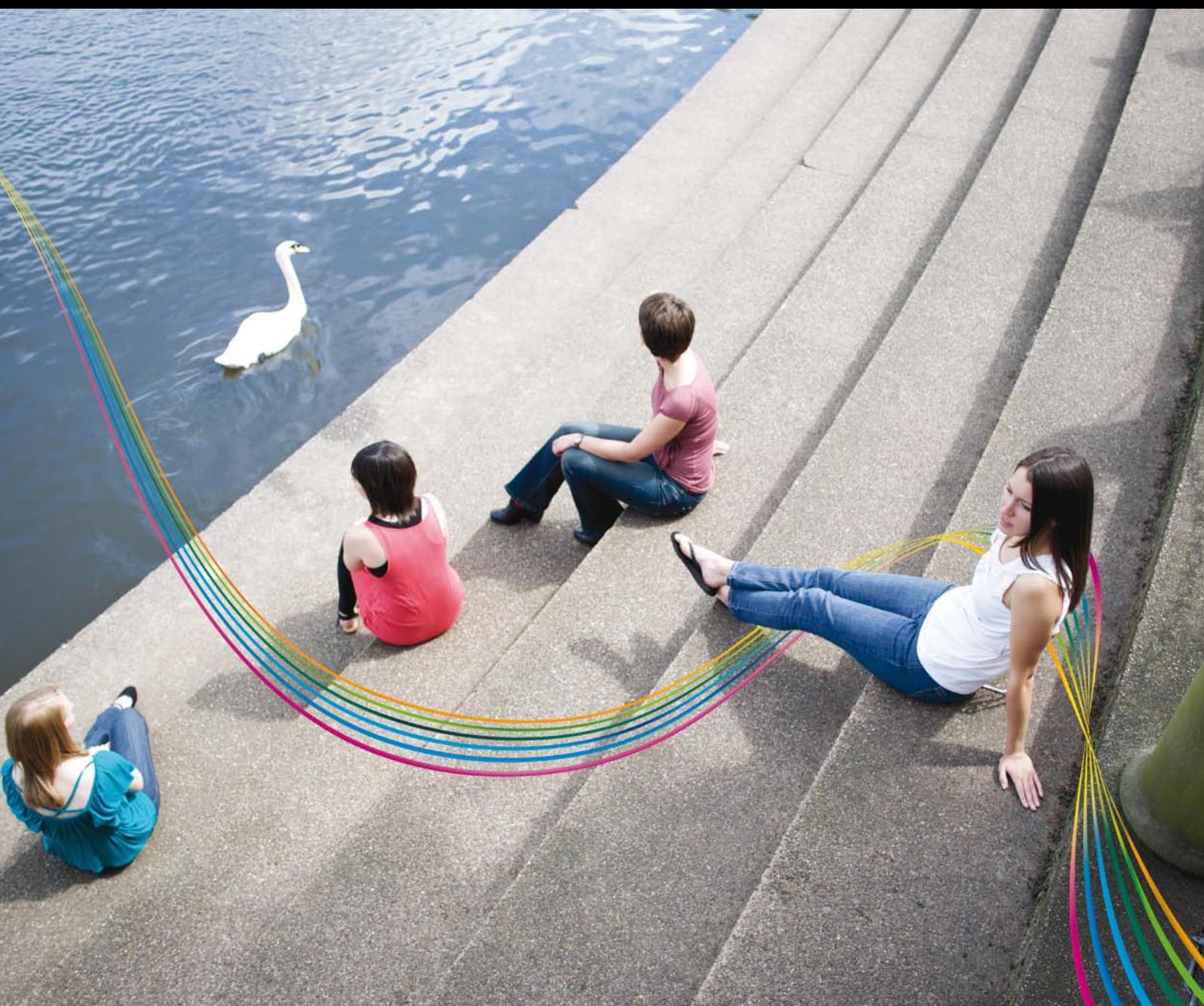


Annual Report

2008/2009



What we do

Derbyshire Mental Health Services NHS Trust was formed on the 1st April 2002. Our catchment area is primarily the county of Derbyshire with a population of about one million.

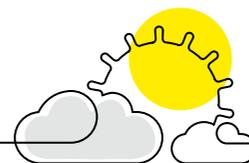
The Trust is one of several providers of mental health services used by the people of Derbyshire. We focus on services for those with severe and enduring mental health diagnoses. These supplement lower-tier services (such as those provided in primary care) and are themselves complemented by more specialist services (such as forensic high secure services).

We provide a range of services which reflect the wide spectrum of mental health problems. This includes services for individuals who need support from community staff, through to inpatient, crisis resolution and more specialised services.

Derbyshire Mental Health Services NHS Trust works in partnership with numerous organisations throughout the county, including NHS Derby City and Derbyshire County Primary Care Trust, Turning Point, Derby and Nottingham Universities, Derby County and Belper Town Football Clubs, Derbyshire Voice and the mental health charity MIND. These relationships enhance and improve services in the county.



What's inside



Consultation

During April and May 2009 we made an interactive form available on our website requesting service users, carers, voluntary groups and staff organisations to comment on the content and format of this report. Links to this form were widely circulated by email. We have also consulted with the learning disability service and ethnic community leaders to help us understand how best to communicate this report to people who may have difficulty reading the whole report in its original format.

Following consultation the full document is available in: Large print, Audiotape, Online and Easy Read.

Translations of any section from the index are available on request in: braille, other languages.

By arrangement: Personal assistance by a specialist from the Learning Disability Service.

If you require further assistance with this document please contact:

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Our core purpose

Our core purpose is to improve the mental health and well being of the people of Derbyshire and to provide them with effective, accessible and modern mental health and learning disability services.

We have summarised our vision, strategic objectives and operating principles using a framework of 1-4-7 which has resonated with our stakeholders, particularly service users, because it references the fact that currently one in four people will experience a mental health problem and one in seven will require help from specialist services. We therefore have one vision, four strategic objectives and seven operating principles.

Our vision is to be the first choice provider of mental health and substance misuse services and to make a positive contribution to the provision of learning disability services.

Our business is the provision of safe, effective and caring environments in which we can ensure a positive experience for everyone who uses our services. Most of us will not need to use mental health services in our lifetime. For those who do, we want our Trust to be the first choice provider, particularly in the key areas of mental health and substance misuse and we will help and support people with learning disabilities who need specialised health services.

We have worked hard over many years to build an excellent record of quality service provision, which gives us a first class foundation upon which to build further success. One of our principal objectives is to ensure that our performance is consistently in the top 25% when compared with other service providers. Whilst we will grow and develop our core services, we will also extend our business beyond our traditional geographical boundaries. We will challenge our competitors on both quality of service and value for money and by doing so maintain our competitive advantage.

We are determined to exceed the expectations of those who need our help, commission our services or live in the communities we serve. We have set a specific personal objective for all our staff: the responsibility to take action to reduce the stigma associated with mental illness and learning disabilities.

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One vision
Four objectives
Seven principles



In order to achieve our objectives we will set stretching quality performance indicators. We will enhance our in-house skills to meet business growth opportunities through selective responses to market testing and discussions with existing and prospective commissioners.

As we generate financial surpluses, we will design plans with our commissioners and members that will benefit both our service users and the wider community. We will achieve this by developing and delivering local specialist services, which complement our core competencies and bring us new business opportunities.

In creating our strategy we have developed a clear sense of how our services will evolve and develop to meet the needs of our local people and future service demands. The 1-4-7 framework provides clarity to ensure an organisation-wide approach to modernising services and delivering the key strategic objectives.

Vision and strategic objectives 1-4-7

We have **one** vision:

To be the first choice provider of mental health, learning disability and substance misuse services



We have **four** strategic objectives:

1. To develop local accountability and partnerships to inform the shaping of our services
2. To deliver continuous improvements in service quality
3. To grow a profitable healthcare business and reinvest those profits in developing and improving our services
4. To deliver continuous improvements in productivity and efficiency



We have **seven** operating principles:

1. As one team, we will lead by example demonstrating a joined up 'Patient' centred experience in everything we do
2. Gaining an understanding of our business needs through putting ourselves in the shoes of our various stakeholders, making sure that our focus is on quality, fit for purpose performance and outputs
3. Developing a workforce that has the right knowledge, skills and behaviours to deliver Customer, Patient, People, Operational and Financial expectations
4. Each colleague taking personal accountability for their own actions, sharing learnings, seeking and providing evidence based feedback to continually develop themselves and others
5. Engage new business development through each colleague being able to communicate the Derbyshire Mental Health Service NHS Trust, purpose, products, services and brand
6. Working smarter not harder; establish the Derbyshire Mental Health Service NHS Trust Business and Operating Model, maximising synergies and driving individual, team and organisational performance
7. Defining and communicating a clear commercial development plan, making sure that our people, products and services are commercially viable to commissioners and other business customers





You will read in this Annual Report full details of how we are structured, how we configure and deliver our services and our financial position.

Chairman's foreword

I was delighted to be appointed Chairman of the Trust in October 2008 and I am grateful to everyone I have met for making me feel welcome.

Since joining, my major task has been to recruit and integrate almost a completely new team of Non-Executive Directors and that work will be completed in July. I am very happy with the talents and experience which the new people are bringing to the Board. I feel confident that the combined team of executives and non-executives which constitutes the Board is well able to fulfil our strategic plan. I must also pay tribute to those directors who have left the Trust since the 2008 Annual Report and thank them for their various contributions to the Board's work.

In my brief time here, I have found that the Trust is very fortunate to employ a highly-skilled workforce of dedicated professionals. On behalf of the Board, I thank each of you for your excellent work which is responsible for the very high quality of care we give every day to our service users. Whatever your job title or role, your contribution is valued.

As you will be aware, we are now fully engaged in our new application to become a Foundation Trust. I am confident that our application will be successful in early 2010. I promise you that we will use our authorisation as a means of further enhancing the standard of care we provide to the people of Derbyshire.

You will read in this Annual Report full details of how we are structured, how we configure and deliver our services and our financial position. In this difficult economic climate, I am pleased that our careful management and strong financial viability mean that we are well placed to meet the future challenges that we may face. I commend this Annual Report to you.



Alan Baines
Chairman



Alan Baines
Chairman

Chief Executive's introduction



Mike Shewan
Chief Executive

This year's Annual Report once again demonstrates a year of tremendous achievement across the Trust and even more evidence of the dedication and commitment of our staff.

2008/2009 was a year in which getting to grips with cleanliness and infection control was one of the biggest issues across the NHS and our deep clean programme, together with our commitment to the 'Clean your Hands' campaign has been exemplary.

We have also seen continued progress in the development of our new premises at Kingsway, naming all the Units and preparing for their occupation and indeed, the new buildings will be fully occupied by the time this report is published.

For the second year running, the Trust was rated by the Healthcare Commission as 'excellent' for quality of services and 'good' for use of resources. In addition we received the most complimentary patients' survey results yet. Whilst there is no doubt that there will continue to be room for improvement, these results place us amongst the best performing Mental Health Trusts in the country, which is where we are determined to stay.

Despite our overall performance, there was the disappointment of not being authorised as a Foundation Trust and this marked a period of significant change in senior positions both on the Trust Board and elsewhere. Whilst the new arrangements are still settling down, there is no doubt that the changes have really strengthened the balance of skills on the Trust Board, and having relaunched our bid to become a Foundation Trust by the end of 2009/2010, I am in no doubt that this time we will be successful. This will enable us to use our new freedoms to build on the already strong foundations, further improving the experience of people who need to use our services. These people must continue to be our most important focus and we will be re-doubling our efforts to ensure that we really do listen, and act upon, the feedback we are given.

By definition this report is retrospective, reporting what we did in the past, rather than outlining what we will be doing in the future. I'd like to take this opportunity to tilt things towards the future, with a few words covering how I see some of the challenges we face over the coming months and years.

We have, as a Trust, set ourselves an aggressive agenda for change. Partly, this is being driven by external events such as the economy and wider national NHS strategies to which we must respond. In the next few months we will see much visible change: as we move into new buildings and, hopefully, achieve our goal of Foundation Trust status. But there are other changes affecting our organisation: less visible, perhaps, but as much as if not more profound in terms of consequences.

Innovation

There is no doubt that the need for mental health care is growing, and the nature of that care is changing. We have to see more people more frequently – and make those meetings and treatments more effective. Meanwhile, the resources we have available to us at best remain finite. This drives our innovation agenda, much as it does for any other organisation. Already we have adopted new technology to help us capture service user data more efficiently. But our core innovation has to be to improve the service we deliver – we are at present making a major contribution to the clinical research effort into shame and compassion focused therapies. Our learning from this and other work is quickly transferred into practice.

Over the coming months we aim to encourage more of the creativity that leads to innovation – and give our managers the space and support to make new ideas work.

Communication

We have done a lot of work on our internal and external communication recently – and I'm under no illusion that there's still a long way to go. At times of change, communication often gets put under intense strain. Given that we are moving through a period of change, we have taken steps to improve how we communicate and will continue to do so.

Quality

Ultimately we are judged by the quality of the service we deliver to our users. We retain a simple definition of quality: effective treatment, measured by speed of

recovery or stabilisation; married to compassionate and empathetic service delivery at every touchpoint. We have to provide grounds for hope where sometimes it is hard to find, and we must ensure that all those close to the service user – relatives, friends and carers feel safe and secure within our service delivery.

Stigma

Stigma is something we have a duty to tackle – to use our position as part of the Derbyshire community to promote a more inclusive and accepting climate for those who suffer any form of mental illness. We benefit from central government support in providing a national campaign against stigma, but we must do more. Therefore during this coming year, we will be putting together our own campaign to recruit, educate and inform in a positive and involving way. We won't change things overnight – but we can at least direct our resources to make a lasting difference to those who we reach.

Community

The Trust has always served the community of Derbyshire, but we must acknowledge that the way we do this must change in light of events. We have established a Membership approach that will provide us with access to an enlightened body of engaged people – we must work hard to make sure that they are kept informed and carefully consulted. Our Membership will be represented on our council of governors in due course and will thus have influence at the heart of our decision making.

Alongside the Membership, we must also pay close heed to local politicians and community leaders. Perhaps above all we are now seeking ways in which we can work even more closely with those who commission us – our funding bodies and the GPs who refer service users to us. By listening and engaging, we will become more effective and better able to resolve the multiplicity of demands placed upon us.

I am proud to be part of an organisation which is genuinely committed to helping improve the lives of those people who need our help and I hope you will see from this report how we are trying to do just that.



Mike Shewan
Chief Executive

Our services

Our services are delivered through three Business Units. The Business Units allow us to respond to the different needs of local communities across Derbyshire, as well as the specific care and treatment needs of different age groups.

We provide the following mental health services for the whole of Derbyshire:

- Services for adults of working age (inpatient and community)
- Forensic services (low secure and prison in-reach)
- Perinatal mental health services (inpatient and community)
- Services for older people (community only)
- Memory services

In addition, we provide the following services for Southern Derbyshire:

- Inpatient services for older people
- Child and adolescent community services

1

Adult North and Specialist Services Business Unit



2

Adult South and City Business Unit



3

Learning Disability and Older People Business Unit



Adult North and Specialist services

The Adult North and Specialist Services Business Unit came into existence on the 1st of December 2008. The Business Unit provides a number of services that cover the Derby City and Derbyshire County areas. The Business Unit has a newly appointed general manager with a management and leadership team aiming to provide the highest quality services, in line with best practice and Derbyshire Mental Health Services strategic objectives.

The Business Unit employs around 600 staff who deliver services within Community and Inpatient settings. The services provided are as follows:

Adult Services

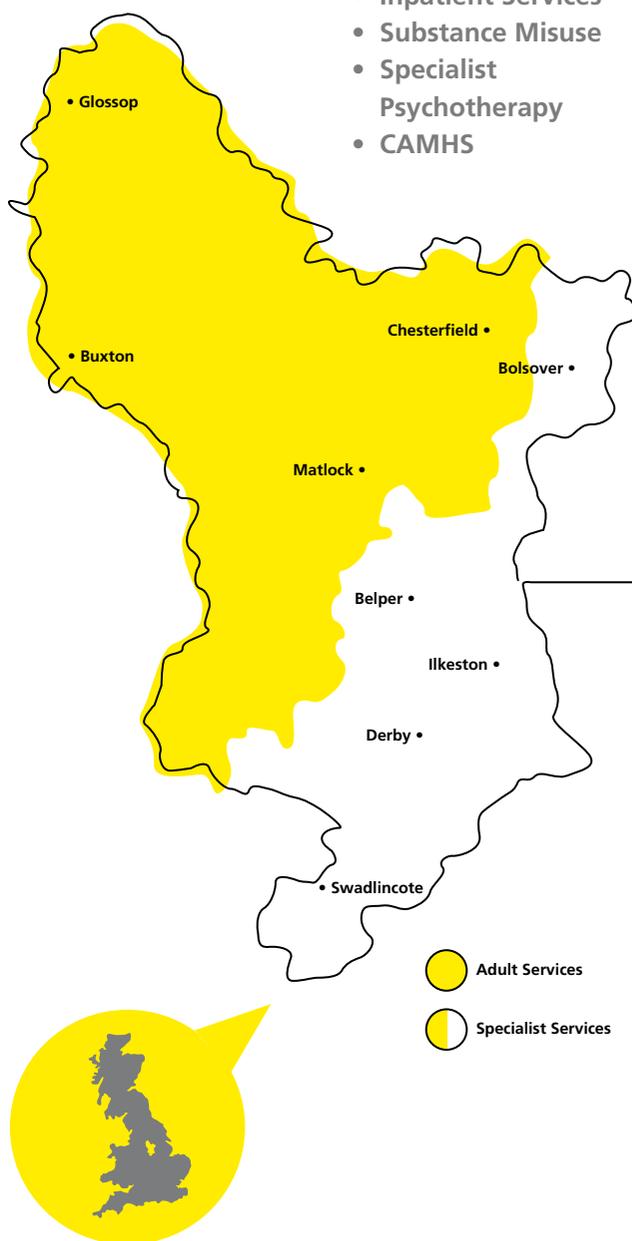
These include Community Mental Health Teams, Assertive Outreach, Early Intervention, Adult Acute Inpatient Wards with a small number of Older Adult beds, Rehabilitation (Community and Inpatient), Psychology, Mental Health Liaison and Crisis Resolution Home Treatment services. These are delivered within the North Business Unit catchment area covering the High Peak and North Derbyshire Dales (combined population of 160,900) and Chesterfield and North East Derbyshire (combined population of 270,450) localities. The area covers a wide geographical spread and communities are situated within mainly rural and urban settings.

