



Derbyshire **NHS**
Mental Health Services NHS Trust

Annual Report 2005/06

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Photography supplied by service users
and the Trust’s Communication Department.



CHAIRMAN'S AND CHIEF EXECUTIVE'S FOREWORD

The year ending in March 2006 was unquestionably one of the most challenging this Trust has faced since its inception. In common with many other parts of the NHS, the Trust found the requirement to achieve financial balance an extremely difficult objective to meet, and the processes that we had to use to do this occupied a great deal of our time throughout the year. Given that we did achieve financial balance is a remarkable testimony to the efforts of all staff throughout the organisation. We also recognise that many people were unhappy with what was perceived as a lack of proper consultation in relation to service changes.

We have learned a great deal from the review processes and we believe many of the important relationships we have with external agencies have been strengthened as a result. In the event that it is necessary to implement such a programme of change again in the future, we will be much better prepared to do so.

Despite the necessary attention that was paid to balancing the books, it was also a year in which the Trust moved forward as an organisation and achieved a number of important external accreditations. Amongst these was the achievement of Improving Working Lives Practice Plus and the superb response to the annual staff survey. Services to patients also showed continued evidence of improvement, and although there is already rapid access, well within nationally set targets, to most of our services, it was particularly gratifying to see the continued reduction in waiting times for our Child and Adolescent Mental Health services, for which our staff in those teams should be congratulated.

Towards the end of the year, the Trust Board confirmed its desire to begin the process of applying to become a Foundation Trust and in the year ahead we will be working through a series of action plans to help us to reach this important milestone. Doing so will enable much greater involvement of local people, including our staff, service users and carers, in determining how the organisation is run, how its performance is monitored and how we agree on service development strategies. Much more will be communicated about this in the months ahead.

Finally, 2005/06 saw the full implementation of the final part of Pay Modernisation through Agenda for Change. Whilst not everyone will be happy with the outcome, the project management of this difficult process has demonstrated once again the strength of partnership between management and staff side colleagues and it provides a positive platform to address future challenges. Of course, Agenda for Change was never simply about pay and the important task which lies ahead is to ensure that we design a workforce which is appropriate to deliver a modern community based mental health service into the future.

In conclusion, we would like to take this opportunity to thank all of our staff, partner agencies, and particularly the service users and carers for their support and forbearance throughout the year. We look forward to continued joint working in what is sure to be yet another challenging and rewarding year.

Mike Shewan – Chief Executive

Judith Forrest – Chairman

ABOUT THE TRUST

Derbyshire Mental Health Services Trust was formed on 1st April 2002, as a county-wide specialist mental health trust. This was achieved by the absorption of mental health services in North Derbyshire, formerly managed by the Community Health Care Services (North Derbyshire) Trust.

The Trust was established by statute in 1992 (S.I.1992 no. 2473) as Southern Derbyshire Mental Health Services Trust, subsequently amended by statutory orders (S.I.2001 no. 1606 and S.I.2002. no. 1296).

Values and Principles

The Trust takes pride in the way in which it provides care and undertakes its business. At the core of everything it does is a set of values and a statement of intent that were developed after consultation with staff and individuals who use the Trust's varied services.

"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."

- **Mutual respect** – treat other people as you would like to be treated
- **Teamwork** – work together in partnership towards a common purpose
- **Safe and 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 and remain sensitive to the feelings of others

Our Services – What we do

We provide a range of services which reflect the wide range of mental health problems it is possible to be affected by. This includes individuals who may need support from community staff, through to in-patient and crisis resolution services and more specialist services. Overall, the services we offer encompass:

- Adult mental health services
- In-patient services
- Assertive outreach
- Court diversion
- Low secure services
- Older people’s services
- Out-patient services
- Child and adolescent mental health services
- Psychology
- Crisis resolution
- Mother and baby care
- Acute hospital liaison
- Deliberate self harm
- Substance misuse
- Community mental health services
- Psychotherapy
- Early intervention
- Rehabilitation services
- Continuing care services
- Learning disability services

Admin & Clerical	276
Admin & Supervisory	32
Ancillary	105
Art/Music Therapists	1
Chaplaincy	2
Dietetics	1
Estates	53
Medical	92
Nursing	1,002
Nurse Therapists	32
Occupational Therapy	67
Pharmacy	30
Physiotherapy	11
Psychology	56
Radiography	0
Senior Manager	91
Specialist Therapists	41
Speech Therapy	4
Support Workers	18
Technical Instructors	18
Total	1,931

In the provision of mental health services, the Trust provides a number of supporting corporate functions including strategic development, training, finance, human resources, communications, risk management, clinical governance, estates management, patient and public involvement and performance management.

The Trust’s services are provided through a diverse and dedicated workforce. The table provides a breakdown of the posts at Derbyshire Mental Health Trust as of March 2006.

The total number of 1,931 refers to whole time equivalent posts. That is the number of actual posts within the Trust. As some of the posts are job share and part time, the actual number of staff working within the Trust is higher, totalling 2,257.

Derbyshire

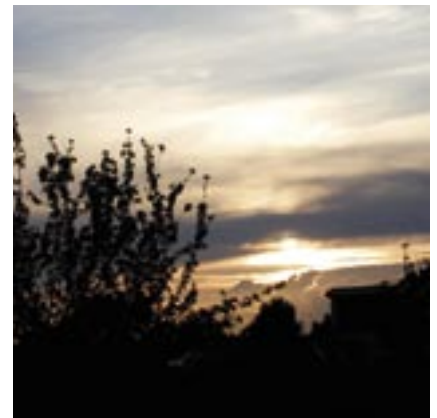
The county of Derbyshire covers approximately 1,000 square miles. It is predominantly rural and characterised by some beautiful countryside. The city of Derby is the largest urban conurbation in the county with around 230,000 residents. Three quarters of the county's population is concentrated in the eastern part of the county, which means that ensuring equal access to services is a challenge due to some north and western communities being highly dispersed.

The population estimates for Derby and the county are presented below¹.

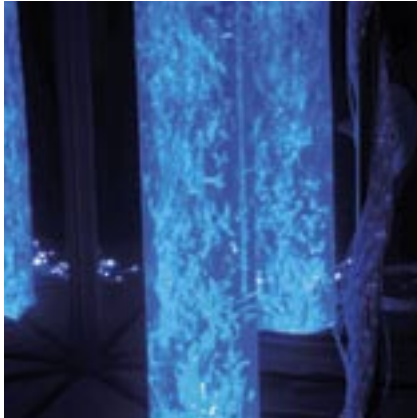
	2005	2010	2015
Derbyshire (excluding Derby)	750,100	767,200	784,900
Derby City	233,900	236,800	240,300
Total	984,000	1,004,000	1,025,200

At a predicted 9% increase, population growth is in line with estimated growth for England as a whole and is slightly below growth expected in the East Midlands.

Map of Derbyshire with Primary Care Trust Boundaries



¹ Figures taken from Derbyshire County Council, http://www.derbyshire.gov.uk/community/about_your_county/population/



Environment

The NHS remains a public service, providing care that is free at the point of delivery. However, a degree of competition has been introduced into the NHS, particularly through the choice agenda², where patients are offered a choice of hospitals where they can receive treatment, which includes private hospitals. In addition, Foundation Trust status³ enables trusts to develop their services in line with local demand and without some of the restrictions of central government, which provides them with more financial freedoms.

The NHS market is, however, tightly regulated and controlled. The Healthcare Commission is responsible for ensuring that all NHS trusts are subject to an Annual Health Check⁴, whereby trusts have to demonstrate compliance with a number of core standards. This replaced the previous star rating assessment.

In addition to the Healthcare Commission, the Trust is monitored by an independent Patient and Public Involvement Forum⁵, which is also represented on a number of key committees and groups within the Trust. Health Overview and Scrutiny Committees, which are local authority led, are statutory consultees when the Trust is considering substantial change.

Funding

Derbyshire Mental Health Services Trust provides services on the basis of the funding it receives from organisations that pay for certain services. These are known as commissioners. The services that are expected for the money being paid for them are detailed in service level agreements. The main commissioners of Trust services during 2005/06 were Primary Care Trusts, or PCTs and the local Strategic Health Authority:

- Amber Valley PCT
- Central Derby PCT
- Chesterfield PCT
- Derbyshire Dales and South Derbyshire PCT
- Erewash PCT
- Greater Derby PCT
- High Peaks and Dales PCT
- North Eastern Derbyshire PCT
- Trent Strategic Health Authority

Partnerships

The Trust has a number of partnerships which are critical to the way in which it operates. These not only include the funding bodies listed above, but also include social services in both Derby City and Derby County, local Police services and voluntary sector organisations.

