



Annual Report  
& Accounts

2004/5



▶	PAGE 5	Foreword
▶	PAGE 6	Operational Services
▶	PAGE 8	24 Hour Emergency care
▶	PAGE 10	24 Hour Community care
▶	PAGE 12	Intermediate and Social Care
▶	PAGE 14	Older Peoples Services
▶	PAGE 15	Child and family Services
▶	PAGE 16	Learning Disability Services
▶	PAGE 18	Board Members
▶	PAGE 20	Governance
▶	PAGE 23	Human Resources
▶	PAGE 26	Waiting Times
▶	PAGE 27	Complaints
▶	PAGE 28	Financial Review

## About the Trust

The Derbyshire Mental Health Services NHS Trust was formed on the 1<sup>st</sup> April 2002 following wide consultation, and subsequent approval, from the Secretary of State for Health to form a new county-wide specialist Mental Health Trust. This was achieved as a result of a merger between the Southern Derbyshire Community and Mental Health Services NHS Trust and the Northern Derbyshire Mental Health Confederation - previously managed by the Community Health Care Services (North Derbyshire) NHS Trust. As a consequence of these changes, the Community Health Care Services (North Derbyshire) NHS Trust was dissolved on 31<sup>st</sup> March 2002.

### The Trust's Core Purpose, Values & Principles

Organisations often have an agreed set of values and principles, which describes the way in which they would like their service to be judged. The Trust has reviewed and revised the Statement of Intent and Core Principles, developed in consultation with a wide range of partners – including staff and service users.

#### Statement of Intent

We care about people across Derbyshire who have mental health problems or learning disabilities. We will work constantly to improve services for them and for those who love and care for them.

We will give them the respect and dignity we would expect for ourselves.

#### Values

The Trust is committed to the following values and they will form the basis for everything we do:

- **Mutual Respect** – treat other people as you would like to be treated
- **Teamwork** – work together in partnership towards a common purpose
- **Safe & Sound Practices** – use procedures which are proven to be effective
- **Supportiveness** - encourage and support service users, colleagues and partners
- **Friendly Professionalism** – be approachable and maintain professional standards

**Honesty** – be open and honest, but remain sensitive to the feelings of others

## Our services

### Mental Health Services in the County

County-wide Adult Mental Health: Community Teams; Inpatient, Day and Outpatient Services; Substance Misuse; Psychology; Psychotherapy; Assertive Outreach and Crisis Resolution.

Southern Derbyshire services will also include: Older Peoples Mental Health; Child and Adolescent Mental Health; Learning Disabilities Service; Mother and Baby Care Unit; Rehabilitation Services; Low Secure Provision; Court Diversion.

### Mental Health Services in the City

Adult and Older Peoples Mental Health: Community Teams; Inpatient, Day and Outpatients; Continuing Care Service; Deliberate Self Harm; Acute Hospital liaison; Substance Misuse; Assertive Outreach; Crisis Resolution; Psychology; Psychotherapy.

## We provide specialist mental health services to all of Derbyshire

**Glossop** 13 miles east of Manchester is mentioned in the Domesday book. In the early part of the 20th century, the Glossop Estate was sold by the Dukes of Norfolk, and Glossop became a town in its own right.

Built on the River Wye, **Buxton** has a long history as a spa town due to its geothermal spring which rises at a constant temperature of 28 ° C. The source of the spring is marked by St. Ann's Well opposite The Crescent near the town centre. Each summer the well is decorated according to the local tradition of well dressing.

**Ashbourne** is known for its annual two day Royal Shrovetide Football Match in which one half of the town plays the other in which two teams try to kick or carry or propel the ball into each other's goal) football, using the town as the pitch and with the goals three miles apart!

**Swadlincote** is the largest town in South Derbyshire, with a population exceeding 29,000. During the 19th century and the first half of the 20th century, the principal industries were coal mining, brick-making and the manufacture of clay products, including pottery. Today, these activities have largely been superseded by a variety of engineering and manufacturing businesses and by service industries.

**Clayton** is perhaps best known for the "crooked spire" of its Church of Saint Mary and All Saints. The twisted spire leans 9 feet 5 inches from its true centre. The twisting is probably the result of unseasoned timbers or insufficient cross-bracing, although there are other explanations.

Traditionally, **Derby** is the county town of Derbyshire, although Derbyshire's administrative centre has in recent years been **Matlock**. On 1 April 1997 Derby City Council became an unitary authority, with the rest of Derbyshire administered from Matlock.

Derbyshire **NHS**  
Mental Health Services NHS Trust

**Derbyshire** is situated within the heart of England and is a County of diversity and contrast, between attractive rural countryside and busy conurbations. Derbyshire's population is approximately 956,560 which is distributed over some 1000 square miles. However nearly three quarters of the population is concentrated in the eastern part of the County on only a quarter of the total land area.

## Chairman and Chief Executives Foreword

This has been a quite remarkable year for the Trust. Following the disappointment, and some might say the injustice, of having lost a star last year, we missed achieving three stars in The Annual Performance Rating process by the narrowest of margins.

The area where we lost crucial points on was data quality, and this is largely outside the Trust's control until we receive our new information system as part of the national programme.

What was much more pleasing was that in relation to service delivery, the Trust scored very highly in every category and this we believe reflects the tremendous amount of work which has been completed over the year to implement new service models, such as Crisis Resolution and Assertive Outreach. In so doing we can begin to look at how the rest of our services need to change in order to improve access and responsiveness.

We have continued a programme of improving accommodation with one of the high spots being the opening of the *Ritz* in Matlock as the new base for the Community Mental Health Team. Of equal importance was the improvement and expansion of the Amber Valley Child and Adolescent team base at Rivermead, Belper.

One of the greatest achievements of the year, however, was the final transfer of residents from Aston Hall into much improved accommodation in the community, resulting in the somewhat overdue closure of the hospital. This was a real team effort and involved close working with our colleagues in Primary Care Trusts and Social Services, but tremendous credit must go to our staff who supported residents through a potentially difficult period of change, and then finally moved with them into their new homes.

Partnership working has continued to be one of our key principles, and throughout the year a dominant feature has been the implementation of *Agenda for Change (AFC)* following on from the new consultant contract. These two strategies for modernising pay have impacted on most of our staff, and although many may see the exercise as being simply about new, and for the most part, improved rates of pay, the challenge of re-designing and creating a workforce which enables us to deliver effective and modern Mental Health services is the real challenge and one which will continue



for some time to come. This Trust has successfully achieved all of the nationally set milestones for *AFC* and much of the reason for this has been the strong partnership approach adopted between management and staff side colleagues, which we now hope to see built upon for the future benefit of the Trust.

We have also continued our partnership working with Social Services colleagues and have established the foundations for a new integrated Health and Social Care partnership organisation which, subject to consultation, should come to fruition during the coming year.

Our partnership with service users and carers remains of great importance to the future development and delivery of services, and as the national strategy of promoting choice and improving access develops it will be even more important for us to be clear about the nature of this partnership and the opportunities which may need to be created for more meaningful involvement.

Once again, it has been another year in which the achievements of many of our staff have been recognised and one in which, despite the many pressures around us, we have been able to ensure a continued strong focus within the Health community on the needs of people with mental health problems and/or learning disabilities. This, together with a dedicated and enthusiastic workforce, will continue in the year ahead.

The City and County Services adopted a structure of service that delivered services locally but managed within the functional areas; 24-Hour Emergency Care, 24-Hour Community Care, Intermediate & Social Care, Older Peoples Services, Child & Family Services, Learning Disability Services and Substance Misuse Services

The value of taking this approach began to show in the harmonisation of service delivery, developments between the City and County Services and the Primary Care Trust (PCT) localities.



**The Strategic Commissioning Group**

Considerable work was done in partnership with our Commissioners, Service Users, Carers and Trust Staff to define and agree funding for existing and new developments, and agree how services are to be delivered.

This was achieved through the partnership agreements for service planning, co-ordinated through the Strategic Commissioning Group

Overall the achievement of delivering new services and improving the quality of existing services, with greater choice and improved access for Service Users and Carers at the heart, demonstrates the effectiveness of partnership planning and the hard work of the Trust in continuous service improvement.