Specialist Services

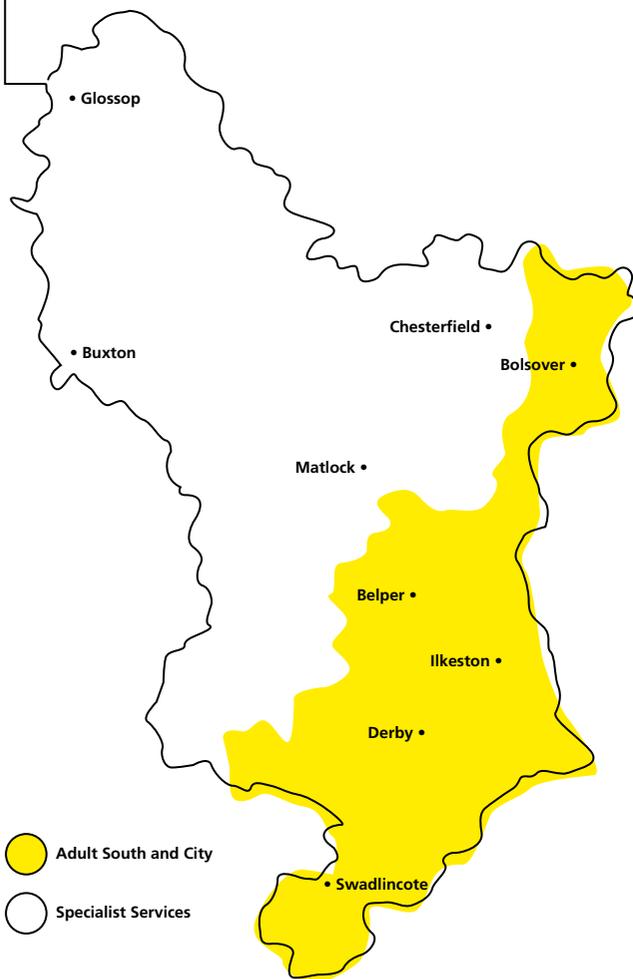
These include Child and Adolescent Mental Health Services, commissioned to cover Derby City and Southern Derbyshire. Substance Misuse Services covering the County, Eating Disorder Service covering the City and County and Psychological Therapies which covers both the City and the County.

The Business Unit has gone through a number of changes and is working hard to ensure quality is maintained. The Business Unit staff team is multi-professional, with a high level of collaborative working.

- Community Care
- Inpatient Services
- Substance Misuse
- Specialist Psychotherapy
- CAMHS



- Community Care South
- Inpatient Services South
- Community Care City
- Forensic Services



Adult South and City Business Unit

The Adult South and City Business Unit is responsible for delivering mental health services to adults within Derby City and South Derbyshire. Our services range across the whole of the adult care pathway and deliver against national guidance in both the community and inpatient settings. Included within the business unit are services for people with needs for rehabilitation services, acute care services, community mental health services, perinatal and forensic services.

There are approximately 500 staff working within the Business from a range of disciplines and professions which include medical staffing, psychologists, occupational therapists, nurses, social workers and family therapists.

Services provided in the City and South Derbyshire within an inpatient setting are:

- The Radbourne Unit (acute inpatient care)
- Cherry Tree Close (inpatient rehabilitation service)
- Audrey House (inpatient rehabilitation service)
- Kedleston Unit (low secure and PICU service)
- The Beeches (perinatal inpatient service)
- Occupational Therapy Service

Within a community setting the following services are provided:

- Community Mental Health Teams
- Early Intervention Service
- Mental Health Liaison Service
- Assertive Outreach Teams
- Crisis Resolution and Home Treatment Teams
- Perinatal Community Mental Health Team
- Day Hospital Service
- Outpatients Department

In addition we provide a Prison Inreach Service to HMP Foston Hall and HMP Sudbury and a Criminal Justice and Liaison Service to Police Custody Suites across Derbyshire.

Learning Disabilities and Older People Business Unit

The Older People service is responsible for delivering services to older people across Derby City and Derbyshire County. They also deliver services to younger people whose needs are best met by their expertise. They aim to deliver services to best practice, national standards and guidelines within existing resources.

The Business Unit has around 400 staff delivering services in community settings and also inpatient areas. This last year has seen a sustained effort by all staff to ensure that continuing high standards of care and services have been delivered.

The Older People Business Unit has inpatient services at Kingsway and the Derbyshire Royal Infirmary (DRI). Our consultants also support patients in Pleasley Ward, Hartington Unit, Chesterfield.

We have Community Mental Health Teams in the following areas:

Derby City
Amber Valley
South Derbyshire
North East Derbyshire
Chesterfield
Erewash
North Dales
South Dales
High Peak



We provide day hospital services at Dovedale on the DRI site and day services at Woodside on the Ilkeston Community Hospital site.

The Learning Disability Service provides specialist healthcare to people with learning disabilities and their family carers within Derby City and South Derbyshire County. The service includes five multi-disciplinary Community Teams, an Assessment and Treatment service, a Medical Department and seven core houses (NHS Campuses). The service supports primary and secondary care NHS services to improve access for people with learning disabilities and ensure that their general health needs are met.

At the heart of our work the service uses person centred approaches to support people to have more choice and control in their lives.

The Community Learning Disability Teams are based at:

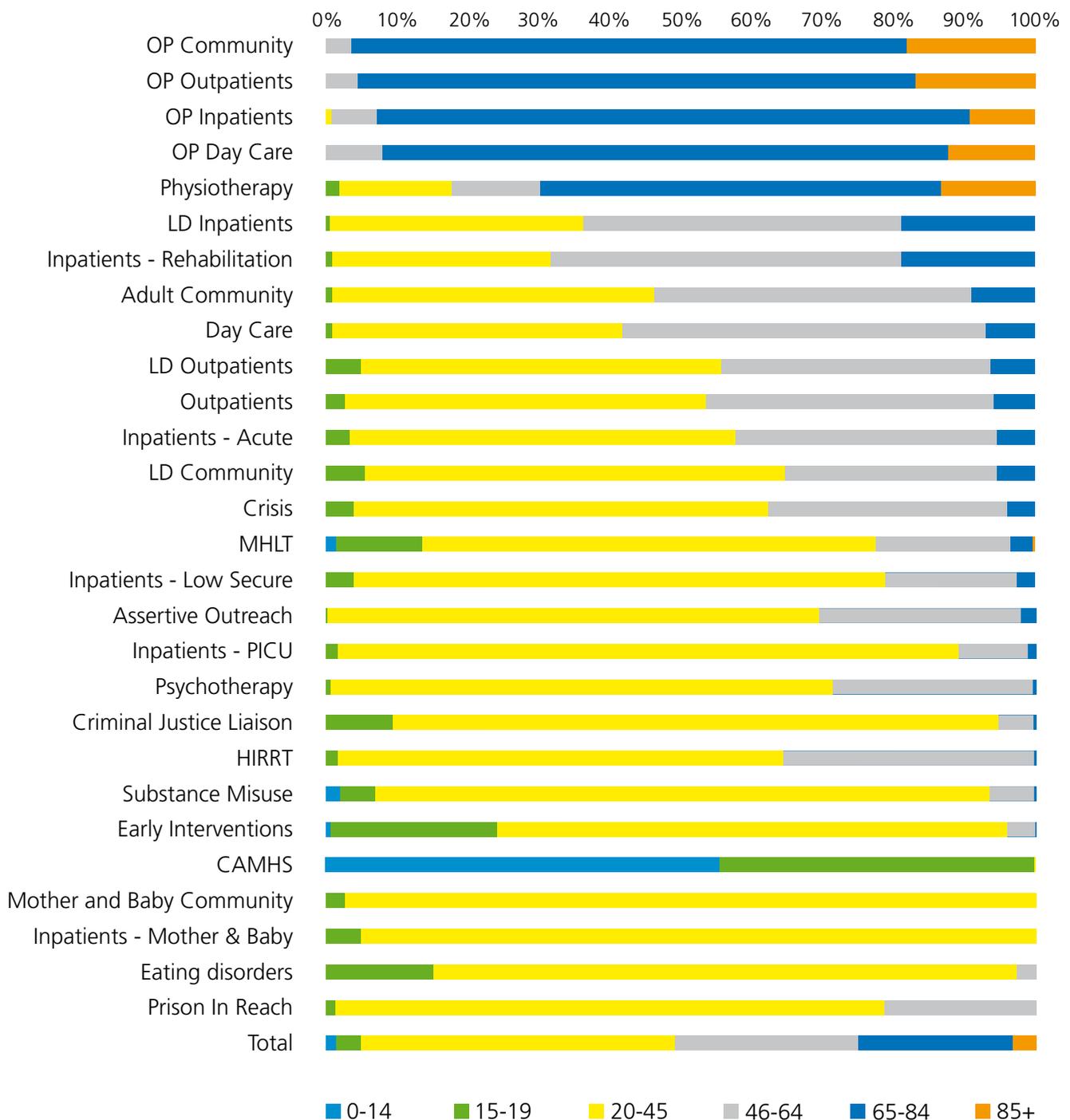
Derby City
Alfreton
Bretby
Long Eaton
Wirksworth

The Assessment and Treatment Service is County wide and located in Derby City.

The Medical Department is County wide, linked to the five community teams and located in Derby City.

- **Older People's Community Care North West**
- **Older People's Inpatient Services**
- **Older People's Community Care South**
- **Learning Disability Services**
- **Core Houses**

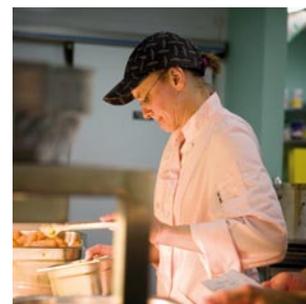
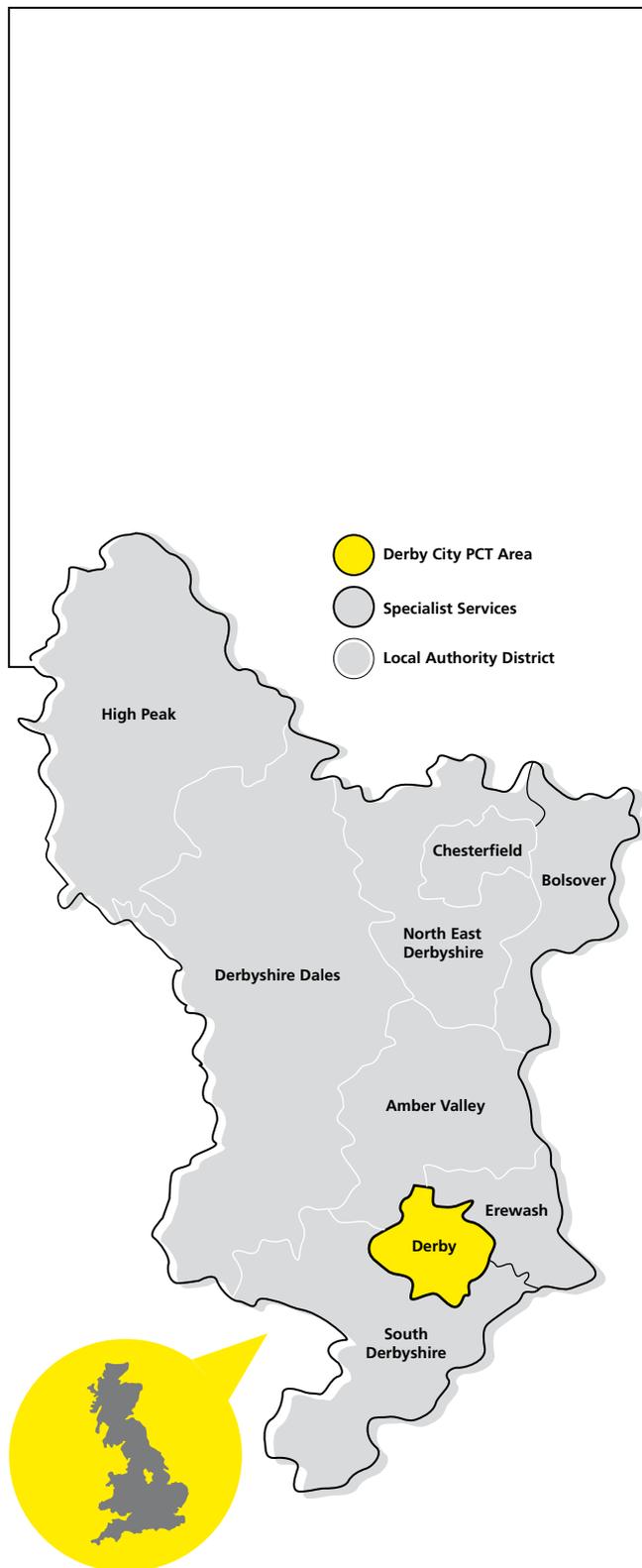
Use of our services by age band

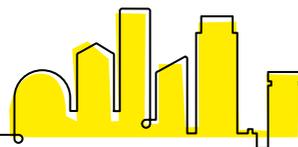




Business environment

The Trust delivers services within an area that contains a mixture of rural, semi-rural and urban geography covering 815 square miles. The population of Derbyshire is estimated to be 1,003,500 in 2008.





The main concentrations of urban population in the County are in Derby City, which is a Unitary Authority and in Chesterfield, which is one of the eight District and Borough Councils in the surrounding areas. The other district and borough councils are Amber Valley, Erewash, North East Derbyshire, Bolsover, South Derbyshire, Derbyshire Dales and High Peak.

The Trust works in partnership with the social care departments of Derbyshire County Council and Derby City Council. This has resulted in jointly-managed services for most mental health services across Derbyshire.

Key Commissioners (purchasers of healthcare)

The key commissioners for the Trust are Derbyshire County PCT, NHS Derby City, the County Drug and Alcohol Team (DAAT) and the Derby City Community Safety Partnership. The commissioning structure in the PCT covers both health and social care; these are delivered through a lead commissioner arrangement.

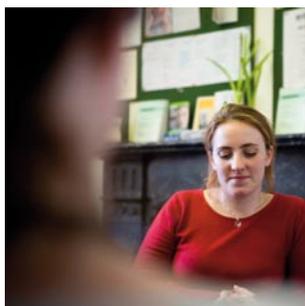
Regional Procurement

We are a member of the regional procurement hub. We also have a service level agreement with Derby Royal NHS Foundation Trust for supplies and procurement.

The Procurement department of Derby Royal NHS Foundation Trust provides specialised commodity knowledge for goods and services purchased for the Trust. The department's responsibility is to support the improvement of purchasing and supply chain activity throughout the Trust. The Trust has developed a Procurement strategy which has recently been revised.

The change of health policy has increased the number of organisations who are able to provide NHS care. For mental health services in Derbyshire at present there are few competing specialist service providers. The Trust provides the majority of mental health care across Derbyshire which is highly regarded.

We received 'excellent' for quality of services in the 2007/08 annual health check. We have authorised Foundation Trusts on our borders who, along with private sector providers, may well be interested in providing some care pathway elements, especially in specialist areas such as forensic services. The learning disabilities services are subject to separate commissioning arrangements, led by Local authorities and the PCT. Commissioners have advised us of their strategic intention for these services to be directly managed and provided by the local authority. However, the 'Our NHS, Our Future' review may lead to a different approach for certain service elements following consultation.



Business development

2008/2009 Service developments

In response to both patient and commissioner requirements and expectations, the Trust has continued to review the changing demands that are placed on our services. During 2008/09 we successfully developed and expanded the provision of Older Adult Community Mental Health Services in Chesterfield and North East Derbyshire, meaning the service is now much more responsive to the changing needs of older adults in this area. A similar review is also underway, in conjunction with commissioners, around the provision of older adult services in the High Peak and Dales area.

Community support has also been strengthened through the creation of an adult discharge liaison team. The purpose of this team is to provide support and co-ordination for adults leaving inpatient care into community based services. The staff provide step-by-step support ensuring that patients receive seamless, professional and continuous care.

In addition the Trust has also successfully developed a more responsive and holistic prison in-reach team, which now incorporates a specialist CAMHS element, addressing the Mental Health needs of those resident in the Toscana Young Offenders Unit. The Trust has also been integral in developing substance misuse services within police custody suites. Project Switch allows individuals to access specialist advice and treatment with a view to reducing re-offending rates and public disorder problems. The results so far have been very encouraging.

In terms of the wider health community, the Trust has also developed a number of in-reach services to several independent schools across the region, who provide educational support to children and young people with challenging behaviour and special educational needs. The input from specialist mental health professionals has proved to be effective both in terms of addressing the mental health issues of these young people and in providing support to teachers, other healthcare professionals and parents.

Information management and technology

2008/09 has seen an exciting deployment of new technology across the Trust. Following a pilot, digi-pens have been deployed to clinical and operational staff in the south of the county. They can record the details of their patient contact and the outcomes without returning to base and without logging on to the clinical IT systems. Using the digi-pen, they write the contact details on special paper, the handwriting is recognised and turned into type script before being securely encrypted and sent to the Trust activity recording systems. This has significantly improved the speed of data entry and the quality of information available.