² <http://www.nhs.uk/England/Choice/>
Currently, the choice agenda and payment by results does not apply to mental health services.

³ <http://www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/SecondaryCare/NHSFoundationTrust/fs/en>

⁴ <http://www.healthcarecommission.org.uk/serviceproviderinformation/annualhealthcheck.cfm>

⁵ More information can be found at <http://www.cppih.org/>

THE YEAR IN BRIEF

Measuring Trust Performance in 2005/06

In July 2005 the Trust was awarded 2 Stars by the Healthcare Commission based on the performance of the Trust between April 2004 and March 2005. After careful analysis, it is clear that a 3 Star rating was missed by the narrowest of margins. Disappointing though this was, the Trust has continued to develop its focus on those areas in which improvements must be delivered. 2005 was the last time 'Star Ratings' were awarded to Trusts. The new method of performance assessment is called Annual 'Health Check'. This new system measures performance against some of the existing targets but also introduces a new set of standards against which all Trusts will be measured. These are called Standards for Better Health. In April 2006 the Trust submitted a declaration of full compliance with the Standards for Better Health to the Healthcare Commission based on the performance April 2005 to March 2006.



Key areas of Achievement April 2005 to March 2006 include:

- Achieving Financial Balance at financial year end March 2006.
- All existing and new national targets fully or almost met.
- Declaration of full compliance with Core Standards for Better Health submitted.

Standards for Better Health

In April 2006 the Trust Board submitted to the Healthcare Commission a statement of full compliance to say that in their opinion the Trust was meeting all the 'Core Standards for Better Health' during the period April 2005 to March 2006. The Core standards are measured using seven domains:

- Safety
- Clinical and cost effectiveness
- Governance
- Patient focus
- Accessible and responsive care
- Care environment and amenities
- Public Health.

The assessment of compliance gives an annual overview of how far the Trust is providing an acceptable level of care to the service users and carers who are receiving mental health services as set out under each of the above domains.

The standards for Better Health Declaration requires that all NHS trusts assess their performance against 44 National Healthcare Standards. The Standards cover a wide range of quality issues relating to patient care and experience. The nature of the exercise means that trusts must be confident that they comply with the standards and have a high level of documentary evidence to support this declaration.

**The System:
 Targets and Standards**

LEVEL 1
**Corporate Targets
 and Objectives**
 Executive Management Team

LEVEL 2
**Service Model Targets
 and Standards**
 General Management Team
 Matrons and Professional
 Heads of Service

LEVEL 3
**Team/Ward Service Area
 Standards and Objectives**
 Ward/Team Leaders
 Managers
 Senior Clinical Administrative
 Ancillary Staff

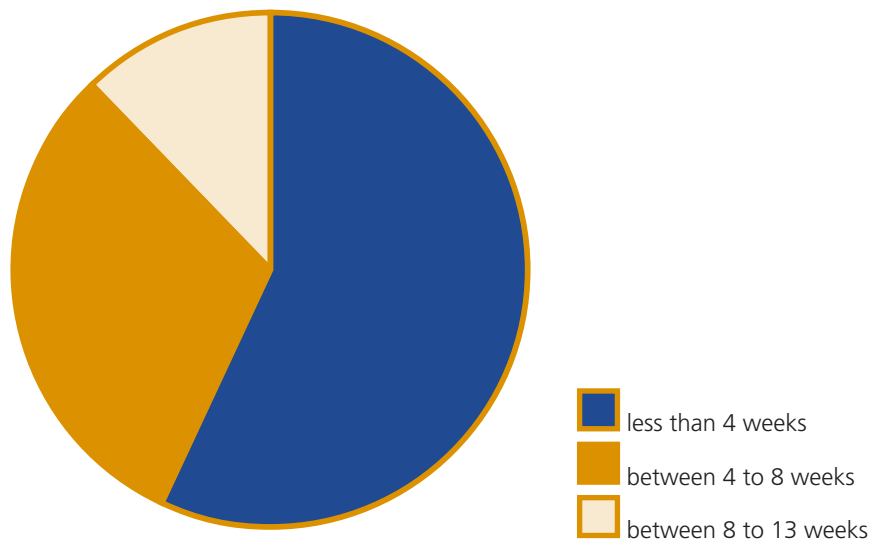
LEVEL 4
**Individual's Objectives
 and Standards**
 Nursing
 Healthcare Assistants
 Allied Health Professionals
 Admin and Clerical
 Maintenance
 Hotel Services
 Facilities and Estates

**How the Standards for Better Health are Implemented Across
 the Organisation**

The purpose of performance is to improve the quality of services. It might be at a corporate, service, team or individual level, which will promote improvements for patients, their carers; the public or staff, in a range of ways. The process for ensuring that the standards are met in all parts of the organisation is made clearer by dividing measurement of the standards across 4 organisational levels.

Appointments, Waiting Times and Booking

In 2005/06 the Trust met its revised waiting time target of a maximum wait of 13 weeks by December 2005 for a first routine Outpatient appointment to see a Consultant.



A total of 2,333 GP referrals were seen between April 2005 – March 2006. The pie chart illustrates the percentage of referrals that were seen within the 3 time periods.

In addition to this, patients now have more choice about the time and place of their appointment. At the end of March 2006 99% of people referred to see a Consultant led Outpatient Services by their General Practitioner were able to choose the time, date and place of the appointment.

Top 10 Areas of Achievement in 2005/06

1. Choose and Book implemented (support from Primary Care to use the system required)
2. Clinical Negligence Scheme for Trusts Level 1 achieved
3. National Programme for IT Connecting for Health Phase 1 implemented
4. 3 year financial strategy completed
5. Improving Working Lives practice plus accreditation achieved
6. Improved staff survey response and results
7. Agenda for Change completed successfully
8. Substance Misuse national targets on waiting times and models of care compliance achieved
9. Patient Environment Action Team assessments completed with positive scores
10. Development of Performance Assessment and Assurance Framework (PAAF)



Challenges for 2006/07

The challenges over the next 12 months are:

1. Continue to achieve financial balance
2. Commence work towards Foundation Trust status
3. Achieve Local Delivery Plan targets
4. Enhancement of Patient and Public Involvement
5. Achieve a positive performance assessment following the Annual Health Check assessment of performance
6. Performance management of the Service Level Agreements
7. Implementation of Private Finance Initiative.

CLINICAL SERVICES

The following pages detail the clinical services that the Trust provides to the population of Derbyshire. In general terms, these can be classified as; community services, those that are available outside of the hospital setting and often in people's homes; emergency services, those that are available within a hospital setting; older adult services; and learning disability services.

COMMUNITY CARE SERVICES

2005/2006 was a demanding and also exciting year for Community Care Services within Derbyshire Mental Health Trust. It was a year in which changes in management structures and the development of care service teams improved the way in which services are provided.

Key Achievements:

- The introduction of a new Patient Administration System which for the first time enabled all records relating to outpatient, inpatient and Community Mental Health Team activity to be available on the same database ensuring much greater efficiency and improved risk management.
- All community services have altered the way that new referrals are received into services in line with national guidelines. All areas now receive referrals into a Clinical Assessment Service which is a multidisciplinary meeting, including consultant psychiatrists that reviews the referrals and decides on the most appropriate course of action.

Community Mental Health Teams are made up of psychiatrists, community psychiatric nurses, occupational therapists, psychologists, social workers and support workers, known collectively as a multi-disciplinary team. The service helps people with both acute and serious, long-term mental health problems. Community Mental Health Teams provide multi-disciplinary assessment clinics in the community setting including health centres and GP practices, where people referred to the mental health services are seen for assessment.

Psychological treatments are provided through the teams and include such approaches as cognitive behavioural therapy.

In addition to these achievements there have been several new service developments:

- Early Intervention Services that focus on working with people who are newly diagnosed with a psychotic type illness have continued to be developed and by the end of 2005/06 there were three multidisciplinary teams in place, one for the north of the county, one for the south and one for the city area.
- The continued development and support of nurse prescribing initiatives across community services.

Early intervention in psychosis 'amounts to deciding if a psychotic disorder has commenced and then offering effective treatment at the earliest possible point and secondly ensuring that intervention constitutes best practice for this phase of illness, and is not just the translation of standard treatments developed for later stages and more persistently ill subgroups of the disorder'.



Child and Adolescent Mental Health Services (CAMHS) are a comprehensive range of services available within local communities, towns or cities, which provide help and treatment to children and young people who are experiencing emotional or behavioural difficulties, or mental health problems, disorders and illnesses.

Assertive-outreach services support people in the community who find it hard to use more traditional mental health services. These services work more 'assertively' than normal community-support services, meeting people 'on their own patch', at times that are convenient to the clients, and investing a lot of time in building relationships with them.