Alan Riggott  
Brendan Hayes  
Carolyn Gilby

Joint Director County Services  
Joint Director City Services  
Acting Associate Director for Learning Disability

The major challenges for the year were:

In 24-Hour Emergency Care Services the development of 24-Hour Crisis and Home Treatment Teams to meet a delivery target of December 2004. Part of that challenge was competing with neighbouring Trusts (who were also developing along similar lines to meet National Targets) in recruiting staff with the right skills to ensure quality services could be delivered

In 24-Hour Community Care, developing the first wave of new Early Intervention Services and improving access to Community Services for service users.

The focus for Intermediate Care Services has been to increase the choices available to Service Users and Carers with the development of a new Rehabilitation Recovery and Social Care Team

In Substance Misuse Services the key development has been to increase support to Primary Care via a 'shared care' arrangement

In Older Peoples' Services achievements include the development of a Single Assessment Process (SAP), delivering change in line with the Older People's National Service Framework (NSF). The retraction of Kingsway Hospital and reprovision of services for Older People were equally challenging

In Child and Family Services (CAF/CAMHS) developments agreed for the year included an expansion of existing services and the development of new community services to improve both access and the range of interventions available

Learning Disability Services have seen a whole system change in the delivery of services, with the closure of Aston Hall being a real success story in modern service developments

# 24 Hour Care



## National Targets

Emergency Care Services have been a National focus for development and redesign in line with the National Service Framework for Mental Health (NSF) and Policy Implementation Guidance (PIG) for Crisis and Home Treatment Services and In-Patient Services, with national targets for the implementation of Crisis Resolution/Home Treatment Teams to be achieved by December 2004.

## Progress in year

### In-Patient Care

2004/05 saw the final year of a 3-year project for improving in-patient care (Acute Solutions), for which Derbyshire was one of four National pilot sites, in partnership with the Sainsbury Centre for Mental Health. In-patient services have seen a number of developments, which were achieved through partnership working between Service Users, Carers and Clinical staff.

The work of the Acute Solutions project has been instrumental in influencing the redesign of existing services to enable the patient pathway to be a more seamless process. This has been achieved through better access, more responsive care and an improved patient experience.

The project enabled fundamental changes to the environment, service delivery and practice to take place. These have resulted in improved patient care within both The Hartington Unit and The Psychiatric Unit (DCGH). These include the opening of a Family Visiting Room, allowing relatives to have a degree of privacy in an appropriate environment where children can be brought as visitors. Protected meal times, ensure that the opportunity for effective engagement exists without interruption. Changes to practice include more effective care planning and handovers, and the development of multi-disciplinary meetings, replacing traditional ward rounds.

The national project report for Acute Solutions will be published in January 2006.

## Responsible Managers

Gerald Oxley	-	Assistant Director, Emergency Care
County		Confederation
Laraine Chaisty	-	General Manager, Emergency Care
North		
Shelley Bradley	-	General Manager, Emergency Care
South		
Sarah Carter	-	General Manager, Emergency Care
Derby City		
Susan Stocks	-	Matron, Emergency Care South
David Ward	-	Matron, Emergency Care North





### **Crisis Resolution/Home Treatment**

The major development in community-based Emergency Care Services was to achieve the national target of establishing a 24-hour, 7-day per week Crisis Assessment & Home Treatment service by December 2004 across Derbyshire. The Crisis/Home Treatment Teams successfully home treated 415 patients between January and March 2005 who would have previously been admitted to hospital. Early indications from those patients show an increased level of satisfaction for those who had a previous experience of in-patient care.

As a result of establishing the new teams in December 2004, the role of gate-keeping admissions became the responsibility of the Crisis Teams. Admissions during the period January–March 2005 reduced by 23%. The achievement of a reduction in admissions and the outcomes of the Acute Solutions project have provided a robust evidence base to inform the redesign of in-patient care, to be implemented in 2005/06.

Alongside the development of the Crisis Assessment/Home Treatment Teams, the in-patient Day Services

at The Hartington Unit refocused its work to support the Crisis Teams, providing an alternative to admission as part of home treatment thereby further preventing admission to hospital.

### **Psychiatric Liaison Services**

Joint working between A&E Psychiatric Liaison Services A&E and Crisis Services, has ensured that patients presenting at A&E who require an emergency response, receive this speedily without being passed from one service to another. This partnership arrangement has helped A&E debts in local hospitals in the achievement of their national 4-hour maximum wait target.

### **Electro-Convulsive Therapy**

A considerable amount of work has been done on improving our ECT Services in both the Acute Units in Chesterfield and Derby. This work has been managed through the ECT Best Practice Group, which has produced guidelines that ensure that the National Standards for ECT are met (see physical health care).

### **SERVICES**

The Hartington Unit, Chesterfield, Intensive Care (ICU)  
The Psychiatric Unit, Perinatal Services, Derby City General Hospital (DCGH)

Day Therapy Services: The Hartington Unit, The Psychiatric Unit (DCGH)

Electro-Convulsive Therapy (ECT): The Hartington Unit, The Psychiatric Unit (DCGH)

### **Community Services:**

Crisis Services: County North, County South and Derby City

Accident & Emergency (A&E) & Mental Health Liaison: Royal Hospital Chesterfield.



# 24 Hour Care



Further partnership working, this time with Primary Care, has led to a review of link-working arrangements between GPs and Community Mental Health services in the south of the County, to further strengthen the interface and ensure that expert support and advice is available for those patients with mental health needs being cared for in Primary Care settings. Additionally, the link-working role supports a seamless pathway for patients who are referred to the Trust's specialist Mental Health Services.

In the City 2004/05 has seen a strong focus on the further development of the Single Point of Access (SPOA), which acts as a single referral point for all new referrals for Adults into Derby City Mental Health Services. Through developing a process of Triage, referrals can be speedily prioritised into receiving appropriate services to meet the individual needs of patients, thereby reducing waiting times. Additionally the SPOA ensures that there is an increased choice available as to the time and place where patients can be seen.

The Resource Centre has again seen a very busy year, ensuring that patients attending Consultant Out-patient Clinics are seen within National Targets. The Day Hospital at the Resource Centre has also been involved in development work in extending opening hours and providing a wider range and choice of groups, and clinics run by organisations such as the Citizen's Advice Bureau (CAB).

## National Targets

Community Care Services have received a National focus for the development of Specialist Early Interventions Teams in line with the National Service Framework (NSF) and Policy Implementation Guidance (PIG) with a national target of one team being in place across Derbyshire by April 2005.

## Progress in year

### Community Mental Health Teams

In 2004/05 County Services saw the North Dales Community Mental Health Team (CMHT) move into new premises at The Ritz Building in the heart of Matlock, providing a state of the art environment and improved access for Service users and staff alike. Likewise, in Southern Derbyshire Dales, improvements were also made to the team base to improve environment and access.

As part of improving services the further development of multi-professional working was given a boost by the introduction of a Social Care Lead post into which will provide professional leadership to social care and social work staff across County Mental Health Services.

## Responsible Managers

- Rfi Majid - Assistant Director, Community
- Kath Lane - General Manager, Community
- Ian Murphy - General Manager, Community
- Andrew Skelton - General Manager, Derby City



## Specialist Teams

### Early Interventions in Psychosis (EIP)

The development of specialist Early Intervention in Psychosis Teams is a National Target, the first wave being for Derbyshire having one team in place by April 2005. The Trust achieved this target and will continue to develop during 2005/06 towards the target of three teams. Much work has taken place through a combination of recruitment of staff from outside and within Derbyshire, and re-engineering a number of posts from Community Mental Health Teams (CMHT). Further success in recruitment has resulted in the appointment of a Cultural Diversity Specialist, who will help the teams identify and address current gaps thereby improving access for minority ethnic groups.

Robust links have and will continue to be developed with Primary Care, Education and Social Services to ensure joint working in the early detection of psychosis, with expert training being provided to Health and Education staff in early psychosis. This is already showing benefit in the number of referrals to the team enabling patients to receive early intervention by a specialist service that had previously been unavailable.