Work has also continued with the Trust's Management Information System and reports are almost ready to be deployed direct to Team and Service Managers. The reports will join information from the clinical activity systems, finance and HR systems together, bringing service line reporting closer to managers.

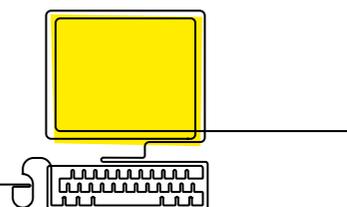
Preparations are underway for the Trust's Lorenzo project. Work has started to document and standardise the operational business processes for referrals, outpatient appointments etc. Work on data cleansing and migration from the Trust's existing patient administration systems is a key part of the process, as is the design and production of reports from the Lorenzo system.

April 08 highlight

Deep Clean Program completed

The deep clean program was completed on schedule and gained 100% compliance; the successful completion of this program is a direct result of the hard work and partnership between Hotel Services, Estates Department, clinical teams, service users and carers.





Patient Experience

Finding out what people think of their care with us is a top priority. Service users, carers, public and staff feedback is sought by a variety of routes to provide valuable evidence for continued service improvement.

This has included the Community Mental Health Services Users Survey.

Service User Involvement

The Trust promotes and encourages positive relations with service users and carers, recognising the importance of providing opportunities for them to express their views and experiences. Service users and carers are encouraged to be actively involved and exercise genuine influence in all stages of the decision making process when new services, or changes in services, are being proposed.

Patient Advice and Liaison Service (PALS)

PALS is a department of the Derbyshire Mental Health Services NHS Trust (DMHST) which aims to help resolve any problems our clients may have with our services, allow good ideas to be spread across the organisation and provide information to people who need it, when they need it.

PALS in DMHST aims to be an accessible gateway to information about the Trust and a 'one stop shop' for resolving any concerns that people who use our services (either as patients or carers), or who simply live in our local area, have about the organisation.

We are a telephone based service with outreach meetings taking place on wards, the two PALS officers visit many of the Trust's wards, in Derby and Chesterfield, on a regular basis. We work across all areas of the Trust.

We always try to resolve issues at a local level, but in some cases will involve more senior managers.

PALS cannot give individual clinical advice but we can liaise with others in the organisation who can provide this level of support. Members of the Trust staff are very supportive in responding to a request from PALS and the vast majority have been actively keen to assist.

PALS is not an independent advocacy service and we seek to support the continuing development of such resources. Being part of the Trust has its advantages, however, as we are well placed to feedback client concerns (and compliments) directly to the management teams and to the Trust on a quarterly basis.

PALS represent the Trust at several forums and meetings e.g. Carers' Forums, Patient and Carer Group, User Focus Monitoring, Derbyshire County and Derby City LINK.

PALS looks forward to being part of Improving the Patient Experience department from 1st April 2009.

During the year PALS has dealt with:

- 426 individual enquiries
- 71 outreach meetings
- 392 patients at outreach meetings

PALS has raised issues on behalf of patients and carers over a wide range of subjects including:

- Concern about lack of information
- Praise for staff on certain wards
- Lack of resources in the North
- Gold Card
- Lack of time with the consultant
- Concern about cancellation of meetings or not being held when planned
- Smoke free policy
- Activities on the wards
- Concern about the Resource Centre Day hospital

Compliments and Complaints

During the year the Trust worked closely with the Department of Health as one of the Early Adopter sites for the changes to the Complaints Regulations on 1 April 2009. As a pilot site we were encouraged to look at more flexible approaches to complaints handling, with a very clear remit that this must have the complainant at the centre of the complaints planning. The aim was to investigate matters in a way that was reasonable, appropriate and proportionate to the issues being raised.

In that regard, investigations for formal complaints fell from 111 in 2007-2008 to 93 in 2008-2009. Of those received 83 (88%) were acknowledged in two working days and 76 (81%) were responded to within agreed timescales.

In a number of cases patient perception, understanding and expectation is a cause of complaints. Greater clarity and better communication is essential.

May 08 highlight

Mental Health Act Commission visits

Over the last few months the Mental Health Act Commission representatives have undertaken a number of unannounced visits to services across the Trust. In every case the MHAC Representatives have been impressed by the overall level of care and our administration and application of the Act. Their feedback and comments have been made available.

Comments include;

'This Ward is excellent, offering a high level of privacy and dignity to patients.' 'The Commissioner spent some time with the Ward Manager. He was impressed with her enthusiasm and commitment to improving patient care.' The Trust Mental Health Act Committee monitors the comments, outcomes and actions resulting from visits and wanted to pass on this very positive and praiseworthy information to all staff. It also wishes to thank the staff involved across all areas for their positive approach to the Mental Health Act Commission visits and to recognise the good work and results from this as evidenced by the feedback from the Commissioners.



Healthcare Commission

The Healthcare Commission investigated six complaints during the year, two were upheld with actions plans put in place, three were not upheld and one is ongoing.

In respect of the two complaints that were upheld, recommendations relating to better communication between teams were circulated across the Trust and with Derbyshire County Social Services and Derbyshire County Primary Care Trust through the Trust Learning the Lessons publication. An individual action plan was also put in place in respect of ongoing care needs.

Health Service Ombudsman

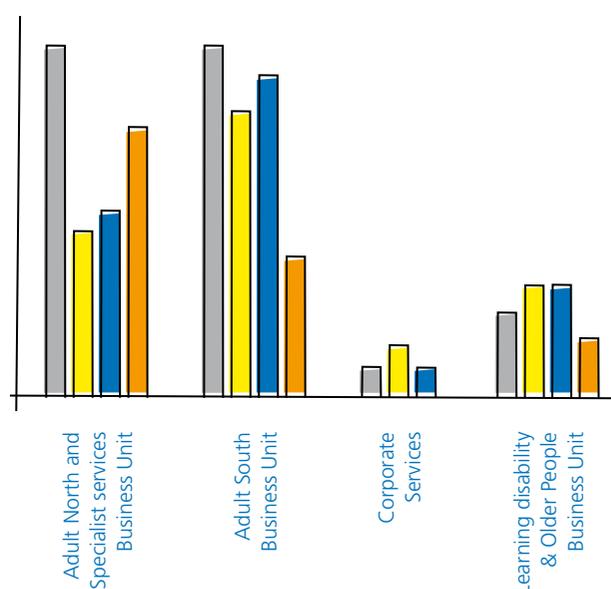
Two cases were referred to the Ombudsman: both were referred to the Healthcare Commission for review. One resulted in no further action and the other resulted in an action plan as detailed above.

The Trust is compliant with the Ombudsman's 'Principles' and these principles have been fully adopted by the Trust and form part of its complaints handling procedure.

Compliments received

520 compliments were reported across the Trust during the year.

Complaints by quarter



Business Unit	08/09 Q1	08/09 Q2	08/09 Q3	08/09 Q4
Adult North and Specialist services Business Unit	13	8	6	10
Admissions, discharge and transfer arrangements	1	0	0	0
Attitude of staff	1	1	0	1
All aspects of clinical treatment	8	3	2	7
Communication/information to patients (written and oral)	0	3	2	2
HA/PCG commissioning (including waiting lists)	0	0	1	0
Personal records (including medical and/or complaints)	0	0	1	0
Policy and commercial decisions of trusts	3	0	0	0
Others	0	1	0	0
Adult South Business Unit	13	11	12	4
Attitude of staff	4	2	1	0
All aspects of clinical treatment	9	5	4	3
Communication/information to patients (written and oral)	0	0	2	1
Patients' privacy and dignity	0	0	1	0
Personal records (including medical and/or complaints)	0	0	1	0
Failure to follow agreed procedure	0	3	2	0
Others	0	1	1	0
Corporate Services	1	2	1	0
Attitude of staff	0	1	0	0
Failure to follow agreed procedure	0	1	1	0
Others	1	0	0	0
Learning Disability and Older People Business Unit	3	2	5	2
Aids and appliances, equipment, premises (including access)	0	0	1	0
Attitude of staff	1	0	2	0
All aspects of clinical treatment	2	2	1	1
Communication/information to patients (written and oral)	0	0	1	0
HA/PCG commissioning (including waiting lists)	0	0	0	1
Totals	30	23	24	16

▲ **Complaints by quarter 2008/09**

Workforce and human resources

The Trust Board recognises that people are our greatest asset. As a Mental Health Trust the majority of our resources are invested in our staff.

Workforce planning

Our workforce plan has been developed in detail to support the Service Delivery Strategy and to ensure we have the right people in the right place at the right time. This will see some changes in staff groups as we work towards a modernised workforce that is fit for purpose.

On 31 March 2009 we employed 2,152 people in 1,896.96 contracted full time equivalent (FTE) posts. This is not the same as the staff FTE contained in the Annual Accounts which is based on worked FTE. The contracted FTE posts are distributed across the Trust as shown opposite.

In 2008 we developed a Human Resource Strategy, which confirms commitment to our staff and our commitment to becoming a model employer.

The Human Resource Strategy is structured around five key areas of effective workforce practice:

- Workforce Planning
- Governance Arrangements
- The Trust as a Good Corporate Citizen
- The Trust as a Good Employer
- Learning and Development

Organisational development

The Organisational Development Reference Group has built on the work that achieved Improving Working Lives Practice Plus accreditation in 2005. They have been actively involved in producing an Organisational Development Framework, which was developed following a series of focus groups that took place across the Trust.

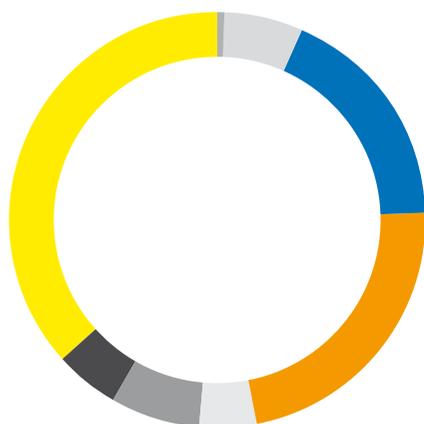
June 08 highlight

Naming of new buildings

It is an exciting time in the Trust with new buildings at Kingsway and Erewash now well under construction and due to be opened next year. The Trust recognises that naming the new buildings will play an important part in presenting and identifying the new facilities to service users, staff and the public. This is also an opportune time to re-name two existing buildings that have previously only been known by their generic or service names. In all there are 12 names to be decided. (Seven buildings and five wards). Service users, carers and staff can all put forward names that will be both memorable and enduring.

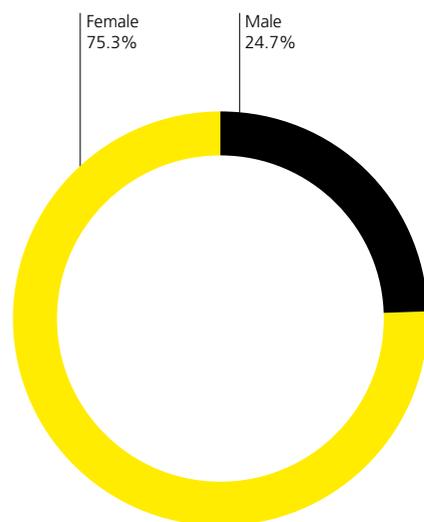


Workforce % FTE



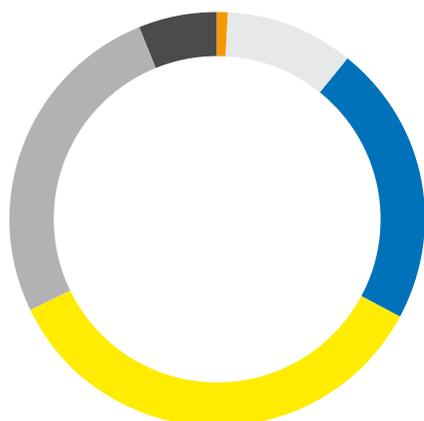
Staff Group	Headcount	FTE	Workforce % FTE
Add Prof Scientific and Technic	131	115.59	6.09%
Additional Clinical Services	378	342.22	18.04%
Administrative and Clerical	496	424.53	22.38%
Allied Health Professionals	107	87.53	4.62%
Estates and Ancillary	168	129.98	6.85%
Medical and Dental	104	97.30	5.13%
Nursing and Midwifery Registered	763	694.81	36.63%
Students	5	5.00	0.26%
Total	2,152	1,896.96	100%

Gender 2008/09



Staff Group	Female Headcount	Female Headcount %	Male Headcount	Male Headcount %
Add Prof Scientific and Technic	97	4.5%	34	1.6%
Additional Clinical Services	288	13.4%	90	4.2%
Administrative and Clerical	422	19.6%	74	3.4%
Allied Health Professionals	100	4.6%	7	0.3%
Estates and Ancillary	112	5.2%	56	2.6%
Medical and Dental	44	2.0%	60	2.8%
Nursing and Midwifery Registered	553	25.7%	210	9.8%
Students	4	0.2%	1	0.0%
Total	1,620	75.3%	532	24.7%

Age Profile 2008/09



Age Band	Headcount	Workforce % FTE
20 - 29	217	10%
30 - 39	464	22%
40 - 49	758	35%
50 - 59	565	26%
60 - 64	124	6%
65 and above	24	1%
Total	2,152	100%

The NHS National Staff Survey

The Care Quality Commission conducts the annual NHS National Staff Survey. This provides information on the views and experiences of staff who work in the NHS. The survey findings are used as part of their annual health check of the NHS. The Department of Health and other national NHS bodies also use the results to assess the effectiveness of national workforce policies and strategies and the findings also inform future developments.

The 2008 survey was conducted between October and December 2008, with the results being published on 25th March 2009. The Trust achieved a response rate of 59%, compared to 53% last year. This year the report identifies 36 key areas of the Trust's performance. These are categorised against the performance of all Mental Health and Learning Disability Trusts in England - banded according to the worst performing 20%, average performing 60% or best performing 20% of Trusts.

The table below shows a comparison of the Trust's results over the previous six years, since the survey was introduced. It should be noted that the number of key areas has increased this year, as the report has been structured around the four pledges to staff in the NHS constitution (published in January 2009).

The Trust scored amongst the best performing 20% of mental health and learning disability Trusts in four areas:

- Percentage of staff experiencing harassment, bullying or abuse from patients/relatives in last 12 months (which was low and an improvement on last year's results)
- Percentage of staff receiving health & safety training in last 12 months (which was much higher than average)
- Fairness and effectiveness of procedures for reporting errors, near misses or incidents
- Percentage of staff experiencing physical violence from patients/relatives in last 12 months (which has reduced by 2% since last year)

Significant improvement was also noted in the following areas:

- Availability of hand washing materials
- Perceptions of effective action from employer towards violence and harassment
- Staff intention to leave jobs
- Fairness and effectiveness for reporting errors, near misses or incidents

The Improving Working Lives Group continues to meet monthly to coordinate the administration of the survey and to monitor progress against the action plan.

Year	Worst performing 20%	Average performing 60%	Best performing
2003	16	10	2
2004	13	11	4
2005	8	19	1
2006	5	21	2
2007	7	16	3
2008	12	20	4

▲ Performance results 2003-2008



Work related stress

The Trust is committed to dealing effectively with work related stress. In response to the results of the Health & Safety Executive Workplace Stress Survey that was undertaken in February 2008, in June 2008 the Trust worked in partnership with ACAS to train fourteen members of staff in the facilitation of work related stress focus groups.

Fifteen focus groups took place in July 2008, to explore the context of work related stress within the organisation, involving 75 staff from all staff groups. The feedback has been used to inform a combined NHS National Staff Survey and Stress Survey Action Plan. Stress management performance indicators have now been incorporated into the Performance Assessment and Assurance Framework.

In February and March 2009 a series of workshops, Building Resilience – A Positive Approach to Stress Management', took place, attended by thirty eight managers. The results of the NHS National Staff Survey 2008 indicate a reduction in the number of staff suffering from work related stress, which has dropped from 37% in 2007 to 31% in 2008.

Challenging harassment in the workplace

The Trust has a network of eleven harassment advisors who have been fully trained to deal with issues of harassment or bullying. The group meets on a six monthly basis for ongoing training/supervision and review. The service has been publicised using a wide range of electronic communication structures, the Chief Executive's monthly Core Brief, Trust magazine and leaflets (which have been circulated to all staff).

July 08 highlight

Updated protocol safeguarding children and mental health practice

Working practices for safeguarding children in the context of mental health services have been changing over the last few years. This Trust has been in a position to influence changes at a national level with particular regard to vulnerable parents and safeguarding children. Many changes have happened and are still happening. Much has been achieved but there is much more to do. Some of the changes have been quite radical which means the workforce will be adjusting and assimilating changes for some time to come.

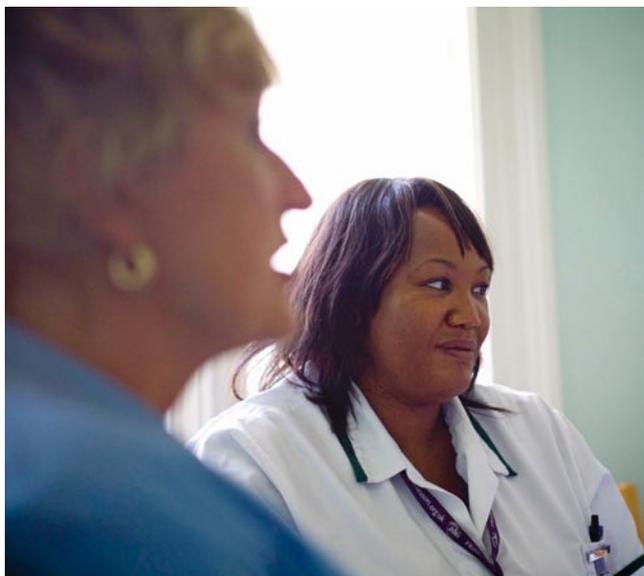
Promoting a Safe and Therapeutic Service (PSTS) on track

The organisation is well on track for all staff to have the appropriate training regarding the de-escalation and management of violence and aggression. To date over 80% of the Trust workforce successfully completed training either within PSTS non-clinical or 'bespoke' clinical programmes.