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES

Key Achievements:

- The introduction of the Starter Clinic approach in most of the Child and Adolescent Mental Health Services teams resulted in the total number waiting for a non-urgent service being reduced by 35% falling from 275 in March 2005 to 149 in March 2006. This was done against a backdrop of a high number of vacancies in the service, making the achievement even more notable.
- In Derby city a training programme on children's mental health awareness was put in place and over 150 staff from children's services attended.
- Support provided to parenting groups in the city and the county resulted in 26 staff from Children's Services being trained in Webster Stratton Parenting to deliver 12 groups to a total of 84 parents/carers.
- A multi agency Enhanced Care Project has been established at Moorfields Children's Centre. Child and Adolescent Mental Health Services staff provide direct support to young people with emotional and psychological difficulties and training and support for staff.
- Additional Educational Psychologist time was introduced to support the Child and Adolescent Mental Health Services Teams, particularly at referral.
- Close working relationships have been established with Early Intervention Services with the appointment of Child and Adolescent Mental Health Services medical and nurse consultants.

REHABILITATION AND RECOVERY CARE SERVICES

This year, the Rehabilitation and Recovery Service was established as its own discrete Care Service Team. This has proved very positive for individuals who use Rehabilitation and Recovery services.

Key Achievements:

- Initiation and completion of a full review into the effectiveness of all three Assertive Outreach Teams and the agreement of a joint action plan to further improve the way in which the teams work.
- A review of the High Intensity Rehabilitation and Recovery Team in North Derbyshire resulted in improvements in the way the Community Rehabilitation Services operate.
- The workforce delivering Rehabilitation and Recovery Services on the Kingsway Hospital site has been reviewed in light of best and emerging practice and this has resulted in the integrating of Occupational Therapy Services into the Residential Units at Cherry Tree Close.

- A temporary merger of Monsal Ward and Cherry Tree Close was successfully implemented and has resulted in a more modern environment for individuals previously resident on Monsal Ward.
- A multidisciplinary Community Care funding panel was established to ensure that resources were appropriately and fairly allocated to those individuals who required support from Community Care funding either to continue to live at home or for residential care.

SUBSTANCE MISUSE CARE SERVICES

2005 has proved to be a challenging year for Substance Misuse Services. Following the census carried out by the County Drug and Alcohol Action Team in late 2004, substance misuse services in the county had to comply with a rigorous recovery plan throughout 2005/06. Staff demonstrated tremendous motivation and commitment to ensure that the recovery plan was delivered and ongoing provision of substance misuse services retained by the Trust.

Key Achievements:

- Reviewing policies and procedures relating to accessing the service and waiting times.
- Achieving the targets set by the National Treatment Agency relating to prescribing, key-working, structured counselling and retention in treatment.
- The Chesterfield team moved into high quality purpose adapted accommodation in Chesterfield this year (Bay Heath House) which has significantly improved the environment and facilities available to users of the service and staff.
- The new Drug Intervention Programme Team⁶ was established to provide rapid intervention and treatment specifically for individuals subject to the criminal justice system across North Derbyshire.
- The County Service achieved compliance with the nationally recognised Quality in Alcohol and Drug Services⁷ targets. This is a very significant achievement that required assessment and a range of individual action plans against 37 standards.

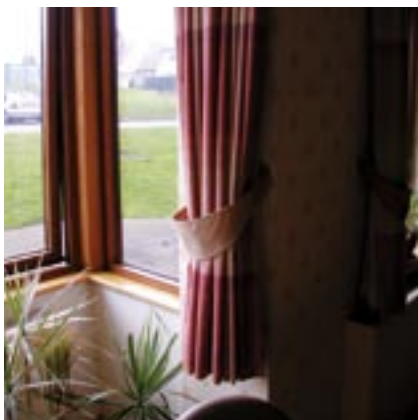


The Derbyshire Drug and Alcohol Action Team (DAAT) is a partnership of agencies with a major role in delivering the National Drug Strategy together with some responsibilities within the national Alcohol Harm Reduction Strategy.

It provides the strategic planning and performance management mechanism for the delivery of the National Drug Strategy at a county level. It is also committed to addressing problematic alcohol use although the majority of its funding must currently be directed at tackling drug issues.

⁶ <http://www.drugs.gov.uk/drug-interventions-programme/>

⁷ <http://www.nta.nhs.uk/frameaset.asp?u=http://www.nta.nhs.uk/publications/standards.htm>



PRISON IN-REACH SERVICES, CRIMINAL JUSTICE AND LIAISON SERVICES, AND FORENSIC CARE SERVICE TEAM

This last year has seen some significant developments for the Forensic Care Service Team and some challenges in relation to new service developments. Progressing joint working between the service areas, ensuring stakeholder involvement, and maintaining effective and safe services have been critical success factors which have been achieved through the commitment of both operational and clinical staff.

Key Achievements:

- The Prison In-reach Team received an award for its successful partnership working within the prison environment from the National Institute for Mental Health in England/Care Services Improvement Partnership. The team established strong working relationships within the prison and has high activity levels, with a 30% increase of activity over previous years. The team has worked hard to deliver its part of the Offender Mental Health Care Pathway, from care in the prison wings, through acute care in and out of the prison setting, and through care/pre-release work.
- The Criminal Justice and Liaison Team continues to provide a liaison service for service users who are placed in high and medium secure care. In addition the team continues to; work within custody suites; provide mental health assessment and triaging; signposting service users in custody to appropriate mental health services; and liaising with police colleagues. Over the last 12 months the team has developed close working relationships with Approved Probation premises in Derby, providing intervention, assessment, advice and guidance.

LEARNING DISABILITY SERVICES

The emphasis for care and support for 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. This work has been taken forward via the Derby City and Derbyshire County Learning Disability Integration Project Team, which saw an extensive consultation with all stakeholders take place between September and December 2005. Recommendations went to the Boards and Committees of Chesterfield Primary Care

Trust and Derbyshire Mental Health Services NHS Trust, and Derby City Council and Derbyshire County Council, in January and February 2006. The unanimous decision of all the organisations involved was to recommend a full integration of health and social care services for people with a learning disability. The process and detail of how this will be achieved is ongoing work.

EMERGENCY CARE

2005/06 was a challenging year in respect of the delivery and development of Trust wide Emergency Care services. This was due to the need to achieve financial balance together with the need to meet other local and national targets.

Key Achievements:

Due to the high level of commitment and partnership working both internally and externally, significant achievements are being made within clinical services:

- Due to the continuing development of the Crisis Assessment Home Treatment services the number of in-patient admissions reduced by some 30%. This allowed the Trust to reduce the number of Adult Acute in-patient beds on the Psychiatric Unit on the Derbyshire City General Hospital site.
- The Castleton Day Unit which offered day services to community patients has been reconfigured into crisis services.
- During 2005/06 the Trust refurbished the Hartington Unit and each ward has new bathroom and kitchen facilities and there is new office space for the relocation of the North East and Chesterfield Crisis team.

All the above schemes had previously been identified by carers and users as necessary for patient well being and to improve the patients' environment.





OLDER PEOPLE'S SERVICES

Key Achievements:

- Two new, purpose built wards providing 48 beds were opened by HRH The Duke of York at a ceremony at the end of 2005/06
- The development of dementia guidelines for primary care
- Joint health and social care training provided in partnership with Social Services on dementia awareness
- Joint health, social care and independent sector training focusing on 'Positive Approaches to Dementia Care'
- Development of person-centred life history work involving carers across all service areas
- Establishment of training standards for Community Mental Health Teams specialising in dementia
- General hospital guidelines for supporting patients with dementia have been developed and shared
- Supported by the King's Fund the 'enhancing the healing environment' project team is planning improvements that will have a positive impact on service user, carer and staff experience on Pleasley ward.

'Organic' disorders result directly from identifiable brain malfunction, such as Alzheimer's disease. **'Functional'** means that the disorder is not due to simple structural abnormalities of the brain. Most mental health problems are classed as 'functional'.

Identify needs for early onset dementia and day services

- Memory Assessment services and Treatment, Initiation and Monitoring services are being delivered in a variety of settings to meet individual needs and according to available resources. NICE guidelines to direct further development are still awaited.
- Care pathways developed through Day Services to ensure that patients receive best care based on NICE and other proven good practice.
- Liaison work with adult mental health services to provide joint care planning for patients benefiting from contact with both services.

Develop non-discriminatory services

Recommendations have been identified to develop the Interpreting Services for older adult patients, focusing on improving access and mental health awareness.

Work is ongoing to formalise the good practice which currently occurs supporting patients not yet 65 years of age but suffering from conditions where the expertise is in older adult services.

Effective early identification of depression

- Depression guidelines for primary care have been developed.
- Guidelines for general hospital settings have also been developed and shared.