### Cognitive Behavioural Therapy, Psycho-Dynamic Psychotherapy and Psychology

All Psychological Therapy Services have been involved in a detailed piece of work during 2004/05 commissioned by the Strategic Commissioning Group (SCG), to examine the pathway for access and treatment to psychological therapies, to support the development of an integrated model of access for all Service Users through a single point. This work will support further development of group therapy models and assist in addressing improvements in waiting times. The work will be reported

#### Services

**Community Mental Health Teams (CMHT):**  
High Peak, North Dales, Chesterfield, Clay Cross, Killamarsh, Amber Valley, Erewash, South Derbyshire Dales, Derby City Teams 1-7

**Single Point of Access (SPOA)**  
Out-Patients  
7-day Resource Centre  
Medication Clinics

**Specialist Teams:**  
Early Interventions  
Cognitive Behavioural Therapy (CBT)  
Psychodynamic Psychotherapy  
Psychology

to the Strategic Commissioning Group in the autumn of 2005.

Other work being played into the strategic commissioning process is for the development of Personality Disorder Services, again due to report later in 2005, and Eating Disorder Services who have produced Bronze, Silver and Gold standards for service developments for Eating Disorders.





Developments of a Recovery ethos across services and the development of the Rehabilitation Recovery and Social Care Team, has incorporated further integration of Occupational Therapy Services, and sits at the core of future service development and redesign. One of the aim is to provide services for Patients and Carers in Primary Care closer to the Patient's home and to increase the number of community- based services.

We welcomed Glossop Mental Health Project when it was transferred to the Joint Mental Health management structure from Derbyshire County Council Social Services management. This very good service was presented with a Quality award at the Trust's Quality exhibition.

Part of these developments include the newly formed Collaborative Care Team, which is unique in ensuring care is delivered based on individual needs, ranging from residential to independent living.

A further achievement, through the support of commissioning colleagues has been the work carried out on the development of Longcroft Court in Chesterfield.

The forthcoming year will see further review of care pathways and consultation with partner and other agencies, to enable service users to have increased choice into where they would prefer to live following input from Mental Health Services.

#### Assertive Outreach Services

The Trust successfully met its' national target of implementing three Assertive Outreach Teams (AOT) across the County, North South and City.

Challenges for the teams, in conjunction with the Community Mental Health Teams and Emergency Care in-patient services, are to ensure that those patients who are cared for across the spectrum of care whose care is complex, and for whom traditional services are not felt to be appropriate, resulting in disengagement, are identified and receive specialist care through the Assertive Outreach Services.

#### National Targets

The key National Target area for Intermediate and Social Care Services contained in the National Service Framework for Mental Health (NSF) and National Policy Implementation Guidance (PIG) is the full implementation of Assertive Outreach Teams.

#### In year progress

This financial year has seen a review of Intermediate Care Services across the county in the guise of the Rehabilitation Review and Day Services Review, commissioned by Service Users, Carers, Commissioners and the Trust who make up the Strategic Commissioning Group.

#### Responsible Managers

Iti Majid	-	Assistant Director, Intermediate Care County Confederation
Parnjit Mann	-	General Manager, Intermediate Care Derby City
Zelma Hutchinson	-	General Manager, Intermediate Care County Confederation
Su Caulton	-	General Manager, Intermediate Care
Ann Halford	-	Matron, Intermediate and Social Care

### Substance Misuse Services

The national targets for Substance Misuse Services are amongst the most challenging and complex. These targets are set by the National Treatment Agency (NTA) and include improving waiting times, clinical outcomes and the provision of housing and residential care for clients with drug and alcohol problems. Retention rates across services provided by the Trust significantly out-performed the National target.

The year has seen the securing and purchase of new premises in Chesterfield to replace West Bars, which will ensure services for clients can be delivered in suitable and purpose-adapted environment.

Following support from commissioners funding has been secured to enhance and increase support to Primary Care via a 'Shared Care' development.

Work in year of which the results will be seen in 2005/06 include:

- ◆ Commissioning and move into Bay House
- ◆ Further development of a county-wide alcohol strategy
- ◆ Continued focus on 'Models of Care'
- ◆ Sustained work towards reducing waiting times to meet national targets

### Forensic Services

During 2004/05, work has commenced with commissioners in formulating a strategic approach to the delivery of Low Secure Forensic Services, including the development of a Community Forensic Team and the development of a new Intensive Care facility to be based at The Psychiatric Unit Derby City General Hospital.

Improving services for Service users sits at the core of this work, especially for those Service users who are currently receiving a service outside of Derbyshire. The developments are a combination of re-engineering current services and securing new capital from the Strategic Health Authority.

A key achievement this year has been achieving robust Prison In-Reach work at Foston Hall Prison. This service development now provides specialist mental Health input for those people in hospital who are experiencing mental health problems and support and training for prison staff.

## SERVICES

### In-Patient Wards

Cherry Tree Close, Kingsway Hospital  
Albany House, Kingsway Hospital  
Cobden Road, Chesterfield  
Audrey House, Derby City  
Duffield Road, Derby City  
Intensive Care Unit, Kingsway Hospital  
Monsal Ward, Kingsway Hospital

### Community Services

Assertive Outreach Teams (AOT) Derby City, County South, County North  
Collaborative Care Team Derby City  
Glossop MH Project  
Substance Misuse Services  
Forensic Services  
Prison In-Reach  
Court Diversion



# Older peoples' services



## National Targets

Key National targets for Older Peoples' Services are focused on the integration of Health and Social Care within CMHT's and delivering the requirements for the NSF for Older People.

## Progress in year

In response to the National Service Framework for Older People a new post was appointed to in 2004/05 to progress many of the key areas of work including: the Single Assessment Process (SAP) and refining care pathways and protocols across the health and social care community.

Work has continued throughout the year with the Derby Hospitals Foundation NHS Trust to plan and deliver the significant developments of relocating older peoples' in-patient assessment services onto the Derbyshire Royal Infirmary site into purpose-built accommodation. Effort has been focussed around ensuring the new building is fit for purpose and that patients and staff being transferred are prepared.

Planning and designing for Challenging Behaviour services to be re-sited in locality- based, purpose-built Resource Centres provided through a Private Finance Initiative (PFI) development as part of the Kingsway retraction, has also been ongoing. Other partners and teams involved in these centres have also been part of the groups working on enabling the delivery of mental health support in local communities.

Achieving the national target of 'Integration of Community Mental Health Teams' (CMHTs) has delivered tangible benefits to patient care and case management. Further enhancement of teams in the City has commenced with the first steps in place to delivering a Specialist Dementia Service with extended support.

Day Services have been developed with the appointment of a Day Service Lead and the establishment of Local Day Services in partnership with Social Services.

During the coming year, Older Peoples' Services will continue to work closely in partnership with Social Services to build upon the opportunities for joint working and to improve patient experience through effective organisation of interfaces and expertise. Specialist approaches including person-centred care and appropriate management of challenging behaviour with older people will continue to be embedded in the model of care.

## Services

### In-Patient Care

Edale, Lathkil, Wirksworth, Beresford – Kingsway Hospital, Derby  
 Woodside – Ilkeston Community Hospital  
 Wards 12 & 14 – Derbyshire Royal Infirmary (DRI)  
 Wards 28 & 29 – Derby City General Hospital (DCGH)

### Day Hospitals

Quarnmill, Dovedale – Derby City

### Community Services

Amber Valley CMHT, Erewash CMHT, South Dales CMHT, Barwise CMHT, City CMHT North and South  
 Memory Clinic, Hartington Unit

### Responsible Managers

Gerald Oxley - Services County Confederation	Assistant Director, Older Peoples
Sarah Greaves - Partnership	General Manager, Older Peoples' Derby C
Debbie Smith -	General Manager, Older Peoples' Services Confederation
Bev Green	Matron, Older Peoples' Services City & South
Jane Elliott	Matron, Older Peoples' Services
Community North	

# Child and Family Services



## Key Issues

Child and Family Services have received a national focus during 2004/05, with the advent of the Children's National Service Framework (NSF) with earmarked additional finance to begin to deliver the priorities.