New Trust website

The Trust's website will shortly be undergoing reconstruction. We have contracted with a company to provide the server space and management system and you should be able to see the new 'holding' front page shortly. The remaining site is expected to take about two months to complete. We are very keen to involve staff in the redesign and/or content of the website and welcome your comments and suggestions.





Team of the Year Awards

The Team of the Year Awards, for which there were seven categories this year, recognise the excellent contribution made by teams in bringing about service improvements. The awards were announced at the Annual Public Meeting in September 2008, demonstrating an extraordinary level of energy, imagination and innovation across all areas of the Trust.

The overall Team of the Year prize was awarded to the Deep Clean Team in the Supporting with a Purpose category, for their entry 'Making a Real Difference', submitted by Liz Bates, Hotel Services General Manager. The team had successfully achieved the Department of Health's target of carrying out a deep clean of the Trust's inpatient areas by 31st March 2008, thereby improving inpatient environment, supported by nursing staff, matrons, control of infection nurse and managers.



Diamond Award

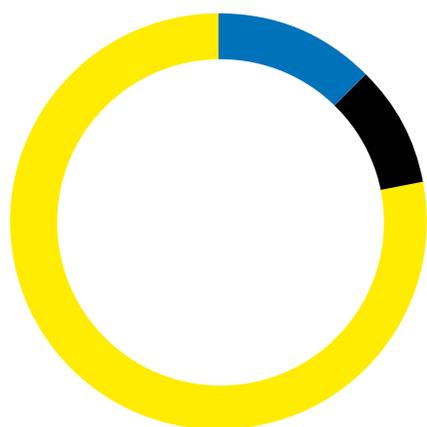
In recognition of the 60th anniversary of the NHS, nominations were invited for a Diamond Award, to recognise outstanding contribution to the NHS. All nine nominees received a certificate signed by the Chairman and Chief Executive, which was presented at the Annual Public Meeting. The overall winner was Marian Worthington, who was nominated by Lorraine Bradshaw for her outstanding contribution to the delivery of older people's mental health services over the last 37 years. Marian also received an engraved trophy in recognition of her service to the Trust.

NHS 60 Commemorative events

In recognition of the 60th Anniversary of the NHS on 5th July 2008, the Trust was invited to participate in a number of local and national events, aimed at recognising the contribution of NHS staff. These included:

- A service at Westminster Abbey on 2nd July, attended by Lynn Gibson, Colette Handsley, Nick Hodson, Julie Topliss, Sharon Trott and Maggie Wallis
- A Downing Street reception on 2nd July, attended by Michael Garratt
- A service at Derby Cathedral on 4th July 2008, which was attended by a large number of staff and service users

Workforce Diversity



Staff Group	BME Headcount	BME %	White Headcount	White %	Not known Headcount	Not known %
Add Prof Scientific and Technic	14	10.69	110	83.97	7	5.34
Additional Clinical Services	42	11.11	280	74.07	56	14.81
Administrative and Clerical	19	3.83	449	90.52	28	5.65
Allied Health Professionals	3	2.80	95	88.79	9	8.41
Estates and Ancillary	15	8.93	114	67.86	39	23.21
Medical and Dental	35	33.65	36	34.62	33	31.73
Nursing and Midwifery Registered	75	9.83	589	77.20	99	12.98
Students	2	40.00	3	60.00	0	0.00
Total	205	9.53	1,676	77.88	271	12.59

Equal opportunities and disability

The Trust supports the principle of ensuring equal opportunities to all job applicants and staff by ensuring they are not disadvantaged by conditions which apply to recruitment and selection, promotion, transfer, grievance and all terms and conditions of employment. We aim to ensure that all staff regardless of any difference they have or may perceive to have, feel valued and have a fair and equitable quality of working life.

Our Equal Opportunities Policy describes all the aspects in more detail with actions on how to turn policy into practice. Our disabled employees have access to special requirements under several of the Human Resources policies, i.e. Sickness Absence and Special Leave. These have now been consolidated into a Disability Policy that is currently in draft format and being finalised in partnership with our staff side and Disability Network. The Trust continues to remain compliant with the 'Two Ticks' accreditation for Disability.

August 08 highlight

Clean your hands campaign initiated

Key staff across the Trust will receive a letter regarding the campaign from Paul Lumsdon, Director of Nursing and Governance, Head of Infection Control and Prevention.

The campaign focuses on healthcare workers as they have the greatest potential to spread infection in the course of their daily routines. Its primary aim is to get healthcare workers to clean their hands more often and at the right time – when and where care is being provided.

The campaign provides a framework for trusts to take an organisation-wide approach to hand hygiene improvement. The cornerstone of the campaign is alcohol handrub as this enables greater opportunity for hand hygiene.

Campaign components

Alcohol handrub at the point of care: alcohol handrub is the most effective means of decontaminating hands and having it where and when care is provided enables healthcare workers to clean their hands at the right time and in a quick and effective manner.

Awareness raising materials and prompts to remind staff to clean their hands: there are a range of products to keep hand hygiene front of mind and prompt action.

User-friendly materials, including posters and leaflets, that raise awareness of the importance of staff's hand hygiene and encourage patients to feel comfortable in asking staff if they had washed their hands. The campaign slogan: 'It's OK to ask', features on posters and stickers to reinforce this message. The campaign has been designed to 'invite' rather than 'oblige' patients to be involved.



Recruitment Equal Opportunity figures April 08 – March 2009

This information is taken from application forms via the NHS Jobs electronic recruitment system for the period January 2009 to March 2009. The equal opportunities monitoring section of the application forms is not sent to the appointing manager for the short listing or interview process.

Equality Impact Risk Assessments

The creation of the Equality Impact Risk Assessment Group during 2007/08, tasked with reviewing all formal Trust policies, has proved to be challenging, but successful. The group has been trained in carrying out risk assessments and has supported planning leads in all areas of the Trust to undertake equality risk assessments on all policies, procedures and strategies, in order to comply with legal requirements. The aim is to identify and eliminate, or minimise, any adverse impact on different equality groups, ensuring that the Trust meets its duty to promote equality of opportunity.

▼ Applicants by ethnic origin

		Applied (5,304)		Short listed (1,651)		Appointed (331)	
Race	Nationality	No.	%	No.	%	No.	%
White	British	3,369	65.51	1,255	76.01	273	82.47
White	Irish	52	0.98	21	1.271	4	1.21
White	Any other background	187	3.52	42	2.54	9	2.72
Asian/ Asian British	Indian	534	10.06	98	5.93	15	4.53
Asian/ Asian British	Pakistani	263	4.96	43	2.60	5	1.51
Asian/ Asian British	Bangladeshi	12	0.23	3	0.18	0	0
Asian/ Asian British	Any other Asian background	75	1.41	14	0.84	1	0.30
Mixed	White & Black Caribbean	23	0.43	4	0.24	1	0.30
Mixed	White & Black African	28	0.52	7	0.42	1	0.30
Mixed	White & Asian	12	0.22	2	0.12	1	0.30
Mixed	Any other Mixed background	13	0.24	1	0.060	0	0
Black / Black British	Caribbean	111	2.09	32	1.98	6	1.81
Black / Black British	African	468	8.82	103	6.24	12	3.62
Black / Black British	Any other Black background	35	0.66	12	0.72	0	0
Other Ethnic Group	Chinese	36	0.67	2	0.12	0	0
Other Ethnic Group	Any other Ethnic group	42	0.79	4	0.24	1	0.30
Undisclosed	Undisclosed	44	0.83	8	0.48	2	0.60

▼ Percentage of short listed and appointed applicants

Race	Applied %	Short-listed %	Appointed %
White	68.02	79.83	86.40
Ethnic Minority Background	29.68	19.32	12.88
Not Disclosed	0.83	0.48	0.60

▼ Disabled applicants

	Applied (5,304)		Short listed (1,651)		Appointed (331)	
	No.	%	No.	%	No.	%
Disabled	168	3.17	67	4.06	6	1.81
Not Disabled	5,087	95.90	1,565	94.79	322	97.28
Not Disclosed	49	0.92	19	1.15	3	0.90

▼ Applicants by gender

	Applied		Short listed		Appointed	
	No.	%	No.	%	No.	%
Male	1,671	31.50	443	26.83	93	28.09
Female	3,633	68.50	1,208	73.16	238	72.20
Undisclosed	0	0	0	0	0	0

▼ Applicants by age group

	Applied		Short listed		Appointed	
	No.	%	No.	%	No.	%
Age 16-19	87	1.64	18	1.09	3	0.91
Age 20-29	1,130	21.30	315	19.07	58	17.52
Age 30-39	720	13.57	253	15.32	55	16.61
Age 40-49	539	10.16	216	13.08	52	15.70
Age 50-59	171	3.22	75	4.54	10	3.02
Age 60-69	4	0.07	1	0.06	0	0
Other	0	0	0	0	0	0

▼ Applicants by sexual orientation

	Applied		Short listed		Appointed	
	No.	%	No.	%	No.	%
Lesbian	18	0.33	9	0.54	3	0.90
Gay	46	0.86	11	0.66	4	1.20
Bisexual	46	0.86	15	0.90	3	0.90
Heterosexual	4,746	89.47	1,467	88.85	290	87.61
Undisclosed	448	8.45	149	9.02	31	9.36

▼ Applicants by religious belief

	Applied (5304)		Short listed (1651)		Appointed (331)	
	No.	%	No.	%	No.	%
Atheism	527	9.93	172	10.10	31	9.36
Buddhism	58	1.09	10	0.60	3	0.90
Christianity	2,825	53.26	918	55.60	192	58.00
Hinduism	246	4.64	44	2.66	7	2.11
Islam	316	5.95	44	2.66	2	0.60
Jainism	6	0.11	1	0.06	0	0
Judaism	3	0.06	6	0.36	0	0
Sikhism	192	3.61	47	2.84	9	2.71
Other	514	6.69	165	9.99	31	9.36
Undisclosed	617	11.63	250	15.14	56	16.91

Sickness absence management

Sickness levels have reduced during the previous three years in the Trust. In 06/07 the average sickness rate was 6.10%, in 07/08 5.79% and in 08/09 4.96%. The Trust has set a target of 4.7% which has been achieved during several months throughout the year.

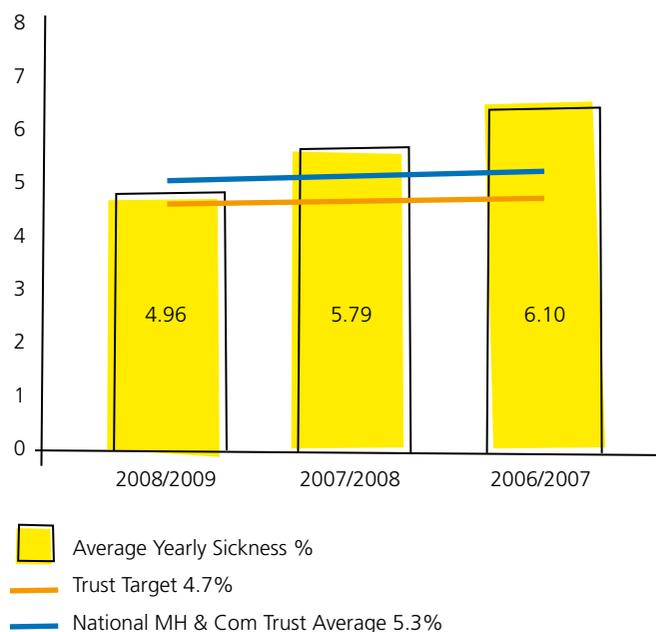
One of the main factors in the reduction of sickness levels was the introduction of the FirstCare Absence Management system from 01/05/07. FirstCare records all sickness absence, gives staff access to 24 hour nursing advice and tracks current absence including return to work interviews. The reporting methodology also allows for the collection and monitoring of more accurate data than previous methods, which can be quickly fed back to managers, enabling them to manage sickness absence more effectively.

Staff Partnership

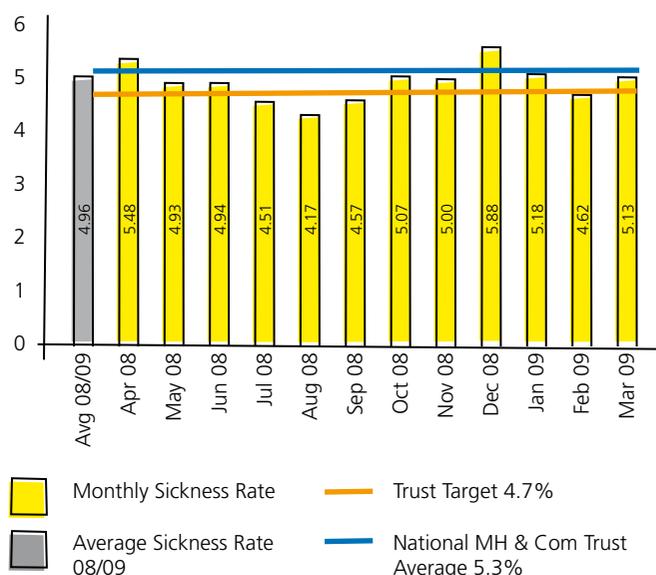
2008/09 has seen the development of partnership working within the Trust. The Partnership Forum provides an opportunity for staff organisations to contribute to the strategic direction of the Trust, in terms of staffing and employment issues.

An additional mechanism in the form of a Joint Operational Staff Group, chaired by the Director of Operations & IM&T, has been established which provides a forum for discussion around planned organisational change sharing concerns, planned service development and change and negotiation around locally agreed terms and conditions.

▼ Average Sickness % – last 3 years



▼ Sickness % April 2008 to March 2009





Learning and development

The Learning and Development Service is responsible for the provision of high quality learning and development opportunities that support the delivery of clinically effective services. Working collaboratively, we support all staff in developing the essential skills, knowledge and attributes to improve the experience of service users and carers.

Our main aim is to ensure that the Trust, working with its partners, stakeholders and related sectors, develops and equips its staff with the skills they need to:

- Facilitate evidence based practice
- Undertake their working role effectively and safely
- Provide continuing professional/personal development
- Support workforce development, new ways of working and service modernisation

The key areas of responsibility across the Trust include:

- Delivery of statutory and mandatory training
- Training Needs Analysis and development of annual training plan
- Educational commissioning
- Delivery of essential and core learning
- Workforce development
- Continuing professional development
- Life long learning
- Appraisal and personal development
- Knowledge and skills framework (KSF)
- Supporting pre and post registration programmes
- Vocational qualifications e.g. Leadership and management development, Library and information service

Statutory and mandatory training

Mandatory training is an annual training programme for all Trust employees for safe and effective working in accordance with legislation, organisational guidance and NHS LA Standards. This helps to ensure that all staff have the same knowledge and information.

Clinical supervision

Supporting Pre-Registration Training and Newly Qualified Staff

- The Trust continues to provide support to staff to undertake Registered Nurse training
- Training for service users and carers within DMHST

September 08 highlight

Health Care Commission annual ratings

The Healthcare Commission has just announced its ratings for all NHS organisations, for 2007/2008. These ratings range from excellent, good, fair, weak and are given in two parts.

We are delighted to announce that the Trust has maintained its ratings of **EXCELLENT**, for quality of services, and **GOOD** for use of resources. This is a tremendous achievement and something we can all be very proud of. The last year has been difficult in many ways, but these ratings go a long way to restoring the balance, confirming once again that we are one of the best performing Trusts in the country.

Community mental health survey

The Healthcare Commission has recently published the results of the Community Mental Health Survey 2008, and the Trust has made significant improvements.

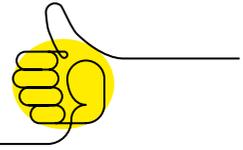
The overall results were scored and benchmarked against other Mental Health Trusts. The Derbyshire Mental Health Services NHS Trust scored amongst the best performing 20% of Trusts in fourteen areas, the intermediate performing 60% of Trusts in twenty areas, and the worst performing 20% of Trusts in only one area. In two areas, both relating to care reviews, the Trust achieved the highest scores in the country.

Both sets of results are a reflection of the commitment and excellent practice that is apparent across all services and departments of the Trust.





Corporate social responsibility



Good Corporate Citizenship describes how NHS organisations can embrace corporate social responsibility, sustainable development and tackle health inequalities through day-to-day activities, how they employ staff, design and construct buildings, purchase goods and services and manage their resources.

The completion of the Good Corporate Citizen Self-Assessment Tool identified a baseline for the Trust in each of the six key areas:- Community Engagement, Procurement, Facilities Management, Transport, Employment and Skills, New Buildings.

A Corporate Social Responsibility Steering Group was established in March 2007 and an action plan was subsequently put in place, resulting in considerable progress being made in each of the key areas. For example, travel plans for new developments set out the approach to reducing traffic and increasing travel choices, encouraging walking, cycling, car sharing and the use of public transport and a Cycle to Work Scheme is being planned.

Recycled bricks are being used in the construction of new buildings, which also incorporate a wide range of energy saving initiatives such as controlling heating and lighting. The purchase of local produce, Fairtrade and sustainability is a consideration in respect of the supply chain. We have become increasingly engaged with the community through partnerships with football clubs and other organisations.