PHARMACY

Medicines are a central component in the delivery of high quality healthcare and their effective use contributes significantly to achieving successful outcomes in patient care. The effective use of medicines is usually the mainstay of treatment in patients with mental health problems, and is known to significantly reduce the risk of relapse of disease and to improve quality of life when used appropriately.

In 2002 the Audit Commission adopted the term 'Medicines Management' in its report 'A Spoonful of Sugar' to encompass the entire way that medicines are selected, procured, delivered, prescribed, administered and reviewed to optimise the contribution that medicines make to produce informed and desired outcomes of patient care.

The Medicines Management strategy sets 47 goals to be achieved during the period of 2005-8. Each goal has some impact on the pharmacy and most also impact on other professions and users.

REDUCING INFECTION

January/February 2006 saw a great period of change for Older Adult in-patient services. Ward 12 was refurbished with new vinyl flooring and furniture reducing the potential for infection which was previously presented with soft furnishings and carpeted floors.

Wards 41 and 45 opened at the new community facility at the Derbyshire Royal Infirmary in February 2006. These wards have a high proportion of single en-suite bedrooms, which helps to reduce the potential for spread of any infection.

The Hartington Unit has seen significant investment – bathroom upgrades, kitchen upgrades and vinyl flooring replacement. These developments will help reduce the potential reservoirs of infection.

A Trust-wide audit of beds and mattresses was commissioned and the audit identified many areas of concern, which have now been addressed with a significant investment by the Trust to purchase new beds and mattresses.





High Standards of Hygiene in Clinical Practice

The revised Infection Control Manual was launched in December 2005 following a lengthy review process across the local health community. This is a large step forward as this is the first Trust-wide Infection Control Manual, which eliminated a large area of risk to the organisation.

The Trust has reported no cases of MRSA bacteraemia (blood stream infection) which is the data collected as part of the national MRSA surveillance.

Future Planning and Development

The Infection Prevention and Control strategy 2005/08 will continue to influence the way in which the service is delivered, and this will also be used by the Business units to shape their service plans. The key areas of development in the strategy are:

- Training and development
- Quality and service delivery
- Practice development.



NON-CLINICAL SERVICES

These services support the clinical services and ensure that national and local targets for clinical services are met. Much of the work around strategy, planning and performance management is carried out by these departments.

CLINICAL GOVERNANCE

There have been three main strategic drivers during the year. The first has been the completion of the actions and improvements we committed to following the Commission for Health Improvement's (CHI, now the Healthcare Commission) visit in early 2004. The Trust has now completed all the required actions, and has reviewed and revised those requiring change.

The second has been the continuation and embedding of Standards for Better Health (S4BH) into the organisation and the Performance Assessment and Assurance Framework and the Clinical Governance planning and reporting structures.

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

Performance Assessment and Assurance Framework

Since its inception towards the end of the reporting year 2004/2005, the Performance Assessment and Assurance Framework has continued to collect and collate performance reporting information at the corporate level of the organisation.

Clinical Audit

The successful Clinical Audit Showcase event enabled the sharing of good practice across the Trust. A quarterly Research and Audit Newsletter has been well received by staff and service users/carers.

Main Clinical Priorities

The Trust has confirmed that the clinical priorities at a corporate and strategic level are;

1. National Institute of Clinical Excellence⁸ Guidelines
2. National Service Frameworks⁹
3. Standards for Better Health
4. Good and Best Practice Recommendations



⁸ <http://www.nice.org.uk/>

⁹ <http://www.nelh.nhs.uk/nsf/>



What is NICE?

The National Institute for Health and Clinical Excellence (NICE) is the independent organisation responsible for providing national guidance on the promotion of good health and the prevention and treatment of ill health.

NICE produces guidance in three areas of health:

Public health – guidance on the promotion of good health and the prevention of ill health for those working in the NHS, local authorities and the wider public and voluntary sector

Health technologies – guidance on the use of new and existing medicines, treatments and procedures within the NHS

Clinical practice – guidance on the appropriate treatment and care of people with specific diseases and conditions within the NHS.

NICE guidance is developed using the expertise of the NHS and the wider healthcare community including NHS staff, healthcare professionals, patients and carers, industry and the academic world.

Detailed highlights

- Healthy Living – The Trust has developed guidelines and minimum standards.
- Assessing Physical Care Needs – the agreed assessment to meet Trust standards has now been confirmed as part of the revised assessment and care planning package.
- Primary Care – there are developing links with Primary Care partners regarding the health promotion requirements of mental health service users and shared care arrangements, including National Institute of Clinical Excellence (NICE) Guidelines, and the implications of NICE Public Health Guidelines.
- The Trust now has a revised process for dealing with the implications of NICE Guidelines that is consistent with national requirements.
- Work during the year has resulted in an agreed approach to improving the standard of care plans devised by medical staff for service users on enhanced Care Programme Approach.
- Between February and September the Clinical Governance

Development Plan will be revised to capture emerging and new quality improvement activity.

- The Sharing Good Practice Database has been prepared and is now 'live' on the Trust intranet and internet sites.
- Overall the ownership and responsiveness of plans and reporting has continued to improve. Some areas of the Trust are very much in control of the process, particularly psychology, pharmacy, occupational therapy, learning disabilities and staff development.

RISK MANAGEMENT

Key Achievements:

- Achievement of the Clinical Negligence Scheme for Trust (CNST) New Mental Health and Learning Disability Standard at Level 1. This involved the Trust being externally assessed against its achievement of eight standards including: learning from experience; responding to serious incidents; and communication between staff and service users. The assessors report noted that the 'Learning the Lessons' newsletter was a "particularly good example of the organisation's enthusiastic approach to the management of risk". We are the only mental health trust within Trent Strategic Health Authority area to have achieved Level 1 following assessment against the new tougher standards.
- The Trust continues to meet the national targets for actions taken in response to Safety Alerts Broadcasts sent by the Department of Health, ensuring service users are protected where equipment and medical devices are found to be faulty.
- The Trust's "Statement on Internal Control" (SIC) was agreed by the Board at its meeting in June 2006 and signed by the Chief Executive. The SIC forms part of the statutory accounts and gives assurance that a comprehensive programme of risk and control assessments have been conducted throughout the year in order to determine risks to objectives, adequacy of controls and to develop action plans. Regular updates on progress are reported to the Governance Committee and Audit Committees of the Trust, which agree the final version prior to presentation to the Trust Board.

The Clinical Negligence Scheme for Trusts (CNST) was established by the NHS Executive in 1994 "to provide a means for Trusts to fund the costs of clinical negligence litigation and to encourage and support effective management of claims and risk."
CNST has determined risk management standards criteria and has set three levels of compliance against these. Level three compliance is the highest level of achievement.



- The Trust's Risk Register, which helps the Trust to identify and take action on areas of significant risk, has continued to be updated. The reporting on progress and areas where action is still required has been strengthened. The Risk Register contains a range of risks including operational, financial, clinical and corporate. In addition, the Internal Audit Year End Report for 05/06 has offered an overall opinion of significant assurance in the systems of control the Trust uses in order to meet its objectives.
- The Audit of CPA/Records/Risk has been completed. Actions being taken forward as a result focus on: improving risk management plans; increasing identification of significant risk; and improving the communication of information. This excellent example of an integrated approach to audit has been recognised and as a result an article published in 'The Clinical Governance Bulletin'¹⁰.
- Following the promotion of the previous post holder, the Trust appointed a new Head of Risk and Assurance in August 2005 to lead and develop the risk and assurance agenda for the Trust.

The Trust has achieved a great deal in strengthening the management of risk over the last year. We will continue to review our processes and work with staff and service users over the next year to ensure we are in a position to meet the challenges ahead.

MAJOR INCIDENT AND EMERGENCY PLANNING

Emergency planning was given a new impetus by the requirements of NHS Trusts to comply with the Civil Contingencies Act 2004. Major incident and emergency planning is undertaken in the context of the NHS Performance Management Framework monitored by the Health Care Commission. The Trust has demonstrated its compliance in meeting new standards placed on NHS Trusts. We have Board level leadership for emergency planning and work in partnership with PCTs and the pan-Derbyshire arrangements for emergency responders. In particular the Trust is working with partner organisations on ensuring that we have business continuity plans in place.

PATIENT AND PUBLIC INVOLVEMENT

This last year has been a period of some turbulence and development. The Trust found itself reporting to the County and City overview and scrutiny committees in relation to consultation around service changes as a result of its cost improvement plan in autumn 2005. Relationships between the Trust and some of the service user organisations were affected by this and a period of consolidation followed, with the appointment of a new head of Patient and Public Involvement and Communications in November 2005.