## Progress in year

For the service the greatest challenge has been improving access to services, in particular reducing waiting times. Significant progress has been made, with a 37% reduction in the total number of cases waiting for a service, and a 60% reduction in the number waiting for more than 26 weeks for a service.

## Responsible Managers

**Adrian Perry - General Manager CAMHS**

## Developments

During the year there have been a very wide range of developments and planned developments, some of which will come to fruition in 2005/06. These include:

- ◆ Further reductions in waiting times
- ◆ The introduction of a new streamlined approach to assessment and treatment
- ◆ The setting up of a CAMHS Crisis and Home Treatment Team
- ◆ The development of service for 16 and 17 year olds and for Children and Young People with a learning disability who have a mental health problem

We will also be involved in the development of specialist in-patient provision and Day Services. All of this work is being carried out in close partnership with other children's services.

## Services

Five Child and Adolescent Mental Health Teams in Southern Derbyshire providing interventions and treatments to children, young people and their families and carers as well as consultation, advice and training to services working with children and young people on mental health, emotional and behavioural problems.

# Learning Disability Services

## Progress in year

The resettlement of people from Aston Hall has been the most challenging part of the year, with all clients now successfully discharged, meeting the agreed Health Community target.

A new team, 'The Supported Living Team', was created to support the new care providers in the transition process and to work closely with Primary Care Services to develop their capacity to meet the general health needs of the people discharged.

To enable the sale of Aston Hall to be achieved, the Learning Disability staff team, including the Assessment, Treatment and Support Services (AT&SS) was relocated to St Paul's House, Derby, in December 2004, another successful project.

The emphasis for care of people with a learning disability continues to focus on partnership working between Health Services and Social Care Services to deliver specialist/ dedicated services, strengthening existing local networks.

The development of these partnerships continues to be central to planning and co-ordination of all Learning Disability Services. The future provision of health services, within the partnerships, are recognised as an important part of service delivery to maintain peoples health and well-being.

The Learning Disability Partnerships crosses traditional organisational and geographic boundaries to provide:

- Stronger involvement of people with learning disabilities and family carers in planning and developing services
- Integrated and streamlined assessment and care/ support planning
- Strengthened professional and clinical networks
- Improved health outcomes for people with learning disabilities through strong relationships with primary care and secondary health care services

## Responsible Managers

Carolyn Gilby –  
Acting Associate Director  
for Learning Disability Services



## Better co-ordination of Mental Health and Learning Disability Services

- Local services building on distinctive capabilities to deliver person centre support and sustainable improvement
- Person centred approaches/planning in all aspects of service provision to secure better outcomes for people

It has been agreed by all partner organisations that the current Assessment, Treatment and Support Services (AT&SS) should be reconfigured and developed to provide a Derbyshire-wide model that includes a service to the Derby City LD Partnership, and brings together the current South Derbyshire AT&SS and the North Derbyshire AT&SS. The commissioners will lead on this project.

## Services

Supported Living Team  
Assessment,  
Treatment and Support Services  
Community Learning Disability Teams  
Medical Services  
Residential Services  
Nurse Consultant Support Services



Public Affairs  
Focus  
Public Relations  
Information  
Staff Magazine  
Focus  
Focus  
Public Affairs  
Public Affairs



# BOARD MEMBERS

The key functions of the Trust Board are to:

Set the strategic direction of the Trust

Monitor performance

Ensure financial stewardship

Ensure high standards of governance and behaviour

Be responsible to the community's needs

Appoint, appraise and remunerate senior executives



Judith Forrest,  
Chairman



Mike Shewan  
Chief Executive



Annie Hall,  
Non Executive Director



Dr John Sykes,  
Medical Director



Dr Mike Langham,  
Non Executive Director



Margaret Redfern,  
Non Executive Director



Clive Bull,  
Director of  
Human Resources



Linda Moore,  
Non Executive Director



Marilyn Hambly,  
Non Executive Director



Ralph Tingle,  
Director of  
Finance & IT



Dr Andy Clayton,  
Medical Director



David Snowdon,  
Assistant Chief  
Executive/Chief Nurse

At the heart of the conduct of the Board's business are the key public service values of accountability, probity and openness.

In ensuring that public funds are properly safeguarded, the Board is assisted by the Audit and Remuneration Committees – membership to these committees has been shown below. The Governance Committee also supports the Board in the management of risk and of the systems for internal control.

The Chief Executive was appointed through an external recruitment process in November, 1999 and took up appointment in February 2000. The Chief Executive and Executive Directors are all employed on permanent contracts. The Chairman and Non-Executive Directors were appointed by the Secretary of State, their appointments are for fixed periods and on a rate of remuneration determined by the Secretary of State.

The opportunity has been taken to review the Register of Interests, for board members and senior managers for the purposes of publication with the Annual Accounts 2004/05

Interests are hereby disclosed as follows:

Clive Bull	Committee Member	Walbrook Housing	(a)
Andy Clayton	Nil		
Judith Forrest	Vice Chair	Derbyshire Dales "Careline" (supported by grant from NHS body)	(c) (d)
Graham Gillham	Nil		
Annie Hall	Director	Pickup Holdings Ltd	(a)
	Director	Salford Marina Ltd	(a)
	Director	A.D. Certified Lifting Services Ltd	(a)
Manilyn Hambly	Nil		
Brendan Hayes	Member	Derbyshire MIND Executive Committee	(c)
Mike Langham	Director	High Peak Radio Ltd.	(a)
Linda Moore	Chairman	Alzheimer's Society (Chesterfield and North Eastern Derbyshire)	(c)
David Pitt	Nil		
Margaret Redfern	Company Secretary	CASA Combinations	(a)
	Company Secretary	Derwentio Joinery & Building Contractors	(a)
	Councillor	Derby City Council	(c)
	Board Member	Derby Probation Service	(c)
Alan Riggott	Nil		
Mike Shewan	Nil		
Dave Snowdon	Nil		
John Sykes	Private	Very small medico – legal practice	(b)
Ralph Tingle	Nil		
Cecile Wright	Nil		

All other board level directors: nil to disclose

- a) Detail any Directorships, including Non-Executive Directorships, held in private companies, or public limited companies (with the exception of dormant companies).
- b) Detail any ownership, or part ownership, of any private companies, business or consultancies, likely, or possibly seeking, to do business with the National Health Service.
- c) Detail any position of authority in any charity or voluntary body in the field of health and social care.
- d) Detail any connection with a voluntary or other body contracting for National Health Services.

#### Remuneration

Full details of remuneration for the Trust's Directors and other Senior Managers are given in note 5.4 ? of the Annual Accounts.

The Trust's Remuneration Committee is established to advise the Board about appropriate remuneration and terms of service for the Chief Executive and other Executive Directors. The Committee also considers all aspects of salary including performance related elements, provisions for other benefits, including cars and pensions. The Committee is comprised of all Non-Executive Directors.



There have been three main strategic drivers during the year. The first has been the ongoing improvements against the standards and processes of the Commission for Healthcare Improvement (CHI) following our review visit in early 2004 through to the agreed Action Plan in August 2005 and the updates and reports of progress against this.

The second has been the changes in the organisation and standards from those of CHI to the new Healthcare Standards and the revised role of the Health and Social Care Commission. This has meant a shift in the Trust approach from isolated reporting of improvement activity, risk and assurance, to an integrated governance model incorporating our Performance Assessment and Assurance Framework and the Clinical Governance planning and reporting structures.

The third has been the continuing revision, evaluation and improvement of the Governance structures, systems

and processes, resulting in further evidence of the improvement of the quality of services provided by the organisation.

#### Performance Assessment and Assurance Framework (PAAF)

The PAAF's inception was towards the end of the reporting year 2004/2005. It represented our first moves toward integrated Governance. This and the other Governance reporting structures are being built on the principle of 'reporting one thing once', where performance and other information automatically migrates or is shared with all other potential reporting systems.

#### Integrating Governance

In line with the PAAF, changes to the Governance structures, systems and processes were proposed at the end of the reporting period. These include an improved and more robust approach to the identification, dissemination and implementation of Best practice information and guidelines, including those from the National Institute of Clinical Excellence (NICE) and other bodies.