Community Engagement

Procurement

Facilities Management



Transport



Employment and Skills

New Buildings

Community engagement

The Trust continues to increase its involvement with community groups and events. The Trust has several partnership agreements including:

Derby County Football Club

- Pitch side presentations given to a service user football team
- Pitch side presentations given to members of staff who contributed to service user well being through the medium of football
- Drop in session at Pride Park for men
- Mental health awareness training for community football coaches
- Team warmed up in our 1 in 4 t-shirts prior to match
- Various mental health articles printed in match programmes
- Membership forms put in all the bags in the DCFC shop

Belper Town Football Club

- Team warmed up in our 1 in 4 t-shirts prior to match
- Had display stand at motor show hosted by Belper Town FC
- Trust donated 1 in 4 trophy to club for player of the season
- An update of the progress throughout the year is printed in every match programme
- Membership forms distributed amongst FC members

Derbyshire Libraries

- Mental health promotion 2008
- 4 drop in session days at various libraries across Derby
- Women's mental health promotion 2009 – 4 month promotion of women's mental health at various libraries in Derby:
 - Post natal depression
 - General mental health issues
 - Substance misuse
 - Teenage depression

Action On Stigma

- Refugee action week: International Women's event – afternoon dedicated to women from around the world. Display and information on mental health.
- Refugee action week: Peartree library – creative writing afternoon, focus on positive mental health
- International celebration of arts: The Spot, Derby – creative art afternoon where people could make various items of art to display positive mental health

Derbyshire Friend

Mental health awareness training for the Lesbian, Gay, Bisexual, Transgender (LGBT) community.

The partnerships have focused on presenting mental health in a positive way and have included mental health awareness training given by Trust staff.

Involvement from our partners and others has been very encouraging. In the coming year the Trust looks forward to strengthening and expanding the availability of mental health information and reinforcing a genuine understanding in the community about mental health issues.

The Trust has a dedicated mental health information stand which is booked out at various venues across the County for a majority of the year.

Development of the Kingsway/Manor site

Following the reorganisation of our healthcare facilities on the Kingsway site significant areas of the site will be surplus to NHS requirements. Not all of this land is owned by the Trust and those areas we don't own have been transferred from the Secretary of State to English Partnerships to secure a high quality, mixed-use redevelopment.

October 08 highlight

GP News

Reputation management is now everybody's business and the Trust is addressing issues regarding how we are viewed by our service users, staff, public and various stakeholders. It is common for organisations not to be aware of the true perceptions people hold of them, but it is important for the Trust to understand these perceptions and to address them.

Often it is the things that we may consider to be small that have the largest impact. Part of this is developing communications with our local GPs and the first edition of the 'GP News' was issued earlier this year. We have asked GPs what they would like to see in a newsletter and are designing this to meet their needs.



New names named

Over the summer months suggestions on names for the new PFI buildings, but also the re-naming of the Psychiatric Unit and the Intensive Care Unit, have been invited from staff, and service users. A clear majority of respondents favoured the use of local place names within Southern Derbyshire. As its meeting of 24th September, the Trust Board confirmed the following list of names.

- Clinical Support Building – The Ashbourne Centre
- 36 Bedded Unit – Cubley Court
- 14 Bedded Unit – Tissington House
- 8 Bedded Unit – Melbourne House
- Ilkeston Hospital Development – Ilkeston Resource Centre
- Psychiatric Unit, City Hospital – The Radbourne Unit
- Intensive Care/Low Secure Unit – The Kedleston Unit



Foundation Trust project

Following an extensive assessment process, the Independent Regulator responsible for Foundation Trusts, Monitor, took the decision in June 2008 not to approve our Foundation Trust Application. Although Monitor acknowledged that the quality of our clinical services were excellent, they did note that further work was needed regarding our long term financial planning and governance arrangements.

Since June 2008 therefore, substantial work has been undertaken to address the concerns raised by the Monitor assessment team. As a consequence the Trust have been able to provide assurance to the Strategic Health Authority that it is now in a position to proceed to Foundation Trust status; the assessment process has therefore commenced again.

The following is a list of commonly asked questions in terms of what this will potentially mean for both the Trust and wider community. If you require any further information however, please do not hesitate to contact the Foundation Trust project and membership office (please see opposite for contact details).

Why does Derbyshire Mental Health Services want to become a Foundation Trust?

In 2008 the Trust reviewed its vision and strategic objectives, with a goal of being the provider of choice for mental health in Derbyshire.

Becoming a Foundation Trust supports these objectives. It will put engagement with local communities at the centre of our services and help us to develop partnerships more easily.

Foundation Trusts are still part of the NHS and continue to follow the principles and standards of the NHS, such as not charging people for their care. The main difference is that a Foundation Trust is run locally and works with local communities to develop services in a way that meets local people's needs.

NHS Foundation Trusts are different in the following key ways:

- They are more accountable to local people who can become members and have a say in how the Trust is governed
- They have more freedoms to decide their priorities around the needs of local people
- They have greater financial freedom, which means they can carry over any surpluses from one year to the next and borrow money to invest in new services
- They are established as public benefit corporations and are therefore governed in a similar way as mutual building societies and co-operatives

What are the benefits of becoming a Foundation Trust?

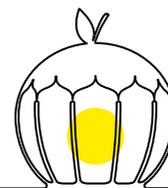
Becoming a Foundation Trust will provide a number of benefits for the Trust, staff, service users, carers and the community. It will:

- Reduce the burden and bureaucracy of central monitoring while still ensuring high quality services are maintained
- Offer the opportunity for greater financial flexibility
- Give the freedom to develop enhanced health care services
- Enable long term planning
- Offer access to additional funding sources
- Generate greater organisational independence to fulfil local priorities
- Make the Trust accountable to the community we serve as a public organisation
- Enable greater involvement with the local community and staff in the development of services
- Give us the framework to realise our ambitions

What are the risks?

There will also be a few risks which need to be taken into account:

- The Trust will be financially accountable
- The Trust must adhere to legally binding contracts
- The Trust is responsible for increasing its membership and organising the election of governors who represent the public



How will we be governed?

Foundation Trusts enable people to play a part in the running of the organisation by becoming members. Becoming a member of a Foundation Trust will influence how the organisation is governed and enable people to get involved in the development of services.

Members will be recruited from the local community. They receive information about the Trust, give their views on the Trust and its services and they elect Governors. Some Governors are also nominated by key local partner organisations. They agree how the Trust and services should develop.

What is the role of the Council of Governors?

The Council of Governors will work with and oversee the Board of the Foundation Trust to agree the future plans of the organisation. The duties and responsibilities of the Council of Governors include:-

- Developing a membership strategy
- Appointing or removing the Chairman and other Non-Executive Directors
- Deciding the pay of Non-Executive Directors and Chairman
- Appointing or removing the Trust's auditors
- Approving any new Chief Executive appointment
- Acting as a channel of communication between the Trust and local communities

What is the difference between Non-Executive Directors and Governors?

Executive and Non-Executive Directors are appointed for their expertise. They run the Trust's services and develop future plans. They are responsible for meeting national standards, performance targets and financial requirements. They report to the Governors and members on how the Trust is performing, which makes them accountable to the local community.

Become a member and help shape our future plans

- Anyone 16 years and older is eligible to become a member. Membership is free.

- Get a better understanding of mental health and learning disabilities issues
- Help to stamp out stigma and discrimination
- Elect Governors
- Stand for election as a Governor
- Make sure your views and those of your community are heard
- Receive information about the Trust and how we are performing

If you would like to become a member or would like further information please contact us:

The Foundation Trust Membership Office
Bramble House,
Kingsway Hospital,
Derby
DE22 3LZ.

Email: membership@derbysmhservices.nhs.uk
Free phone: 0800 345 7351

November 08 highlight

Foundation Trust application re-launched

The Trust has now formally re-launched its application to become a Foundation Trust. Over the next few weeks East Midlands Strategic Health Authority will be assessing the Trust's readiness to begin the process again and at this stage a prospective authorisation date of 1st November 2009 is proposed.

At its last meeting, the Trust Board approved the proposed structure for managing the application and it will be led by our Director of Business Strategy. However, much of the early work in re-developing our Integrated Business Plan will be done within the Business Units, with strenuous efforts being made to engage as wide a cross-section of staff and particularly senior clinicians, as possible.



Trust Estate strategy

The Estates and Facilities Department provides a diverse range of services across the Trust. These services provide support to the Clinical teams enabling the Trust to deliver the best possible care.

Environmental management

The Trust is very proactive in its approach to environmental management and in the Estate strategy we have committed to exceeding the national targets for reduction of our carbon footprint of 10% by 2015 and 26% by 2020. The management of energy and environmental policy are key factors in this work. The Trust has now completed the introduction of 'Design Energy Certification' (DEC's), for the required Trust premises and these will be monitored on an annual basis. (Energy and Environmental policy March 2007).

Building energy use and carbon footprint

The total set of greenhouse gas emissions caused directly and indirectly by an individual, organisation, event or product is commonly called their carbon footprint. Reducing the amount of energy used is one of the fastest and most effective ways to reduce this carbon footprint and combat climate change. Much can be done to improve energy efficiency by management actions such as good housekeeping, but beyond this, replacement and refurbishment of equipment and facilities are needed to reduce consumption further still.

Using the annual energy consumption figures for a building, together with the gross internal area it is possible to calculate the total carbon footprint in tonnes of CO₂ and also on a per square meter of floor area basis. These figures will highlight buildings with particular problems and from this, a building survey can be carried out to ascertain ways to make improvements.

These may be:

- Fuel changes from coal or oil to gas
- Removal of hot water storage calorifiers for point of use water heaters
- Replacement of boilers

- Replacement of controls and introduction of TRV's (Thermostatic Radiator Valves)
- Introduction of BMS (Building Management System)
- Smart meters
- Window replacement
- Insulation

These projects can be priced and prioritised in order to give a cost effective and planned approach to the reduction of the Trust's carbon footprint and the reduction in energy costs over an agreed period.

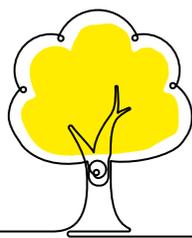
The Minister of State for Health set targets for a reduction of primary energy consumption of 15% from March 2000 to March 2010 and a national target of 60% by 2050 has also been written into law. In order to achieve these aims it is important that a base line is drawn and year-on-year improvements are made and documented together with a consistent approach to good housekeeping, planned maintenance and upgrade work.

Environmental – carbon footprint

The Trust's carbon footprint is a combined figure from the following three areas:

- Utilities
- Procurement
- Travel

Our current carbon footprint has been estimated as 14,000 tonnes of carbon, this figure is calculated from the utilities data and that this represents about 34% of the total, according to government statistics. The split between the other two is not as precise as we are a rural community trust and it is likely that our travel percentage will be higher than that of an Acute trust from where most of the comparative data comes.



The reduction in our carbon footprint will be calculated from all three areas. In this strategy we will focus mainly on utilities, although some of the schemes will impact on procurement and more so on travel given the rural nature of our service area and the need for locally based services. Through this we aim to:

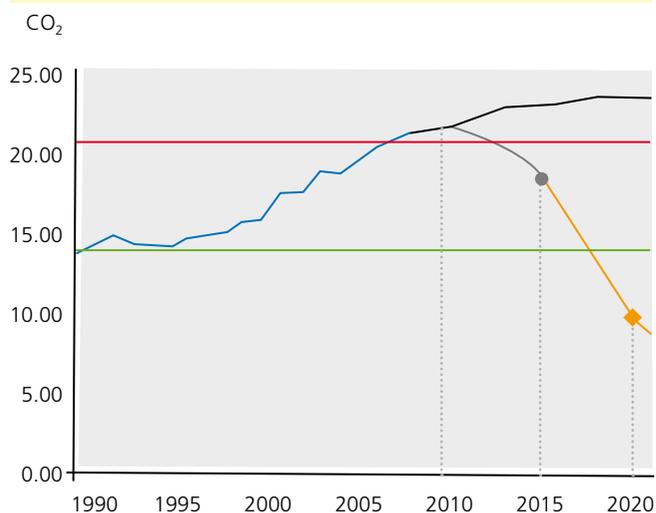
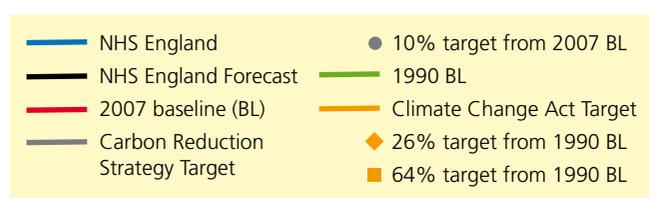
- Reduce our carbon footprint to meet the government's target of 10% reduction by 2015 and 26% by 2020
- Reduce our use of energy year-on-year and drive down running costs

Carbon footprint

The graphs below show the National carbon reduction targets and our planned carbon footprint reduction target for the Estates element of the total Trust carbon footprint. The initial increase is due to Kingsway double-running and the large in-year decrease due to the closure of the coal-fired boilers at Kingsway.

This projection shows that the Trust will not only meet the 10% reduction target but exceed it. The target that has been set is 20% by 2015.

▼ Government Target



Hotel services

The department has again had excellent PEAT (Patient Environment Action Team) results, which measure the level of cleanliness in our hospital and properties.

Catering

Again, this department has had excellent PEAT results, which measure the quality and standard of the food served to patients throughout the Trust. The department is increasing the amount of fresh food prepared on site to improve the quality and variety available.

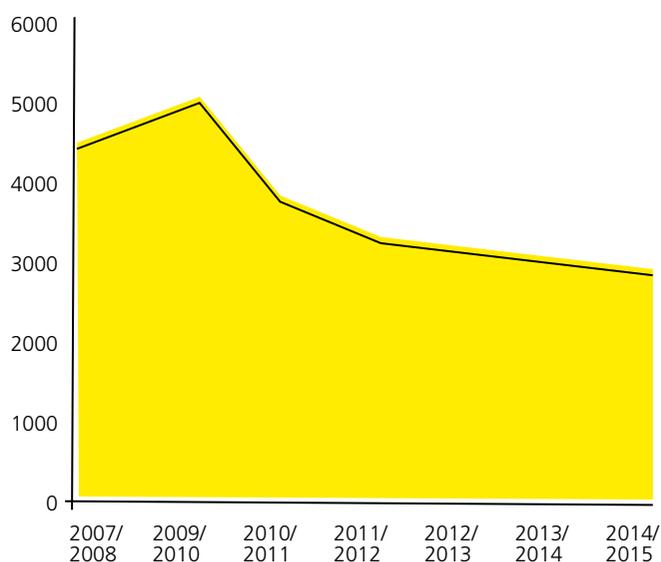
Security

The LSMS (Local Security Management Specialist) has worked hard to develop an excellent working relationship with the police, which is resulting in greater co-operation and understanding, from both the clinical ward staff and the police officers that attend our units, of the issues and problems we deal with.

Telecommunications

We have continued to negotiate improved levels of mobile tariff payments and so reduce the cost of mobile phone calls. The installation of equipment linking some of our major sites means that calls between these sites are now free.

▼ Trust Target reduction in Carbon Footprint



PFI Construction project

During 2008, we have been working in conjunction with Costain, the building contractors, to progress the construction of the new buildings within the PFI project.

The construction of new buildings allows us to transfer services from old outdated accommodation, to new purpose built facilities that are fit for purpose and in line with modern up-to-date practice.

The total capital cost of the project is £32 million, and is part of the 3Shires Batch PFI project. The 3Shires Batch project consists of three Trusts; Derbyshire Mental Health Trust, Leicestershire Partnerships Trust and East Lincolnshire Primary Care Trust. Handover of facilities has taken place for the other Batch partners, Leicestershire (learning disabilities unit) and East Lincolnshire (community hospital).

Project content

The buildings to be provided are:

1. Older Adult dementia challenging behaviour unit: 36 bedded unit for older adults with dementia related illnesses – Cubley Court
2. Older Adult functional challenging behaviour unit: 14 bedded unit for older adults with a functional mental health problem – Tissington House
3. Adult challenging behaviour unit: 8 bedded unit for younger people with mental health problems and behavioural difficulties – Melbourne House
4. Clinical support service building: the Ashbourne Centre accommodation with a mixed use for both service users and staff, containing the following services:
 - Pharmacy
 - Catering – staff restaurant and coffee shop for service users
 - Physiotherapy
 - Patients Bank
 - Day Activity services
 - Pastoral and Spiritual Care services – Chapel and multi-faith centre
 - Advocacy
 - Patients services and medical records
 - Mental Health Act administration
 - Library
 - Education services
 - Physical Health Care training

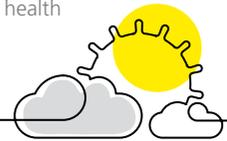


December 08 highlight

Health awareness event

Following the success of previous similar events, a Health Awareness Event was held in the Main Hall and Courtyard Restaurant Coffee Lounge at Kingsway Hospital on Thursday 18th December.

This event had display stands providing a wealth of health related advice and information, health checks, complementary therapies, demonstrations, 'taster' sessions, products for sale, offers, a free raffle and much more. The event was very festive and in relation to the time of year a reminder of how excess can be detrimental to health and well being.



All the above services are to be located on the Kingsway Hospital site.