¹⁰ <http://www.rsmppress.co.uk/cgbapr06.pdf>

The creation of a Patient and Public Involvement Stakeholder Group has improved communication between the Trust and its stakeholders and is part of a host of developments that will be implemented during 2006. This will include; the further development of 3 Steps to Improvement, which will provide a method of getting patient feedback quickly into the organisation; employing service user consultants to work within the Trust; and looking at how the application for Foundation status can strengthen representation and accountability.

PATIENT ADVICE AND LIAISON SERVICE

The Trust's Patient Advice and Liaison Service (PALS) continues to provide an accessible and responsive service to service users, carers, staff and members of the public. Between April 2005 and March 2006, PALS has:

- attended 120 patient meetings/outreach sessions
- dealt with 346 individual issues from service users, carers, staff and members of the public.

The uniqueness of PALS lies in our ability to provide quick and local resolutions to patient and carer problems. This would not be possible without the positive relations that we have with Trust staff.

PALS works in a variety of ways, the service is accessible to patients and carers on an individual basis and collectively – via outreach and patient meetings.

Example of an Individual Case

A family contacted PALS regarding an assessment for dementia. It was found that the subsequent referral to a CMHT had not taken place. PALS contacted the consultant, and the referral was made.

Example of a Collective Case

A group of Cherry Tree patients wanted to establish their own patient group. The PALS service, with the support of staff, helped patients to do this and took an active part in facilitating subsequent fundraising and participating in events.

Patient and public involvement is the involvement of the public, be that patients, carers, service users, consumers of services, lay people, citizens, or organisations that represent the views of patients in health decision-making and research.





Challenges for 2006-2007 include:

- Continue developing the PALS Links and their role.
- Evaluate our service in partnership with UFM.
- Improve our reporting system.
- Develop the variety of outreach (including going into prisons).
- Develop PALS in line with new Trust structures.

For further information please contact Asha Rai-Atkins, PALS manager 01332 547906.

Patient Survey

Each year the Healthcare Commission requires that a national survey of mental health trust service users takes place. The survey looks at factors that affect the patient experience. The results are published on the Healthcare Commission's website and provide a comparison with other mental health trusts, benchmarking performance.



For 2005, Derbyshire Mental Health Trust received a varied scorecard, scoring well in areas such as the experience of care reviews and the relationship with healthcare professionals and not so well in the areas of crisis care and community support, in relation to assistance with accommodation and benefits. The full report is available at www.healthcarecommission.org.uk/db/documents/04018862.pdf

HUMAN RESOURCES

Improving Working Lives Practice Plus Accreditation

It was a national requirement that all NHS Trusts should achieve Improving Working Lives Practice Plus Accreditation by March 2006. This involved carrying out a self-assessment against the seven areas of good practice identified in the Improving Working Lives Practice Plus Standard, which was validated by an external team.



Notification that the Trust had been successful in its application for accreditation was received in October 2005, with the Trust achieving a total score of 195 out of a maximum of 204. The validation report commended the Trust in a number of areas of good practice and also made recommendations where further improvements could be made.

Improving Working Lives Reference Group

Following the success of achieving Improving Working Lives Practice Plus Accreditation, it was agreed that an Improving Working Lives Reference Group should be established in order to further promote staff involvement, engagement and improved communication. Staff from all departments and geographical areas came forward to be trained in the facilitation of focus groups and take on the role of Improving Working Lives champions. In March 2005, the first of a series of training sessions took place to prepare in excess of forty group members for their role in actively involving staff in compiling an action plan, in response to the results of the NHS National Staff Survey 2005.



Harassment Advisory Service

The NHS 2004 and 2005 staff surveys identified staff-on-staff bullying and harassment as a key issue to address nationally, with 10% of NHS staff reporting experiencing bullying, harassment and abuse from colleagues in the past twelve months and 7% reporting experiencing bullying, harassment and abuse from managers/supervisors. More worryingly, only 54% of staff actually reported the incidents. The Trust's results were largely consistent with these findings, but the Trust is determined to deal more effectively with these incidents in future.



Support for Carers

Support for employees with caring responsibilities has been the focus for the year, including the creation of a carer strategy. This is a structured plan, which will guide the Trust in the future development of services.

A regular carers' forum has provided an opportunity for employees to share their experiences, giving them access to a range of organisations offering carer support and formal presentations from professionals. From this developed an informal support network, details of which are accessible via the Childcare and Carer Co-ordinator Intranet page. A dedicated carers' newsletter continues to offer regular updates regarding national and local developments.



Childcare

Uptake of the Busy Bees voucher scheme has increased by over 100% throughout the year. This is attributable to promotional activities and recent changes in legislation. A comparative analysis was undertaken to ensure that the NHS is receiving 'best value' from the scheme. The conclusion was that Busy Bees continued to offer a competitive service and anecdotal evidence from employees has been positive. Following the analysis a 1% reduction in service charge was negotiated.



Home Computing Initiative

In 2004 the Derbyshire Mental Health Services NHS Trust was amongst the first in the country to introduce the Connect 2004 Home Computing Scheme as a benefit for its staff, offering staff the opportunity to acquire a major brand computer for use at home. In December 2004, 259 staff took advantage of the scheme, prompting a further promotion in 2005, in order to meet the increasing demand. The outcome of this was that another 62 staff took up the offer in November 2005, resulting in the Trust having the highest uptake of the scheme in the Trent region.



Agenda for Change ensures fair pay and a clearer system for career progression. For the first time staff are now paid on the basis of the jobs they are doing and the skills and knowledge they apply to these jobs. This reform is underpinned by a job evaluation scheme specifically designed for the NHS.

To support personal development and career progression, there is the NHS Knowledge and Skills Framework, linked to annual development reviews and personal development plans. The system allows staff to progress by taking on new responsibilities. This will allow jobs to be designed around patient and staff needs, improving overall productivity and the job satisfaction for staff. The new system has also introduced standard arrangements for hours, annual leave and overtime.

Agenda for Change

Agenda for Change (NHS Pay Modernisation) commenced implementation in December 2004, following several years of negotiations between the Department of Health, Trade Unions and NHS managers. For our Trust it meant transferring over 2,500 staff on to new terms and conditions, with new pay and career structures. As with any change, areas of discomfort have been felt, but the majority of staff have benefited from increased annual leave, salary, extension of incremental progression and better career progression.

The Trust met all of the national performance targets associated with implementing Agenda for Change.

Reducing Sickness and Absence

The Trust's sickness and absence rates have reduced over the last year from 5.95% to 5.54%. This improvement has also contributed to the reduction in the use of agency staff.

Open University Pre-Registration Nurse Training

This four year course aims to increase the routes available to unregistered staff employed by the Trust who wish to enter professional training, whilst meeting Improving Working Lives guidelines, in allowing a flexible, family-friendly route to qualification. The training is made up of work based and distance learning and aims to enhance recruitment and retention within the Trust.

Recruitment for the next intake in February 2007 is underway, with further information, advice and support regarding accessing this opportunity readily available.

Learning at Work Day

The Trust celebrated 'Learning at Work Day' with 85 staff on Thursday 26th May 2005 in the Main Hall at Kingsway Hospital.

One of the main aims of the day was to promote the uptake of skills for life, learning accounts and National Vocational Qualifications to meet individual training needs.

Staff Award Ceremony

To recognise the hard work and effort put into gaining qualifications and furthering their professional development, the Trust held an event to celebrate the academic achievement of staff within the Trust. The ceremony was much appreciated by all who attended and, as a result, will now become an annual event within the Trust calendar.

Service User Involvement in Training

Service users have provided a core element to the teaching programme in relation to Personality Disorder and Risk Assessment. They have been involved in the design and development as well as the delivery of courses to staff, both qualified and unqualified, within the Trust and to colleagues from the voluntary sector, social services and probation. Their perspective has been particularly valued by participants, as indicated through course evaluations, and they continue to provide added value to these two key areas of practice. Development in Personality Disorder will continue over the next year and it is anticipated that their involvement will expand.





Equality and Diversity

The Equality and Diversity structures in the Trust have been reviewed. This has been done by running a half-day Diversity Challenge workshop, where over 40 staff took part in examining where we were with the diversity agenda, and where we would wish to go. The new structures clarify how we will work on mainstreaming diversity into all our policies, functions and practices.

Networks have been set up to support Lesbian, Gay, Bisexual and Trans-gender staff, which complement the Black Minority Ethnic network and a Disability network is in the process of being developed.



Equal Opportunities in the Trust

The Trust's Equal Opportunities policy aims to eliminate direct and/or indirect discrimination on grounds of gender, marital status, sexual orientation, colour, race, nationality, ethnic or national origins, age, religion or disability. In addition, there is a more general provision designed to eliminate unreasonable discrimination on grounds of age, and on the grounds that a person is known or suspected to be HIV infected.