#### Clinical Audit

There has been a great deal of work and development of the Trust ap-

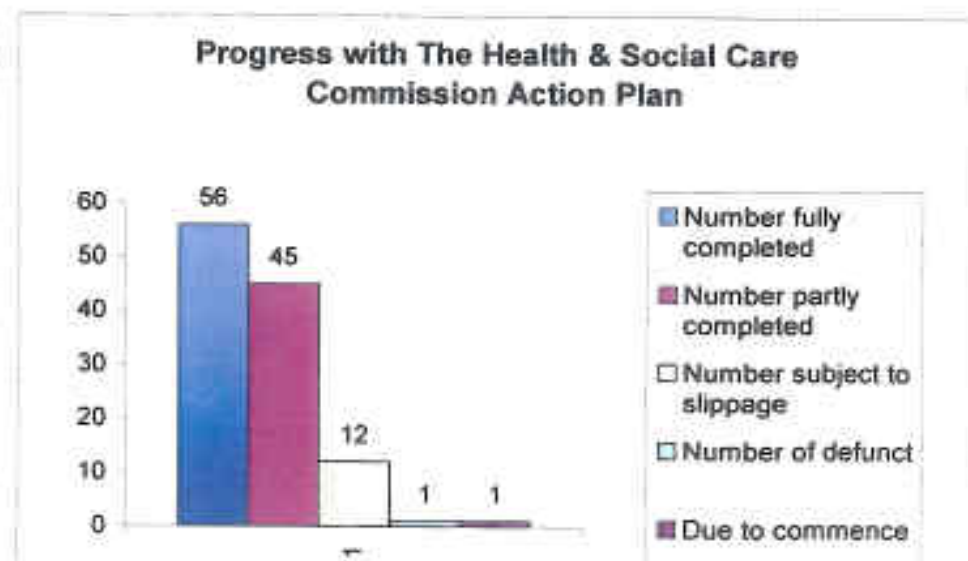
proach to Clinical Audit as part of the CHI Action Plan, most of which was completed in this reporting period. These include the revision of policy, procedure and implementation against local and national, a more focussed use of support resources, greater rigour in planning and reporting, and the sharing of Clinical Audit information and impact through a planned Clinical audit Showcase event.

#### Evidence Based Practice and Practice Based Evidence

There has been further development of both the Trust Research Development in terms of involvement in producing practice evidence, and moves towards a comprehensive awareness, training and support structure for Evidence Based Practice.

#### Progress with the Health & Social Care Commission Action Plan

In line with the national requirements, the Trust has reported quarterly progress to the Trent Strategic Health Authority and conducted reviews with the SHA Governance Lead. The Trust has consistently reported progress in the majority of areas in the Plan and this has been acknowledged by the Trust and the SHA.



### Managing Clinical Risk and Patient Safety

During 2004/5 in addition to the ongoing clinical service delivery initiatives, the Risk Management Strategy continued to provide key foundation information and skills in addressing the reduction in suicide and death by undetermined causes rates. The Risk Management Team transferred the information management software to one with increased ability to provide clinician's and managers with relevant and clear reports upon which to analyse the underlying trends in incidents.

The Risk Management Team, in addition to continuing training in risk assessment and management, began training key staff in Root Cause Analysis using the National Patient Safety Agency approach as the benchmark.

In addition to the above developments at the end of the year a Safer Services Group was organised to support the Risk management group and ensure clinical staff remained central to all the programmes for improving the safety of service users and staff.

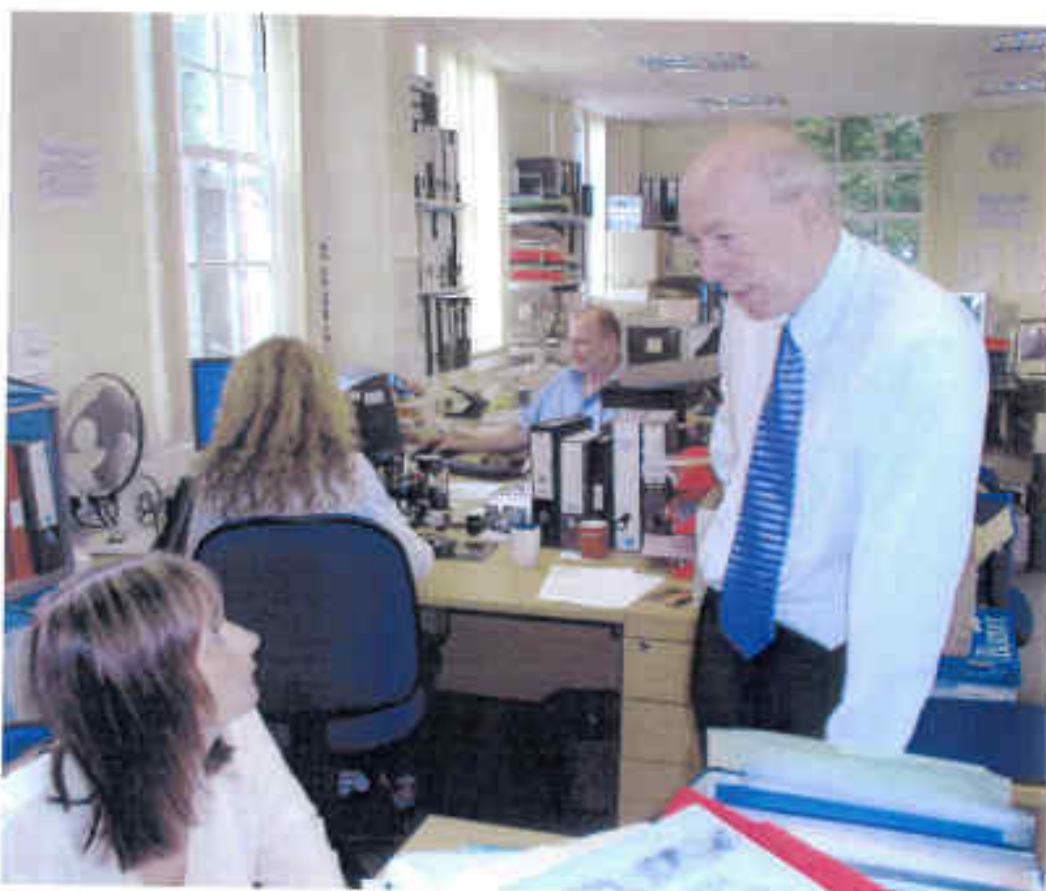
### Multi-Professional Mental Healthcare Strategy

During the year considerable work has taken place in the development of a Multi-Professional Mental Healthcare Strategy and was finalised after input from Service Users and Staff in a consultation process

This strategy builds upon the excellent progress that had already been made by the Strategy for Nursing and the Allied Healthcare Strategy, in response to meeting the Challenge. The strategy was launched at the end of the period of this report and covers 2005/08.

The strategy will direct and support the professional development of all Mental Health Professionals in Health and Social care.

Meeting the needs of Service Users and Carers sits at the core of all that we do. Meeting those needs can only be achieved through a confident, competent and well-trained



workforce. The Multi-professional Mental Healthcare Strategy will support future developments in this area.

### PHYSICAL CARE MANAGEMENT

National recognition has been given to ensuring effective physical care of people with mental health problems. This requires all secondary services to establish clear care pathways across existing services. In meeting National guidance, the Trust has established key physical care standards that must be met by all existing clinical services.

The assessment, treatment and after-care arrangements should reflect a comprehensive Care Plan of each individual patient's physical care needs, alongside their mental health wellbeing. The Trust has established a Physical Care Committee to monitor and evaluate these standards. To enable effective care delivery in this context, the Practice and Professional Development agenda for the organisation now reflects the required skill development and interventions required.

During the reporting period, the introduction of key areas of workforce development have been established, which include resuscitation training, Basic Life Support and enhancing the existing First Aid programme, the development of screening processes and management, partnerships in working with both Acute Trusts and community-based services and the management of long-term physical conditions e.g. COAD, COPD etc



During 2004/05, the Trust produced a Strategic Direction document, which meets the requirement placed on all NHS Trusts to produce and maintain such a document. The purpose of this document is to provide a broad outline of the likely key developments within a three to five year timeframe. The Trust Strategic document relates to the period 2005-2008.