Also to be delivered via the PFI Construction Project is the Ilkeston Resource Centre for Older Adults for the Erewash and Amber Valley localities. The building will be constructed on the Ilkeston Community Hospital site and will provide the following services:

- Day Assessment/treatment services – Midway Day Hospital
- Outpatient facilities
- Team base
- Voluntary sector accommodation

The work that has been completed during this period includes:

- ongoing design work involving Trust clinical and departmental staff
- selection and procurement of furniture and equipment
- appointment of removals contractors
- selection and installation of curtains and soft furnishings
- development of a commissioning programme which identifies how and when services are to transfer after handover
- identification of training for staff moving to the new facilities

Project details

The buildings provided within the Derbyshire Mental Health Trust project will be handed over on the 5th May, with a programme of phased transfer of services taking place from the end of May to the end of June. The Trust will continue to provide cleaning, housekeeping and catering services with maintenance of the buildings provided by the PFI partner, Carillion.

Public private finance awards

The 3Shires Batch PFI project was nominated for an award relating to the partnership working arrangements in evidence throughout this PFI project. The Batch PFI project was included within a shortlist of three projects nominated for the award. On this occasion the Batch PFI project was unsuccessful in being awarded this prestigious honour, but has been nominated in the category of best health care facility for consideration at the award ceremony to take place in May 2009.

Personal Data related incidents

There were no data related incidents relating to 2008/09.

Our performance against key targets

Care Quality Commission national targets

The Care Quality Commission (formerly the Healthcare Commission) is responsible for assessing and regulating the performance of NHS trusts. Last year in the Annual Health Check, we were awarded an overall rating of 'good' for use of resources and 'excellent' for quality of services.

Use of resources

The Auditors Local Evaluation (ALE) scores are the result of work completed throughout the year by the local external auditor. The assessment looks at a number of components called key lines of enquiry (KLOE) which together result in the overall assessment of how effectively a Trust manages its financial resources. The assessment is based on 5 components which are each awarded a score. From this, an overall score for use of resources is calculated.

Quality of services

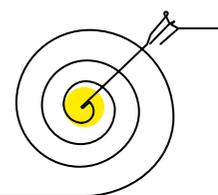
The annual quality of services score is derived from an assessment of a Trust's performance against national core standards, existing national targets and new national targets.

Component	Results 2006/07	Results 2007/08
Financial reporting	2	2
Financial management	3	3
Financial standing	3	3
Internal Control	3	3
Value for Money	3	3
Overall Score	Good	Good

▲ Use of Resources

Component	Results 2006/07	Results 2007/08
Getting the basics right:		
Assessment of compliance with core standards	Fully met	Fully met
Existing national targets	Fully met	Fully met
Making and sustaining progress		
New national targets	Excellent	Excellent
Review of Substance misuse	N/A	Fair
Review of Adult Community Mental Health Services	N/A	Good
Review of acute inpatient services	N/A	Fair
Overall Score	Excellent	Excellent

▲ Quality of services



Domain	Domain outcome	Trust level of compliance in 2007/08
Safety	Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients.	Compliant
Clinical and Cost Effectiveness	Patients achieve healthcare benefits that meet their individual needs through healthcare decisions and services based on what assessed research evidence has shown provides effective clinical outcomes.	Compliant
Governance	Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices ensure that probity, quality assurance, quality improvement and patient safety are central components of all activities of the healthcare organisation.	Compliant
Patient Focus	Healthcare is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on patient well-being.	Compliant
Accessible and Responsive Care	Patients receive services as promptly as possible, have choice in access to services and treatments and do not experience unnecessary delay at any stage of service delivery or of the care pathway.	Compliant
Care Environment and Amenities	Care is provided in environments that promote patient and staff wellbeing and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients.	Compliant
Public Health	Programmes and services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas.	Compliant

▲ National core standards

There are 24 core standards, grouped under seven themes, known as 'domains'.

Target	Trust rating 2007/08	Similar Trusts' ratings 2007/08
Improve life outcomes of adults and children with mental health problems by ensuring that all patients who need them have access to crisis resolution services and a comprehensive child and adolescent mental health services	Achieved	98.5% Achieved 0.0% Under achieved 1.5% Failed

▲ Existing National Targets

Target	Trust rating 2007/08	Similar Trusts' ratings 2007/08
Achieve year on year reductions in MRSA levels, expanding to cover other healthcare associated infections as data from mandatory surveillance becomes available.	Achieved	95.7% achieved 4.3% Under achieved 0% Failed
Halt the rise in obesity among children by 2010, as part of a broader strategy to tackle obesity in the population as a whole.	Achieved	100% achieved
Improve health outcomes for people with long term conditions by offering a personalised care plan for vulnerable people most at risk; and reduce emergency bed days by 2008 through improved care in primary care and community settings for people with long term conditions.	Achieved	88.2% Achieved 7.4% Under achieved 4.4% Failed
Improve the quality of life and independence of vulnerable older people by increasing the proportion of older people being supported to live in their own home by 2008.	Achieved	79.2% Achieved 10.4% Under achieved 10.4% Failed
Increase the participation of problem drug users in drug treatment programmes by 2008; and increase year on year the proportion of users successfully sustaining or completing treatment programmes.	Achieved	98.4% Achieved 1.6% Under achieved
Reduce health inequalities by 2010.	Achieved	98.5% Achieved 1.5% Failed
Secure sustained national improvements in NHS patient experience by 2008.	Achieved	86.7% Achieved 11.8% Under achieved 1.5% Failed
Substantially reduce mortality rates by 2010 from suicide and undetermined injury.	Achieved	76.9% Achieved 18.8% Under achieved 4.3% Failed

▲ New National Targets

The table below shows the number of service users who were referred to Consultant Outpatient clinics by their GP and consequently seen by our services between 1st April 2008 and 31st March 2009.

Direct GP to Outpatients referrals are monitored nationally and service users should receive their first appointment within 11 weeks. During the year, Derbyshire Mental Health Services saw a total of 1,961 service users who had been referred by their GP. Of these, 1,960 (99.9%) were seen within 11 weeks.



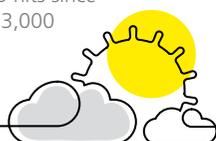
GP Referrals seen	1,961	%
Up to 11 weeks	1,960	99.9%
11 to < 17 weeks	1	0.1%
17+ weeks	0	0.0%

▲ **Waiting times April 2008 – March 2009**

January 09 highlight

Website success

The Trust's new look website has become increasingly popular with its readers. A mix of Trust information and reliable information about mental health conditions has seen the site receive more than 52,000 hits since its launch last month. Encouragingly 23,000 were unique visitors.



Clinical Governance

Effectiveness, compliance and assurance

The team comprises:

- Research Unit Team
- Clinical Effectiveness (NICE Guidelines)
- CPA Team
- Clinical Audit
- Clinical Law & Ethics
- Mental Health Act Office

The Clinical Effectiveness Team comprises the range of corporate services that support, facilitate and enable the organisation to address a wide range of issues related to clinical quality and effectiveness including:

- Contribution to Integrated Governance Strategy and Trust Quality Strategy
- Organisational governance structures, systems and processes that are fit for purpose
- Clinical Governance planning, monitoring and reporting
- NICE Guidelines processing, planning, support and delivery
- Identification and dissemination of all types of necessary and relevant clinical information
- Monitoring defined aspects of clinical priority and effectiveness delivery, reporting evidence and exceptions to collate and feed into our Performance Assessments and Quality Monitoring Framework
- Promoting and ensuring the good governance of research undertaken in our services or by Trust staff
- Promoting continuous improvement through research enquiry, bids, participation and the implementation of findings
- Promoting the improved use and development of the Care Programme Approach across the Trust
- Developing and executing a Trust annual Clinical Audit Programme related to key organisational priorities
- Promoting advice, development and implementation of ethical practice and the law relating to consent

- Administration of the Mental Health Act in line with statute
- Development of revised requirements resulting from changes to legislation regarding mental health law
- Promoting awareness and the culture that reminds all staff to place the service user and best effective practice at the heart of service delivery

Clinical effectiveness and NICE guidelines

NICE website: continued development of our website for NICE Guidelines. The website now includes information in relation to all major mental health related diagnoses and guideline areas in addition to the original guideline on depression. Business cards and posters continue to be distributed throughout the Trust containing details. All new staff are encouraged to register at Trust induction, in order to increase dissemination and implementation of NICE guidelines.

NICE policy & procedure: we have a new policy and procedure, have reviewed the implications and requirements of all the existing guidelines and applied this process to all newly published and revised guidelines.

NICE leaflets: in March every Trust clinician received a set of leaflets relating to six NICE Mental Health Guidelines. This was condensed from original NICE Guidelines to provide a brief summary applicable to the services we provide, following feedback from clinicians who requested summarised versions of the full NICE Guidelines. The leaflets were devised following consultation with best practice groups throughout the Trust.

NHS Litigation Authority (NHSLA): Risk management standards

We achieved Level 1 NHSLA Accreditation and are underway with preparation for the Level 2 process.

NICE guidelines: the CECAC (Clinical Effectiveness Compliance and Assurance Committee) has continued to review the relevance and priority of all published NICE Guidelines and maintains a prioritised and up-to-date register of those requiring review.

Clinical audit

A total of 50 Clinical Audit Projects were undertaken and of these, 34 were completed and 16 are in progress. Highlighted completed audits include:

- An audit of the effectiveness of training of clinical teams (Basic Life Support, Infection Control, Observation)
- An Audit of standards relating to the Trust Policy for the Observation of Patients
- Any of the various POMH-UK (Prescribing Observatory Mental Health UK) audits including assessment of the side-effects of depot antipsychotics, lithium, medicine reconciliation etc.

Additional areas of achievement include:

- Receiving the Anita Rouse award from Derbyshire Voice for contribution to working with service users
- 'Bigger and better' showcases – for the first time involving service users as presenters (presenting work on Walking Group Evaluation)
- More interface audits including Prescribing of Discharge Medication for Service Users which have self-harmed over the past three months; also GP advice and Clozapine and SMI (Severe Mental Illness) registers (latter won 1st prize in 'audits and surveys' category at the national UK Psychiatric Pharmacy Conference)

Care programme approach

CPA training has been reviewed and revised. 'Working with Carers' training has been developed and introduced by the CPA Manager, Training and Development Senior Staff Development Officer and the Derbyshire Mental Health Carers Forum to raise the awareness of staff about the needs of informal carers and the processes and benefits of working closely with them. It includes carers as trainers, has been well evaluated and is introducing points of expertise and knowledge into mental health service teams. Bite-size CPA training sessions have also been introduced, lasting half an hour or an hour.

Teams can book onto training in their own bases which is in response to the need to improve awareness of particular issues, such as the role of the Care Co-ordinators and Direct Payments.

Infolink

The Mental Health Resource Directory has been produced, published and reviewed and is now available on the Trust's internet and intranet sites for the benefit of staff, service users, carers, primary care and the public. The directory supports choice for service users and better access to information for staff, making care plans better and more effective and improving access to resources that can help promote good mental health.

Research

Implementing the Trust Research Strategy includes the use of research-based skills and techniques in service delivery, Compassion Focused Therapy, building wider interest and participation in research through the new Research Network in the Trust. This is improving our research profile regionally as part of the re-designed Research Hub and improving our Research Governance and support systems.

Mental Health Act and Clinical Law and Ethics

The MHAO (Mental Health Act Office) has lead the major work of successfully implementing the revised MHA 1983 across the Trust including the replacement of the MHA computer system with NCRS and the recruitment of nine new Associate Hospital Managers. There have been very positive reports and feedback from the Mental Health Act Commission in respect of visits to all wards in the Trust and Mental Health Act training sessions have been rolled out to all nursing and medical staff.



February 09 highlight

National NHS Staff Survey 2009

Capita Health Service Partners, the Trust's approved survey contractor advised that the Trust's response rate for the NHS National Staff Survey 2009 is 59%. This represents an increase of 6% since last year, when the response rate was 53%. As in previous years, the Trust will be involving staff in updating the action plan that was compiled in response to last year's survey results.

Foundation Trust consultation

The Trust are currently in the middle of a public consultation period on the proposals for achieving Foundation Trust status.

All members of staff, as potential members of the Foundation Trust, have been encouraged to comment on the consultation document and in particular the proposals for staff governors.



Risk Management

During 2008/2009 a comprehensive review of the governance structure and processes has taken place across the Trust, led by the Executive Director for Nursing and Quality and a Non-Executive Director. As a result two Board Committees were formed: the Risk Management Committee and the Governance Committee. Each committee performance manages a number of committees and groups reporting to them through an annual agreed work programme. As a result of this review the number of governance and risk related committees in the Trust has been reduced by 50% and approximately £75k of senior managers' time has been released.

There has continued to be significant progress with regard to risk management across the Trust over the last 12 months with the management of risk becoming further embedded within Trust systems and processes. Specific areas of achievement have been:

Risk Management standards

NHSLA Risk Management Standards for Mental Health and Learning Disability Trusts – Level 1 Assessment.

The Trust was successfully assessed against the Standards in March 2009, achieving compliance at Level 1 with an overall score of 48/50 (pass rate was 40/50). This achievement not only assures the Trust of its compliance with nationally set risk management standards but also results in a 10% discount of both CNST and RPST contributions. The Trust is now working toward a Level 2 assessment in 2009/2010.

Central Alert System (CAS)

During the summer of 2008 the DoH introduced a new system of alert broadcasts (CAS) to replace the previous Safety Alert Broadcast System (SABS). CAS now encompasses all safety alerts issued by the Department, including those relating to medication. The Risk Management and Assurance Team have amended their procedures and processes to manage all alerts to the Trust via the CAS system and continue to maintain high levels of compliance to reporting and monitoring of these alerts.

Integrated Risk Management Report

The regular Integrated Risk Management Report that has been presented to the Trust Board on a six monthly basis has been significantly enhanced over the last 12 months and now includes a 'dashboard' style of reporting which focuses much more clearly on the reasons behind changes to incident trends, serious untoward incidents, risks, complaints, claims and PALS and provides explanatory commentary.



Serious Untoward Incident Review Group

The previously named Risk Management Group has been reviewed to focus solely on Serious Untoward Incidents (SUIs) that are reported in the Trust. The Group ensures that all immediate actions are taken to maximise the safety of patients and others and that lessons are learned to prevent a reoccurrence of the incident. An appropriate level of investigation is commissioned by the Group and a team of investigators selected to ensure that there is adequate representation from speciality areas and maximum objectivity in the process of the investigation.

The group has been promoting the principles of the 'Being Open' policy by proactively engaging with the relatives of service users involved in SUIs in establishing the Terms of Reference for the investigation and in offering support and feedback of the findings from the investigation.

The Trust Risk Register has been developed over the last year with risk registers being introduced at Business Unit level, enabling operational managers to monitor and manage their own risks with support from the Risk Management and Assurance Team.

Positive feedback has been received by East Midlands SHA (Strategic Health Authority) in the reporting and management of serious incidents. Particular commendation has been made of the quality of categorisation of serious incidents to the SHA via their STEIS (Strategic Executive Information System) incident reporting system and of the quality and comprehensive investigation reports that the Trust produces.

The 2008 Staff Survey identified that the Trust scored amongst the best performing 20% of mental health and learning disability Trusts with respect to fairness and effectiveness of procedures for reporting errors, near misses or incidents and fairness and effectiveness for reporting errors, near misses or incidents was identified as an area of greatest improvement over the last year.

The reports received by the Trust from the National Patient Safety Agency National Reporting and Learning System allow the Trust to benchmark their incident data against that of other similar Trusts. Reports received during 2008/2009 have identified that the Trust maintains a good culture for the reporting of incidents.

Emergency Planning

The Civil Contingencies Act 2004 places a requirement on Trusts to ensure that they are prepared for any emergency and specifically to:

- Assess the risk of emergencies occurring and use this to inform contingency planning
- Put in place emergency plans
- Put in place Business Continuity Management arrangements
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency
- Share information with other local responders to enhance co-ordination
- Co-operate with other local responders to enhance co-ordination and efficiency

The Trust works with the local authorities and other NHS Trusts in Derbyshire in planning and preparing for emergencies and civil contingencies such as pandemic flu. Our emergency plan has been tested and we have a pandemic flu contingency plan in place.

Emergency preparedness is a continuing process of risk assessment, planning, implementation and review, and in the coming year the Trust will continue to build on the work done in contributing to the responsiveness to emergencies of Derbyshire's health community.

March 09 highlight

Three steps to improvement

The Three Steps to Improvement is a service user feedback initiative which was developed and piloted in the Amber Valley locality, in order to ascertain service user views about the mental health services they receive and to provide a forum to collate, monitor and respond to those views to inform improved service delivery. Following a lengthy period of consultation and preparation, the initiative is shortly due to be rolled out across the Trust, commencing with the community care services within the Adult North and Specialist services Business Unit. The expectation is that all clinical areas will become involved over the next twelve months.



Financial review 2008/09





Tim Woods
Executive Director of Finance

During the year ending 31 March 2009, the Trust generated income of £96 million from the provision of services, principally to the people of Derbyshire. Of that total £91 million was generated from NHS Healthcare.

In addition to healthcare income, the Trust generated other operating income of £5 million. This income related to research and development, education and training and non-healthcare provided services.

Finance Director's report

2008-09 was Derbyshire Mental Health Trust's most successful year ever. We made a surplus of one £1m, an improvement of £0.5m compared to 2007/08. This was due to increased efficiency and activity across the Trust and in readiness for the financing of the Private Finance Initiative (PFI) buildings once handed over.



Full year	£000s
Income	96,009
Expenditure	(93,490)
Operating surplus	2,519
Financing gains ¹	331
Public dividends ²	(1,860)
Surplus	990

◀ Our results 2008/09

1 Net interest received during the year on cash balances.

2 Public dividend capital represents the Department of Health's equity interest in defined public assets across the NHS. The department is required to make a return on its net assets, including the assets of NHS trusts, of 3.5 per cent. For NHS trusts, this takes the form of a variable charge – a public dividend capital dividend. That payment represents a notional cost of servicing, but not repaying, debt.