This policy applies to all employees/volunteers of the Trust and will be reflected in all work activities. Appropriate disciplinary action, including dismissal for serious offences will be taken against any employee who breaches this policy.

The existence of a policy is very useful, but it is not enough in itself to ensure that equality of opportunity becomes a reality. The Diversity Board and Employment Services Committee have identified there are four specific ways in which the Trust intends to implement the Policy:

- By issuing this code of practice. It sets out specific and more detailed arrangements to be followed so that policy becomes practice.
- By monitoring, auditing data and making recommendations. This is a longer term measure involving the collection of data about existing employees, job applicants, job offers and so on, in order to assess whether or not the policy is working.
- By making it clear in the Disciplinary Rules that all employees will be expected to make the policy work, and not act in a discriminatory way or in any way which could be regarded as harassment.
- By training all staff. A comprehensive training programme is planned in order to communicate everyone's responsibilities under the policy.

These measures convey the Trust's intentions to develop and apply procedures and practices which promote equal opportunities. The Trust will carry out regular reviews of Human Resources practices and procedures to ensure that:

- They accord with the principles of equal opportunities.
- There is consistent and objective application with individuals being selected, trained and promoted entirely on the basis of their abilities and the requirements of the job.
- Guidance notes will be issued to managers on the operation of the various policies and procedures (i.e. advertising, recruitment and selection, grievance, discipline etc) are being followed.



ESTATES AND FACILITIES MANAGEMENT

It has been a busy year for estates and facilities. The key achievements for 2005/06:

- Substance Misuse Teams were relocated into Bay Heath House in Chesterfield. The building was purchased last year and has had a major refit. Teams are now located in fit-for-purpose accommodation.
- The Medical Annexe at the Psychiatric Unit was built to timescale and is now occupied.
- The Hartington Unit has benefited from new bathrooms, new flooring, new kitchens and redecoration. The environment for service users and staff is now so much better than before. New accommodation has been provided for a 136 Assessment Suite and for the Crisis Team, who moved into the Hartington Unit from Staveley. We will shortly be moving the Assertive Outreach Team from Matlock to Staveley, which will enable us to dispose of another building which is unfit for purpose.
- Patient Environment Action Team¹¹ inspections were undertaken in our inpatient areas and improvements were identified in all areas. Wards 28–29 have closed and patients are now accommodated in purpose built new wards based on the Derbyshire Royal Infirmary site.
- The Better Hospital Food philosophy is carefully maintained within our in-patient environment and we successfully introduced a very well supported "Protected Mealtimes" policy.
- A new quality control plan was introduced into the Housekeeping/Cleaning service and this together with the walkabouts with Matrons and Estates ensures standards are maintained at an acceptable level.



¹¹ http://patientexperience.nhsestates.gov.uk/clean_hospitals/ch_content/home/background.asp

- An outstanding achievement this year was the teamwork involved between Estates and Hotel Services to ensure a ward kitchen was brought back into service within hours of a major fire incident.

INFORMATION MANAGEMENT AND TECHNOLOGY

The Trust spent approximately £1.7 million on new investment in Information Technology last year. In addition the Trust spends about £1.3 million recurrently on Information Management and Technology (IM&T), primarily staffing to support systems maintenance and development and the production of information. Much of this service is currently provided by Derbyshire Mental Health Informatics Service on behalf of the Trust and is monitored and managed through service level agreements.

The major development in 2005/06 was the implementation of Phase 1 Release 1 (P1R1) of the National Care Records Service (NCRS). This was implemented at the end of January 2006 and has enabled the Trust to have its own Patient Administration System as well as replace a number of manual systems. There are further developments planned as part of National Care Records Service. These are dependent upon the level of investment that can be made as progress with software developments.

DERBYSHIRE PRIVATE FINANCE INITIATIVE PROJECT

In September 2004, the Trent Strategic Health Authority approved a revised 'Outline Business Case'¹² that described the mental health services that will be available at Kingsway Hospital following the closure of the hospital in its current form.

The Private Finance Initiative Project is an opportunity to improve services in line with current best practice whilst putting community services into local community facilities, which will enable individuals to access them more easily.

The new facilities will enable the Trust to achieve many of its service objectives, outlined in national and strategic plans as summarised below:

- The need to close Kingsway Hospital, as it is an out-dated service provision model.
- Outdated, inappropriate buildings from which services are currently delivered, detracting from the high quality care provided by staff.
- Inappropriate facilities which do not allow for services to be delivered in accordance with recognised best practice.

The Private Finance Initiative (PFI) provides a way of funding major capital investments, such as schools and hospitals, through agreements between public bodies and private business. Private consortia, usually involving large construction firms, are contracted to design, build, and in some cases manage new projects. Contracts typically last for 30 years, during which time the building is leased by a public authority.

¹² Refers to the case put forward by the public agency assessing the importance of the project and its scope, before it is offered to prospective contractors

- The Trust needs to be in a position to provide services in a flexible manner in order to meet the changing health care needs of future populations.
- Provide an improved care and working environment.
- Allow for future service flexibility to improve staff development, recruitment and retention.

How the Services will Look

The following table illustrates what the Private Finance Initiative will provide:

AREA	DESCRIPTION
Adult High Dependency Unit	New build on the Kingsway Hospital site
Older People's High Dependency Unit	New build on the Kingsway Hospital site
Older People's Organic High Dependency	New build on the Kingsway Hospital site
Clinical and Non-clinical support services	New build on the Kingsway Hospital site
Erewash/Amber Valley combined Older Adult Community Mental Health Team base and Day Assessment/treatment service	New build in the Ilkeston Community Hospital site

The Trust and Derbyshire Social Services are committed to the delivery of a community resource centre, which is to be delivered over 2 phases:

- Phase 1 – Social Services specialist dementia beds, intermediate care beds and respite care services. Community Alarm Call Centre.
- Phase 2 – Community Mental Health Team base and Day Assessment/Treatment services.

Action to Complete Project

Design team meetings are identifying accommodation requirements and clinical staff will approve room drawings and equipment schedules. Specialist staff will be required to comment on the proposed design in order to ensure that statutory building requirements are addressed.



Kingsway Site Enabling Works

The Trust Board has recently approved the appointment of an enabling works contractor. The works will provide new gas, electrical, water and drainage services to the PFI site. This work will include the demolition of the Stafford Centre and the construction of an energy centre to replace the existing boiler house. The work will commence in July 2006 and will be completed by October/November 2006.

Timescale for Project Delivery

The timetable for the Project to completion is as follows:

- Full Business Case developed and submitted to Strategic Health Authority by November 2006
- Project Financial Close – 26th February 2007
- Construction period – 19th March 2007 - 1st September 2008
- Buildings ready for occupation – October 2008.

THE TRUST BOARD

The Trust Board holds monthly meetings in public on the last Wednesday of the month. The meetings take place around the county and we always welcome the attendance of local residents.

* Executive Director from March 2006



Mike Shewan
Chief Executive



David Snowdon
Assistant Chief Executive /
Chief Nurse



Clive Bull
Director of
Human Resources



Dr Andy Clayton
Joint Medical Director



Graham Gillham
Director of Corporate
and Legal Affairs



David Pitt
Project Director PFI*



Ralph Tingle
Director of Finance & IT



Dr John Sykes
Joint Medical Director



Judith Forrest
Chairman



Annie Hall
Non-Executive Director



Marilyn Hambly
Non-Executive Director



Dr Mike Langham
Non-Executive Director



Margaret Redfern
Non-Executive Director



Linda Moore
Non-Executive Director

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.

	Declared Interest	Details
Judith Forrest	Vice Chair Independent Member Derbyshire Dales Careline	Derbyshire Dales Careline Council of University of Derby (supported by grant from NHS body of £3,600 pa)
Annie Hall	Director Director	Pickup Holdings Ltd Saltford Marina Ltd
Marilyn Hambly	Employee	Derby City Council
Mike Langham	Director	High Peak Radio Ltd
Linda Moore	Chairman	Alzheimer's Society (Chesterfield and North Eastern Derbyshire)
Margaret Redfern	Board member Councillor	Derby Homes Derby 'New Deal' Derbyshire Probation Service Derby City Council

All other Board members declared nil external interests.

Related Party Interests

	Payments to Related Party £000	Receipts from Related Party £000	Amounts owed to Related Party £000	Amounts due from Related Party £000
Judith Forrest – Chair/ Mr I Forrest (Husband) – Non-Executive Director at Derbyshire Dales and South Derbyshire PCT	9	52,878	9	131
Annie Hall – Non-Executive Director/ Mr M R Hall (Husband) – Non-Executive Director at Chesterfield Royal Foundation Trust	1,444	5	60	2

Related Party transactions apply to material transactions between NHS bodies and individuals within the NHS body. In the case of this Trust, two of our Non-executive Directors have spousal relationships with Non-executive Directors of other NHS bodies in the locality. In each case, the transactions between the NHS bodies have been disclosed.