This document represents the first such document since the merger of Specialist Mental Health Services across Derbyshire in 2002.

The document includes the following information:

An explanation of local and national drivers for specialist Mental Health and Learning Disability Services

Key planning priorities that have been agreed or are being discussed with Commissioners

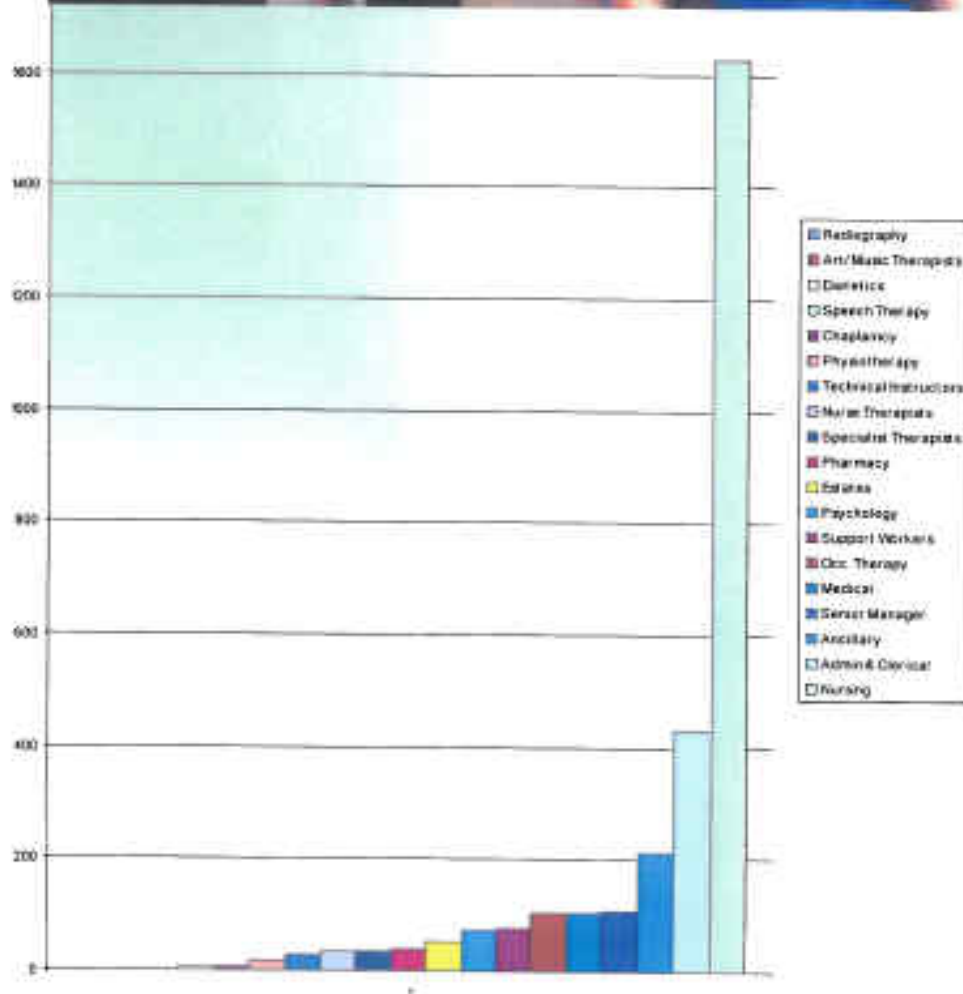
Information relating to supporting strategies that are likely to support the implementation of agreed priorities

One of its' key purposes is to ensure that members of staff have a common understanding of possible strategic developments within the Trust in a given timeframe, what those developments relate to and how the Trust will deliver it's part of the wider health community strategy for mental health.

Having achieved the production of the Trust Strategic Direction, the 2005-2006 Annual Service Delivery Plan has been developed covering the first year. This plan has been embedded as part of the Trust induction process and allows new staff to develop an understand of the in-year plans for the Trust and their role within it

# Human Resources

2004/5 proved a difficult but in many respects a rewarding year. A number of people management issues needed to be resolved around change management issues. This included the final closure of Aston Hall Hospital, a management restructuring and the introduction and assimilation of staff to the new national pay and reward system known as Agenda for Change. The need to manage risk has also played a significant part in strengthening recruitment and selection procedures, managing the Service Level Agreement with Derwent Shared Services and the development of the Nurse Bank using the national standards framework and working closely with our preferred suppliers for agency nurse staff which became effective from July 2004.



## Disability

The Trust continues to operate the tick symbol when advertising all posts which ensures any disabled individual who meets the criteria for the job advertised is guaranteed an interview. However, identifying within the existing workforce those who would consider themselves disabled is difficult, as staff are not required to register as disabled under the current legislation. Using information obtained through the latest Staff Survey, would suggest 7% of our existing workforce consider themselves disabled. To obtain more detailed information on this section of the workforce and how the Trust may support them more effectively, a specific number of questions have been included in the 2005 Staff Survey which will attempt to ascertain more information on this group.

## STAFF SURVEY

All Trusts are required to undertake a national staff survey and in 2004 we achieved a response rate of 55% to the survey. Although an increase of 6%, the Trust was still towards the lower end of the percentage response achieved by other Mental Health Trusts. A lot of work has been undertaken to learn lessons from the survey and action initiated to increase the 2005 response rate.

Key learning outcomes from the 2004 survey have concentrated on communications, individual performance and development review and building our understanding of the number of staff the Trust employs who have some form of disability.



Communications within such a geographically diverse organisation will always be challenging but a number of new newsletters have been launched and the Trust continues to invest heavily in IT solutions to communication Challenges. The 2005 survey will also be used to improve our knowledge base on the needs and requirements of disabled staff and the increased level of knowledge used to develop a detailed strategy.

An audit process has also been built into the 2005/6 IPR/PDP round to identify areas where reviews are not being undertaken and quickly address the issue.

## DIVERSITY

In January 2004 the Diversity Board committed itself to a 5-year strategy using the framework outlined in the national document 'Valuing Diversity'. This is an ambitious programme and progress will be reviewed on a regular basis. Key targets in 2004/5 have been the establishment of Harassment Advisors and the Lesbian, Gay, Bisexual and Transgender (LGBT) networks across the Trust. The LGBT network has led a successful national conference in June to raise awareness and publicise its work.

The Trust has continued to play a leading role in the Southern Derbyshire Diversity Committee and works hard to increase the number of staff currently employed from a Black and Ethnic Minority (BME) background. Currently 8.2% of the workforce are from a BME background and our target is to increase this to 9% in 2005/6. Work has also been completed to establish a local Race Equality action plan and the required investment in the delivery of service provision for the BME community has been supported by the appointment of three Community Development Workers.



During 2004/05 further work took place ensuring that the Women's Mental Health Strategy underpins all developments within our existing and new services.

As part of these improvements, service provision in day care for in-patients have begun to reflect the needs of women more effectively with both care planning and therapeutic activities being gender specific.

Partnerships with statutory and non-statutory services have worked hard in changing attitudes by increasing understanding of women specific needs within the services delivered. They have taken a unique approach to identifying and highlighting women's needs through the construction of a giant quilt, with each square on the quilt representing a need or concern of the women of Derbyshire. This is part of the national 'NHS Live' project, ensuring that women's issues are both recognised and influence thinking at a national level in the configuration and design of future services.

#### IMPROVING WORKING LIVES (IWL)

During 2004/5 a great deal of work has been undertaken to ensure the Trust has made significant progress against the eight standards identified to achieve IWL Practice Plus in October 2005. This work will result in the submission of a Self Assessment Report in August 2005 with the formal validation by a panel of independent assessors taking place in September. Our work has seen the Trust make major progress under all the headings but in particular flexible working, training and development and staff benefits and childcare.