Value for money and improved efficiency

The Trust has reported a surplus of £1 million after delivering a £3.5 million cost improvement programme. A proportion of the schemes were non-recurrent, i.e. delivered savings for the current year only. However it was still the most successful year for recurrent cost improvement delivery and this would not have been achieved without the hard work and commitment of all the Trust's staff that contributed.

The increased surplus was achieved whilst maintaining the overall cash liquidity position of the Trust. The improved financial position is a continuation of a trend witnessed in recent years whereby the business units have delivered increased activity levels more efficiently.

Trading environment and financial risks

The main influence on the level of trading during the year has been maintaining delivery of activity levels as agreed with commissioners in conjunction with achieving the planned efficiency programme.

A key consideration was ensuring the availability of sufficient cash resources towards the end of the financial year to allow for funding of future years capital programmes. This marks the attainment of a key part of the Trust Board's medium-term financial strategy, which was to fund the capital programme from internally generated resources. Cash will be utilised in particular to support the delivery of the PFI-associated site retraction programme and the rationalisation of the Trust estate.

The overriding priority, however, is to ensure that the financial position remains secure so as to provide a sustainable future.

For 2009-10 the Board plans to maintain the level of surplus achieved during 2008-09. Due to reductions in the level of national funding and the requirement to fund pay and other cost pressures, this will require a cost improvement programme of 3%.

Principal risks and uncertainties remain around:

- delivery of activity levels to volumes agreed
- double running costs for the PFI development as it comes online
- risks associated with the implementation of the Lorenzo clinical information system
- risks associated with the transfer of back office functions

The Trust has allocated contingencies within its revenue plans during the year to manage these risks.

The Trust has concluded contracts with commissioners for the forthcoming financial year before the end of March, which has allowed a greater degree of certainty in the planning process.

Changes to accounting policies

The Trust did not make any significant changes to its accounting policies during the year. There was no significant difference between the balance sheet value and the market value of land.

External audit services

The Trust incurred £118k in audit services fees in relation to the statutory audit for the year to 31 March 2009. Non-audit services of up to £15k have also been provided for in relation to audit's assessment of the Trust's arrangements for meeting the proposed change in accounting rules. Accounting rules are set to change from UK Generally Accepted Accounting Principles (UK GAAP) to International Financial Reporting Standards (IFRS).

Each Trust director confirms that as far as they are aware there is no relevant audit information of which the NHS body's auditors are unaware and they have taken all the steps that they ought to have taken as a director in order to make themselves aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

After making enquiries, the Board of Directors have a reasonable expectation that the NHS 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.

Better Payments Practice Code

The Better Payment Practice Code requires the payment of undisputed invoices by the due date or within 30 days of receipt of goods or a valid invoice, whichever is later. The Trust has a policy of paying suppliers within 30 days of receipt of a valid invoice and has paid 94% of non NHS invoices and 78% of NHS invoices within this target. This represents a year-on-year improvement. Further plans are in place linked to the implementation of a new financial system and the automation of processes that should result in further improvements in the coming year.

Liquidity and capital plans

In line with the application for Foundation Trust status, measures have been taken during the year to ensure enhanced liquidity and cash management. A detailed review of outstanding debts has led to a significant reduction in these, a 12-month rolling cash flow forecast has been incorporated into board reports and cash balances are being reviewed on a weekly basis to allow for more effective management of resources.

Cash was well managed throughout the year. At 31 March 2009 the Trust had a cash balance of £2.24 million. The Trust's healthy liquidity position has allowed it to fund its entire planned capital programme for 2009-10 through internally generated resources without resource to external borrowing. In addition, the Trust has a number of developments planned over the next few years, to be funded exclusively by internally generated resources, including:

- Completion of the Site Retraction Programme
- Further rationalisation of the Trust estate
- Implementation of the Lorenzo Clinical Information System

We will continue with our policy of maintaining our asset base by committing capital expenditure on existing assets at a level broadly consistent with their rate of depreciation. In the short to medium term, the Trust is planning to make further investments to fund the Estate Strategy. The Strategy will both rationalise the estate and develop the ability to deliver services in high quality accommodation in the most appropriate locations.

Treatment of Pensions Liabilities

Pensions liabilities have been treated in accordance with Trusts accounting policies. Details of the Trust's senior manager pensions liabilities are provided in the remuneration report.

IFRS

The Trust submitted a balance sheet restated for IFRS in December 2008. The impact of IFRS on the balance sheet was relatively small, with no significant additions for finance leases. The largest adjustments required were in relation to IAS 19 Employee Benefits. As these provisions will be maintained going forwards, there is an expectation that there will be a minimal incremental impact on the Income and Expenditure account.

External Audit have recently reviewed the Trust's overall arrangements for restating its opening balances. The Trust's arrangements are considered adequate to ensure the balances are free from material misstatement and have, therefore, been rated as 'Green'.

There will be material IFRS impacts on the balance sheet and the Income & Expenditure account when the planned PFI project is handed over in 2009. Professional advice has been secured from PricewaterhouseCoopers and this has been reflected in the financial projections included in the medium term financial plan.

Forward look

Looking forward, 2009/10 and beyond look challenging in the current economic climate. With a reduction in the income uplift, significant cost improvements will need to be identified and delivered. The Trust will continue to develop its medium-term financial strategy as part of the Foundation Trust application and in response to emerging economic factors.

This Trust has always demonstrated its ability to deliver service and financial targets. We have confidence that we will continue to deliver them.



Trust Board

The Trust Board holds monthly meetings in public on the last Wednesday of the month. We always welcome the attendance of local residents.

Declaration of interests

Board members are required under their Codes of Conduct and Accountability to declare details of company directorships or other significant interests where those companies may seek to do business with the NHS, where this may conflict with their responsibilities as Directors.

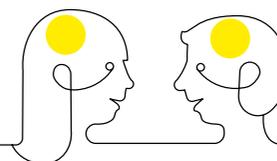
Each director has stated that as far as he/she is aware there is no relevant audit information of which the NHS body's auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the NHS body's auditors are aware of that information.

- a) Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of 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 share holdings 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 NHS services

Declaration of Interests ►

▼ Audit Committee Members

Name	Role	Date served
Martin Fairs	Chair of Committee	1st April 2008 - 31st January 2009
Graham Foster	Chair of Committee	February 2009 to date
Lesley Thompson	Member	1st April 2008 to 31st March 2009
Veronica Marsden	Member	3rd December 2008 - 31st March 2009
Marilyn Hambly	Member	1st April 2008 - 31st October 2008



Name	Interest	Area of interest
Baines, Alan (from 01/10/08)	<ul style="list-style-type: none"> – European Capital Solutions Ltd, Dovedale Capital Growth Ltd, Sir Alex Ferguson Testimonial Year Ltd – Non-Executive Director of Critical Pharmaceuticals Ltd, Piezotag Ltd, Treadcheck Ltd, Davenport Cabinetworks Ltd – Trustee of Changing Faces Charity – Independent Lay Observer for the Bar Standards Board 	<ul style="list-style-type: none"> (a) (a) (d) (d)
Barclay, Alan (from 01/02/09)	<ul style="list-style-type: none"> – Non-Executive Chairman of Vasanta Group Ltd – Chairman of British Office Services & Supplies – Minority Shareholder in Vasanta Group Ltd, including a subsidiary company Supplies Team Ltd, which regularly submits tenders for NHS Business, usually at a national level – Chairman of Rutland House School for Parents 	<ul style="list-style-type: none"> (a) (a) (b), (e) (d)
Blackshaw, Kathryn (from 01/01/09)	Nil	
Cecchini, Danielle (to 30/11/08)	Nil	
Fairs, Martin (to 31/01/09)	Spouse is an employee of Derbyshire County PCT	(e)
Forrest, Judith (to 30/09/08)	<ul style="list-style-type: none"> – Secretary, Derbyshire Dales Careline – Derbyshire Dales Careline (supported by grant from NHS body) – Independent member of Council of University of Derby – Husband is a Non Executive Director, Derbyshire County PCT 	<ul style="list-style-type: none"> (d) (e) (e) (e)
Foster, Graham (from 01/02/09)	Nil	
Gillham, Graham	Nil	
Hall, Annie (to 30/09/08)	<ul style="list-style-type: none"> – Director Pickup Holdings Ltd – Director Saltford Marina Ltd – Director AP Metalising Ltd – Husband, Deputy Chairman and Non Executive Director – Chesterfield Royal Foundation Trust 	<ul style="list-style-type: none"> (a) (a) (a) (e)
Hambly, Marilyn (to 31/10/08)	Employee of Derby City Council	(e)
Khan, Tika (from 01/01/09 to 27/02/09)	Nil	
Lumsdon, Paul	<ul style="list-style-type: none"> – Visiting fellow at Bournemouth University – Member of steering group for MH and LD Nurse Directors and Leads Forum – Visiting fellow for University of Derby 	<ul style="list-style-type: none"> (d) (d) (d)
Majid, Ifti	Nil	
Marsden, Veronica	Self Employed Hypnotherapist and Personal and Executive Coaching Practice	(b)
Martin, Michael (from 01/02/09)	Nil	
Pitt, David (to 30/09/08)	Nil	
Shewan, Mike	Nil	
Sykes, John	Nil	
Thompson, Lesley	<ul style="list-style-type: none"> – Director Beyond Coaching & Consulting Ltd – Non Executive Director, 'Skill Force' – Trustee ICAN until Sept 2008 – Right Management – Associate Consultant – RSM Bentley Jennison Consultancy – Associate Consultant 	<ul style="list-style-type: none"> (a), (b), (c) (d) (d) (e) (e)
Woods, Tim (from 02/03/09)	Nil	

Related Party Transactions

Derbyshire Mental Health Services NHS Trust is a body corporate established by order of the Secretary of State for Health.

During the financial year a number of material transactions have occurred between this Trust and organisations for which the following five Board Members of Derbyshire Mental Health Services NHS Trust, or a person related to them, have a controlling interest. No personal benefit has been gained from these transactions.

The Department of Health is regarded as a related party. During the year Derbyshire Mental Health Services NHS 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:

- Derbyshire County PCT
- Derby City PCT
- Derby Hospitals NHS Foundation Trust
- East Midlands Strategic Health Authority
- NHS Purchasing and Supply Agency
- Chesterfield Royal Hospital NHS Foundation Trust
- NHS Litigation Authority
- East Midlands Ambulance Service NHS Trust
- Leicestershire Partnership NHS Trust

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 in respect of joint enterprises. The Trust also received revenue and capital payments from a number of charitable funds. The members of the NHS Trust Board are also the Trustees for these charitable Funds. 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.

▼ Financial Year 2008/09

Trust Board Member Name and Title	Related party	Relationship	Payment to related party £,000	Receipts from related party £,000	Amounts owed to related party £,000	Amounts due from related party £,000
Judith Forrest Former Chair	Derbyshire County PCT	Husband, Non-Executive	1,073	55,044	207	197
Judith Forrest Former Chair	University of Derby	Independent Member of Council	18	124	0	39
Annie Hall Former Non-Executive	Chesterfield Royal Foundation Trust	Husband, Deputy Chairman	1,278	5	132	0
Paul Lumsdon Director of Nursing	University of Derby	Visiting Fellow	18	124	0	39
Michael Martin Non-Executive	Royal Mail	Director of Customer Services	11	0	0	0
Lesley Thompson Non Executive	RSM Bentley Jennison Consulting	Associate Consultant	28	0	0	0

▼ Financial Year 2007/08

Judith Forrest Chair	Derbyshire County PCT	Husband Non-Executive	937	63,308	286	1,460
Annie Hall Non-Executive	Chesterfield Royal Foundation Trust	Husband Non-Executive	1,252	0	198	4

Statement of Accounting Officer's responsibilities

The Secretary of State has directed that the Chief Executive should be the Accountable Officer to the Trust. The relevant responsibilities of Accountable Officers are set out in the Accountable Officers Memorandum issued by the Department of Health. These include ensuring that:

- There are effective management systems in place to safeguard public funds and assets and assist in the implementation of corporate governance
- Value for money is achieved from the resources available to the Trust
- The expenditure and income of the Trust has been applied to the purposes intended by Parliament and conform to the authorities which govern them
- Effective and sound financial management systems are in place
- Annual statutory accounts are prepared in a format directed by the Secretary of State with the approval of the Treasury to give a true and fair view of the state of affairs as at the end of the financial year and the income and expenditure, recognised gains and losses and cash flows for the year

To the best of my knowledge and belief, I have properly discharged the responsibilities set out in my letter of appointment as an accountable officer.

Signed:



Chief Executive Officer

Date: 10.06.09

(on behalf of the Board)

Statement on Internal Control 2008/09

1. Scope of Responsibility

The Board is accountable for internal control. As Accountable Officer, and Chief Executive Officer of this Board, I have responsibility for maintaining a sound system of internal control that supports the achievement of the organisation's policies, aims and objectives. I also have responsibility for safeguarding the public funds and the organisation's assets for which I am personally responsible as set out in the Accountable Officer Memorandum.

The Trust and I participate in partnership processes to ensure that personal and joint accountability issues are dealt with effectively. As Accountable Officer and Chief Executive, I have regular supervision meetings with the Chief Executive of NHS East Midlands and the Trust Chairman. In addition, the Derby City and Derbyshire partnership forums are well established and include representation from other NHS Trusts, Primary Care Trusts and Local Authorities.

2. 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 organisation's policies, aims and objectives
- 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 Mental Health Services NHS Trust for the whole year ended 31st March 2009 and up to the date of approval of the Annual Report and Accounts.

3. Capacity to handle risk

The Trust has successfully integrated clinical and corporate risk management processes, which the Executive Director of Nursing and Governance leads on behalf of the Trust Board.

- There is a Board endorsed Integrated Governance Strategy which defines the organisational structures in place for the management and ownership of risk, including the responsibilities of Executive Directors for implementing the strategy. This is supported by a Risk Assessment Procedure
- There is an appropriate committee structure in place to ensure risk is managed effectively throughout the organisation and embedded in all Trust processes
- The Risk Management Committee is the principal committee concerned with the management of risk. The Audit Committee is responsible for ensuring appropriate assurances are sought for key controls which manage strategic organisation risks
- To enable staff to fulfil their responsibilities defined within the Integrated Governance Strategy, the Trust provides risk management training, defined within the Induction and Mandatory Training Schedule. This training is supported by procedural guidance and direction from specialist risk management staff

4. The Risk and Control Framework

The system of internal control is based on a framework of risk management processes for identifying and evaluating risk and determining effectiveness of risk controls and assurances received on these controls. The processes, which are embedded in the activities of the organisation, are defined within the Integrated Governance Strategy and its supporting policies and procedures.

Key elements of the risk and control framework include:

- Risk identification – proactively for example via risk assessments, project plans and reactively via incident, complaints and claims analysis, internal and external inspection and audit reports
- Risk evaluation - using a single risk matrix to determine impact and likelihood of risk realisation and grading of risk by colour
- Risk control and treatment – responsibility and authority for determining effectiveness of controls, development of risk treatment plans, including assigning appropriate resources is dependent upon the risk grade
- Risk Register – incorporating requirements of the Assurance Framework including mapping of each risk recorded to a strategic objective
- Incident investigation – robust systems for reporting and investigating incidents to identify areas for organisational learning and good practice
- Public stakeholders are involved in the management of risks which may impact on them via the Trust commitment to the Strategic Commissioning Group and regular briefings with the Overview and Scrutiny Committees
- Communication – the use of a ‘Blue Light’ system to rapidly communicate information on significant risks that required immediate action to be taken and a ‘Learning the Lessons’ newsletter to communicate good practice and actions that have been taken throughout the organisation

The Board has in place an Assurance Framework that:

- Covers all of the Trust’s main activities
- Details the Board’s strategic objectives
- Identifies the risks to achieving the strategic objectives
- Identifies and examines the system of internal control to manage the risks
- Identifies and examines the review and assurance mechanisms which relate to the effectiveness of the system of internal control
- Record actions agreed or taken to address the gaps in control and assurance

The Framework has identified gaps in control in the following areas:

- Market intelligence
- Information: training records, corporate document management; new technologies
- Health community structure for race and gender issue consultation
- Completion of the Estates Strategy, including recent DDA (Disability Discrimination Act) compliance audit

Limited assurance has been received in the following areas:

- Internal Audit issued two reports in respect of exercises requested by the Audit Committee in the latter part of 2007/08. One of these, a review of the application of project management arrangements for the Information Management Reporting system (IMR), culminated in the issuing of a ‘No Assurance’ opinion in respect of the control environment examined. (N.B. The Trust did acknowledge that weaknesses in control in respect of the IMR system were present during 2007/08 in its 2007/08 Statement of Internal Control)
- ONCORE System Review
- Information Strategy Review



Throughout 2008/09 Internal Audit supported the Trust in its response to these recommendations, undertaking prompt follow-up work which was reported to the Audit Committee and which demonstrated that action was being taken in response to recommendations.

Due to the timing of the above actions, the Assurance Framework continued to identify the following gap in assurance in the following areas as at March 2008.

- Management Information Reporting (Non financial)

Action Plans are in place to deal with these issues and progress will be reported to the Audit Committee and Trust Board on a regular basis.

Evidence to support the Statement on Internal Control:

- The Audit Committee has responsibility to oversee the assurance process and provides reports regularly to the Trust Board
- Each strategic objective has been allocated to a group or committee (or Director) within the Trust to be responsible for ensuring risk and control assessments are conducted, potential assurances mapped and reviewed when received, to determine the level of assurance obtained and develop and monitor action plans

- Risk and control assessments, involving staff from various levels within the organisation have been conducted for each strategic objective, the results of which have been included in the Assurance Framework
- Reports to the Trust Board, Risk Management Committee, Governance Committee and Audit Committee on progress with the development of the Assurance Framework
- Routine reporting of significant risks to the Risk Management Committee and subsequently to the Trust Board
- Internal Audit Reports

The Trust has declared full compliance with the core Standards for Better Health.