AUDIT COMMITTEE

The Audit Committee is formally authorised as a committee of the Board. It provides an independent and objective view of the Trust's systems of internal control and it meets 4 times per year. Members of the committee comprise the following Non-Executive Directors.

- Annie Hall (Chairman)
- Mike Langham
- Marilyn Hambly

The Director of Finance and Information Management and Technology is invited to attend each meeting of this committee. The Chair of the Trust together with other Executive Directors and senior officers may also attend but only by invitation. This supports the principle of independence of both external and internal audit.

REMUNERATION AND TERMS OF SERVICES COMMITTEE

This Committee, formally authorised as a Committee of the Board, comprises the Chairman and all the non-executive directors. The role of the Committee is:

- To make such decisions on the remuneration, allowances and terms of service of the Chief Executive and Executive Directors to ensure they are fairly rewarded for their individual contribution to the organisation - having proper regard to the organisation's circumstances and performance and to the provisions of any national arrangements for such staff where appropriate.
- To monitor and evaluate the performance of individual Executive Directors.
- To advise on and oversee appropriate contractual arrangements for such staff including the proper calculation and scrutiny of termination payments taking account of such national guidance as is appropriate.

In 2004/2005 the Committee determined that the Chief Executive and Executive Directors would receive a pay award in line with the national inflation uplift.

REPORT OF THE EXECUTIVE DIRECTOR OF FINANCE

Operating and Financial Review

I am very pleased to report that the Trust met all of its key statutory financial duties for 2005/06. There were major pressures to be addressed potentially representing nearly £4 million of risk to be managed. These include pressures arising from Agenda for Change, recurrent cost pressures originating from the Trust's establishment and the need to meet a cost improvement target. Throughout most of last year the Trust was anticipating and forecasting a deficit. The achievement of financial balance at the end of March was a reflection of the Trust's robust approach to financial management.

The key financial targets achieved were:

- Income and Expenditure at £87.8 million were in balance.
- Approved limit on external finance (borrowing) of £5.57 million was met.
- Capital Resources Limit of £5.5 million was not exceeded; a planned and agreed undershoot of £1.1 million will be carried forward into 2006/07.
- Capital cost absorption rate of 3.2% achieved which is within an agreed tolerance of 0.5% of the target of 3.5%.
- Better Payment Practice Code – 89% of non-NHS trade invoices were paid within target (page 46).

The Trust managed to achieve break even using a number of measures to address its management and support costs. In addition it implemented a number of measures to reduce costs in clinical services including:

- Closure of Ward 34 at Derby City Hospital.
- Temporary closure of the Psychiatric Intensive Care Unit at the Hartington Unit in Chesterfield.
- Closure of Beresford Ward prior to the opening of the new Wards 41 and 45 at the Derbyshire Royal Infirmary.
- Closure of Monsal Ward.
- Closure of Woodside Ward at Ilkeston.
- Closure of Day Services at Castleton Unit.
- Relocation of Day Services from Quarnmill to Dovedale Day Unit.

These changes were essential to achieving financial balance. There have been discussions with commissioners, Derby City Council and Derbyshire County Council about how these changes were communicated so that lessons learnt from this can be reflected in future changes. The Trust has and wishes to maintain the excellent relationships with all three of these key stakeholders.

The Trust spent over £4 million on capital investment. The main areas of capital investment were; in the implementation of the first phase of the National Programme for IT (£1.4 million); in the refurbishment of Bay Heath House (£600k) for drug and alcohol services; and in the building of additional facilities at Derby City Hospital to increase the numbers of medical students being trained (£800k).

The level of financial risk to be managed during 2006/07 is approximately £3.6 million. This consists of a new savings target of £2 million in line with national planning assumptions, together with the balance of last year's savings target addressed non-recurrently. The Trust is anticipating managing a significant portion of this through explicit agreement with commissioners about levels of activity. This is the first stage of a move towards activity related contracts that also relate to costs and resources. The Trust will also be looking to address some of this overall risk by reducing its management costs expenditure, on agency staffing and on procurement or surplus costs.

The Trust's capital investment plan will be focused on supporting work to facilitate the changes at Kingsway Hospital that will be part of a Private Finance Initiative proposal and also further investment in Information Technology; the development of accommodation for Early Intervention in Chesterfield and essential health and safety work.

The Trust has submitted a bid to the Department of Health for the development of Section 136 facilities together with a county-wide Psychiatric Intensive Care Unit and a dedicated Low Secure Unit. It is anticipated that if this is successful, building work will commence in 2007.

One of the key priorities for the Trust is submitting an application to be a Foundation Trust. The Board believes that this could provide clear benefits in developing services that reflect local priorities. Preparatory work is being undertaken as part of a diagnostic phase. This will be concluded by a Board to Board challenge with the NHS (East Midlands) at the end of August. There will be an agreed action plan including a time scale for becoming a Foundation Trust.

There have not been any changes in accounting policies and practices during the year.

Charitable Funds

The Trust acts as Trustees for its own Charitable Funds as well as those of Southern Derbyshire Primary Care Trusts. The annual accounts were produced, audited and submitted to the Charity Commission by January 2006. They do not form part of this annual report.

They are administered by Derwent Shared Services on behalf of the Trust and Primary Care Trusts. There is a Charitable Funds Committee that monitors key issues throughout, chaired by the Trust Director of Finance who reports to the Trust Board in their role as Trustees.

Total income for last year was £252k of which £15k related to this Trust. Total expenditure was £200k of which £37k related to the Mental Health Trust. This has been spent on minor items for patients and staff welfare.

SUMMARY FINANCIAL STATEMENTS

The following financial statements are a summary of the information available in the full accounts. A copy of the full accounts is available from the Communications Department, Derbyshire Mental Health Services NHS Trust, Bramble House, Kingsway Hospital, Derby, telephone 01332 362221 extension 3543.

**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED
31 MARCH**

	2005/06 £000	2004/05 £000
Income from activities	81,594	87,777
Other operating income	7,387	6,439
Operating expenses	(87,517)	(92,929)
OPERATING SURPLUS (DEFICIT)	1,464	1,287
Profit (loss) on disposal of fixed assets	(30)	(46)
SURPLUS (DEFICIT) BEFORE INTEREST	1,434	1,241
Interest receivable	183	203
Interest payable	(9)	(10)
Other finance costs - unwinding of discount	(36)	(51)
Other finance costs - change in discount rate on provisions	(147)	
SURPLUS (DEFICIT) FOR THE FINANCIAL YEAR	1,425	1,383
Public Dividend Capital dividends payable	(1,425)	(1,383)
RETAINED SURPLUS (DEFICIT) FOR THE YEAR	0	0

**BALANCE SHEET FOR THE YEAR ENDED
31 MARCH**

	31 March 2006 £000	31 March 2005 £000
FIXED ASSETS		
Intangible assets	111	149
Tangible assets	46,563	42,828
	46,674	42,977
CURRENT ASSETS		
Stocks and work in progress	186	209
Debtors	6,196	15,034
Cash at bank and in hand	231	236
	6,613	15,479
CREDITORS: Amounts falling due within one year	(7,282)	(8,147)
NET CURRENT ASSETS (LIABILITIES)	(669)	7,332
TOTAL ASSETS LESS CURRENT LIABILITIES	46,005	50,309
CREDITORS: Amounts falling due after more than one year	(37)	(41)
PROVISIONS FOR LIABILITIES AND CHARGES	(2,628)	(2,699)
TOTAL ASSETS EMPLOYED	43,340	47,569
FINANCED BY:		
TAXPAYERS' EQUITY		
Public dividend capital	15,196	20,770
Revaluation reserve	17,401	16,077
Donated asset reserve	30	30
Other reserves*	8,680	8,680
Income and expenditure reserve	2,033	2,012
TOTAL TAXPAYERS EQUITY	43,340	47,569

**STATEMENT OF TOTAL RECOGNISED GAINS AND LOSSES
FOR THE YEAR ENDED 31 MARCH**

	2005/06 £000	2004/05 £000
Surplus (deficit) for the financial year before dividend payments	1,425	1,383
Unrealised surplus/(deficit) on fixed asset revaluations/indexation	1,345	3,730
Defined benefit scheme actuarial gains/(losses)	0	0
Total recognised gains and losses for the financial year	2,770	5,113
Total gains and losses recognised in the financial year	2,770	5,113