#### AGENDA FOR CHANGE

The national initiative to introduce a new pay and grading structure for all staff entitled Agenda for Change has been a major change management process which the Trust has been involved in throughout 2004/5. The success of close partnership working with staff side colleagues has resulted in our ability to drive this project forward in an effective and co-ordinated manner. Designed to ensure equal pay for work of equal value, it has involved all posts being evaluated using the national job evaluation scheme.

Working to the national target of all staff being assimilated to the new pay banding by September 2005, the Trust is well placed to meet this national objective. Having made significant progress, the Trust is already starting to address the issue of benefits realisation associated with the new pay scheme and is linking this to the work associated with the introduction of the new Consultant Contract implemented in 2003/4. This work will continue in 2005/6 with the introduction of the Knowledge Skills Framework (KSF) designed to ensure staff have the necessary skills and competencies to fulfil their roles effectively.

#### WORKFORCE

Approximately 90 staff transferred from Learning Disabilities to the independent health sector as the impact of Social Services taking the management lead of these services begins to take effect. This movement of staff was undertaken in accordance with TUPE regulations and was carefully managed in partnership with staff organisations during the latter part of 2004, with most staff having transferred by March 2005. Although a difficult process, it was successfully managed and Aston Hall Hospital subsequently closed in May 2005.

The Trust continues to have difficulty recruiting to some specialist professional roles. This is part of a national problem but we were particularly successful in recruiting qualified nursing staff by running a recruitment campaign at the RCN congress and we also had some success using the International Recruitment Forum to secure four new Consultant appointments.



## WAITING TIMES AND BOOKING OF APPOINTMENTS



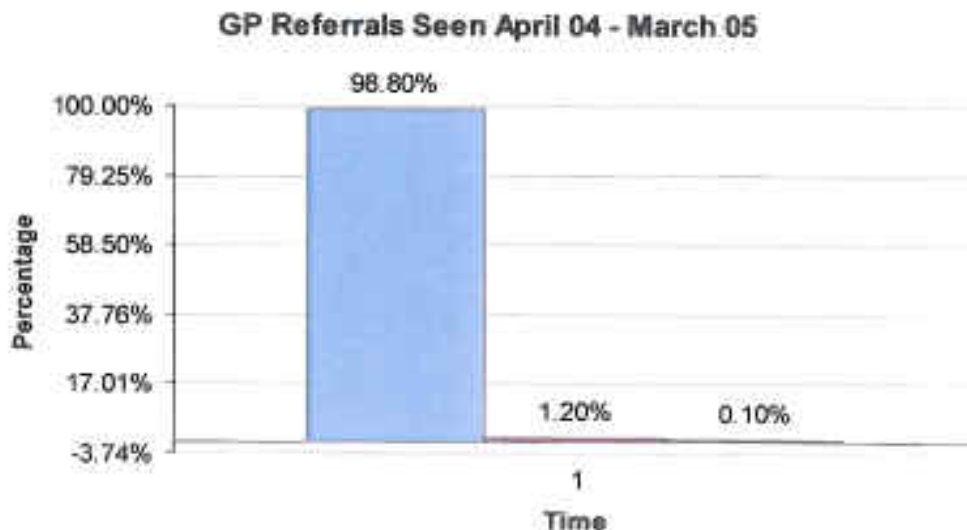
The NHS Plan gave a commitment that by 2005, along with reduced waiting times, all patients will be able to book outpatient appointments and be given a choice of time and place convenient to them. It is essential that individuals referred to Mental Health Services be seen as quickly as possible in accordance with their clinical need.

The maximum waiting time guarantee for a first routine appointment with a Consultant from April 1 2004 to March 2005 was 17 weeks. This target has been met consistently across all Consultant clinics.

Between April 2004 and March 2005 approximately 98% of patients seen by a Consultant for a first routine appointment had waited less than 8 weeks.

For patients, being able to access the service they require at a time they require is important. The Trust has worked throughout the year to ensure this can be achieved, with further work already in progress that both time and location for appointments can be offered, increasing patient choice.

The chart below shows the response times for referrals from GPs for first Consultant Outpatient appointments between April 2004 and March 2005.



## COMPLAINTS

During the year the Trust received a total of 73 formal written complaints, two more than the previous year.

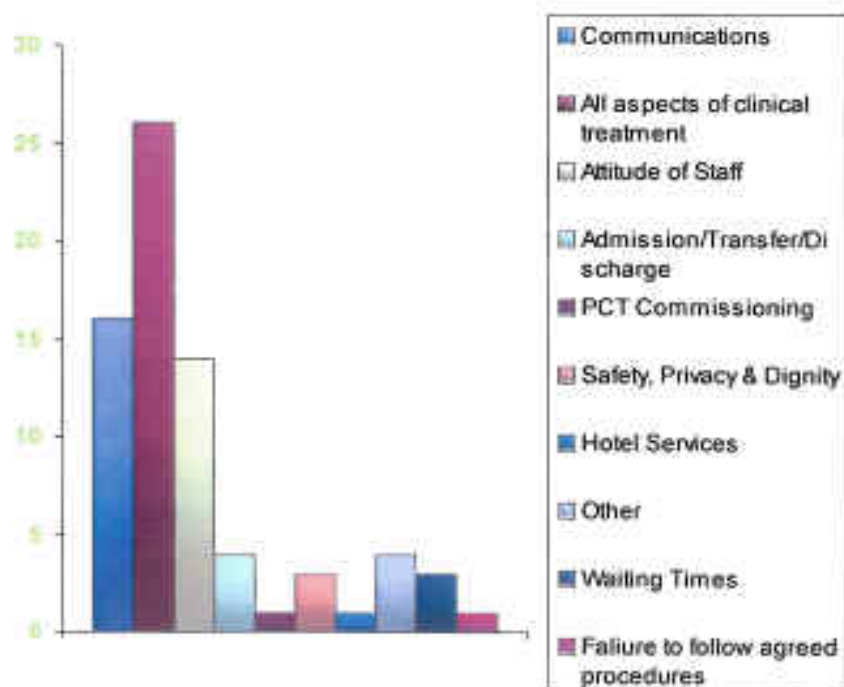
69 (95%) were acknowledged within the target of 2 working days and 58 complaints, 79%, were responded to within the target of 20 working days for completing the investigation.

23 Complaints were regarding services provided by the City Partnership and 50 were in relation to the County Confederation.

Changes were made as a result of investigations into complaints such as: food quality issues were brought to the attention of the Acute Trust, leave planning was reviewed, Medical Staff were advised that x-rays are to be requested under certain circumstances.

The Trust received 4 Independent Review requests. The responsibility for undertaking the reviews changed halfway through the year from the Trust Convenor to the Healthcare Commission. We were advised that no further action was necessary in two cases, 1 was referred back to local resolution which has now been resolved, and one is still outstanding. The Health Service Ombudsman is investigating 1 complaint.

A Complaints Monitoring Forum, chaired by Dr Mike Langham, Non Executive Director and Complaints Champion, has been set up to review and systematically analyse complaints looking for themes and trends, ensuring that actions have been completed and lessons learnt.



## OPERATING AND FINANCIAL REVIEW 2004/2005

**I am delighted to report that the Trust has met its key statutory financial duties and obligations for the 2004/05 year.**

We faced many financial pressures in 2004/05, yet despite this, the Trust was able to successfully meet its targets. This is the third year it has done so and confirms the robust approach taken towards financial management. As the Trust continues to develop its clinical services in 2005/06, we will face more financial pressures but with the robust systems of financial control and financial training programme, I am confident that the Trust will continue to demonstrate a rigorous approach to managing resources and achieving its key financial targets.

Review of financial performance for 2004/05

### 1. Achieve a balance financial position

The Trust achieved breakeven by ensuring that its income and expenditure were in balance

2. External financing limit (EFL) The EFL defines how much the Trust can borrow and how much cash it can hold

3. Capital Cost absorption rate The Trust achieved 3.0% return on the Trust's net relevant assets which is within the materiality range of the 3.5% target.

4. Capital Resource Limit (CRL) The Trust managed its capital expenditure within the limits set by the Department of Health Dynamics of the business: The Trust has managed financial risks throughout the year, some of which continue into 05/06 such as the use of bank and agency staffing and unavoidable cost pressures.