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

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

The Trust is focused on ensuring that personal and other sensitive information is managed appropriately, with strong safeguards in place to ensure that Information Governance Arrangements are robust and that the Trust continues to demonstrate improvements in this area.

The Trust has:

- Identified a Senior Information Risk Owner at Board Level
- Completed the Information Governance (IG) Toolkit, and reported outcomes to the Audit Committee and Trust Board
- Undertaken a review of its flows of person identifiable data and has received assurances that data flows are secure in line with the requirements of the National IG Assurance Programme
- Reviewed risks related to Information Governance by the Executive Director Lead and the Information Governance Committee
- Recorded no incidences of serious untoward incidences in respect of data security

5. Review of effectiveness

As Accountable Officer, I have responsibility for reviewing the effectiveness of the system of internal control. My review is informed in a number of ways. The Head of Internal Audit provides me with an opinion on the overall arrangements for gaining assurance through the Assurance Framework and on the controls reviewed as part of the internal audit work. Executive managers within the organisation who have responsibility for the development and maintenance of the system of internal control provide me with assurance.

The 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. My review is also informed by:

- Core Standards Final Declaration
- Trust Performance Rating from the Health Care Commission
- NHS Litigation Authority Risk Management Standards compliance with Level 1 standards
- Internal Audit reports received during the year following on from the Internal Audit and External Audit Plans agreed by the Trusts Audit Committee

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, Governance Committee and Audit Committee. A plan to address the weaknesses and ensure continuous improvement of the system is in place.

No significant internal control issues have been identified.

The processes applied in reviewing and maintaining the effectiveness of internal control are described above. In summary:

The Trust Board:

- Is 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 Risk Management Committee:

- Ensures the Trust has a sound system of internal control
- Produces a quarterly Integrated Risk Report to the Trust Board as part of the annual review of the Risk Management Strategy (to be approved by the Board), ensures its effective implementation and monitors progress
- Evaluates, prioritises and ensures risk is treated until it is acceptable to the organisation
- Reviews the Trusts Performance in managing risk
- Ensures that clinical safety is integrated with all clinical governance processes
- Ensures that clinical and professional policies and practice reflect the need to maintain a high level of clinical safety

The Audit 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 and Audit Commission

Internal Audit:

East Midlands NHS 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.

Internal Auditors

Tim Thomas	Head of Internal Audit
Kevin Watkins	Audit Manager

External Audit:

The Audit Commission provide the Trust with external audit services which include the review of the annual accounts and a review of the value for money achieved by the Trust.

External auditors

John Cornett (from 01/01/08)	District Auditor
Claire Page (from 01/01/09)	Audit Manager
Helen Greensmith (from 01/05/09)	Principal Auditor

Signed:



Chief Executive Officer

Date: 10.06.09

(on behalf of the Board)

2008/09 Annual Accounts

Statement of Director's responsibilities in respect of the accounts

The directors are required under the National Health Service Act 2006 to prepare accounts for each financial year. The Secretary of State, with the approval of the Treasury, directs that these accounts give a true and fair view of the state of affairs of the Trust and of the income and expenditure, recognised gains and losses and cash flows for the year. In preparing those accounts, directors are required to:

- Apply on a consistent basis accounting policies laid down by the Secretary of State with the approval of the Treasury
- Make judgements and estimates which are reasonable and prudent
- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the accounts

The directors are responsible for keeping proper accounting records which disclose with reasonable accuracy at any time the financial position of the Trust and to enable them to ensure that the accounts comply with requirements outlined in the above mentioned direction of the Secretary of State. They are also responsible for safeguarding the assets of the Trust and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the accounts.

By order of the Board.

Date: 10.06.09

Chief Executive

Date 10.06.09

Finance Director



Independent auditor's statement to the Board

Independent auditor's statement to the Board of Directors of Derbyshire Mental Health Services NHS Trust

I have examined the summary financial statement which comprise the income and expenditure account, balance sheet, statement of total recognised gains and losses, cash flow statement, management costs note and better payment practice code note.

This report is made solely to the Board of Directors of Derbyshire Mental Health Services NHS Trust in accordance with Part II of the Audit Commission Act 1998 and for no other purpose, as set out in paragraph 49 of the Statement of Responsibilities of Auditors and of Audited Bodies prepared by the Audit Commission.

Respective responsibilities of directors and auditor

The Directors are responsible for preparing the Annual Report.

My responsibility is to report to you my opinion on the consistency of the summary financial statement within the Annual Report with the statutory financial statements.

I also read the other information contained in the Annual Report and consider the implications for my report if I become aware of any misstatements or material inconsistencies with the summary financial statement.

Basis of opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditors' statement on the summary financial statement issued by the Auditing Practices Board. My report on the statutory financial statements describes the basis of our audit opinion on those financial statements.

Opinion

In my opinion the summary financial statement is consistent with the statutory financial statements of the Trust for the year ended 31 March 2009. I have not considered the effects of any events between the date on which I signed my report on the statutory financial statements (12 June 2009) and the date of this statement.

John Cornett Officer of the Audit Commission

Audit Commission
Rivermead House
7 Lewis Court
Grove Park
Enderby
Leicestershire
LE19 1SU
04.09.09

Remuneration report

2008/09

The remuneration of Board Directors is covered by the Remuneration and Terms of Service Committee which must meet at least once per year to consider the remuneration of Board Directors. The Committee is a Sub Committee of the full Board and comprises the Chairman and Non-Executive Directors. The Chief Executive attends to advise and confirm his agreement to the approach taken to the remuneration of the Executive Directors.

In 2006/07 the Remuneration Committee agreed a policy of bringing all Directors (including the Director of HR) and the Chief Executive onto an Agenda for Change Pay Banding. Three local pay scales (Executive 1, 2 and 3) were created and each Director was assimilated to a scale using the Agenda for Change job evaluation scheme.

Since then, work has been undertaken to produce a revised contract of employment using the national Very Senior Managers contract as a model. The contract has provision for individual performance review to form a part, but there is currently no policy to incorporate PRP payments in the contract.

▼ Salary and Allowances of Senior Managers 2008/09

Title	Name	2008/09			2007/08		
		Salary bands of £5,000	Other Remuneration bands of £5,000	*Benefits in kind (nearest £00)	Salary bands of £5,000	Other Remuneration bands of £5,000	Benefits in kind (nearest £00)
Chief Executive	Mike Shewan	145-150	0	4,100	135-140	0	4,100
Executive Director of Finance & Contracting	Danielle Cecchini ¹	60-65	0	0	90-95	0	0
Acting Director of Finance	Robert Brian Steven ²	30-35	0	0	0	0	0
Acting Director of Finance	Tika Khan ³	10-15	0	0	0	0	0
Executive Director of Finance	Tim Woods ⁴	5-10	0	0	0	0	0
Executive Medical Director	John Sykes	60-65	115-120	4,100	55-60	105-110	4,100
Executive Director of Nursing & Governance	Paul Lumsdon ⁵	85-90	0	4,100	0	0	0
Executive Director of Strategy, Planning & Marketing	David Pitt ⁶	45-50	0	2,000	85-90	0	4,100
Executive Director of Business Strategy	Kathryn Blackshaw ⁷	20-25	0	4,100	0	0	0
Executive Director of Service Delivery & IM&T	Ifti Majid ⁸	70-75	0	4,100	15-20	0	1,000
Director of Corporate & Legal Affairs	Graham Gillham	75-80	0	4,100	40-45	0	4,100
Chair	Judith Forrest ⁹	10-15	0	0	20-25	0	0
Chair	Alan Baines ¹⁰	10-15	0	0	0	0	0
Non-Executive Director	Annie Hall ¹¹	0-5	0	0	5-10	0	0
Non-Executive Director	Marilyn Hambly ¹²	0-5	0	0	5-10	0	0
Non-Executive Director	Martin Fairs ¹³	0-5	0	0	5-10	0	0
Non-Executive Director	Lesley Thompson	5-10	0	0	5-10	0	0
Non-Executive Director	Veronica Marsden ¹⁴	5-10	0	0	5-10	0	0
Non-Executive Director	Graham Foster ¹⁵	0-5	0	0	0	0	0
Non-Executive Director	Michael Martin ¹⁶	0-5	0	0	0	0	0
Non-Executive Director	Alan Barclay ¹⁷	0-5	0	0	0	0	0

* Benefits in kind relate to lease cars provided for Senior Managers

▼ Pension Benefits of Senior Managers 2008/09

Title	Name	Real increase in pension at age 60 (bands of £2,500) £000	Real increase in pension lump sum at age 60 (bands of £2,500) £000	Total accrued pension at age 60 at 31 March 2009 (bands of £5,000) £000	Lump sum at age 60 related to accrued pension at 31 March 2009 (bands of £5,000) £000	Cash Equivalent Transfer Value at 31 March 2009 £000	Cash Equivalent Transfer Value at 31 March 2008 £000	Real increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholders pension (to nearest £00) £00
Chief Executive	Mike Shewan	7.5-10	22.5-25	85-90	255-260	1,703	1,176	497	348,200
Executive Director of Finance and Contracting	Danielle Cecchini ¹	0-2.5	0-2.5	15-20	50-55	298	218	75	35,000
Acting Director of Finance	Robert Brian Steven ²	0-2.5	0-2.5	20-25	60-65	459	310	141	7,300
Acting Director of Finance	Tika Khan ³	0-2.5	0-2.5	5-10	25-30	99	56	42	4,700
Executive Director of Finance	Tim Woods ⁴	0-2.5	0-2.5	35-40	110-115	695	482	201	11,900
Executive Medical Director	John Sykes	0-2.5	5-7.5	55-60	165-170	1,073	793	261	182,800
Executive Director of Nursing and Governance	Paul Lumsdon ⁵	5-7.5	15-17.5	30-35	90-95	570	356	205	141,300
Executive Director of Strategy, Planning and Marketing	David Pitt ⁶	0-2.5	0-2.5	20-25	70-75	381	280	94	32,800
Executive Director of Business Strategy	Kathryn Blackshaw ⁷	0-2.5	2.5-5	20-25	70-75	324	220	99	17,000
Executive Director of Service Delivery and IM&T	Ifti Majid ⁸	5-7.5	17.5-20	20-25	65-70	343	191	148	103,400
Director of Corporate and Legal Affairs	Graham Gillham	5-7.5	17.5-20	25-30	75-80	571	323	240	167,800

Contracts for all Directors are permanent, and there is no proposal in the Trust's Remuneration Policy to issue short term or rolling contracts. The Trust has a Contractual Notice Policy which covers all staff. The notice period for Directors and the Chief Executive is recommended as six months.

Any early termination of an Executive Director's contract would be considered by the Committee. A Compromise Agreement is equally likely to be issued where the termination of a contract is negotiated and mutually agreed to come to an end. Additionally, the Strategic Health Authority has to be involved in decisions when a severance is occurring.

Notes to Remuneration Report

- 1 Danielle Cecchini left the Trust on 30th November 2008
- 2 Robert Brian Steven acting in post from 3rd November 2008 to January 2009
- 3 Tika Khan acting in post from 1st January to 28th February 2009
- 4 Tim Woods in post from 1st March 2009
- 5 Paul Lumsdon in post from 7th April 2008
- 6 David Pitt in post until 30th September 2008
- 7 Kathryn Blackshaw in post from 1st January 2009
- 8 Ifti Majid acting in post until 31st August 2008, permanent from 1st September 2008
- 9 Judith Forrest left the Trust on 30th September 2008
- 10 Alan Baines in post from 1st October 2008
- 11 Annie Hall left the Trust on 30th September 2008
- 12 Marilyn Hambly left the Trust on 31st October 2008
- 13 Martin Fairs left the Trust on 31st January 2009
- 14 Veronica Marsden left the Trust on 31st March 2009
- 15 Graham Foster in post from 1st February 2009
- 16 Michael Martin in post from 1st February 2009
- 17 Alan Barclay in post from 1st February 2009

Income and Expenditure Account for the Year Ended
31 March 2009

	2008/09 £000	2007/08 £000
Income from activities	90,641	90,272
Other operating income	5,368	4,534
Operating expenses	(93,490)	(92,521)
Operating Surplus/(Deficit)	2,519	2,285
Cost of fundamental reorganisation/reconstruction	0	0
Profit/(loss) on disposal of fixed assets	0	(46)
Surplus/(Deficit) before interest	2,519	2,239
Interest receivable	369	283
Interest payable	(4)	(9)
Other finance costs – unwinding of discount	(34)	(35)
Surplus/(Deficit) for the financial year	2,850	2,478
Public dividend capital dividends payable	(1,860)	(1,960)
Retained Surplus/(Deficit) for the year	990	518

All income and expenditure is derived from continuing operations.

³ The full Annual Accounts 2008/09 are available upon written request to:
Trust Headquarters, Bramble House, Kingsway Hospital, Kingsway, Derby DE22 3LZ

Balance Sheet as at 31 March 2009

	31 March 2009 £000	31 March 2008 £000
Fixed Assets		
Intangible assets	40	42
Tangible assets	45,925	50,663
Financial assets	0	0
Total fixed assets	<u>45,965</u>	<u>50,705</u>
Current assets		
Stocks and work in progress	177	198
Debtors	2,167	3,360
Investments	0	0
Other financial assets	0	0
Cash at bank and in hand	2,241	2,982
Total current assets	<u>4,585</u>	<u>6,540</u>
Creditors: Amounts falling due within 1 year	(4,608)	(4,533)
Financial liabilities	0	0
Net Current assets/(liabilities)	(23)	2,007
Total assets less current liabilities	<u>45,942</u>	<u>52,712</u>
Creditors: Amounts falling due after more than 1 year	(78)	(28)
Financial liabilities	0	0
Provisions for liabilities and charges	(2,117)	(2,637)
Total assets employed	<u>43,747</u>	<u>50,047</u>
Financed by:		
Taxpayers' equity		
Public dividend capital	16,448	17,156
Revaluation reserve	15,408	22,093
Donated asset reserve	31	34
Government grant reserve	0	0
Other reserves capital	8,680	8,680
Income and expenditure reserve	3,180	2,084
Total Taxpayers' Equity	<u>43,747</u>	<u>50,047</u>

Summary financial statements 2008/09

Statement of Total Recognised Gains and Losses for the Year ended

31 March 2009

	2008/09 £000	2007/08 £000
Surplus/(deficit) for the financial year before dividend payments	2,850	2,478
Fixed asset impairment losses	(155)	(1,896)
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	(6,426)	3,914
Increases in the donated asset and government grant reserve due to receipt of donated and government grant financed assets	0	0
Defined benefit scheme actuarial gains/(losses)	0	0
Additions/(reductions) in 'other reserves'	0	0
Total recognised gains and losses for the financial year	(3,731)	4,496
Prior period adjustment	(1,409)	0
Total gains and losses recognised in the financial year	(5,140)	4,496

Cash Flow Statement for the Year Ended 31 March 2009

	2008/09 £000	2007/08 £000
Operating Activities		
Net cash inflow/(outflow) from operating activities	5,591	6,578
Returns on Investments and Servicing of Finance		
Interest received	369	283
Interest paid	(1)	(9)
Interest element of finance leases	(3)	0
Net cash inflow/(outflow) from returns on investments and servicing of finance	365	274
Capital Expenditure		
(Payments) to acquire tangible fixed assets	(4,088)	(2,332)
Receipts from sale of tangible fixed assets	0	231
(Payments) to acquire intangible assets	(29)	0
Receipts from sale of intangible assets	0	0
(Payments to acquire)/receipts from sale of fixed asset investments	0	0
(Payments to acquire)/receipts from sale of financial instruments	0	0
Net cash inflow/(outflow) from capital expenditure	(4,117)	(2,101)
Dividends Paid	(1,860)	(1,960)
Net cash inflow/(outflow) before management of liquid resources and financing	(21)	2,791
Management of Liquid Resources		
(Purchase) of financial assets with the Department of Health	0	0
(Purchase) of other current financial assets	0	0
Sale of financial assets with the Department of Health	0	0
Sale of other current financial asset	0	0
Net cash inflow/(outflow) from management of liquid resources	0	0
Net cash inflow/(outflow) before financing	(21)	2,791
Financing		
Public dividend capital received	0	0
Public dividend capital repaid	(708)	(31)
Loans received from the Department of Health	0	0
Other loans received	0	0
Loans repaid to the Department of Health	0	0
Other loans repaid	0	0
Other capital receipts	0	0
Capital element of finance lease rental payments	(12)	(5)
Cash transferred (to)/from other NHS bodies	0	0
Net cash inflow/(outflow) from financing	(720)	(36)
Increase/(decrease) in cash	(741)	(2,755)

Summary financial statements 2008/09

Management Costs

31 March 2009

	2008/09 £000	2007/08 £000
Management costs	5,723	4,998
Income	96,009	94,806
Management costs as a percentage of income	6.0%	5.3%

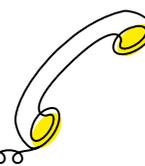
Better Payment Practice Code

Measure of compliance

	2008/09 Number	2008/09 £000	2007/08 Number	2007/08 £000
Total Non-NHS trade invoices paid in the year	26,782	21,238	25,898	20,233
Total Non-NHS trade invoices paid within target	25,057	19,188	22,676	17,219
Percentage of Non-NHS trade invoices paid within target	94%	90%	88%	85%
Total NHS trade invoices paid in the year	1,418	14,260	1,183	11,518
Total NHS trade invoices paid within target	1,111	11,978	855	8,425
Percentage of NHS trade invoices paid within target	78%	84%	72%	73%

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.

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Environmental statement

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