CASH FLOW STATEMENT FOR THE YEAR ENDED 31 MARCH

	2005/06 £000	2004/05 £000
OPERATING ACTIVITIES		
Net cash inflow/(outflow) from operating activities	8,819	5,450
RETURNS ON INVESTMENTS AND SERVICING OF FINANCE:		
Interest received	183	203
Interest paid	0	(1)
Interest element of finance leases	(9)	(9)
Net cash inflow/(outflow) from returns on investments and servicing of finance	174	193
CAPITAL EXPENDITURE		
(Payments) to acquire tangible fixed assets	(4,337)	(3,292)
Receipts from sale of tangible fixed assets	2,343	845
Net cash inflow/(outflow) from capital expenditure	(1,994)	(2,447)
DIVIDENDS PAID		
Net cash inflow/(outflow) before management of liquid resources and financing	5,574	1,813
MANAGEMENT OF LIQUID RESOURCES		
Net cash inflow/(outflow) before financing	5,574	1,813
FINANCING		
Public dividend capital received	1,211	0
Public dividend capital repaid (not previously accrued)	(6,785)	(1,803)
Capital element of finance lease rental payments	(5)	(5)
Net cash inflow/(outflow) from financing	(5,579)	(1,808)
Increase/(decrease) in cash	(5)	5

**A full set of accounts are available on the Trust Website
www.derbyshirementalhealthservices.nhs.uk**

Better Payment Practice Code – Measure of Compliance

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.

	2005/06	2004/05
Total Non-NHS trade invoices paid in the year	35,061	16,894
Total Non NHS trade invoices paid within target	31,208	14,469
Percentage of Non-NHS trade invoices paid within target	89%	86%
Total NHS trade invoices paid in the year	1,418	11,527
Total NHS trade invoices paid within target	969	7,626
Percentage of NHS trade invoices paid within target	68%	66%

Management costs

Management costs are defined as Salary costs attributable to management posts within the Board or Corporate functions or other senior managers who have responsibility for significant resources or who have supervisory responsibility. Further information can be found at the management costs website at:

www.dh.gov.uk/PolicyAndGuidance/OrganisationPolicy/FinanceAndPlanning/NHSManagementCosts/fs/en..

	2005/06 £000	2004/05 £000
Management costs	4,520	4,380
Income	88,749	94,092

Salary and Pension Entitlements of Senior Managers

A) Remuneration

Title	Name	2005/06			2004/05		
		Salary (based on bands of £5000)	Other remuneration (bands of £5000)	Benefits in kind to the nearest £100	Salary (based on bands of £5000)	Other remuneration (bands of £5000)	Benefits in kind to the nearest £100
Chief Executive	Mike Shewan	£000	£000	£	£000	£000	£
Executive Director of Finance, IT, Information and Health records	Ralph Tingle	100-105	0	4100	100-105	0	4100
Director of Human Resources	Clive Bull	65-70	0	4100	65-70	0	4100
Joint Executive Medical Director	John Sykes	60-65	0	4100	60-65	0	4100
Joint Executive Medical Director	Andy Clayton	20-25	*	4100	15-20	95-100	0
Executive Director/ Chief Nurse/ Assistant Chief Executive	Dave Snowden	15-20	105-110	4100	15-20	140-145	4100
Joint Director (City)*	Brendan Hayes	70-75	0	4100	70-75	0	4100
Joint Director (County)	Alan Riggott	20-25	0	0	55-60	0	0
Project Director PFI	Dave Pitt	55-60	0	4100	50-55	0	4100
Acting Director Finance	Claire Wright	65-70	0	4100	65-70	0	4100
Associate Director of Corporate and Legal Affairs	Graham Gillham	55-60	0	3200	50-55	0	3200
Chair	Judith Forrest	40-45	0	4100	40-45	0	4100
Non-Executive Director	Margaret Redfern	20-25	0	0	20-25	0	0
Non-Executive Director	Annie Hall	5-10	0	0	5-10	0	0
Non-Executive Director	Linda Moore	5-10	0	0	5-10	0	0
Non-Executive Director	Mike Langham	5-10	0	0	5-10	0	0
Non-Executive Director	Marilyn Hambly	5-10	0	0	0-5	0	0

*Consent to Disclosure Withheld. Dr A Clayton other remuneration relates to the consultant contract. Brendan Hayes, The Joint Director (City) left employment of the Trust on 29th August 2005. Benefits in-kind relate to lease cars provided for Senior Managers

Mike Shewan, Chief Executive:



Salary and Pension Entitlements of Senior Managers

B) Pension Benefits

Title	Name	Real increase in pension and related lump sum at age 60 (Bands of £2500)	Total accrued pension and related lump sum at age 60 at 31 March 2006 (bands of £5000)	Cash Equivalent Transfer Value at 31 March 2006	Cash Equivalent Transfer Value at 31 March 2005	Real Increase in Cash Equivalent Transfer Value	Employer funded contribution to growth in CETV (To nearest £100)
		£000	£000	£000	£'000	£000	£
Chief Executive	Mike Shewan	*	*	*	*	*	*
Executive Director of Finance, IT, Information and Health Records	Ralph Tingle	2.5-5	105-110	431	400	22	15200
Director of Human Resources	Clive Bull	0-2.5	105-110	479	452	15	10800
Executive Medical Director	John Sykes	5-7.5	165-170	600	549	37	26200
Executive Medical Director	Andy Clayton	2.5-5	160-165	563	524	26	18500
Executive Director/ Chief Nurse/ Assistant Chief Executive	Dave Snowdon	5-7.5	120-125	413	358	45	31800
Joint Director (City)*	Brendan Hayes	0-2.5	35-40	112	105	4	1300
Head of Planning and Contracting	Alan Riggott	7.5-10	85-90	326	259	60	41900
Project Director PFI	Dave Pitt	*	*	*	*	*	*
Acting Director Finance	Claire Wright	5-7.5	30-35	80	62	17	12000
Associate Director of Corporate and Legal Affairs	Graham Gillham	0-2.5	70-75	294	256	32	22400

* 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. All senior managers are employed on substantive contracts.

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.

The details of the pension scheme can be found at note 1.12 of the annual accounts.

Costs of Audit

	2005/06 £000
Audit Services including VFM	111
Further Assurance Services	0
Other Services	0
Cost of work performed by Audit	111

The Trust's external Auditor is the Audit Commission. The cost of work undertaken by them in 2005/06 was £111k including value for money.

The specific areas reviewed have been the Trust's annual accounts, financial aspects of corporate governance, Private Finance Initiative and information governance.

The independence of this work is reflected in the presentation of reports about each of these areas to the Audit Committee.

The Statement of Internal Control forms part of the annual accounts. A copy of the statement can be obtained from the Communications Department, Bramble House, Kingsway Hospital, Derby. Telephone 01332 362221 extension 3543.

AUDIT OPINION 2005/06

Independent Auditors' Report to the Directors of the Board of Derbyshire Mental Health Services NHS Trust on the Summary Financial Statements:

I have examined the summary financial statements set out on pages 42 - 45.

This report is made solely to the Board 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 36 of the Statement of Responsibilities of Auditors and of Audited Bodies, prepared by the Audit Commission.

Respective Responsibilities of Directors and Auditors

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 statements 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 statements.

Basis of Opinion

I conducted my work in accordance with Bulletin 1999/6 'The auditor's statement on the summary financial statements' issued by the Auditing Practices Board for use in the United Kingdom.

Opinion

In my opinion the summary financial statements are consistent with the statutory financial statements of the Trust for the year ended 31st March 2006.

Name: Ian Sadd Date: 6th August 2006
Address: Audit Commission Operations Directorate
1st Floor
Bridge Business Park
Bridge Park Road
Thurmaston
Leicester LE4 8BL

ANNUAL REPORT – HELP US TO GET BETTER

We would like to thank the readers of this report for taking an interest in the affairs and activities of the Trust. We hope that you have found the report interesting and that it has given you an insight into the way the Trust operates.

We recognise that some of the information within this report may at times be technical and not too easy to follow. This is in part due to the requirements of the Trust to be open and accountable and to produce certain information in this format to meet statutory obligations.

We would welcome your comments on this report in order that we can improve the way in which we present Trust information.

Should you wish to comment, please send all correspondence to:

Mark Thaxter
Head of Communications and Patient and Public Involvement
Bramble House
Kingsway Hospital
Derby
DE22 3LZ

or email to communications@derbysmhservices.nhs.uk

Comments, Complaints and Compliments

If you have any comments, complaints and compliments about any aspect of the services the Trust provides, please do not hesitate to write to:

Mike Shewan
Chief Executive
Derbyshire Mental Health Services
Bramble House
Kingsway
Derby
DE22 3LZ

Derbyshire Mental Health Services
Bramble House
Kingsway
Derby
DE22 3LZ