Pay Modernisation policies such as the implementation of Agenda for Change had to be managed within an overall financial envelope agreed with Commissioners. There was a significant Cost improvement target of £2 million which the Trust had to meet (it did so largely on a nonrecurrent basis).

In 2005/06 there is a CIP requirement of at least £3.5 million to manage. The Trust expects to receive approximately £5.8 million funding for inflation and the delivery of developments, mainly the Early Intervention Service as part of the Local Delivery Plan (LDP) for 2005/06.

The Trust has excellent relationships with both Derby City and Derby County Councils, illustrated by our joint working approach to service user care. The investment activity for the future includes capital expenditure 04/05 and planned capital expenditure for 05/06. The Trust spent £3.5 million on capital projects in the year, of which approximately £0.9 million was invested on IT schemes, mainly National Programme for IT, and also on a number of other schemes including the purchase of Bay Heath House.

In contrast for 2005/06 the Trust's capital plan is on fewer, larger schemes including PFI enabling works, Bay Heath House fit out and the Medical School. There is no difference between carrying amount and market value of interests in land.

The District Valuer has undertaken their five year revaluation exercise with effect from 1 April 05 and the asset register has been updated to reflect the outcome of this exercise. The sale of Aston Hall during the year resulted in an impairment of £7.4m as the sale proceeds were lower than the value of it in the balance sheet.

**Ralph Tingle**

**Executive Director of Finance, IM&T and Information**

CHART FOR EXPENDITURE

Pay	64555
Non pay & other	29864

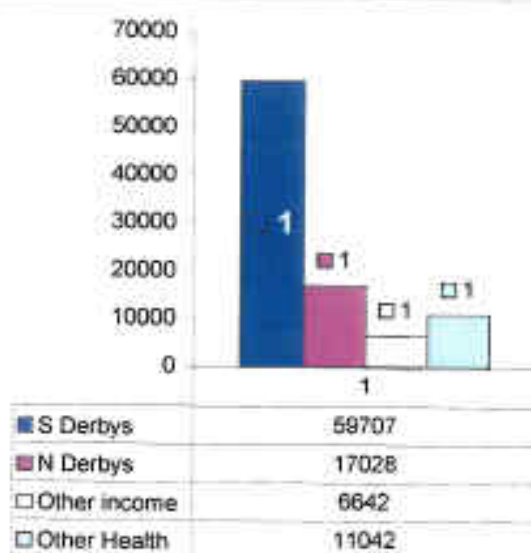
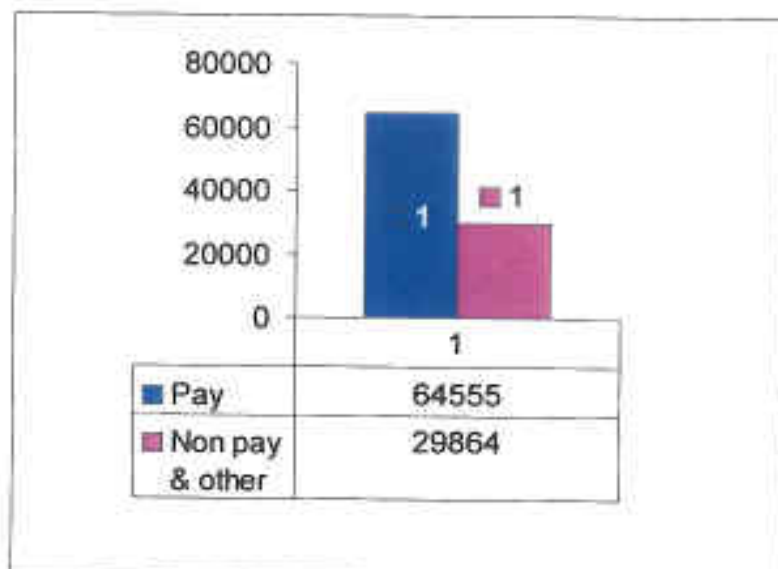


CHART FOR INCOME

S Derbys	59707
N Derbys	17028
Other income	6642
Other Health	11042

### 5.3 Salary and Pension entitlements of senior managers

#### B) Pension Benefits

Name and title	Real increase in pension and related lump sum at age 60 (bands of £2500) £000	Total accrued pension and related lump sum at age 60 at 31 March 2005 (bands of £5000) £000	Cash Equivalent Transfer Value at 31 March 2005 £000	Cash Equivalent Transfer Value at 31 March 2004 £000	Real Increase in Cash Equivalent Transfer Value £000	Employers Contribution to Stakeholder Pension
Mr M Shewan - Chief Executive	7.5-10	145-150	503	445	58	To nearest £100 14,400
Mr R Tingle - Executive Director of Finance, IT, Information and Health	5-7.5	100-105	400	332	48	9,500
Dr J Sykes - Executive Medical Director	20-22.5	155-160	549	452	85	15,000
Mr C Bull - Director of Human Resources	8-7.5	100-105	452	401	40	8,500
Dr A Clayton - Executive Medical Director	15-17.5	150-155	524	445	79	13,500
Mr D Snowdon - Executive Director/ Chief Nurse/ Assistant Chief Exec	*	*	*	*	*	*
Mr B Hayes - Joint Director City	2.5-5	35-40	105	59	16	7,600
Mr A Riggott - Joint Director County	5-7.5	75-80	259	242	17	7,600
Mr D Pitt - Project Director PFI	*	*	*	*	*	*
Miss C Greaves - Acting Director of Finance	2.5-5	20-25	62	48	12	7,100
Mr G Gillham - Associate Director of Corporate Affairs	2.5-5	65-70	256	244	5	6,000

\* Consent to Disclosure Withheld

As Non-Executive members do not receive pensionable remuneration, there will be no entries in respect of pensions for Non-Executive members.

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the member's accrued benefits and any contingent spouse's pension payable from the scheme. A CETV is a payment made by a pension scheme, or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefits accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which the disclosure applies. The CETV figures, and from 2004-05 the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

Real Increase in CETV - This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another pension scheme or arrangement) and uses common market valuation factors for the start and end of the period.

## 5.3 Salary and Pension entitlements of senior managers

## A) Remuneration

Name and Title	2004-05		2003-04	
	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000	Salary (bands of £5000) £000	Other Remuneration (bands of £5000) £000
Mr M Shewan - Chief Executive	100-105		95-100	
Mr R Tingle - Executive Director of Finance, IT, Information and Health	65-70		65-70	
Mr C Bull - Director of Human Resources	60-65		65-60	
Dr J Sykes - Executive Medical Director	15-20	95-100	25-30	
Dr A Clayton - Executive Medical Director	15-20	140-145	30-35	80-85
Mr D Snowden - Executive Director/ Chief Nurse/ Assistant Chief Executive	70-75		65-70	
Mr B Hayes - Joint Director City	55-60		50-55	
Mr A Riggall - Joint Director County	50-55		50-55	
Mr D Pitt - Project Director PFI	65-70		30-35	
Miss C Greaves - Acting Director of Finance	50-55		0	
Mr G Gillingham - Associate Director of Corporate Affairs	40-45		0	
Mrs J Forrest - Chairman	20-25		20-25	
Professor C Wright - Non Executive Director	0-5		5-10	
Mrs M Redfern - Non Executive Director	5-10		5-10	
Mrs A Hall - Non Executive Director	5-10		5-10	
Mrs L Moore - Non Executive Director	5-10		5-10	
Dr M Langham - Non Executive Director	5-10		5-10	
Mrs M Hambly - Non Executive Director	0-5		0	

Dr J Sykes other remuneration relates to the consultant contract and includes arrears relating to 2003/04. A recharge is made to Chesterfield PCT which is disclosed in their set of accounts

Dr A Clayton other remuneration relates to the consultant contract and includes arrears relating to 2003/04

Professor C Wright discontinued role as at 31.10.04

Mrs M Hambly with effect from 1.11.04

All benefits in kind relate to the Trust lease car contribution



**Derbyshire NHS**  
Mental Health Services NHS Trust

