement categories differ to those in the current year analyses.

	<b>Held at amortised cost £000</b>	<b>Total book value £000</b>
<b>Carrying values of financial liabilities as at 31 March 2019 under IFRS 9</b>		
Loans from the Department of Health and Social Care	0	0
Obligations under finance leases	2,316	2,316
Obligations under PFI, LIFT and other service concession contracts	24,930	24,930
Trade and other payables excluding non-financial liabilities	13,674	13,674
<b>Total at 31 March 2019</b>	<b>40,920</b>	<b>40,920</b>

### Comparative compared under IAS 39

	2017/18
	Other
	£000
Trade payables	10,599
PFI and finance lease obligations	27,078
<b>Total at 31 March</b>	<b>37,677</b>

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 £26,131k to £27,104k.

### 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 2019 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 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 2019.

## 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).

	2018/19	2017/18
	£000	£000
<i>External audit fees</i>		
Statutory audit services	42	42
Non audit services	6	8
<b>Total</b>	<b>48</b>	<b>50</b>
<i>Other audit fees</i>		
Internal audit services	43	48
Counter fraud	14	16
<b>Total</b>	<b>57</b>	<b>64</b>

The non-audit work relates to the review of the Trust's Quality Report.

The auditor's liability for external audit work carried out for the financial year 2018/19 is limited to £2m.

### 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:

<b>2018/19</b>	<b>Income £000</b>	<b>Expenditure £000</b>	<b>Receivables £000</b>	<b>Payables £000</b>
<b>Related parties with other NHS bodies</b>	131,024	10,074	3,730	4,642
<b>2017/18</b>				
<b>Related parties with other NHS bodies</b>	124,871	11,825	4,031	2,694

During the financial period, there are two Board Members who have had related parties with NHS Organisations,

Amanda Rawlings holds a shared director post with Derbyshire Community Health Services NHS Foundation Trust,  
Lynn Wilmott-Shepherd was on secondment from Erewash CCG until 1 June 2018.

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 they are the Parent Department for Foundation Trusts. During the period Derbyshire Healthcare NHS Foundation Trust has had a significant number of material transactions with the Department, and with other entities for which the Department is regarded as the parent Department. These entities are listed below:

Southern Derbyshire Clinical Commissioning Group  
North Derbyshire Clinical Commissioning Group  
Hardwick Clinical Commissioning Group  
Erewash Clinical Commissioning Group  
University Hospitals of Derby and Burton NHS Foundation Trust  
Derbyshire Community Health Services NHS Foundation Trust  
NHS England  
Health Education England  
Chesterfield Royal Hospital NHS Foundation Trust  
Sheffield Health and Social Care NHS Foundation Trust  
NHS Business Authority  
NHS Shared Business Services.

In addition, the Trust has had a number of material transactions with other Government departments and other central and local Government bodies. Most of these transactions have been with Derby City Council and Derbyshire County Council.

The Trust has also received payments from a number of charitable funds. The members of the NHS Trust Board are also the Trustees for the Charitable Funds held in trust for Derbyshire Healthcare which is managed by Derbyshire Community Health Services NHS Foundation Trust. The audited accounts for the Funds Held on Trust are available from the Communications Department.

The Register of Interests is available from the Legal Department.

### **39. Third party assets**

The Trust held £108k cash and cash equivalents at 31 March 2019 (£86k 31 March 2018) 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 2018).

#### 40. Losses and special payments

There were 15 cases of losses and special payments worth £9k (2017/18 - there were 24 cases totalling £38k).

	<b>2018/19</b>	<b>2018/19</b>	2017/18	2017/18
	<b>Total</b>	<b>Total value</b>	Total	Total value
	<b>number of</b>	<b>of cases</b>	number of	of cases
	<b>cases</b>		cases	
	<b>Number</b>	<b>£000</b>	Number	£000
Cash losses	<b>0</b>	<b>0</b>	3	1
Bad debts and claims abandoned	<b>0</b>	<b>0</b>	3	3
Loss of stock	<b>1</b>	<b>5</b>	1	5
Special payments				
- compensation payments	<b>14</b>	<b>4</b>	7	27
- ex gratia payments	<b>0</b>	<b>0</b>	10	2
	<b>15</b>	<b>9</b>	24	38

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 2018/19 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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Derbyshire Healthcare NHS Foundation Trust HQ,  
Ashbourne Centre, Kingsway Hospital, Derby  
DE22 3LZ

 DHCFT  @derbyshcft

[www.derbyshirehealthcareft.nhs.uk](http://www.derbyshirehealthcareft.nhs.uk)